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**DEPARTMENT OF THE ARMY**  
U.S. ARMY CRIMINAL INVESTIGATION COMMAND  
Afghanistan CID Office  
APO AE 09354

21 Jul 2008

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - 1ST CORRECTED FINAL/SSI -  
0142-2008-CID369-43734 - 5H9B

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 23 JUN 2008, 1722; U.S. ARMY HOSPITAL, BAGRAM AIRFIELD,  
AFGHANISTAN, APO, AE 09354

DATE/TIME REPORTED: 23 JUN 2008, 1900

INVESTIGATED BY:

SA (b)(2),(b)(6),(b)(7)(C)  
SA

SUBJECT:

1. NONE, ; [UNDETERMINED MANNER OF DEATH] (NFI)

VICTIM:

1. PROTECTED IDENTITY, (DECEASED); MALE; [UNDETERMINED MANNER  
OF DEATH] (NFI)

INVESTIGATIVE SUMMARY:

~~SECRET/NOFORN~~

(U) This is an Operation Enduring Freedom Investigation.

(U) This report was generated to correct the classification of the investigative summary from

**b(2),b(6),b(7)(C)**

1

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(b)(6),(b)(7)(C)

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ACLU-RDI 5572 p.1

**ACLU DETAINEE DEATH 2 CID 1227**



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secret (S) to unclassified (U).

(U) FINAL REPORT:

This report is for ACI2 purposes only. The original Report of Investigation (ROI) contained classified data.

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(U) This office, was notified by the Office of the Staff Judge, Task Force (TF) 373, BAF, a person died while receiving medical treatment at the Medical Treatment Facility, Bagram Airfield (BAF).

(U) Investigation determined the protected identities cause and manner of death are Undetermined. Investigation established he was approximately 70 years old and was hospitalized at the Medical Treatment Facility, BAF on 17 Jun 08, after complaining of chest pains and having an apparent heart attack. He underwent treatment for several days and had several subsequent heart attacks. Testing revealed he suffered from a pre-existing heart condition. On 23 Jun 08, he had another heart attack and all lifesaving measures met with negative results. He was pronounced dead at 1722, 23 Jun 08. An autopsy was not conducted.

(U) STATUTES:

(U) None.

(U) Exhibits:

(U) Attached:

(b) (6), (b) (7)(C) 1. Agent's Investigation Report (AIR) of SA (b)(6),(b)(7)(C) 24 Jun 08.  
(SECRET/NOFORN)

(b) (6), (b) (7)(C) 2. DA Form 3894, Hospital Report of Death, 23 Jun 08. (b)(6),(b)(7)(C)

(b) (6), (b) (7)(C) 3. DD Form 2064, Certificate of Death (Overseas), 23 Jun 08. (b)(6),(b)(7)(C)

b(6), b(7)(C)

2

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(b)(6),(b)(7)(C)

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ACLU-RDI 5572 p. 2, its 1 thru 11.

**ACLU DETAINEE DEATH 2 CID 1228**

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(S) 4. CD containing all images. (deceased) (USACRC and file copies only)  
(SECRET/NOFORN)

(S) 5. Medical treatment records, Medical Treatment Facility, BAF. (SECRET/NOFORN)

(S) 6. Serious Incident Report, 23 Jun 08. (SECRET/NOFORN)

(S) 7. Commander's Critical Information Report, 22 Jun 08. (SECRET/NOFORN)

(S) 8. Medical treatment records, TF 373. (SECRET/NOFORN)

(S) 9. Sworn Statement of G086, 24 Jun 08. (SECRET/NOFORN)

(S) 10. AIR of SA (b)(6), (b)(7)(C) 26 Jun 08. (SECRET/NOFORN)

(S) 11. Memorandum from the Secretary of Defense, 25 Jun 08. (SECRET/NOFORN)

(U) Not Attached:

(U) None.

(U) The originals of Exhibits 1, 4, 9 and 10 are forwarded with the CRC copy of this report. The originals of Exhibits 2, 3 and 5 are retained in the files of the Medical Treatment Facility, BAF. The originals of Exhibits 5, 6 and 8 are retained in the files of TF 373. The original of Exhibit 11 is retained in the files of the Secretary of Defense.

(U) STATUS: This is a Final Report. The Commander's Report of Disciplinary or Administrative Action (D4833) is not required.

(U) CID reports of investigation may be subject to a Quality Assurance Review by CID higher headquarters.



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Report Prepared By:

Report Approved By:

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

Special Agent

Special Agent in Charge

DISTRIBUTION:

Dir, USACRC, Ft Belvoir, VA  
11th MP BN CID

CG, USACIDC, FT BELVOIR CIOP-ZA

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SPECIAL OPERATIONS COMMAND LIAISON (SA (b)(6), (b)(7)(C))

CDR TF 373

FILE

Secret/NOFORN

ACLU DDI CID ROI 29292

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when separate



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**DEPARTMENT OF THE ARMY**  
U.S. ARMY CRIMINAL INVESTIGATION COMMAND  
Afghanistan CID Office  
APO AE 09354

19 Jul 2008

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL/SSI - 0142-2008-CID369-43734 - 5H9B

**DATES/TIMES/LOCATIONS OF OCCURRENCES:**

1. 23 JUN 2008, 1722; U.S. ARMY HOSPITAL, BAGRAM AIRFIELD,  
AFGHANISTAN, APO, AE 09354

**DATE/TIME REPORTED:** 23 JUN 2008, 1900

**INVESTIGATED BY:**

SA (b)(6), (b)(7)(C), (b)(7)(F)

SA (b)(6), (b)(7)(C), (b)(7)(F)

**SUBJECT:**

1. NONE, ; [UNDETERMINED MANNER OF DEATH] (NFI)

**VICTIM:**

1. (b)(6), (b)(7)(C), (b)(7)(D) (DECEASED); MALE; [UNDETERMINED MANNER  
OF DEATH] (NFI)

**INVESTIGATIVE SUMMARY:**

This report is for ACI2 purposes only. The original Report of Investigation (ROI) contained  
classified data.

SECRET/NOFORN

1

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~~Secret / NOFORN~~

**ACLU DDI CID ROI 29293**

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000005



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(U) This is an Operation Enduring Freedom Investigation.

(b)(6),  
(b)(7)  
(C) This office, was notified by the Office of the Staff Judge, Task Force (TF) 373, BAF, a person died while receiving medical treatment at the Medical Treatment Facility, Bagram Airfield (BAF).

(b)(6),  
(b)(7)  
(C) Investigation determined the protected identities cause and manner of death are Undetermined. Investigation established he was approximately 70 years old and was hospitalized at the Medical Treatment Facility, BAF on 17 Jun 08, after complaining of chest pains and having an apparent heart attack. He underwent treatment for several days and had several subsequent heart attacks. Testing revealed he suffered from a pre-existing heart condition. On 23 Jun 08, he had another heart attack and all lifesaving measures met with negative results. He was pronounced dead at 1722, 23 Jun 08. An autopsy was not conducted.

(U) STATUTES:

(U) None.

(U) Exhibits:

(U) Attached:

- (b)(6),  
(b)(7)  
(C) 1. Agent's Investigation Report (AIR) of SA (b)(6),(b)(7)(C) 24 Jun 08.  
(b)(6),(b)(7)(C)
2. DA Form 3894, Hospital Report of Death, 23 Jun 08. (b)(6),(b)(7)(C)
3. DD Form 2064, Certificate of Death (Overseas), 23 Jun 08. (b)(6),(b)(7)(C)
4. CD containing all images. (deceased) (USACRC and file copies only)  
(b)(6),(b)(7)(C)
5. Medical treatment records, Medical Treatment Facility, BAF. (b)(6),(b)(7)(C)

b(6), b(7)(C)

2

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(b)(6),(b)(7)(C)

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- (S) 6. Serious Incident Report, 23 Jun 08. (SECRET/NOFORN)
- (S) 7. Commander's Critical Information Report, 22 Jun 08. (SECRET/NOFORN)
- (S) 8. Medical treatment records, TF 373. (SECRET/NOFORN)
- (S) 9. Sworn Statement of G086, 24 Jun 08. (SECRET/NOFORN)
- (S) 10. AIR of SA (b)(6), (b)(7)(C) 26 Jun 08. (SECRET/NOFORN)
- (S) 11. Memorandum from the Secretary of Defense, 25 Jun 08. (SECRET/NOFORN)
- (U) Not Attached:
- (U) None.

(U) The originals of Exhibits 1, 4, 9 and 10 are forwarded with the CRC copy of this report. The originals of Exhibits 2, 3 and 5 are retained in the files of the Medical Treatment Facility, BAF. The originals of Exhibits 5, 6 and 8 are retained in the files of TF 373. The original of Exhibit 11 is retained in the files of the Secretary of Defense.

(U) STATUS: This is a Final Report. The Commander's Report of Disciplinary or Administrative Action (D4833) is not required.

(U) CID reports of investigation may be subject to a Quality Assurance Review by CID higher headquarters.



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Report Prepared By:

Report Approved By:

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

Special Agent

Special Agent in Charge

DISTRIBUTION:

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STAFF JUDGE ADVOCATE, CJTF-101 (COL (b)(6), (b)(7)(C)) (email only)

SPECIAL OPERATIONS COMMAND LIAISON (SA (b)(6), (b)(7)(C))

CDR TF 373

FILE

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Secret (b)(6), (b)(7)(C) **ACLU RDI CID ROI 29296**

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FROM: CDR, TF 373 – Bagram, Afghanistan

THRU: CDR, TF 714, Bagram, Afghanistan

TO: CDR, USCENTCOM

**Subject:** Serious Incident Report – Detainee Death1. **Category:** 22. **Type of Incident:** DETAINEE DEATH3. **Date/Time of Incident:** 23JUN08/1305Z4. **Location:** TF7145. **Other Information:**a. **Racial:** NOb. **Trainee involvement:** NO6. **Personnel Involved:**a. **Subject:**

- (1) NAMES: n/a
- (A) RANK OR GRADE: n/a
- (b) SSN: n/a
- (c) RACE: n/a
- (d) SEX: n/a
- (e) Age: n/a
- (f) Position: n/a
- (g) Security Clearance: n/a
- (h) Unit and station of assignment: n/a
- (i) Duty Status: n/a

b. **Detainee:**

- (1) NAME: **NABI JAN**
- (2) ISN#: **NONE**
  - a. Capture Tag # **5065518**
- (3) DOB: **01 JULY 1976**
- (4) SEX: **MALE**
- (5) PLACE OF BIRTH: **UNKNOWN**
- (6) MARITAL STATUS: **MARRIED**
- (7) RELIGION: **ISLAM-SUNNI**
- (8) DATE OF CAPTURE: **10 JUNE 2008**
- (9) CIRCUMSTANCES: **Suspected suicide bomber and Arab fighter facilitator**

7. **Summary of Incident:** Nabi Jan (C/T 5065518), a 70 YO Afghan male, was captured on 10 June 2008 in the vicinity of Nangarhar Province, AFG. He was suspected of sheltering and facilitating suicide bombers and Arab fighters for subsequent operations in Nangarhar. On 17 June 2008, Detainee 5065518 was hospitalized following the recommendation of the Doctor. Testing at the BAF hospital revealed that the detainee has a history of heart conditions, had suffered heart attacks in the past and had been under a doctor's care for his pre-existing medical condition. The testing also revealed that he recently suffered a mild heart attack. According to the medical staff, the detainee required visualization and revascularization of his coronary vessels (catheterization, angioplasty, and stenting) and potentially CABG (coronary bypass grafting) (Cardiothoracic surgery) IOT address his pre-existing condition. On 19 June, the detainee exhibited signs of improvement, having urine output, kidney function improvement, and creatinine falling and he showed no signs of arrhythmias or ectopy (erratic heart rhythms). The

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EXHIBIT



doctors maintained him on Integrellin drip, but he was taken off of the Nitroglycerin drip. On 20 June, this detainee was diagnosed as medically stable to travel, and the Task Force planned to return him to his village. The doctors recommended for transfer and an ALS crew, cardiac monitor, AED or defibrillator, oxygen via nasal cannula, and IV access, along with a month's supply of his 6 heart meds at the bedside ready to go with him were all prepped. The detainee continued to do well through the night of 20 June and continued to look good for transfer/discharge. On 21 June, the detainee continued to be stable and ready for transfer. His Foley catheter was removed and he was urinating on his own. His movement was planned for 22 June at approximately 1700Z. On 22 June at approximately 0400Z, the medical staff reported that the detainee had taken a turn for worse and was now doing poorly. His heart went into Ventricular Fibrillation two more times and he was intubated and placed on a breathing machine. The detainee went into acute pulmonary edema (lungs full of fluid), and his blood pressure dipped very low. As a consequence of his deteriorating condition, the medical staff cancelled his transfer scheduled for 22 June, as he was too unstable to travel, with an estimation that he has <5-10% chance of surviving this cardiac event. The detainee remained in the BAF hospital and continued to receive medical care until his death, reported at approximately 1305Z on 23 June 2008.

8. **Remarks:** CID notification IAW SECDEF Policy Memorandum of 9 July 2004 is pending; awaiting local CID agent's return from Kabul.

9. **Publicity:** Unlikely

10. **Commander Reporting:** (b) (6)

11. **Point of Contact:**

12. **Downgrading Instruction:** None

ACLU DDII CID ROI 30737

SECRET/NOFORN  
**SWORN STATEMENT**

LOCATION: Bagram Airfield, APO AE 09354 (BAF)

FILE NUMBER:

DATE: 24 Jun 08

TIME: 1745

NAME: (b)(6)(b)(7)(c)

SSAN: N/A

GRADE/RANK: CIV

ORGANIZATION OR ADDRESS: Task Force 373, BAF, APO AE 09354

(b)(6)(b)(7)(c) WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

interviewed Haji Nabi Jan on the 13<sup>th</sup>, 14<sup>th</sup>, 15<sup>th</sup>, and 16<sup>th</sup> of June 2008 for one interview for each respective day. Prior to interviewing Haji Nabi Jan for the first time I was informed that he had a heart condition, Angina, and would only be interviewed, which involved no approaches, and consisted of simple question and answer. Haji Nabi Jan was asked at the beginning, throughout, and at the end of each interview if he was able to continue. Haji Nabi Jan was alert, and very intelligent, and at no point asked to stop an interview, and in fact asked to continue. The interview periods were kept short in light of Haji Nabi Jan's medical condition. Haji Nabi Jan was very animated during the four interviews, and displayed no outward signs of any problem. Haji Nabi Jan did walk like an old man, due to the fact he was an old man, but had no other signs of infirmity. Haji Nabi Jan mentioned, during the course of an interview, that he had a heart condition and was taking medication, but this was only in passing in the context of a different topic of conversation. Haji Nabi Jan never complained about his condition, and was very cordial throughout each of the interviews.

Q: MCCOLLUM

A: (b)(6)(b)(7)(c)

Q: Who informed you that Haji Nabi Jan had a heart condition?

A: The TF 373 Medical Physician, (b)(3) 10 USC 130b,(b)(6)

Q: Describe how Haji Nabi Jan was animated?

A: He would talk with his hands, emphasize his point with his hands, and talk loudly. It wasn't that he was excited or anything, it just seemed like it was his nature and used to speaking to people like that.

Q: How old did you believe Haji Nabi Jan to be?

A: The initial report when he came in said he was 77 years of age, born in 1933, and that seemed plausible to me. I never asked him because it wasn't relevant to ask the same question twice.

Q: Did Haji Nabi Jan ever complain to you about any injuries or illnesses?

A: He only told me he had a heart condition in passing. We were talking about something else and he brought that up. I asked him if he wanted to continue and he said yes and that he was fine.

Q: Did Haji Nabi Jan ever complain to you about the way he was being treated?

A: No, never.

Q: Was there anything that would have led you to believe he was sick?

A: Just the Doctor telling me he had a heart condition. Other than that, he just displayed signs of being old because he was an old man. He had a white beard and walked like an old man would walk.

Q: How would he walk?

A: Like a geriatric person would walk. He walked slow, but not insanely slow.

INITIALS OF PERSON MAKING STATEMENT (b)(6)(b)(7)(c)

PAGE 1 OF 3 PAGES

DA Form 2823-E

**ACLU DDII CID ROI 30891**

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(b)(6)(b)(7)(c)

SECRET/NOFORN

STATEMENT OF TAKEN AT: BAF, APO AE 09354, ON: 24 Jun 08 CONTINUED:

Q: Do you know what type of medication Haji Nabi Jan was taking?

A: I have no clue.

Q: When was Haji Nabi Jan first brought in?

A: It might have been around 12 Jun 08, although I'm pretty sure it was 13 Jun 08. I know I first talked to him on 13 Jun 08.

Q: Do you know why he left?

A: He had heart problems and I was informed he was taken to the hospital and that he would no longer be interviewed.

Q: Were you informed of Haji Nabi Jan's death?

A: Yes.

Q: When were you informed of his death?

A: Yesterday.

Q: What were you informed?

A: Just that he passed away. I assumed it was from heart trouble, but no one specifically told me why he passed.

Q: Did you type the narrative portion of this statement

A: Yes.

Q: Do you understand the answers in this statement are a typed written account of your verbal answers to my questions?

A: Yes.

Q: Are the answers in this statement accurate?

A: Yes.

Q: Do you have anything else you wish to add to this statement?

A: No.///End of Statement/// (b)(6)(b)(7)(c)

(b)(6)(b)(7)(c)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES

DA Form 2823-E

ACLU DDII CID ROI 30892

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STATEMENT OF <sup>(b)(6)(b)(7)(c)</sup> TAKEN AT: BAF, APO AE 09354, ON: 24 Jun 08 CONTINUED:

AFFIDAVIT

(b)(6)(b)(7)(c)

I, <sup>B(6)(7c)</sup>, have read or have had read to me this statement which begins on page 1 and ends on page 3. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections and have initialed the bottom of each page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence or unlawful inducement.

(b)(6)(b)(7)(c)

Witness #1:

(Signature of Person Making Statement)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn before me, a person authorized by law to administer oaths, this 24<sup>th</sup> day of Jun 2008 at Bagram Airfield, APO AE 09354.

(b)(6)(b)(7)(c)

Witness #2:

(Signature of Person Administering Oath)  
(b)(6)(b)(7)(c)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Typed name of Person Administering Oath)  
10 USC 936  
(Authority to Administer Oath)

(b)(6)(b)(7)(c)

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

DA Form 2823-E

**ACLU DDII CID ROI 30893**

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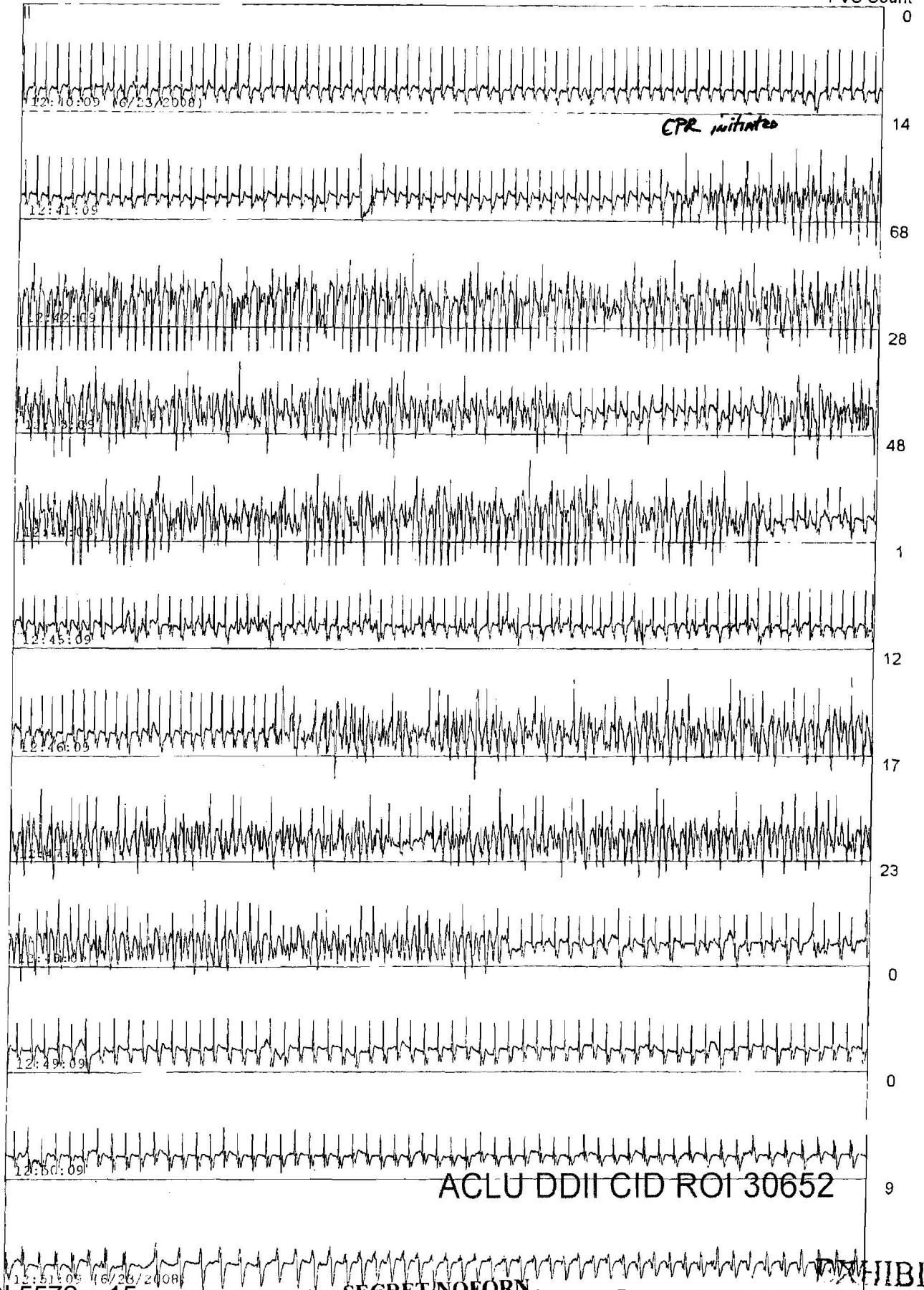
MARCH 2012 RELEASE TO ACLU  
CLASSIFIED EXHIBITS

ACLU DDII CID ROI 30651

EC

Wave Review EC

PVC Count

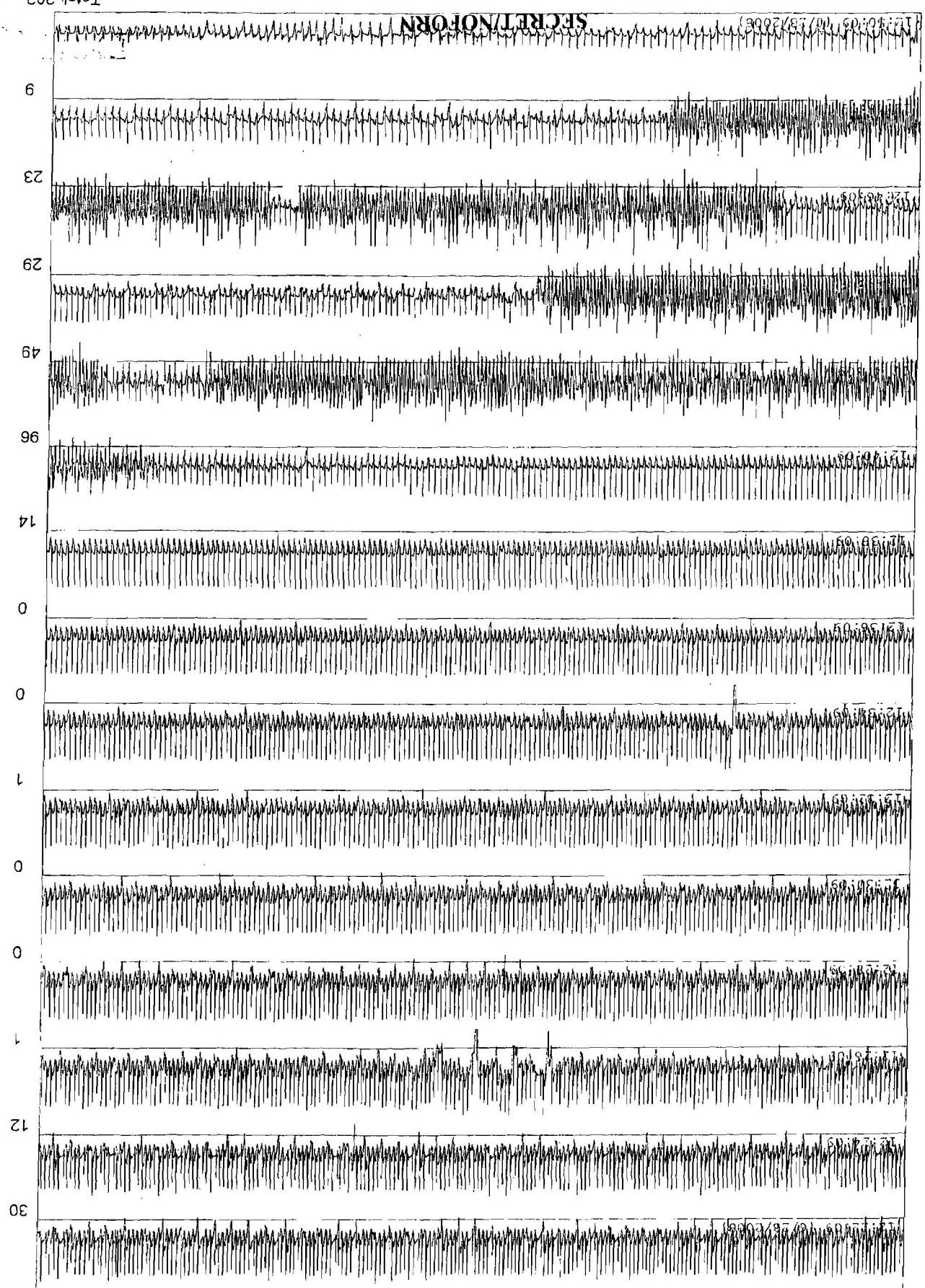


*CPR initiated*

ACLU DDII CID ROI 30652

PVC Count

Wave Review EC  
ACLU DDII CID ROI 3053



Name/SS#: *A. Wilson Male 3010*

ICU BEDSIDE FLOW SHEET

Date: *3/1/04*

Zulu Time	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300
TEMP	103.5	103.0	103.1	99.3			101.7	101.7			102.3	
HR	116	122	127	133	143	137	125	140	144	115	115	
RESP	27	22	20	23	23	23	32	31	32	31	25	
NIBP	90/60	87/57	93/59	95/50	84/50	74/44	73/49	76/58	71/54	72/44	40/29	
A-LINE	82/54	72/47	62/47	62/44	57/46	47/35	46/34	60/42	57/41	41/28	70/48	
MAP	65	54	50	51	47	29	40	50	59			
O2 SAT	100%	100%	99%	99%	100%	100%	100%	100%	100%	100%	100%	
MODE/FIO2	50% SIMV	50%	50%	50%	50%	50%	50%	50%	40%	40%	40	
CVP												
ICP												
CPP												
Intake												
PO												
TUBE FEED												
IVF					100	100	200	100	300	100		
IVPB												
Urine	45	45	45	90	45	135	30	49.5	42.3	38.3	22.5	22.5
Amiv	16.7	16.7	16.7	33.4	16.7	50.1	16.7	50.1	16.7	50.1	16.7	50.1
Levoflo				31.5	31.5	63	15.75	47.25	15.75	47.25	15.75	47.25
Penic	5	5	12	4	10	1	17	1	18	1	19	2
Vancom	10	5	15	5	20	2	22	2	23	2	25	2
Sodium Phos										42	42	42
Output												
UO	100	80	190	30	250	40	270	20	290	290	290	290
NG/OG												
BM												
JPMW												
JPMW												
CT												

EXHIBIT

TOTAL SECRET/NOFORN

ACLU DDII CID ROI 30654



SECRET/NOFORN

Name/SS#:

ICU BEDSIDE FLOW SHEET

Date:

ZULU TIME	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	
Position Q2H								R	Handwritten															
Regular Bath																								
Suction	Done		Done			Done				Done														
Trach Care	N/A →																							
Pin Care	N/A →																							
Pin Care	N/A →																							
Restraint	Done		Done																					
Check Q2H	Done		Done																					
ETT Tape Change																								
V.A.P at 45 Degrees	945		1450			1450																		
Mouth Care at least Q4	Done																							
GI Prophylaxis Yes/No																								
DVT Prophylaxis Yes/No			Loose																					
Sedation Holiday Q24H			Done																					
Chlorhexidine 2% Bath Q24H																								
Central Line Change	N/A																							

EXHIBIT

SECRET/NOFORN

NAME (b)(6) 03 NC (b)(6)

INITIALS:

NAME:

INITIALS: ACLU DDII CID ROI 30655

SECRET/NOFORN

AFGHAN, MALE REG # 7333 20/890-09-3592 DOB: 01 JAN 1908 K78		T MOVEMENT RECORD PROGRESS NOTE	
DATE/TIME (LOCAL)		1974	PERMANENT MEDICAL RECORD
		CITE# / SSN	
		NOTES	
23 Jun 88	0300Z	(b)(6)	notified of A-line BP MAP of 55 despite increasing Doppler to 5mg/min, Dopamine @ 20mcg/kg/min; Amiodarone @ 0.5mg/min. Versed @ 5mg/hr + Fentanyl @ 65mcg/hr. (b)(6)
"	0315Z		MAP - A-line remains below 60 @ 53; ST @ R6 with occasional unifocal PVC's; NIBP 85/55 (64) A-line 67/45; Doppler increased to 10mcg/min; Dopamine unchanged (b)(6)
"	0400Z		Versed & Fentanyl turned off; Patient BP remains low here @ bedside (b)(6)
"	0500Z		Fentanyl started @ 25mcg & Versed @ 1mg; RR P to 29 breaths per min HR 116; MAP in 50's; MD aware (b)(6)
"	0600Z	(b)(6)	notified of elevated temp. and results of tapered given; Urine very concentrated dark brownish / yellowish odorless; U/A & urine culture sent; Blood cultures sent (b)(6)
"	0700Z	(b)(6)	notified of no urine output over 2 hours; bladder catheter flushed with 60ml sterile water, no clots noted; 18ml urine out after original 60ml removed (b)(6)
"	0915Z	(b)(6)	notified; B/P, Mg, Ca <sup>++</sup> , CBC sent (b)(6)
"	1100Z		Dopamine ↓ to 5mcg/kg/min; Doppler 29mcg/min; A-line shows 58/34 (42); NIBP 76/54 (58); RR 31 on vent; Versed @ 4mg; Fentanyl @ 60mcg/hr Salz @ 99%; HR 116 with multiple unifocal PVC's; Amiodarone running @ 0.5mg/min; Sodium Phosphate being replaced for low level of 2.6; Patient lungs ok diminished urine, abdominal muscles flaccid; Overbreathing vent 24 rate; pulses diminished or weak to all extremities; Edema noted; bowel sounds hyperactive; feet me gray tinge; Patient has quick comb. pulse to chest as he is a full code (b)(6)
"	1200Z	(b)(6)	notified of patient's condition; Subcutaneous 0.5mg/kg/min (b)(6)
	1243		1 amp epi + CPR started (b)(6)
	1246		CPR stopped pulse detected VPP
	1246		CPR started
	1244		Massopressor dln 30 06/29 call
	1248		Vantrivon escape beep
	1252		Bag vent labr down
	1257		Proximal by (b)(6)

- ACQU DDII CID ROI 30656



SECRET/NOFORN

MEDICATION ADMINISTRATION RECORD

(ALL ENTRIES MUST BE PRINTED)

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

DATES		MEDICATION, DOSE, FREQUENCY	HOUR	June DATE GIVEN																
ORDER	RENEWAL			17	18	19	20	21	22	23										
6-17-08		ASA 81 mg po daily	04																	
6-17-08		PLAVIX 300 mg po x1 load																		
6-17-08		Plavix 75 mg po daily	04																	
6-17-08		Lorazepam 60 mg qd q12	04																	
			16																	
6-17-08		Zolax 40 mg po qhs	19																	
6-17-08		Lopressor 25 mg po q12	04																	
			16																	
6-17-08		Lisinopril 10 mg po qam	04																	
6-17-08		Integrilin 200 mg / kg / min qtt	D																	
		x 48 ↑1600Z	N																	
6-18-08		Nitroglycerin qtt at 10mg/min	D																	
		titrate for chest pain and keep	N																	
		SBP between 90-110, if possible.																		
6/19/08		Lopressor 12.5 mg PO every 8 hours	0400Z																	
			1200Z																	
			2000Z																	
6/19/08		Lisinopril 5 mg PO every day	0400Z																	

PLATE IMPRINTER

AFGHAN, MALE REG#: 7333  
 20/890-09-3592  
 DOB: 01 JAN 3592  
 K78

CHECK IF A SECOND PAGE IS IN USE

P - PASS

\* - REFER TO NURSING NOTES

ALLERGIC TO

NKA

DIAGNOSIS

ACLU DDII CID ROI 30658  
 ACS

BEU

NAME

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



*\*\*One Line Meds Only\*\**

**MEDICATION ADMINISTRATION RECORD**

(ALL ENTRIES MUST BE PRINTED)

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

DATES		MEDICATION, DOSE, FREQUENCY	HOUR	DATE GIVEN	
ORDER	RENEWAL			23	24
22 Jun 08		Magn Sulfate 1Gm IV x 1 NOW	1920Z	(b)(6)	
22 Jun 08		Insulin 80mg IV x 1 NOW	2130Z	(b)(6)	
23 Jun 08		Magn Sulfate 2gms IV x 1	0600Z	(b)(6)	
23 Jun 08		CR Koin Chloride 2gms IV x 1	0900Z	(b)(6)	
23 Jun 08		Sodium Phosphate 40mmol	1000Z		

PLATE IMPRINTER (b)(6)  
 AFGHAN, MALE  
 REG # 7333  
 20/890-09-3592  
 DOB: 01 JAN 1908  
 K78

BED NAME

CHECK IF A SECOND PAGE IS IN USE

P - PASS \* - REFER TO NURSING NOTES

ALLERGIC TO

DIAGNOSIS  
**ACLU DDII CID ROI 30659**

TIME

01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23



Acc

WORK ACTIVITY SHEET (Not part of the permanent record)

P  
R  
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/NOFORN

SECRET/NOFORN

SPECIAL CARE NEEDS

SUMMARY MEDICAL PLAN

SCHEDULED LABS

XRAYS

CONSULTS

SIDE RAILS

YES

NO

VITAL SIGNS

2\*

ORD

COMP

DAILY LABS

CONTINUOUS

NIGHT ONLY

TEMPERATURE

BLOOD PRESSURE

2:37

7-41 CR, CE 96' x 3 ✓

NEURO CHECKS

I / 10"

7/11/99 1630

2230

0430

DAILY RX

OTHER

ISOLATION

YES

NO

2 x 10"

TYPE

RESTRAINTS

YES

NO

TYPE

DRAINAGE DEVICES

YES

NO

FOLEY

EXTERNAL CATH

OSTOMY (TYPE)

OTHER

IV FLUIDS

SPECIAL TESTS

ERG

ACTIVITY

Blind (EC)

UP ad lib

BRP

BEDREST

DIET

REGULAR

OTHER

ALLERGIES

NKA

99/E10-09-3592

ACLU DDII CID ROI 30661

BED NO

PATIENT

AGE

DX

SIVSI

DOCTOR

(b)(6)

10 Male

EXHIBIT



SECRET/NOFORN

BAGRAM 455TH EMDGS

23 Jun 2008@0842

Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 22 Jun 08 - 23 Jun 08

Report requested by: (b)(6)

AFGHAN, MALE 20/890-09-3592 M/100 Reg #: 7333
Ph: Military Unit: UNKNOWN

23 Jun 08 @ 0811 (Coll) BLOOD
MG. 2.7 H (1.6-2.3) mg/dL
PHOSPHORUS. 2.6 (2.5-4.5) mg/dL

23 Jun 08 @ 0811 (Coll) BLOOD
WBC 14.7 H (4.0-11.0) x10(3)/uL
RBC CNT 3.91 L (4.0-6.5) x10(6)/uL
HGB 11.2 L (12-16) g/dL
HCT 34.5 L (38-50) %
MCV 88 (80.0-100.0) fL
MCH 28.7 (27.0-31.0) pg
MCHC. 32.5 L (33.0-37.0) g/dL
RDW TNP (11.6-14.6) %
PLATELETS 95 L (150-450) x10(3)/uL
NEUT% TNP (40-70) %
LYMPH%. 21.4 (20.0-40.0) %
MONO% TNP (1-10) %
EOS%. TNP (1-5) %
BASO% TNP (1-2) %

23 Jun 08 @ 0709 (Coll) URINE
COLOR BROWN
CLARITY CLOUDY H
GLUCOSE NEG (NEG) mg/dL
BILIRUBIN SMALL (NEG)
KETONES TRACE (NEG) mg/dL
SG. 1.025 (1.005-1.025)
BLOOD LARGE H (NEG-TRACE)
PH. 5.5 (4.60-8.00)
PROTEIN 100 (NEG-TRACE) mg/dL
UROBILINOGEN. 1 (0.2-1.0) E.U./dL
NITRITE NEG (NEG)
LEUKO EST MODERATE H (NEG)
WBC UA. 10-25 H /hpf
RBC UA. NONE SEEN /hpf
EPITHL CEL. FEW /hpf
BACTERIA. MODERATE H /hpf
MUCUS SMALL
AMORPHOUS SEDIM MODERATE /hpf
CASTS 1-2

Result Comment: saw hyaline and granular casts. (b)(6)

23 Jun 08 @ 0709 (Coll) BLOOD (BLOOD)
BLD CULT. PENDING

23 Jun 08 @ 0709 (Coll) BLOOD (BLOOD)
BLD CULT. PENDING

L=Lo H=Hi \*=Critical R=Resist S=Suoc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (Y)nterpretations, (R)esult
ACLU-RDI-CID-ROI-30662

SECRET/NOFORN

BAGRAM 455TH EMDGS

23 Jun 2008@0842

Page 2

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 22 Jun 08 - 23 Jun 08

Report requested by: (b)(6)

AFGHAN, MALE

20/890-09-3592

M/100

Reg #: 7333

Ph:

Military Unit: UNKNOWN

23 Jun 08 @ 0709 (Coll)

URINE/CC (URINE)

UA CULT . . . . . PENDING

=====  
 L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
 []=Uncert /A=Amended Comments= (O)rder, (T)nterpretations, (N)ote  
 =====

ACLU RDI CID ROI 30663

BY: [unclear]

SECRET/NOFORN

BAGRAM 455TH EMDGS

23 Jun 2008@0940

Page

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 22 Jun 08 - 23 Jun 08

Report requested by: (b)(6)

AFGHAN, MALE  
Ph:

20/890-09-3592

M/100

Reg #: 7333

Military Unit: UNKNOWN

23 Jun 08 @ 0856 (Coll)

BLOOD

ASAP GLUCOSE . . . . .	116	H	(74-106)	mg/dL
BUN . . . . .	40	H	(9-20)	mg/dL
CREAT . . . . .	3.4	H*	(0.8-1.5)	mg/dL
CA. . . . .	9.0		(8.4-10.2)	mg/dL
NA+ . . . . .	136	L	(137-145)	mmol/L
K . . . . .	3.8		(3.5-5.1)	mmol/L
CL- . . . . .	103		(98-107)	mmol/L
CO2 . . . . .	15	L*	(22-30)	mmol/L
ANION GAP . . . . .	22	H	(10-20)	mmol/L

=====  
 L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
 []=Uncert /A=Amended Comments= (O)rder, (Y)nterpretations, (R)esult  
 =====

ACLU-DDI-CID-ROI-30664

SECRET/NOFORN

BAGRAM 455TH EMDGS

22 Jun 2008@1730

Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 21 Jun 08 - 22 Jun 08

Report requested by: (b)(6)

AFGHAN, MALE 20/890-09-3592 M/100 Reg #: 7333  
Ph: Military Unit: UNKNOWN

22 Jun 08 @ 1652 (Coll)

BLOOD

ASAP MG.	1.8		(1.6-2.3)	mg/dL
GLUCOSE	166	H	(74-106)	mg/dL
BUN	24	H	(9-20)	mg/dL
CREAT	1.9	H*	(0.8-1.5)	mg/dL
Result Comment: NOTIFIED AND READ BACK BY (b)(6) @ 2154 (b)(6)				
CA.	7.8	L	(8.4-10.2)	mg/dL
NA+	134	L	(137-145)	mmol/L
K	4.6		(3.5-5.1)	mmol/L
CL-	101		(98-107)	mmol/L
CO2	20	L	(22-30)	mmol/L
ANION GAP	18		(10-20)	mmol/L

=====  
 L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
 []=Uncert /A=Amended Comments= (0)rder, Interpretations, H)as  
 =====

EXHIBIT



SECRET/NOFORN

BAGRAM 455TH EMDGS

22 Jun 2008@0945

Page

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 21 Jun 08 - 22 Jun 08

Report requested by: (b)(6)

AFGHAN, MALE 20/890-09-3592 M/100 Reg #: 7333
Ph: Military Unit: UNKNOWN

22 Jun 08 @ 0632 (Coll) PLASMA
PT. . . . . 4.8 L (7.0-14.0) SECONDS
INR . . . . . <0.8 (1 B unit) B unit

Interpretations:
B unit
APTT. . . . . 33.4 (22.1-33.7) SECONDS

22 Jun 08 @ 0632 (Coll) BLOOD
MG. . . . . 2.2 (1.6-2.3) mg/dL
GLUCOSE . . . . . 180 H (74-106) mg/dL
BUN . . . . . 17 (9-20) mg/dL
CREAT . . . . . 1.8 H\* (0.8-1.5) mg/dL
CA. . . . . 8.3 L (8.4-10.2) mg/dL
NA+ . . . . . 140 (137-145) mmol/L
K . . . . . 4.6 (3.5-5.1) mmol/L
CL- . . . . . 104 (98-107) mmol/L
CO2 . . . . . 12 L\* (22-30) mmol/L
ANION GAP . . . . . 29 H (10-20) mmol/L

22 Jun 08 @ 0632 (Coll) BLOOD
WBC . . . . . 9.9 (4.0-11.0) x10(3)/uL
RBC CNT . . . . . 5.73 (4.0-6.5) x10(6)/uL
HGB . . . . . 16.2 H (12-16) g/dL
HCT . . . . . 48.1 (38-50) %
MCV . . . . . 84 (80.0-100.0) fL
MCH . . . . . 28.3 (27.0-31.0) pg
MCHC . . . . . 33.7 (33.0-37.0) g/dL
RDW . . . . . TNP (11.6-14.6) %
PLATELETS . . . . . 135 L (150-450) x10(3)/uL
NEUT% . . . . . TNP (40-70) %
LYMPH% . . . . . 10.0 L (20.0-40.0) %
MONO% . . . . . TNP (1-10) %
EOS% . . . . . TNP (1-5) %
BASO% . . . . . TNP (1-2) %

L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (G) Interpretations, (R) as Q
ACLU RDI CID ROI 30666

SECRET/NOFORN

455TH EMEDS

22 Jun 2008@0648 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)  
Progress Notes

Report requested by: B(6)

-----  
22 Jun 2008@0643 INPT Register # 7333 PHYSICIAN  
DOCTORS NOTE  
Cardiology

Pt with VF arrest treated with ACLS returning to sinus tach after epi and defibrillation. He was initially stable following this second event with SaO2 100% on NC and HR returned to the 80's. A-line placed. Pt then became a bit agitated and dyspneic. His sats fell and so I asked for him to be intubated. I will keep him sedated and mechanically ventilated over night to decrease cardiac oxygen demand. Labs ordered, supplemental magnesium given empirically. Revascularization not possible in this country. I feel he is not stable for a long distance transfer at this time. Will continue Lovenox, ASA, plavix and mechanical ventilation. Will hold ACE-i / BB for now due to decompensation. He remains "full code."

Signed: B(6)

=====  
20/890-09-3592 AFGHAN, MALE  
01 Jan 1908 / Male  
Reg #: 7333 Loc: ICU  
Spon: AFGHAN, MALE  
Unit:

FOREIGN NATIONAL - POW/INTERNE  
H: not on file  
W: not on file  
Rank:  
RR:

ACLU RDI CID ROI 30667

Automated version of SF509

ACLU-RDI 5572 p.30

SECRET/NOFORN

EXHIBIT

SECRET/NOFORN

BAGRAM 455TH EMDGS

21 Jun 2008@0030

Page

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 20 Jun 08 - 21 Jun 08

Report requested by: (b)(6)

AFGHAN, MALE  
Ph:

20/890-09-3592

M/100

Reg #: 7333

Military Unit: UNKNOWN

20 Jun 08 @ 2355 (Coll)

BLOOD

CK. . . . .	90		(55-170)	U/L
ASAP MG. . . . .	2.0		(1.6-2.3)	mg/dL
GLUCOSE . . . . .	88		(74-106)	mg/dL
BUN . . . . .	12		(9-20)	mg/dL
CREAT . . . . .	1.0		(0.8-1.5)	mg/dL
CA. . . . .	8.0	L	(8.4-10.2)	mg/dL
NA+ . . . . .	140		(137-145)	mmol/L
K . . . . .	3.8		(3.5-5.1)	mmol/L
CL- . . . . .	103		(98-107)	mmol/L
CO2 . . . . .	26		(22-30)	mmol/L
ANION GAP . . . . .	15		(10-20)	mmol/L

20 Jun 08 @ 2355 (Coll)

BLOOD

CK-MB . . . . .	<1.0		(0.0-4.3)	ng/mL
MYOGLOBIN . . . . .	44.3		(0-107)	ng/mL
TROPONIN I . . . . .	3.57	H	(0.0-0.40)	ng/mL

20 Jun 08 @ 2355 (Coll)

BLOOD

STAT WBC . . . . .	5.5		(4.0-11.0)	x10(3)/uL
RBC CNT . . . . .	3.66	L	(4.0-6.5)	x10(6)/uL
HGB . . . . .	10.3	L	(12-16)	g/dL
HCT . . . . .	30.6	L	(38-50)	%
MCV . . . . .	84		(80.0-100.0)	fL
MCH . . . . .	28.3		(27.0-31.0)	pg
MCHC . . . . .	33.7		(33.0-37.0)	g/dL
RDW . . . . .	TNP		(11.6-14.6)	%
PLATELETS . . . . .	162		(150-450)	x10(3)/uL
NEUT% . . . . .	TNP		(40-70)	%
LYMPH% . . . . .	31.2		(20.0-40.0)	%
MONO% . . . . .	TNP		(1-10)	%
EOS% . . . . .	TNP		(1-5)	%
BASO% . . . . .	TNP		(1-2)	%

L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
 []=Uncert /A=Amended Comments= (O)rder, (I)ntr, (A)nd (S) or

ACLU DDH CID ROI 30668

SECRET/NOFORN

BAGRAM 455TH EMDGS

19 Jun 2008@2256

Page

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 02 Apr 00 - 19 Jun 08

Report requested by: (b)(6)

AFGHAN, MALE 20/890-09-3592 M/100 Reg #: 7333
Ph: Military Unit: UNKNOWN

19 Jun 08 @ 2217 (Coll) BLOOD
CK. 226 H (55-170) U/L
ASAP MG. 2.1 (1.6-2.3) mg/dL
NOTI PHOSPHORUS. 2.6 (2.5-4.5) mg/dL

19 Jun 08 @ 2217 (Coll) BLOOD
CARDIAC ENZYMES . . . . . PENDING

19 Jun 08 @ 2217 (Coll) BLOOD
STAT WBC 6.9 (4.0-11.0) x10(3)/uL
RBC CNT 3.47 L (4.0-6.5) x10(6)/uL
HGB 11.1 L (12-16) g/dL
HCT 32.3 L (38-50) %
MCV 93 (80.0-100.0) fL
MCH 32.0 H (27.0-31.0) pg
MCHC 34.4 (33.0-37.0) g/dL
RDW TNP (11.6-14.6) %
Result Comment: UNABLE TO PERFORM TEST ON BACKUP ANALYZER
PLATELETS 92 L (150-450) x10(3)/uL
NEUT% TNP (40-70) %
LYMPH% 16.4 L (20.0-40.0) %
MONO% TNP (1-10) %
EOS% TNP (1-5) %
BASO% TNP (1-2) %

19 Jun 08 @ 2217 (Coll) BLOOD
STAT IONIZED CA+ 1.13 (1.12-1.32) mmol/L

L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)ntermed (U)ncert

ACLU-DDI CID ROI 30669



BAGRAM 455TH EMDGS

19 Jun 2008@2257

Page

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 02 Apr 00 - 19 Jun 08

Report requested by: (b)(6)

AFGHAN, MALE 20/890-09-3592 M/100 Reg #: 7333  
Ph: Military Unit: UNKNOWN

19 Jun 08 @ 1634 (Coll) BLOOD  
STAT CK. . . . . 226 H (55-170) U/L

19 Jun 08 @ 1634 (Coll) BLOOD  
STAT CK-MB . . . . . 4.3 (0.0-4.3) ng/mL  
MYOGLOBIN . . . . . 101 (0-107) ng/mL  
TROPONIN I . . . . . 5.19 H (0.0-0.40) ng/mL

=====  
L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (C)nterpretations (R)esult  
=====  
ACLU RDI CID R01 30670

BAGRAM 455TH EMDGS

19 Jun 2008@0922

Page

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 18 Jun 08 - 19 Jun 08

Report requested by: (b)(6)

AFGHAN, MALE 20/890-09-3592 M/100 Reg #: 7333
Ph: Military Unit: UNKNOWN

19 Jun 08 @ 0518 (Coll) BLOOD
CK-MB 9.8 H (0.0-4.3) ng/mL
MYOGLOBIN 199 H (0-107) ng/mL
TROPONIN I 9.04 H (0.0-0.40) ng/mL

19 Jun 08 @ 0508 (Coll) BLOOD
CK 396 H (55-170) U/L

19 Jun 08 @ 0011 (Coll) BLOOD
STAT CK 508 H (55-170) U/L
ASAP MG 2.0 (1.6-2.3) mg/dL
NOTI PHOSPHORUS 4.5 (2.5-4.5) mg/dL
ASAP GLUCOSE 99 (74-106) mg/dL
BUN 26 H (9-20) mg/dL
CREAT 1.7 H\* (0.8-1.5) mg/dL

Result Comment: RESULT REPORTED TO (b)(6) IN ICU
CA 8.2 L (8.4-10.2) mg/dL
NA+ 143 (137-145) mmol/L
K 3.5 (3.5-5.1) mmol/L
CL- 106 (98-107) mmol/L
CO2 24 (22-30) mmol/L
ANION GAP 17 (10-20) mmol/L

19 Jun 08 @ 0011 (Coll) BLOOD
STAT WBC 10.7 (4.0-11.0) x10(3)/uL
RBC CNT 4.02 (4.0-6.5) x10(6)/uL
HGB 11.5 L (12-16) g/dL
HCT 33.7 L (38-50) %
MCV 84 (80.0-100.0) fL
MCH 28.5 (27.0-31.0) pg
MCHC 34 (33.0-37.0) g/dL
RDW TNP (11.6-14.6) %

Result Comment: CANNOT PERFORM ON BACKUP ANALYZER
PLATELETS 201 (150-450) x10(3)/uL
NEUT% TNP (40-70) %
LYMPH% 19.2 L (20.0-40.0) %
MONO% TNP (1-10) %
EOS% TNP (1-5) %
BASO% TNP (1-2) %

19 Jun 08 @ 0011 (Coll) BLOOD
STAT IONIZED CA+ 1.10 L (1.12-1.32) mmol/L

19 Jun 08 @ 0011 (Coll) BLOOD
STAT CK-MB 6.3 H (0.0-4.3) ng/mL
MYOGLOBIN 254 H (0-107) ng/mL
TROPONIN I 5.92 H (0.0-0.40) ng/mL

L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (Z)ntermed (S)erum
ACLU DDICID RDI 30671

BAGRAM 455TH EMDGS

18 Jun 2008@1919

Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 17 Jun 08 - 18 Jun 08

Report requested by: (b)(6)

-----

AFGHAN, MALE	20/890-09-3592	M/100	Reg #: 7333
Ph:			Military Unit: UNKNOWN

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18 Jun 08 @ 1657 (Coll)				BLOOD
STAT CK. . . . .	388	H	(55-170)	U/L

18 Jun 08 @ 1657 (Coll)				BLOOD
STAT CK-MB . . . . .	12.1	H	(0.0-4.3)	ng/mL
MYOGLOBIN . . . . .	>500	H	(0-107)	ng/mL
TROPONIN I. . . . .	2.29	H	(0.0-0.40)	ng/mL

=====  
 L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
 []=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult  
 =====

ACLU/DDI/CID/ROI 30672

BAGRAM 455TH EMD

23 Jun 2008@0122

Page 1

Privacy Act of 1974 (PL 93-579)

IDENT LAB INQUIRY

2 Jun 08 - 23 Jun 08

Report requested by

(b)(6)

AFGHAN, MALE  
Ph:

20/890-09-3592

M/100

Reg #: 7333

Military Unit: UNKNOWN

22 Jun 08 @ 2320 (C)

BLOOD

STAT CK.		H	(55-170)	U/L
ASAP MG.	0		(1.6-2.3)	mg/dL
GLUCOSE		H	(74-106)	mg/dL
BUN		H	(9-20)	mg/dL
CREAT	1.4	H*	(0.8-1.5)	mg/dL
Result Comment:	ROE IN ICU			
CA.	5	L	(8.4-10.2)	mg/dL
NA+		L	(137-145)	mmol/L
K	1		(3.5-5.1)	mmol/L
CL-			(98-107)	mmol/L
CO2		L	(22-30)	mmol/L
ANION GAP			(10-20)	mmol/L

22 Jun 08 @ 2320 (C)

BLOOD

STAT CK-MB	5	H*	(0.0-4.3)	ng/mL
Result Comment:	ROE IN ICU			
MYOGLOBIN		H	(0-107)	ng/mL
TROPONIN I	0	H*	(0.0-0.40)	ng/mL

=====  
L=Lo H=Hi  
[]=Uncert /A-  
=====

=====  
Sist S=Susc MS=Mod Susc I=Intermed  
(O) rder, (I) nterpretations (R) ead  
=====

ACLU DDI CID ROI 30673



SECRET/NOFORN

UNIT ROOM NO BED NO

IDENTIFICATION DATE OF ORDER TIME

6/23/08 1020

Blood cx x 2

UA

Wim Cultm

Done

(b)(6)

10202  
22 June 08

(b)(6)

DATE OF ORDER 6/23/08 TIME 1122h

~~SECRET/NOFORN~~

LEVAGWIN 500mg IV Q24h

Given 0800E

ZOSYN 3.375g IV Q6hr

Given 0900E

(b)(6)

UNIT ROOM NO BED NO

IDENTIFICATION DATE OF ORDER TIME

UNIT ROOM NO BED NO

SECRET/NOFORN

DC ...S ORDERS - (b)(6) - (b)(6)

For Each Set of Orders, Record the Date and Time, Sign, and Cross Out the Unused Lines

PATIENT IDENTIFICATION

DATE OF ORDER 22 Jun 08 TIME 1755Z NIPSE'S SIGNATURE

V.O. (b)(6) (b)(6) Q3RN Noted

1 Gm Mag Sulfate IV x 1 NOW!

(b)(6)

(b)(6)

Q3RN

22 Jun 08

1755Z

AFGHAN, MALE REG#: 7333  
20/890-09-3592  
JOB: 01 JAN 3592  
578

WING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 6/23/08 TIME 0922Z Noted

Lasix 80mg IV x 1 NOW  
BMP, Mag, Total Cr, Cardiac Enzymes  
and CBC in AM

(b)(6)

(b)(6)

22 Jun 08

2130Z

WING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 6/23/08 TIME 0715Z

~~Lasix 80mg IV x 1~~  
~~BMP, Mag, Cr, T2 - show results~~  
~~to ICU M.O.~~

~~Lasix and above.~~  
~~Consistent visual/ferment gtt's~~

(b)(6)

WING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 6/23/08 TIME 0735Z

BMP, Magnesium @ 1200. Done

(b)(6)

(b)(6)

(b)(6)

Q3RN

ACLU DDILCID ROI 30675

(b)(6)

WING UNIT ROOM NO. BED NO.

SECRET/NOFORN

DATE OF ORDER - (SEE ALL ORDERS)

For Each Set of Orders, Record the Date and Time, Sign, and Cross Out the Unused Lines

PATIENT IDENTIFICATION

DATE OF ORDER

6/22/08

TIME

1100

NURSE'S SIGNATURE

Lasix 40 mg IV x 7 new

*[Handwritten signature]*  
6/22/08 (b)(6)

(b)(6)

AFGHAN, MALE REG#: 7333  
20/890-09-3592  
DOB: 01 JAN 3592  
K78

WING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

6/22/08

TIME

1115 L

Foley placement NOW  
NGT placement check  
placement

*[Handwritten signature]*  
6/22/08

(b)(6)

WING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

6/24/08

TIME

1155 L

Dopamine 5 mcg/kg/min  
titrate to keep SBP > 90  
Max 20 mcg/kg/min

*[Handwritten signature]*  
6/24/08 (b)(6)

(b)(6)

WING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

6/22/08

TIME

1445 L

Lasix 80 mg IV x 1 new

*[Handwritten signature]*  
6/22/08 (b)(6)

(b)(6)

AGLU RDI CID: 430676

AGLU RDI 5572 p.39

EXHIBIT

SECRET/NOFORN

DC ORDER ORDERS - BAPT ALL PERSO.

For Each Set of Orders, Record the Date and Time, Sign, and Cross Out the Unused Lines

PATIENT IDENTIFICATION

DATE OF ORDER 6/22/08 TIME 0900 C NURSE'S SIGNATURE

AFGHAN, MALE REG#: 7333  
20/890-09-3592  
DOB: 01 JAN 3592  
K78

d/c IVF

(b)(6)

WING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 6/22/08 TIME 0950 C

Amisderone 150mg tid  
X + New.

(b)(6)

WING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 6/22/08 TIME 1030

Chem 7, Mig, Ash, and  
Place Foley  
Magnesium 2 grams tid + new

(b)(6)

done  
6/22/08  
c-1102

WING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 6/22/08 TIME

Unit SIMV M TV 600 PEEP 5 PS 15  
FiO2 1.002 -> when to keep SpO2 > 95%  
Versed 2mg/hr titrated for sedation  
Fentanyl 50mcg/hr titrated for analgesia  
paxil - 100mg tid

(b)(6)

ACLU-RDI 5572 p.40

EXHIBIT



SECRET/NOFORN

DOCTOR ORDERS - (IC) (M) (R) (S) (P)

For Each Set of Orders: Record the Date and Time, Sign, and Cross Out the Unused Lines

PATIENT IDENTIFICATION

WING UNIT: \_\_\_\_\_ ROOM NO.: \_\_\_\_\_ BED NO.: \_\_\_\_\_

DATE OF ORDER: 22 June 08 TIME: 0540 NURSE'S SIGNATURE: \_\_\_\_\_

1) Lopressor 5mg IV x 1 new

~~\_\_\_\_\_~~

(b)(6)

(b)(6)

12/11  
6/22  
012012  
(b)(6)

PATIENT IDENTIFICATION

AFGHAN, MALE REG#: 7333  
20/890-09-3592  
DOB: 01 JAN 3592  
K78

WING UNIT: \_\_\_\_\_ ROOM NO.: \_\_\_\_\_ BED NO.: \_\_\_\_\_

DATE OF ORDER: 22 June 08 TIME: 0620

1) Magnesium sulfate 2gm IV x 1 new

(b)(6)

(b)(6)

12/11  
6/22  
02012  
(b)(6)

PATIENT IDENTIFICATION

WING UNIT: \_\_\_\_\_ ROOM NO.: \_\_\_\_\_ BED NO.: \_\_\_\_\_

DATE OF ORDER: 6/22/08 TIME: 0640

Potassium 40mg PO x 7 new

Lasix 10mg IV x 7 new

Amiodarone 1mg/kg IV q1h x 6

then 0.5 mg/kg x 18

(b)(6)

12/11  
6/22/08  
(b)(6)

PATIENT IDENTIFICATION

WING UNIT: \_\_\_\_\_ ROOM NO.: \_\_\_\_\_ BED NO.: \_\_\_\_\_

DATE OF ORDER: 6.22.08 TIME: 0755

1) Amiodarone, 1mg/min x 6h then 0.5mg/min x 18h. Cancel Previous orders

(b)(6)

2) Amiodarone 150mg IV over 10min

(b)(6) (b)(6)

6/22/08 0810

ACLU DDII CID ROI 30678

Held Lisinopril and Lopressor today

(b)(6)

D OR'S ORDERS - (SIGN ALL ORDERS)

For Each Set of Orders, Record the Date and Time Sign, and Cross Out the Unused Lines

PATIENT IDENTIFICATION

DATE OF ORDER

6/19/98

TIME

2330

NURSE'S SIGNATURE

AFGHAN, MALE REG#: 7333  
20/890-09-3592  
DOB: 01 JAN 3592  
K78

Tylenol 650mg PO Q4h prn pain

Dulcolax Supp 10mg PR prn

(b)(6)

(b)(6)

NURSING UNIT

ROOM NO

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

6/20/08

TIME

0800

Discontinue IntegriLid *start 6/20/08*

(b)(6)

(b)(6)

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

6/20/08

TIME

0810

Stop checking cardiac enzymes *6/20/08*

(b)(6)

(b)(6)

NURSING UNIT

ROOM NO

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

21 Jun 08

TIME

1817

✓ Ambien 10mg PO qHS prn sleep  
✓ Vitals q2hr  
✓ Stop all labs.

(b)(6)

(b)(6)

ACLU DDII CID ROI 30679

NURSING UNIT

ROOM NO

BED NO

ACLU-RDI 5572 p.42

SECRET/NOFORN

DOCTOR'S ORDERS - (SIGN ALL ORDERS)

For Each Set of Orders, Record the Date and Time, Sign, and Cross Out the Unused Lines

PATIENT IDENTIFICATION  AFGHAN, MALE REG#: 7333 20/890-09-3592 DOB: 01 JAN 3592 K78	DATE OF ORDER	6/19/08	TIME	0940	NURSE'S SIGNATURE  [Signature] (b)(6) [Signature] 0940
	✓ Change Lopressor to 12.5mg PO Q8				
	✓ Lisinopril to 5mg PO daily				
	(b)(6)				
	(b)(6)				

NURSING UNIT	ROOM NO.	BED NO.
PATIENT IDENTIFICATION		
DATE OF ORDER	19 June 08 0930Z	
TIME		
1 Give NS 0.9% 500 ml bolus IV x 1 2 Draw BMP 3 Give Milk of Magnesium 30ml PO x 1 given now		
(b)(6)		
NURSING UNIT		
ROOM NO.		
BED NO.		

NURSING UNIT	ROOM NO.	BED NO.
PATIENT IDENTIFICATION		
DATE OF ORDER	19 Jun 08	
TIME	1300Z	
✓ D5 1/2 NS + 20 mg KCl @ 50cc/0		
(b)(6)		
Emergency Physician		
(b)(6)		
NURSING UNIT		
ROOM NO.		
BED NO.		

NURSING UNIT	ROOM NO.	BED NO.
PATIENT IDENTIFICATION		
DATE OF ORDER	6/19/08	
TIME	2115Z	
✓ Continue inty. ill. in trachea for total of 720		
(b)(6)		
ACLU DDI CID ROI 30680		
(b)(6)		
(b)(6)		

DOCTOR'S ORDERS - (SIGN ALL ORDERS)

For Each Set of Orders, Record the Date and Time, Sign, and Cross Out the Unused Lines

PATIENT IDENTIFICATION

AFGHAN, MALE REG#: 7333  
20/890-09-3592  
DOB: 01 JAN 3592  
K78

DATE OF ORDER 8 Jun 08 TIME 0530

Regular Diet

NURSE'S SIGNATURE

*[Handwritten Signature]*

(b)(6)

(b)(6)

(b)(6)

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 6/18/08 TIME 0930

Continue cardiac enzymes Q6  
to include total CK.

Start Nitroglycerin infusion @ 10 mcg/min  
titrate for chest pain and  
to keep SBP between 90-110  
if possible.

(b)(6)

(b)(6)

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 6/18/08 TIME 1630

Haldol 5mg IV X 7 now

*[Handwritten Signature]*  
noted

(b)(6)

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME

6/18/08 1700

Flush Foley catheter if no urine output  
After 2 hours

(b)(6)

(b)(6)

SECRET/NOFORN

CTOR'S ORDERS - (SIGN ALL ORDERS)

For Each Set of Orders, Record the Date and Time, Sign, and Cross Out the Unused Lines

PATIENT IDENTIFICATION			DATE OF ORDER	TIME	NURSE'S SIGNATURE
AFGHAN, MALE 99/890-09-3592			6/17/08	1815 L	
NURSING UNIT			ROOM NO.	BED NO.	
			O2	2L NC	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME	
AFGHAN, MALE REG#: 7333 20/890-09-3592 DOB: 01 JAN 3592 K78					
NURSING UNIT			ROOM NO.	BED NO.	

PATIENT IDENTIFICATION			DATE OF ORDER	TIME	
AFGHAN, MALE REG#: 7333 20/890-09-3592 DOB: 01 JAN 3592 K78					
NURSING UNIT			ROOM NO.	BED NO.	

Labs: total CK, cardiac enzymes @ 6° x 3  
 CBC 4 hours after start of integrillin ✓  
 CBC BMP Magnesium @ AM ✓  
 Meds: ASA 81mg po daily ✓  
 Plavix 300mg po x 1 load, then 75mg po daily ✓  
 Lovex 60mg sc @ 12° ✓  
 Zocor 40mg po @ 12° ✓

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

Lopressor 25mg po @ 12° ✓  
 Lisinopril 10mg po @ AM ✓  
 Integrillin 180 mcg/kg IV Bolus ✓  
 then infuse @ 2 mcg/kg/min for total of 48 hours ✓  
 12-lead ECG on admit to ICU and with every enzyme blood draw ✓  
 (call m.d) T > 101.5 HR > 120 < 50  
 SBP > 150 < 90 RA > 30 < 8

PATIENT IDENTIFICATION			DATE OF ORDER	TIME	
			(b)(6)		
NURSING UNIT			ROOM NO.	BED NO.	

(b)(6)  
 6/17/08  
 [Signature]  
 ACLU DDII CID ROI 30682



DATA PROTECTED BY PRIVACY ACT OF 1974

SECRET/NOFORN

PERMANENT MEDICAL RECORD

NAME (Last, First, Middle Initial)

CITE# / SSN

DATE/TIME(ZULU)

NOTES

0600Z

Patient states he has pain to his belly & heart area which radiates to L arm; (b)(6) @ bedside to discuss care & assess patient; EKG shown to MD ~ 0800Z; Patient started on Nitro qtt @ 0800 / min 100

0640Z

Patient had BM; denies chest pain at this time; VSS - (b)(6)

6/18/08

1500Z

pt Assessment completed - pt is lethargic. pt Foley bloody. Flushed w/ about 600ml - lots of blood clots noted. Foley flushed till draining into foley bag pt tolerated it well some bleeding noted around meatus. pt VS stable on Nitro + Integron qtt. pt in acute distress will continue to monitor pt. (b)(6)

ACLU DDII CID ROI 30683

Date: 6/18/05

	ZULU TIME	0300	0700	1100	1500	1900	2300
EURO	LOC	Alert		Restless / Unconscious	Restless		Alert
	Orientation	Ax 3			lethargic		Ax 3
EFT PUPIL	Reaction/Size	3mm → PERRLA			3mm R/L		3mm B/R
RIGHT PUPIL	Reaction/Size	3mm → PERRLA			3mm R/L		3mm B/R
RESP	Lung Sounds	cl. pilot			(B) clear / Dem.		(B) CTR
	Resp Effort	unlabored			even + unlabored		unlabored
	Secretions	∅			↓ 20 mL ∅		∅
ETT/TRACH	Tube Size	MA					NA
	CM at Teeth/Nare	N/A					NA
Chest Tube	Status/DSG R/L	∅ N/A			N/A		NA
	Status/DSG R/L	∅					NA
CARDIAC	Rhythm	Sinus BRADY / NSR		NO change	SR 68 84 133 3		SB
	Sounds	S1 S2			S1 S2		S1 S2
GI	Abdomen	Soft, tender			soft ND NT		soft flat
	Sounds	Active - 4			B5 x 4		B5 x 4 9
	BM / Ostomy	3mm x 1			∅		NA
	NG / OG	∅			∅		NA
GU	Void/Foley/Color	bloody, blood @ void		irrigated 400ml	irrigated w/ 600ml		foley bloody drainage
SKI	Color/Temp	Normal for Race / Warm			pink warm		N/R/W
	Integrity	intact			intact		intact
	Sacrum/Heels	intact			intact		intact
	Edema-Upper/Lower	∅			∅		∅
RUE/LUE	Color/Temp	N/R, warm			pink warm		N/R, W
	Pulse/Cap Refill	2+, 4-5s			2+ 4-5s		2+ 0-3
	Movement	strong			(+) spout / strong (B)		spout
RLE/LLE	Color/Temp	N/R, warm			pink warm		N/R, W
	Pulse/Cap Refill	2+, 4-5s			2+ 4-5s		2+ 0-3
	Movement	strong			(+) spout / strong (B)		spout
DRAINS	JP / Wound Vac	∅			NA		NA
DRAINS	JP / Wound Vac	∅					
WOUND	Location						
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
IV LINE	Site/Condition	18g @ AC		18g @ IV	∅		ACLU DDII CID ROI 30684
IV LINE	Site/Condition	20g @ FA started			22g @ FA		24 LFA
CENTRAL LINE	Site/Condition	∅			∅		
ART LINE	Site/Condition	∅			∅		

SECRET/NOFORN

EXHIBIT

SECRET/NOFORN

0142-08-CID 369-43734

Name/Initials: (b)(6)  
ACLU-RDI 5572 p.47

Name/Initials:

Name/Initials: (b)(6)

Date: 20 June 08

TIME	0300	0700	1100	1500	1900	2300
LOC	alert			alert		
Orientation	appropriate			x 3		
LEFT PUPIL	brisk			brisk / 3mm		
RIGHT PUPIL	brisk / 3mm			brisk / 3mm		
Lung Sounds	CTA			CTA		
Resp Effort	unlabored			obstr.		
Secretions	none			none noted		
Tube Size	-			-		
CM at Teeth/Nare	-			-		
Status/DSG R/L	S2 -			-		
Status/DSG R/L	-			-		
Rhythm	S3			S2/SR		
Sounds	S1 S2			S1 S2		
Abdomen	soft, ND			soft, non-distended		
Sounds	present x4			(+) x 2		
BM / Ostomy	⊕ flatus			⊕ x 2		
NG / OG	N/A			-		
Void / Foley	dk brown			dk brown / brown		
Color / Temp	NPR, warm	NO	NO	NPR, warm		
Integrity	intact			intact		
Sacrum/Heels	intact			intact / intact		
Edema-Upper/Lower	0 / 0			0 / 0		
Color / Temp	NPR, warm	DS	DS	NPR, warm		
Pulse / Cap Refill	2+, L3SG			2+, L3SG		
Movement	spont.			spont.		
Color / Temp	NPR, warm			NPR, warm		
Pulse / Cap Refill	2+, L3SG			2+, L3SG		
Movement	spont.			spont.		
JP / Wound Vac	N/A			-		
Location						
Dressing						
Drainage						
Location						
Dressing						
Drainage						
Location						
Dressing						
Drainage						
Site/Condition	18 G @ AC			18 G @ AC		
Site/Condition	20 G @ FA			20 G @ FA		
Site/Condition						
Site/Condition						

SECRET/NOFORN

0142-08-CID 369-43734

ACLU DDII CID ROI 30685

Name/Initials: (b)(6)  
ACLU-RDI 5572 p.48

Name/Initials: (b)(6)

(b)(6)

Date: 21 April 78

ZULU TIME	0300	0700	1100	1500	1900	2300
LOC				clear		
Orientation				OK		
PUPIL				black / 3mm		
R PUPIL				black / 3mm		
Lung Sounds				non-labored		
Resp Effort				CT		
Secretions				none noted		
RACH				-		
Tube				-		
DIAC				-		
Rhythm				S B, S R		
Sounds				S S 2		
Abdomen				soft, non-distended		
Sounds				(4) x <sup>1000</sup> <sub>1000</sub>		
BM/ Ostomy				none at this time		
NG / OG				-		
Void/Foley/Color				u/l		
Color/Temp				NFR / warm		
Integrity				intact		
Sacrum/Heels				intact / intact		
Edema-Upper/Lower				0 / 0		
Color/Temp				NFR / warm		
Pulse/Cap Refill				2+ / < 3 sec		
Movement				spont		
Color/Temp				NFR / warm		
Pulse/Cap Refill				2+ / < 3 sec		
Movement				1 point		
INS				-		
INS				-		
JND						
Location						
Dressing						
Drainage						
JND						
Location						
Dressing						
Drainage						
JND						
Location						
Dressing						
Drainage						
Site/Condition				# 20, (B) ACLU DDII / CID ROI 30686		
Site/Condition				# 20g, (U) AC		
Site/Condition						
Site/Condition						

NFR - Normal

SECRET/NOFORN

0142-08-CID 369-43734

SECRET/NOFORN

SECRET/NOFORN

ISS#:	ICU BEDSIDE FLOW SHEET												Date:	
me	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100		
IP	77.8	97.9	97.9	97.5	97.7	97.4	97.4	98.2	97.9	98.7	97.4	97.2		
R	65	59	65	59	62	70	61	65	57	64	58	58		
SP	11	13	15	17	19	11	13	18	15	15	17	19		
BP	112/65	121/52	117/51	111/51	113/57	113/50	124/68	116/55	116/54	107/51	107/60	127/64		
LINE														
AP	78	71	71	65	70	76	82	70	71	65	71	79		
SAT	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
EF/IO2	2L/10	2L/10	2L/10	2L/10	2L/10	2L/10	2L/10	2L/10	2L/10	2L/10	2L/10	2L/10		
VP														
CP														
PP														
Intake													NIGHTS	DAYS
													TOTAL	TOTAL
PO	400	400	450	500	500	500	500	500	500	500	500	500	12	380
FEED														
SECRET/NOFORN	50	50	50	50	50	50	50	50	50	50	50	50	600	400
														19.6
													TOTAL	1852
														799.6
														2049.6
Output														
U/O	200	140	300	100	200	200	50	20	0	300	0	30	1600	2780
IG/OG														3
BM														
IPAVV														
IPAVV														
CT														
EXHIBIT													ACLU DDII CID ROI 30687	

SECRET/NOFORN

0142-08-CID 369-43734

1195.4





me/SS#:

ICU BEDSIDE FLOW SHEET

Date: 8/5/85

u Time	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100																		
TEMP	98.3	97.9	99.1	98.1	97.8	97.0	97.2	99.0		97.9	97.9																			
HR	73	72	75	71	67	62	63	64	63	67	57	59																		
RESP	17	18	21	16	19	19	20	19	18	18	13	12																		
NIBP	24/0/1	104/54	98/56	90/47	90/48	92/38	92/40	94/46	92/44	80/42	92/47	93/50																		
A-LINE	-	-	-																											
MAP	72	66	65	57	58	50	52	60	50	51	58	60																		
O2 SAT	100%	100%	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%																		
O2 DEF/O2	3L NC	3L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC																		
CVP																														
ICP																														
CPP																														
Intake		2/10	2/10		0/10								NIGHTS TOTAL	DAYS TOTAL	24 HOUR TOTAL															
PO															1100															
IBF FEED																														
IVF												250	250	250	-	250														
IVFB																														
UOI	4.8	1.8	19.6	9.8	29.4	9.8	39.0	9.8	56.8	9.8	48.4	9.8	65.2	9.8	98	107.9	9.8	177.6	117.6	117.6	235.2									
ST	3.8	5.6	1.8	7.6	3.8	11.4	3.8	15.2	3.8	19.0	3	22.0	2.3	25.0	2.3	27.3	2.3	29.6	1.1	30.7	1.1	31.9	1.1	32.9	32.9	21.8	54.7			
Output	400	600					140			800					100															
UOI	320	850	100	1270	40	1310	30	1340		200	1540	675	2215		175	2390	275				25				720	2010	20	3410		
NG/OG																														
BM																														
JPAWV																														
JPAWV																														
CT																														
													Intake = 3680 Output = 3410 Net = 270																	

SECRET/NOFORN

0142-08-CID 369 4373

EXHIBIT

Time	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100					
ne/SS#:	Afghani		5592		ICU BEDSIDE FLOW SHEET								17 Jun 08		Date:		
EMP	-	-	-	-	-	98.3	-	-	97.9	-	-	-					
HR		51	48	52	56	56	57	58	50	54	55	56					
RESP		18	14	15	14	14	18	14	14	15	19	14					
NIBP		124/75	131/70	129/74	130/70	120/75	121/76	126/76	133/73	130/68	110/72	122/65					
MAP		87	84	87	86	85	90	87	88	84	93	80					
2 SAT		100	97	100%	100%	99%	100%	100%	100%	100%	100%	100%					
DE/FIO2		2LNC	2LNC	1LNC	1LNC	1LNC	2LNC	2LNC	2LNC	2LNC	2LNC	2LNC					
CVP																	
ICP																	
CPP																	
int p... ntake		0	0				0			0	0	0	NIGHTS TOTAL	DAYS TOTAL	24 HOUR TOTAL		
PO	/																
3E FEED	/																
IVPB			9.5	9.8	9.5	9.5	9.8	9.8	9.8	9.8	9.8	9.8	98.0	98.0	98.0		
Output																	
U/O													220	270			
IG/OG	/																
BM	/																
IP/WV	/																
IP/WV	/																
CT	/																

SECRET/NOFORN

EXHIBIT

ACLU DDII CID ROI 30690

98.0

12

270

SECRET/NOFORN 01-2-08-CID 369,43734

me/SS#: 3592

ICU BEDSIDE FLOW SHEET

Date: 6/17/08

U TIME	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	
ition Q2H																									
ular Bath																									
stion																									
ch Care																									
Care																									
Care																									
straint																									
ack Q2H																									
f Tape																									
ange																									
V.A.P																									
B at 45																									
rees																									
st Care at																									
st Q4																									
phyllis																									
s/No																									
phyllis																									
s/No																									
fation																									
iday Q24H																									
orhe line																									
Bath Q24H																									
tral Line																									
Change																									

pt nerves self in bed

NPX  
NPX

NPX  
45°

NPX

NAME: (b)(6)

INITIALS:

NAME: (b)(6)

INITIALS:

(b)(6)

ACLU DDII CID ROI 30691

EXHIBIT

SECRET/NOFORN

0142-08-CID 369 43734

6/19/2008 22:48:17 EC  
50 yrs Male

EXHIBIT

Rate 56 b/min  
PR 192 ms  
QRSD 107 ms  
QT 492 ms  
QTc 475 ms

AGE IS NOT ENTERED, ASSUMED TO BE 50 YEARS OLD FOR PURPOSE OF ECG INTERPRETATION

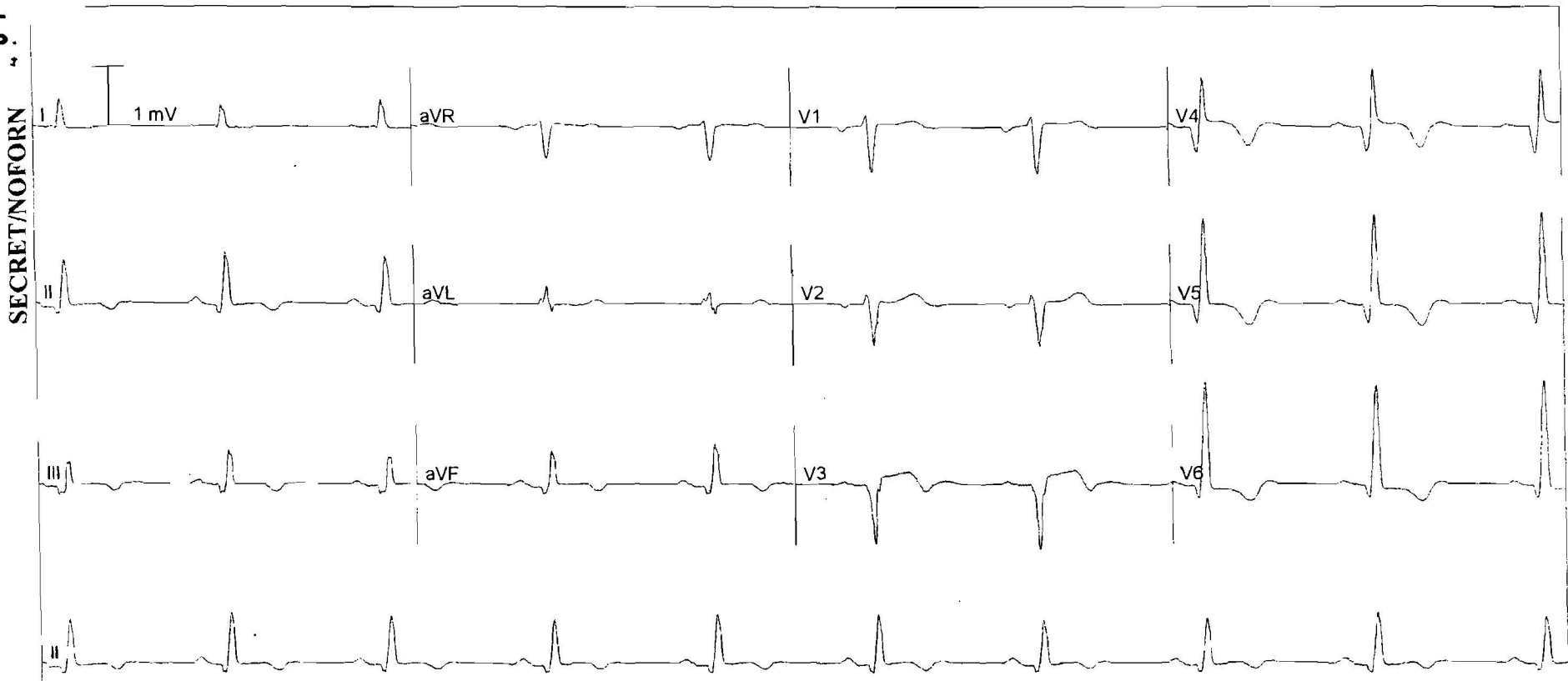
SINUS RHYTHM.....normal P axis, V-rate 50- 99  
CONSIDER LEFT ATRIAL ABNORMALITY.....wide or notched P waves  
BORDERLINE INTRAVENTRICULAR CONDUCTION DELAY.....QRSd >105mS  
INFERIOR INFARCT, AGE INDETERMINATE.....Q >35mS, T neg, II III aVF  
LATERAL INFARCT, AGE INDETERMINATE.....Q>35mS, T neg, I aVL V5 V6  
ANTERIOR INFARCT, AGE INDETERMINATE.....Q >30mS, T neg, V2-V5

Axis

P 71 deg  
QRS 56 deg  
-78 deg

- ABNORMAL ECG -

Unconfirmed Interpretation



ACLU DDII CID ROI 30692

Mason-Likar Bandwidth: 0.50-40 Hz

10 mm/mV 25.0 mm/s

0142-08-CIO 369-43734

SECRET/NOFORN

SECRET/NOFORN



6/19/2008 16:19:31 EC  
50 yrs Male

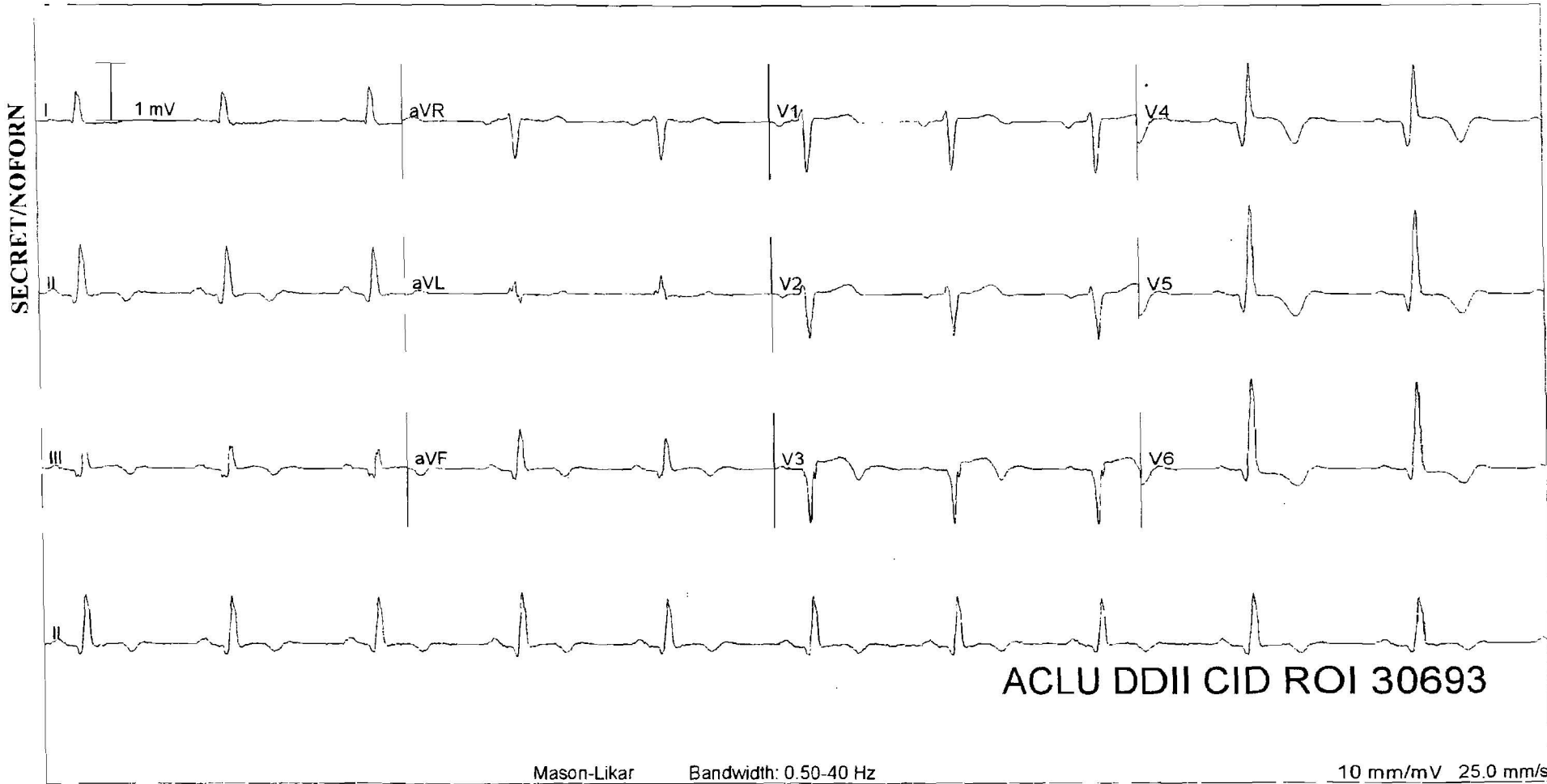
EXHIBIT

Rate	61 b/min	
PR	184 ms	AGE IS NOT ENTERED, ASSUMED TO BE 50 YEARS OLD FOR PURPOSE OF ECG INTERPRETATION
QRSD	103 ms	
QT	464 ms	SINUS RHYTHM..... normal P axis, V-rate 50- 99
QTc	467 ms	LEFT ATRIAL ABNORMALITY..... P,P'>60mS, <-0.15mV V1
		INFERIOR INFARCT, AGE INDETERMINATE..... Q >35mS, T neg, II III aVF
		LATERAL INFARCT, AGE INDETERMINATE..... Q>35mS, T neg, I aVL V5 V6
		ANTERIOR INFARCT, AGE INDETERMINATE..... Q >30mS, T neg, V2-V5

Axis	
P	74 deg
QRS	48 deg
-	242 deg

- ABNORMAL ECG -

Unconfirmed Interpretation



ACLU DDII CID ROI 30693

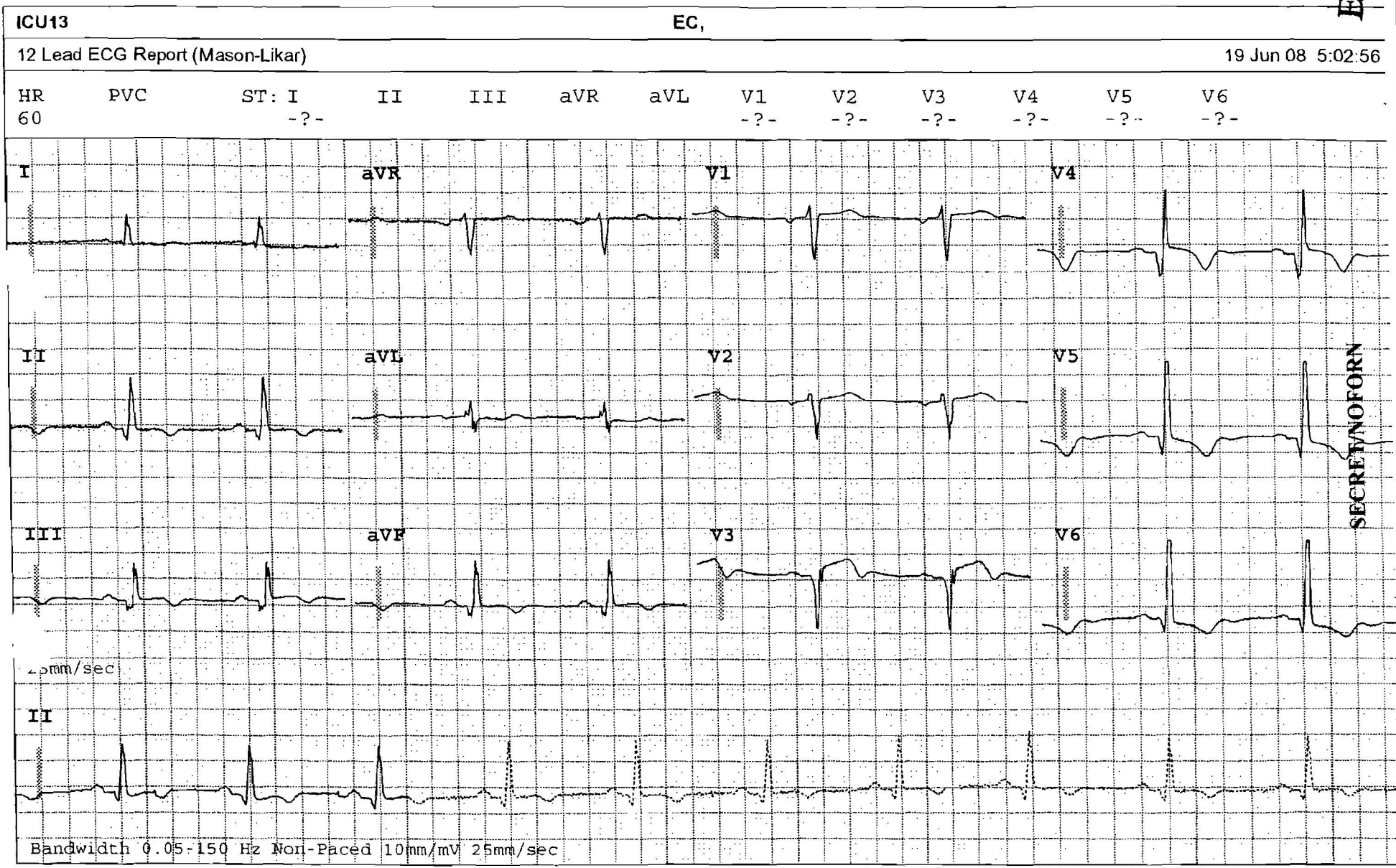
Mason-Likar

Bandwidth: 0.50-40 Hz

10 mm/mV 25.0 mm/s

SECRET/NOFORN

0142-08-CID 369 43732  
SECRET/NOFORN



ACLU DDII CID ROI 30694

(b)(6)

Bagram Hospital

Page 1 (last)

6/18/2008 23:51:06 EC  
50 yrs Male

Rate 58 b/min  
PR 196 ms  
QRSD 102 ms  
QT 472 ms  
QTc 464 ms

AGE IS NOT ENTERED, ASSUMED TO BE 50 YEARS OLD FOR PURPOSE OF ECG INTERPRETATION

PRECARDIAL LEADS MISPLACED  
SINUS RHYTHM.....normal P axis, V-rate 50- 99  
PROBABLE LEFT ATRIAL ABNORMALITY.....P >50mS, <-0.10mV V1  
BORDERLINE INFERIOR Q WAVES.....Qs add to 80 mS in II III aVF  
ANTEROLATERAL INFARCT, AGE INDETERMINATE..... Q >35mS >0.10mV, T neg, V3-V6  
NONSPECIFIC T ABNORMALITIES, INFERIOR LEADS..... T <-0.10mV, II III aVF

Axis  
P 74 deg  
QRS 71 deg  
-87 deg

- ABNORMAL ECG -

Unconfirmed Interpretation

EXHIBIT

SECRET/NOFORN



SECRET/NOFORN

ACLU DDII CID ROI 30695

Mason-Likar Bandwidth: 0.05-150 Hz

10 mm/mV 25.0 mm/s

6/18/2008 17:23:03 EC  
50 yrs Male

2/10  
OSUR

Rate 65 b/min  
PR 188 ms  
QRSD 101 ms  
QT 428 ms  
QTc 445 ms

AGE IS NOT ENTERED, ASSUMED TO BE 50 YEARS OLD FOR PURPOSE OF ECG INTERPRETATION

SINUS RHYTHM.....normal P axis, V-rate 50- 99  
PROBABLE LEFT ATRIAL ABNORMALITY.....P >50mS, <-0.10mV V1  
PROBABLE INFERIOR INFARCT, AGE INDETERMINATE.....Q>35mS, T neg, II III aVF  
ANTEROLATERAL INFARCT, RECENT.....Q >35mS, ST >0.07mV, T neg, V2-V6

Axis

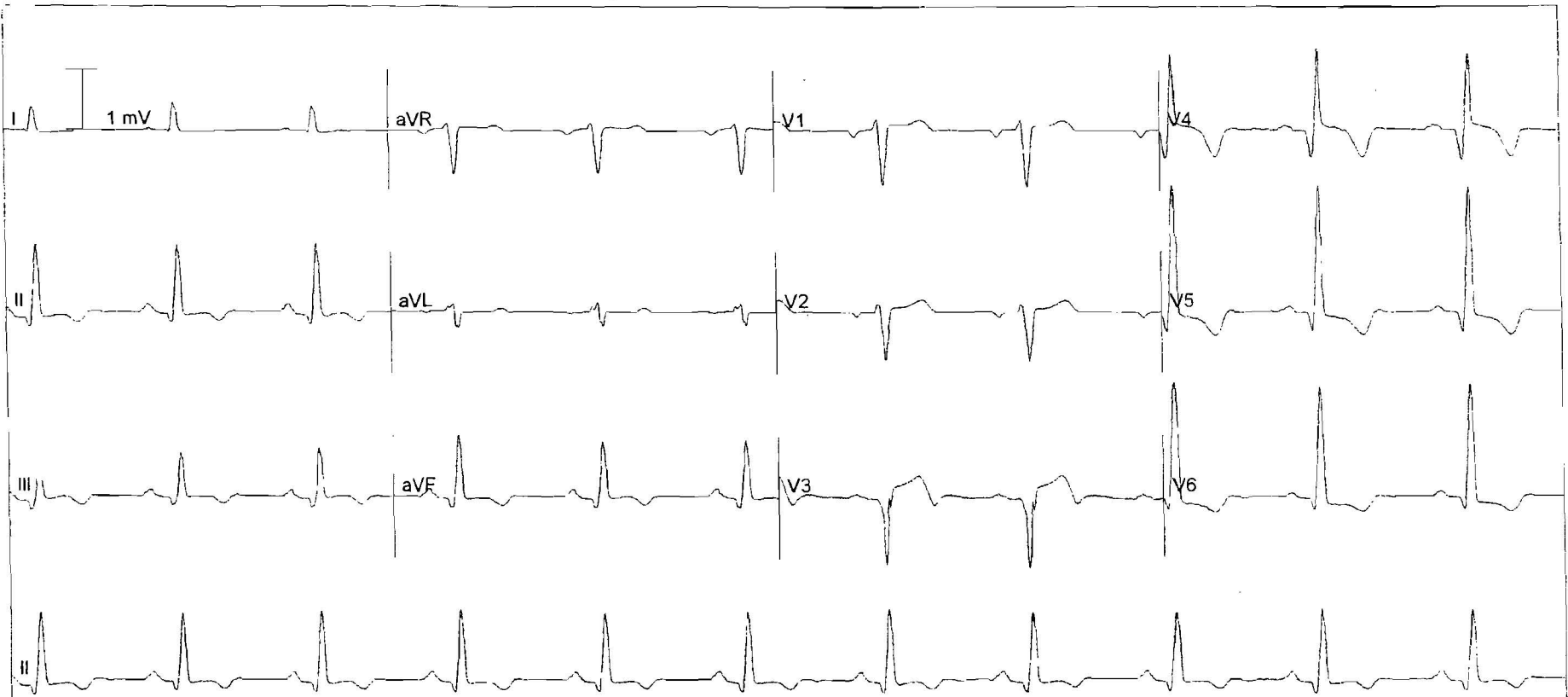
P 79 deg  
QRS 69 deg  
266 deg

- ABNORMAL ECG -

Unconfirmed Interpretation

0142-08-010369-43734

SECRET/NOFORN



SECRET/NOFORN

ACLU DDII CID ROI 30696

EXHIBIT

SECRET/NOFORN

455TH EMEDS

19 Jun 2008@0536 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)  
Progress Notes

Report requested by: (b)(6)

19 Jun 2008@0527 INPT Register # 7333 PHYSICIAN  
DOCTORS NOTE

Cardiology Progress Note

Afghan EC admitted for acute coronary syndrome. 24 hour events notable for episode of delirium yesterday with increased HR and tachypnea. Echo with at least moderately depressed LVEF, but no MR. Unsure if the depressed LVEF is new or old. He did significantly bump his cardiac enzymes, but I felt he was not an appropriate candidate for lytics. Will continue max medical therapy including ASA/plavix/lovenox/integrillin/simvastatin. Will decrease BB and ACE-i due to relative hypotension.

Exam today -- SBP in the 80's - 90's, HR 50's-60's, SaO2 95-100%  
No acute distress or agitation today, lungs clear, heart rrr no mgr, abd soft, ext without edema and 2+ PT pulses.

Lab -- peak CK 508, myoglobin > 500, Troponin 5.9

A/P: Acute coronary syndrome / MI. The patient would benefit most from either percutaneous or surgical revascularization. I do not believe this is available, but will check with the physician of the unit under which he is in custody. Outside of revascularization, will continue current medical therapy as noted above. Will extend integrillin infusion for total of 72 hours.

For hematuria, this is likely foley trauma exacerbated by anticoagulants / antiplatelet agents. The foley does not appear to be clotted at this time, will continue foley flushes prn. I will consider gentle hydration if cr continues to rise with low UO. Also, ace-i dose reduced today.

Signed: (b)(6)

20/890-09-3592	AFGHAN, MALE	FOREIGN NATIONAL - POW/INTERNE
Reg #: 7333	01 Jan 1908 / Male	H: not on file
	Loc: ICU	W: not on file
	Spon: AFGHAN, MALE	Rank:
	Unit:	ACLU DDII CID ROI 30697
Automated version of SF509		



SECRET/NOFORN

PATIENT MOVEMENT RECORD PROGRESS NOTE

DATA PROTECTED BY PRIVACY ACT OF 1974

PERMANENT MEDICAL RECORD

ASSESSMENT/PROGRESS (Continued)

NAME (Last, First, Middle Initial)	SSN	STATUS	SERVICE	CITE# / SSN
------------------------------------	-----	--------	---------	-------------

DATE/TIME(ZULU)	NOTES
-----------------	-------

6/17 1800Z	pt assessment completed - labs drawn. IV started + Integrelin gtt started per orders. pt denies any SOB, nausea or CP. pt has two guards + translator w/ him. pt placed in single room. pt vit stable pt in acute distress will continue to monitor pt. (b)(6)
------------	--

Controlled Drug Accountability ----- MANDATORY

ACLU DDILCID ROI 30698

SECRET/NOFORN

ENT MOVEMENT RECORD PROGRE .JTE

DATA PROTECTED BY PRIVACY ACT OF 1974

PERMANENT MEDICAL RECORD

NAME (Last, First, Middle Initial)

EC

CITE# / SSN

3592

DATE/TIME(ZULU)

NOTES

21 Jul

1600

Pt assessed. V/S. Pt c/o burning in urination. Foley was off during day shift. Interpreter  
 & pt guards at bedside. TFF intake at 75 ml. Day shift suggested pt may more bright.  
 Issues at this time. (b)(6)

21 Jul

2045

@ 20:00 one of the guards came out a verbal assault at pt "stinky" & trying to get out of  
 bed. Verbal temp at 98.1 po. Also we had pt tried to get out of bed & was unsuccessful  
 at time to interpreter. Informed MD of new info. Assessed pt @ 20 minutes later, guards returned  
 re that at contact had T & becoming more unresponsive. Will monitor. (b)(6)

20 Jul

2300

Pt has rested some but has some amount of confusion still. Will monitor. (b)(6)

15

ACLU DDII CID ROI 30699

DATA PROTECTED BY PRIVACY ACT OF 1974

SECRET/NOFORN

PERMANENT MEDICAL RECORD

NAME (Last, First, Middle Initial)

CITE# / SSN

Afghan

3

3592

DATE/TIME(ZULU)

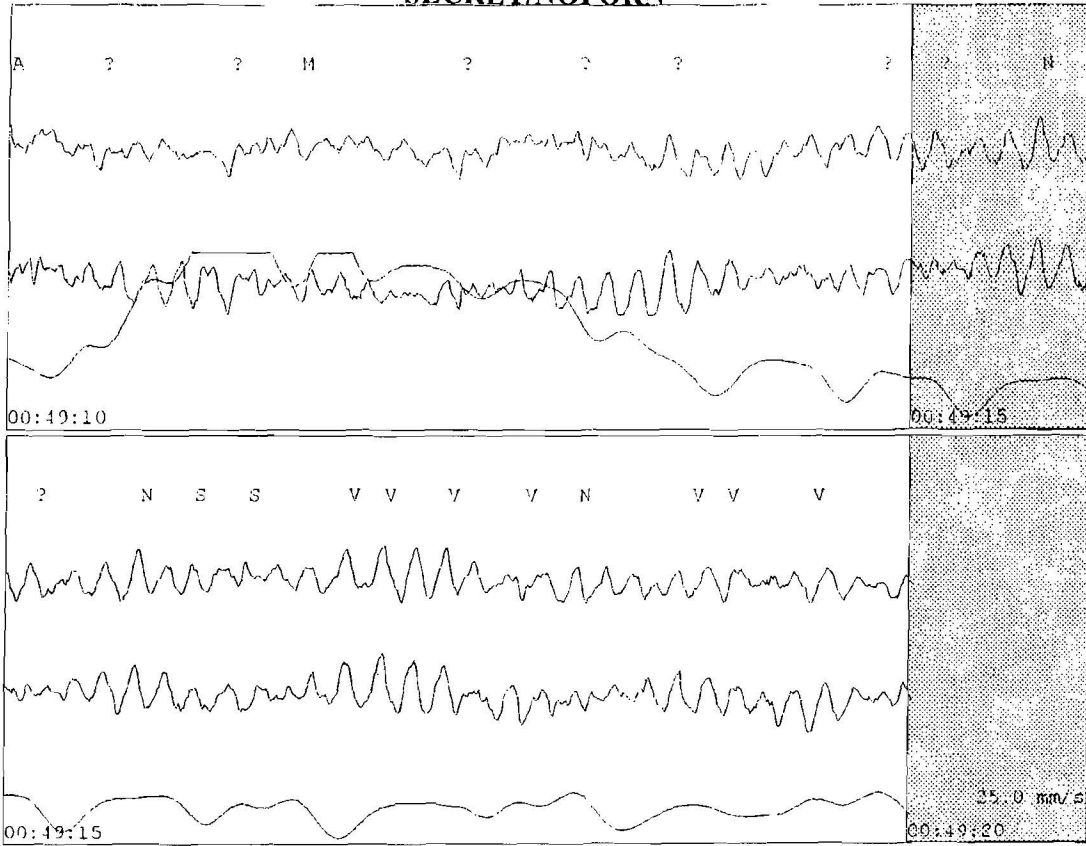
NOTES

19 Jul 07 1900

Pt assessed under Pt denied any pain upon assessment (@ 1530) At this note, pt (10) noted abdominal/inter. flank - hypogastric. Also noted that wife has terminal diabetes. MD - kind. All evening meals have been given Pt. Please see memo dated 16 Feb 07 as well as integrate with (b)(6)

ACLU DDII CID ROI 30700

SECRET/NOFORN



ACLU DDII CID ROI 30701

6/22/2008 00:51:46 DESAT 71 < 85 **SECRET/NOFORN**

HR 178

PVC 73

PULSE 100

%SpO2 72

NBP ??(?) (0.51)

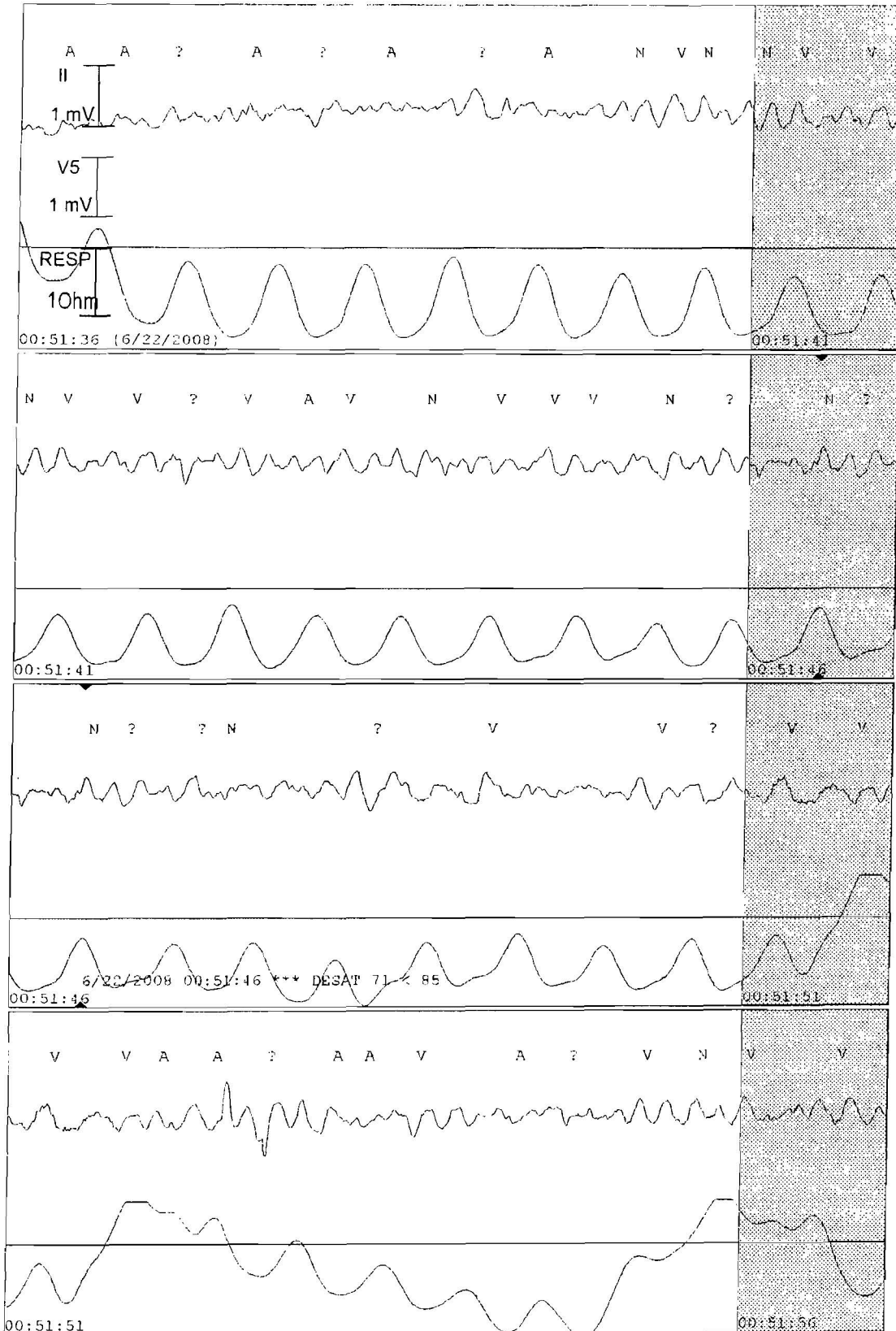
ST-II ?

ST-III ?

ST-aVR ?

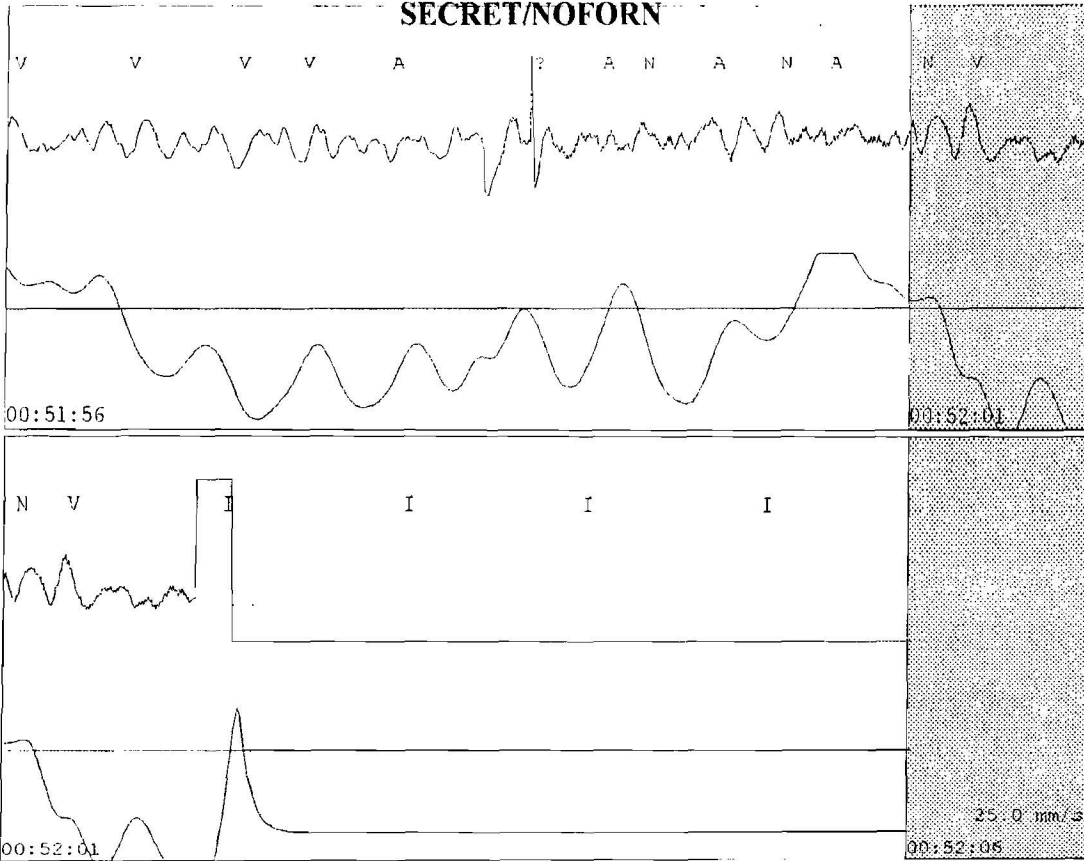
ST-aVL ?

RESP 48



ACLU DDII CID ROI 30702

SECRET/NOFORN



ACLU DDII CID ROI 30703



SECRET/NOFORN

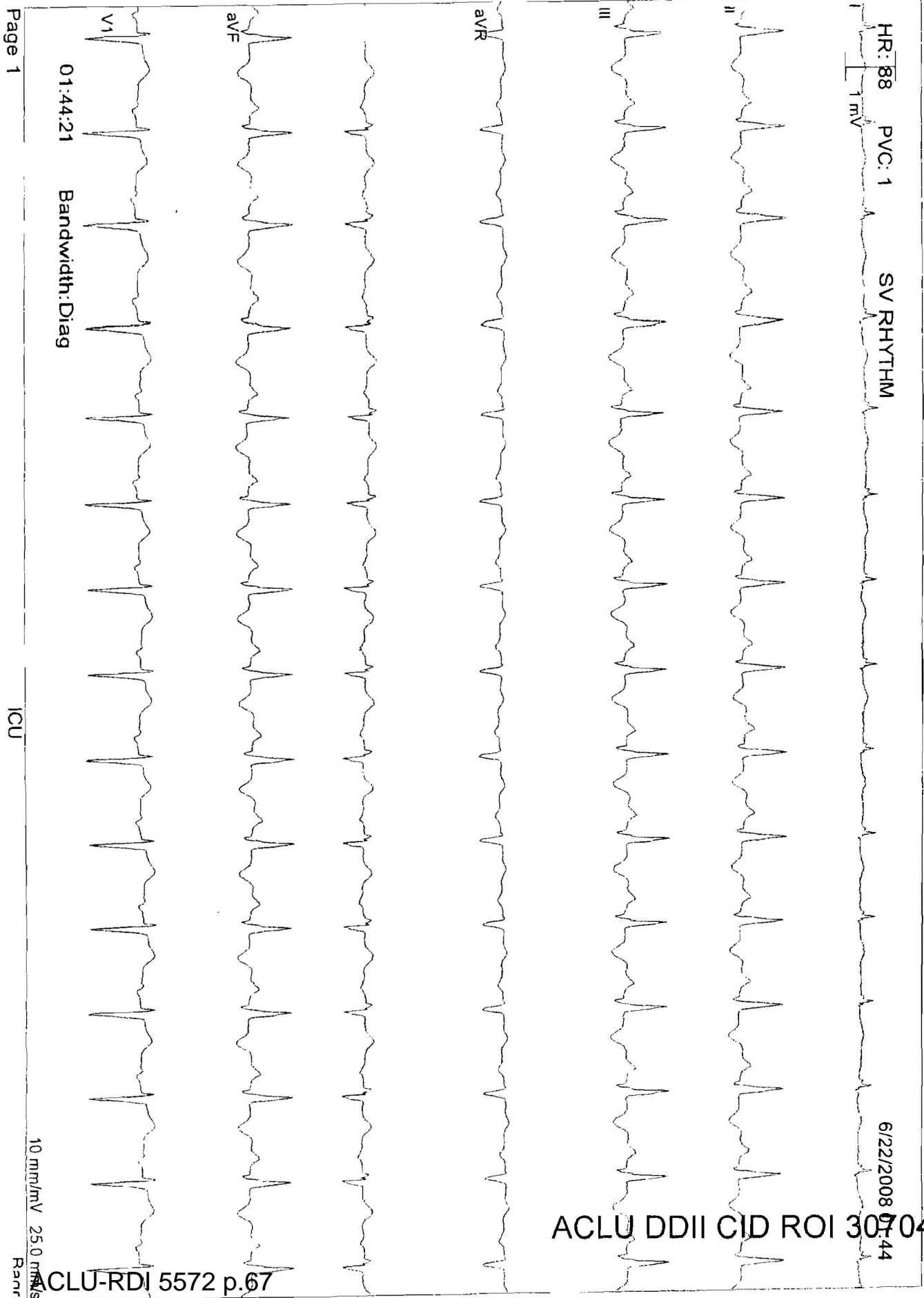
EC

Medical Record Number:

HR: 88 PVC: 1 SV RHYTHM  
1 mV

6/22/2008 01:44

ACLU DDII CID ROI 30704



Page 1

ICU

Bartram 1

SECRET/NOFORN

EXHIBIT

SECRET/NOFORN

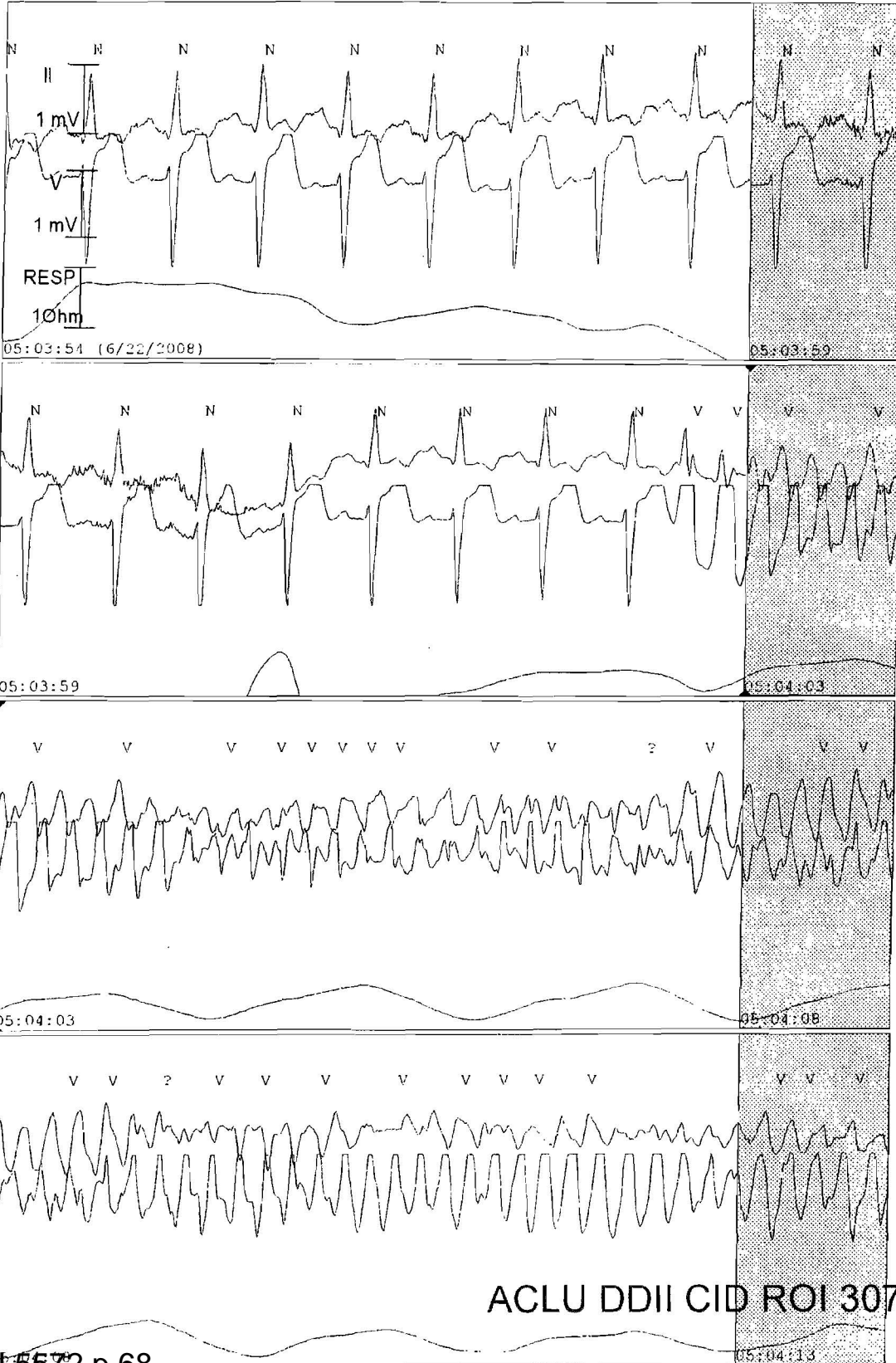
EC

Medical Record Number.

ICU13

Strip Report EC 6/2/08 05:04:04

HR 119	PVC 8	PULSE 106	%SpO2 98	ST-II 0.2
ST-III 0.3	ST-aVR -0.1	ST-aVL -0.1	ST-V 3.5	RESP 23
ST-MCL 3.6				



ACLU DDII CID ROI 30705

SECRET/NOFORN

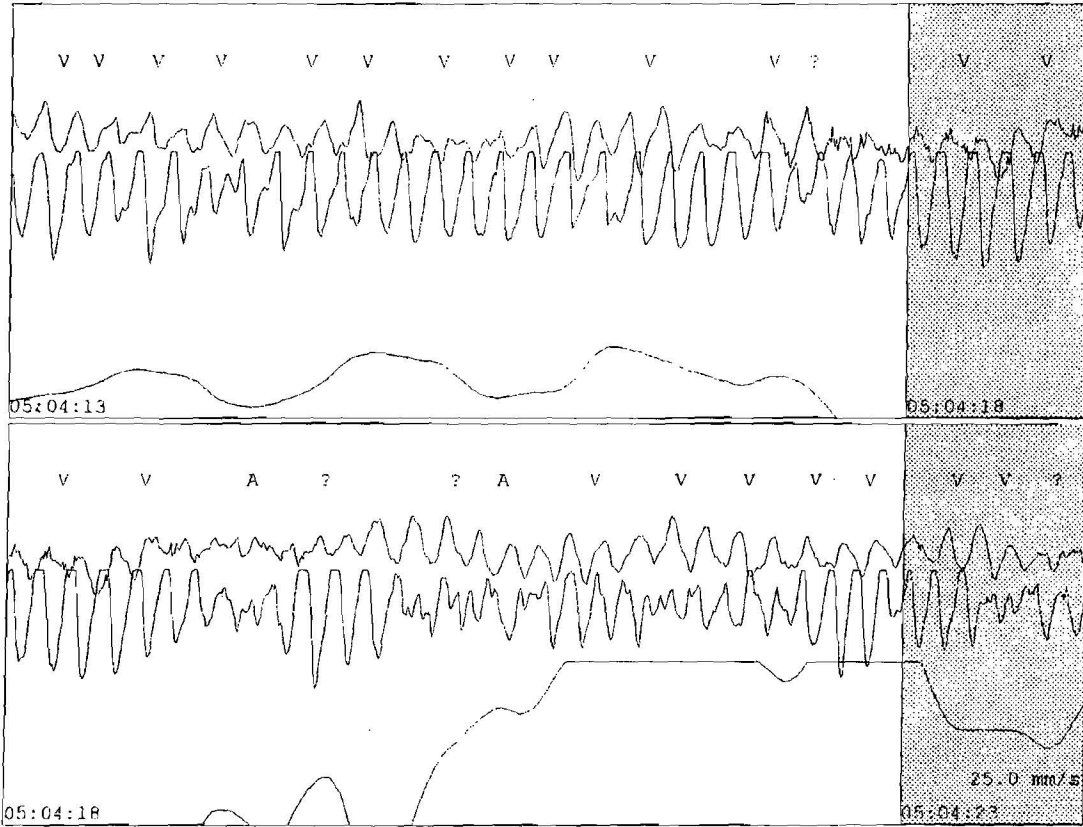
0142-08-CIO 369 43734

EC

Medical Record Number.

ICU13

Strip Report EC 6r. 08 05:04:04



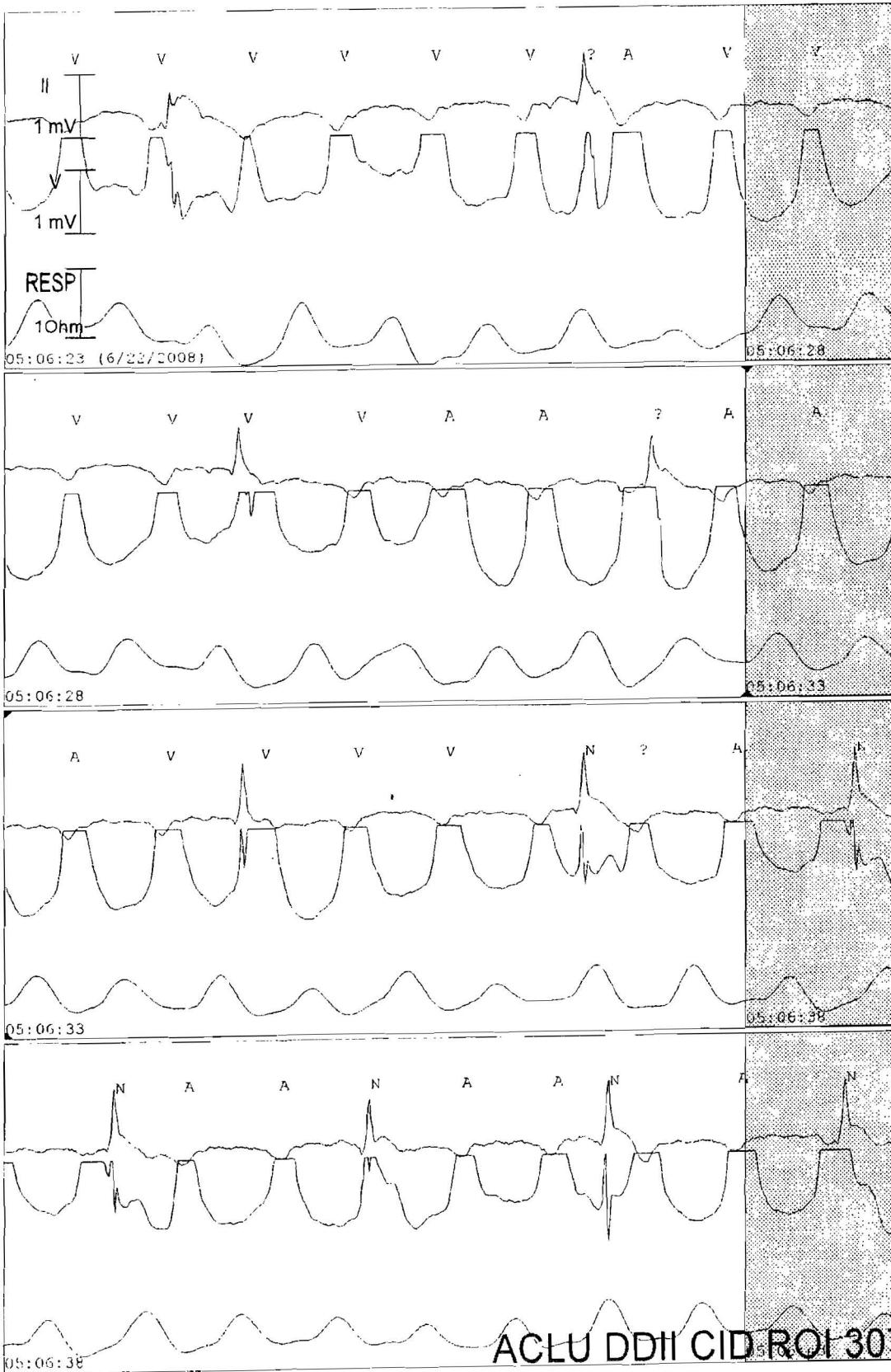
ACLU DDII CID ROI 30706

EC

SECRET/NOFORN Medical Record Number

Strip Report EC 6/23/08 05:06:33

HR 77	PVC 39	PULSE 97	%SpO2 96	NBP 110
ST-II 2.1	ST-III 2.5	ST-aVR -0.8	ST-aVL -1.5	RESP 31



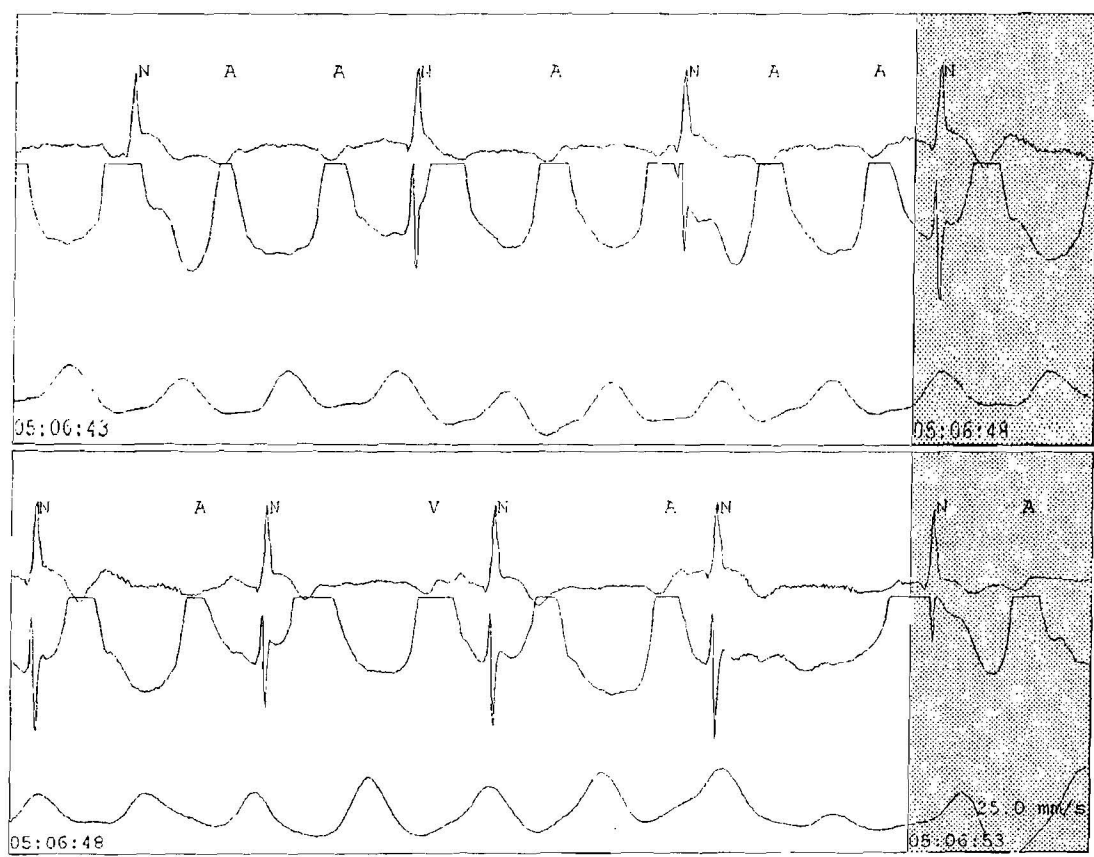
ACLU DDII CID ROI 30707

EC

SECRET/NOFORN Medical Record Number:

ICU1

Strip Report EC 6r J08 05:06:33



ACLU DDII CID ROI 30708

EMERGENCY RESUSCITATION RECORD

SECRET/NOFORN

PART 1 - Complete this report immediately

1. DATE:
3. PATIENT STATISTICS:
Age: 70-Y Gender: M
Height (in):
Weight (lbs): Vision (Type): 60

2. LOCATION OF RESUSCITATION:
MICU
Diagnosis/Procedure Area:
Outpatient Clinic:
Other (Specify):

4. INITIAL CONDITION:
CONSCIOUS: Breathing:
PULSE:
WITNESSED ARREST?
MONITORED AT ONSET?

5. INITIAL ECG/ECG:
RETURN OF SPONTANEOUS CIRCULATION (ROSC):
TIME CPR STOPPED: 08:16(L) DUE TO: ROSC

6. IMMEDIATE CAUSE OF ARREST/EVENT:
Lethal Arrhythmias V-fib

7. RESUSCITATION ATTEMPTED:
YES (Check all that apply)
Chest Compressions Defibrillation

8. EVENT TIMES:
Collapse/Arrest Onset: 0543
CPR Started: 0544
1st Defibrillation: 0546

Table with 3 columns: INTERVENTIONS, CHECK THOSE INITIATED DURING RESUSCITATION, TIME, COMMENTS. Includes rows for IV Access, Endotracheal Tube, Mechanical Ventilation, etc.

PATIENT IDENTIFICATION:
AFGHAN, MALE REG#: 7333
20/890-09-3592
DOB: 01 JAN 3592
K78

10. GLASGOW COMA SCALE:
EYE OPENING: 4 - Spontaneously
MOTOR RESPONSE: 6 - Obeys verbal commands

AGLU DDIL CID ROL 30709



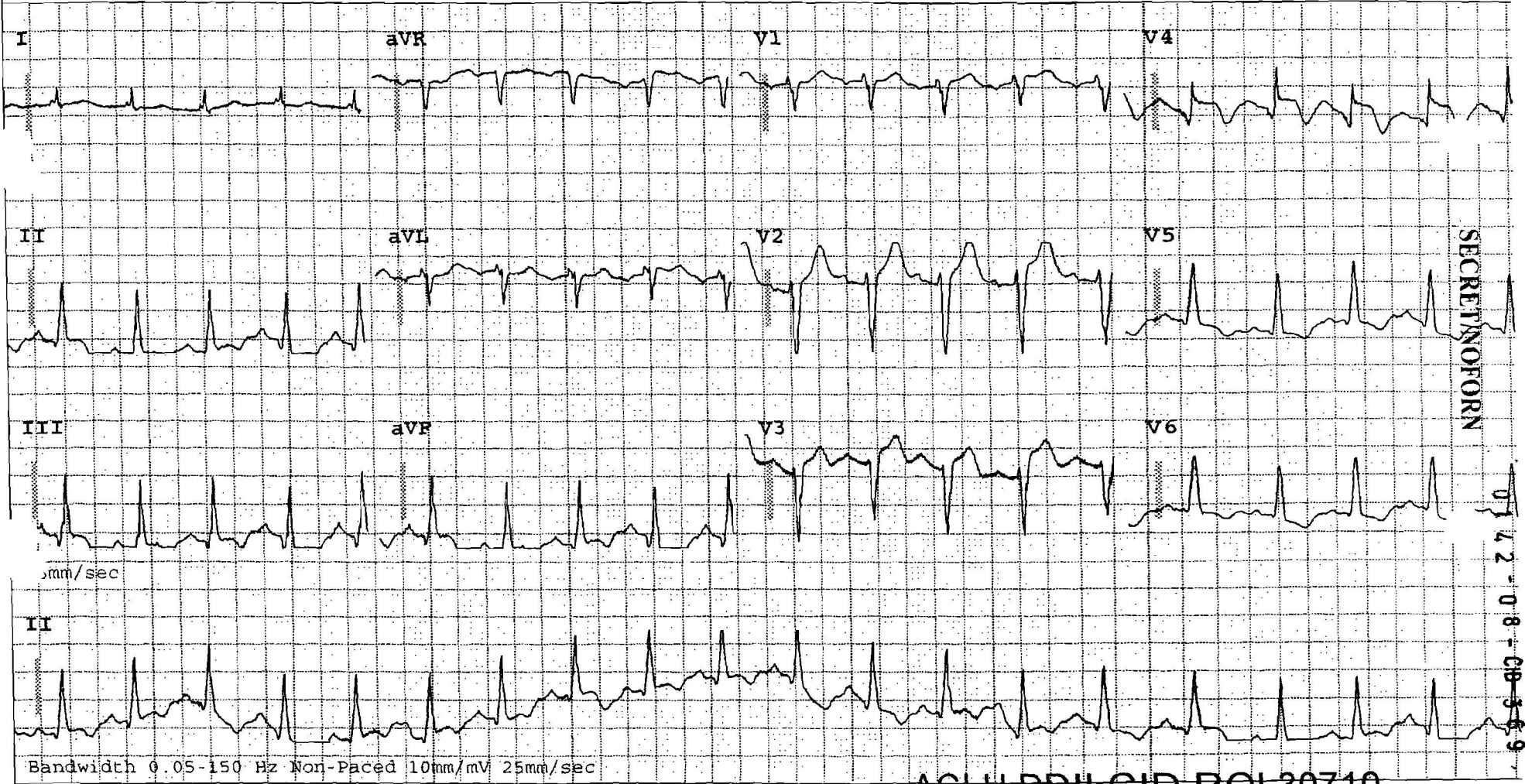
ICU13

EC,

12 Lead ECG Report (Mason-Likar)

22 Jun 08 7:28:44

HR	PVC	ST: I	II	III	aVR	aVL	V1	V2	V3	V4	V5	V6
114	0	-?-						3.9				



ACLU DDII CID ROI 30710

SECRET//NOFORN

SECRET//NOFORN

0142-08-CB-569-637

EXHIBIT



Bagram Hospital

Page 1 (last)

NAME (Last, First, Middle Initial)

CITE# / SSN

Afghan

3592

DATE/TIME(ZULU)

NOTES

20 JUN 18 1100

pt assessed this a.m. Denies pain, bloating to abdomen. pt a to x3. VS stable. BM x2 this a.m. Urine remains dk amber color. IV gtt's d/c'd per MD order - Integriin. Intrepreter @ bedside. Will cont. to monitor. (b)(6)

21 JUN

1506

pt assessed. Assessment unremarkable. Pt c/o abdominal pain. Administer Tylenol. Approximately 2 hrs later pt c/o IV site pain. Pt c/o site. Physician stopped by & gave update on patient discharge. Drpt plan is to not move tonight but be prepared. Will get medications & keys at bedside. (b)(6)

20 JUN

2002

pt intubated in room as well as 11 normal gastric tube issues at this time. Pt needs Nas for all on table outside room. (b)(6)

SECRET/NOFORN

PROGRESS NOTES

20 JUN 08  
0640Z

Unplanned intubation N/A

Called Emergency to ICU to intubate patient for  
Respiratory distress. On my arrival Sat 85% &  
pt tachypneic. Pt is acute coronary syndrome &  
episodes of VTach/Vfib in last 240 requiring  
defibrillation. K+ 3.6. BPs 120s/70s  
Pt preoxygenated in Ambu bag x 2min. Etubdate 2mg,  
Sux 80mg in PSI fashion in correct position. S. ETT  
passed through cords to 23cm @ teeth, 2 MAC 4, 6r1 view  
BS = (B) EtCO<sub>2</sub> ⊕ on Et cap. Pt hemodynamically stable  
throughout intubation. Sat 1 to low 90s w/ 2-3 min  
of intub & controlled ventilation. I know  
complications of this type.

(b)(6)

Anesthesiologist

ACLU DDII CID ROI 30712

	ZULU TIME	0300	0700	1100	1500	1900	2300
PRO	LOC	A0430/0.11Hk		intubated/Deph	sedated intubated		
	Orientation	oriented (checked) <sup>conscious</sup>		oriented/Deph	UTA - responds to pain - sternum rub		
RT PUPIL	Reaction/Size	3mm brisk		3mm brisk	3mm / brisk		
LT PUPIL	Reaction/Size	3mm brisk		3mm brisk	2mm / no reaction		
SP	Lung Sounds	Rhunci / rales		Wet / III	Rhunci / rales / m bases		
	Resp Effort	unlabored	24 labored	labored	unlabored SIMV 16/600/14/8/50%		
	Secretions	↓		↓	none e present		
TRACH	Tube Size	N/A		8.0cm	8.0cm		
	CM at Teeth/Nare			23cm teeth	23cm teeth	N/A	
Dist Tube	Status/DSG R/L			N/A	N/A		No A
	Status/DSG R/L			N/A	N/A		No A
DIAC	Rhythm	Reg - PVC's include	VTach	HR 90's	SR c. 80's - 90's		
	Sounds	S1S2	V Fib	Amiriodine	S. S2		
	Abdomen	soft flat	Praxors ↑		soft flat		
	Sounds	⊕ x4	⊕	⊕ x4	hypox x 4 quad		
	BM/ Ostomy				none		
	NG / OG		↑ NGT	↑ NGT	NGT to suction, min, cont.		
	Void/Foley/Color	used urinal	Foley ↑	Foley ↑	Foley EDT & yellow		
	Color/Temp	pale clammy		pale/clammy	pale/clammy Bk, BUE		
	Integrity	intact		intact	intact		
	Sacrum/Heels	dry		dry	intact		
	Edema-Upper/Lower				none		
BLUE	Color/Temp	slight pale nose		Pulses pale/pale	2+ / >350 cap		
	Pulse/Cap Refill	3 sec pulses		3 sec pulses	PPM Cool, pale/clammy		
	Movement	spontaneous		sedated	none sedated		
ELLE	Color/Temp	spontaneous		pale/clammy	C.P.D.		
	Pulse/Cap Refill	3 sec		↑ hypox now	failed to see pulse / >350 cap		
	Movement	⊕ spontaneous		sedated	none sedated		
'S	JP / Wound Vac				N/A		
'S	JP / Wound Vac				N/A		
UND	Location				N/A		
	Dressing						
	Drainage						
UND	Location						
	Dressing						
	Drainage						
UND	Location						
	Dressing						
	Drainage						
INE	Site/Condition	Ⓛ Ac 18g		#1 R 18g	Ⓛ RUE 18g		
INE	Site/Condition	Ⓛ AC 18g		#2 R 18g	Ⓛ RAC 18g - patient		
TRAL LINE	Site/Condition			#3 D 18g	Ⓛ DFA 20g - patient		
NE	Site/Condition			Ⓛ R. Radial - end	Ⓛ radial to mid ulnar		

EXHIBIT

SECRET/NOFORN

Name/Initials: (b)(6)

Name/Initials: (b)(6)

Name/Initials: (b)(6)

ACLU ID# CID ROI 30713

NAME (Last, First, Middle Initial)		CITE# / SSN
DATE/TIME(ZULU)	NOTES	
6/22/08 0800L	Amiodarone 1mg/min, started as ordered at a 33-ml/hr, HR @ 90's-105, SpO2 100% w/c l.c. pt rashing comfortably denied CP. Periphral pulses palpable, B/P @ 90/90's - 40/50's.	
6/22/08 0508Z	pt had another episode of V. tachycardia & V.Fib - HR 140-150's, pt loss pulse and RR's. B/P decreased, arrest code called,	
	(b)(6) @ bedside, CPR initiated, Epi 1mg 2x, 5mg PID, prior to Epinephrine, Pt defibrillated @ 200J x 1, pt regained consciousness, carotid pulse palpable, P 129, R 35 SpO2 95%, 0516z 108/69, P 111 - R.R. 35, SpO2 100%,	
0620	Anesthesia called emergently to bedside for Resp distress, Sats - 80-85%. Pt intubated by anesthesia, without incident, SIMV, 100% FIO2, SpO2 95%	
0802	Epi 1mg IV given; Chest compressions in progress; ST 103 with occasional PVC's, BVM 100% O2 every 5s; BP - A-line 217/111 (140); SaO2 @ 88%	
0840Z	Patient now has a pulse; ST - NSR & occ PVC's; RR 22; A-line 192/95; Dopamine @ 10mc/kg/min Amiodarone @ 1mg/min; Vesel off; fentanyl off (b)(6) @ patient's bedside (b)(6)	
0858Z	Levodopa started @ 1mg/min for hypertension, other time pressures infusing @ dopamine @ 15.0 mcg/kg/min, Levopha @ 1.0 mcg/min, Amiodarone @ 1.0mg/min, B/P - 102/61, HR - 95, SpO2 - 100% on vent, SIMV 100% FIO2, Sedation continues @ Vesel @ 6.0mg/hr + Fentanyl @ 100 mcg/hr, has sent earlier - ABC, BMP, Mag, Ca, & Ca, CXR obtained, T Fluid in lungs, a total of 40 mg Lasix given 10; UOP continues decreased @ this time, monitoring Heart Rate & RvTAM, & Hemodynamic Status @ bedside (b)(6)	
1330Z	Dosing 80 mg given UOP T over past few hrs, B/P's on pressors T, Sats 100% @ FIO2 - previously @ 58%, HR: 90-100's few PVC's Sedation @ Vesel + fentanyl. Guards @ bedside (b)(6) recommending hold on travel (b)(6) plan @ this time (b)(6)	

6/22/2008 00:49:01 \*\*\* VENT FIB/TACH

HR 159

PVC 133

PULSE 106

%SpO2 91

NBP ?/?(?) (0:49)

ST-II 1.4

ST-III 3.1

ST-aVR 0.1

ST-aVL -2.4

RESP 30



ACLU DDII CID ROI 30715



NAME/SS#: <i>Alghjan</i> <i>3592</i>		Date: <i>19 JUNE 2008</i>					
ZULU TIME		0300	0700	1100	1500	1900	2300
NEURO	LOC	<i>Alert sleepy</i>			<i>Alert</i>		
	Orientation	<i>A x 3</i>			<i>spont</i>		
LEFT PUPIL	Reaction/Size	<i>3mm PERRLA</i>			<i>brisk / 2mm</i>		
RIGHT PUPIL	Reaction/Size	<i>3mm</i>			<i>brisk / 2mm</i>		
RESP	Lung Sounds	<i>clear - Dim bilat.</i>			<i>CTA</i>		
	Resp. Effort	<i>unlabored</i>			<i>unlabored</i>		
	Secretions	<i>0</i>			<i>none noted</i>		
ETT/TRACH	Tube Size	<i>N/A</i>			-		
	CM at Teeth/Nare	-			-		
Chest Tube	Status/DSG R/L	-			-		
	Status/DSG R/L	-			-		
CARDIAC	Rhythm	<i>NSR - SB ECG PVC</i>			<i>SB SR</i>		
	Sounds	<i>S<sub>2</sub></i>			<i>S<sub>2</sub></i>		
GI	Abdomen	<i>Soft; non-tender</i>			<i>soft, non-tender</i>		
	Sounds	<i>Active x 4</i>			<i>(+) x 4</i>		
	BM/ Ostomy	<i>0</i>			<i>1 stool, 2 small</i>		
	NG / OG	<i>0</i>			-		
GU	Void/Coley/Color	<i>Bloody - DARK</i>			<i>dark / bloody (crmin)</i>		
SKIN	Color/Temp	<i>NFR</i>			<i>NFR / warm</i>		
	Integrity	<i>intact</i>			<i>intact</i>		
	Sacrum/Heels	<i>intact</i>			<i>intact</i>		
	Edema-Upper/Lower	<i>0</i>			<i>0 / 0</i>		
RUE/LUE	Color/Temp	<i>NFR, WARM</i>			<i>NFR / warm</i>		
	Pulse/Cap Refill	<i>2+, &lt; 3s</i>			<i>2+ / &lt; 3sec</i>		
	Movement	<i>Strong</i>			<i>spontaneous</i>		
RLE/LLE	Color/Temp	<i>NFR, WARM</i>			<i>NFR / warm</i>		
	Pulse/Cap Refill	<i>2+, &lt; 3s</i>			<i>2+ / &lt; 3sec</i>		
	Movement	<i>Strong</i>			<i>spontaneous</i>		
DRAINS	JP / Wound Vac	<i>0</i>			-		
DRAINS	JP / Wound Vac	<i>0</i>			-		
JND	Location	<i>0</i>			-		
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
IV LINE	Site/Condition	<i>18, 19, 20, 21</i>			<i>18, 19, 20, 21</i>		
IV LINE	Site/Condition	<i>22, 23, 24, 25</i>			<i>22, 23, 24, 25</i>		
CENTRAL LINE	Site/Condition	<i>26, 27, 28, 29</i>			<i>26, 27, 28, 29</i>		
A-LINE	Site/Condition	<i>30, 31, 32, 33</i>			<i>30, 31, 32, 33</i>		

SECRET/NOFORN

SECRET/NOFORN

0142-08-CIU 369 43734

*no change*

ACLU DDII CID ROI 30716

Name/Initials: (b)(6)

(b)(6)

Name/Initials:

Name/Initials: (b)(6)

(b)(6)

Afghan

3592

ICU BEDSIDE FLOW SHEET

Date: 19 JUNE 2008

0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	
976												
70	56	57	57	62		41	57	56	58	62	61	
18	15	18	19	22		21	13	22	11	11	17	
93/50	84/47	53/48	95/48	50/49		86/45	87/50	97/44	105/63	110/62	110/58	
60	56	56	66	58		55	58	53	71	74	71	
100%	100%	100%	100%	99%		100%	100%	100%	100%	100%	100%	
2L NC	2L NC	1L NC	1L NC	1L NC		1L NC	1L NC	4L NC	4L NC	4L NC	3L NC	
/												TOTAL
/												750
9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8
1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1
/												176
/												176
/												440
/												440

SECRET//NOFORN

0142-UB-0030243714

(b)(6)

ACLU DDI/ CID ROI 30717



455TH EMEDS

22 Jun 2008@1818 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)  
Progress Notes

Report requested by: (b)(6) W

-----  
22 Jun 2008@1756 INPT Register # 7333 PHYSICIAN  
DOCTORS NOTE  
Cardiology

Elderly Afghan EC admitted for ACS who subsequently developed acute MI despite maximal medical therapy (not a candidate for lytics). Today, particularly this morning, he experienced ischemia/infarction related arrhythmia with two episodes of VT/VF with successful defibrillation. He then developed pump failure which has been responsive to mechanical ventilation, pressor support, and diuresis. Percutaneous or surgical revascularization is not available in this facility and there is no such facility close enough for safe transfer. Intra-aortic ballon pump (IABP) would also be useful, but this device is not available here.

His rhythm has stablilized on IV amiodarone and ventilatory support requirements have lessened throughout the afternoon with diuresis. Furthermore, his pressor requirements have decreased as well.

Bedside echo a few minutes ago showed severe global hypokinesis with regional akinesis of the mid-distal anteroseptal/apical walls. The lateral and inferior walls were not well seen. There were no valvular abnormalities identified. There is a small, non-hemodynamically signficiant pericardial effusion.

A/P:

1. Acute MI complicated by VT/VF arrest x 2, and LV pump failure. He was not and is not a candidate for lytics. Percutaneous or surgical revascularization is not available. Plan to continue current medications to include Lovenox 1 mg/kg q12, ASA 81 mg daily, Plavix 75 mg daily. Beta blocker and ace inhibitor is being held due to cardiogenic shock. Cardiac output and blood pressure is maintained with pressor support to include dopamine and levophed, currently being weaned as tolerated. He has a sustained diuresis this afternoon following lasix 80 mg iv. Will consider another further lasix administration once urine output falls. (The IVC was still plump on echo with little respiratory variation).

The prognosis for survival following acute myocardial infarction complicated by arrhythmia (VF) and pump failure is poor. Prior to intubation today, the patient expressed his wishes for aggressive medical treatment/support. He also expressed his desire to return to his home, but he is currently too unstable to persue that at this time.

Signed: (b)(6)

=====  
20/890-09-3592 AFGHAN, MALE FOREIGN NATIONAL - POW/INTERNE  
01 Jan 1908 / Male H: not on file  
Reg #: 7333 Loc: ICU W: not on file  
Spon: AFGHAN, MALE Rank:  
Unit: RR  
Automated version of SF509

ACLU DDII CID ROI 30719



SECRET/NOFORN 0142-03-CIU 369 4075

ICU13

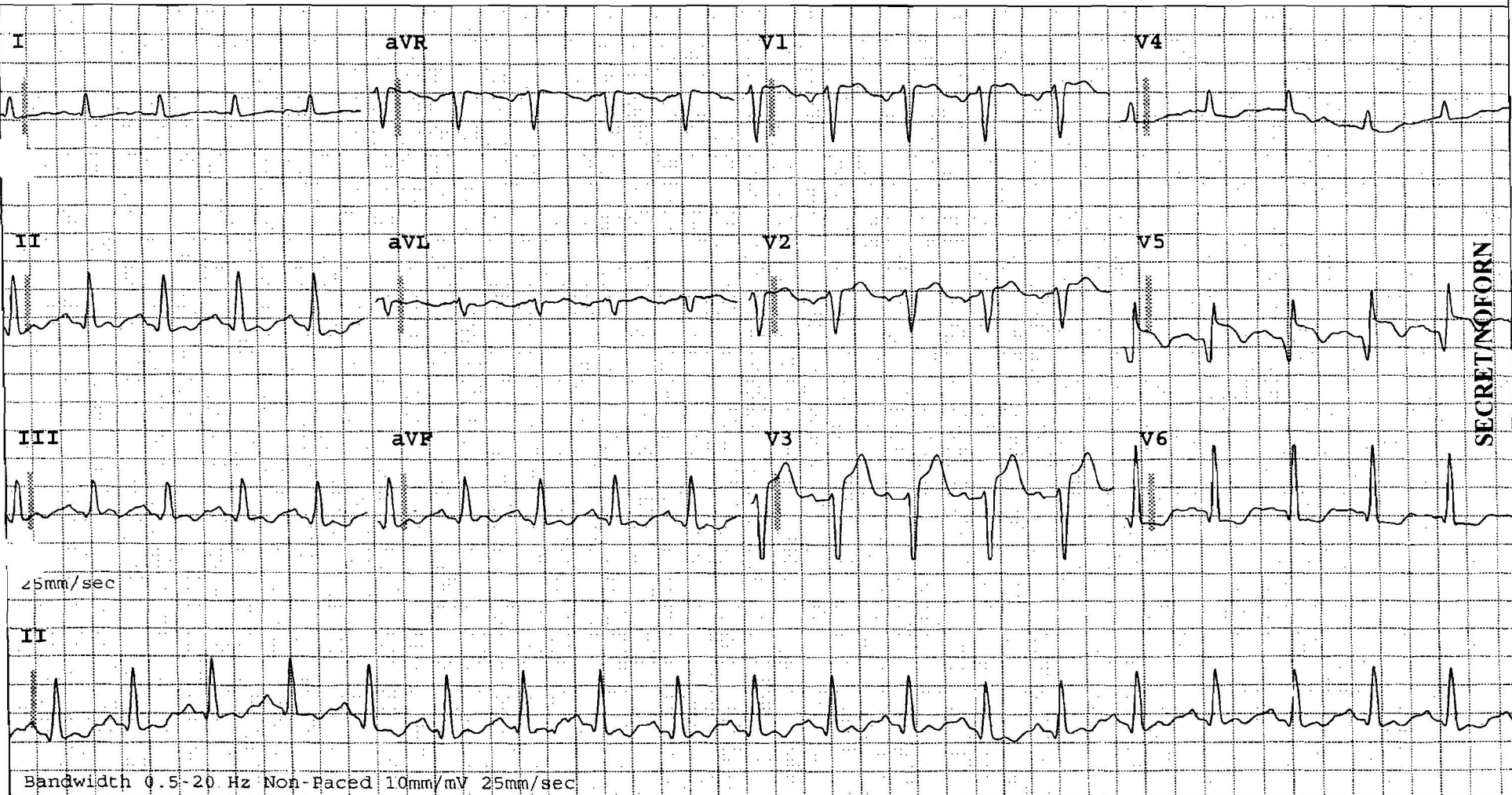
EC,

12 Lead ECG Report (Mason-Likar)

18 Jun 08 12:21

EXHIBIT

HR	PVC	ST: I	II	III	aVR	aVL	V1	V2	V3	V4	V5	V6
110	0	0.0	-0.5	-0.6	0.3	0.2	1.0	1.4	4.3	-0.6	2.5	-0.7



SECRET/NOFORN

SECRET/NOFORN

25mm/sec

Bandwidth 0.5-20 Hz Non-Faced 10mm/mV 25mm/sec

ACLU DDII CID ROI 30720



Bagram Hospital

Page 1 (last)

BAGRAM 455TH EMDGS

18 Jun 2008@1250

Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 17 Jun 08 - 18 Jun 08

Report requested by: (b)(6)

AFGHAN, MALE 20/890-09-3592 M/100 Reg #: 7333
Ph: Military Unit: UNKNOWN

Table with 5 columns: Test Name, Value, Flag, Reference Range, and Unit. Includes tests like STAT CK, ASAP MG, PHOSPHORUS, GLUCOSE, BUN, CREAT, CA, NA+, K, CL-, CO2, ANION GAP.

18 Jun 08 @ 1212 (Coll) STAT CBC PENDING BLOOD

18 Jun 08 @ 1212 (Coll) STAT IONIZED CA+ 1.06 L (1.12-1.32) mmol/L BLOOD

18 Jun 08 @ 1212 (Coll) STAT CK-MB 1.1 (0.0-4.3) ng/mL
MYOGLOBIN 97.2 (0-107) ng/mL
TROPONIN I 0.31 (0.0-0.40) ng/mL BLOOD

18 Jun 08 @ 1042 (Coll) STAT CK 82 (55-170) U/L BLOOD

18 Jun 08 @ 1042 (Coll) STAT CK-MB <1.0 (0.0-4.3) ng/mL
MYOGLOBIN 48.9 (0-107) ng/mL
TROPONIN I 0.18 (0.0-0.40) ng/mL BLOOD

18 Jun 08 @ 0551 (Coll) STAT CK 85 (55-170) U/L BLOOD

18 Jun 08 @ 0453 (Coll) STAT CK-MB 1.6 (0.0-4.3) ng/mL
MYOGLOBIN 73.2 (0-107) ng/mL
TROPONIN I 0.27 (0.0-0.40) ng/mL BLOOD

=====  
L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult  
=====  
ACLU/DDI/CID ROI 30721



0142 08-00 509 40754

#2 0-08?  
qcl?

EXHIBIT 5



SECRET/NOFORN

ACLU DDII CID ROI 30722



BAGRAM 455TH EMDGS

18 Jun 2008@0101

Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 17 Jun 08 - 18 Jun 08

Report requested by: (b)(6)

AFGHAN, MALE 20/890-09-3592 M/100 Reg #: 7333  
Ph: Military Unit: UNKNOWN

17 Jun 08 @ 2314 (Coll) BLOOD

Order comment: cbc  
MG. . . . . 1.9 (1.6-2.3) mg/dL  
PHOSPHORUS. . . . . 4.1 (2.5-4.5) mg/dL

17 Jun 08 @ 2314 (Coll) BLOOD

Order comment: cbc  
STAT WBC . . . . . 9.5 (4.0-11.0) x10(3)/uL  
RBC CNT . . . . . 4.60 (4.0-6.5) x10(6)/uL  
HGB . . . . . 12.4 (12-16) g/dL  
HCT . . . . . 36.6 L (38-50) %  
MCV . . . . . 79 L (80.0-100.0) fL  
MCH . . . . . 26.9 L (27.0-31.0) pg  
MCHC. . . . . 33.8 (33.0-37.0) g/dL  
RDW . . . . . 10.6 L (11.6-14.6) %  
PLATELETS . . . . . 229 (150-450) x10(3)/uL  
NEUT% . . . . . 71.7 H (40-70) %  
LYMPH%. . . . . 16.6 L (20.0-40.0) %  
MONO%. . . . . 10.2 H (1-10) %  
EOS%. . . . . 1.1 (1-5) %  
BASO% . . . . . .4 L (1-2) %

17 Jun 08 @ 2314 (Coll) BLOOD

Order comment: cbc  
STAT CK-MB . . . . . 2.0 (0.0-4.3) ng/mL  
MYOGLOBIN . . . . . 71 (0-107) ng/mL  
TROPONIN I. . . . . 0.25 (0.0-0.40) ng/mL

17 Jun 08 @ 2314 (Coll) BLOOD

Order comment: cbc  
STAT IONIZED CA+ . . . . . 0.91 L (1.12-1.32) mmol/L

=====  
L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult  
=====

ACLU/DDH/CID ROI 30723

SECRET/NOFORN

BAGRAM 455TH EMDGS

17 Jun 2008@1735

Page

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 16 Jun 08 - 17 Jun 08

Report requested by: (b)(6)

AFGHAN, MALE 20/890-09-3592 M/100 Reg #: 7333
Ph: Military Unit: UNKNOWN

Table with 4 columns: Test Name, Value, Reference Range, and Units. Includes tests like ASAP CK, MG, GLUCOSE, BUN, CREAT, CA, NA+, K, CL-, CO2, ANION GAP.

Table with 4 columns: Test Name, Value, Reference Range, and Units. Includes tests like ASAP CK-MB, MYOGLOBIN, TROPONIN I.

Table with 4 columns: Test Name, Value, Reference Range, and Units. Includes tests like ASAP WBC, RBC CNT, HGB, HCT, MCV, MCH, MCHC, RDW, PLATELETS, NEUT%, LYMPH%, MONO%, EOS%, BASO%.

Table with 4 columns: Test Name, Value, Reference Range, and Units. Includes tests like STAT CK-MB, MYOGLOBIN, TROPONIN I.

L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations (R)esult

ACLU DDII CID RDI 30724

SECRET/NOFORN

455TH EMEDS

18 Jun 2008@0531 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)  
Progress Notes

Report requested by: (b)(6)

18 Jun 2008@0526 INPT Register # 7333 PHYSICIAN  
DOCTORS NOTE

Cardiology Progress Note

70 yo male admitted with acute coronary syndrome. Troponin trend: 0.29 -- 0.31 -- then 0.25 on integrillin. Today, he continues to have intermittent chest pressure, relieved with belching. ECG appears to have more ST elevation V2-V5. Nitroglycerin gtt started for chest pain and for double product control. Ideally, he would go for percutaneous or surgical revascularization, but these are not available in the country. Will continue lovenox, integrillin, asa, plavix, lopressor, ace-i, statin, and now ntg drip.

Signed: (b)(6)

20/890-09-3592 AFGHAN, MALE  
01 Jan 1908 / Male  
Reg #: 7333 Loc: ICU  
Spon: AFGHAN, MALE  
Unit:

FOREIGN NATIONAL - POW/INTERNE  
H: not on file  
W: not on file  
Rank:  
RR

Automated version of SF509

ACLU DDII CID ROI 30725

SECRET/NOFORN

455TH EMEDS

18 Jun 2008@0526 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)  
Progress Notes

Report requested by: (b)(6)

18 Jun 2008@0516 INPT Register # 7333 PHYSICIAN

DOCTORS NOTE

LATE ENTRY -- PHYSICIAN ADMIT NOTE

70ish year old enemy combatant with known CAD brought to BAF ER from BTIF due to chest pain. He has had stable angina, but on the day admission he c/o rest pain. His ECG showed some ST elevation in V4 and subtle ST elevation in V3 and V5, but did not meet criteria for thrombolytics. Myoglobin was mildly elevated and troponin was low-level positive at 0.29.

EXAM: NAD, Neck without jvd, lungs clear, heart rrr without mgr, abd soft, ext without edema with full pulses

LAB: trop 0.29, CBC/Chem unremarkable  
pCXR: unremarkable  
ECG: as noted above

A/P:

1. Acute coronary syndrome. Percutaneous and/or surgical revascularization is not available in this country. He is admitted for ASA, plavix, GP 2b/3a inhibitor (eptifibatide), beta blocker, ace-i, and statin.

Signed: (b)(6)

20/890-09-3592	AFGHAN, MALE	FOREIGN NATIONAL - POW/INTERNE
Reg #: 7333	01 Jan 1908 / Male	H: not on file
	Loc: ICU	W: not on file
	Spon: AFGHAN, MALE	Rank:
	Unit:	RR:

Automated version of SF509

ACLU DDII CID ROI 30726

SECRET/NOFORN

LABORATORY

17 Jun 2008@1305 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)

Lab Certified Result Notification

Report requested by: System Generated

-----  
 AFGHAN, MALE 99/890-09-3592 M/100 ph#  
 Mil. Unit: UNKNOWN  
 -----

Ordered by: (b)(6) Col: 17 Jun 2008@1234 Acc#: (b)(6)  
 Specimen: BLOOD (BLOOD) Pri: ROUTINE Ord#: (b)(6)  
 Res Lab: LAB Req Loc: ER

Test name	Result	Units	Normal range
CHOLESTEROL	128	mg/dL	100 - 200
HDL	34	mg/dL	30 - 75
TRIGLYCERIDE	42 L	mg/dL	60 - 160
CHOL TOT/HDL	3.8	RATIO	
LDL	86	mg/dL	50 - 130
Interpretation(s): LDL Calculation is invalid when Triglycerides >400 mg/dL			
VLDL	8 L	mg/dL	25 - 60

\*\*\* End of Report \*\*\*

ACLU DDII CID ROI 30727



SECRET/NOFORN

LABORATORY

17 Jun 2008@1305 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)

Priority Result Notification

Report requested by: System Generated

AFGHAN, MALE

99/890-09-3592 M/100  
Mil. Unit: UNKNOWN

ph#

Ordered by: (b)(6)  
Specimen: BLOOD (BLOOD)  
Res Lab: LAB

Col: 17 Jun 2008@1234  
Pri: ASAP

Acc#: (b)(6)  
Ord#: (b)(6)  
Req Loc: ER

Test name	Result	Units	Normal range
GLUCOSE	146 H	mg/dL	74 - 106
BUN	16	mg/dL	9 - 20
CREAT	1.2	mg/dL	0.8 - 1.5
CA	8.9	mg/dL	8.4 - 10.2
ALBUMIN	4.4	g/dL	3.5 - 5.0
PROTEIN TOTAL	8.1	g/dL	6.3 - 8.2
ALT	22	U/L	13 - 69
AST	41	U/L	15 - 46
ALK PHOS	92	U/L	38 - 126
NA+	141	mmol/L	137 - 145
TBILI	0.7	mg/dL	0.2 - 1.3
K	3.9	mmol/L	3.5 - 5.1
CL-	100	mmol/L	98 - 107
CO2	24	mmol/L	22 - 30
ANION GAP	21 H	mmol/L	10 - 20

\*\*\* End of Report \*\*\*

ACLU DDII CID ROI 30728

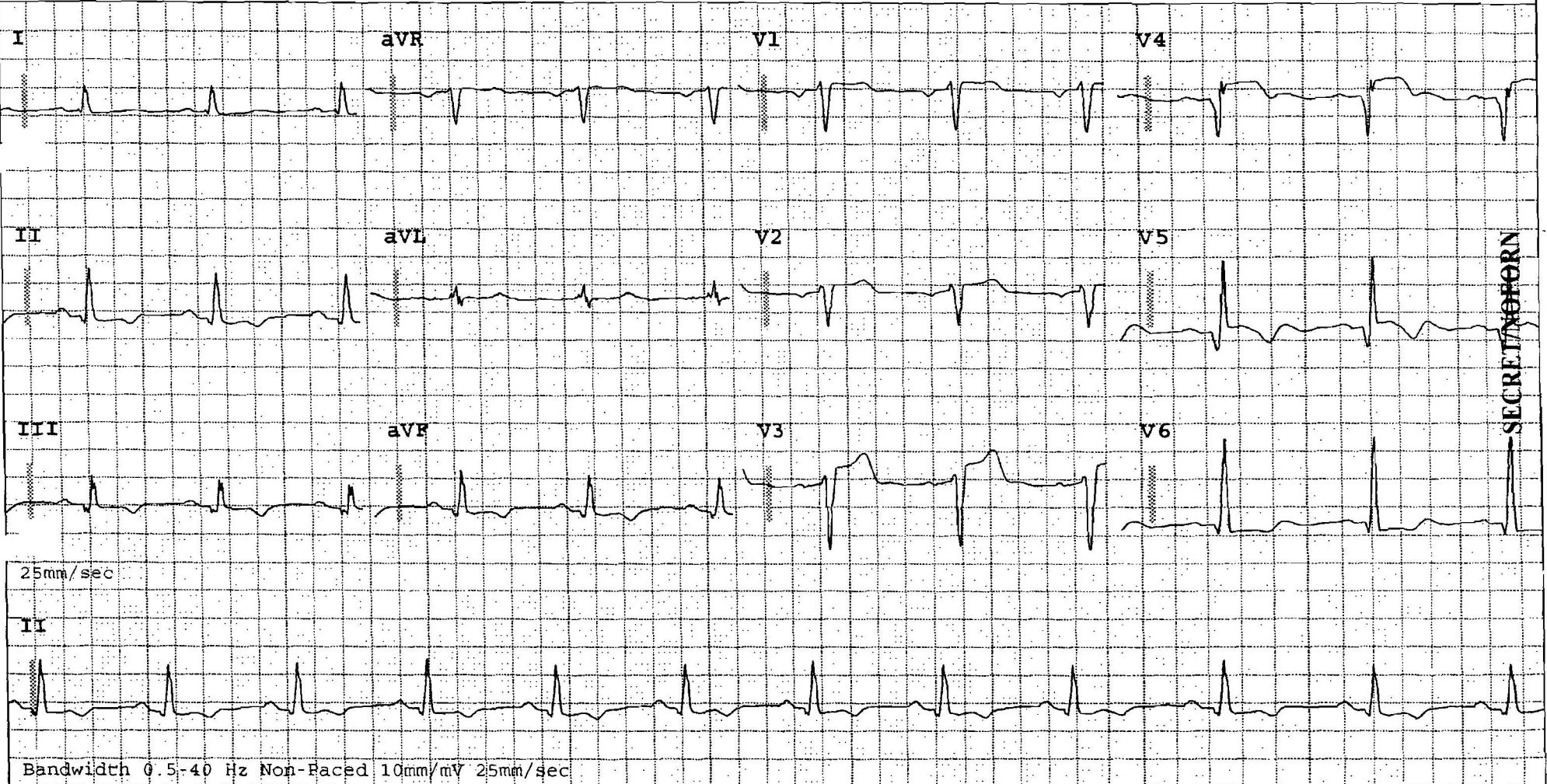
ICU13

EC,

12 Lead ECG Report (Mason-Likar)

18 Jun 08 4:40:02

HR	PVC	ST: II	III	aVR	aVL
65	0	-0.3	-0.1	0.2	0.0



SECRET//NOFORN

EXHIBIT

SECRET//NOFORN

ACLU DDII CID ROI 30729



Bagram Hospital

Page 1 (last)

0142-08-CIU 369 43734

SECRET/NOFORN

ICU10

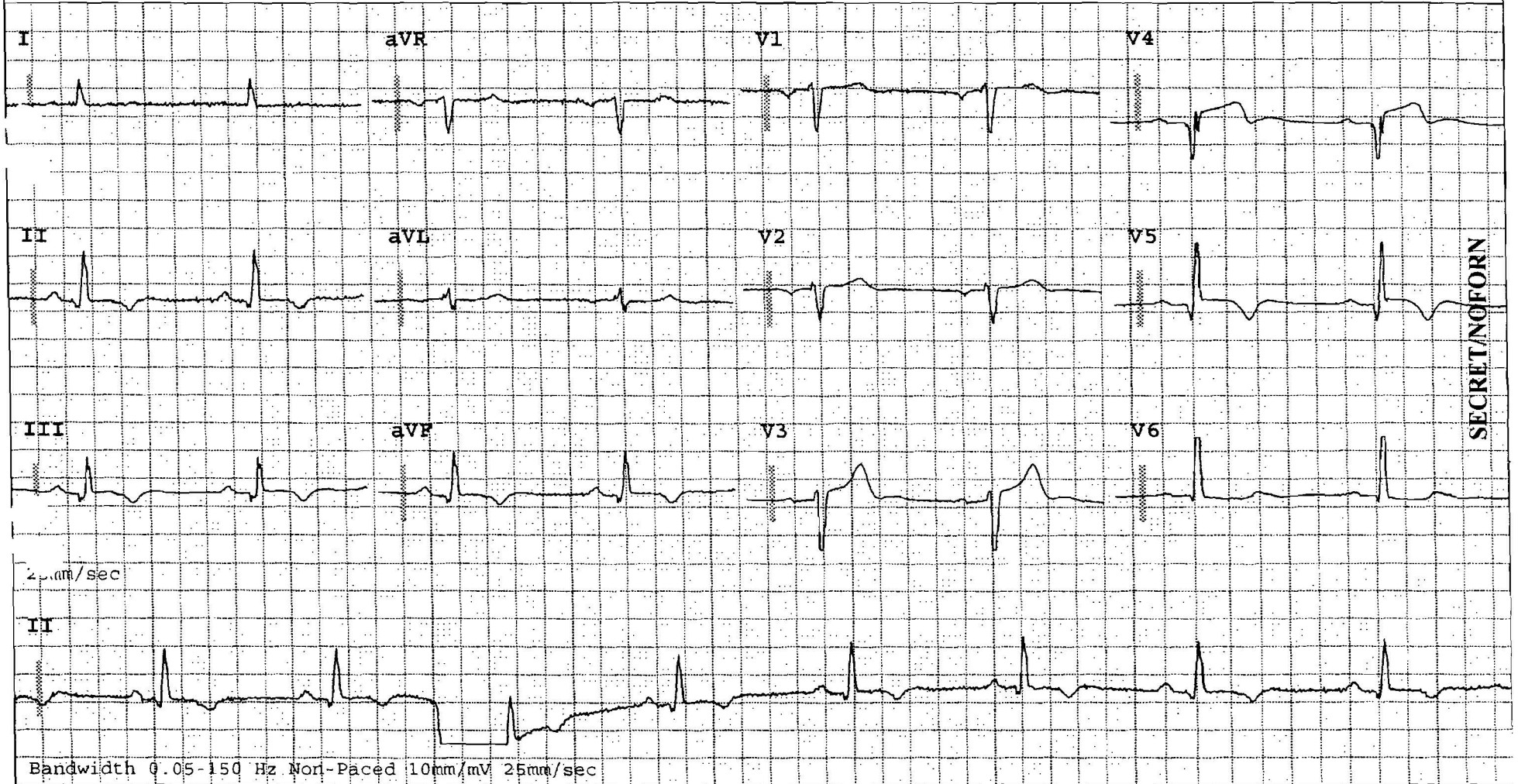
afghan, male

89009359

12 Lead ECG Report (Mason-Likar)

17 Jun 08 14:50:43

HR 54	PVC	ST: I	II	III	aVR	aVL	V1	V2	V3	V4	V5	V6
----------	-----	-------	----	-----	-----	-----	----	----	----	----	----	----



SECRET/NOFORN

SECRET/NOFORN

ACLU DDII CID ROI 30730



Bagram Hospital

Page 1 (last)

6/17/2008 11:53:20 afghan, male  
50 yrs Male

Rate 55 b/min  
PR 208 ms  
QRSD 108 ms  
QT 476 ms  
QTc 455 ms

AGE IS NOT ENTERED, ASSUMED TO BE 50 YEARS OLD FOR PURPOSE OF ECG INTERPRETATION

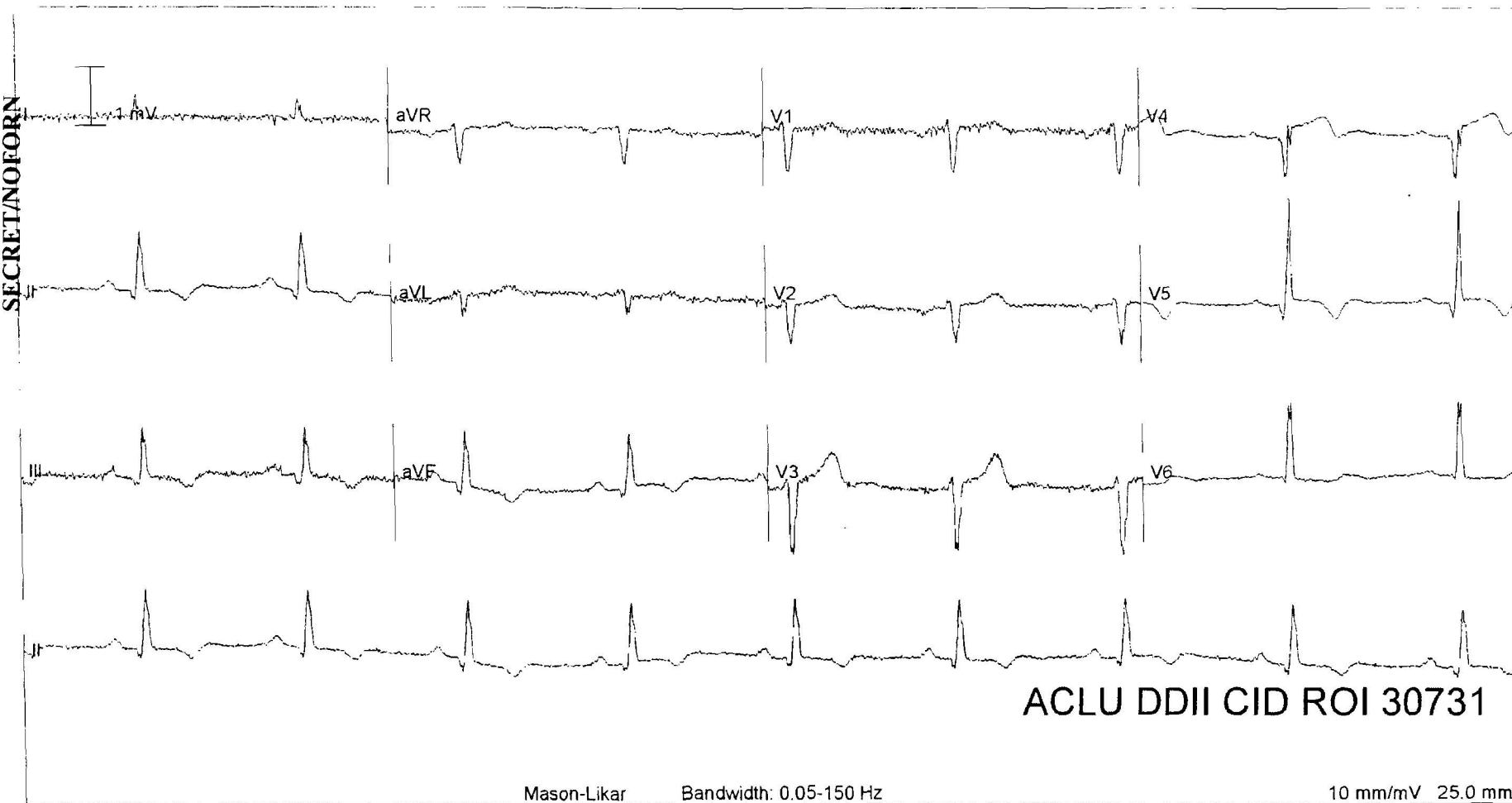
SINUS RHYTHM.....normal P axis, V-rate 50- 99  
BORDERLINE AV CONDUCTION DELAY.....PR >200, V-rate 50- 90  
PROBABLE LEFT ATRIAL ABNORMALITY.....P >50mS, <-0.10mV V1  
PROBABLE INFERIOR INFARCT, AGE INDETERMINATE.....Q >35mS, T neg, II III aVF  
ANTEROLATERAL INFARCT, RECENT.....Q >35mS, ST >0.07mV, T neg, V2-V6

Axis

P 73 deg  
Q 72 deg  
-76 deg

- ABNORMAL ECG -

Unconfirmed Interpretation



ACLU DDII CID ROI 30731

Mason-Likar

Bandwidth: 0.05-150 Hz

10 mm/mV 25.0 mm/s

0142-08-CID 369 43734

SECRET/NOFORN

SECRET/NOFORN

EXHIBIT

6/17/2008 12:27:36 afghan, male  
50 yrs Male

Rate 54 b/min  
PR 208 ms  
QRSD 104 ms  
QT 472 ms  
QTc 447 ms

AGE IS NOT ENTERED, ASSUMED TO BE 50 YEARS OLD FOR PURPOSE OF ECG INTERPRETATION

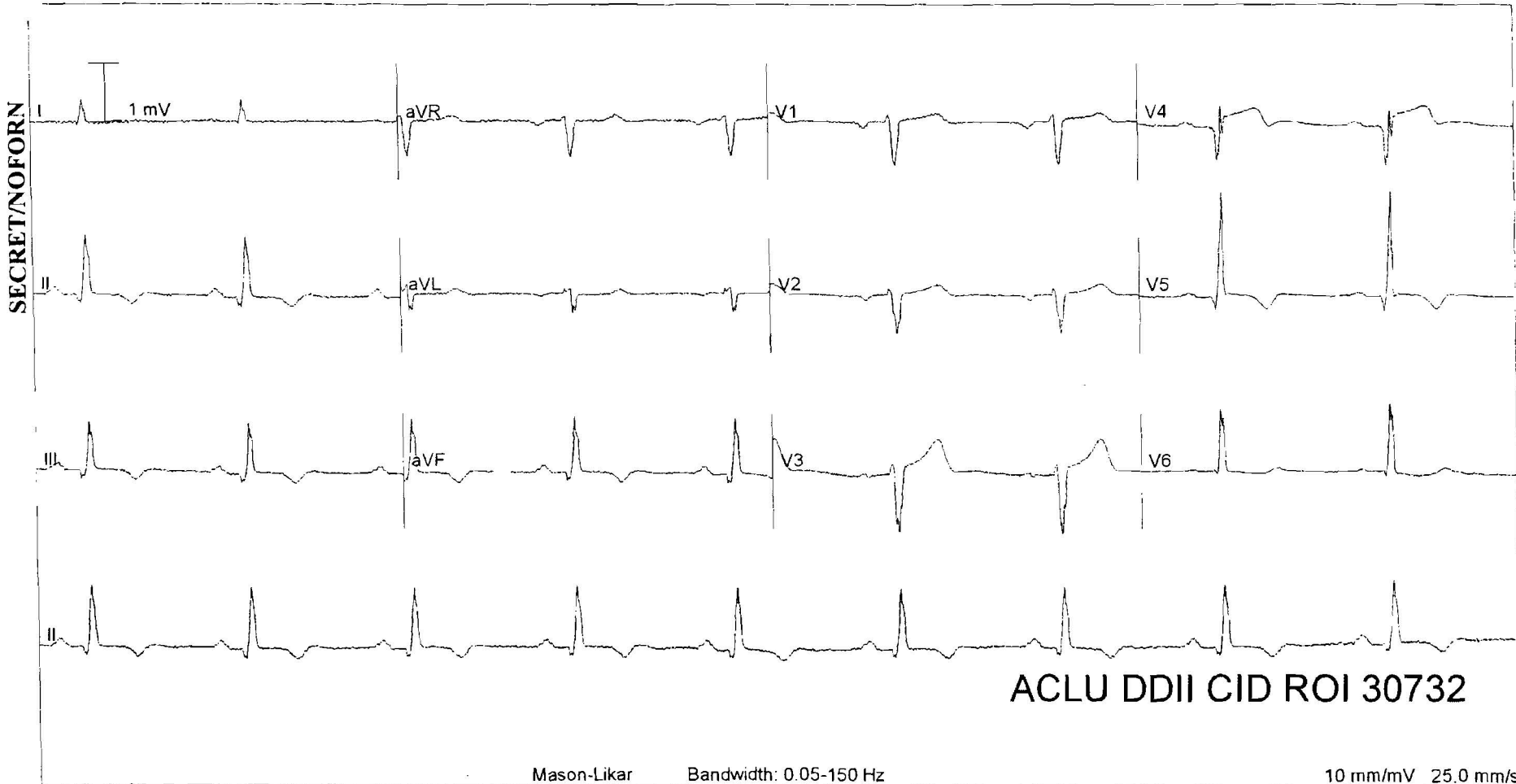
SINUS RHYTHM ..... normal P axis, V-rate 50- 99  
BORDERLINE AV CONDUCTION DELAY ..... PR >200, V-rate 50- 90  
LEFT ATRIAL ABNORMALITY ..... P, P' >60mS, <-0.15mV V1  
BORDERLINE INFERIOR Q WAVES ..... Qs add to 80 mS in II III aVF  
ANTEROLATERAL INFARCT, RECENT ..... Q >35mS, ST >0.07mV, T neg, V2-V6

Axis

P 82 deg  
C 73 deg  
T 261 deg

- ABNORMAL ECG -

Unconfirmed Interpretation



ACLU DDII CID ROI 30732

Mason-Likar Bandwidth: 0.05-150 Hz

10 mm/mV 25.0 mm/s

EMT

014208-CID 369 43734

SECRET/NOFORN

SECRET/NOFORN

EXHIBIT

SECRET/NOFORN

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: AFGHAN, MALE  
Facility: TF MEDDate: 17 Jun 2008 1421 GDT  
Clinic: CHCSII\_TAppt Type: ROUTN  
Provider: (b)(6)AutoCites Refreshed by @ 17 Jun 2008 1437 GDT**Problems**

No Problems Found.

**Active Medications**

No Active Medications Found.

**Allergies**

No Allergies Found.

Screening Written by (b)(6) @ 17 Jun 2008 1421 GDTAppointment Reason For Visit: CHEST PAIN: .Selected Reason(s) For Visit: .

CHEST PAIN (New) Comments:

Vitals Written by (b)(6) @ 17 Jun 2008 1427 GDTBP: 145/88, HR: 55, RR: 12, T: 98.2 °F, WT: 60 kg, Tobacco Use: No, Alcohol Use: No, Pain Scale: 6/10 Moderate, Pain Scale  
Comments: Chest radiating to left armS/O Note Written by (b)(6) @ 17 Jun 2008 1504 GDTChief complaint .

previous history of The Chief Complaint is: Chest Pain.

History of present illness .

The Patient is a 100 year old male.

- ° Encounter Background Information: Chest Pain.
- Chest pain or discomfort.
- Shortness of breath.

Past medical/surgical history .

1. CAD - patient tells me that he has had "several" previous "heart attacks" and sees a cardiologist every 15 days. He states he takes 10 meds each morning and each night. He describes having a cardiac cath 2 yrs ago and thinks he has "two blockages". Likely also has a h/o HTN, ?hyperlipidemia.

Subjective .

Approximately 70 yo afghani male with h/o CAD, MI, HTN who presents with chest pain and SOB. The patient has recently had an increase in his anginal symptoms with exertion (walking 50 ft) over the past 2 days, and now is having chest pain at rest. Also has nausea, fatigue, and malaise. Denies vomiting, fevers/chills, cough, hemoptysis, leg pain or swelling.

Review of systems .**Cardiovascular symptoms:** Previous history of cardiovascular symptoms.**Gastrointestinal symptoms:** Nausea. No vomiting. Epigastric pain and chronic constipation.Physical findings .**Vital signs:**

- ° Current vital signs reviewed Repeat BP after NTG 125/78.

**General appearance:**

- ° Patient appeared uncomfortable. ° Awake. ° Alert. ° Well developed. ° Well nourished.

**Head:**

- ° Normal.

**Eyes:**

- General/bilateral:
- ° Eyes: normal.

**Ears, Nose, Throat:**

- ° ENT: normal.

**Neck:**

- ° Normal.

**Lungs:**

Name:	AFGHAN, MALE	Sex:	M	Sponsor:	AFGHAN, MALE
FMP/SSN:	99/890093592	Tel H:		Rank:	
DOB:	01 Jan 1908	Tel W:		Unit:	ec
PCat:	K78 FOREIGN NATIONAL-POW/INTERNEE	CS:		Outpt Rec. Rm:	
MC Status:		WS:		PCM:	
Insurance:	No			Tel. PCM:	

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 ACLU-RDI CID R01 30733  
 STANDARD FORM 600 (REV. 5)  
 Prescribed by GSA and ICNR  
 FIRMR (41 CFR) 201-45.505

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS  
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ACLU-RDI 5572 p.96

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Page 1 of 2

EXHIBIT



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<b>HEALTH RECORD</b>		<b>CHRONOLOGICAL RECORD OF MEDICAL CARE</b>	
17 Jun 2008 1421	Facility: TF MED	ic: CHCSII_T	Provider: (b)(6)

• Rhonchi were heard bilaterally. • Respiration rhythm and depth was normal. • No wheezing was heard.  
**Cardiovascular system:**  
 Heart Rate And Rhythm: • Bradycardia present. • Normal.  
 Heart Sounds: • S1 normal. • S2 normal. • No gallop was heard. • No pericardial friction rub heard.  
 Murmurs: • No murmurs were heard.

**Tests**  
 EKG - Sinus 55. PR 208. QRS 108. QTc 450. Poor R wave progression. ST elevation 1mm V3, 2mm V4, 1 mm V5. Q wave inferior leads.

AMP Written by (b)(6) @ 17 Jun 2008 1507 GDT

**1. ANGINA PECTORIS UNSTABLE**

Comments: Increasing anginal symptoms, now having angina at rest. Trop 0.29. MB 3.2. Will admit to ICU under the care of Dr Ted Pope, Cardiology. ASA 325 mg PO, Lovenox 60mg SC, NTG prn, Integrillin drip.

**Disposition** Written by (b)(6) @ 17 Jun 2008 1509 GDT

**Admitted**

**Discussed:** Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

**Injury & Illness:** Not Work Related; Not Battle Related; Category: All Other, Medical/Surgical Cause: Non-Battle Illness

**Appointment Class:** Outpatient

**E&M Code:** 99215 - Estab Outpatient Comprehensive H&P - High Complex Decisions

90 minutes face-to-face/floor time. >50% of appointment time spent counseling and/or coordinating care.

**Signed By** (b)(6) @ 17 Jun 2008 1509 GDT

(b)(6)  
 TF MED

Name:	AFGHAN, MALE	Sex:	M	Sponsor:	AFGHAN, MALE
FMP/SSN:	99/890093592	Tel H:		Rank:	
DOB:	01 Jan 1908	Tel W:		Unit:	ec
PCat:	K78 FOREIGN NATIONAL-POW/INTERNEE	CS:		Outpt Rec. Rm:	
MC Status:		WS:		PCM:	
Insurance:	No			Tel. PCM:	

CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM 600 (REV. 5)  
 Prescribed by GSN and ICMR  
 FIRM (41 CFR) 201-45.505

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

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**Detainee 5065518****Who:** NABI JAN; OBJ GUARANI**What:** CCIR – DETAINEE MEDICAL CONDITION (HEART CONDITION)**When:** 221200ZJUN2008**Where:**

**Why:** On 17 Jun 2008, Detainee 5065518, Nabi Jan, a 70 YO AF, was hospitalized following the recommendation of the Doctor. Testing at the BAF hospital revealed that the detainee has a history of heart conditions, had suffered heart attacks in the past and had been under a doctor's care for his pre-existing medical condition. The testing also revealed that he recently suffered a mild heart attack. According to the medical staff, the detainee requires visualization and revascularization of his coronary vessels (catheterization, angioplasty, and stenting) and potentially CABG (coronary bypass grafting) (Cardiothoracic surgery) IOT address his pre-existing condition. His condition has showed recent signs of deterioration. On 19 June, the detainee exhibited signs of improvement, having urine output, kidney function improvement, and creatinine falling and he showed no signs of arrhythmias or ectopy (funky heart rhythms). The doctors maintained him on Integrillin drip, but he was taken off of the Nitroglycerin drip. On 20 June, this detainee was diagnosed as medically stable to travel and transfer and return to his village was planned. The doctors recommended for transfer and an ALS crew, cardiac monitor, AED or defibrillator, oxygen via nasal cannula, and IV access, along with a month's supply of his 6 heart meds at the bedside ready to go with him were all prepped. The detainee continued to do well through the night of 20 June and continued to look good for transfer/discharge. On 21 June, the detainee continued to be stable and ready for transfer. His Foley catheter was removed and he was urinating on his own. His movement was planned for 22 June at approximately 1700Z. On 22 June at approximately 0400Z, the medical staff reported that the detainee had taken a turn for worse and was now doing poorly. His heart went into Vfib (stopped pumping) two more times and he had been intubated and placed on a

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breathing machine. The detainee went into acute pulmonary edema (his lungs are full of fluid since his heart is not pumping effectively) and his blood pressure went very low requiring pressors (medicines) to keep his blood pressure up. He is receiving maximal medical therapy. As a consequence, however, of the turn in medical condition, the medical staff cancelled his transfer scheduled for 22 June, as he was too unstable to travel, with an estimation that he has <5-10% chance of surviving this cardiac event. To date the detainee remains in the BAF hospital receiving medical care and treatment under guard. He has received maximal medical therapy, in the absence of the availability of Cardiothoracic Surgery here at BAF.

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**0142-08-CID36943734**

**TF 373**  
**MEDICAL RECORDS**

**SECRET/NOFORN**  
**FOR OFFICIAL USE ONLY**  
**LAW ENFORCEMENT SENSITIVE**

**ACLU DDII CID ROI 30742**

**EXHIBIT**

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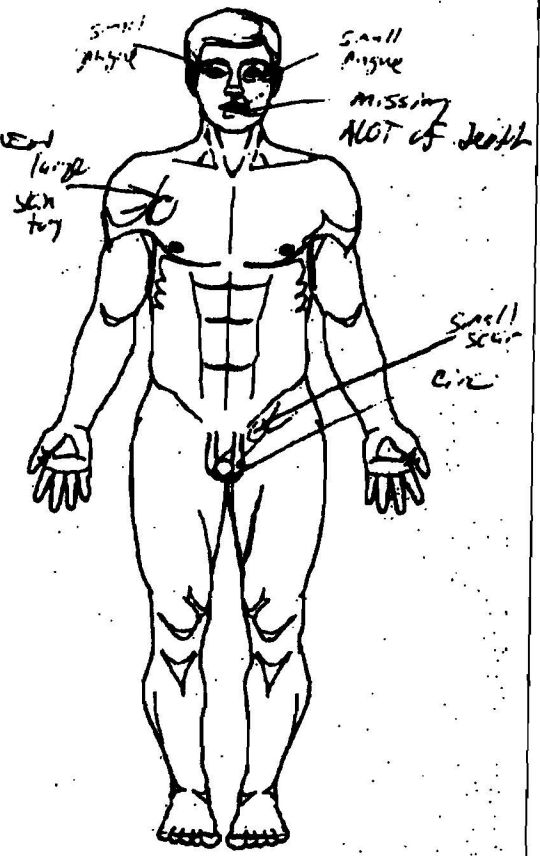
Revision #3  
2 October 2007

# Medical Screening

## Vitals

Temp: 97.6 Date of examination: 11 Jun 108  
 BP: 142/42 Time: 0705  
 P: 86  
 R: 16 Detainee Name: Nab. Jun  
 %O<sub>2</sub>: 97 Detainee Number: SO65518 Age: 75  
 Ht: 168.5  
 Wt: 150 Allergies: \_\_\_\_\_  
 Medications: Heart medicine (left @ Home)

~~Exit~~ EXTRA <sup>ACE</sup> TO OUTSTATION



Wt @ day #30  
or upon  
release: \_\_\_\_\_

Pertinent past medical/surgical history:  
1. \_\_\_\_\_ 2. \_\_\_\_\_ see reverse

Current medical complaints:  
1. Heart problems 2. \_\_\_\_\_ see reverse

## TB Screen

- Cough >2wks 0 2
- Sputum 0 2
- Weight Loss 0 1
- Dec Appetite 0 1
- Chest Pain 0 1
- Previous TB 0 5

Physical Exam  
\*See reverse side for comments and signature

General appearance: Healthy  
 Alert and oriented: ..... Yes / No  
 Neuro/motor intact bilaterally: ... Yes / No  
 Head, normal exam: ..... Yes / No  
 Eyes, normal exam: ..... Yes / No  
 Ears, normal exam: ..... Yes / No  
 Nose, normal exam: ..... Yes / No  
 Throat, normal exam: ..... Yes / No  
 Neck, normal exam: ..... Yes / No  
 Lungs, normal exam: ..... Yes / No  
 Heart, normal exam: ..... Yes / No  
 Back, normal exam: ..... Yes / No  
 Abdomen, normal exam: ..... Yes / No  
 Rectum, normal external exam: .. Yes / No  
 Extremities, normal exam: ..... Yes / No  
 Skin, intact: ..... Yes / No

Total: \_\_\_\_\_

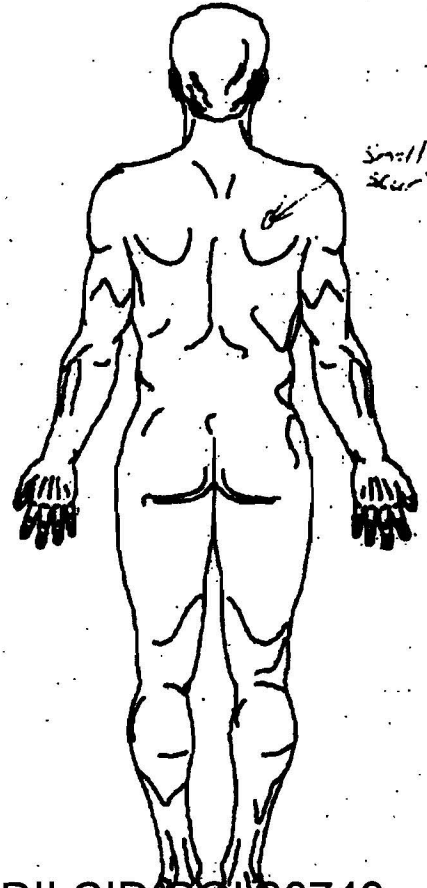
## Sputum AFB

Required?

(N) / Y

- / / pos neg
- / / pos neg
- / / pos neg

Note scars, contusions, abrasions, laceration, tattoos, or other identifying marks on body diagram.



ACLU DDII CID-ROI 30743

All medical documentation will be kept in TSF medical Clinic Office to be viewed by medical personnel only for the purpose of providing medical care.

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**Detainee Number:** 50655  
**Date:** 13 Jan 68

**Active medical complaint (s) or issues:**                      Yes       No  
\_\_\_\_\_  
\_\_\_\_\_

**Special Instructions:**    Yes       No  
\_\_\_\_\_  
\_\_\_\_\_

**Injured during capture:**    Yes       No  
\_\_\_\_\_  
\_\_\_\_\_

**Injured or alleges abuse since capture:**                              Yes       Denies  
\_\_\_\_\_  
\_\_\_\_\_

**Cleared for detention at this facility:**                              No       Yes

**Comments:**                              Medically stable - monitor for CAD  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Hospital ID:** \_\_\_\_\_

**Printed Name of Physician:** (b)(6) Dr. J. D. [Redacted] ACLU-RDI 30744

**Signature of Physician:** (b)(6) \_\_\_\_\_  
ACLU-RDI 5572 p.102                              ORN                              **EXHIBIT**



MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
98.2 owl	CTS detainee for complaint of epigastric pain/gas/"constipation".
14/71	He has been having difficulty with food here because of
93	poor dentition & has become constipated. He states the "gas/"
98% RA	"acid" is going up into his chest. Denies SOB/N/V/diaphoretic
12	Wants to go back home to his family. States the meds
	given help with his gas & pains. Laughing & joking about having
17 Jun 08	a third wife/finding woman for the "doctor." $\emptyset$ Leg
0250	swelling/pain $\emptyset$ trauma. $\downarrow$ cough since starting Abx
	PMHx - "heart" constipation, abdominal pains; Frags in $\odot$
	wrist & $\odot$ groin w/ Soviet War, Arthritis
	PE - Alert, $\emptyset$ distress. Joking/Smiling.
	HEENT - ANL. $\emptyset$ - clear $\emptyset$ normal
	Neck - supple. $\emptyset$ JVD. $\emptyset$ HJR
	RRR $\emptyset$ M/L/R CTA $\emptyset$
	Abd - NABS. S/H/NT. Slightly distended
	$\emptyset$ r/c/e
	A/ Epigastric pain/gas - unlikely ACS - no anginal equivalent sx's,
	no SOB/N/diaph. Normal exam. Likely GERD
	$\emptyset$ Metamucil & Docusate 100mg $\emptyset$ Atenolol 25mg
	$\emptyset$ Ranitidine 150mg $\emptyset$ Follow closely.

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERV (b)(6)
SPONSOR'S NAME	SSAN/D NO.	RELATIONSHIP

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

Nabi Jan  
5065518

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record

ACLU ID: 1401001001-101 30745  
FIRM (41 CFR) 201-9.202-1

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HOSPITAL REPORT OF DEATH <small>FOR USE OF THIS FORM, SEE AR 4040; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.</small>		NAME AND LOCATION OF HOSPITAL <b>CJTH, Bagram AB, Afghanistan</b>			
<i>Instructions - Medical Officer in attendance will:</i> Prepares, in one copy only, items 1 through 10 and sign item 11. Print or type entries.		<i>Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.</i>			
<b>SECTION A - ATTENDING MEDICAL OFFICER'S REPORT</b>					
<b>PERSONAL DATA</b>					
1. PATIENT DATA <i>(Patient's ward plate will be used to imprint identifying data if available)</i>  <b>Afghan, Male</b> <b>890-09-3592</b> <b>DOB unknown (1 Jan 1908)</b>		2. TIME OF DEATH <i>(Hour-day-month-year)</i> <b>1252Z, 23 Jun 08</b>	3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input type="checkbox"/> NO		
Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number		4. RELIGION <b>Islam</b>	5. CHAPLAIN NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
		6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH			
<b>CAUSE OF DEATH</b>			<b>APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</b>		
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>(This does not mean the mode of dying, e.g., heart failure, aneurysm, etc. It means the disease, injury, or complication which caused death)</i>		DUE TO <i>(or as a consequence of)</i> <b>Cardiac Arrest</b>		<b>Immediate</b>	
7b. ANTECEDENT CAUSES <i>(Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)</i>		DUE TO <i>(or as a consequence of)</i> (1) <b>Coronary Artery Disease</b> (2) <b>Acute Coronary Syndrome</b>		<b>Years</b> <b>6 days</b>	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		a.			
		b.			
9. DATE <b>23 Jun 08</b>	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE <b>(b)(6)</b>	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE <b>(b)(6)</b>			
<b>SECTION B - ADMINISTRATIVE ACTION</b>					
TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER <i>(Specify)</i>					
19.					
<b>SECTION C - RECORD OF AUTOPSY</b>					
20. AUTOPSY PERFORMED <i>(If yes, give date and place)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			21. AUTOPSY ORDERED BY <i>(Signature)</i>		
22. PROVISIONAL PATHOLOGICAL FINDINGS					
23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY		25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY		
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR		28. SIGNATURE OF REGISTRAR		

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455TH EMEDS

23 Jun 2008@1317 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)  
Progress Notes

Report requested by: (b)(6)

-----  
23 Jun 2008@1306 INPT Register # 7333 PHYSICIAN  
DOCTORS NOTE  
PHYSICIAN DISCHARGE / DEATH NOTE

Elderly Afghan EC with known underlying surgical coronary artery disease admitted for acute coronary syndrome treated aggressively with Integrillin (eptifibatide), aspirin, clopidogrel, enoxaparin had progressively worsening infarction throughout his hospital course. The patient was not a candidate for lytics and surgical or percutaneous revascularization was not available. His myocardial infarction was complicated by ventricular fibrillation x2 which was defibrillation and severe pump failure treated with mechanical ventilation and pressor/ionotropic support. Intra-aortic balloon pump was not available. The patient's blood pressure continued to fall despite the pressors and he died of cardiac pump failure (severe heart failure) at 1252 Zulu on 23 June 08.

Signed: (b)(6)

=====  
20/890-09-3592 AFGHAN, MALE FOREIGN NATIONAL - POW/INTERNE  
01 Jan 1908 / Male H: not on file  
Reg #: 7333 Loc: ICU W: not on file  
Spon: AFGHAN, MALE Rank:  
Unit: RR:  
Automated version of SF509

ACLU DDII CID ROI 30747

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CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénom) <b>AFGHAN, MALE</b>		GRADE Grade Arme <b><del>CH</del> EC</b>	BRANCH OF SERVICE Arme <b>N/A</b>
ORGANIZATION Organisation <b>CJTH</b>		NATION (e.g., United States) Pays <b>AFGHANISTAN</b>	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale <b>890-09-3592</b>
RACE Race <b>CAUCASOID Caucasiq</b>		MARITAL STATUS État Civil <b>SINGLE Célibataire</b>	RELIGION Confé <b>ISLAM</b>
DATE OF BIRTH Date de naissance <b>(01 JAN 1908)</b>		SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin	
OTHER (Specify) Autre (Spécifier) <b>Afghani/Pachto</b>		MARRIED Marié <input checked="" type="checkbox"/>	PROTESTANT Protestant
NAME OF NEXT OF KIN Nom du plus proche parent <b>N/A</b>		RELATIONSHIP TO DECEASED Parenté du décédé avec le next <b>N/A</b>	CATHOLIC Catholique
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal complet)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup> Maladie ou condition directement responsable de la mort. <b>Cardiac Arrest</b>			<b>Immediate</b>
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	<b>Coronary Artery Disease/ Acute Coronary Syndrome</b>	<b>6 days</b>
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	<b>Coronary Artery Disease</b>	<b>Years</b>
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> Autres conditions significatives <sup>2</sup>			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
ACCIDENT Mort accidentelle			
SUICIDE Suicide			
HOMICIDE Homicide	NAME OF PATHOLOGIST Nom du pathologiste	AVIATION ACCIDENT Accident d'Avion <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	
DATE OF DEATH (Hour, day, month, year) Date du décès (l'heure, le jour, le mois, l'année)	SIGNATURE Signature	DATE Date	PLACE OF DEATH Lieu de décès
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire <b>(b)(6)</b>		TITLE OR DEGREE Titre ou diplôme <b>(b)(6) TF 373</b>	
GRADE Grade <b>(b)(6)</b>	INSTALLATION OR ADDRESS Installation ou adresse <b>CJTH / Bagram AB, Afghanistan</b>		
DATE Date <b>23 Jun 08</b>	SIGNATURE Signature <b>(b)(6)</b>		
<sup>1</sup> State disease, injury or complication which caused death. <sup>2</sup> State conditions contributing to the death, but not the cause of death. <sup>1</sup> Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du cœur, etc. <sup>2</sup> Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.			

CLU DDII CID ROI 30748

Personal Data - Privacy Act 1974 (PL 93-579) Printed date: 23 Jun 2008@1357  
Page: 1

RADIOLOGIC EXAMINATION REPORT

Patient: AFGHAN, MALE

FMP/SSN: 20/890-09-3592

455TH EMEDS  
Procedure: CHEST, AP PORTABLE  
Requested by: (b)(6)  
Ward/Clinic: ICU

DIAGNOSTIC RADIOLOGY  
Exam Date: 22 Jun 2008@2354  
Status: COMPLETE  
Exam #: (b)(6)  
Pregnant:

Reason for Order:  
check vent status

Order Comment:

Result Code: SEE RADIOLOGIST'S REPORT

Report:

COMPARISONS: 17, 22 June 08 exams.

FINDINGS/IMPRESSION: ETT pulled back slightly in good position. NGT placed.  
Improved pulmonary edema since most recent exam. No pneumothorax.

Transcription Date/Time: 23 Jun 2008@0036

Interpreted by: (b)(6)  
Supervised by:

Approved by: (b)(6) 23 Jun 2008@0039  
Supervised by:

20/890-09-3592 AFGHAN, MALE  
01 Jan 1908@0001 / MALE  
Reg #: 7333 Loc: ICU  
SF519-B Spon: AFGHAN, MALE  
Unit:

FOREIGN NATIONAL - POW/INTERN  
H: W:  
Room-Bed:  
Rank: D:  
RR:

ACLU DDII CID ROI 30749

RADIOLOGIC EXAMINATION REPORT

Patient: AFGHAN, MALE

FMP/SSN: 20/890-09-3592

455TH EMEDS

Procedure: CHEST, PA

Requested by: (b)(6)

Ward/Clinic: ICU

DIAGNOSTIC RADIOLOGY

Exam Date: 22 Jun 2008@0704

Status: COMPLETE

Exam #: (b)(6)

Pregnant:

Reason for Order:  
new intubation

Order Comment:

Result Code: SEE RADIOLOGIST'S REPORT

Report:

COMPARISON: 22 Jun 08 exam at 0542.

FINDINGS/IMPRESSION: Interval ETT placement. Stable to worsening CHF.

Transcription Date/Time: 22 Jun 2008@0711

Interpreted by: (b)(6)

Supervised by:

Approved by: (b)(6)

22 Jun 2008@0715

Supervised by:

20/890-09-3592

AFGHAN, MALE

01 Jan 1908@0001

/ MALE

FOREIGN NATIONAL - POW/INTERN

Reg #: 7333

Loc: ICU

Spon: AFGHAN, MALE

Unit:

H:

W:

Room-Bed:

Rank:

D:

RR:

SF519-B

ACLU DDII CID ROI 30750



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Personal Data - Privacy Act 1974 (PL 93-579) Printed date: 23 Jun 2008@1357  
Page: 1

RADIOLOGIC EXAMINATION REPORT

Patient: AFGHAN, MALE

FMP/SSN: 20/890-09-3592

455TH EMEDS  
Procedure: CHEST, AP PORTABLE  
Requested by: (b)(6)  
Ward/Clinic: ICU

DIAGNOSTIC RADIOLOGY  
Exam Date: 22 Jun 2008@0132  
Status: COMPLETE  
Exam #: (b)(6)  
Pregnant:

Reason for Order:  
chest pain

Order Comment:

Result Code: SEE RADIOLOGIST'S REPORT

Report:

COMPARISON: 17 Jun 08 exam.

FINDINGS/IMPRESSION: Bilateral diffuse alveolar air space opacities, cardiomegaly, and congestion of the vasculature, most consistent with congestive heart failure. This has progressed since the prior exam.

Transcription Date/Time: 22 Jun 2008@0132

Interpreted by: (b)(6)  
Supervised by:

Approved by: (b)(6) 22 Jun 2008@0135  
Supervised by:

20/890-09-3592 AFGHAN, MALE  
01 Jan 1908@0001 / MALE  
Reg #: 7333 Loc: ICU  
Spon: AFGHAN, MALE  
SF519-B Unit:

FOREIGN NATIONAL - POW/INTERN  
H: W:  
Room-Bed:  
Rank: D:  
RR:

ACLU DDII CID ROI 30751

Personal Data - Privacy Act 1974 (PL 93-579)

Printed date: 23 Jun 2008@1357  
Page: 1

RADIOLOGIC EXAMINATION REPORT

Patient: AFGHAN, MALE

FMP/SSN: 20/890-09-3592

455TH EMEDS

Procedure: CHEST, AP

Requested by: (b)(6)

Ward/Clinic: EMERGENCY ROOM

DIAGNOSTIC RADIOLOGY

Exam Date: 17 Jun 2008@1448

Status: COMPLETE

Exam #: (b)(6)

Pregnant:

Reason for Order:

Unstable Angina. Portable please.

Order Comment:

Result Code: SEE RADIOLOGIST'S REPORT

Report:

HISTORY: unstable angina

FINDINGS/IMPRESSION:

Technique is suboptimal. Left CFA and apex of heart excluded from film.  
Mild cardiomegaly without acute cardiopulmonary disease.

Transcription Date/Time: 17 Jun 2008@1518

Interpreted by: (b)(6)

Supervised by:

Approved by: (b)(6)

17 Jun 2008@1520

Supervised by:

20/890-09-3592

AFGHAN, MALE

01 Jan 1908@0001

/ MALE

Loc:

Spon: AFGHAN, MALE

Unit:

FOREIGN NATIONAL - POW/INTERN

H:

W:

Rank:

D:

RR:

SF519-B

ACLU DDII CID ROI 30752

MEDICATION ADMINISTRATION RECORD

(ALL ENTRIES MUST BE PRINTED)

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

DATES		MEDICATION, DOSE, FREQUENCY	HOUR	DATE GIVEN																							
ORDER	RENEWAL			2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
23 June 08		LEVAFQUIN 500mg IV every 24 hours	0800Z	(b)	(6)																						
24 June 08		ZOSYN 3.375 mg IV every 6 hours	0900Z	(b)	(6)																						
			1500Z																								
			2000Z																								
			0300Z																								

PLATE IMPRINTER

CHECK IF A SECOND PAGE IS IN USE

P - PASS

\* - REFER TO NURSING NOTES

ALLERGIC TO

DIAGNOSIS

ACLU DDII CID ROI 30753

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

SECRET/NOFORN

MEDICATION ADMINISTRATION RECORD

(ALL ENTRIES MUST BE PRINTED)

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

DATES		MEDICATION, DOSE, FREQUENCY	HOUR	DATE GIVEN															
ORDER	RENEWAL			17	18	19	20	21	22	23									
6.17.08		ASA 81 mg po daily	04	(b)(6)															
6.17.08		Plavix 300 mg po x1 load																	
6.17.08		Plavix 75 mg po daily	04	(b)(6)															
6.17.08		Lorazepam 40 mg sc q12	04	(b)(6)															
			16	(b)(6)															
6.17.08		Zolene 40 mg po qhs	19	(b)(6)															
<del>6.17.08</del>		<del>Lopressor 25 mg po q12</del>	<del>04</del>	<del>(b)(6)</del>	<del>changed</del>														
<del>6.17.08</del>		<del>Lisinopril 10 mg po qd</del>	<del>04</del>	<del>(b)(6)</del>	<del>changed</del>														
6.17.08		Fentanyl 25 mcg / 1 mg / 100 mcg	D	(b)(6)															
		1600Z	N	(b)(6)															
6-18-08		Nitroglycerin qtt at 10mg/min titrate for chest pain and keep SBP between 90-110, if possible.	D	(b)(6)															
			N	(b)(6)															
6/19/08		Lopressor 12.5 mg PO every 8 hours	0400Z	(b)(6)															
			1200Z	(b)(6)															
			2000Z	(b)(6)															
6/19/08		lisinopril 5 mg PO every day	0400Z	(b)(6)															

PLATE IMPRINTER  
 AFGHAN, MALE REG#: 7333  
 20/890-09-3592  
 DOB: 01 JAN 3592  
 K78

CHECK IF A SECOND PAGE IS IN USE  
 P - PASS      \* - REFER TO NURSING NOTES  
 ALLERGIC TO  
 DIAGNOSIS  
 NIKOA  
 ACLU DDII CID ROI 30754  
 ACS

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

ACLU-ROI-5572 p.112

\* \* One Line Meds Only \* \*

MEDICATION ADMINISTRATION RECORD

(ALL ENTRIES MUST BE PRINTED)

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

DATES		MEDICATION, DOSE, FREQUENCY	HOUR	DATE GIVEN	
ORDER	RENEWAL			22	23
22 Jun 08		Mag Sulfate 1Gm IV x 1 NOW	1920Z	(b)(6)	(b)(6)
22 Jun 08		Insulin 80mg IV x 1 NOW	2130Z	(b)(6)	(b)(6)
23 Jun 08		Mag Sulfate 2gms IV x 1	0600Z	(b)(6)	
23 Jun 08		Calcium Chloride 2gms IV x 1	0700Z	(b)(6)	
23 Jun 08		Sodium Phosphate 40mEq	1000Z		

PLATE IMPRINTER (b)(6)  
 AFGHAN, MALE  
 REG # 7333  
 20/890-09-3592  
 DOB: 01 JAN 1908  
 K78

CHECK IF A SECOND PAGE IS IN USE  
 P - PASS       \* - REFER TO NURSING NOTES  
 ALLERGIC TO  
 DIAGNOSIS  
**ACLU DDII CID ROI 30755**  
 TIME

01	02	03	04	06	08	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23
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PREVIOUS EDITION WILL BE USED.

AF FORM 3009, OCT 84 (EF V.1) (PerFORM PRU)  
ACLU-RDI 5572 p.113

SECRET/NOFORN

DATE	TIME	PROBLEM/COMPLAINT	M.D DOSE/ROUTE	INITIAL	TIME EVALUATED	PATIENT RESPONSE	INITIAL
6/14	1900Z	clb abd. pain	Tylenol 650mg po	(b)(6)	0700Z	Effect	(b)(6)
6/20	1500Z	clb abd pain T dry heave	Tylenol 650mg		1900Z	effect	
6/21	0800Z	clb constipation	Dulcolax 10mg po				
6/21	0810Z	clb abd. pain	Tylenol 650mg po.				
6/21	1900Z	inflamm	Amoxic 10mg po				
6/21	1900Z	clb urinate pain	Tylenol 325mg po				
6/22/08	1752Z	T-103.08 AX	Tylenol 650mg po		2300	101.5	(b)(6)
6/23/08	0400Z	T-103.1 AY	Tylenol 650mg po		0500Z	T-99.3	

PATIENT IDENTIFICATION (For typed or written entries give name, last, first, middle; grade, medical facility, registe: number)

AFGHAN, MALE REG#: 7333  
 20/890-09-3592  
 DOB: 01 JAN 3592  
 ACLU DDII 5572 p.114

INJECTION SITES RIGHT (R) AND LEFT (L)  
 ROUTE 1 ORAL 2 ABDOMEN 3. IAC CREST  
 4. GLUTEAL 5 THIGH

ACLU DDII CID ROI 30756  
 NK0A



<p><input type="checkbox"/> <b>POTASSIUM REPLACEMENT GUIDELINES</b> * <u>Discontinue Potassium guidelines if patient has a serum creatinine greater than 2.0 mg/dl, contact MD with any potassium abnormalities.</u></p> <p>a) Follow KCl administration guidelines, use by po/tube route when possible, or through IV                  b) Administer through a central line if possible. <u>For peripheral line call pharmacy for proper dilution.</u>                  c) If the patient has a feeding tube in place and is receiving enteral nutrition or is taking nutrition orally, replace potassium as follows with KCl orally.</p>		
<b>If Serum K+ is:</b>	<b>Give KCl by IV route:</b>	<b>Give KCl by tube/po route:</b>
3.5-3.3	20 mEq KCl IVPB over 2 hr ( 1 dose) Redraw K+ with next blood draw: repeat scale (Peripheral administration 10mEq x 2 doses)	20 mEq KCl per tube/po x 1 dose Redraw K+ with next blood draw: repeat scale
3.2-3.0	20 meq KCl(total 40mEq) IVPB over 3 hrs (2 Doses) Redraw K+ with next blood draw: repeat scale (Peripheral administration 10mEq x 4 doses)	20 mEq KCl per tube/po q2hrs x 2 doses Redraw K+ with next blood draw: repeat scale
Less than 2.9	20 meq KCl (total 60mEq) IVPB over 3 hrs ( 3 doses) Redraw serum K+ one hour after end of infusion: repeat scale and labs until within normal range. (Peripheral administration 10mEq x 6 doses)	20 mEq KCl 10% LIQUID per tube/po q2h x 3doses Redraw serum K+ one hour after the last dose. Repeat scale and labs until in normal range.
<p><b>MAGNESIUM REPLACEMENT GUIDELINES:</b> * <u>Discontinue Magnesium guidelines if patient has a serum creatinine greater than 2.0 mg/dl, contact MD with any magnesium abnormalities.</u></p>		
Magnesium Less than 1.5 mEq/L	Give magnesium sulfate 4 gm IVPB infused over 120 minutes for 1 dose.	
Magnesium 1.6 to 2.3 mEq/L	Give magnesium sulfate 2 gm IVPB infused over 60 minutes for 1 dose.	
<p><b>CALCIUM REPLACEMENT GUIDELINES</b> * CaCl infusions should be administered through a central line. Repeat serum ionized calcium level 2 hours after the infusion is completed.                  Corrected Ca<sup>++</sup>=( 4.0 - serum albumin) x 0.8)+ serum Ca<sup>++</sup></p>		
Corrected Calcium	Ionized	Ionized Calcium
8.0-9.0mg/dl	1.0-1.12 mmol/L	1 gram Calcium Chloride
6.0-7.0mg/dl	0.85- 0.99mmol/L	2 gram Calcium Chloride
<6.0mg/dl	0.75-0.84mmol/L	3 gram Calcium Chloride
	Less than 0.75mmol/L	Contact the physician
<p><b>PHOSPHORUS REPLACEMENT GUIDELINES*</b> Always look at potassium level to determine appropriate IV phosphorus product : USE K PHOS if K &lt;3.5</p>		
Phosphorus 4.0-3.5mg/dl	Give 20mmol of Sodium or Potassium Phosphate IV	
Phosphorus 3.4-3.0mg/dl	Give 30mmol of Sodium or Potassium Phosphate IV	
Phosphorus 2.9-2.5mg/dl	Give 40 mmol of Sodium or Potassium Phosphate IV	

ACLU DDII CID ROI 30757

SECRET/NOFORN

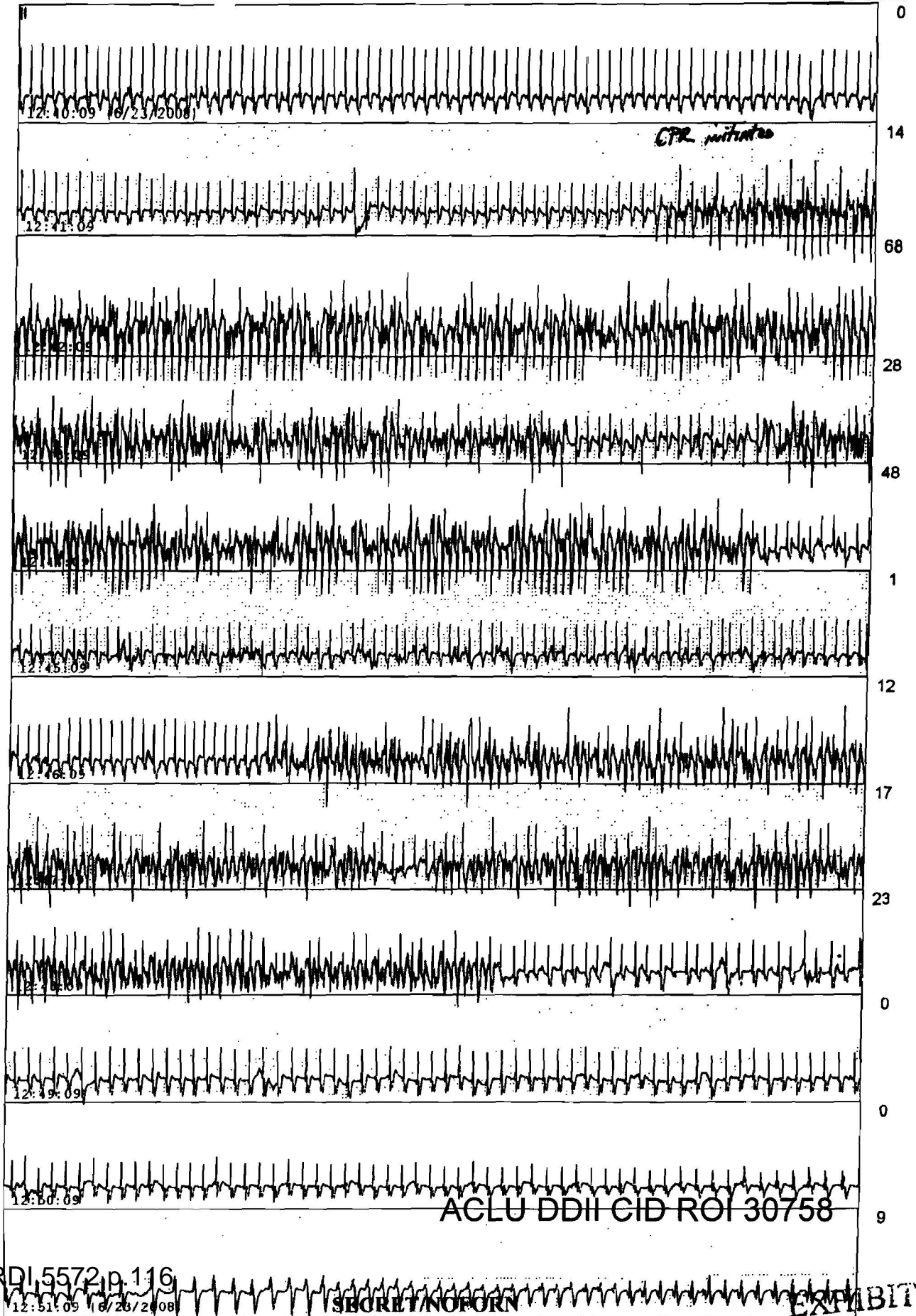
EC

Medical Record Number:

ICU13

Wave Review EC

PVC Count



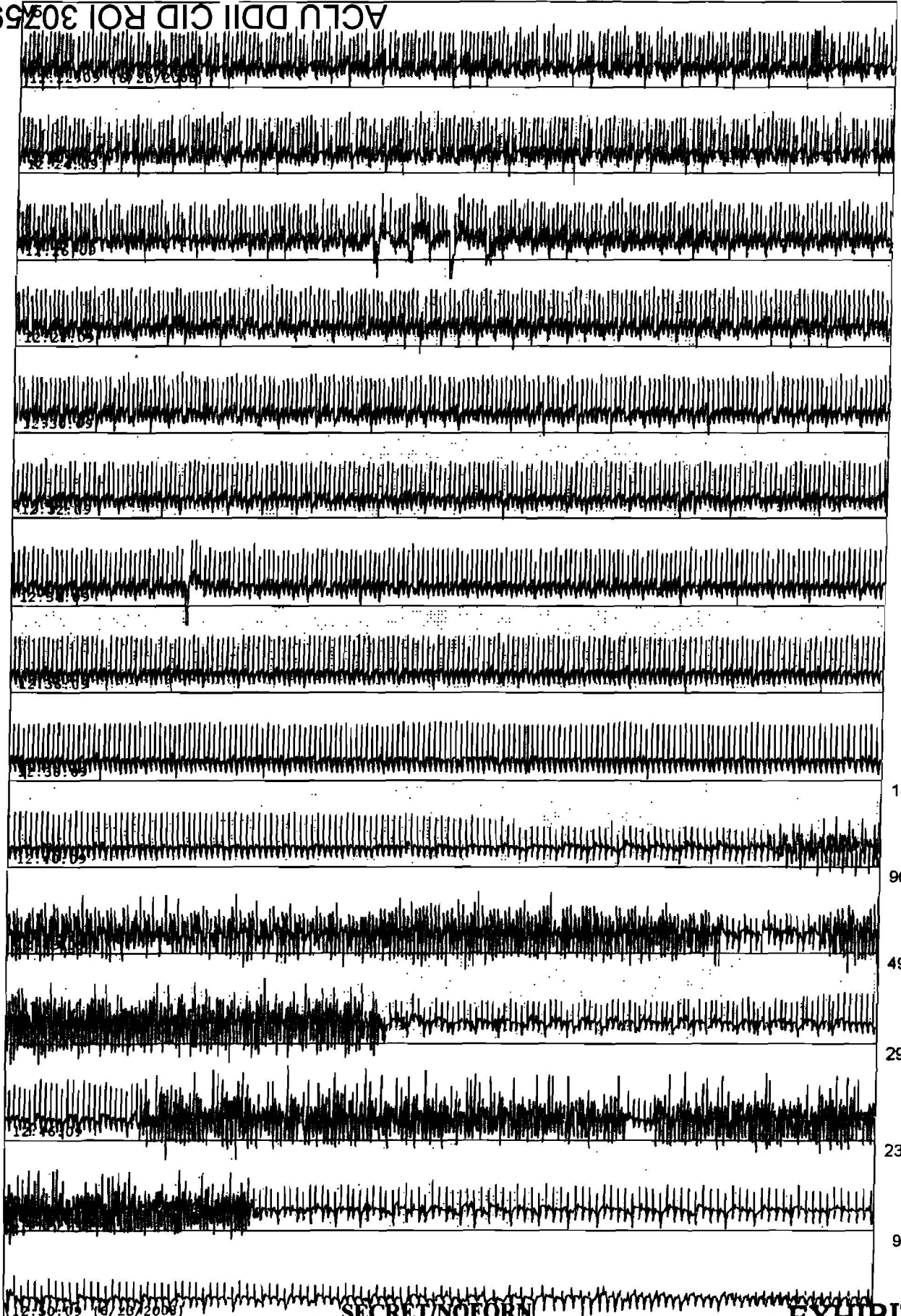
ACLU DDII CID ROI 30758

EC

Wave Review EC

PVC Count

ACLU DII CID ROI 30759



12:30:05 (8/28/2008)

SECRET/NOFORN

EXHIBIT

0142-08-CID 369 43734

SECRET/NOFORN

Name/SS#: <i>A. Fisher Male 75910</i>		ICU BEDSIDE FLOW SHEET										Date: <i>3/2/02</i>
Zulu Time	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300
TEMP	103.5	102.0	103.1	99.3	-	-	101.7 <sup>ap</sup>	101.7 <sup>ax</sup>	-	-	102.3	-
HR	116	122	127	130	143	137	125	140	144	115	115	-
RESP	27	26	20	23	23	33	32	31	32	31	23	-
NIBP	94/60	87/51	93/69	95/50	84/50	74/44	73/49	76/68	71/54	78/44	40/29	-
A.LINE	82/54	72/47	67/47	62/44	57/46	47/35	46/34	60/42	57/41	41/28	70/48	-
MAP	69	59	50	51	47	37	40	50	59	-	-	-
O2 SAT	100%	100%	99%	99%	100%	100%	100%	100%	100% <sup>simv</sup>	100%	100%	-
MODE/FIO2	SIMV 20%	SP	SP	SP	SP	SP	SP	SP	SP	40%	40%	40
CVP												
ICP												
CPP												
rate												
PO												
TUBE FEED												
IVF					100	100	200	100	200	100		
NPB								100	200	100		
Wet	45	45	45	40	45	35	36	42.8	38.3	22.5	45.0	45.0
Arterial	16.7	16.7	16.7	16.7	16.7	16.7	16.7	16.7	16.7	16.2	16.2	16.2
Central Venous	-	-	31.3	31.3	31.3	31.3	31.3	31.3	31.3	31.3	31.3	31.3
Heart	5	5	5	5	5	5	5	5	5	5	5	5
VO2	10	5	15	5	20	2	22	2	23	2	25	2
SpO2										42	42	42
IO	100	100	100	100	100	100	100	100	100	100	100	100
NG/OG												
BM												
JPMV												
JPMV												
CT												

ACLU DDII CID ROI 30760

EXHIBIT

TOTI SECRET/NOFORN

ICU BEDSIDE FLOW SHEET

Date:

Name/SS#:	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	
ZULU TIME																								
Position Q2H								R																
Regular Bath																								
Suction	Done		Done			Done				Done														
Trach Care	N/A →																							
Pin Care	N/A →																							
Pin Care	N/A →																							
Restraint	Done		Done																					
Check Q2H	Done		Done																					
ETT Tape Change																								
V.A.P at 45 Degrees	94°		94°			94°																		
Mouth Care at least Q4	Done																							
GI Prophylaxis Yes/No																								
DVT Prophylaxis Yes/No		Low																						
Sedation Holiday Q24H			Done																					
Chlorhexidine 2% Bath Q24H																								
Cath Line Change	N/A																							

EXHIBIT

SECRET/NOFORN

SECRET/NOFORN

NAME: (b)(6) (b)(6) INITIALS:

NAME: INITIALS: ACLU DDII CID ROI 30761



SECRET/NOFORN

AFGHAN, MALE REG # 7333 20/890-09-3592 DOB: 01 JAN 1908 K78		T MOVEMENT RECORD PROGRESS NOTE	
DATE/TIME (LOCAL)		1874	PERMANENT MEDICAL RECORD
		CITE# / SSN	NOTES
23 June 8	0300Z	(b)(6)	notified of A-line BP MAP of 55 despite increasing Doppler to 5mcg/min; Dopamine @ 20mcg/Kg/min; Amiodarone @ 0.5mg/hr Versed @ 5mg/hr + Fentanyl @ 10mcg/hr (b)(6)
"	0315Z	(b)(6)	MAP - A-line remains below 60 @ 53; ST @ R6 with occasional unifocal PVC's; NIBP 88/55 (64) A-line 67/45; Doppler increased to 10mcg/min; Dopamine unchanged (b)(6)
"	0402	(b)(6)	Versed + Fentanyl turned off; Patient BP remains low here @ bedtime (b)(6)
"	0500Z	(b)(6)	Fentanyl started @ 25mcg + Versed @ 1mg; RR P to 29 breaths/min HR 146; MAP in 50's; MD aware (b)(6)
"	0600Z	(b)(6)	notified of elevated temp. and results of test and given; Urine very concentrated dark brownish/yellowish cloudy; UA + urine culture sent; Blood cultures sent (b)(6)
"	0900Z	(b)(6)	notified of no urine output over 2 hours; bladder catheter flushed with 60ml sterile water, no clots noted; 18ml urine out after original 60ml removed (b)(6)
"	0915Z	(b)(6)	notified; BNP, Mg, Ca++, CBC sent (b)(6)
"	1100Z	(b)(6)	Dopamine + to 15mcg/Kg/min; Doppler 29mcg/min; A-line shows 58/34 (42); NIBP 76/54 (58); RR 31 on vent; Versed @ 4mg; Fentanyl @ 10mcg/hr. SaO2 @ 99%; HR 116 with multiple multifocal PVC's; Amiodarone running @ 0.5mg/min; Sodium Phosphate being replaced for low level of 2.6; Patient lungs sl. diminished rising abdominal rhocles to breath; low breathing vent PIV rate; Pulses diminished 1+ weak to all extremities; Edema noted; bowel sounds hyperactive; feet are gray tang; Patient has quick comb pads to chest as he is in bed (b)(6)
"	1200Z	(b)(6)	notified of patient's condition; Dobutamine 0.5mcg/Kg/min
	1242	(b)(6)	1 amp epi + CPR started in room
	1246	(b)(6)	CPR stopped pulse detected VBP
	1248	(b)(6)	CPR started
	1244	(b)(6)	MA expression @ 30 86/29 call
	1248	(b)(6)	Ventricular escape beat
	1252	(b)(6)	3mg vanilolol given
	1257	(b)(6)	Returned by (b)(6) - Amstale

ACLU DDII CID ROI 30762



0142-06-CW369 43734

SECRET/NOFORN

EXHIBIT

SECRET/NOFORN

SPECIAL CARE NEEDS		SUMMARY MEDICAL PLAN		SCHEDULED LABS	XRAYS	CONSULTS
SIDE RAILS		YES	VITAL SIGNS <i>q 2'</i>	ORD	COMP	DAILY LABS
<input type="checkbox"/> CONTINUOUS <input type="checkbox"/> NIGHT ONLY		NO	TEMPERATURE	<i>A-17</i>		<i>7:45 AM CR, CS 96 x3 ✓</i>
OTHER			NURO CHECKS			<i>4/ EXG 1630</i>
ISOLATION		YES	DAILY RX			<i>2230</i>
RESTRAINTS		NO				<i>12430 17</i>
DRAINAGE DEVICES		NO				
<input type="checkbox"/> FOLEY	<input type="checkbox"/> EXTERNAL CATH		IV FLUIDS			SPECIAL TESTS
<input type="checkbox"/> OSTOMY (TYPE)						<i>EEG on admit ✓</i>
<input type="checkbox"/> OTHER						
ACTIVITY						
<input type="checkbox"/> UP ad lib	<input type="checkbox"/> BRP	<input checked="" type="checkbox"/> BEDREST				
DIET						CONSULTS
<input type="checkbox"/> REGULAR	<input type="checkbox"/> OTHER					
ALLERGIES						
<i>NKDA</i>						
<i>99/890-09-3592</i>						
BED NO	PATIENT	AGE	DX	SIVSI	DOCTOR	
<i>10</i>	<i>df-hair Male</i>	<i>72</i>	<i>MI</i>		<i>(b)(6)</i>	

ACLU DDII CID ROI 30763

5TH EMEDS

22 Jun 2008@0648 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)  
Progress Notes

Report requested by: (b)(6)

-----  
Jun 2008@0643 INPT Register # 7333 PHYSICIAN  
DOCTORS NOTE  
Cardiology

Pt with VF arrest treated with ACLS returning to sinus tach after epi and defibrillation. He was initially stable following this second event with SaO2 100% on NC and HR returned to the 80's. A-line placed. Pt then became a bit agitated and dyspneic. His sats fell and so I asked for him to be intubated. I will keep him sedated and mechanically ventilated over night to decrease cardiac oxygen demand. Labs ordered, supplemental magnesium given empirically. Revascularization not possible in this country. I feel he is not stable for a long distance transfer at this time. Will continue Lovenox, ASA, plavix and mechanical ventilation. Will hold ACE-i / BB for now due to decompensation. He remains "full code."

signed: (b)(6)

=====  
/890-09-3592 AFGHAN, MALE FOREIGN NATIONAL - POW/INTERNE  
01 Jan 1908 / Male H: not on file  
g #: 7333 Loc: ICU W: not on file  
Spon: AFGHAN, MALE Rank:  
Unit: RR  
Automated version of SF509

ACLU DDII CID ROI 30764

RAM 455TH EMDC

23 Jun 2008@0122

Page 1

Privacy Act of 1974 (PL 93-579)

LABORATORY INQUIRY

2 Jun 08 - 23 Jun 08

Report requested by: K: ICE L

SHAN, MALE

20/890-09-3592

M/100

Reg #: 7333

Military Unit: UNKNOWN

Test	Result	Abn	Ref Range	Units	Specimen
Jun 08 @ 2320 (Co)					BLOOD
AT CK	3.5	H	(55-170)	U/L	
AP MG	2.0		(1.6-2.3)	mg/dL	
GLUCOSE	114	H	(74-106)	mg/dL	
BUN	17	H	(9-20)	mg/dL	
CREAT	1.4	H*	(0.8-1.5)	mg/dL	
Result Comment:	(b)(6)		IN ICU		
CA	6	L	(8.4-10.2)	mg/dL	
NA+	136	L	(137-145)	mmol/L	
K	4.1		(3.5-5.1)	mmol/L	
CL-	102		(98-107)	mmol/L	
CO2	22	L	(22-30)	mmol/L	
ANION GAP	18		(10-20)	mmol/L	

Test	Result	Abn	Ref Range	Units	Specimen
Jun 08 @ 2320 (Co)					BLOOD
AT CK-MB	6	H*	(0.0-4.3)	ng/mL	
Result Comment:	(b)(6)		IN ICU		
MYOGLOBIN	11	H	(0-107)	ng/mL	
TROPONIN I	0.00	H*	(0.0-0.40)	ng/mL	

=====  
 L=Lo H=Hi \*C=Crit \*S=Susc MS=Mod Susc I=Intermed  
 []=Uncert /A=Abn  
 (O)=Order, (I)=Interpretations, (R)=Result  
 =====

ACLU DDH CID ROI 30765

AM 455TH EMDGS

21 Jun 2008 00030 Page: 1

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 20 Jun 08 - 21 Jun 08

rt requested by: (b)(6)

AN, MALE 20/890-09-3592 M/100 Reg #: 7333 Military Unit: UNKNOWN

Table with 4 columns: Test Name, Value, Reference Range, and Units. Includes tests like CK, MG, GLUCOSE, BUN, CREAT, CA, NA+, K, CL-, CO2, ANION GAP.

Table with 4 columns: Test Name, Value, Reference Range, and Units. Includes tests like CK-MB, MYOGLOBIN, TROPONIN I.

Table with 4 columns: Test Name, Value, Reference Range, and Units. Includes hematology tests like WBC, RBC CNT, HGB, HCT, MCV, MCH, MCHC, RDW, PLATELETS, NEUT%, LYMPH%, MONO%, EOS%, BASO%.

=====  
L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
}=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult  
=====

ACLU DDH CID RO 30766

M 455TH EMDGS

19 Jun 2008@2256

Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 02 Apr 00 - 19 Jun 08

Requested by: (b)(6)

AN, MALE 20/890-09-3592 M/100 Reg #: 7333 Military Unit: UNKNOWN

Jun 08 @ 2217 (Coll) BLOOD
CK. 226 H (55-170) U/L
MG. 2.1 (1.6-2.3) mg/dL
PHOSPHORUS. 2.6 (2.5-4.5) mg/dL

Jun 08 @ 2217 (Coll) BLOOD
CARDIAC ENZYMES . . . . . PENDING

Jun 08 @ 2217 (Coll) BLOOD
WBC 6.9 (4.0-11.0) x10(3)/uL
RBC CNT 3.47 L (4.0-6.5) x10(6)/uL
HGB 11.1 L (12-16) g/dL
HCT 32.3 L (38-50) %
MCV 93 (80.0-100.0) fL
MCH 32.0 H (27.0-31.0) pg
MCHC 34.4 (33.0-37.0) g/dL
RDW TNP (11.6-14.6) %

ult Comment: UNABLE TO PERFORM TEST ON BACKUP ANALYZER
PLATELETS 92 L (150-450) x10(3)/uL
NEUT% TNP (40-70) %
LYMPH% 16.4 L (20.0-40.0) %
MONO% TNP (1-10) %
EOS% TNP (1-5) %
BASO% TNP (1-2) %

Jun 08 @ 2217 (Coll) BLOOD
IONIZED CA+ 1.13 (1.12-1.32) mmol/L

L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult
ACLU DDII GID ROI 30767

AM 455TH EMDGS

19 Jun 2008@2257 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 02 Apr 00 - 19 Jun 08

rt requested by: (b)(6)

AN, MALE

20/890-09-3592

M/100

Reg #: 7333

Military Unit: UNKNOWN

Jun 08 @ 1634 (Coll)

BLOOD

CK. . . . . 226 H (55-170) U/L

Jun 08 @ 1634 (Coll)

BLOOD

CK-MB . . . . . 4.3 (0.0-4.3) ng/mL  
MYOGLOBIN . . . . . 101 (0-107) ng/mL  
TROPONIN I. . . . . 5.19 H (0.0-0.40) ng/mL

=====  
L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult  
=====

ACLU DDII CID ROI 30768

AM 455TH EMDGS

19 Jun 2008@0922

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Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 18 Jun 08 - 19 Jun 08

rt requested by: (b)(6)

AN, MALE 20/890-09-3592 M/100 Reg #: 7333 Military Unit: UNKNOWN

Jun 08 @ 0518 (Coll) BLOOD
CK-MB 9.8 H (0.0-4.3) ng/mL
MYOGLOBIN 199 H (0-107) ng/mL
TROPONIN I. 9.04 H (0.0-0.40) ng/mL

Jun 08 @ 0508 (Coll) BLOOD
CK. 396 H (55-170) U/L

Jun 08 @ 0011 (Coll) BLOOD
P CK. 508 H (55-170) U/L
P MG. 2.0 (1.6-2.3) mg/dL
I PHOSPHORUS. 4.5 (2.5-4.5) mg/dL
P GLUCOSE 99 (74-106) mg/dL
BUN 26 H (9-20) mg/dL
CREAT 1.7 H\* (0.8-1.5) mg/dL

ult Comment: RESULT REPORTED TO (b)(6) IN ICU
CA. 8.2 L (8.4-10.2) mg/dL
NA+ 143 (137-145) mmol/L
K 3.5 (3.5-5.1) mmol/L
CL- 106 (98-107) mmol/L
CO2 24 (22-30) mmol/L
ANION GAP 17 (10-20) mmol/L

Jun 08 @ 0011 (Coll) BLOOD
WBC 10.7 (4.0-11.0) x10(3)/uL
RBC CNT 4.02 (4.0-6.5) x10(6)/uL
HGB 11.5 L (12-16) g/dL
HCT 33.7 L (38-50) %
MCV 84 (80.0-100.0) fL
MCH 28.5 (27.0-31.0) pg
MCHC 34 (33.0-37.0) g/dL
RDW TNP (11.6-14.6) %

ult Comment: CANNOT PERFORM ON BACKUP ANALYZER
PLATELETS 201 (150-450) x10(3)/uL
NEUT% TNP (40-70) %
LYMPH% 19.2 L (20.0-40.0) %
MONO% TNP (1-10) %
EOS% TNP (1-5) %
BASO% TNP (1-2) %

Jun 08 @ 0011 (Coll) BLOOD
IONIZED CA+ 1.10 L (1.12-1.32) mmol/L

Jun 08 @ 0011 (Coll) BLOOD
CK-MB 6.3 H (0.0-4.3) ng/mL
MYOGLOBIN 254 H (0-107) ng/mL
TROPONIN I. 5.92 H (0.0-0.40) ng/mL

L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult
ACLU DDII CID ROI 30769



GRAM 455TH EMDGS

18 Jun 2008@1919

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Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 17 Jun 08 - 18 Jun 08

Report requested by: (b)(6)

SHAN, MALE	20/890-09-3592	M/100	Reg #: 7333
:			Military Unit: UNKNOWN

Jun 08 @ 1657 (Coll)				BLOOD
AT CK. . . . .	388	H	(55-170)	U/L

Jun 08 @ 1657 (Coll)				BLOOD
AT CK-MB . . . . .	12.1	H	(0.0-4.3)	ng/mL
MYOGLOBIN . . . . .	>500	H	(0-107)	ng/mL
TROPONIN I. . . . .	2.29	H	(0.0-0.40)	ng/mL

=====  
L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[ ]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult  
=====

ACLU DDII CID ROI 30770


UNIT ROOM NO. BED NO.

NOTIFICATION

AFGHAN, MALE, REG#: 7333  
 20/846-09-3592  
 8003 (plan 3592)

AFGHAN, MALE, REG # 7333  
 20/846-09-3592  
 8003 (plan 3592)

DATE OF ORDER 6/23/08 TIME 1020

Blood cx X 2  
 UA  
 Winc Cultm

(b)(6)

Done

10202  
 22 June 08

DATE OF ORDER 6/23/08 TIME 1122h

~~LEVAFLOXACIN~~

LEVAFLOXACIN 500mg IV Q24h Given 0800E  
 ZOSYN 3,375 mg IV Q6hr Given 0900E

(b)(6)

UNIT ROOM NO. BED NO.

NOTIFICATION

DATE OF ORDER TIME

UNIT ROOM NO. BED NO.

SECRET/NOFORN

DC DR'S ORDERS - (SIGN ALL ORDERS)

For Each Set of Orders, Record the Date and Time. Sign and Cross Out the Unused Lines

NOTIFICATION

DATE OF ORDER 22 Jun 08 TIME 1755Z NURSE'S SIGNATURE

V.O. (b)(6) (b)(6) O3RN Noted  
1Gm Mag Sulfate IV x 1 NOW

IAN, MALE REG#: 7333  
0-09-3592  
01 JAN 3592

(b)(6)

(b)(6) O3RN

22 Jun 08  
1755Z

UNIT ROOM NO. BED NO.

NOTIFICATION

DATE OF ORDER 6/23/08 TIME 0020Z Noted

Lasix 80mg IV x 7 now  
BMP, Mag, Total CK, Cardiac Enzymes  
and CBC in AM

(b)(6)

(b)(6)

22 Jun 08  
2130Z

UNIT ROOM NO. BED NO.

NOTIFICATION

DATE OF ORDER 6/23/08 TIME 0715Z

~~Lasix 80mg IV qd~~  
~~BMP, Mag, CK, etc - show results~~  
~~to ICU med.~~

~~disorder above.~~  
~~Concentrate vial/fentent gtt~~

(b)(6)

UNIT ROOM NO. BED NO.

NOTIFICATION

DATE OF ORDER 6/23/08 TIME 0735Z

BMP, Magnesium @ 1200 Done

(b)(6)

(b)(6)  
23 June 08

ACLU RDI CID/ROI 30772

(b)(6)

ACLU-RDI 5572 p.130

UNIT ROOM NO. BED NO.

DRUG ORDERS - (SIGN ALL ORDERS)

For Each Set of Orders, Record the Date and Time, Sign and Cross Out the Unused Lines

IDENTIFICATION  
PATIENT NAME, MALE REG#: 7333  
I-09-3592  
01 JAN 3592

DATE OF ORDER 6/22/08 TIME 1110  
Lorazepam 40 mg IV x 7 now

*[Handwritten signature]*  
(b)(6)

(b)(6)

ROOM NO. BED NO.

IDENTIFICATION  
PATIENT NAME, MALE REG#: 7333  
I-09-3592  
01 JAN 3592

DATE OF ORDER 6/22/08 TIME 1115 L

Foley placement NOW  
 NGT placement check  
 Placement

*[Handwritten signature]*  
(b)(6)

(b)(6)

ROOM NO. BED NO.

IDENTIFICATION  
PATIENT NAME, MALE REG#: 7333  
I-09-3592  
01 JAN 3592

DATE OF ORDER 6/22/08 TIME 1155 L

Dopamine 5 mcg/kg/min  
titrate to keep SBP > 90  
Max 20 mg/kg/min

*[Handwritten signature]*  
(b)(6)

(b)(6)

ROOM NO. BED NO.

IDENTIFICATION  
PATIENT NAME, MALE REG#: 7333  
I-09-3592  
01 JAN 3592

DATE OF ORDER 6/22/08 TIME 1445 L

Lorazepam 80 mg IV x 7 now

*[Handwritten signature]*  
(b)(6)

(b)(6)

ACLU/RDI

30773

DC DR'S ORDERS - (SIGN ALL ORDERS)

For Each Set of Orders, Record the Date and Time, Sign, and Cross Out the Unused Lines

IDENTIFICATION DATE OF ORDER 6/22/08 TIME 0900 C NURSE'S SIGNATURE

GHAN, MALE REG#: 7333  
390-09-3592  
B: 01 JAN 3592

d/c IVF

(b)(6)

IDENTIFICATION ROOM NO. BED NO.

IDENTIFICATION DATE OF ORDER 6/22/08 TIME 0950 C

Amiodarone 150mg IV  
X f new.

(b)(6)

IDENTIFICATION ROOM NO. BED NO.

IDENTIFICATION DATE OF ORDER 6/22/08 TIME 1030

Chem 7, Mg, ABG  
Place Foley  
Magnesium 2 grams X f new

(b)(6)

(b)(6)

IDENTIFICATION ROOM NO. BED NO.

IDENTIFICATION DATE OF ORDER 6/22/08 TIME

Vent SIMV M TV 600 PEEP 5 PS 15  
FiO2 100% -> when to keep SpO2 > 95%  
Versed 2mg/hr titrate for sedation  
Fentanyl 50mcg/hr titrate for analgesia  
fentanyl - take 110mcg  
DDI CID ROI 30774

(b)(6)

DOCTOR'S ORDERS - (SIGN ALL ORDERS)

For Each Set of Orders, Record the Date and Time, Sign, and Cross Out the Unused Lines

IDENTIFICATION

DATE OF ORDER 22 June 08 TIME 0540

NURSE'S SIGNATURE

1) Loperoson 5mg IV x 1 now

~~Handwritten scribble~~

(b)(6)

not  
6/22  
6/22/08  
(b)(6)

INIT ROOM NO. BED NO.

IDENTIFICATION

DATE OF ORDER 22 June 08 TIME 0620

1) Magnesium sulfate 2gm IV x 1 now

(b)(6)

not  
6/22  
6/22/08

SHAN, MALE REG#: 7333  
90-09-3592  
B: 01 JAN 3592

INIT ROOM NO. BED NO.

IDENTIFICATION

DATE OF ORDER 6/22/08 TIME 0640

Potassium 40mg PO x 1 new

Lasix 10mg IV x 1 new

Amiodarone 1mg/kg IV q4h x 6

then 0.5 mg/kg x 18h

(b)(6)

not  
6/22/08  
6/22/08  
(b)(6)

INIT ROOM NO. BED NO.

IDENTIFICATION

DATE OF ORDER 6.22.08 TIME 0755

1) Amiodarone; 1mg/min x 6h then  
0.5mg/min x 18h. Cancel previous orders

(b)(6)

2) Amiodarone 15mg IV over 10min.

(b)(6)

(b)(6)

ACLU DDII CID ROI 30775

6/22/08 0810 L

held Lisinopril and Loperoson today

INIT ACLU RDP 55 780 NO 2 p. 133

(b)(6)

D ORDER'S ORDERS - (SIGN ALL ORDERS)

0142-08-CW 369 43734

For Each Set of Orders, Record the Date and Time, Sign, and Cross Out the Unused Lines

PATIENT IDENTIFICATION

DATE OF ORDER

6/19/98

TIME

2330

NURSE'S SIGNATURE

FGHAN, MALE REG#: 7333  
1/890-09-3592  
OB: 01 JAN 3592  
78

Tylenol 650mg PO q4h prn pain  
Dulcolax Supp 10mg PR prn

(b)(6)

(b)(6)

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

6/20/98

TIME

0800

Discontinue Integritin STAT  
6/20/98

(b)(6)

(b)(6)

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

6/20/98

TIME

0810

Stop checking cardiac enzymes  
6/20/98

(b)(6)

(b)(6)

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

21 Jun 98

TIME

1817

✓ Ambien 10mg PO qHS prn sleep  
✓ Vitals q2hr  
✓ Stop all labs.

(b)(6)

(b)(6)

ACLU DDII CID ROI 30776

NURSING UNIT

ROOM NO.

BED NO.



DOCTOR'S ORDERS - (SIGN ALL ORDERS)

For Each Set of Orders, Record the Date and Time, Sign, and Cross Out the Unused Lines

PATIENT IDENTIFICATION

AFGHAN, MALE REG#: 7333  
20/890-09-3592  
DOB: 01 JAN 3592  
K78

DATE OF ORDER 6/19/08 TIME 0940

NURSE'S SIGNATURE

✓ Change Lopressor to 12.5 mg PO Q8  
✓ Lisinopril to 5mg PO daily

sent to pharmacy

Subscribed  
(b)(6)  
Signature of 0940

(b)(6)

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME

19 June 08 0930Z

① Give NS 0.9% 500 ml bolus IV x 1  
② Draw BMP  
③ Give milk of Magnesium 30ml PO x 1 given now

Done

(b)(6)

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 19 Jun 08 TIME 1300Z

✓ D5 1/2 NS + 20 mg KCl @ 50cc/0

(b)(6)

Emergency Physician

12:00  
11:30  
11:00 AM

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 6/19/08 TIME 2110

✓ Continue intubation in trachea  
to total of 72°

(b)(6)

(b)(6)

(b)(6)

ACLU-RDI 5572 p.135

NURSING UNIT ROOM NO. BED NO.

(b)(6)

DOCTOR'S ORDERS - (SIGN ALL ORDERS)

For Each Set of Orders, Record the Date and Time, Sign, and Cross Out the Unused Lines

PATIENT IDENTIFICATION

AFGHAN, MALE REG#: 7333  
20/890-09-3592  
DOB: 01 JAN 3592  
K78

DATE OF ORDER 18 Jun 08

TIME 0530

NURSE'S SIGNATURE

Regular Diet

*[Handwritten Signature]*  
6/18/08

(b)(6)

(b)(6)

(b)(6)

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 6/18/08

TIME 0930

Continue cardiac enzymes Q6  
to include total ck.

Start Nitroglycerin infusion @ 10 mcg/min  
titrate for chest pain and  
to keep SBP between 90-110  
if possible.

(b)(6)

(b)(6)

*[Handwritten note]*  
10/10/08

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 6/18/08

TIME 1630

Haldol 5mg IV x 7 now

*[Handwritten note]*  
done noted

(b)(6)

(b)(6)

NURSING UNIT

ROOM NO.

BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER

TIME

6/18/08 1700

Flush Foley catheter if no urine output  
after 2 hours

(b)(6)

(b)(6)

0778

NURSING UNIT

ROOM NO.

BED NO.

19/11/08 5902 p. 136

SECRET/NOFORN

(b)(6)

EXHIBIT

CTOR'S ORDERS - (SIGN ALL ORDERS)

For Each Set of Orders, Record the Date and Time, Sign, and Cross Out the Unused Lines

PATIENT IDENTIFICATION	DATE OF ORDER	TIME	NURSE'S SIGNATURE
10 AFGHAN, MALE 99/890-09-3592	6/17/08	1815 L	
	Admit to ICU - (b)(6)	(b)(6)	
	Di: Acute Coronary Syndrome		
	Card: fair		
	Vitals: per ICU protocol		
	All: N/A		
	Activity: Bed rest blindfold, shuckles		
	Nursing: 1plock IV, not intake Necord 1/0		
NURSING UNIT	ROOM NO.	BED NO.	
			O <sub>2</sub> 2L NC

PATIENT IDENTIFICATION	DATE OF ORDER	TIME	
65 kg AFGHAN, MALE REG#: 7333 20/890-09-3592 DOB: 01 JAN 3592 K78			
	Labs: total CK, cardiac enzymes @ 6° x 3		
	CBC 4 hours after start of integrillin ✓		
	CBC BMP, Magnesium @ AM ✓		
	Meds: ASA 81mg PO daily ✓		
	Plavix 300mg PO x 1 load, then 75mg PO daily ✓		
	Lovenox 60mg SC @ 12° ✓		
	Zocor 40mg PO QH ✓		
NURSING UNIT	ROOM NO.	BED NO.	

PATIENT IDENTIFICATION	DATE OF ORDER	TIME	
15-6 cc ←			
	Lopressor 25mg PO @ 12° ✓		
	Lisinopril 10mg PO QAM ✓		
	Integrillin 180 mcg/kg IV Bolus ✓		
	then infuse @ 2 mcg/kg/min for total of 48 hours		
	12-lead ECG on admit to ICU and with every enzyme blood draw ✓		
	Call m.d T > 101.5 HR > 120 < 50		
	rBP > 180 < 90 RR > 30 < 8		
NURSING UNIT	ROOM NO.	BED NO.	

PATIENT IDENTIFICATION	DATE OF ORDER	TIME	
	(b)(6)	(b)(6)	
	(b)(6)	(b)(6)	
	(b)(6)	(b)(6)	
	ACLU DDII J ROI 30779		
	ACLU RDI 5572 p 137		
NURSING UNIT	ROOM NO.	BED NO.	
LA7AR	4/18/08	15203	

## SECRET/NOFORN

STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS			
For use of this form, see AR 600-8-4, the proponent agency is DCS, G-1.			
THRU: (Include ZIP Code)	TO: (Include ZIP Code)	FROM: (Include ZIP Code)	
1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial) Afghan, Male		2. SSN 890-09-3592	3. GRADE EC
4. ORGANIZATION AND STATION TF 373		5. ACCIDENT INFORMATION	
		a. DATE	b. PLACE (City and State)
SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR			
6. INDIVIDUAL WAS <input type="checkbox"/> OUT PATIENT <input checked="" type="checkbox"/> ADMITTED <input type="checkbox"/> DEAD ON ARRIVAL		7. NAME OF HOSPITAL OR TREATMENT FACILITY <input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> MILITARY CJTH, Bagram AB, Afghanistan	
8. HOUR AND DATE ADMITTED 1815Z 17 Jun 08		9. HOUR AND DATE EXAMINED Multiple Last at 1252Z 23 Jun 08	
10. NATURE AND EXTENT OF <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> DISEASE <input checked="" type="checkbox"/> RESULTING IN DEATH Coronary Artery Disease			
11. MEDICAL OPINION: a. INDIVIDUAL <input type="checkbox"/> WAS <input checked="" type="checkbox"/> WAS NOT UNDER THE INFLUENCE OF <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS (Specify): b. INDIVIDUAL <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate). c. INJURY <input type="checkbox"/> IS <input type="checkbox"/> IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE. d. INJURY <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION:			
12. THE FOLLOWING DISABILITY MAY RESULT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT PARTIAL <input type="checkbox"/> PERMANENT TOTAL		13. BLOOD ALCOHOL TEST MADE <input type="checkbox"/> YES <input type="checkbox"/> NO	14. NO. OF MG ALCOHOL/100 ML BLOOD
15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when) Sustained AMI 2° to pre-existing end-stage CAD, 2 episodes of VF, and acute renal failure.			
16. DATE 23 Jun 08	17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR (b)(6)		18. SIGNATURE (b)(6)
SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER			
19. DUTY STATION <input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY <input type="checkbox"/> ABSENT WITH AUTHORITY: <input type="checkbox"/> ON PASS <input type="checkbox"/> ON LEAVE		20. HOUR AND DATE OF ABSENCE a. FROM b. TO	
21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERRED WITH THE PERFORMANCE OF MILITARY DUTY (Explain in Item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance) <input type="checkbox"/> YES <input type="checkbox"/> NO			
22. INDIVIDUAL WAS ON <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> ACTIVE DUTY FOR TRAINING <input type="checkbox"/> INACTIVE DUTY TRAINING		23. HOUR AND DATE TRAINING a. BEGAN b. ENDED	
24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING <input type="checkbox"/> DIRECTLY TO TRAINING <input type="checkbox"/> DIRECTLY FROM TRAINING			
25. MODE OF TRANSPORTATION	26. HOUR BEGINNING TRAVEL	27. DISTANCE INVOLVED	28. NORMAL TIME FOR TRAVEL
29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE <input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITH AUTHORITY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY			
30. DETAILS OF ACCIDENT - REMARKS (If additional space is needed, continue on reverse) (Attach inclosures as necessary)			
31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths) <input type="checkbox"/> YES <input type="checkbox"/> NO	
33. DATE	34. TYPED NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER	35. SIGNATURE ACLU DDII CID ROI 30780	

SECRET/NOFORN

155TH EMEDS

23 Jun 2008@1419 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)  
Progress Note

Report requested by: (b)(6)

22 Jun 2008@1756 INPT Register # 7333 PHYSICIAN  
DOCTORS NOTE  
Cardiology

Elderly Afghan EC admitted for ACS who subsequently developed acute MI despite maximal medical therapy (not a candidate for lytics). Today, particularly this morning, he experienced ischemia/infarction related arrhythmia with two episodes of VT/VF with successful defibrillation. He then developed pump failure which has been responsive to mechanical ventilation, pressor support, and diuresis. Percutaneous or surgical revascularization is not available in this facility and there is no such facility close enough for safe transfer. Intra-aortic ballon pump (IABP) would also be useful, but this device is not availble here.

His rhythm has stablilized on IV amiodarone and ventilatory support requirements have lessened throughout the afternoon with diuresis. Furthermore, his pressor requirements have decreased as well.

Bedside echo a few minutes ago showed severe global hypokinesis with regional akinesis of the mid-distal anteroseptal/apical walls. The lateral and inferior walls were not well seen. There were no valvular abnormalities identified. There is a small, non-hemodynamically signficiant pericardial effusion.

A/P:  
1. Acute MI complicated by VT/VF arrest x 2, and LV pump failure. He was not and is not a candidate for lytics. Percutaneous or surgical revascularization is not available. Plan to continue current medications to include Lovenox 1 mg/kg q12, ASA 81 mg daily, Plavix 75 mg daily. Beta blocker and ace inhibitor is being held due to cardiogenic shock. Cardiac output and blood pressure is maintained with pressor support to include dopamine and levophed, currently being weaned as tolerated. He has a sustained diuresis this afternoon following lasix 80 mg iv. Will consider another further lasix administration once urine output falls. (The IVC was still plump on echo with little respiratory variation).

The prognosis for survival following acute myocardial infarction complicated by arrhythmia (VF) and pump failure is poor. Prior to intubation today, the patient expressed his wishes for aggressive medical treatment/support. He also expressed his desire to return to his home, but he is currently too unstable to persue that at this time.

Signed: (b)(6)

=====  
0/890-09-3592 AFGHAN, MALE FOREIGN NATIONAL - POW/INTERNE  
01 Jan 1908 / Male H: not on file  
eg #: 7333 Loc: ICU W: not on file  
Spon: AFGHAN, MALE Rank:  
Unit: RR:  
Automated version of SF509

ACLU DDII CID ROI 30781

SECRET/NOFORN

155TH EMEDS

23 Jun 2008@1419 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)  
Progress Note

Report requested by: (b)(6)

22 Jun 2008@0643 INPT Register # 7333 PHYSICIAN  
DOCTORS NOTE  
Cardiology

Pt with VF arrest treated with ACLS returning to sinus tach after epi and defibrillation. He was initially stable following this second event with SaO2 100% on NC and HR returned to the 80's. A-line placed. Pt then became a bit agitated and dyspneic. His sats fell and so I asked for him to be intubated. I will keep him sedated and mechanically ventilated over night to decrease cardiac oxygen demand. Labs ordered, supplemental magnesium given empirically. Revascularization not possible in this country. I feel he is not stable for a long distance transfer at this time. Will continue Lovenox, ASA, plavix and mechanical ventilation. Will hold ACE-i / BB for now due to decompensation. He remains "full code."

Signed: (b)(6)

0/890-09-3592	AFGHAN, MALE	FOREIGN NATIONAL - POW/INTERNE
Reg #: 7333	01 Jan 1908 / Male	H: not on file
	Loc: ICU	W: not on file
	Spon: AFGHAN, MALE	Rank:
	Unit:	RR:

Automated version of SF509

ACLU DDII CID ROI 30782

Personal Data - Privacy Act of 1974 (PL 93-579)  
Progress Note

Report requested by: (b)(6)

22 Jun 2008@0351 INPT Register # 7333 PHYSICIAN

DOCTORS NOTE

Cardiology Progress Note

Afghan EC with known surgical CAD without prior revascularization admitted for ACS / NSTEMI. He tolerated GP 2b/3a inhibitor infusion relatively well. However, this morning, the patient developed VT quickly followed by VF. The patient was "coded" and sinus rhythm restored with one shock. He did not need to be intubated. His CXR appears "wet" and there are crackles on exam. Brief limited bedside echo a few days ago showed at least moderately depressed LVEF. BP after the event this morning has been relatively low. (SBP 70's - 80's).

A/P: 1. Acute coronary syndrome with VT/VF arrest in the setting of unrevascularized coronary artery disease with at least moderately depressed LVEF. Revascularization would be ideal, but not available in Afghanistan. I've been told if he is sent home he may be able to see his private Cardiologist and CT surgeon in Pakistan. The patient is interested in pursuing this. Although not ideal (such as direct transfer to capable medical facility), this may be his best opportunity. In the meantime, will diuresis today, replace mildly decreased electrolytes, and start amiodarone IV load. Will try to avoid pressor support due to proarrhythmic effects and increased myocardial O2 requirement, but it may become necessary.

Signed: (b)(6)

20/890-09-3592	AFGHAN, MALE	FOREIGN NATIONAL - POW/INTERNE
	01 Jan 1908 / Male	H: not on file
Reg #: 7333	Loc: ICU	W: not on file
	Spon: AFGHAN, MALE	Rank:
	Unit:	RR:

Automated version of SF509

ACLU DDII CID ROI 30783



SECRET/NOFORN

155TH EMEDS

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Personal Data - Privacy Act of 1974 (PL 93-579)  
Progress Note

Report requested by: (b)(6)

09 Jun 2008@0527 INPT Register # 7333 PHYSICIAN

DOCTORS NOTE

Cardiology Progress Note

Afghan EC admitted for acute coronary syndrome. 24 hour events notable for episode of delirium yesterday with increased HR and tachypnea. Echo with at least moderately depressed LVEF, but no MR. Unsure if the depressed LVEF is new or old. He did significantly bump his cardiac enzymes, but I felt he was not an appropriate candidate for lytics. Will continue max medical therapy including ASA/plavix/lovenox/integrillin/simvastatin. Will decrease BB and ACE-i due to relative hypotension.

Exam today -- SBP in the 80's - 90's, HR 50's-60's, SaO2 95-100%  
No acute distress or agitation today, lungs clear, heart rrr no mgr, abd soft, ext without edema and 2+ PT pulses.

Lab -- peak CK 508, myoglobin > 500, Troponin 5.9

A/P: Acute coronary syndrome / MI. The patient would benefit most from either percutaneous or surgical revascularization. I do not believe this is available, but will check with the physician of the unit under which he is in custody. Outside of revascularization, will continue current medical therapy as noted above. Will extend integrillin infusion for total of 72 hours.

For hematuria, this is likely foley trauma exacerbated by anticoagulants / antiplatelet agents. The foley does not appear to be clotted at this time, will continue foley flushes prn. I will consider gentle hydration if cr continues to rise with low UO. Also, ace-i dose reduced today.

Signed: (b)(6)

0/890-09-3592	AFGHAN, MALE	FOREIGN NATIONAL - POW/INTERNE
	01 Jan 1908 / Male	H: not on file
Reg #: 7333	Loc: ICU	W: not on file
	Spon: AFGHAN, MALE	Rank:
	Unit:	RR:

Automated version of SF509

ACLU DDII CID ROI 30784

SECRET/NOFORN

155TH EMEDS

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Personal Data - Privacy Act of 1974 (PL 93-579)  
Progress Note

Report requested by: (b)(6)

18 Jun 2008@1224 INPT Register # 7333 PHYSICIAN  
DOCTORS NOTE  
Cardiology

Called to see pt for tachypnea, tachycardia and agitation. He does not speak English. He c/o abd pain, chest pain, and dyspnea, but is also very agitated.

Exam: HR 120's - 130's, Lungs very clear, Heart tachy, but rrr with no mgr, abd soft, blood around his meatus

Bedside echo limited by his agitation. LVEF appears at least moderately depressed. No MR.

Interpreter now available. Apparently the patient is delirious. He believes we want money from him. Haldol 5 mg IV given.

A/P: Acute delirium. Unclear etiology. His LVEF is depressed, but he does not seem to be in decompensated heart failure/pulmonary edema. He is moving all extremities and does not complain of headache so doubt IC hemorrhage. Plan to check labs for occult bleeding. Will try to continue integrillin for another 24 hours, but may need to stop if there is evidence of significant bleeding. Cardiac enzymes have been downtrending today which is reassuring.

Signed: (b)(6)

20/890-09-3592	AFGHAN, MALE	FOREIGN NATIONAL - POW/INTERNE
Reg #: 7333	01 Jan 1908 / Male	H: not on file
	Loc: ICU	W: not on file
	Spon: AFGHAN, MALE	Rank:
	Unit:	RR:

Automated version of SF509

ACLU DDII CID ROI 30785

SECRET/NOFORN

455TH EMEDS

23 Jun 2008@1420 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)  
Progress Note

Report requested by: (b)(6)

18 Jun 2008@0526 INPT Register # 7333 PHYSICIAN

DOCTORS NOTE

Cardiology Progress Note

70 yo male admitted with acute coronary syndrome. Troponin trend: 0.29 -- 0.31 -- then 0.25 on integrillin. Today, he continues to have intermittent chest pressure, relieved with belching. ECG appears to have more ST elevation V2-V5. Nitroglycerin gtt started for chest pain and for double product control. Ideally, he would go for percutaneous or surgical revascularization, but these are not available in the country. Will continue lovenox, integrillin, asa, plavix, lopressor, ace-i, statin, and now ntg drip.

Signed: (b)(6)

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20/890-09-3592  AFGHAN, MALE                FOREIGN NATIONAL - POW/INTERNE
                01 Jan 1908 / Male          H: not on file
Reg #: 7333     Loc: ICU                    W: not on file
                Spon: AFGHAN, MALE         Rank:
                Unit:                       RR:
Automated version of SF509

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ACLU DDII CID ROI 30786

155TH EMEDS

23 Jun 2008@1420 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)  
Progress Note

Report requested by: (b)(6)

18 Jun 2008@0516 INPT Register # 7333 PHYSICIAN

DOCTORS NOTE

LATE ENTRY -- PHYSICIAN ADMIT NOTE

70ish year old enemy combatant with known CAD brought to BAF ER from BTIF due to chest pain. He has had stable angina, but on the day admission he c/o rest pain. His ECG showed some ST elevation in V4 and subtle ST elevation in V3 and V5, but did not meet criteria for thrombolytics. Myoglobin was mildly elevated and troponin was low-level positive at 0.29.

EXAM: NAD, Neck without jvd, lungs clear, heart rrr without mgr, abd soft, ext without edema with full pulses

LAB: trop 0.29, CBC/Chem unremarkable  
pCXR: unremarkable  
ECG: as noted above

A/P:

1. Acute coronary syndrome. Percutaneous and/or surgical revascularization is not available in this country. He is admitted for ASA, plavix, GP 2b/3a inhibitor (eptifibatide), beta blocker, ace-i, and statin.

Signed: (b)(6)

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=====
20/890-09-3592  AFGHAN, MALE                FOREIGN NATIONAL - POW/INTERNE
                01 Jan 1908 / Male          H: not on file
Reg #: 7333     Loc: ICU                    W: not on file
                Spon: AFGHAN, MALE        Rank:
                Unit:                      RR:
Automated version of SF509

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ACLU DDII CID ROI 30787

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AFAGRAM 455TH EMDGS

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Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 24 Jun 07 - 23 Jun 08

Report requested by: (b)(6)

AFGHAN, MALE  
Ph:

20/890-09-3592

M/100

Reg #: 7333

Military Unit: UNKNOWN

23 Jun 08 @ 0856 (Coll)

BLOOD

ASAP GLUCOSE	116	H	(74-106)	mg/dL
BUN	40	H	(9-20)	mg/dL
CREAT	3.4	H*	(0.8-1.5)	mg/dL
CA	9.0		(8.4-10.2)	mg/dL
NA+	136	L	(137-145)	mmol/L
K	3.8		(3.5-5.1)	mmol/L
CL-	103		(98-107)	mmol/L
CO2	15	L*	(22-30)	mmol/L
ANION GAP	22	H	(10-20)	mmol/L

23 Jun 08 @ 0811 (Coll)

BLOOD

MG	2.7	H	(1.6-2.3)	mg/dL
PHOSPHORUS	2.6		(2.5-4.5)	mg/dL

23 Jun 08 @ 0811 (Coll)

BLOOD

WBC	14.7	H	(4.0-11.0)	x10(3)/uL
RBC CNT	3.91	L	(4.0-6.5)	x10(6)/uL
HGB	11.2	L	(12-16)	g/dL
HCT	34.5	L	(38-50)	%
MCV	88		(80.0-100.0)	fL
MCH	28.7		(27.0-31.0)	pg
MCHC	32.5	L	(33.0-37.0)	g/dL
RDW	TNP		(11.6-14.6)	%
PLATELETS	95	L	(150-450)	x10(3)/uL
NEUT%	TNP		(40-70)	%
LYMPH%	21.4		(20.0-40.0)	%
MONO%	TNP		(1-10)	%
EOS%	TNP		(1-5)	%
BASO%	TNP		(1-2)	%

23 Jun 08 @ 0709 (Coll)

URINE

COLOR	BROWN			
CLARITY	CLOUDY	H		
GLUCOSE	NEG		(NEG)	mg/dL
BILIRUBIN	SMALL		(NEG)	
KETONES	TRACE		(NEG)	mg/dL
SG	1.025		(1.005-1.025)	
BLOOD	LARGE	H	(NEG-TRACE)	
PH	5.5		(4.60-8.00)	
PROTEIN	100		(NEG-TRACE)	mg/dL
UROBILINOGEN	1		(0.2-1.0)	E.U./dL
NITRITE	NEG		(NEG)	
LEUKO EST	MODERATE	H	(NEG)	
WBC UA	10-25	H		/hpf

L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

ACLU DDII CID ROI 30788

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 24 Jun 07 - 23 Jun 08

Report requested by: (b)(6)

AFGHAN, MALE 20/890-09-3592 M/100 Reg #: 7333
Ph: Military Unit: UNKNOWN

23 Jun 08 @ 0709 (Coll) URINE
RBC UA. . . . . NONE SEEN /hpf
EPITHL CEL. . . . . FEW /hpf
BACTERIA. . . . . MODERATE H /hpf
MUCUS . . . . . SMALL
AMORPHOUS SEDIM . . . . . MODERATE /hpf
CASTS . . . . . 1-2
Result Comment: saw hyaline and granular casts. drw

23 Jun 08 @ 0709 (Coll) BLOOD (BLOOD)
BLD CULT. . . . . PENDING

23 Jun 08 @ 0709 (Coll) BLOOD (BLOOD)
BLD CULT. . . . . PENDING

23 Jun 08 @ 0709 (Coll) URINE/CC (URINE)
UA CULT . . . . . PENDING

22 Jun 08 @ 2320 (Coll) BLOOD
STAT CK. . . . . 1855 H (55-170) U/L
ASAP MG. . . . . 2.0 (1.6-2.3) mg/dL
GLUCOSE . . . . . 124 H (74-106) mg/dL
BUN . . . . . 34 H (9-20) mg/dL
CREAT . . . . . 2.4 H\* (0.8-1.5) mg/dL
Result Comment: REPORTED TO (b)(6) IN ICU
CA. . . . . 7.6 L (8.4-10.2) mg/dL
NA+ . . . . . 136 L (137-145) mmol/L
K . . . . . 4.1 (3.5-5.1) mmol/L
CL- . . . . . 101 (98-107) mmol/L
CO2 . . . . . 21 L (22-30) mmol/L
ANION GAP . . . . . 18 (10-20) mmol/L

22 Jun 08 @ 2320 (Coll) BLOOD
STAT WBC . . . . . 25.3 H\* (4.0-11.0) x10(3)/uL
Result Comment: RPT TO (b)(6) @ 0702. (b)(6)
RBC CNT . . . . . 4.06 (4.0-6.5) x10(6)/uL
HGB . . . . . 11.9 L (12-16) g/dL
HCT . . . . . 36.7 L (38-50) %
MCV . . . . . 90 (80.0-100.0) fL
MCH . . . . . 29.2 (27.0-31.0) pg
MCHC . . . . . 32.3 L (33.0-37.0) g/dL
RDW . . . . . TNP (11.6-14.6) %
Result Comment: NOT SUPPORTED BY CURRENT METHODOLOGY. DRW
PLATELETS . . . . . 161 (150-450) x10(3)/uL
NEUT% . . . . . TNP (40-70) %

L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

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PATIENT LAB INQUIRY

For: 24 Jun 07 - 23 Jun 08

Report requested by: (b)(6)

AFGHAN, MALE 20/890-09-3592 M/100 Reg #: 7333  
Ph: Military Unit: UNKNOWN

22 Jun 08 @ 2320 (Coll) BLOOD  
LYMPH% . . . . . TNP (20.0-40.0) %  
MONO% . . . . . TNP (1-10) %  
EOS% . . . . . TNP (1-5) %  
BASO% . . . . . TNP (1-2) %

22 Jun 08 @ 2320 (Coll) BLOOD  
STAT CK-MB . . . . . 32.6 H\* (0.0-4.3) ng/mL  
Result Comment: REPORTED TO (b)(6) IN ICU  
MYOGLOBIN . . . . . >500 H (0-107) ng/mL  
TROPONIN I . . . . . >30.00 H\* (0.0-0.40) ng/mL

22 Jun 08 @ 1652 (Coll) BLOOD  
ASAP MG. . . . . 1.8 (1.6-2.3) mg/dL  
GLUCOSE . . . . . 166 H (74-106) mg/dL  
BUN . . . . . 24 H (9-20) mg/dL  
CREAT . . . . . 1.9 H\* (0.8-1.5) mg/dL  
Result Comment: NOTIFIED AND READ BACK BY (b)(6) @ 2154 (b)(6)  
CA. . . . . 7.8 L (8.4-10.2) mg/dL  
NA+ . . . . . 134 L (137-145) mmol/L  
K . . . . . 4.6 (3.5-5.1) mmol/L  
CL- . . . . . 101 (98-107) mmol/L  
CO2 . . . . . 20 L (22-30) mmol/L  
ANION GAP . . . . . 18 (10-20) mmol/L

22 Jun 08 @ 0632 (Coll) PLASMA  
PT. . . . . 4.8 L (7.0-14.0) SECONDS  
INR . . . . . <0.8 (1 B unit) B unit  
Interpretations:  
B unit  
APTT. . . . . 33.4 (22.1-33.7) SECONDS

22 Jun 08 @ 0632 (Coll) BLOOD  
MG. . . . . 2.2 (1.6-2.3) mg/dL  
GLUCOSE . . . . . 180 H (74-106) mg/dL  
BUN . . . . . 17 (9-20) mg/dL  
CREAT . . . . . 1.8 H\* (0.8-1.5) mg/dL  
CA. . . . . 8.3 L (8.4-10.2) mg/dL  
NA+ . . . . . 140 (137-145) mmol/L  
K . . . . . 4.6 (3.5-5.1) mmol/L  
CL- . . . . . 104 (98-107) mmol/L  
CO2 . . . . . 12 L\* (22-30) mmol/L  
ANION GAP . . . . . 29 H (10-20) mmol/L

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L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult  
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ACLU DDII CID ROI 30790

EXHIBIT



PATIENT LAB INQUIRY

For: 24 Jun 07 - 23 Jun 08

Report requested by: (b)(6)

AFGHAN, MALE 20/890-09-3592 M/100 Reg #: 7333  
Ph: Military Unit: UNKNOWN

22 Jun 08 @ 0632 (Coll) BLOOD  
WBC 9.9 (4.0-11.0) x10(3)/uL  
RBC CNT 5.73 (4.0-6.5) x10(6)/uL  
HGB 16.2 H (12-16) g/dL  
HCT 48.1 (38-50) %  
MCV 84 (80.0-100.0) fL  
MCH 28.3 (27.0-31.0) pg  
MCHC 33.7 (33.0-37.0) g/dL  
RDW TNP (11.6-14.6) %  
PLATELETS 135 L (150-450) x10(3)/uL  
NEUT% TNP (40-70) %  
LYMPH% 10.0 L (20.0-40.0) %  
MONO% TNP (1-10) %  
EOS% TNP (1-5) %  
BASO% TNP (1-2) %

22 Jun 08 @ 0115 (Coll) PLASMA  
STAT PT. 10.8 (7.0-14.0) SECONDS  
INR 1.1 (1 B unit) B unit

Interpretations:  
B unit  
APTT. 26.1 (22.1-33.7) SECONDS

22 Jun 08 @ 0115 (Coll) BLOOD  
STAT CK. 297 H (55-170) U/L  
ASAP MG. 1.7 (1.6-2.3) mg/dL  
PHOSPHORUS. 1.5 L (2.5-4.5) mg/dL  
ASAP GLUCOSE 141 H (74-106) mg/dL  
BUN 14 (9-20) mg/dL  
CREAT 1.4 (0.8-1.5) mg/dL  
CA. 8.2 L (8.4-10.2) mg/dL  
NA+ 137 (137-145) mmol/L  
K 3.6 (3.5-5.1) mmol/L  
CL- 100 (98-107) mmol/L  
CO2 19 L (22-30) mmol/L  
ANION GAP 22 H (10-20) mmol/L

22 Jun 08 @ 0115 (Coll) BLOOD  
STAT IONIZED CA+ 1.15 (1.12-1.32) mmol/L

22 Jun 08 @ 0115 (Coll) BLOOD  
STAT WBC 8.6 (4.0-11.0) x10(3)/uL  
RBC CNT 3.83 L (4.0-6.5) x10(6)/uL  
HGB 10.9 L (12-16) g/dL  
HCT 32.4 L (38-50) %

L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

ACLU DDII CID ROI 30791

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PATIENT LAB INQUIRY

For: 24 Jun 07 - 23 Jun 08

Report requested by: (b)(6)

AFGHAN, MALE 20/890-09-3592 M/100 Reg #: 7333
Ph: Military Unit: UNKNOWN

22 Jun 08 @ 0115 (Coll) BLOOD

Table with 4 columns: Test Name, Value, Reference Range, Units. Rows include MCV, MCH, MCHC, RDW, TNP.

Result Comment: CANNOT PERFORM ON BACKUP ANALYZER

Table with 4 columns: Test Name, Value, Reference Range, Units. Rows include PLATELETS, NEUT%, LYMPH%, MONO%, EOS%, BASO%.

22 Jun 08 @ 0115 (Coll) BLOOD

Table with 4 columns: Test Name, Value, Reference Range, Units. Rows include STAT CK-MB, MYOGLOBIN, TROPONIN I.

20 Jun 08 @ 2355 (Coll) BLOOD

Table with 4 columns: Test Name, Value, Reference Range, Units. Rows include CK, MG, GLUCOSE, BUN, CREAT, CA, NA+, K, CL-, CO2, ANION GAP.

20 Jun 08 @ 2355 (Coll) BLOOD

Table with 4 columns: Test Name, Value, Reference Range, Units. Rows include CK-MB, MYOGLOBIN, TROPONIN I.

20 Jun 08 @ 2355 (Coll) BLOOD

Table with 4 columns: Test Name, Value, Reference Range, Units. Rows include STAT WBC, RBC CNT, HGB, HCT, MCV, MCH, MCHC.

L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

ACLU DDII CID ROI 30792

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PATIENT LAB INQUIRY

For: 24 Jun 07 - 23 Jun 08

Report requested by: (b)(6)

AFGHAN, MALE 20/890-09-3592 M/100 Reg #: 7333
Ph: Military Unit: UNKNOWN

20 Jun 08 @ 2355 (Coll) BLOOD
RDW (11.6-14.6) %
PLATELETS (150-450) x10(3)/uL
NEUT% (40-70) %
LYMPH% 31.2 (20.0-40.0) %
MONO% (1-10) %
EOS% (1-5) %
BASO% (1-2) %

19 Jun 08 @ 2217 (Coll) BLOOD
CK. 226 H (55-170) U/L
ASAP MG. 2.1 (1.6-2.3) mg/dL
NOTI PHOSPHORUS. 2.6 (2.5-4.5) mg/dL

19 Jun 08 @ 2217 (Coll) BLOOD
CK-MB 2.6 (0.0-4.3) ng/mL
MYOGLOBIN 68.0 (0-107) ng/mL
TROPONIN I. 5.28 H (0.0-0.40) ng/mL

19 Jun 08 @ 2217 (Coll) BLOOD
STAT WBC 6.9 (4.0-11.0) x10(3)/uL
RBC CNT 3.47 L (4.0-6.5) x10(6)/uL
HGB 11.1 L (12-16) g/dL
HCT 32.3 L (38-50) %
MCV 93 (80.0-100.0) fL
MCH 32.0 H (27.0-31.0) pg
MCHC. 34.4 (33.0-37.0) g/dL
RDW TNP (11.6-14.6) %

Result Comment: UNABLE TO PERFORM TEST ON BACKUP ANALYZER
PLATELETS 92 L (150-450) x10(3)/uL
NEUT% TNP (40-70) %
LYMPH% 16.4 L (20.0-40.0) %
MONO% TNP (1-10) %
EOS% TNP (1-5) %
BASO% TNP (1-2) %

19 Jun 08 @ 2217 (Coll) BLOOD
STAT IONIZED CA+ 1.13 (1.12-1.32) mmol/L

19 Jun 08 @ 1634 (Coll) BLOOD
STAT CK. 226 H (55-170) U/L

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L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult  
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ACLU DDII CID ROI 30793

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PATIENT LAB INQUIRY

For: 24 Jun 07 - 23 Jun 08

Report requested by: (b)(6)

AFGHAN, MALE

20/890-09-3592

M/100

Reg #: 7333

Ph:

Military Unit: UNKNOWN

19 Jun 08 @ 1634 (Coll)					BLOOD
STAT CK-MB . . . . .	4.3		(0.0-4.3)	ng/mL	
MYOGLOBIN . . . . .	101		(0-107)	ng/mL	
TROPONIN I. . . . .	5.19	H	(0.0-0.40)	ng/mL	

19 Jun 08 @ 1023 (Coll)					BLOOD
CK. . . . .	309	H	(55-170)	U/L	
GLUCOSE . . . . .	134	H	(74-106)	mg/dL	
BUN . . . . .	29	H	(9-20)	mg/dL	
CREAT . . . . .	1.3		(0.8-1.5)	mg/dL	
CA. . . . .	7.6	L	(8.4-10.2)	mg/dL	
NA+ . . . . .	137		(137-145)	mmol/L	
K . . . . .	3.7		(3.5-5.1)	mmol/L	
CL- . . . . .	102		(98-107)	mmol/L	
CO2 . . . . .	25		(22-30)	mmol/L	
ANION GAP . . . . .	14		(10-20)	mmol/L	

19 Jun 08 @ 1023 (Coll)					BLOOD
CK-MB . . . . .	5.1	H	(0.0-4.3)	ng/mL	
MYOGLOBIN . . . . .	113	H	(0-107)	ng/mL	
TROPONIN I. . . . .	6.44	H	(0.0-0.40)	ng/mL	

19 Jun 08 @ 0518 (Coll)					BLOOD
CK-MB . . . . .	9.8	H	(0.0-4.3)	ng/mL	
MYOGLOBIN . . . . .	199	H	(0-107)	ng/mL	
TROPONIN I. . . . .	9.04	H	(0.0-0.40)	ng/mL	

19 Jun 08 @ 0508 (Coll)					BLOOD
CK. . . . .	396	H	(55-170)	U/L	

19 Jun 08 @ 0011 (Coll)					BLOOD
STAT CK. . . . .	508	H	(55-170)	U/L	
ASAP MG. . . . .	2.0		(1.6-2.3)	mg/dL	
NOTI PHOSPHORUS. . . . .	4.5		(2.5-4.5)	mg/dL	
ASAP GLUCOSE . . . . .	99		(74-106)	mg/dL	
BUN . . . . .	26	H	(9-20)	mg/dL	
CREAT . . . . .	1.7	H*	(0.8-1.5)	mg/dL	

Result Comment: RESULT REPORTED TO	(b)(6)				IN ICU
CA. . . . .	8.2	L	(8.4-10.2)	mg/dL	
NA+ . . . . .	143		(137-145)	mmol/L	
K . . . . .	3.5		(3.5-5.1)	mmol/L	
CL- . . . . .	106		(98-107)	mmol/L	
CO2 . . . . .	24		(22-30)	mmol/L	
ANION GAP . . . . .	17		(10-20)	mmol/L	

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L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult  
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ACLU DDII CID ROI 30794

EXHIBIT

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PATIENT LAB INQUIRY

For: 24 Jun 07 - 23 Jun 08

Report requested by: (b)(6)

AFGHAN, MALE 20/890-09-3592 M/100 Reg #: 7333
Ph: Military Unit: UNKNOWN

Table with 4 columns: Test Name, Value, Flag, Reference Range. Includes WBC, RBC CNT, HGB, HCT, MCV, MCH, MCHC, RDW, Platelets, Neut%, Lymph%, Mono%, EOS%, BASO%.

Table with 4 columns: Test Name, Value, Flag, Reference Range. Includes IONIZED CA+.

Table with 4 columns: Test Name, Value, Flag, Reference Range. Includes CK-MB, MYOGLOBIN, TROPONIN I.

Table with 4 columns: Test Name, Value, Flag, Reference Range. Includes CK.

Table with 4 columns: Test Name, Value, Flag, Reference Range. Includes CK-MB, MYOGLOBIN, TROPONIN I.

Table with 4 columns: Test Name, Value, Flag, Reference Range. Includes CK, MG, PHOSPHORUS, GLUCOSE, BUN, CREAT, CA, NA+, K, CL-, CO2.

L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

ACLU DDII CID ROI 30795

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BAGRAM 455TH EMDGS

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Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 24 Jun 07 - 23 Jun 08

Report requested by: (b)(6)

AFGHAN, MALE 20/890-09-3592 M/100 Reg #: 7333
Ph: Military Unit: UNKNOWN

18 Jun 08 @ 1212 (Coll) ANION GAP 24 H (10-20) mmol/L BLOOD

18 Jun 08 @ 1212 (Coll) STAT WBC 9.7 (4.0-11.0) x10(3)/uL
RBC CNT 4.98 (4.0-6.5) x10(6)/uL
HGB 14.2 (12-16) g/dL
HCT 40.5 (38-50) %
MCV 81 (80.0-100.0) fL
MCH 28.6 (27.0-31.0) pg
MCHC 35.2 (33.0-37.0) g/dL
RDW TNP (11.6-14.6) %

Result Comment: UNABLE TO PERFORM THESE TEST ON BACKUP ANALYZER

PLATELETS 260 (150-450) x10(3)/uL
NEUT% TNP (40-70) %
LYMPH% 15.9 L (20.0-40.0) %
MONO% TNP (1-10) %
EOS% TNP (1-5) %
BASO% TNP (1-2) %

18 Jun 08 @ 1212 (Coll) STAT IONIZED CA+ 1.06 L (1.12-1.32) mmol/L BLOOD

18 Jun 08 @ 1212 (Coll) STAT CK-MB 1.1 (0.0-4.3) ng/mL BLOOD
MYOGLOBIN 97.2 (0-107) ng/mL
TROPONIN I 0.31 (0.0-0.40) ng/mL

18 Jun 08 @ 1042 (Coll) STAT CK 82 (55-170) U/L BLOOD

18 Jun 08 @ 1042 (Coll) STAT CK-MB <1.0 (0.0-4.3) ng/mL BLOOD
MYOGLOBIN 48.9 (0-107) ng/mL
TROPONIN I 0.18 (0.0-0.40) ng/mL

18 Jun 08 @ 0551 (Coll) STAT CK 85 (55-170) U/L BLOOD

18 Jun 08 @ 0453 (Coll) STAT CK-MB 1.6 (0.0-4.3) ng/mL BLOOD
MYOGLOBIN 73.2 (0-107) ng/mL
TROPONIN I 0.27 (0.0-0.40) ng/mL

L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

ACLU DDII CID ROI 30796

BAGRAM 455TH EMDGS

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Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 24 Jun 07 - 23 Jun 08

Report requested by: (b)(6)

AFGHAN, MALE 20/890-09-3592 M/100 Reg #: 7333
Ph: Military Unit: UNKNOWN

17 Jun 08 @ 2314 (Coll) BLOOD

Order comment: cbc
MG. 1.9 (1.6-2.3) mg/dL
PHOSPHORUS. 4.1 (2.5-4.5) mg/dL

17 Jun 08 @ 2314 (Coll) BLOOD

Order comment: cbc
STAT WBC 9.5 (4.0-11.0) x10(3)/uL
RBC CNT 4.60 (4.0-6.5) x10(6)/uL
HGB 12.4 (12-16) g/dL
HCT 36.6 L (38-50) %
MCV 79 L (80.0-100.0) fL
MCH 26.9 L (27.0-31.0) pg
MCHC 33.8 (33.0-37.0) g/dL
RDW 10.6 L (11.6-14.6) %
PLATELETS 229 (150-450) x10(3)/uL
NEUT% 71.7 H (40-70) %
LYMPH% 16.6 L (20.0-40.0) %
MONO% 10.2 H (1-10) %
EOS% 1.1 (1-5) %
BASO% .4 L (1-2) %

17 Jun 08 @ 2314 (Coll) BLOOD

Order comment: cbc
STAT CK-MB 2.0 (0.0-4.3) ng/mL
MYOGLOBIN 71 (0-107) ng/mL
TROPONIN I 0.25 (0.0-0.40) ng/mL

17 Jun 08 @ 2314 (Coll) BLOOD

Order comment: cbc
STAT IONIZED CA+ 0.91 L (1.12-1.32) mmol/L

17 Jun 08 @ 2109 (Coll) BLOOD

ASAP WBC 9.5 (4.0-11.0) x10(3)/uL
RBC CNT 4.68 (4.0-6.5) x10(6)/uL
HGB 12.5 (12-16) g/dL
HCT 37 L (38-50) %
MCV 79 L (80.0-100.0) fL
MCH 26.7 L (27.0-31.0) pg
MCHC 33.8 (33.0-37.0) g/dL
RDW 10.5 L (11.6-14.6) %
PLATELETS 236 (150-450) x10(3)/uL
NEUT% 63.7 (40-70) %
LYMPH% 25.8 (20.0-40.0) %
MONO% 8.2 (1-10) %

L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

ACLU DDII CID ROI 30797



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PATIENT LAB INQUIRY

For: 24 Jun 07 - 23 Jun 08

Report requested by: (b)(6)

AFGHAN, MALE 20/890-09-3592 M/100 Reg #: 7333  
Ph: Military Unit: UNKNOWN

17 Jun 08 @ 2109 (Coll) BLOOD  
EOS% . . . . . 1.8 (1-5) %  
BASO% . . . . . .5 L (1-2) %

17 Jun 08 @ 1631 (Coll) BLOOD  
ASAP CK . . . . . 166 (55-170) U/L  
MG . . . . . 2.0 (1.6-2.3) mg/dL  
GLUCOSE . . . . . 82 (74-106) mg/dL  
BUN . . . . . 16 (9-20) mg/dL  
CREAT . . . . . 1.2 (0.8-1.5) mg/dL  
CA . . . . . 8.5 (8.4-10.2) mg/dL  
NA+ . . . . . 140 (137-145) mmol/L  
K . . . . . 3.8 (3.5-5.1) mmol/L  
CL- . . . . . 101 (98-107) mmol/L  
CO2 . . . . . 24 (22-30) mmol/L  
ANION GAP . . . . . 19 (10-20) mmol/L

17 Jun 08 @ 1631 (Coll) BLOOD  
ASAP CK-MB . . . . . 3.1 (0.0-4.3) ng/mL  
MYOGLOBIN . . . . . 129 H (0-107) ng/mL  
TROPONIN I . . . . . 0.34 (0.0-0.40) ng/mL

17 Jun 08 @ 1631 (Coll) BLOOD  
ASAP WBC . . . . . 7.0 (4.0-11.0) x10 (3) /uL  
RBC CNT . . . . . 4.33 (4.0-6.5) x10 (6) /uL  
HGB . . . . . 11.6 L (12-16) g/dL  
HCT . . . . . 34.3 L (38-50) %  
MCV . . . . . 79 L (80.0-100.0) fL  
MCH . . . . . 26.8 L (27.0-31.0) pg  
MCHC . . . . . 33.8 (33.0-37.0) g/dL  
RDW . . . . . 10.7 L (11.6-14.6) %  
PLATELETS . . . . . 246 (150-450) x10 (3) /uL  
NEUT% . . . . . 60.2 (40-70) %  
LYMPH% . . . . . 30.0 (20.0-40.0) %  
MONO% . . . . . 8.0 (1-10) %  
EOS% . . . . . 1.3 (1-5) %  
BASO% . . . . . 0.5 L (1-2) %

17 Jun 08 @ 1234 (Coll) BLOOD  
ASAP GLUCOSE . . . . . 146 H (74-106) mg/dL  
BUN . . . . . 16 (9-20) mg/dL  
CREAT . . . . . 1.2 (0.8-1.5) mg/dL  
CA . . . . . 8.9 (8.4-10.2) mg/dL  
ALBUMIN . . . . . 4.4 (3.5-5.0) g/dL  
PROTEIN TOTAL . . . . . 8.1 (6.3-8.2) g/dL

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L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult  
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ACLU DDII CID ROI 30798

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Personal Data - Privacy Act of 1974 (PL 93-579)  
PATIENT LAB INQUIRY

For: 24 Jun 07 - 23 Jun 08

Report requested by: (b)(6)

AFGHAN, MALE 20/890-09-3592 M/100 Reg #: 7333  
Ph: Military Unit: UNKNOWN

17 Jun 08 @ 1234 (Coll) BLOOD

ALT	22	(13-69)	U/L
AST	41	(15-46)	U/L
ALK PHOS.	92	(38-126)	U/L
TBILI	0.7	(0.2-1.3)	mg/dL
NA+	141	(137-145)	mmol/L
K	3.9	(3.5-5.1)	mmol/L
CL-	100	(98-107)	mmol/L
CO2	24	(22-30)	mmol/L
ANION GAP	21	(10-20)	mmol/L
CHOLESTEROL	128	(100-200)	mg/dL
HDL	34	(30-75)	mg/dL
TRIGLYCERIDE	42	(60-160)	mg/dL
CHOL TOT/HDL	3.8		RATIO
LDL	86	(50-130)	mg/dL

Interpretations:  
LDL Calculation is invalid when Triglycerides >400 mg/dL  
VLDL 8 L (25-60) mg/dL

17 Jun 08 @ 1234 (Coll) BLOOD

STAT CK-MB	3.2	(0.0-4.3)	ng/mL
MYOGLOBIN	159	(0-107)	ng/mL
TROPONIN I	0.29	(0.0-0.40)	ng/mL

17 Jun 08 @ 1234 (Coll) BLOOD

STAT WBC	7.9	(4.0-11.0)	x10 (3) /uL
RBC CNT	4.57	(4.0-6.5)	x10 (6) /uL
HGB	12.5	(12-16)	g/dL
HCT	36.1	(38-50)	%
MCV	79	(80.0-100.0)	fL
MCH	27.3	(27.0-31.0)	pg
MCHC	34.6	(33.0-37.0)	g/dL
RDW	10.7	(11.6-14.6)	%
PLATELETS	254	(150-450)	x10 (3) /uL
NEUT%	63.3	(40-70)	%
LYMPH%	28.1	(20.0-40.0)	%
MONO%	7.0	(1-10)	%
EOS%	1.2	(1-5)	%
BASO%	0.4	(1-2)	%

=====  
L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult  
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ACLU DDII CID ROI 30799

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**0142-08-CID 369 43734**

**\*\*\*\*\*End of report\*\*\*\*\***

**ACLU DDII CID ROI 30800**

ACLU-RDI 5572 p.158

**SECRET/NOFORN**

**EXHIBIT :**

GRAM 455TH EMDGS

23 Jun 2008@0842

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Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 22 Jun 08 - 23 Jun 08

Report requested by: (b)(6)

GHAN, MALE 20/890-09-3592 M/100 Reg #: 7333 Military Unit: UNKNOWN

Jun 08 @ 0811 (Coll) BLOOD
MG. 2.7 H (1.6-2.3) mg/dL
PHOSPHORUS. 2.6 (2.5-4.5) mg/dL

Jun 08 @ 0811 (Coll) BLOOD
WBC 14.7 H (4.0-11.0) x10(3)/uL
RBC CNT 3.91 L (4.0-6.5) x10(6)/uL
HGB 11.2 L (12-16) g/dL
HCT 34.5 L (38-50) %
MCV 88 (80.0-100.0) fL
MCH 28.7 (27.0-31.0) pg
MCHC 32.5 L (33.0-37.0) g/dL
RDW TNP (11.6-14.6) %
PLATELETS 95 L (150-450) x10(3)/uL
NEUT% TNP (40-70) %
LYMPH% 21.4 (20.0-40.0) %
MONO% TNP (1-10) %
EOS% TNP (1-5) %
BASO% TNP (1-2) %

Jun 08 @ 0709 (Coll) URINE
COLOR BROWN
CLARITY CLOUDY H
GLUCOSE NEG (NEG) mg/dL
BILIRUBIN SMALL (NEG) mg/dL
KETONES TRACE (NEG) mg/dL
SG 1.025 (1.005-1.025)
BLOOD LARGE H (NEG-TRACE)
PH 5.5 (4.60-8.00)
PROTEIN 100 (NEG-TRACE) mg/dL
UROBILINOGEN 1 (0.2-1.0) E.U./dL
NITRITE NEG (NEG)
LEUKO EST MODERATE H (NEG)
WBC UA 10-25 H /hpf
RBC UA NONE SEEN /hpf
EPITHL CEL FEW /hpf
BACTERIA MODERATE H /hpf
MUCUS SMALL
AMORPHOUS SEDIM MODERATE /hpf
CASTS 1-2

Result Comment: saw hyaline and granular casts. drw

Jun 08 @ 0709 (Coll) BLOOD (BLOOD)
BLD CULT. PENDING

Jun 08 @ 0709 (Coll) BLOOD (BLOOD)
BLD CULT. PENDING

L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O) rder, (I) n...
ACLU RDI CID RDI 30801

RAM 455TH EMDGS

23 Jun 2008@0842

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Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 22 Jun 08 - 23 Jun 08

Port requested by: (b)(6)

HAN, MALE

20/890-09-3592

M/100

Reg #: 7333

Military Unit: UNKNOWN

Jun 08 @ 0709 (Coll)

URINE/CC (URINE)

UA CULT . . . . . PENDING

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L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[ ]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult  
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ACLU DDICID RDI 30802

SECRET/NOFORN

RAM 455TH EMDGS

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PATIENT LAB INQUIRY

For: 22 Jun 08 - 23 Jun 08

Port requested by: (b)(6)

HAN, MALE

20/890-09-3592

M/100

Reg #: 7333

Military Unit: UNKNOWN

Jun 08 @ 0856 (Coll)

BLOOD

P GLUCOSE . . . . .	116	H	(74-106)	mg/dL
BUN . . . . .	40	H	(9-20)	mg/dL
CREAT . . . . .	3.4	H*	(0.8-1.5)	mg/dL
CA . . . . .	9.0		(8.4-10.2)	mg/dL
NA+ . . . . .	136	L	(137-145)	mmol/L
K . . . . .	3.8		(3.5-5.1)	mmol/L
CL- . . . . .	103		(98-107)	mmol/L
CO2 . . . . .	15	L*	(22-30)	mmol/L
ANION GAP . . . . .	22	H	(10-20)	mmol/L

L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed

[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

ACLURDI-CID-ROI-30803

GRAM 455TH EMDGS

22 Jun 2008@1730

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Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 21 Jun 08 - 22 Jun 08

Report requested by: (b)(6)

SHAN, MALE 20/890-09-3592 M/100 Reg #: 7333  
Military Unit: UNKNOWN

Jun 08 @ 1652 (Coll)				BLOOD
AP MG.	1.8		(1.6-2.3)	mg/dL
GLUCOSE	166	H	(74-106)	mg/dL
BUN	24	H	(9-20)	mg/dL
CREAT	1.9	H*	(0.8-1.5)	mg/dL
Result Comment: NOTIFIED AND READ BACK BY (b)(6) @ 2154 (b)(6)				
CA.	7.8	L	(8.4-10.2)	mg/dL
NA+	134	L	(137-145)	mmol/L
K	4.6		(3.5-5.1)	mmol/L
CL-	101		(98-107)	mmol/L
CO2	20	L	(22-30)	mmol/L
ANION GAP	18		(10-20)	mmol/L

=====  
L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult  
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ACLU-DDI-CID-ROI-30804



GRAM 455TH EMDGS

22 Jun 2008@0945

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Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 21 Jun 08 - 22 Jun 08

Report requested by: (b)(6)

GHAN, MALE 20/890-09-3592 M/100 Reg #: 7333 Military Unit: UNKNOWN

Jun 08 @ 0632 (Coll) PLASMA PT. 4.8 L (7.0-14.0) SECONDS INR <0.8 (1 B unit) B unit

Interpretations:

B unit APTT. 33.4 (22.1-33.7) SECONDS

Jun 08 @ 0632 (Coll) BLOOD MG. 2.2 (1.6-2.3) mg/dL GLUCOSE 180 H (74-106) mg/dL BUN 17 (9-20) mg/dL CREAT 1.8 H\* (0.8-1.5) mg/dL CA 8.3 L (8.4-10.2) mg/dL NA+ 140 (137-145) mmol/L K 4.6 (3.5-5.1) mmol/L CL- 104 (98-107) mmol/L CO2 12 L\* (22-30) mmol/L ANION GAP 29 H (10-20) mmol/L

Jun 08 @ 0632 (Coll) BLOOD WBC 9.9 (4.0-11.0) x10(3)/uL RBC CNT 5.73 (4.0-6.5) x10(6)/uL HGB 16.2 H (12-16) g/dL HCT 48.1 (38-50) % MCV 84 (80.0-100.0) fL MCH 28.3 (27.0-31.0) pg MCHC 33.7 (33.0-37.0) g/dL RDW TNP (11.6-14.6) % PLATELETS 135 L (150-450) x10(3)/uL NEUT% TNP (40-70) % LYMPH% 10.0 L (20.0-40.0) % MONO% TNP (1-10) % EOS% TNP (1-5) % BASO% TNP (1-2) %

L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed

[ ]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

ACLU DDICID ROI 30805

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PROGRESS NOTES

DATE

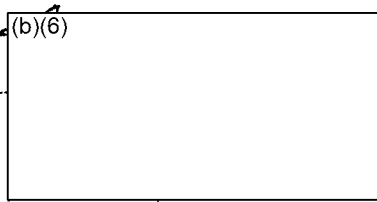
B(6)

Arterial Intubation

20 JUN 08  
0640Z

Called Emergency to ICU to intubate patient for  
 Respiratory distress. On my arrival Satg 85% &  
 pt tachypneic. Pt is acute coronary syndrome &  
 Depressed of Vtach/Vfib in last 240 regarding  
 defibrillators. K+ 3.6. BP's 120s/70s  
 Pt preoxygenated in Ambu bag x 2min. Etanulate 2mg.  
 Six 80mg in PSI fashion in oroid pressure 8. ETT  
 passed through cords to 23cm depth - MHC 4, Gr 1 view  
 BS = (B) Et CO<sub>2</sub> ⊕ as ET cap. Pt hemodynamically stable  
 throughout intubation. Satg ↑ to low 90s w/ 2-3 min  
 of intub & controlled ventilation. I know  
 complications of this test

(b)(6)



Anesthesiologist

ACLU DDII CID ROI 30806

0142-08-CID 369

SECRET/NOFORN

EXHIBIT

SECRET/NOFORN

Name/SS#:		ICU BEDSIDE FLOW SHEET											Date:		
Zulu Time	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100			
TELIP		17°	18°	17°	17°	17°	17°	17°	17°	17°	17°	17°			
HR	58	63	62	63	59	60	59	61	58	53	53	53			
RESP	24	13	13	14	21	22	18	12	14	16	17	17			
NIBP	124/58	139/68	102/56	107/55	103/55	102/56	102/65	100/67	102/59	103/46	116/50	108/61			
A-LINE															
MAP	75	85	67	67	67	67	74	81	70	61	72	72			
O2 SAT	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100	100			
MODE/FIO2	41% NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC			
CVP															
ICP															
CPP															
Intake													NIGHTS	DAYS	24 HOUR
PO	200 ml									100	500	-	300	950	1050
TUBE FEED															
IVF	50	50	50	50	50	50	50	50	50	50	50	50	600	-	600
IVPB															
Int.	6.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	117.6	117.6	235.2
Nitro															
Output															
UO	100	60	125	100	70	350	150	175	40	100	30	90	1180	440	16
NG/OG															
BM															
JPAW															
JPAW															
CT															
<p>Input = 1885.2</p> <p>Output = 1620</p>													<p>ACLU ID# 30807</p>		

0142-08-CID 369 43734

Name #:	AFELIAN MALE 37701 ICU BEDSIDE FLOW SHEET												Date:	27 June 84	
Zulu Time	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300			
TEMP	102.2 AA	100.6	99.7	100.6	103.0	103.1	102.8 A	99.5	102.4	101.5	100.5	100.5			
HR	59	76	93	93	36	114	101	95	96	96	79	117			
RESP	26	22	29	29	27	28	28	36	25	26	27	27			
NIBP	77/43	90/51	77/49	81/51		85/51	75/48	102/61	92/55	93/54	86/55	87/50			
A-LINE	-				157/106	101/46	80/49	102/59	97/53	93/53	91/50	80/56			
MAP						80/59	80/59	60/90	66	64	61	64			
O2 SAT	100%	100	100	100	94	96/10	93/10	100	98	96	99	100			
MODE/FIO2	6 L F.M	6 L NC	6 L NC	6 L NC	100% UPATED SIMV 100%	100%	100%	Simv 100%	Simv 100%	Simv 80%	Simv 60%	Simv 50%			
CVP															
ICP															
CPP															
Insp Temp	100.8					99.8									
take														TOTAL	
PO															
TUBE FEED															
IVF	75 75	75 150	75 225	75 300											
IVPB		100	120	190	30										
Fent					10 100	5 105	5 10	4 114	4 178	4 178	4 126	4 130		130	
Versed					5 5	5 10	6 16	6 22	3 10	4 16	4 25.4	4 27.6		39.6	
Amiodur					33	33	33	33	33	33	33	33		249.5	
Diprivan						33	33	33	33	33	33	33		214	
Levo							3.8	3.8	3.8	3.8	4	7.5		23.9	
TOTAL														157	
Output															
I/O								40 110	40 100	30 110	110 550	60 118		618	
NG/OG															
BM															
JP/WV															
JP/WV															
CT															

EXHIBIT

SECRET/NOFORN

SECRET/NOFORN

ACLU DDII CID ROI 30808

Name/SS#: ALIHAN MALE	ICU BEDSIDE FLOW SHEET											Date: 02/12/08			
Zblu Time	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100			
TEMP	101.1	101.4	101.8	103.4	103.7	103.1	103.9	103.0	102.6	101.5	102.4	103.2			
HR	96	94	87	93	93	94	101	109	115	108	147	138			
RESP	21	15	23	38	39	30	40	40	24	30	15	31			
NIBP	94/54	91/54	84/50	94/56	93/54	99/52	105/60	97/52	95/60	85/47	116/101	96/60			
A-LINE	8.2/54	8.9/59	7.0/66	8.4/48	8.5/44	9.3/49	9.8/47	9.5/46	10.6/48		12.0/73	8.7/58			
MAP	61	63	60	61	57	61	61	56	54	61	68	65			
O2 SAT	100%	97%	97%	100%	94%	95%	100%	97%	95%	97%	95%	100%			
MODE/FIO2	SimV 51	SimV 50%	SimV 50%	SimV 40%	SimV 40%	SimV 40%	SimV 40%	SimV 50%	SimV 50%	SimV 50%	SimV 60%	SimV 70%			
CVP															
ICP															
op															
Intake													NIGHTS TOTAL	DAYS TOTAL	24 HOUR TOTAL
PO														657	
TUBE FEED															
IVF															
IVPB															
ENT	4 4	4 4	4 12	4 16	4 20	4 24	4 26	4 30	4 36	8 44	9 52	8 11	120	138	
DEF	4 4	4 8	4 12	6 17	5 27	5 27	5 32	6 38	6 44	10 54	10 64	10 74	74	39.4	
SMV	16.1	16.7	16.7	16.7	16.7	16.7	16.7	16.7	16.7	16.7	16.7	16.7			
PRO.	45 45	45 90	21.4 111.4	15.8 121.2	22.7 139.7	27 146.7	28.1 150.16	28.1 150.16	35.3 171.2	45 216.2	45 216.2	45 216.2	456.2	214	
LIPO	75 75	88.1 109.1	56.4 159.4	30 119.4	30 119.4	37.5 146.9	41.9 155.8	46.7 170.7	75 285.7	93.6 319.5	93.6 319.5	93.6 319.5	688.3	23.9	
ILAC						50	50					50	50		
UO	140	140	300	440	500	440	10	790	70	30	70	100	1462.2	677	219.2
NGOG													1212	618	18.2
BM															
JPNV															
JPNV															
CT															
ACLU BUJ CID ROI 30809															

EXHIBIT

SECRET/NOFORN

(b)(6)

(+) 259.3



0142-08-CIU 369-43734

Shans, Mark 3590

ICU BEDSIDE FLOW SHEET

Date: 21 Jun 08

	0000	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	TOTAL										
MAP	79	77	74	76	70	69	67	68	67	66	67	78											
O2 SAT	100%	106	100%	100	100	100%	100	100%	100%	100%	100%	100%											
MODE/FIO2	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC											
CVP																							
ICP																							
CPP																							
Intake	0	0	50	50	50	100	50	50	10	160	20	180	200	200	30	230							
TUBE FEED																							
NF	50	50	100	50	50	50	200	50	250	50	300	50	350	50	400	50	450	50	500	75	575	75	650
NPB																							
Output	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40
N/A/OG																							
BM					X1	X1																	
JPAW																							
JPAW																							
CT																							

ACLU DBII CID RO 30810

EXHIBIT

SECRET/NOFORN





NAME/ISS#: AFGHAN MALE 35910

Date: 01 April 08

	ZULU TIME	0300	0700	1100	1500	1900	2300
NEURO	LOC				Alert		
	Orientation				0x3		
LEFT PUPIL	Reaction/Size				brk / 3mm		
RIGHT PUPIL	Reaction/Size				brk / 3mm		
RESP	Lung Sounds				non-labored		
	Resp Effort				CTA		
	Secretions				none noted		
ETT/TRACH	Tube Size				-		
	CM at Teeth/Nare				-		
Chest Tube	Status/DSG R/L				-		
	Status/DSG R/L				-		
DIAC	Rhythm				SB, SR		
	Sounds				SS		
GI	Abdomen				soft, non-distended		
	Sounds				4x <sup>1000</sup> <sub>1000</sub> <sup>1000</sup> <sub>1000</sub>		
	BW / Ostomy				none at this time		
NG/OG	NG / OG				-		
VOID/FOLEY	Void/Foley/Color				voids		
SKIN	Color/Temp				NPR / warm		
	Integrity				intact		
	Sacrum/Heels				intact / intact		
	Edema-Upper/Lower				0 / 0		
VE/LUE	Color/Temp				NPR / warm		
	Pulse/Cap Refill				2+ / 2-3 sec		
	Movement				spont		
RE/LE	Color/Temp				NPR / warm		
	Pulse/Cap Refill				2+ / 2-3 sec		
	Movement				spont		
AINS	JP / Wound Vac				-		
DRAINS	JP / Wound Vac				-		
WOUND	Location						
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
IV LINE	Site/Condition				* 20g @ AC		
IV LINE	Site/Condition				* 20g @ AC		
CENTRAL LINE	Site/Condition						
A-LINE	Site/Condition						

0142-08-00

SECRET/NOFORN

NPR - Normal for age

EXHIBIT

SECRET/NOFORN

ACLU DDII/CID ROI 30812

Name/Initials: \_\_\_\_\_ Name/Initials: \_\_\_\_\_ Name/Initials: \_\_\_\_\_ (b)(6)

0142-08-CW 369 43736

Shawn, Male 35910

ICU BEDSIDE FLOW SHEET

Date: 21 Jun 08

	00	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	
MAP	78	77	74	75	70	68	67	68	67	66	67	75	
O2 SAT	100%	106	100%	100	100	100%	100	100%	100%	100%	100%	100%	
MODE/FIO2	AL NC	AL NC	AL NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	
CVP													
ICP													
CPP													
Intake	0	0	50	50	50	100	50	50	150	200	200	200	230
TUBE FEED													
IVF	50	50	100	50	50	200	50	250	50	300	50	450	650
IVPB													
Output	40	40	40	40	230	100	390	90	480	20	44	230	610
NG/OG													
BM				XI	XI								
JPAW													
JPAW													
CT													

SECRET/NOFORN

SECRET/NOFORN

ACLU DDII CID R01 30813

0142-08-LW 369-43736

Intake	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	NIGHTS	DAYS	24 HOUR
PO	300	300	300	300	300	300	300	300	300	300	300	300	500	230	
TABLE FEED														1650	
IVF	50	50	50	50	50	50	50	50	50	50	50	50	850	1080	102
IVPB															
UO	X1		1x2	1x3		1x4		1x4				1x4		1080	102
NGIOG															
BM															
JPNVV															
JPNVV															
CT															

Name/SS#: AFGHAN, Male 3590

ICU BEDSIDE FLOW SHEET

Date: 21 Feb 08

SECRET/NOFORN

SECRET/NOFORN

ACLU DDII CID ROI 30814

0142-08-411369

NAME/SS#: AFGHAN MALE 35970

Date: 21 Jun 08

	ZULU TIME	0300	0700	1100	1500	1900	2300
NEURO	LOC				Alert		
	Orientation				Ox 3		
LEFT PUPIL	Reaction/Size				brink / 3mm		
RIGHT PUPIL	Reaction/Size				brink / 3mm		
RESP	Lung Sounds				non-labored		
	Resp Effort				CPA		
	Secretions				none noted		
ETT/TRACH	Tube Size				-		
	CM at Teeth/Nare				-		
Chest Tube	Status/DSG R/L				-		
	Status/DSG R/L				-		
CARDIAC	Rhythm				SB, SR		
	Sounds				SS		
GI	Abdomen				soft, non-distended		
	Sounds				4x $\frac{11 \times 11}{11 \times 11}$		
	BW / Ostomy				none at this time		
	NG / OG				-		
	Void/Foley/Color				voids		
SKIN	Color/Temp				NFR / warm		
	Integrity				intact		
	Secrum/Heels				intact / intact		
	Edema-Upper/Lower				0 / 0		
EXTREMITIES	Color/Temp				NFR / warm		
	Pulse/Cap Refill				2+ / < 3 sec		
	Movement				spont		
RLE/LE	Color/Temp				NFR / warm		
	Pulse/Cap Refill				2+ / < 3 sec		
	Movement				spont		
WOUNDS	JP / Wound Vac				-		
	JP / Wound Vac				-		
WOUND	Location						
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
IV LINE	Site/Condition				* 20g @ AC		
IV LINE	Site/Condition				* 26g @ AC		
CENTRAL LINE	Site/Condition						
A-LINE	Site/Condition						

NFR - Normal for age

EXHIBIT

SECRET/NOFORN

\* 20g @ AC  
\* 26g @ AC  
ACLU DDII CID ROI 30815

Name/Initials: Name/Initials: Name/Initials: (b)(6)

Name: SS: Afghan		3592		ICU BEDSIDE FLOW SHEET								Date: 20 JUNE 08																								
Zulu Time	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300																								
TEMP	98.6			97.2					98.4			97.8																								
HR	56	50		68	55	59	55	58	56	60	56	60																								
RESP	12	14		18	14	18	17	18	10		18	9																								
NIHF	100/41	100/51	121/02	98/48	100/54	102/49	102/53	111/60	102/50	119/60	102/40	109/58																								
A LINE																																				
MAP	72	63	76	60	65	67	65	73	59	74	52	70																								
O2 SAT	100	100	100	100%	100%	100%	100%	100%	100%	100%	100%	100%																								
MODE/FIC2	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC																								
CVP																																				
ICP																																				
CPP																																				
Intake			DEFURB						DEFURB																											
TUBE FEED				200	50	50	300	30	330	20	350	30	370		380		380		TOTAL																	
IVF	50	50	50	100	50	100	50	150	50	200	50	250	50	250	50	300	50	350	50	400	50	400	50	400												
IVFB																																				
Tot.	9.4	9.8	9.3	19.6	19.6	19.6	19.6	19.6	19.6	19.6	19.6	19.6	19.6	19.6	19.6	19.6	19.6	19.6	19.6	19.6	19.6	19.6	19.6	19.6												
Output	150	150	200	350	200	575	100	675	180	320	150	1315	470	350	250	560	560	560	560	560	560	560	560	560												
NO. SG																																				
BLA				XI																																
JPWV																																				
JPWV																																				
CT																																				

EXHIBIT

SECRET/NOFORN

ACLU-BDII GIB ROI 30816





0142-08-CU 369 43736

Name/SS#:		ICU BEDSIDE FLOW SHEET														Date:									
ZULU TIME	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	
Position Q2H	(b)(6)																								
Regular Bath																									
Suction	NA																								
Trach Care	NA																								
Pin Care																									
Pin Care																									
Restraint																									
Check Q2H																									
ETT Tape																									
Change																									
V.A.P																									
HOP - 45	(b)(6)																								
Di																									
Mouth Care at least Q4					(b)(6)																				
Prophylaxis Yes/No	✓																								
DVT Prophylaxis Yes/No																									
Sedation Holiday Q24H																									
Chlorhexidine 2% Bath Q24H																									
Intral Line																									
Dr																									
ange																									
NAME:										INITIALS:															
NAME:										INITIALS: ACLU DDII CID ROI 30818															

EXHIBIT

SECRET/NOFORN



0142-08-CIU 369-43734

Name/SS#: **Afghan 3592** ICU BEDSIDE FLOW SHEET Date: **20 JUNE 2008**

ZULU TIME	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200		
Position Q2H	(b)(6)												Self T												→	
Regular Bath																										
Suction													N/A													
Trach Care																										
Pin Care																										
Pin Care																										
Restraint Check Q2H	N/A																									
ETT Tape Change																										
V.A.P																										
HO 5	450																									
Mouth Care at least Q4																										
Oral Prophylaxis Yes/No	↓												Yes													→
IV Prophylaxis Yes/No	↓												amb. to bed													→
Sedation Holiday Q24H	—																									
Chlorhexidine 2% Bath Q24H	—																									
Central Line Discharge	(b)(6)																									
NAME:	(b)(6)																									
INITIALS:																										
NAME:	(b)(6)																									
INITIALS:																										

VALID

SECRET/NOFORN

ACLU DDII CID ROI 30819

0142-08-CW 369  
SECRET/NOFORN

NAME/ISS#:	TIME	0300	0700	1100	1500	1900	2300
<i>Johnson 3597</i>							
NEURO	LOC	<i>Alert</i>			<i>Alert</i>		
	Orientation	<i>appropriate</i>			<i>x 3</i>		
LEFT PUPIL	Reaction/Size	<i>brisk</i>			<i>brisk / 3mm</i>		
RIGHT PUPIL	Reaction/Size	<i>(brisk / 3mm)</i>			<i>brisk / 3mm</i>		
RESP	Lung Sounds	<i>CTA</i>			<i>CTA</i>		
	Resp Effort	<i>unlabored</i>			<i>no distress</i>		
	Secretions	<i>none</i>			<i>none noted</i>		
ETT/TRACH	Tube Size	<i>-</i>			<i>-</i>		
	CM at Teeth/Nare	<i>-</i>			<i>-</i>		
Chest Tube	Status/DSG R/L	<i>SB -</i>			<i>-</i>		
	Status/DSG R/L	<i>-</i>			<i>-</i>		
CARDIAC	Rhythm	<i>SB</i>			<i>SB/IR</i>		
	Sounds	<i>S1 S2</i>			<i>S1 S2</i>		
GI	Abdomen	<i>soft, ND</i>			<i>soft non-distended</i>		
	Sounds	<i>present x4</i>			<i>⊕ x 2</i>		
	BM / Ostomy	<i>⊕ Flatus</i>			<i>⊕ x 2</i>		
	NG / OG	<i>N/A</i>			<i>-</i>		
GU	Void/Foley/Color	<i>dk brown</i>			<i>dk brown / brown</i>		
SKIN	Color/Temp	<i>NPR, warm</i>	<i>NO</i>	<i>NO</i>	<i>NPR / warm</i>		
	Integrity	<i>intact</i>			<i>intact</i>		
	Sacrum/Heels	<i>intact</i>			<i>intact / intact</i>		
	Edema-Upper/Lower	<i>0 / 0</i>			<i>0 / 0</i>		
RU/LU	Color/Temp	<i>NPR, warm</i>	<i>DS</i>	<i>DS</i>	<i>NPR / warm</i>		
	Pulse/Cap Refill	<i>2+ / L3 sec</i>			<i>2+ / L3 sec</i>		
	Movement	<i>spont</i>			<i>spont</i>		
RL/LE	Color/Temp	<i>NPR, warm</i>			<i>NPR, warm</i>		
	Pulse/Cap Refill	<i>2+ / L3 sec</i>			<i>2+ / L3 sec</i>		
	Movement	<i>spont</i>			<i>spont</i>		
RAINS	JP / Wound Vac	<i>N/A</i>			<i>-</i>		
URAINS	JP / Wound Vac				<i>-</i>		
WOUND	Location						
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
IV LINE	Site/Condition	<i>RG ⊕ AC</i>			<i>RF, ⊕ AC</i>		
IV LINE	Site/Condition	<i>RG ⊕ FA</i>			<i>DL</i>		
CENTRAL LINE	Site/Condition						
A-LINE	Site/Condition						
	(b)(6)						

EXHIBIT

NFA-  
2/2/1  
2

SECRET/NOFORN

ACLU DDH CID ROI 30820

Name/Initials: [redacted] Name/Initials: [redacted] Name/Initials: [redacted] (b)(6)

0142-08-CID 369 43736

Name: 352		ICU BEDSIDE FLOW SHEET											Date: 20 JUNE 08
Zulu Time	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	
TEMP	98°			97.2					98.4			97.8	
HR	56	50		68	56	59	55	58	56	60	56	60	
RESP	12	14		17	14	18	17	18	10		18	9	
MEF	108/41	100/51	121/62	98/48	100/54	102/48	102/53	111/60	102/50	119/50	101/46	109/58	
A-LINE													
MAP	72	63	76	60	65	67	55	73	59	74	52	70	
O2 SAT	100	100	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
MODE/R02	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	
CVP													
ICP													
CPP													
Intake			DEFIB						DEFIB				
TUBE FEED				200	50	250	50	300	20	350	30	300	
IVF	50	50	50	100	50	150	50	200	50	250	50	300	50
IVFB													
Tct.	9.9	9.8	9.3	19.6	19.6	19.6	19.6	19.6	19.6	19.6	19.6	19.6	19.6
Output	150	150	200	205	100	675	180	320	150	420	250	560	200
NOUG				575			1165		1315	1735	2055	5605	2055
BU			XI										
JP/WV									XI				
JP/WV													
CT													
ACLU DDII CID ROI 30824													

EXHIBIT

SECRET/NOFORN

SECRET/NOFORN

0142-08 - CID 369

Name/SS#: ATEMAN male 3590

ICU BEDSIDE FLOW SHEET

Date: 20 JUN 07

Zulu Time	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100			
TEMP	97.2	97.4	97.9	97.5	97.7	97.4	97.4	98.2	97.9	98.7	97.4	97.7			
HR	65	59	65	59	62	70	61	45	57	61	58	58			
RESP	14	12	12	17	17	11	13	18	15	15	17	19			
NIBP	112/68	121/82	117/57	111/51	113/57	113/62	124/68	116/55	116/54	107/51	119/60	127/64			
A-LINE															
MAP	78	71	71	65	70	74	80	70	71	65	71	79			
O2 SAT	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
MODE/FIO2	2UL	2LC	2LC	2LC	2LC	2LC	2LC	2LC	2LC	2LC	2LC	2LC			
CVP															
CP															
PP															
Intake													NIGHTS	DAYS	24 HOUR
PO	400	400	150	550	50	1000	300	150	1650	200	1850	1250	TOTAL	TOTAL	TOTAL
ORAL FEED															
IVF	50	50	50	100	50	150	50	50	300	50	350	50	600	400	
IVPB															
Ent														19.6	
Output															
UO	800	220	140	510	300	660	100	800	960	800	1100	50	1660	2285	35
NG/OG															
BM															
JPNV															
JPNV															
CT															

AGLU DEH CID ROI 30822

1195.4

EXHIBIT

SECRET/NOFORN

0142-08 - CID 369 43732

Name/SS#:		ICU BEDSIDE FLOW SHEET														Date:									
ZULU TIME	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	
Position Q2H	(b)(6)																								
Regular Bath																									
Suction	NA																								
Trach Care	NA																								
Pin Care																									
Pin Care																									
Restraint																									
Check Q2H																									
ETT Tape																									
Change																									
V.A.P																									
HOP -145	(b)(6)																								
Mouth Care at least Q4					(b)(6)																				
Prophylaxis Yes/No																									
VT Prophylaxis Yes/No																									
Sedation Holiday Q24H																									
Chlorhexidine 2% Bath Q24H																									
Central Line																									
Us' ngs																									
NAME:																INITIALS:									
NAME:																INITIALS:									
																ACLU DDII CID ROI 30823									

EXHIBIT

SECRET/NOFORN

0142-08-UW 369,43734

Name/SS#: **Afghan 3592** ICU BEDSIDE FLOW SHEET Date: **20 JUNE 2008**

ZULU TIME	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	
Position Q2H	(b)(6)																								
Regular Bath																									
Suction																									
Trach Care																									
Pin Care																									
Pin Care																									
Restraint Check Q2H	MA																								
ETT Tape Change																									
V.A.P.																									
HO	5																								
Deg	45°																								
Mouth Care at least Q4																									
GI Prophylaxis Yes/No	None																								
DVT Prophylaxis Yes/No																									
Sedation Holiday Q24H																									
Chlorhexidine 2% Bath Q24H																									
Central Line																									
Age	(b)(6)																								
NAME:	(b)(6)																								
INITIALS:																									
NAME:	(b)(6)																								
INITIALS:																									

EXHIBIT

SECRET/NOFORN

ACLU DDII CID ROI 30824



0142-08-CW 369 43734

SECRET/NOFORN

NAME/SS#:	TIME	0300	0700	1100	1500	1900	2300
NAME/SS#: <i>Hughan 3592</i>	TIME	0300	0700	1100	1500	1900	2300
NEURO	LOC	<i>Alert</i>			<i>Alert</i>		
	Orientation	<i>appropriate</i>			<i>x 3</i>		
LEFT PUPIL	Reaction/Size	<i>brisk</i>			<i>brisk / 3mm</i>		
RIGHT PUPIL	Reaction/Size	<i>(with 3mm)</i>			<i>brisk / 3mm</i>		
RESP	Lung Sounds	<i>CTA</i>			<i>CTA</i>		
	Resp Effort	<i>unlabored</i>			<i>distress</i>		
	Secretions	<i>none</i>			<i>none noted</i>		
ETT/TRACH	Tube Size	<i>-</i>			<i>-</i>		
	CM at Teeth/Nare	<i>-</i>			<i>-</i>		
Chest Tube	Status/DSG R/L	<i>SB -</i>			<i>-</i>		
	Status/DSG R/L	<i>-</i>			<i>-</i>		
CARDIAC	Rhythm	<i>SB</i>			<i>SBIR</i>		
	Sounds	<i>S1 S2</i>			<i>S1 S2</i>		
GI	Abdomen	<i>soft, ND</i>			<i>soft, no distnd</i>		
	Sounds	<i>present x4</i>			<i>(+) x 4</i>		
	BMI Ostomy	<i>present</i>			<i>present</i>		
	NG / OG	<i>N/A</i>			<i>-</i>		
GU	Void/Foley/Color	<i>dk brown</i>			<i>dk mucous/brown</i>		
SKIN	Color/Temp	<i>NPR, warm</i>	<i>NO</i>	<i>NO</i>	<i>NPR / warm</i>		
	Integrity	<i>intact</i>			<i>intact</i>		
	Sacrum/Heels	<i>intact</i>			<i>intact / intact</i>		
	Edema-Upper/Lower	<i>0 / 0</i>			<i>0 / 0</i>		
RUE/LUE	Color/Temp	<i>NPR, warm</i>	<i>AS</i>	<i>AS</i>	<i>NPR / warm</i>		
	Pulse/Cap Refill	<i>2+, L346</i>			<i>2+ / L346</i>		
	Movement	<i>spont</i>			<i>spont</i>		
RLE/LLE	Color/Temp	<i>NPR, warm</i>			<i>NPR, warm</i>		
	Pulse/Cap Refill	<i>2+, L346</i>			<i>2+ / L346</i>		
	Movement	<i>spont</i>			<i>spont</i>		
DRAINS	JP / Wound Vac	<i>N/A</i>			<i>-</i>		
DRAINS	JP / Wound Vac				<i>-</i>		
WOUND	Location						
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
IV LINE	Site/Condition	<i>RG @ AC</i>			<i>RG @ AC</i>		
IV LINE	Site/Condition	<i>RG @ ED</i>			<i>RG @ ED</i>		
CENTRAL LINE	Site/Condition						
A-LINE	Site/Condition						
Name/Initials:	(b)(6)	Name/Initials:		Name/Initials:	(b)(6)		

EXHIBIT

SECRET/NOFORN

ACLU/DDII CID ROI 30825



0142-08-CID 369 43734

Name/SS#: <u>Alghon 3592</u>		ICU BEDSIDE FLOW SHEET											Date: <u>19 June 2008</u>	
Zulu Time	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300		
TEMP	97.6													
HR	70	56	57	57	62		41	57	50	58	62	61		
RESP	18	15	13	19	22		21	13	22	11	11	17		
MAP	93/50	84/47	80/48	90/48	80/49		84/45	87/50	97/44	105/63	104/62	110/58		
MAP	60	56	56	61	58		65	58	53	71	74	71		
O2 SAT	100%	100%	100%	100%	99%		100%	100%	100%	100%	100%	100%		
MODE FIO2	2L NC	2L NC	1L NC	1L NC	1L NC		1L NC	1L NC	4L NC	4L NC	4L NC	4L NC		
CPAP														
IPPB														
Intake	/												TOTAL	
TUBE FEED	/												750	
IVF	/													
IVFB	/													
Int.	9.8	9.8	9.8	9.6	9.8	9.4	9.8	9.2	9.5	4.9	9.8	5.8	9.8	
Nitro	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	
15 Btus	/													
Output	/													
UO	20	30	70	70	120	30	160	30	200	20	20	240	160	
UO BS	/												440	
BUN	/													
PCW	/													
IPW	/													
CT	/													

SECRET/NOFORN

ACLU/DDI/CID R0130826

EXHIBIT

SECRET/NOFORN

(b)(6)

NAME/SS#: <i>Hghran</i> 3592		Date: 19 June 2008					
ZULU TIME		0300	0700	1100	1500	1900	2300
NEURO	LOC	<i>Alert sleepy</i>			<i>Alert</i>		
	Orientation	<i>Asx x3</i>			<i>Asx x3</i>		
LEFT PUPIL	Reaction/Size	<i>3mm / PERLA</i>			<i>3mm / 2mm</i>		
RIGHT PUPIL	Reaction/Size	<i>3mm</i>			<i>3mm / 2mm</i>		
RESP	Lung Sounds	<i>clear - Dim b. lat.</i>			<i>CTA</i>		
	Resp. Effort	<i>unlabored</i>			<i>unlabored</i>		
	Secretions	<i>0</i>			<i>none noted</i>		
ETT/TRACH	Tube Size	<i>N/A</i>					
	CM at Teeth/Nare	<i>1</i>					
Chest Tube	Status/DSG R/L						
	Status/DSG R/L						
CARDIAC	Rhythm	<i>NSR - SB ECG PVC</i>			<i>SB, SR</i>		
	Sounds	<i>SS</i>			<i>S.S.</i>		
GI	Abdomen	<i>Soft; non-tender</i>			<i>soft, non-tender</i>		
	Sounds	<i>Active x4</i>			<i>⊕ x 4</i>		
	BM/ Ostomy	<i>0</i>			<i>1 stool 12:00</i>		
	NG / OG	<i>0</i>			<i>-</i>		
GU	Void/Color	<i>Bluish - DARK</i>			<i>dark / bloody (brown)</i>		
SKIN	Color/Temp	<i>NFR</i>			<i>NFR / warm</i>		
	Integrity	<i>intact</i>			<i>intact</i>		
	Sacrum/Heels	<i>intact</i>			<i>intact</i>		
	Edema-Upper/Lower	<i>0</i>			<i>0 / 0</i>		
RUE/LUE	Color/Temp	<i>NFR, WARM</i>			<i>NFR / warm</i>		
	Pulse/Cap Refill	<i>2+ / &lt; 3s</i>			<i>2+ / &lt; 3s</i>		
	Movement	<i>strong</i>			<i>spontaneous</i>		
RLE/LE	Color/Temp	<i>NFR, WARM</i>			<i>NFR / warm</i>		
	Pulse/Cap Refill	<i>2+ / &lt; 3s</i>			<i>2+ / &lt; 3s</i>		
	Movement	<i>strong</i>			<i>spontaneous</i>		
DRAINS	JP / Wound Vac	<i>0</i>			<i>-</i>		
DRAINS	JP / Wound Vac	<i>0</i>			<i>-</i>		
JND	Location	<i>0</i>			<i>-</i>		
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
IV LINE	Site/Condition	<i>R7 (C) AC</i>			<i>R7 (C) AC</i>		
IV LINE	Site/Condition	<i>R7 (C) FA PATENT</i>			<i>R7 (C) FA</i>		
CENTRAL LINE	Site/Condition	<i>0</i>					
A-LINE	Site/Condition	<i>0</i>					
Name/Initials:		(b)(6)	(b)(6)	Name/Initials:	(b)(6)		

EXHIBIT

SECRET/NOFORN

ACLU DDII CID ROI 30827



0142-08-00 369-4373

#12

Name/SS#:	ICU BEDSIDE FLOW SHEET											Date:		
	Atghem 3592											18 Jun 08		
Zulu Time	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300		
TEMP	48.8	47.6		47.2		47.6		48.0		49.5				
HR	54	56	61	63	73	69	71	73	71	71		71		
RESP	17	17	19	21	17	21	17	21	14	17		17		
NIBP	112/62	140/70	134/71	117/57	115/56	107/51	112/55	122/50	115/54	125/63		112/63		
A-LINE														
MAP	77	87	79	72	69	65	68	71	73	79		79		
O2 SAT	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%		100%		
MODE#IO2	2LNC	1LNC	1LNC	1LNC	1LNC	1LNC	1LNC	1LNC	4LNC	3LNC		5LNC		
CVP														
ICP														
CPP														
PU			250	250	50	300	300	600	600	600	800	300	1100	TOTAL
TUBE FEED														
IVF														
IVFB														
Wt/Ht	9.8	9.8	9.6	9.4	9.2	9.0	8.8	8.6	8.4	8.2	8.0	7.8	7.6	117.6
Wt/C					3	3	3	6	3	9	15	17	3	21.8
Output		200	200	100	300	250	550	550	50	600	200	40	60	20
NG/OG														
BM														
JPAW														
JPAW														
CT														

SECRET/NOFORN

ACLU DDII CID ROI 30829

EXHIBIT

SECRET/NOFORN

0142-08-CD 369 437

Name/SS#:		ICU BEDSIDE FLOW SHEET																Date: 6/18/08							
ZULU TIME	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	
Position Q2H	Self													pt moves self in bed											
Regular Bath																									
Suction	PRN																								
Trach Care	N/A																								
Pin Care	N/A																								
Pin Care	N/A																								
Restraint Check Q2H	N/A																								
ETT Tape Change	N/A																								
WAP	N/A (no vent)																								
HC 5																									
Degrees																									
Mouth Care at least Q4																									
GI Prophylaxis Yes/No																									
DVT Prophylaxis Yes/No																									
Sedation Holiday Q24H																									
Chlorhexidine 2% Bath Q24H																									
Oral Care	N/A																								
Discharge																									
NAME:	(b)(6)						(b)(6)						INITIALS: (b)(6)												
NAME:	(b)(6)						(b)(6)						INITIALS: (b)(6)												

EXHIBIT

SECRET/NOFORN

PHI CID ROI 30830



0162-08-CD 369-427

SECRET/NOFORN

Name/SS#:	ICU BEDSIDE FLOW SHEET												Date:	1/23/08													
Zulu Time	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100															
TEMP	97.3	97.4	99.1	98.1	97.8	97.0	97.2	99.0	63	67	97.4	97.4															
HR	73	72	75	71	67	62	63	64	63	67	57	59															
RESP	19	18	21	16	18	19	20	19	19	18	13	12															
NIBP	124/60	104/54	98/56	90/47	90/48	92/38	72/40	94/46	92/44	80/42	92/47	93/60															
A-LINE	-	-	-	-	-	-	-	-	-	-	-	-															
MAP	70	66	65	57	58	50	52	60	50	51	58	60															
O2 SAT	100%	100%	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%															
MODE/FIO2	3LVL	3L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC															
CVP																											
ICP																											
CPP																											
Chest p.p.		2/10	2/10		4/10																						
Intake																											
PO																											
TUBE FEED																											
IVF											260	260	250	-	250												
IVPB																											
Ink/ur/wt	9.8	7.8	19.6	9.8	29.4	9.8	39.0	7.8	49.0	7.8	58.8	9.8	78.4	9.8	88.2	7.8	98	9.8	107.6	9.8	117.6	117.6	235.2				
Ur/ur	3.3	5.6	3.3	7.6	3.3	11.4	3.3	15.2	3.3	19.0	3	22.0	3	25.0	2.3	27.3	2.3	29.6	1.1	30.7	1.1	32.9	1.1	32.9	32.9	21.8	54.7
Output	410	400				140						100															
UO	320	350	100	1270	40	1310	30	1340		200	1340	475	2215		175	2390	275	25						720	2690	3410	
NG/OG																											
BM																											
JPAW																											
JPAW																											
CT																											
												In-Lake FDB 1881 ROI 3083															
												Output = 3410															

EXHIBIT

SECRET/NOFORN

0142-08-CD 369-427

SECRET/NOFORN

NAME/SS#: 3572		Date: 6/12/07						
		0300	0700	1100	1500	1900	2300	
NEURO	LOC	Alect		restless/unconscious	restless		alut	
	Orientation	Aao x3			lethargic		Au 3	
LEFT PUPIL	Reaction/Size	3mm → PENETRA BRK	no change	no change	3mm R	no change	3mm BRK	
RIGHT PUPIL	Reaction/Size	3mm			3mm R		3mm BRK	
RESP	Lung Sounds	cl. bilat.			(B) clear / D.m.			(B) CTR
	Resp Effort	unlabored			clear & unlabored			unlabored
	Secretions	Ø			Ø		Ø	
ETT/TRACH	Tube Size	NA					NA	
	CM at Teeth/Nare	NA					NA	
Chest Tube	Status/DSG R/L	Ø			NA		NA	
	Status/DSG R/L	Ø					NA	
CARDIAC	Rhythm	Sinus BRADY / NSR 40-45	NSR 40-45	no change	SR @ 84 1503		SB	
	Sounds	S.Sz			S.Sz		S.Sz	
GI	Abdomen	soft, tender			soft ND NT		soft flat	
	Sounds	Active 4			BS x4		BS x4	
	NG / OG	Ø			Ø		Ø	
GU	Void/Foley/Color	bl. py, blood (2 veins)	Intubated	Intubated 400ml	Intubated 600ml		foley bloody drug	
SKIN	Color/Temp	Normal			pink warm		NFR W	
	Integrity	intact			intact		intact	
	Sacrum/Heels	intact			intact		intact	
	Edema-Upper/Lower	Ø			Ø		Ø	
RUE/LUE	Color/Temp	NFR, warm	no change		pink warm		NFR W	
	Pulse/Cap Refill	2+, 43s			2+ 43s		2+ 43	
	Movement	Strong			(B) spurt/strong (B)		spurt	
RLE/LLE	Color/Temp	NFR, warm			pink warm		NFR W	
	Pulse/Cap Refill	2+, 43s			2+ 43s		2+ 43	
	Movement	Strong			(B) spurt/strong (B)		spurt	
DRAINS	JP / Wound Vac	Ø			NA		NA	
DRAINS	JP / Wound Vac	Ø			NA		NA	
WOUND	Location							
	Dressing							
	Drainage							
WOUND	Location							
	Dressing							
	Drainage							
WOUND	Location							
	Dressing							
	Drainage							
IV LINE	Site/Condition	IF @ AC		DC's IV	Ø	ACLU DDII CID ROI	30632	
IV LINE	Site/Condition	Ø @ FA started			Ø		24 LPA	
CENTRAL LINE	Site/Condition	Ø			Ø			
A-LINE	Site/Condition	Ø			Ø			
Name/Initials:	(b)(6)	Name/Initials:			Name/Initials	(b)(6)		

EXHIBIT

SECRET/NOFORN



0142-08-CID 369-4

SECRET/NOFORN

NAME/SS#: 3592		Date: 6/18/05					
		0300	0700	1100	1500	1900	2300
NEURO	LOC	Alert	no change	Restless/Unconscious	Restless		Alert
	Orientation	Ax0x3			Leharg =		As 3
LEFT PUPIL	Reaction/Size	3mm → PERILLA BARK			3mm R/L → BARK		3mm BARK
RIGHT PUPIL	Reaction/Size	3mm BARK			3mm R/L → BARK		
RESP	Lung Sounds	Cl. bilat.			(B) clear / D.M.		(B) CIA
	Resp Effort	unlabored			even + undisturbed		unlabored
	Secretions	Ø			Ø		Ø
ETT/TRACH	Tube Size	NA					NA
	CM at Teeth/Nare	NA					NA
Chest Tube	Status/DSG R/L	Ø NA			NA		NA
	Status/DSG R/L	Ø				NA	
CARDIAC	Rhythm	Sinus Bradycardia / NSR	no change	SR @ 84	130-135	SB	
	Sounds	S.S.		S.S.		S.S.	
GI	Abdomen	soft, tender		soft ND NT		soft plus	
	Sounds	Active = 4		BS x 4		BS x 4	
	Ø/ Ostomy	3mm x 1		Ø		NA	
	NG / OG	Ø		Ø		NA	
GU	Void/Foley/Color	blatly, 400ml	Integrit	Integrit 400ml	Integrit 600ml	Foley bloody	
SKIN	Color/Temp	Normal for Race / Warm		pink warm		NFRW	
	Integrity	Intact		Intact		Intact	
	Sacrum/Heels	Intact		Intact		Intact	
	Edema-Upper/Lower	Ø		Ø		Ø	
RUE/LUE	Color/Temp	NFR, warm	no change	pink warm		NFRW	
	Pulse/Cap Refill	2+, <3s		2+ <4sec.		2+ <3	
	Movement	Strong		(B) Spont/Strong (B)		Spont	
RLE/LE	Color/Temp	NFR, warm		pink warm		NFRW	
	Pulse/Cap Refill	2+, <3s		2+ <4sec.		2+ <3	
	Movement	Strong		(B) Spont/Strong (B)		Spont	
DRAINS	JP / Wound Vac	Ø		NA		NA	
DRAINS	JP / Wound Vac	Ø		NA		NA	
WOUND	Location	Ø					
	Dressing	Ø					
	Drainage	Ø					
WOUND	Location	Ø					
	Dressing	Ø					
	Drainage	Ø					
WOUND	Location	Ø					
	Dressing	Ø					
	Drainage	Ø					
IV LINE	Site/Condition	IP, (C) AC		Ø DC's IV		Ø	
IV LINE	Site/Condition	Ø (B) FA stabs				Ø	
CENTRAL LINE	Site/Condition	Ø				Ø	
A-LINE	Site/Condition	Ø				Ø	
Name/Initials:	(b)(6)	Name/Initials:		Name/Initials:	(b)(6)		

EXHIBIT

SECRET/NOFORN

0142-08-00 369-4373

#12

Name/SS#: <u>Atghun 5592</u>		ICU BEDSIDE FLOW SHEET										Date: <u>18 Jun 08</u>									
Zulu Time	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300									
TEMP	48.8	47.6		47.2		47.6		48.0		49.5											
HR	54	52	61	62	73	69	71	73	71	71		72									
RESP	17	17	19	21	18	21	17	21	14	17		18									
NIBP	112/62	140/70	131/74	117/50	115/56	107/51	112/55	122/58	115/54	125/63		112/60									
A-LINE																					
MAP	77	81	79	72	69	65	68	71	73	79		77									
O2 SAT	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%		100%									
MODE/FIO2	2LNC	1LNC	1LNC	1LNC	1LNC	1LNC	1LNC	1LNC	4LNC	3LNC		3LNC									
CVP																					
ICP																					
CPP																					
PU			250	250	50	300		300	600	600	600	700	300	1100	1100						
TUBE FEED																					
IVF																					
IVFB																					
Temp/HR	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	117.6							
Wt/HR						3	3	3	6	3	9	15	10.5	15	12	3	15	3	18	3.8	21.8
Output			200	200	100	300	250	550	550	50	600	200	670	40	660	20	600	40	720		
NG/OG																					
BM																					
JPWV																					
JPWV																					
CT																					

ACLU DDI QID ROI 30834

EXHIBIT

SECRET/NOFORN

0142-08-CU 369-4373

SECRET/NOFORN

Name/SS#:	ICU BEDSIDE FLOW SHEET												Date:	1/23/05				
Zulu Time	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100						
TEMP	98.3	97.9	99.1	98.1	97.8	97.0	97.2	98.0	98.0	97.9	97.9	97.9						
HR	73	72	75	71	67	62	63	64	63	67	57	59						
RESP	17	18	21	16	18	19	20	19	19	18	13	12						
NIBP	24/64	104/54	98/54	90/47	90/48	92/38	92/30	98/40	92/44	80/42	92/47	93/50						
A-LINE	-	-	-	-	-	-	-	-	-	-	-	-						
MAP	78	66	65	57	58	50	52	60	50	51	58	60						
O2 SAT	100%	100%	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%						
MODE/FIO2	3LVL	3L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC						
CVP																		
ICP																		
CPP																		
Chest p.p.i.		2/10	2/10		0/10													
Intake																		
PO																		
TUBE FEED																		
IVF												260						
IVPB												250						
Intake/Output	9.8 4.8	7.8 19.6	9.6 29.4	1.8 39.0	1.8 49.0	1.8 58.8	1.8 68.4	1.8 78.4	1.8 88.2	1.8 98	1.8 107.8	1.8 117.6	117.6	117.6	235.2			
WICU	3.8 5.6	1.8 7.6	3.8 11.4	3.8 15.2	3.8 19.0	3 22.0	3 25.0	2.3 27.3	2.3 29.6	1.1 30.7	1.1 32.9	1.1 32.9	32.9	21.8	54.7			
Output	400	600			140						700							
UO	300	850	100	40	30	200	1540	675	175	275	25		720	2690	3410			
NG/OG																		
BM																		
JPAW																		
JPAW																		
CT																		
												In-ACLUEDDI 6010 ROI 30835						
												Output - 3410						

EXHIBIT

SECRET/NOFORN

0142-08-CO 369-437

SECRET/NOFORN

Name/SS#:	ICU BEDSIDE FLOW SHEET																Date:	6/16/08							
ZULU TIME	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	
Position Q2H	Self →													pt moved self in local											
Regular Bath																									
Suction	PRN																								
Trach Care	N/A																								
Pin Care	N/A																								
Pin Care	N/A																								
Restraint																									
Check Q2H	N/A																								
ETT Tape Change	N/A																								
VAP	N/A (never)																								
HC	5																								
Decreases																									
Mouth Care at least Q4																									
GI Prophylaxis Yes/No																									
DVT Prophylaxis Yes/No																									
Sedation Holiday Q24H																									
Chlorhexidine 2% Bath Q24H																									
Drugs	N/A																								

(b)(6) EYE SIGHT

NAME: (b)(6) (b)(6) INITIALS: (b)(6)

NAME: (b)(6) INITIALS: (b)(6)

II CID ROI 30836

EXHIBIT

SECRET/NOFORN

0142-08-CMD 369-437

SECRET/NOFORN

Name/SS#: 3372	ICU BEDSIDE FLOW SHEET																						Date: 6/17/08			
ZULU TIME	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200		
Position Q2H															ph	moves	self	in	bed							
Regular Bath																										
Suction																										
Trach Care																										
Pin Care																										
Pin Care																										
Restraint																										
Check Q2H																										
ETT Tape Change																										
V.A.P																										
HOB at 45 Degrees																										
Mouth Care at least Q4																										
GI Prophylaxis Yes/No																										
DVT Prophylaxis Yes/No																										
Sedation Holiday Q24H																										
Chlorhexidine 2% Bath Q24H																										
Central Line Dsg Change																										

EXHIBIT

SECRET/NOFORN

NAME (b)(6)

NAME

INITIALS:

INITIALS. (b)(6)

ACLU DDII CID ROI 30837

0162-00-0000000000

#13 Covid surge

Name/SS#: Afghan 5592	ICU BEDSIDE FLOW SHEET												Date: 17 Jun 08			
Zulu Time	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100				
TEMP	-	-	-	-	-	98.3	-	-	97.9	-	-	-				
HR	-	51	44	52	56	56	57	58	50	54	55	56				
RESP	-	18	14	15	14	14	18	14	14	15	15	14				
NIBP	-	124/75	131/70	124/74	130/70	128/75	121/76	126/76	133/73	138/68	140/78	122/68				
ALINE	-	-	-	-	-	-	-	-	-	-	-	-				
MAP	-	87	84	87	86	85	70	87	88	84	73	80				
O2 SAT	-	100	97	100%	100%	99%	100%	100%	100%	100%	100%	100%				
MODE/FIO2	-	2LNC	2LNC	1LNC	1LNC	1LNC	2LNC	2LNC	2LNC	2LNC	2LNC	2LNC				
CVP																
ICP																
CPP																
rest param		0	0				0			0	0	0				
Intake																
PO																
TUBE FEED																
Intake			9.5	9.8	9.8	9.5	9.8	9.5	9.8	9.8	9.8	9.8	98.0			
IVPB			9.8	19.6	29.4	34.2	49.0	53.8	65.6	75.4	88.2	98.0	98.0			
Output																
UO												270	270			
NGOG																
BM																
JPAW																
JPAW																
CT																

SECRET/NOFORN

EXHIBIT

SECRET/NOFORN

98.0

72

ACLU DDII CID ROI 30838

270



0142-08-CU 369-43734

SECRET/NOFORN

NAME/SS#: 3592	ZULU TIME	0300	0700	1100	1500/1600	1900	2300
NEURO	LOC				Alert	Alert	
	Orientation				Disoriented	OK	
LEFT PUPIL	Reaction/Size				3 - R.I. > B.W.	3 - R.I.	
RIGHT PUPIL	Reaction/Size				3 - R.I. > B.W.	3 - R.I. > B.W.	
RESP	Lung Sounds				Clear		
	Resp Effort				even & unlabored		
	Secretions						
ETT/TRACH	Tube Size				-		
	CM at Teeth/Nare				-		
Chest Tube	Status/DSG R/L				NA		
	Status/DSG R/L						
DIAC	Rhythm				SB @ 48		
	Sounds				S <sub>1</sub> S <sub>2</sub>		
GI	Abdomen				soft NT ND		
	Sounds				Bx4		
	BM/ Ostomy						
	NG / OG						
GU	Void/Foley/Color				Void - Observed		
SKIN	Color/Temp				pink warm		
	Integrity				Intact		
	Sacrum/Heels				Intact		
	Edema-Upper/Lower						
RUE/LUE	Color/Temp				pink warm		
	Pulse/Cap Refill				+2 <4sec		
	Movement				Spont. B.I		
RLE/LE	Color/Temp				pink warm		
	Pulse/Cap Refill				+2 <4sec		
	Movement				Spont. B.I		
DRAINS	JP / Wound Vac				NA		
DRAINS	JP / Wound Vac						
WOUND	Location						
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
IV LINE	Site/Condition				156 CAGI U DDII CID ROI 30839		
IV LINE	Site/Condition						
CENTRAL LINE	Site/Condition						
A LINE	Site/Condition						

EXHIBIT

SECRET/NOFORN



0142-08-CID 369-43734

SECRET/NOFORN

Name/SS#: 3973	ICU BEDSIDE FLOW SHEET														Date: 6/17/05											
ZULU TIME	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200		
Position Q2H															PT	moves	self	to	local							
Regular Bath																										
Suction																										
Trach Care																										
Pin Care																										
Pin Care																										
Restraint																										
Check Q2H																										
ETT Tape Change																										
V.A.P																										
HOB at 45 Degrees																										
Mouth Care at least Q4																										
GI Prophylaxis Yes/No																										
DVT Prophylaxis Yes/No																										
Sedation Holiday Q24H																										
Chlorhexidine 2% Bath Q24H																										
Central Line Dsg Change																										

NAME: (b)(6)

NAME: (b)(6)

INITIALS: (b)(6)

INITIALS: (b)(6)

ACLU DDII CID ROI 30840

EXHIBIT

SECRET/NOFORN

0142-08-CID 369 43734

SECRET/NOFORN

EXHIBIT

SECRET/NOFORN

#13 Cordia surge

Name/SS#:	Afghani 5592												ICU BEDSIDE FLOW SHEET			Date:
Zulu Time	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100				
TEMP		-	-	-	-	98.3	-	-	97.9	-	-	-				
HR		51	48	52	56	56	57	58	50	54	55	56				
RESP		18	14	15	14	14	18	14	14	15	15	14				
NIBP		124/75	131/70	129/24	130/70	128/25	131/76	126/76	132/73	131/68	141/78	122/48				
A-LINE		-	-	-	-	-	-	-	-	-	-	-				
MAP		87	84	87	86	85	70	87	88	84	73	80				
O2 SAT		100	97	100%	100%	99%	100%	100%	100%	100%	100%	100%				
MODE/FIO2		2LNC	2LNC	1LNC	1LNC	1LNC	2LNC	2LNC	2LNC	2LNC	2LNC	2LNC				
CVP																
ICP																
CPP																
rest p... Intake		0	0				0			0	0	0	NIGHTS TOTAL	DAYS TOTAL	24 Hour TOTAL	
PO	/															
TUBE FEED	/															
IVPB	/															
Output	/															
U/O	/												270	270		
NG/OG	/															
BM	/															
JPMV	/															
JPMV	/															
CT	/															
												98.0				
												172				
												270				
												ACLU BDI CID ROI 30841				

0142-08-CD 369 43734

SECRET/NOFORN

NAME/SS#: 20/8810-01-3546		Date: 22 June					
ZULU TIME		0300	0700	1100	1500	1900	2300
NEURO	LOC	Awake		intubated	sedated		
	Orientation	oriented		intubated	UTA - responds to pain - sternum rub		
LEFT PUPIL	Reaction/Size	3mm		3mm	3mm / brisk		
RIGHT PUPIL	Reaction/Size	3mm		3mm	2mm / no reaction		
RESP	Lung Sounds	Chronic Atelectasis		Wet / LL	Phonchi 110, d/m bases		
	Resp Effort	unlabored	effort	unlabored	unlabored	10/100/14/8/50%	
	Secretions			SINO P11710%	none present		
ETT/TRACH	Tube Size	N/A		8.0cm	23cm to teeth	N/A	N/A
	CM at Teeth/Nare			23cm to teeth			
Chest Tube	Status/DSG R/L				N/A		
	Status/DSG R/L				N/A		
CARDIAC	Rhythm	Regular PVC's	VTach	HR 90's	SR c. 80's - 90's		
	Sounds	S2 S	V E/D	amiodarone	S. S2		
	Abdomen	soft flat	PT 200's ↑		soft flat		
	Sounds	(+) x 4	(+) x 4	(+) x 4	hyper x 4 quad		
	BM/ Ostomy				none		
	NG / OG		↑ NGT	↑ NGT	NGT to suction, min amt		
GU	Void/Foley/Color	used urinal	Foley ↑	Foley ↑	Foley EDT is yellow		
SKIN	Color/Temp	pale, clammy		pale, clammy	pale, clammy bil. bil.		
	Integrity	intact		intact	intact		
	Sacrum/Heels	dry		dry	intact		
	Edema-Upper/Lower				none		
RUE/LUE	Color/Temp	slight pale		Pulses palpable	2+ / > 3 sec cap		
	Pulse/Cap Refill	1.5 sec		1.5 sec	PPM Cool, Pale / moist		
	Movement	sedated		sedated	none sedated		
RLE/LE	Color/Temp	slight pale		pale, clammy	C P III		
	Pulse/Cap Refill	1.5 sec		1.5 sec	joint to no pulse / > 3 sec		
	Movement	sedated		sedated	none sedated		
DRAINS	JP / Wound Vac				N/A		
DRAINS	JP / Wound Vac				N/A		
WOUND	Location				N/A		
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
IV LINE	Site/Condition	1) RA 18g	all patent	#1 R 18g	1 RUE (FA) 18g - patent		
IV LINE	Site/Condition	2) RA 18g	E Blood draw	#2 R 18g	2) RAC AC L D D I I CID ROI 30842		
CENTRAL LINE	Site/Condition			#3 L 18g	3) D FA 20g - patent		
A-LINE	Site/Condition			#4 RA 18g	4) radial 18g reducing		
Name/Initials:	(b)(6)	Name/Initials:		(b)(6)	Name/Initials:		

EXHIBIT

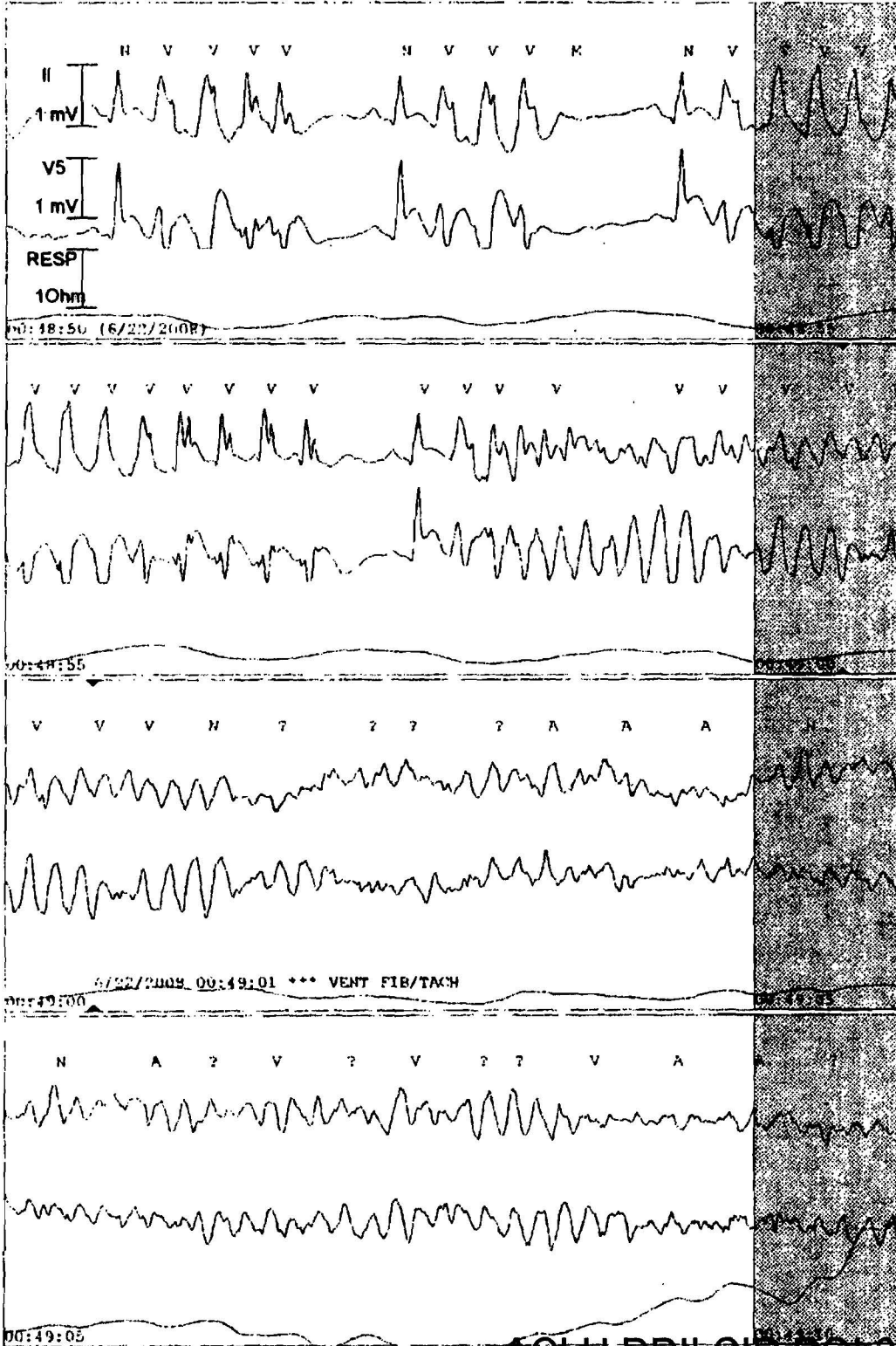
SECRET/NOFORN

EC

Alarm Review EC

6/22/2008 00:49:01 \*\*\* VENT FIB/TACH

HR 159	PVC 133	PULSE 106	%SpO2 91	NBP ??(?) (0:49)
ST-II 1.4	ST-III 3.1	ST-aVR 0.1	ST-aVL -2.4	RESP 30



ACLU DDII CID ROI 30843

6/19/2008 22:48:17 EC  
50 yrs Male

Rate 56 b/min  
PR 192 ms  
QRSD 107 ms  
QT 492 ms  
QTc 475 ms

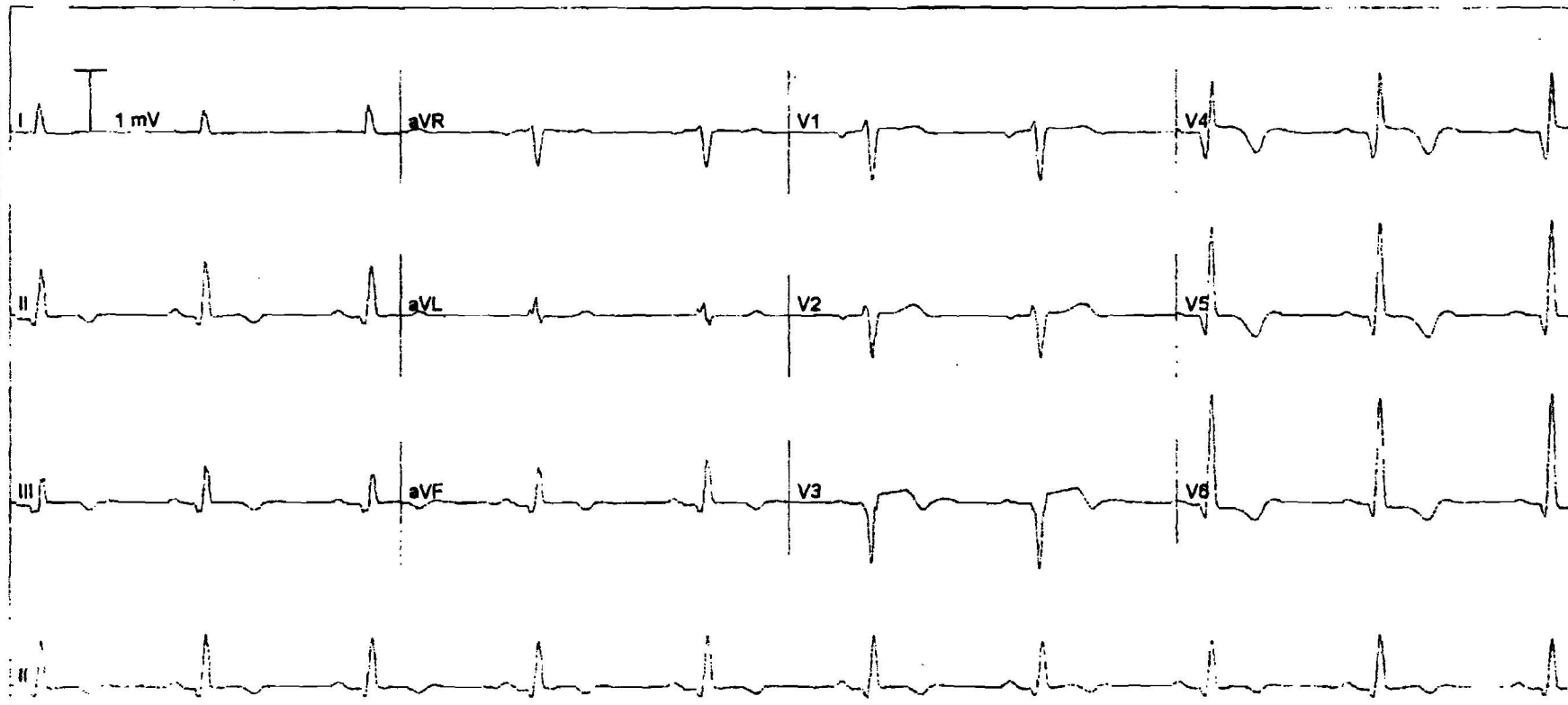
AGE IS NOT ENTERED, ASSUMED TO BE 50 YEARS OLD FOR PURPOSE OF ECG INTERPRETATION

SINUS RHYTHM..... normal P axis, V-rate 50- 99  
CONSIDER LEFT ATRIAL ABNORMALITY..... wide or notched P waves  
BORDERLINE INTRAVENTRICULAR CONDUCTION DELAY..... QRSD > 105ms  
INFERIOR INFARCT, AGE INDETERMINATE..... Q >35mS, T neg, II III aVF  
LATERAL INFARCT, AGE INDETERMINATE..... Q >35mS, T neg, I aVL V5 V6  
ANTERIOR INFARCT, AGE INDETERMINATE..... Q >30mS, T neg, V2-V5

Axis  
P 71 deg  
QRS 56 deg  
T -78 deg

- ABNORMAL ECG -

Unconfirmed Interpretation



ACLU DDII CID ROI 30844

SECRET/NOFORN

SECRET/NOFORN

0142-08-CD 369-43734

EXHIBIT

6/19/2008 16:19:31 EC  
50 yrs Male

Rate 61 b/min  
PR 184 ms  
QRSD 103 ms  
QT 464 ms  
QTc 467 ms

AGE IS NOT ENTERED, ASSUMED TO BE 50 YEARS OLD FOR PURPOSE OF ECG INTERPRETATION

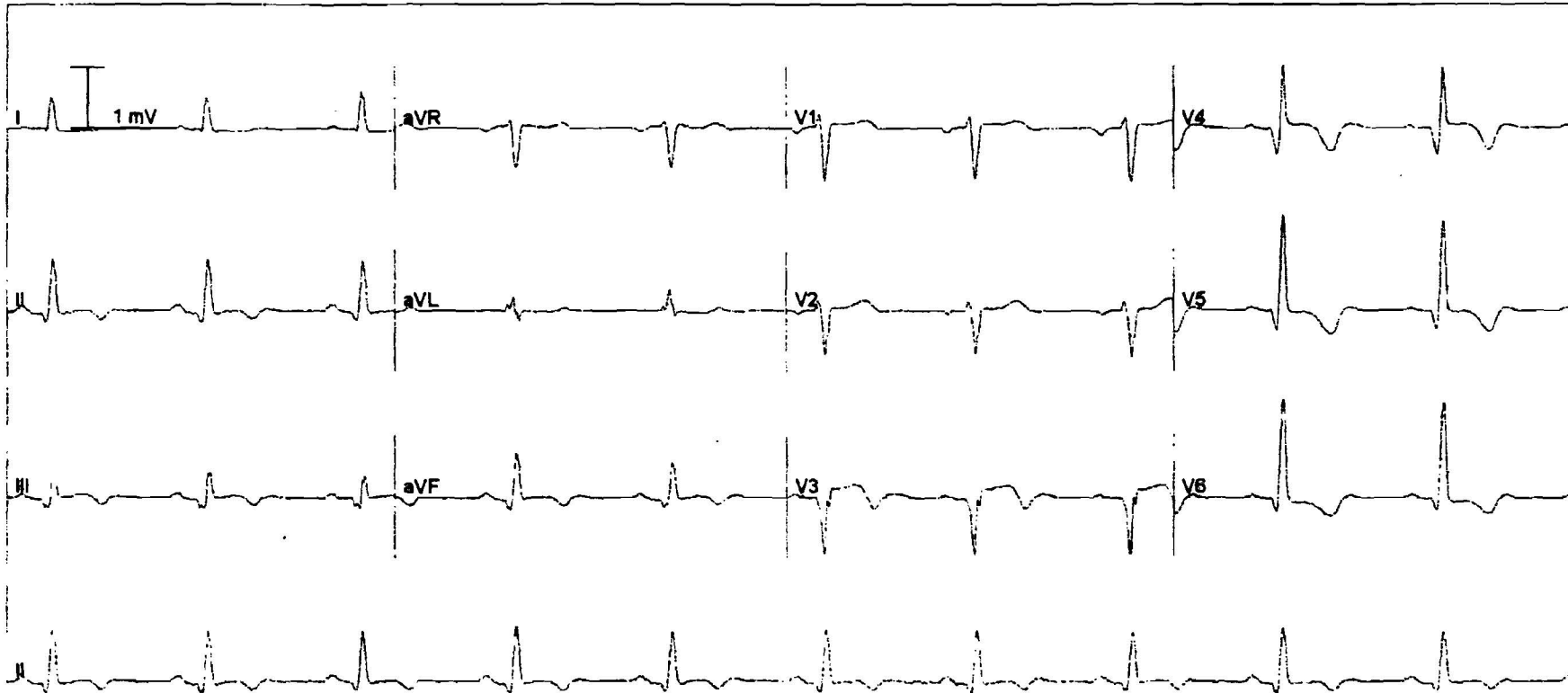
SINUS RHYTHM ..... normal P axis, V-rate 50- 99  
LEFT ATRIAL ABNORMALITY ..... P, P' > 80ms, < -0.15mV V1  
INFERIOR INFARCT, AGE INDETERMINATE ..... Q > 35mS, T neg, II III aVF  
LATERAL INFARCT, AGE INDETERMINATE ..... Q > 35mS, T neg, I aVL V5 V6  
ANTERIOR INFARCT, AGE INDETERMINATE ..... Q > 30mS, T neg, V2-V5

Axis

P 74 deg  
QRS 48 deg  
T 242 deg

- ABNORMAL ECG -

Unconfirmed Interpretation



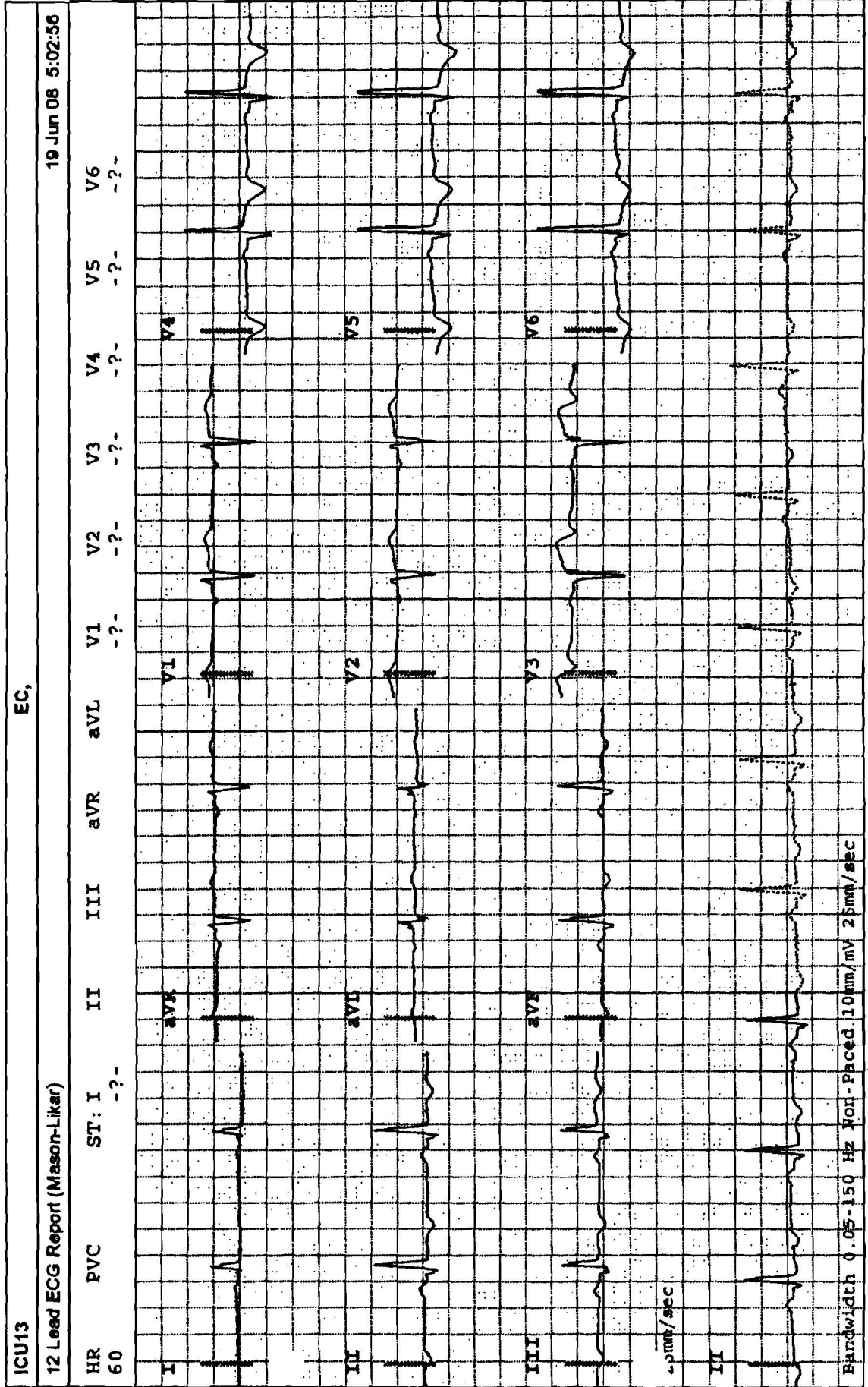
SECRET/NOFORN

SECRET/NOFORN

EXHIBIT

0142-08-UM 509 45721

ACLU DDII CID ROI 30845



AGLU-DDH-CID-ROI-30846  
Page 1 (last)  
Bagram Hospital  
(b)(6)



6/18/2008 23:51:06 EC  
50 yrs Male

Rate 58 b/min  
PR 196 ms  
QRSD 102 ms  
QT 472 ms  
QTc 464 ms

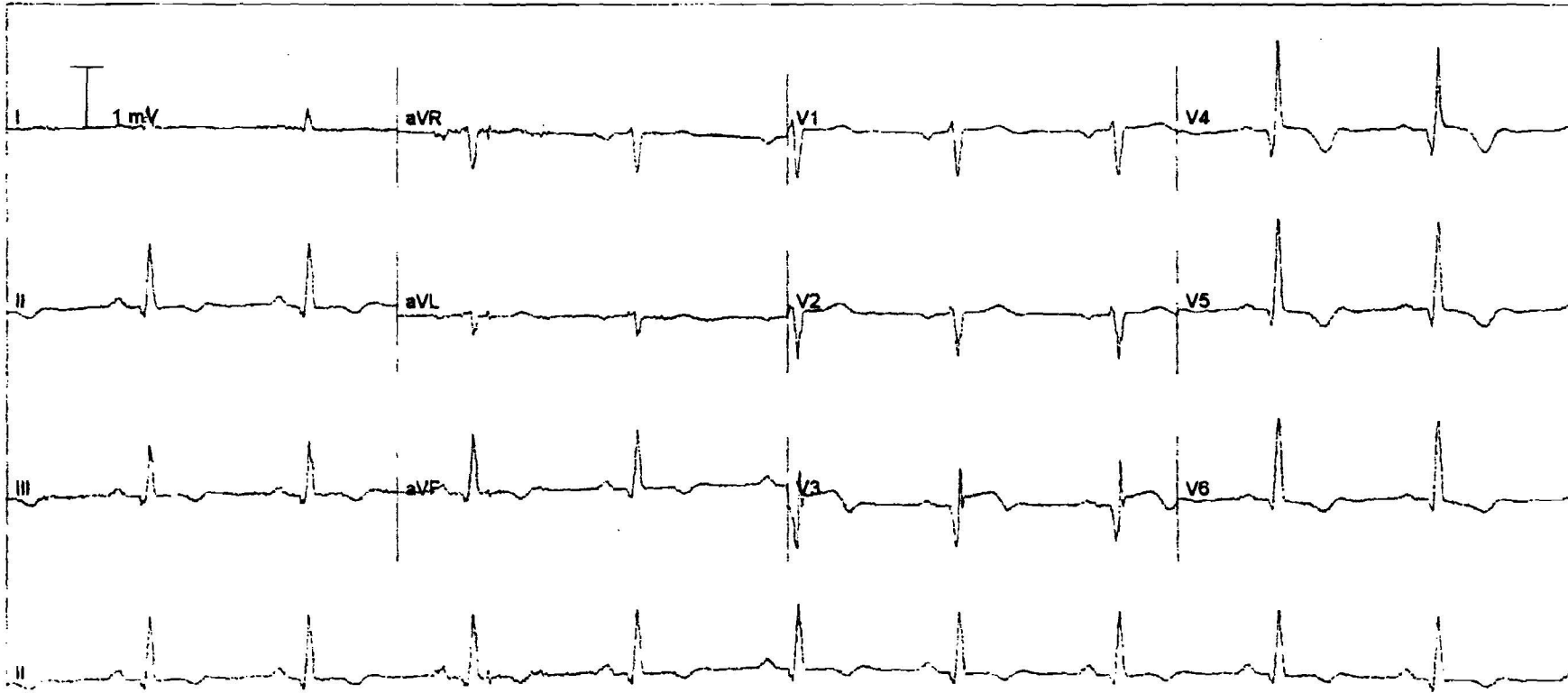
AGE IS NOT ENTERED, ASSUMED TO BE 50 YEARS OLD FOR PURPOSE OF ECG INTERPRETATION

PRECARDIAL LEADS MISPLACED  
SINUS RHYTHM normal P axis, V-rate 50-99  
PROBABLE LEFT ATRIAL ABNORMALITY P >50ms, <-0.10mV V1  
BORDERLINE INFERIOR Q WAVES Qs add to 80 mS in II III aVF  
ANTEROLATERAL INFARCT, AGE INDETERMINATE Q >35mS >0.10mV, T neg, V3-V6  
NONSPECIFIC T ABNORMALITIES, INFERIOR LEADS T <-0.10mV, II III aVF

Axis  
P 74 deg  
QRS 71 deg  
T -87 deg

- ABNORMAL ECG -

Unconfirmed Interpretation



SECRET/NOFORN

SECRET/NOFORN

0142-08-CD 369-4373

ACLU DDII CID ROI 30847

6/18/2008 17:23:03 EC  
50 yrs Male

2/10 2:10  
Q50P3

Rate 65 b/min  
PR 188 ms  
QRSD 101 ms  
QT 428 ms  
QTc 445 ms

AGE IS NOT ENTERED, ASSUMED TO BE 50 YEARS OLD FOR PURPOSE OF ECG INTERPRETATION

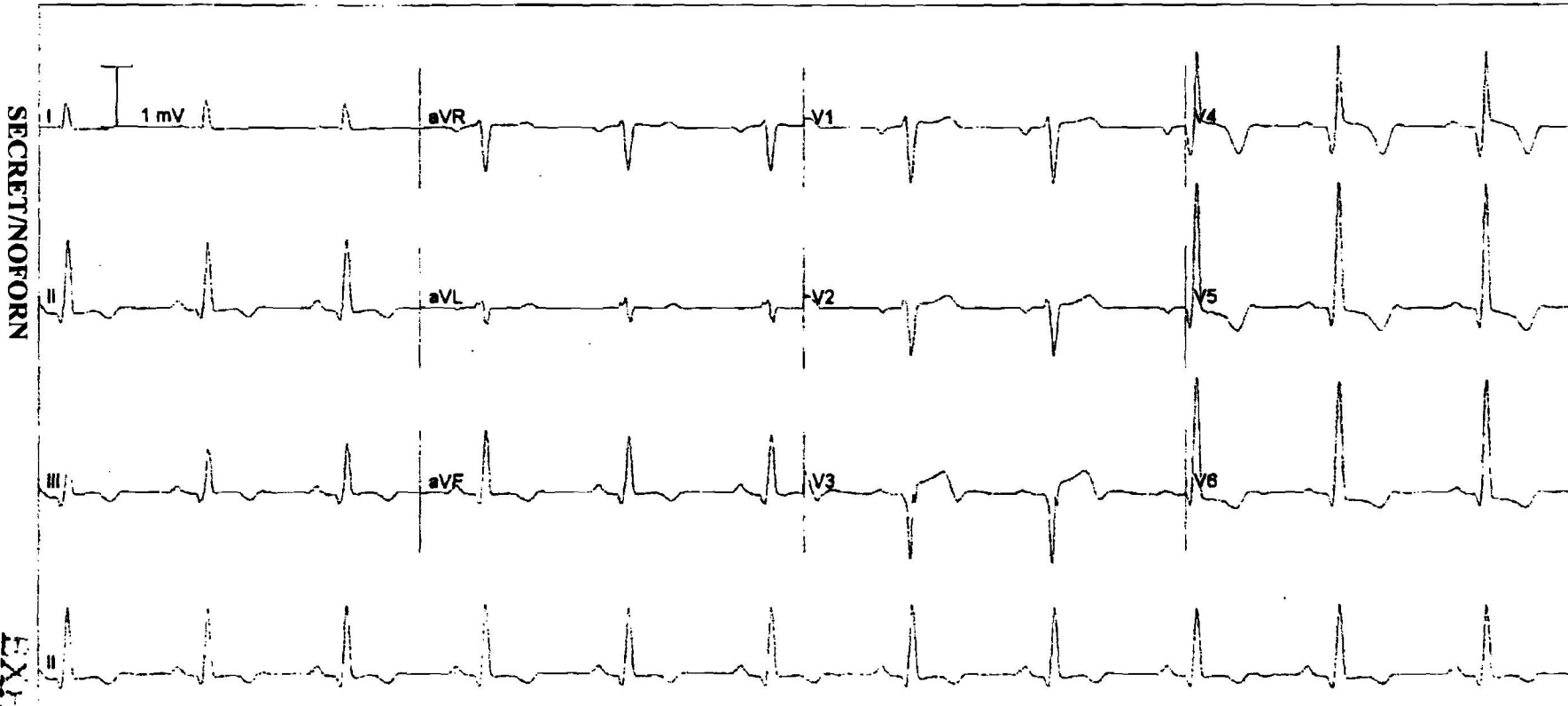
SINUS RHYTHM.....normal P axis, V-rate 50- 99  
PROBABLE LEFT ATRIAL ABNORMALITY.....P >50mS, <-0.10mV V1  
PROBABLE INFERIOR INFARCT, AGE INDETERMINATE.....Q >35mS, T neg, II III aVF  
ANTEROLATERAL INFARCT, RECENT.....Q >35mS, ST >0.07mV, T neg, V2-V6

Axis

P 79 deg  
QRS 69 deg  
T 266 deg

- ABNORMAL ECG -

Unconfirmed Interpretation



SECRET/NOFORN

SECRET/NOFORN

EXHIBIT

0142-08-CD 369, 43734

ACLU DDII CID ROI 30848

SECRET/NOFORN

PATIENT MOVEMENT RECORD PROGRESS NOTE

DATA PROTECTED BY PI. ACT OF 1974

PERMANENT MEDICAL RECORD

NAME (Last, First, Middle, Initial)

CITE# / SSN

ACLU RDII CID ROL 30849

DATE/TIME(ZULU)	NOTES
6/22/08 0800L	Amiodarone 1mg/min. started as ordered at a 33 ml/hr. HR in 90's-105, SpO2 100% w/o cc. pt resting comfortably denied CP. Peripheral pulses palpable. B/P 90/90's - 40/50's.
6/22/08 0508Z	pt had another episode of V. tachycardia & V.Fib - HR 140-150's pt post pulse and RR's. B/P decreased, direct code called, (b)(6) @ bedside, CPR initiated, Epi 1mg IV given, 2mg prior to Epi. pt defibrillated 200 J x 1, pt regained consciousness, radial pulse palpable, P 127, R 35 SpO2 95%, 0516Z 108/69 P-111 RR 35, SpO2 100%.
0620	Anesthesia called, emergently to bedside for Resp distress, Sats - 80-85%, pt intubated by anesthesia, without incident, SIMV, 100% FIO2, SpO2 95%.
0802	Epi 1mg IV given; chest compressions in progress; ST 103 with occasional PVC's. BVM 100% O2 every 5s; BP - A-line 217/111 (140); SaO2 @ 88%.
0840Z	Patient now has a pulse; ST - NSR w/ occ PVC's; RR 22; A-line 192/95; Dopamine @ 5mc/kg/min Amiodarone @ 1mg/min; Vasal off; fentanyl off @ patient's bedside (b)(6) (b)(6)
0858Z	Levofloxed started @ 1mg/min for hypotension, other time pressures 100/60's @ bedside @ 15.0 mcg/kg/min. Levofloxed @ 1.0 mg/min, Amiodarone @ 1.0 mg/min. B/P - 102/61, HR - 95, SpO2 - 100% on vent, SIMV 100% FIO2. Sedation continues @ Vasal @ 6.0 mg/hr + Fentanyl @ 100 mcg/hr, HABSPent parikr - ABC, BMP, Mag, (ways) Ca, PVR obtained, T fluids in lungs, a total of 40 mg Lasix given 10; UOP continues decreased. @ this time, monitoring Heart Rate & RVTIM, & Hemodynamic stable @ bedside (b)(6)
1330Z	Dosing 50 mg given UOP & over foot pulse, B/P's on pressure, T, Sats 100% @ FIO2 - 55%, HR: 90-100's few PVC's. Sedation @ Vasal + fentanyl. Guards @ bedside (b)(6) recommending hold on travel (b)(6) plan @ this time (b)(6)

PATIENT MOVEMENT RECORD PROGRE NOTE

DATA PROTECTED BY PRIVACY ACT OF 1974

PERMANENT MEDICAL RECORD

NAME (Last, First, Middle Initial)

EC

CITE# / SSN

5592

DATE/TIME(ZULU)

NOTES

21 Jul

1600

Pt received Vit. Pt (16 hrs) in container. Foley was still during day shift. Intake & pt guards at bedside. Trifluoromethane 75 ml. Dog shift suggested by nurse tonight. C.11111 at this time. (b)(6)

21 Jul

2000

(C) 2000 one of the guards came out a moment staff at pt "study" a trying to get out of bed. Vital temp 98.1 per. Also we did get tend to get out of bed & low measurement at time to interpret. Intake 100. If new code, amount of 20 minutes later, guards asked we that at center had P. history more overemphasis. Will notes. (b)(6)

21 Jul

2300

Pt has oral care but has some amount of coughs still. Will notes. (b)(6)

15

ACLU DDII CID ROI 30850

SECRET/NOFORN

UNCLASSIFIED

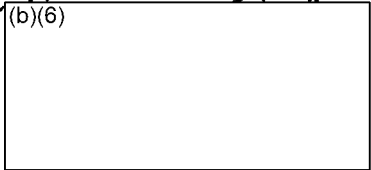
B(6)

Unassisted intubation

DDTUN08  
0640Z

Called Emergency to ICU to intubate patient for  
 Respiratory distress. On my arrival Sat 85%  
 pt tachycardic. Pt is acute coronary syndrome &  
 dependent of Vtach/Vfib in last 24<sup>hrs</sup> requiring  
 defibrillation. K<sup>+</sup> 3.6. BP's 120s/70s.  
 Pt preoxygenated in Ambu bag x 2min. Etubulate 20mg.  
 Six 80mg in PSI fashion in crowd pressur. 8.5FT  
 passed through cords to 23cm @ teeth → MHC 4, 6 or view  
 BS = (B) Et CO<sub>2</sub> ⊕ on E2 cap. Pt hemodynamically stable  
 throughout intubation. Sat's ↑ to low 90s w/ 2-3min  
 of intub & controlled ventilation. I know  
 complications other than

(b)(6)



Anesthesiologist

ACLU DDII CID ROI 30851

SECRET/NOFORN

455TH EMEDS

19 Jun 2008@0536 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)  
Progress Notes

Report requested by: (b)(6)

-----  
19 Jun 2008@0527 INPT Register # 7333 PHYSICIAN

DOCTORS NOTE

Cardiology Progress Note

Afghan EC admitted for acute coronary syndrome. 24 hour events notable for episode of delirium yesterday with increased HR and tachypnea. Echo with at least moderately depressed LVEF, but no MR. Unsure if the depressed LVEF is new or old. He did significantly bump his cardiac enzymes, but I felt he was not an appropriate candidate for lytics. Will continue max medical therapy including ASA/plavix/lovenox/integrillin/simvastatin. Will decrease BB and ACE-i due to relative hypotension.

Exam today -- SBP in the 80's - 90's, HR 50's-60's, SaO2 95-100%  
No acute distress or agitation today, lungs clear, heart rrr no mgr, abd soft, ext without edema and 2+ PT pulses.

Lab -- peak CK 508, myoglobin > 500, Troponin 5.9

A/P: Acute coronary syndrome / MI. The patient would benefit most from either percutaneous or surgical revascularization. I do not believe this is available, but will check with the physician of the unit under which he is in custody. Outside of revascularization, will continue current medical therapy as noted above. Will extend integrillin infusion for total of 72 hours.

For hematuria, this is likely foley trauma exacerbated by anticoagulants / antiplatelet agents. The foley does not appear to be clotted at this time, will continue foley flushes prn. I will consider gentle hydration if cr continues to rise with low UO. Also, ace-i dose reduced today.

Signed: (b)(6)

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=====
20/890-09-3592  AFGHAN, MALE                FOREIGN NATIONAL - POW/INTERNE
                01 Jan 1908 / Male          H: not on file
Reg #: 7333     Loc: ICU                  W: not on file
                Spon: AFGHAN, MALE        Rank:
                Unit:                      RR:
Automated version of SF509

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ACLU DDII CID ROI 30852

SECRET/NOFORN

PATIENT MOVEMENT RECORD PROGRESS NOTE

DATA PROTECTED BY PRIVACY AC. OF 1974

MENTAL MEDICAL RECORD

ASSESSMENT/PROGRESS (Continued)

NAME (Last, First, Middle Initial)	SSN	STATUS	SERVICE	CITE# / SSN
DATE/TIME(ZULU)		NOTES		
6/17	1800 Z	pt assessment completed - labs drawn. IV started + Integrilin qH started per orders. pt denies any SOB, nausea or CP. pt has two guards + translator w/ him. pt placed in single room. pt v.s stable. pt in acute distress will continue to monitor pt.		
				(b)(6)

Controlled Drug Accountability ----- MANDATORY

ACLU DDII CID ROI 30853

AF IMT 3899A, 20060819, V1



SECRET/NOFORN

PATIENT MOVEMENT RECORD PROGRESS NOTE

DATA PROTECTED BY PRIVACY ACT OF 1974

PERMANENT MEDICAL RECORD

NAME (Last, First, Middle Initial)

CITE# / SSN

DATE/TIME(ZULU)

NOTES

0607Z

Patient states he has pain to his belly & heart area which radiates to (b)(6) arm; @ bedside to discuss case & assess patient; EKG down to MD ~ 0500Z; Patient started on Nitro get @ Dreg / (b)(6)

0640Z

Patient had BM; denies chest pain at this time; VSS - (b)(6)

6/18/88 1500Z

pt Assessment completed. pt is lethargic. pt Foley bloody. Flushed w/ about 600ml. lots of blood clots noted. Foley flushed till draining into Foley bag. pt tolerated it well. some bleeding noted around meatus. pt VS stable on Nitro & Integrilin qth. pt is acute distress. Will continue to monitor pt. (b)(6)

ACLU DDII CID ROI 30854

ALIEN ~~SECRET/NOFORN~~ PROGRES JTE

DATA PROTECTED BY PRIVACY ACT OF 1974

PERMANENT MEDICAL RECORD

NAME (Last, First, Middle Initial)

CITE# / SSN

DATE/TIME(ZULU)

NOTES

2000C Urine care on N/G @ 3ml/h. Denies Cl-803  
 will continue to monitor ~~fatigued~~ <sup>infusing</sup>  
 along large amts of bloody urine  
 irrigated as ordered. (b)(6)

0700 CK collected + sent to lab pending  
 Report to (b)(6) RN (b)(6)

NAME/SS#: 3572		Date: 6/17/08					
ZULU TIME		0300	0700	1100	1500/1600	1900	2300
NEURO	LOC				Alert	Alert	
	Orientation				<del>Alert</del> Oriented	Ox2	
LEFT PUPIL	Reaction/Size				3 - R.I.	3 - R.I.	
RIGHT PUPIL	Reaction/Size				3 - R.I. > Bunk	3 - R.I. > Bunk	
RESP	Lung Sounds				(B) clear		
	Resp Effort				even & unlabored		
	Secretions				0		
ETT/TRACH	Tube Size				=		
	CM at Teeth/Nare				=		
Chest Tube	Status/DSG R/L				NA		
	Status/DSG R/L						
DIAC	Rhythm				SB @ 48		
	Sounds				S, S <sub>2</sub>		
GI	Abdomen				soft NT ND		
	Sounds				BSx4		
	BM/ Ostomy				0		
	NG / OG				0		
GU	Void/Foley/Color				Void observed		
SKIN	Color/Temp				pink warm		
	Integrity				Intact		
	Sacrum/Heels				Intact		
	Edema-Upper/Lower				0		
RUE/LUE	Color/Temp				pink warm		
	Pulse/Cap Refill				12 < 4sec		
	Movement				(B) Spont B.I		
RLE/LLE	Color/Temp				pink warm		
	Pulse/Cap Refill				12 < 4sec		
	Movement				(B) Spont. B.I		
DRAINS	JP / Wound Vac				NA		
DRAINS	JP / Wound Vac						
WOUND	Location						
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
IV LINE	Site/Condition				186 (R) AC		
IV LINE	Site/Condition						
CENTRAL LINE	Site/Condition						
A LINE	Site/Condition						
Name/Initials:		Name/Initials:			Name/Initials: (b)(6)		

SECRET/NOFORN

EXHIBIT

SECRET/NOFORN

0142-08-CID 369 437

ACLU DDII CID ROI 30856

0142-08-CID 369-43736

Name/SS#: <u>Afghan 3592</u>		ICU BEDSIDE FLOW SHEET										Date: <u>20 JUNE 2008</u>													
ZULU TIME	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	
Position Q2H	(b)(6)																								
Regular Bath													PT												
Suction																									
Trach Care													N/A												
Pin Care																									
Pin Care																									
Restraint Check Q2H	NA																								
ETT Tape Change																									
V.A.P																									
HO '5	450																								
Mouth Care at least Q4																									
Prophylaxis Yes/No	↓												(b)(6)												
Prophylaxis Yes/No													(b)(6)												
Sedation Holiday Q24H																									
Chlorhexidine 2% Bath Q24H																									
Central Line Dressing	(b)(6)																								
NAME:	(b)(6)																								
INITIALS:																									
NAME:	(b)(6)																								
INITIALS:																									

ACLU DDII CID R0130857

SECRET/NOFORN

0142-08-CID 369 4373

NAME/SS#: <i>Alman 3592</i>		Date: <i>20 June 08</i>					
PULU TIME		0300	0700	1100	1500	1900	2300
NEURO	LOC	<i>alst</i>			<i>alst</i>		
	Orientation	<i>appropriate</i>			<i>x 3</i>		
LEFT PUPIL	Reaction/Size	<i>brisk</i>			<i>brisk / 3mm</i>		
RIGHT PUPIL	Reaction/Size	<i>(brisk / 3mm)</i>			<i>brisk / 3mm</i>		
RESP	Lung Sounds	<i>CTA</i>			<i>CTA</i>		
	Resp Effort	<i>unlabored</i>			<i>obstr</i>		
	Secretions	<i>none</i>			<i>none noted</i>		
EIT/TRACH	Tube Size	<i>-</i>			<i>-</i>		
	CM at Teeth/Nare	<i>-</i>			<i>-</i>		
Chest Tube	Status/DSG R/L	<i>SB -</i>			<i>-</i>		
	Status/DSG R/L	<i>-</i>			<i>-</i>		
CARDIAC	Rhythm	<i>SB</i>			<i>SB/IR</i>		
	Sounds	<i>S, S</i>			<i>S, S</i>		
GI	Abdomen	<i>alst, ND</i>			<i>soft, no distend</i>		
	Sounds	<i>present x4</i>			<i>x 4</i>		
	NG / OG	<i>NA</i>			<i>-</i>		
GU	Void/Foley/Color	<i>dk brown</i>			<i>dk brown/brown</i>		
SKIN	Color/Temp	<i>NPR, warm</i>	<i>NO</i>	<i>NO</i>	<i>NPR / warm</i>		
	Integrity	<i>intact</i>			<i>intact</i>		
	Sacrum/Heels	<i>intact</i>			<i>intact / intact</i>		
	Edema-Upper/Lower	<i>0 / 0</i>			<i>0 / 0</i>		
RUE/LUE	Color/Temp	<i>NPR, warm</i>	<i>AS</i>	<i>AS</i>	<i>NPR / warm</i>		
	Pulse/Cap Refill	<i>2+, L3S6</i>			<i>2+ / L3S6</i>		
	Movement	<i>spont</i>			<i>spont</i>		
RLE/LLE	Color/Temp	<i>NPR, warm</i>			<i>NPR, warm</i>		
	Pulse/Cap Refill	<i>2+, L3S6</i>			<i>2+ / L3S6</i>		
	Movement	<i>spont</i>			<i>spont</i>		
DRAINS	JP / Wound Vac	<i>NA</i>			<i>-</i>		
DRAINS	JP / Wound Vac	<i>-</i>			<i>-</i>		
WOUND	Location						
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
IV LINE	Site/Condition	<i>18 G @ AC</i>			<i>18 G @ AC</i>		
IV LINE	Site/Condition	<i>20 G @ FA</i>			<i>20 G @ FA</i>		
CENTRAL LINE	Site/Condition						
A-LINE	Site/Condition						
Name/Initials:		(b)(6)	Name/Initials:		(b)(6)	Name/Initials:	

EXHIBIT

SECRET/NOFORN

ACLU RDI CID ROI 30858

0142-08-CMU 303-...

Name: Afghan 3512		ICU BEDSIDE FLOW SHEET											Date: 19 June 2008														
Zulu Time	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300															
TEMP	97.6																										
HR	70	56	57	57	62		61	57	56	58	62	61															
RESP	18	15	18	19	22		21	13	22	11	11	17															
SpO2	93/50	87/47	82/48	95/48	90/49		86/45	87/50	97/44	105/63	107/62	110/58															
MAP	60	56	56	61	58		65	58	53	71	74	71															
O2 Sat	100%	100%	100%	100%	99%		100%	100%	100%	100%	100%	100%															
MOOD/NO2	2L NC	2L NC	4L NC	4L NC	4L NC		4L NC	4L NC	4L NC	4L NC	4L NC	4L NC															
CVT																											
ICF																											
INPT																											
TUBE FEED	/												TOTAL	750													
IVF	/																										
IVPB	/																										
U.O.	9.8	9.8	9.8	11.6	9.8	21.4	9.8	29.2	9.5	49	9.8	58.8	9.8	68.6	9.8	76.4	9.8	87.2	9.8	98	9.8	107.8	9.8	117.6	17.6		
Blus		1.1	1.1	1.1																							
Output																											
UO	20	30	70	50	120	30	160	50	200	-	20	220	20	240	100	140	280										
BM																											
JPAW																											
JPAW																											
CT																											

(b)(6) ERG.

SECRET/NOFORN

NAME/SS#: *Nguyen* 3592 Date: 19 June 2008

	ZULU TIME	0300	0700	1100	1500	1900	2300
NEURO	LOC	<i>Ablet sleepy</i>			<i>clear</i>		
	Orientation	<i>A+O x3</i>			<i>appropriate</i>		
LEFT PUPIL	Reaction/Size	<i>3mm &gt; PERLA</i>			<i>brisk / 2mm</i>		
RIGHT PUPIL	Reaction/Size	<i>3mm</i>			<i>brisk / 2mm</i>		
RESP	Lung Sounds	<i>clear - Dim bilat.</i>			<i>CTA</i>		
	Resp Effort	<i>unlabored</i>			<i>unlabored</i>		
	Secretions	<i>0</i>			<i>none noted</i>		
ETT/TRACH	Tube Size	<i>N/A</i>			<i>-</i>		
	CM at Teeth/Nare	<i>-</i>			<i>-</i>		
Chest Tube	Status/DSG R/L	<i>-</i>			<i>-</i>		
	Status/DSG R/L	<i>-</i>			<i>-</i>		
ARDIAC	Rhythm	<i>NSR - SB ECG PVC</i>			<i>SB SR</i>		
	Sounds	<i>SS</i>			<i>S.S</i>		
GI	Abdomen	<i>Soft; non-tender</i>			<i>soft, non-tender</i>		
	Sounds	<i>Active x4</i>			<i>(+) x 4</i>		
	BM/ Ostomy	<i>0</i>			<i>1 stool, 1 small</i>		
	NG / OG	<i>0</i>			<i>-</i>		
GU	Void/Color	<i>Bloomy - Dark</i>			<i>dark / bloody (green)</i>		
SKIN	Color/Temp	<i>NFR</i>			<i>NFR / warm</i>		
	Integrity	<i>intact</i>			<i>intact</i>		
	Sacrum/Heels	<i>intact</i>			<i>intact</i>		
	Edema-Upper/Lower	<i>0</i>			<i>0 / 0</i>		
RUE/LUE	Color/Temp	<i>NFR, warm</i>			<i>NFR / warm</i>		
	Pulse/Cap Refill	<i>2+, &lt;3s</i>			<i>2+ / &lt;3sec</i>		
	Movement	<i>strong</i>			<i>spontaneous</i>		
RLE/LE	Color/Temp	<i>NFR, warm</i>			<i>NFR / warm</i>		
	Pulse/Cap Refill	<i>2+, &lt;3s</i>			<i>2+ / &lt;3sec</i>		
	Movement	<i>strong</i>			<i>spontaneous</i>		
DRAINS	JP / Wound Vac	<i>0</i>			<i>-</i>		
DRAINS	JP / Wound Vac	<i>0</i>			<i>-</i>		
JND	Location	<i>0</i>					
	Dressing	<i>0</i>					
	Drainage	<i>0</i>					
WOUND	Location						
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
IV LINE	Site/Condition	<i>R7 @ AC</i>			<i># 19, @ AC</i>		
IV LINE	Site/Condition	<i>R9 @ FA Patent</i>			<i># 20, @ FA</i>		
CENTRAL LINE	Site/Condition	<i>0</i>					
A-LINE	Site/Condition	<i>0</i>					

SECRET/NOFORN

EXHIBIT

SECRET/NOFORN

ACLU DDII CID ROI 30860



0142-08-CID 369 63734

SECRET/NOFORN

SECRET

SECRET/NOFORN

Name/SSN: \_\_\_\_\_ ICU BEDSIDE FLOW SHEET Date: \_\_\_\_\_

ZULU TIME	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	
Position Q2H																									
Regular Bath																									
Suction																									
Trach Care																									
Pin Care																									
Pin Care																									
Restraint Check Q2H																									
ETT Tape Change																									
V.A.P																									
HOB at 45 Degrees																									
Mouth Care at least Q4																									
GI Prophylaxis Yes/No																									
DVT Prophylaxis Yes/No																									
Sedation Holiday Q24H																									
Chlorhexidine 2% Bath Q24H																									
Central Line Dsg Change																									
NAME: _____												INITIALS: _____													
NAME: _____												INITIALS: _____													
ACLU DDII CID ROI 30861																									

NAME/SS#: 3572		Date: 6/17/08					
ZULU TIME		0300	0700	1100	1500/1600	1900	2300
NEURO	LOC				Alert	Alert	
	Orientation				Alert	Ox2	
LEFT PUPIL	Reaction/Size				3 - R	3 - R	
RIGHT PUPIL	Reaction/Size				3 - L > Bink	3 - R > Bink	
RESP	Lung Sounds				(B) clear		
	Resp Effort				even & unlabored		
	Secretions				0		
ETT/TRACH	Tube Size				=		
	CM at Teeth/Nare				=		
Chest Tube	Status/DSG R/L				NA		
	Status/DSG R/L						
DIAC	Rhythm				SB @ 48		
	Sounds				S <sub>1</sub> S <sub>2</sub>		
GI	Abdomen				soft NT ND		
	Sounds				Bx4		
	BM / Ostomy				0		
	NG / OG				0		
GU	Void/Foley/Color				Void - observed		
SKIN	Color/Temp				pink warm		
	Integrity				Intact		
	Sacrum/Heels				Intact		
	Edema-Upper/Lower				0		
RUE/LUE	Color/Temp				pink warm		
	Pulse/Cap Refill				12 < 4sec		
	Movement				⊕ Spont. Bil.		
RLE/LLE	Color/Temp				pink warm		
	Pulse/Cap Refill				12 < 4sec.		
	Movement				⊕ Spont. Bil.		
DRAINS	JP / Wound Vac				NA		
DRAINS	JP / Wound Vac						
WOUND	Location						
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
IV LINE	Site/Condition				15G @ AC		
IV LINE	Site/Condition						
CENTRAL LINE	Site/Condition						
A-LINE	Site/Condition						
Name/Initials:							(b)(6)

SECRET/NOFORN

EXHIBIT

SECRET/NOFORN

0142-08-CAD 369 4372

SECRET/NOFORN

DATA PROTECTED BY PRIVACY ACT OF 1974

PERMANENT MEDICAL RECORD

NAME (Last, First, Middle Initial)

CITE# / SSN

DATE/TIME (ZULU)

NOTES

2000Z Resume care on NFG @ 3ml/hr. Leads off - 803  
will continue to monitor. fatigued. ingesting  
large amts of bloody urine.  
irrigated as ordered. (b)(6)

0700Z Ux collected + sent to lab pending  
Report to (b)(6) RN (b)(6)

SECRET/NOFORN

PACIFIC AIR FORCE AIRCRAFT MOVEMENT RECORD PROGRESS NC

DATA PROTECTED BY PRIVACY ACT OF 1974

PERMANENT MEDICAL RECORD

NAME (Last, First, Middle Initial)

CITE# / SSN

DATE/TIME(ZULU)

NOTES

0600Z Patient states he has pain to his belly & heart area which radiates to  
arm; (b)(6) bedside to discuss case & assess patient; EKG  
shown to MD ~ 0602; Patient started on Nitro 90t P. King (b)(6)

0640Z Patient had BPN; denies chest pain at this time; VSS (b)(6)

6/18/02 1500Z pt Assessment completed. pt is lethargic. pt Foley  
bloody. Flushed w/ about 600ml - lots of blood clots noted.  
Foley flushed till draining into foley bag. pt tolerated  
it well some bleeding noted around meatus. pt V.S  
stable on Nitro & Integrelon. H. pt is acute  
distress will continue to monitor pt. (b)(6)



## SECRET/NOFORN

455TH EMEDS

19 Jun 2008@0536 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)  
Progress Notes

Report requested by: (b)(6)

-----  
19 Jun 2008@0527 INPT Register # 7333 PHYSICIAN

DOCTORS NOTE

Cardiology Progress Note

Afghan EC admitted for acute coronary syndrome. 24 hour events notable for episode of delirium yesterday with increased HR and tachypnea. Echo with at least moderately depressed LVEF, but no MR. Unsure if the depressed LVEF is new or old. He did significantly bump his cardiac enzymes, but I felt he was not an appropriate candidate for lytics. Will continue max medical therapy including ASA/plavix/lovenox/integrillin/simvastatin. Will decrease BB and ACE-i due to relative hypotension.

Exam today -- SBP in the 80's - 90's, HR 50's-60's, SaO2 95-100%  
No acute distress or agitation today, lungs clear, heart rrr no mgr, abd soft, ext without edema and 2+ PT pulses.

Lab -- peak CK 508, myoglobin > 500, Troponin 5.9

A/P: Acute coronary syndrome / MI. The patient would benefit most from either percutaneous or surgical revascularization. I do not believe this is available, but will check with the physician of the unit under which he is in custody. Outside of revascularization, will continue current medical therapy as noted above. Will extend integrillin infusion for total of 72 hours.

For hematuria, this is likely foley trauma exacerbated by anticoagulants / antiplatelet agents. The foley does not appear to be clotted at this time, will continue foley flushes prn. I will consider gentle hydration if cr continues to rise with low UO. Also, ace-i dose reduced today.

Signed: (b)(6)

20/890-09-3592 AFGHAN, MALE  
01 Jan 1908 / Male  
Reg #: 7333 Loc: ICU  
Spon: AFGHAN, MALE  
Unit:

-----  
FOREIGN NATIONAL - POW/INTERNE  
H: not on file  
W: not on file  
Rank:  
RR:

Automated version of SF509

ACLU DDII CID ROI 30866

PROGRESS NOTES

DATE

20 JUN 08  
0640Z

Intubation 1400  
 Called Emergency to ICU to intubate patient for  
 Respiratory distress. On my arrival Satg 85%<sup>2</sup>  
 pt tachypneic. Pt is acute coronary syndrome &  
 Depressed of VTach/Vfib in last 24<sup>hr</sup> requiring  
 defibrillations. K<sup>+</sup> 3.6. BP's 120s/70s  
 Pt preoxygenated in Ambu bag & drain. Endotracheal  
 size 8.0mm in PSI fashion in correct position. S. ETT  
 passed through cords to 23cm @ teeth. MHC 4, Gr 1 view  
 BS = (B) EtCO<sub>2</sub> ⊕ on Et cap. Pt hemodynamically stable  
 throughout intubation. Satg ↑ to low 90s w/ 2-3  
 L/min of intub & controlled ventilation. No known  
 complications other than

(b)(6)

Anesthesiologist

ACLU DDII CID ROI 30867



SECRET/NOFORN

PATIENT MOVEMENT RECORD PROGRE

NO. E

DATA PROTECTED BY PRIVACY ACT OF 1974

PERMANENT MEDICAL RECORD

NAME (Last, First, Middle Initial)

EC

CITE# / SSN

3592

DATE/TIME(ZULU)

NOTES

21 Jun

1600

Pt arrived, VII. Pt Clo burry - uncertain. Febr was off during day shift. Integre  
+ 1/4 quads at bedside. TRF mixing at 75 ml. Day shift suggested p may more tonight.  
O illness at this time. (b)(6)

21 Jun

2041

C 2040 one of the quads came out - instead shift at pt "study" a trying to get out of  
bed. Verbal temp of 98.1 po. Also we did pt tried to get out of bed a low unresponsive  
not time to interrupt. Intend pt. of new order. Monitor pt in 20 minutes later, awake a find  
pt that at comfort had ↑ a becoming more normophic. Will monitor. (b)(6)

24 Jun

2100

Pt has restful sleep but has some amount of confusion still. Will monitor (b)(6)

13

ACLU DDII CID ROI 30868

SECRET/NOFORN

PA INT MOVEMENT RECORD PROGRESS N

DATA PROTECTED BY PI. ACT OF 1974

PERMANENT MEDICAL RECORD

NAME (Last, First, Middle Initial) CITE# / SSN

DATE/TIME(ZULU) NOTES

6/22/08 0800 Amidarone 1mg/min started as ordered out a 33ml/hr. HR on 90's-105. SpO2 100% w.p. l.c. pt resting comfortably denied CP. Peripheral pulses palpable. B/P 80/90's - 40/50's.

6/22/08 0508Z pt had another episode of V-fibrillation + V-Fib - HR 140-150's, pt loss pulse and RR's. B/P decreased, arrest code called.

(b)(6) bedside CPR initiated, Epi 1mg Btu given PID, prior to epinephrine, pt defibrillated @ 200J x 1, pt regained consciousness, carotid pulse palpable, P-129 R-35 SpO2 95%, 0.516 F 108/69 P-111 - RR-35, SpO2 100%.

0620 Anesthesia called emergently to bedside for Resp distress, Sato - 80-85%, pt intubated by anesthesia, without incident, SIMV, 100% FIO2, SpO2 95%.

0800Z Epi 1mg IV given; chest compressions in progress; ST 103 with occasional PVC's; BVM 100% O2 every 5s; BP - A-line 217/111 (140); SaO2 @ 88%.

0840Z Patient now has a pulse; ST-NSR w occ PVC's; RR 22; A-line 192/95; Dopamine + to 10mc/kg/min; Amidarone @ 1mg/min; Versed off; fentanyl off; (b)(6) @ patient's bedside (b)(6)

0858Z Levopred started @ 1mcg/min for hypotension, at this time pressures improving @ bedside @ 15.0 mg/kg/min of Levopred @ 1.0 mcg/min, Amidarone @ 1.0mg/min. B/P - 102/61, HR - 95. SpO2 - 100% on Vent, SIMV 100% FIO2. Sedation continued Versed @ 6.0mg/hr + Fentanyl @ 100 mcg/hr, has sent earlier - ABC, BMP, Mag, Crapp, Ca, CXR obtained. T fluids in lungs, a total of 40 mg Lasix given IV; LOP continued decreased @ this time, monitoring Heart Rate @ RVTAM. Hemodynamic stable closely (b)(6)

1330Z Lasix 80 mg given wop T now feet pinker, B/P's on pressure T, Sats 100% @ FIO2 - presently @ 55%, HR: 90-100's few PVC's. Sedation + Versed + fentanyl.

Guards @ bedside (b)(6) recommending hold via travel plan @ this time (b)(6)

6/18/2008 17:23:03 EG  
50 yrs Male

2/10 CP  
Q50B

Rate 65 b/min  
PR 188 ms  
QRSD 101 ms  
QT 428 ms  
QTc 445 ms

AGE IS NOT ENTERED, ASSUMED TO BE 50 YEARS OLD FOR PURPOSE OF ECG INTERPRETATION

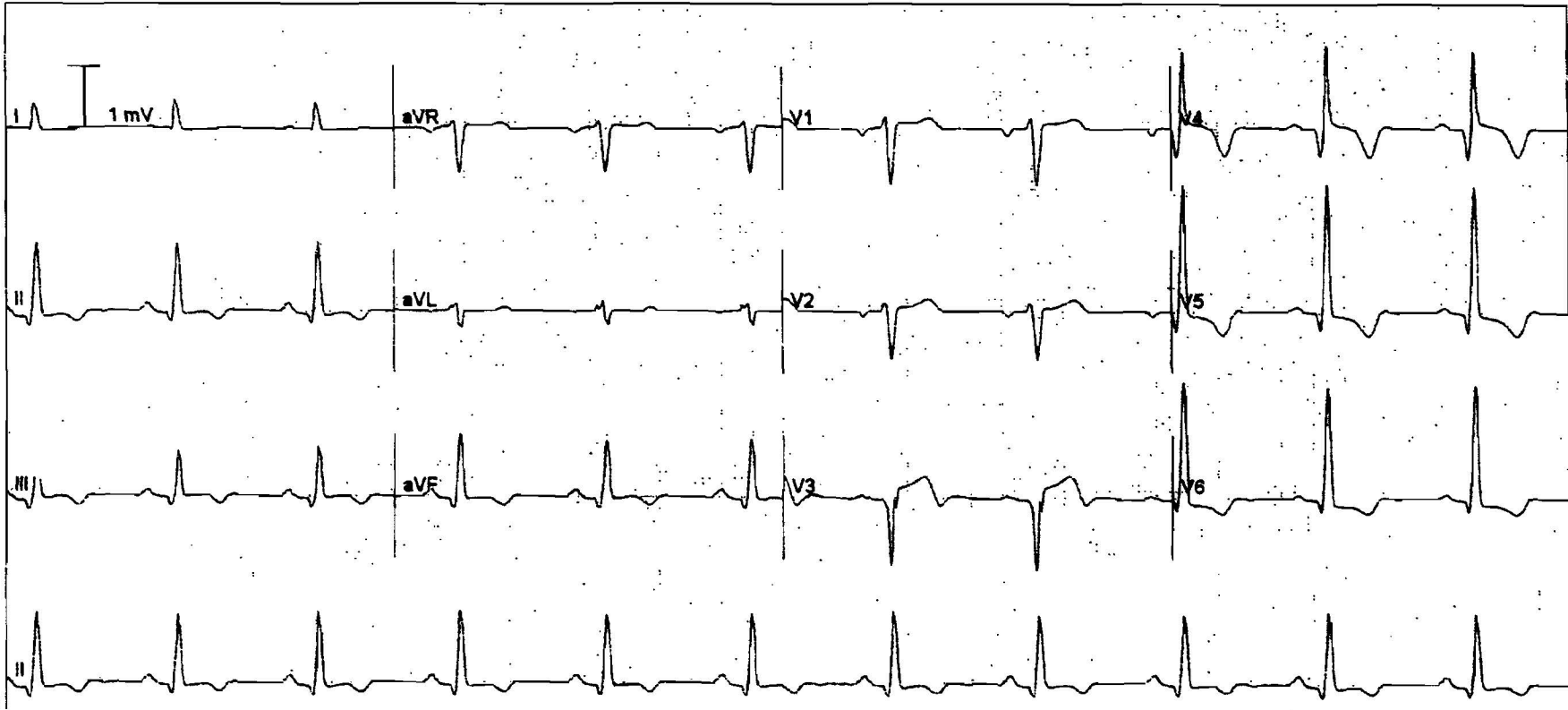
SINUS RHYTHM.....normal P axis, V-rate 50-99  
PROBABLE LEFT ATRIAL ABNORMALITY.....P >50ms, <-0.10mV V1  
PROBABLE INFERIOR INFARCT, AGE INDETERMINATE.....Q >35ms, T neg, II III aVF  
ANTEROLATERAL INFARCT, RECENT.....Q >35ms, ST >0.07mV, T neg, V2-V6

Axis

P 79 deg  
QRS 69 deg  
T 266 deg

- ABNORMAL ECG -

Unconfirmed Interpretation



SECRET/NOFORN

SECRET/NOFORN

EXHIBIT

0142-08-00 369 43734

ACLU DDII CID ROI 30870

Mason-Likar

Bandwidth: 0.50-40 Hz

10 mm/mV 25.0 mm/s

ICU

6/18/2008 23:51:06 EC  
50 yrs Male

Rate 58 b/min  
PR 196 ms  
QRSD 102 ms  
QT 472 ms  
QTc 464 ms

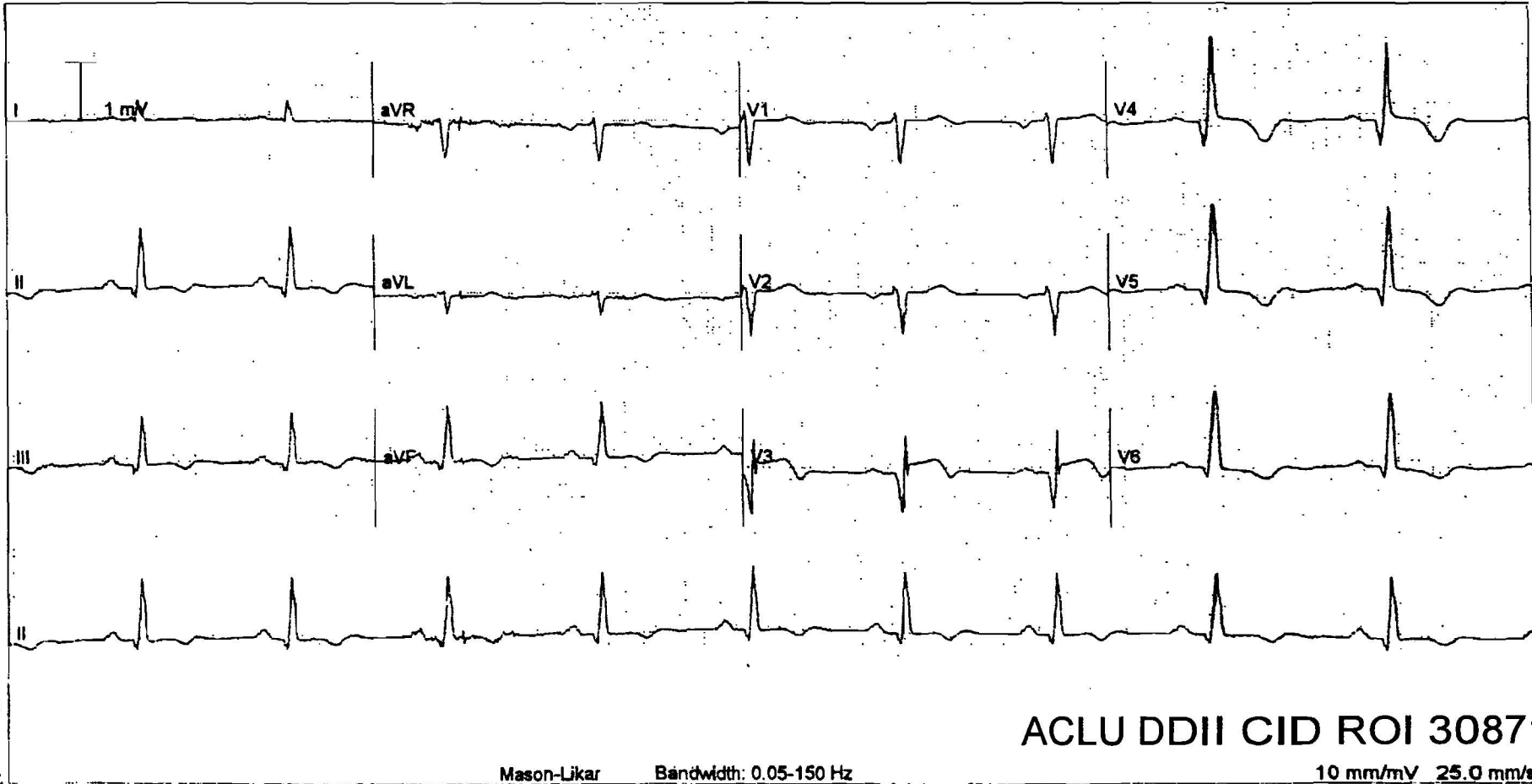
AGE IS NOT ENTERED, ASSUMED TO BE 50 YEARS OLD FOR PURPOSE OF ECG INTERPRETATION

PRECARDIAL LEADS MISPLACED  
SINUS RHYTHM normal P axis, V-rate 50- 99  
PROBABLE LEFT ATRIAL ABNORMALITY P >50mS, <-0.10mV V1  
BORDERLINE INFERIOR Q WAVES Qs add to 80 mS in II III aVF  
ANTEROLATERAL INFARCT, AGE INDETERMINATE Q >35mS >0.10mV, T neg, V3-V6  
NONSPECIFIC T ABNORMALITIES, INFERIOR LEADS T <-0.10mV, II III aVF

Axis  
P 74 deg  
QRS 71 deg  
T -87 deg

- ABNORMAL ECG -

Unconfirmed Interpretation



ACLU DDII CID ROI 30871

Mason-Likar

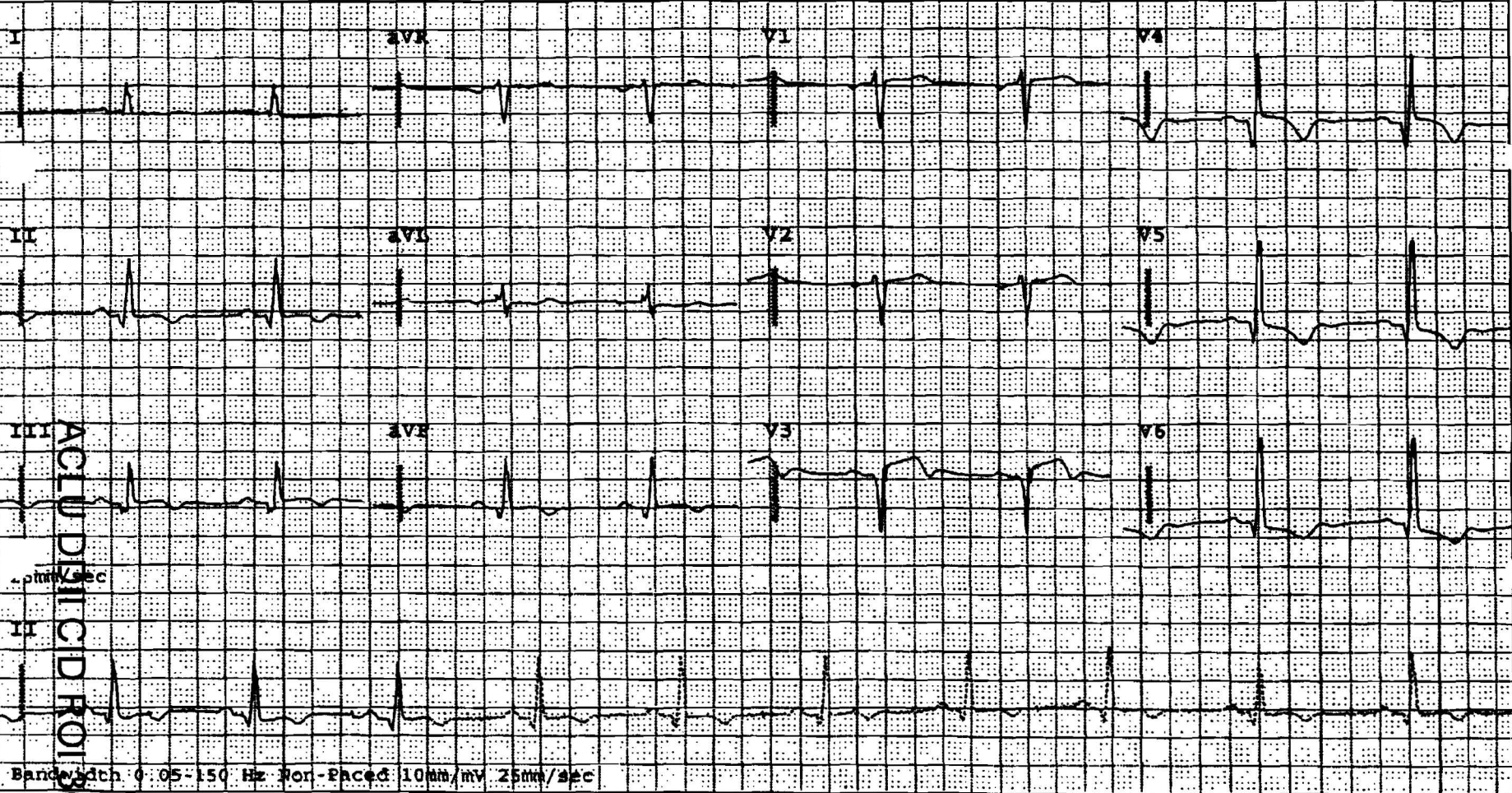
Bandwidth: 0.05-150 Hz

10 mm/mV 25.0 mm/s

SECRET/NOFORN

0142-08-CDD 369-43734

HR	PVC	ST: I	II	III	aVR	aVL	V1	V2	V3	V4	V5	V6
60		-?-					-?-	-?-	-?-	-?-	-?-	-?-



Bandwidth 0.05-150 Hz Non-Paced 10mm/mV 25mm/sec

SECRET/NOFORN

EXHIBIT

SECRET/NOFORN

0142-08-CID 369.43734

6/19/2008 16:19:31 EC  
50 yrs Male

Rate 61 b/min  
PR 184 ms  
QRSD 103 ms  
QT 464 ms  
QTc 467 ms

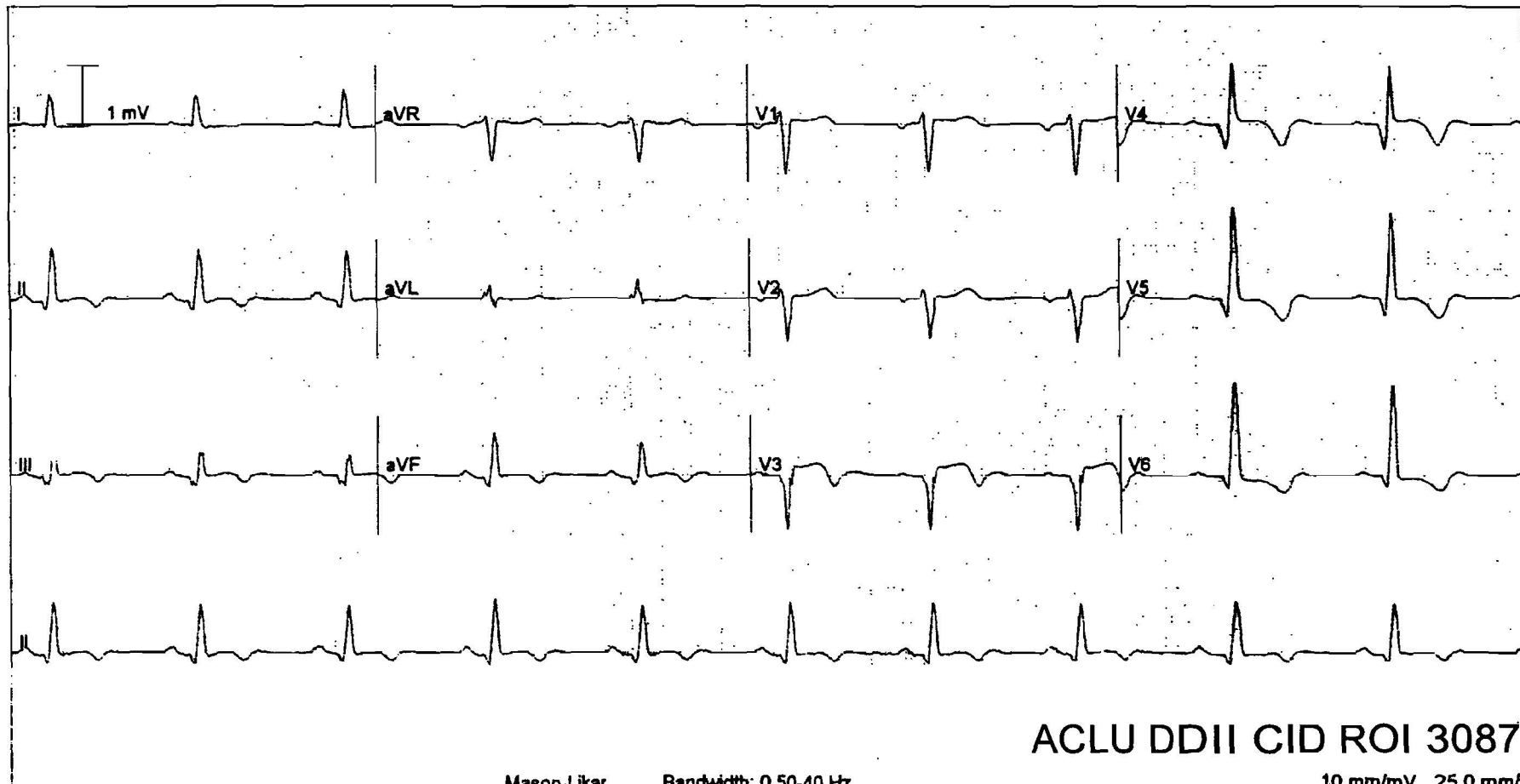
AGE IS NOT ENTERED, ASSUMED TO BE 50 YEARS OLD FOR PURPOSE OF ECG INTERPRETATION

SINUS RHYTHM.....normal P axis, V-rate 50-99  
LEFT ATRIAL ABNORMALITY.....P, P' > 60ms, < -0.15mV V1  
INFERIOR INFARCT, AGE INDETERMINATE.....Q > 35ms, T neg, II III aVF  
LATERAL INFARCT, AGE INDETERMINATE.....Q > 35ms, T neg, I aVL V5 V6  
ANTERIOR INFARCT, AGE INDETERMINATE.....Q > 30ms, T neg, V2-V5

Axis  
P 74 deg  
QRS 48 deg  
T 242 deg

- ABNORMAL ECG -

Unconfirmed Interpretation



ACLU DDII CID ROI 30873

Mason-Likar Bandwidth: 0.50-40 Hz

10 mm/mV 25.0 mm/s

SECRET/NOFORN

0142-08-CU 369 43737

6/19/2008 22:48:17 EC

50 yrs Male

Rate 56 b/min  
 PR 192 ms  
 QRSD 107 ms  
 QT 492 ms  
 QTc 475 ms

AGE IS NOT ENTERED, ASSUMED TO BE 50 YEARS OLD FOR PURPOSE OF ECG INTERPRETATION

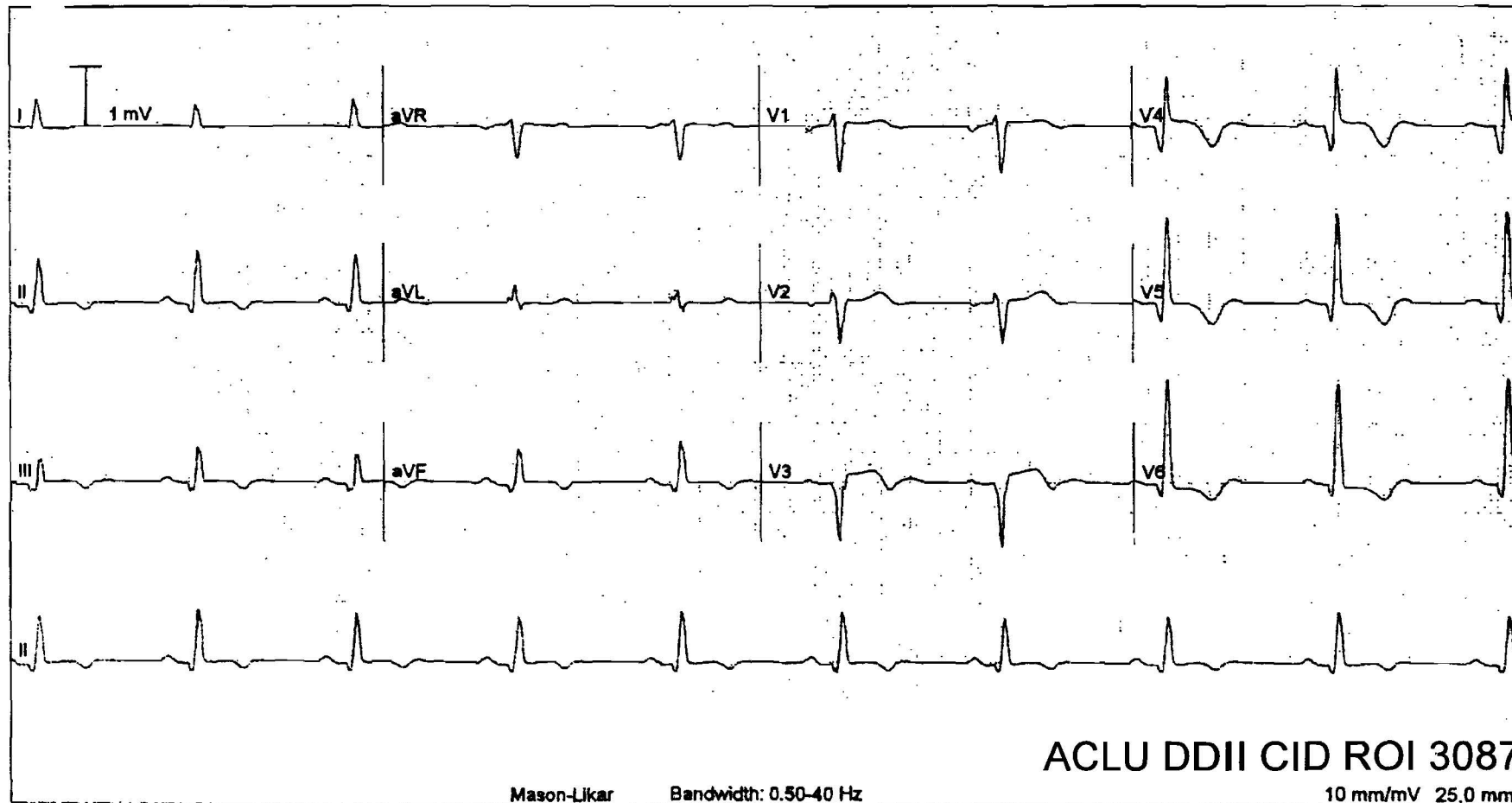
SINUS RHYTHM.....normal P axis, V-rate 50- 99  
 CONSIDER LEFT ATRIAL ABNORMALITY.....wide or notched P waves  
 BORDERLINE INTRAVENTRICULAR CONDUCTION DELAY.....QRSd >105ms  
 INFERIOR INFARCT, AGE INDETERMINATE.....Q >35ms, T neg, II III aVF  
 LATERAL INFARCT, AGE INDETERMINATE.....Q>35ms, T neg, I aVL V5 V6  
 ANTERIOR INFARCT, AGE INDETERMINATE.....Q >30ms, T neg, V2-V5

Axis

P 71 deg  
 QRS 56 deg  
 T -78 deg

- ABNORMAL ECG -

Unconfirmed Interpretation



SECRET/NOFORN

SECRET/NOFORN

0142-08-CD 369 43734

ACLU DDII CID ROI 30874

Mason-Likar

Bandwidth: 0.50-40 Hz

10 mm/mV 25.0 mm/s



EC

SECRET/NOFORN Medical Record Number:

Alarm Review EC

6/22/2008 00:48:01 \*\*\* VENT FIB/TACH

HR 159

PVC 133

PULSE 106

%SpO2 91

NBP ???(?) (0:49)

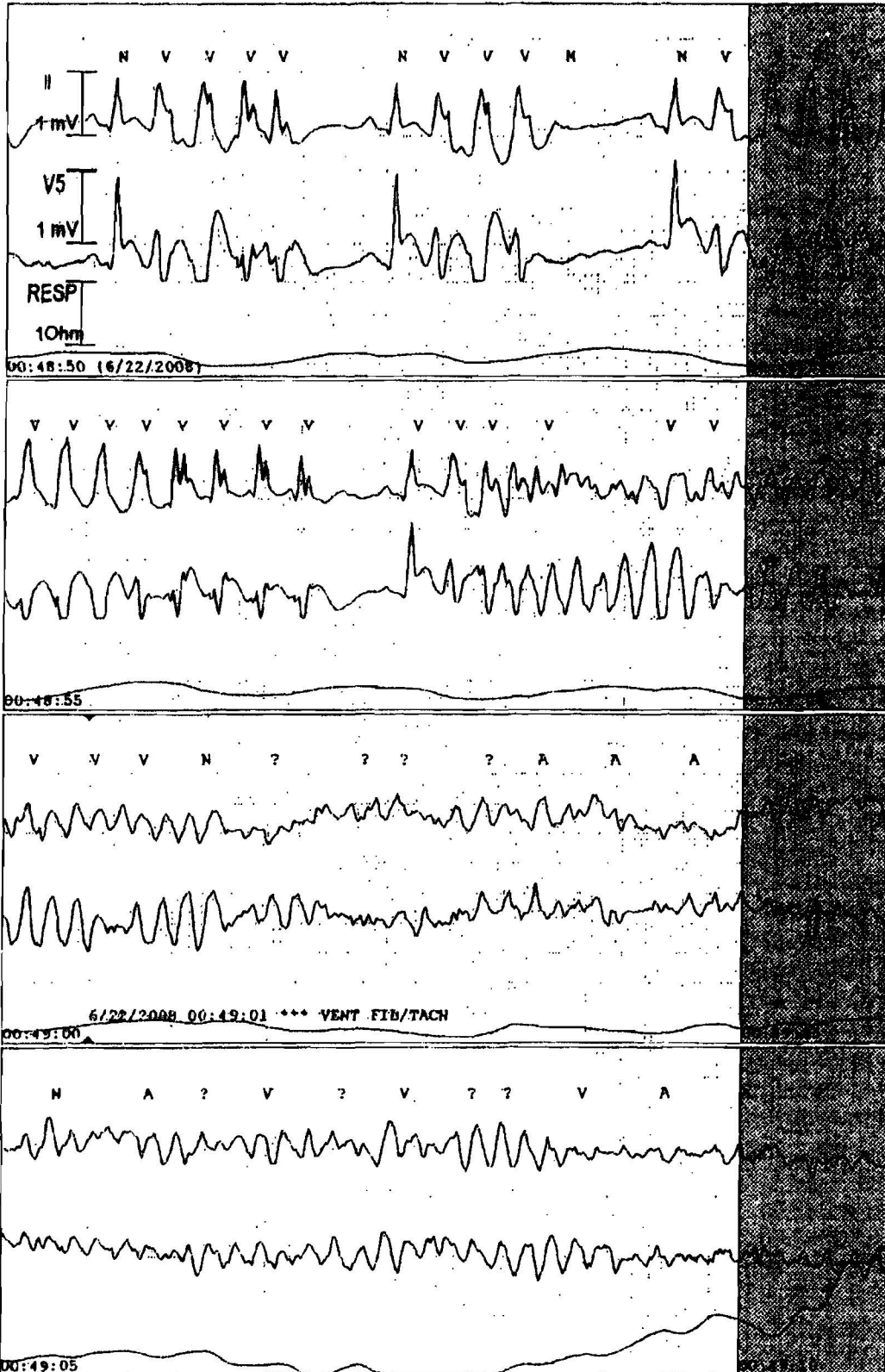
ST-II 1.4

ST-III 3.1

ST-aVR 0.1

ST-aVL -2.4

RESP 30



ACLU DDII CID ROI 30875

NAME/ISS#: 20/890-01-3592

Date: 28 Jun 08

ZULU TIME		0300	0700	1100	1500	1900	2300
NEURO	LOC	A0430/01/11/08		intubated	sedated	intubated	
	Orientation	oriented, <sup>chose</sup> cooperative.		intubated	intubated	UTA - responds to pain - sternal rub	
LEFT PUPIL	Reaction/Size	3mm		3mm		3mm / brisk	
RIGHT PUPIL	Reaction/Size	3mm brisk		3mm brisk		2mm / no reaction	
RESP	Lung Sounds	Rhonchi / crackles		Wet / III		Rhonchi / no dim bases	
	Resp Effort	unlabored	labored	labored		unlabored	STIMV 16/600/14/8/50%
	Secretions			SNV F12/10/8		none present	
ETT/TRACH	Tube Size	N/A		8.0cm		8.0cm	
	CM at Teeth/Nare			230 teeth		23cm e teeth	No A
Chest Tube	Status/DSG R/L					N/A	No A
	Status/DSG R/L					N/A	
CARDIAC	Rhythm	Regular PVC's Multif. VTach	VTach	HR 90's		SR e 90's - 90's	
	Sound	S1S2	V EIB	amariodine		S. S.	
	Abdomen	soft / flat	PROSORS ↑			soft / flat	
	Sounds	(+) x4	(+)	(+) x4		hyper x 4 quad	
	BW / Ostomy					none	
	NG / OG		↑ NGT	↑ NGT		NGT to suction mini amt	
GU	Void/Foley/Color	und void	Foley ↑	Foley ↑		Foley EDT e yellow	
SKIN	Color/Temp	Pale / clammy		Pale / clammy		pale / clammy B/L BUE	
	Integrity	intact		intact		intact	
	Sacrum/Heels	dry		dry		intact	
	Edema-Upper/Lower					none	
PERIPHERAL	Color/Temp	slight on base		pulses palpable		2+ / >3sec cap	
	Pulse/Cap Refill	1.3sec - 2.0		1.3sec		PM (Cool, Pale / moist)	
	Movement	present		sedated		none sedated	
PERIPHERAL	Color/Temp	spontaneous		Pale / clammy		C.P.M	
	Pulse/Cap Refill	1.3sec		↑ present		joint to no pulse / >3sec	
	Movement	(+) spontaneous		sedated		none sedated	
DRAINS	JP / Wound Vac					N/A	
DRAINS	JP / Wound Vac					N/A	
WOUND	Location					N/A	
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
IV LINE	Site/Condition	D AC 18g	all patent	#1 R 18g		D RUE (ED) 18g - patent	
IV LINE	Site/Condition	R AC 18g	E blood flow	#2 R 18g		R PAC 18g - patent	
CENTRAL LINE	Site/Condition			#3 D 18g		D DFA 20g - patent	
A-LINE	Site/Condition			#4 D 18g		D radial 4g - patent	

Name/Initials: (b)(6)

Name/Initials: (b)(6)

Name/Initials: CID ROI 30876

EXHIBIT

SECRET/NOFORN

#13 Cordia cupre

Name/SS#: Afghani 5592	ICU BEDSIDE FLOW SHEET												Date: 17 Jun 08														
Zulu Time	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100															
TEMP	-	-	-	-	-	98.3	-	-	97.9	-	-	-															
HR	51	44	52	56	56	56	57	58	50	54	55	56															
RESP	18	14	15	14	14	14	18	14	14	15	15	14															
NBP	124/75	131/70	129/74	130/70	129/75	127/76	121/76	133/73	131/68	140/78	127/10																
ALINE	-	-	-	-	-	-	-	-	-	-	-	-															
MAP	87	84	87	86	85	70	87	88	84	93	80																
O2 SAT	100	97	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%															
MODE/FIO2	2LNC	2LNL	1LNC	1LNC	1LNC	2LNC	2LNC	2LNC	2LNC	2LNC	2LNC	2LNC															
CVP																											
ICP																											
PP																											
chest pain																											
Intake																											
PO	/																										
TUBE FEED																											
WPT													9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8			
IVPB																											
Output																											
UO																									270	270	
NGOG																											
BM																											
JPNV																											
JPNV																											
CT																											

SECRET

SECRET/NOFORN

98.0

172

ACLU DDII CID ROI 30877

270

0142-08-CU 369 43736

Name/SS#: 3592	ICU BEDSIDE FLOW SHEET														Date: 6/17/08													
ZULU TIME	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200				
Position Q2H															pk moves		self in bed											
Regular Bath																												
Suction																												
Trach Care																												
Pin Care																												
Pin Care																												
Restraint																												
Check Q2H																												
ETT Tape Change																												
V.A.P																												
HOB at 45 Degrees																												
Mouth Care at least Q4																												
GI Prophylaxis Yes/No																												
DVT Prophylaxis Yes/No																												
Sedation Holdday Q24H																												
Chlorhexidine 2% Bath Q24H																												
Central Line Dsg Change																												
NAME: (b)(6)														INITIALS:														
NAME: (b)(6)														INITIALS: (b)(6)														
ACLU DDII CID ROI 30878																												

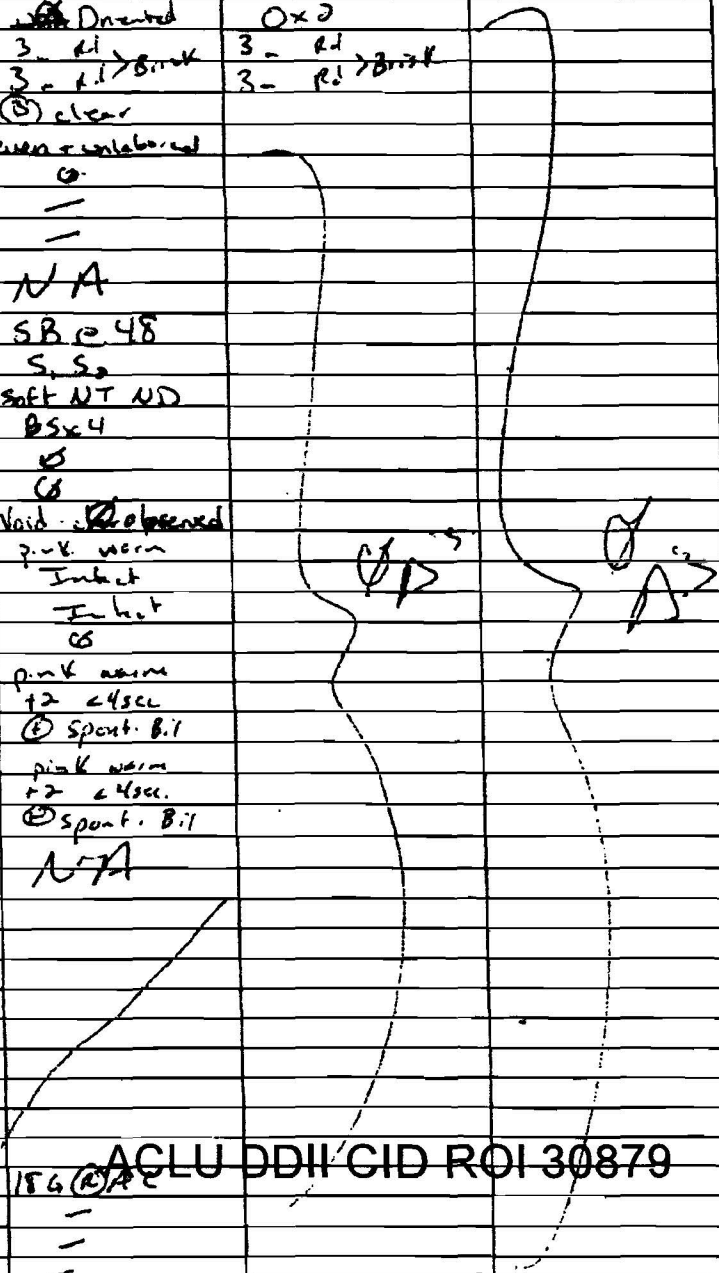
EXHIBIT

SECRET/NOFORN

0142-08-CD 369 4373

SECRET/NOFORN

NAME/SS#:	ZULU TIME	0300	0700	1100	1500/1600	1900	2300
NEURO	LOC				Alert	Alert	
	Orientation				Alert Oriented	Ox2	
LEFT PUPIL	Reaction/Size				3 - r.l	3 - r.l	
RIGHT PUPIL	Reaction/Size				3 - r.l > Brink	3 - r.l > Brink	
RESP	Lung Sounds				(b) clear		
	Resp Effort				even & unlabored		
	Secretions				0		
ETT/TRACH	Tube Size				=		
	CM at Teeth/Nare				=		
Chest Tube	Status/DSG R/L				NA		
	Status/DSG R/L						
DIAC	Rhythm				SB @ 48		
	Sounds				S, S <sub>2</sub>		
GI	Abdomen				soft NT ND		
	Sounds				Bx4		
	BM/ Ostomy				0		
	NG / OG				0		
GU	Void/Foley/Color				Void - Observed		
SKIN	Color/Temp				pink warm		
	Integrity				Intact		
	Sacrum/Heels				Intact		
	Edema-Upper/Lower				0		
RUE/LUE	Color/Temp				pink warm		
	Pulse/Cap Refill				+2 <4sec		
	Movement				(b) Spont. Bil		
RLE/LLE	Color/Temp				pink warm		
	Pulse/Cap Refill				+2 <4sec		
	Movement				(b) Spont. Bil		
DRAINS	JP / Wound Vac				NA		
DRAINS	JP / Wound Vac						
WOUND	Location						
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
WOUND	Location						
	Dressing						
	Drainage						
IV LINE	Site/Condition				IFG (R) PC		
IV LINE	Site/Condition						
CENTRAL LINE	Site/Condition						
A-LINE	Site/Condition						



ACLU DDII/CID ROI 30879

Name/Initials: \_\_\_\_\_ Name/Initials \_\_\_\_\_ Name/Initials \_\_\_\_\_ (b)(6)

SECRET/NOFORN

SECRET/NOFORN



0142-08-CD 369 4373

#13 Cardiac output

Name/SS#:	Afghana 5592												ICU BEDSIDE FLOW SHEET			17JUN08			Date:			
Zulu Time	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100										
TEMP						48.3			97.9													
HR		51	48	52	56	56	57	58	50	54	55	56										
RESP		18	14	15	14	14	18	14	14	15	19	14										
NIBP		124/75	131/70	129/74	130/70	128/75	121/76	126/76	133/73	130/68	146/78	127/68										
A-LINE																						
MAP		87	84	87	86	85	70	87	88	84	73	80										
O2 SAT		100	97	100%	100%	99%	100%	100%	100%	100%	100%	100%										
MODE/FIO2		2LNC	2LNC	1LNC	1LNC	1LNC	2LNC	2LNC	2LNC	2LNC	2LNC	2LNC										
CVP																						
ICP																						
JPP																						
Chest pain																						
Intake																						
PO																						
TUBE FEED																						
IYPB																						
Output																						
UO																						
NG/OG																						
BM																						
JPNV																						
JPNV																						
CT																						

EXHIBIT

SECRET/NOFORN

SECRET/NOFORN

98.0

172

ACLU DDII CID ROI 30880

270

EXHIBIT

Name/SS#: 3592	ICU BEDSIDE FLOW SHEET																		Date: 6/17/08							
ZULU TIME	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200		
Position Q2H															pk nerves	self in bed										
Regular Bath																										
Suction																										
Trach Care																										
Pin Care														NA												
Pin Care														NA												
Restraint														NA												
Check Q2H														NA												
ETT Tape Change														NA												
V.A.P														NA												
HOB at 45 Degrees														45°												
Mouth Care at least Q4														NA												
GI Prophylaxis Yes/No														NA												
DVT Prophylaxis Yes/No														NA												
Sedation Holiday Q24H														NA												
Chlorhexidine 2% Bath Q24H														NA												
Central Line Dsg Change														NA												

SECRET//NOFORN

SECRET//NOFORN

NAME: (b)(6)

NAM

INITIALS:

(b)(6)

ACLU DDII CID ROI 30881



0142-08-CID 369.437

Name/SS#:		ICU BEDSIDE FLOW SHEET																	Date: 6/15/05						
ZULU TIME	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	
Position Q2H	Self																								
Regular Bath														pt moved self in local											
Suction	PRN																								
Trach Care	N/A																								
Pin Care	N/A																								
Pin Care	N/A																								
Restraint Check Q2H	N/A																								
ETT Tape Change	N/A																								
VAP	N/A																								
HC	5																								
Dress																									
Mouth Care at least Q4																									
Oral Prophylaxis Yes/No																									
DVT Prophylaxis Yes/No																									
Sedation Protocol Q24H																									
Chlorhexidine 2% Bath Q24H																									
Cer. Line Dressing	N/A																								
NAME:	(b)(6)																								
INITIALS:																									
NAME:	(b)(6)																								
INITIALS:																									

(b)(6)  
 EVIDENCE  
 N/A

EXHIBIT

SECRET/NOFORN

CID ROI 30882

0142-08-CU 369 33

Name/SS#:		ICU BEDSIDE FLOW SHEET											Date: 1/83		
Zulu Time	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100			
TEMP	98.3	97.9	99.1	98.1	97.8	97.0	97.2	99.0	99.0	97.9	97.9				
HR	73	72	75	71	67	62	63	64	63	67	57	59			
RESP	19	18	21	16	18	19	20	19	18	18	13	12			
NIBP	124/64	104/54	95/56	90/47	90/48	92/38	92/40	94/40	92/44	80/42	92/47	93/50			
A-LINE	-	-	-												
MAP	78	66	65	57	58	50	52	60	50	51	58	60			
O2 SAT	100%	100%	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%			
MODE/FIO2	3LWL	3L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC	2L NC			
CVP															
ICP															
CPP															
Chest perc		2/0	2/0		0/10										
Intake															
PO															100
TUBE FEED															
IVF															
IVPB															250
Ink/In	9.8	9.8	9.8	9.6	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	117.6	117.6	235.2
UISO	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	32.9	21.8	54.7
Output															
UO	320	850	100	40	30	200	200	175	175	175	275	25	720	2690	3410
NG/OG															650
BM															
JPMV															
JPMV															
CT															
In - 3680															
Output = 3410															

SECRET/NOFORN

0162-08-CU 369-43736

#13

Name/SS#: Afghem 5592

ICU BEDSIDE FLOW SHEET

Date: 18 Jun 08

Zulu Time	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300				
TEMP	98.8	97.6		97.2		97.6		98.0		99.5						
HR	54	56	61	63	73	69	71	73	71	71		72				
RESP	17	17	19	21	17	21	17	21	14	17		18				
NIBP	142/62	140/70	134/74	117/50	115/56	107/51	112/55	122/58	115/54	125/63		112/62				
A-LINE	-	-	-	-	-	-	-	-	-	-		-				
MAP	77	81	79	72	69	65	68	71	73	79		77				
O2 SAT	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%		100%				
MODE/FIO2	2LNC	1LNC	1LNC	1LNC	1LNC	1LNC	1LNC	1LNC	1LNC	3LNC		3LNC				
CVP																
ICP																
PU	250		250	50	300	300		600 - 600		600	600	300	1100	TOTAL 1100		
DE FREQ	/															
NF	/															
IVPB	/															
SpO2	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	117.6		
HR														21.8		
SpO2														21.8		
Jint	200		200	100	300	250	550	50	600	200	40	660	20	600	40	720
NG/OG	/															
BN	/															
JPNV	/															
JPNV	/															
CT	/															
	/															
	/															

ACLU DDII CID ROI 30884

EXHIBIT

SECRET/NOFORN

0142-08-CAD 369 43731

SECRET/NOFORN

SECRET/NOFORN

SECRET/NOFORN

NAME/SS#: 3592		Date: 4/18/07						
		0300	0700	1100	1500	1900	2300	
NEURO	LOC	Alert	No change	Restless / Unconscious	Restless		Alert	
	Orientation	Ax3						AS3
LEFT PUPIL	Reaction/Size	3mm - PEARLA				lethargic		3mm BRN
RIGHT PUPIL	Reaction/Size	3mm - PEARLA				3 - RL - BRN		
RESP	Lung Sounds	clear				(B) clear / Dim.		(B) CRT
	Resp Effort	Minimal				even + unlabored		unlabored
	Secretions	Ø				↓ 2L NC		Ø
ETT/TRACH	Tube Size	NA						NA
	CM at Teeth/Nara	N/A						NA
Chest Tube	Status/DSG R/L	Ø N/A				N/A		NA
	Status/DSG R/L	Ø					NA	
CARDIAC	Rhythm	Sinus BRADY / NSR	No change	NSR	SR @ 84		SB	
	Sounds	S3				S1S2		S1S2
GI	Abdomen	soft, tender	No change		soft ND NT		soft flat	
	Sounds	Active - 4				BS x 4		BS x 4
	Stoma	3cm x 1				Ø		Ø
	NG / OG	Ø				Ø		Ø
GU	Void/Foley/Color	blappy, hard @ voiding			irrigated 400ml	irrigated 400ml		irrigated 400ml
SKIN	Color/Temp	Normal for Race / Warm				pink warm		pink warm
	Integrity	intact				intact		intact
	Sacrum/Heels	intact				intact		intact
	Edema-Upper/Lower	Ø				Ø		Ø
RUE/LUE	Color/Temp	NFR, warm				pink warm		NFR, warm
	Pulse/Cap Refill	2+, < 3s			2+ < 4 sec.		2+ < 3s	
	Movement	strong			(B) spurt/strong (B)		spurt	
RLE/LE	Color/Temp	NFR, warm			pink warm		NFR, warm	
	Pulse/Cap Refill	2+, < 3s			2+ < 4 sec.		2+ < 3s	
	Movement	strong			(B) spurt/strong (B)		spurt	
DRAINS	JP / Wound Vac	Ø			NA		Ø	
DRAINS	JP / Wound Vac	Ø			NA		Ø	
WOUND	Location	Ø						
	Dressing	Ø						
	Drainage	Ø						
WOUND	Location	Ø						
	Dressing	Ø						
	Drainage	Ø						
WOUND	Location	Ø						
	Dressing	Ø						
	Drainage	Ø						
IV LINE	Site/Condition	IR, Ø AC		Ø C's IV	Ø		Ø	
IV LINE	Site/Condition	Ø FA stabs			Ø FA		Ø	
CENTRAL LINE	Site/Condition	Ø			Ø		Ø	
A-LINE	Site/Condition	Ø			Ø		Ø	

ACLU DDII CID ROI 00885

Name/Initials: (b)(6)

Name/Initials: (b)(6)

Name/Initials: (b)(6)

0142-08-CMO 369 63736

SECRET/NOFORN

NAME/SS#: 3592		Date: 4/18/07						
ZULU TIME		0300	0700	1100	1500	1900	2300	
NEURO	LOC	Alert	No change	Restless/Unconscious	Restless	No change	Alert	
	Orientation	Aoo x3			lethargic			Aoo 3
LEFT PUPIL	Reaction/Size	3mm → PEARLA			3.0 R → 6.0 L			3mm BNS
RIGHT PUPIL	Reaction/Size	3mm → PEARLA			3.0 R → 6.0 L			3mm BNS
RESP	Lung Sounds	U. bil.			(B) clear/dim.			(B) CTA
	Resp Effort	unlabored			even + unlabored			unlabored
	Secretions	Ø			↓ DLNC			Ø
ETT/TRACH	Tube Size	MA						Ø
	CM at Teeth/Nare	N/A						N/A
Chest Tube	Status/DSG R/L	Ø N/A						N/A
	Status/DSG R/L	Ø				N/A		
CARDIAC	Rhythm	Sinus BRADY / NSR		NSR I OCL		NSR		
	Sounds	S.S2		S.R. @ 84		S.S2		
GI	Abdomen	soft, tender		soft UD NT		soft flat		
	Sounds	Active - 4		B.S x 4		B.S x 4		
	NG / OG	Ø		Ø		Ø		
GU	Void/Foley/Color	blatant, hard		Irrigated w/ 600ml		foley bloody dump		
SKIN	Color/Temp	Normal		pink warm		NFR w		
	Integrity	intact		intact		intact		
	Sacrum/Heels	intact		intact		intact		
	Edema-Upper/Lower	Ø		Ø		Ø		
RUE/LUE	Color/Temp	NFR, warm		pink warm		NFR w		
	Pulse/Cap Refill	2+, < 3s		2+ < 4s		2+ < 3s		
	Movement	steamy		(B) spont/steamy (B)		spont		
RLE/LLE	Color/Temp	NFR, warm		pink warm		NFR w		
	Pulse/Cap Refill	2+, < 3s		2+ < 4s		2+ < 3s		
	Movement	steamy		(B) spont/steamy (B)		spont		
DRAINS	JP / Wound Vac	Ø		N/A		Ø		
DRAINS	JP / Wound Vac	Ø				Ø		
WOUND	Location	Ø				Ø		
	Dressing	Ø				Ø		
	Drainage	Ø				Ø		
WOUND	Location	Ø				Ø		
	Dressing	Ø				Ø		
	Drainage	Ø				Ø		
WOUND	Location	Ø				Ø		
	Dressing	Ø				Ø		
	Drainage	Ø				Ø		
IV LINE	Site/Condition	IP, AC		DCS IV		ACLU DDII CID ROI 30886		
IV LINE	Site/Condition	leg, FA				24 LFA		
CENTRAL LINE	Site/Condition	Ø				Ø		
A-LINE	Site/Condition	Ø				Ø		
Name/Initials:		(b)(6)	Name/Initials:	(b)(6)	Name/Initials:	(b)(6)	(b)(6)	

EXHIBIT

SECRET/NOFORN

0142-08-00-360

Name/SS#: \_\_\_\_\_ ICU BEDSIDE FLOW SHEET Date: 6/18/08

ZULU TIME	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	
Position Q2H	Self →																								
Regular Bath														pt moved self in bed											
Suction	PRN																								
Trach Care	N/A																								
Pin Care	N/A																								
Pin Care	N/A																								
Restraint																									
Check Q2H	N/A																								
ETT Tape Change	N/A																								
MAP	N/A																								
HC	5																								
Degrees																									
Mouth Care at																									
Dist Q4																									
Prophylaxis																									
Yes/No																									
Prophylaxis																									
Yes/No																									
Sedation																									
Holiday Q24H																									
Chlorhexidine																									
2% Bath Q24H																									
Line																									
Change	N/A																								

(b)(6)  
REDACTED

NAME: (b)(6) (b)(6) INITIALS: \_\_\_\_\_

NAME: (b)(6) (b)(6) INITIALS: (b)(6) (b)(6) **F CID ROT 30887**

EXHIBIT

SECRET/NOFORN



0142-08-LW 369-63736

Name/SS#:		ICU BEDSIDE FLOW SHEET											Date: 8/3/86																
Zulu Time	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100																	
TEMP	99.3	97.9	99.1	98.1	97.8	97.0	97.2	99.0		97.9	97.9																		
HR	73	72	73	71	67	62	63	64	63	67	57	59																	
RESP	19	18	21	16	19	19	20	19	19	18	13	12																	
NIBP	124/64	104/54	95/56	90/47	90/48	92/38	92/40	98/46	92/44	80/42	92/47	93/50																	
A-LINE	-	-	-																										
MAP	78	66	65	57	58	50	52	64	50	51	58	60																	
O2 SAT	100%	100%	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%																	
MODE/FIO2	3LNL	3LNL	2LNL	2LNL	2LNL	2LNL	2LNL	2LNL	2LNL	2LNL	2LNL	2LNL																	
CVP																													
ICP																													
CPP																													
Chest perc		2/10	2/10		0/10																								
Intake																													
PO																													
TUBE FEED																													
IVF												250																	
IVPB												250																	
Ink/Cl	9.8	9.8	9.6	9.6	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	117.6	117.6	235.2														
Uicc	3.8	5.8	3.9	7.6	3.8	11.4	3.8	15.2	3.8	19.0	3	22.0	3	25.0	2.3	27.3	2.3	29.6	1.1	30.7	1.1	32.8	1.1	32.9	32.9	21.8	54.7		
Output																													
LVO	320	850	1170	100	1270	40	1310	30	1340		209	1540	675	2215		175	2390	275	25										
NG/OG																													
BM																													
JPMV																													
JPMV																													
CT																													
												In Intake = 3680			Output = 3410														
												ACLU-DB/510 ROI 30888			+270														

EXHIBIT

SECRET/NOFORN

SECRET/NOFORN



#12

Name/SS#: <u>Atghem 5592</u>		ICU BEDSIDE FLOW SHEET											Date: <u>18 Jun 08</u>		
Zulu Time	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300			
TEMP	98.8	97.6		97.2		97.6		98.0		99.5					
HR	54	56	61	63	73	69	71	73	71	71			72		
RESP	17	13	19	21	18	21	14	21	14	17			18		
NIBP	112/62	110/70	134/74	117/50	115/56	107/51	112/55	122/58	115/59	125/63			112/62		
A-LINE															
MAP	77	81	79	72	69	65	68	71	73	79			77		
O2 SAT	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%			100%		
MODE/FIO2	2LNC	1LNC	1LNC	1LNC	1LNC	1LNC	1LNC	1LNC	1LNC	3LNC			3LNC		
CVP															
PU			250	250	50	300		300	600	600	600	300	1100	1100	1100
BE FEED															
VF															
VPB															
ACTU	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8
INFO															
ACTU															
DDII															
CDROI															
30889															
NG/OG															
BM															
JP/WV															
CT															

EXHIBIT

SECRET/NOFORN

~~SECRET/NOFORN~~

**SECRETARY OF DEFENSE**  
1000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1000



June 9, 2004

**MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS  
CHAIRMAN OF THE JOINT CHIEFS OF STAFF  
UNDER SECRETARIES OF DEFENSE  
COMMANDERS OF THE COMBATANT COMMANDS  
ASSISTANT SECRETARIES OF DEFENSE  
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE  
DIRECTOR, OPERATIONAL TEST AND EVALUATION  
INSPECTOR GENERAL OF THE DEPARTMENT OF DEFENSE  
ASSISTANTS TO THE SECRETARY OF DEFENSE  
DIRECTOR, ADMINISTRATION AND MANAGEMENT  
DIRECTOR, PROGRAM ANALYSIS AND EVALUATION  
DIRECTOR, NET ASSESSMENT  
DIRECTOR, FORCE TRANSFORMATION  
DIRECTORS OF THE DEFENSE AGENCIES  
DIRECTORS OF THE DOD FIELD ACTIVITIES**

**SUBJECT: Procedures for Investigation into Deaths of Detainees in the Custody of the Armed Forces of the United States**

- References:**
- (a) DoD Directive 2310.1, "DoD Program for Enemy Prisoners of War (EPOW) and other Detainees," August 18, 1994
  - (b) DoD Directive 5100.77, "DoD Law of War Program," December 9, 1998
  - (c) AR 190-8, OPNAVINST 3461.6, AFJI 31-304, MCO 3461.1, "Enemy Prisoners of War, Retained Personnel, Civilian Internees and Other Detainees," 1 October 1997
  - (d) 10 U.S.C. 1471, Forensic pathology investigations
  - (e) DoD Directive 5154.24, "Armed Forces Institute of Pathology," October 3, 2001
  - (f) DoD Instruction 5154.30, "Armed Forces Institute of Pathology Operations," March 18, 2003

This memorandum reiterates and clarifies procedures for investigating deaths of detainees in the custody of the Armed Forces, including the requirement for an autopsy.

References (a), (b) and (c) establish policy and procedure for investigations of possible violations of protections afforded enemy prisoners of war, retained personnel, civilian internees, and other detainees, including procedures in cases of deaths of such



ACLU DDIP CID RDI 30897 **OSD 08668-04**

persons. References (d), (e), and (f) provide that the Office of the Armed Forces Medical Examiner has primary jurisdiction and authority within DoD to determine the cause and manner of death in any DoD death investigation. This jurisdiction may be exercised as part of DoD death investigations of enemy prisoners of war, retained personnel, civilian internees, and other detainees in the custody of the Armed Forces of the United States.

In the case of a death of such an individual, the commander of the facility (or if the death did not occur in a facility, the commander of the unit that exercised custody over the individual) shall immediately report the death to the responsible investigative agency; Army Criminal Investigation Division, Navy Criminal Investigative Service, or Air Force Office of Special Investigations. This investigative agency shall contact the Office of the Armed Forces Medical Examiner (AFME). The AFME will determine whether an autopsy will be performed. The regional combatant commander shall notify the Secretary of Defense, through the Chairman, Joint Chiefs of Staff, of all deaths occurring in US armed forces custody.

Upon declaration of death, the remains will be placed in a clean body bag and secured awaiting instructions from the appropriate investigating agency. The remains will not be washed and all items on or in the body will be left undisturbed except for weapons, ammunition, and other items that pose a threat to the living. The body will not be released from United States custody without written authorization from the investigative agency concerned or the Armed Forces Medical Examiner.

In summary, in the case of death of any individual described above, while in custody of the Armed Forces of the United States, it is presumed that an autopsy shall be performed, unless an alternative determination is made by the Armed Forces Medical Examiner. Determination of the cause and manner of death in these cases will be the sole responsibility of the AFME or other physician designated by the AFME.

Points of contact for procedures under this memorandum are: AFME, CDR Mallak, (301) 319-0000, DSN 285-0000, Mallak@AFIP.OSD.Mil; ARMY CID, SA Birt, (703) 806-0299, DSN 656-0299, Angela.Birt@Belvoir.Army.Mil; NCIS, SA Carruth, (202) 433-9254, DSN 288-9254, TCCarruth@NCIS.Navy.Mil; OSI, SA Poorman (240) 875-1073, DSN 858-1073 James.Poorman@ogn.af.mil.

This memorandum is effective immediately.



ACLU DDII CID ROI 30898

~~SECRET/NOFORN~~

0167-08-CID 359 43734

~~SECRET/NOFORN~~

**ACTION MEMO**

USD(P)

RE  
25 JUN 08

FOR DEPUTY SECRETARY OF DEFENSE

FROM: Joseph Benkert, Principal Deputy Assistant Secretary of Defense (GS)

JUN 25 2008

SUBJECT: USCENTCOM Request to Waive Autopsy of Deceased Detainee (S//NF)

- ~~(S//NF)~~ A detainee (Nabi JAN) died from cardiac arrest while in U.S. custody in Afghanistan. USCENTCOM requests your authorization for the immediate return of the body to the family without an autopsy (Tab A).
- ~~(S//NF)~~ JAN was 70 years-old with a history of heart problems. He was detained by TF-714 on June 10, 2008, as a suspected Al Qaeda facilitator and placed in the Bagram Theater Screening Facility (TSF). He was medically cleared for interrogation – direct questioning only. After seven days in U.S. custody at the TSF, he was transferred to the hospital at Bagram and diagnosed as having suffered a mild heart attack. He appeared to recover and was cleared for release to his village, but suffered further heart attacks and eventually died on June 23, 2008.
  - ~~(S//NF)~~ JAN had been in U.S. custody for 13 days at the time of death. He was held at the TSF and last questioned for one hour on June 16, 2008, the day before he was transferred to the hospital. No ISN was assigned.
- (U) Current policy on detainee deaths requires the initiation of an investigation in the circumstances of death and provides that the Armed Forces Medical Examiner (AFME) “will determine whether an autopsy will be performed.” (Tab B).
  - ~~(S)~~ Army CID has started an investigation (Tab C).
  - ~~(S//NF)~~ The AFME has determined that an autopsy is required. The AFME has agreed to provide a pathologist, who is also an imam, to travel to Bagram immediately to perform the autopsy (it may take several days before the pathologist arrives).

Prepared by: (b)(6) Office of Detainee Affairs (b)(6)

Derived from: Multiple Sources  
Reasons: 1.4 (a and b)  
Declassify On:

~~SECRET/NOFORN~~



ACLU DDII CID ROI 30899

~~SECRET/NOFORN~~

~~SECRET//NOFORN~~

~~SECRET//NOFORN~~

- ~~(S)~~ Since the current policy (Tab B) (presuming that an autopsy shall be performed upon determination by the AFME) was signed on June 9, 2004, I am unaware of any circumstance where a detainee has died in custody without an autopsy performed. Therefore, approval of USCENTCOM's request would be unusual and could have significant consequences.
- ~~(S//NF)~~ USCENTCOM requests this exception to policy because of concerns with the political impact of not promptly returning the body to the family for burial. USCENTCOM reports that failure to return the body could cause "significant political upheaval" (Tab A).
  - ~~(S//NF)~~ The deceased was a member of the Shinwari tribe from Nahargarhar Province, which has been historically unsupportive of the national and provincial governments and coalition activities in the region.
  - ~~(S//NF)~~ Delay in returning the body to the family is expected to exacerbate tensions caused by this detainee's death.
  - ~~(S//NF)~~ Both General Kiernen (the new ISAF Commander) and Ambassador Wood support the USCENTCOM request.
- ~~(S//NF)~~ We appreciate the command's concerns regarding the political effects of requiring an autopsy, and the recommendations of USG leadership on the ground.
- ~~(S//NF)~~ However, given the circumstances of this detainee's death, a failure to adhere to established policy, and to follow the determination by the AFME, could have severe negative consequences. Specifically, without an autopsy, it could prove difficult to refute any allegations that his death was caused by abuse.
  - ~~(S//NF)~~ The detainee claimed a heart condition and requested his medication during his initial medical screening, but was cleared for direct questioning and did undergo an hour of direct questioning the day prior to his admission to the hospital.
  - ~~(S//NF)~~ His death was prior to assignment of an ISN and notification to the ICRC which could bring increased scrutiny to this case or to TSF operations.

RECOMMENDATION: *Approve* ~~Deny~~ the USCENTCOM request and *approve* ~~require~~ an autopsy Bagram as part of the investigation into h

Approve: \_\_\_\_\_ Disapprove: \_\_\_\_\_ Other: \_\_\_\_\_

(b)(6)

(b)(6)  
6-25-08

~~SECRET//NOFORN~~

ACLU DDII CID ROI 30900

~~SECRET//NOFORN~~

EXHIBIT



~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

(b)(6)

MAJ 306th MP BN S3 OIC

**From:** (b)(6) CPT MNC-I HHC 18TH MP BDE Transportation Officer  
**Sent:** Friday, October 28, 2005 9:48 PM  
**To:** (b)(6) MAJ 306th MP BN S3 OIC (b)(6) SSG 306th MP BN Battle Captain  
**Cc:** (b)(6) MAJ MNC-I S3 EPW/CI officer  
**Subject:** FW: [S] Status of ISN#174604  
**Categories:** ~~FOR OFFICIAL USE ONLY. FOR OFFICIAL USE ONLY. FOR OFFICIAL USE ONLY. FOR OFFICIAL USE ONLY. REL TO USA AND MCFI. SECRET. REL TO USA AND MCFI~~  
**Attachments:** 174604 CR Approved.pdf  
**Classification Caveat:** REL TO USA AND MCFI  
**Classification Classification:** ~~SECRET~~

Sir,

FYI

SGT (b)(6)

**From:** (b)(6) LTC MNF-I C3 Detainee Ops  
**Sent:** Friday, October 28, 2005 9:42 PM  
**To:** (b)(6) LTC, 344 MED Chief Pro Services, Abu (b)(6) MAJ, 344 MED S3, Abu  
**Cc:** (b)(6) COL, 344 MED Commander, Abu (b)(6) MAJ MNCI 43rd MP BDE EPW CI Officer; (b)(6) MAJ MNCI 43rd MP BDE Battle Major; (b)(6) LTC MNCI 43rd MP BDE S3; (b)(6) MAJ MNC-I S3 EPW/CI officer; (b)(6) CPT MNC-I HHC 18TH MP BDE Transportation Officer  
**Subject:** FW: [S] Status of ISN#174604

**Classification:** ~~SECRET//REL TO USA AND MCFI~~  
 Signed compassionate release memo.

LTC (b)(6)

**Classification:** ~~SECRET//REL TO USA AND MCFI~~

**From:** (b)(6) LT MNF-I TF 134 Attorney  
**Sent:** Friday, October 28, 2005 9:08 PM  
**To:** (b)(6) Col USA MNF-I TF134 Deputy Commander  
**Cc:** (b)(6) LTC MNF-I C3 Detainee Ops (b)(6) LT MNF-I TF134 Legal Attorney; (b)(6) COL MNFI LEGAL SJA; (b)(6) LtCol MNFI TF 134 Deputy Staff Judge Advocate  
**Subject:** RE: [S] Status of ISN#174604

**Classification:** ~~SECRET//REL TO USA AND MCFI~~  
 COL (b)(6)

(b)(3); 10 U.S.C. § 424, (b)(5)

ACLU DDII CID ROI 30903

**EXHIBIT**

~~FOR OFFICIAL USE ONLY~~

Lt Flintoft

~~LAW ENFORCEMENT SENSITIVE~~

~~Classification: SECRET//REL TO USA AND MCFI~~

**From:** (b)(6) COL MNFI LEGAL SJA  
**Sent:** Friday, October 28, 2005 7:18 PM  
**To:** (b)(6) LT MNF-I TF 134 Attorney  
**Cc:** B(6) LTC MNF-I C3 Detainee Ops; (b)(6) 1LT MNF-I TF134 Legal Attorney; (b)(6)  
 (b)(6) Col USA MNF-I TF134 Deputy Commander  
**Subject:** FW: [U] Status of ISN#174604  
**Importance:** High

~~Classification: UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

B(6)

(b)(3); 10 U.S.C. § 424, (b)(5)

Thanks,

COL (b)(6)

(b)(6)

COL, JA

Staff Judge Advocate, MNF-I, Task Force 134

DSN (b)(6)

nipr (b)(6)

~~Classification: UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

**From:** (b)(6) Col USA MNF-I TF134 Deputy Commander  
**Sent:** Friday, October 28, 2005 11:23 AM  
**To:** (b)(6) LTC MNF-I C3 Detainee Ops; (b)(6) COL MNFI LEGAL SJA  
**Cc:** B(6) MAJ MNF-I J3 OPNS; (b)(6) LtCol MNFI TF 134 Deputy Staff Judge Advocate  
**Subject:** FW: [U] Status of ISN#174604  
**Importance:** High

~~Classification: UNCLASSIFIED//FOR OFFICIAL USE ONLY~~

(b)(3); 10 U.S.C. § 424, (b)(5)

**From:** (b)(6) B(6) COL MNFI Command Surgeon  
**Sent:** (b)(6) October 28, 2005 11:14 AM  
**To:** (b)(6) Col USA MNF-I TF134 Deputy Commander  
**Subject:** FW: [U] Status of ISN#174604  
**Importance:** High

ACLU DDII CID ROI 30904

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

**EXHIBIT**



**Classification:** UNCLASSIFIED

(b)(6)

I'll call AFME when they get into work later today asking to delegate cause of death determination to (b)(6)

Any chance of getting the compassionate release processed? That would be the quickest way to get his remains back to his family. I'll do my best with AFME, but he has a very low threshold for moving them to Dover.

Thanks,

(b)(6)

**From:** B(6) MNF-I DCGDO  
**Sent:** Friday, October 28, 2005 10:11 AM  
**To:** B(6) MED Commander, B(6) (b)(6) COL MNFI LEGAL SJA; (b)(6)  
 LtCol MNFI TF 134 Deputy Staff Judge Advocate; (b)(6) COL MNFI Command Surgeon  
**Cc:** (b)(6) 1LT MNF-I TF134 Legal Attorney; (b)(6) PA MNF-I TF 134 PAO; (b)(6) Col USA  
 MNF-I TF134 Deputy Commander, B(6) COL MNF-I Task Force 134 CoS; B(6) TC  
 MNF-I C3 Detainee Ops; (b)(6) COL, FOB Commander, Abu  
**Subject:** RE: [U] Status of ISN#174604  
**Importance:** High

**Classification:** UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

(b)(3): 10 U.S.C. § 424, (b)(5), (b)(6)

**Classification:** UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

**From:** (b)(6) COL, 344 MED Commander, Abu  
**Sent:** Friday, October 28, 2005 8:35 AM  
**To:** B(6) MG MNF-I DCGDO  
**Subject:** [U] Status of ISN#174604

**Classification:** UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

Sir,

The lymphoma patient (ISN# 174604, (b)(6)) is back in the ICU and is expected to expire within the next 48 to 72 hours. His core body temperature was 89 when he came back from the compound. His wish is to be kept alive long enough to see his mother, who was supposed to visit yesterday during visitation. With your concurrence I would recommend that we authorize his mother to visit him today or tomorrow. He would unlikely survive the transfer from the hospital to his mother's home. After seeing his mother he has requested a DNR which will likely result in death within hours. I will await your response before moving forward.

V/R (b)(6)

**Classification:** UNCLASSIFIED//~~FOR OFFICIAL USE ONLY~~

ACLU DDII CID ROI 30905

**EXHIBIT**

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~~LAW ENFORCEMENT SENSITIVE~~

~~FOR OFFICIAL USE ONLY~~  
~~ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED~~

~~SECRET~~



0206 08-010369-4388

70907 ROI CID DDII ACLU