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**DEPARTMENT OF THE ARMY**  
U.S. ARMY CRIMINAL INVESTIGATION COMMAND  
Camp Bucca CID Office, IZ APO AE 09375

30 Mar 2007

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL/SSI - 0109-2006-CID579-79228 - 5H9A

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

1. 04 DEC 2006, 2257 - 04 DEC 2006, 2352; THEATER INTERNMENT FACILITY (TIF), HOSPITAL, CAMP BUCCA, UMMQASR, APO AE 09375, IRAQ

DATE/TIME REPORTED: 09 DEC 2006, 0900

**INVESTIGATED BY:**

SA (b)(6), (b)(7)(C), (b)(7)(F)  
SA [REDACTED]

**SUBJECT:**

1. NONE, ; [DEATH BY NATURAL CAUSES] (NFI)

**VICTIM:**

1. MUTLIB, ALI HUSSEIN (DECEASED); IRAQ; 1 JAN 1946; HADITHA, IRAQ; MALE; OTHER; THEATER INTERNMENT FACILITY (TIF), HOSPITAL, CAMP BUCCA, UMMQASR, APO AE 09375, IZ; XZ ; AKA: DETAINEE, (b)(6), (b)(7)(C) ; [DEATH BY NATURAL CAUSES]

**INVESTIGATIVE SUMMARY:**

"THIS IS AN OPERATION IRAQI FREEDOM INVESTIGATION"

About 0900, 9 Dec 06, this office was notified by CW3 (b)(6), (b)(7)(C) Forensic Science Officer (FSO), 22nd Military Police Battalion (CID), Camp Victory, Iraq, APO AE 09342, of a detainee who died while admitted to the Theater Internment Facility (TIF) Hospital, Camp Bucca, Iraq, (CBI), APO AE 09375.

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**ACLU DDII CID ROI 23798**

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Investigation determined Detainee MUTLIB was admitted on 17 Nov 06 for heart and blood pressure problems. On 4 Dec 06, Detainee MUTLIB was placed on a ventilator and administered Epinephrine, which failed to raise his blood pressure. At 2352, 4 Dec 06, Detainee MUTLIB was pronounced dead by Dr. (MAJ) (b)(6),(b)(7)(C) Battalion Surgeon, 310th Military Police Battalion, TIF Hospital.

An autopsy conducted determined the cause of death to be severe atherosclerotic cardiovascular disease and the manner of death to be natural causes.

STATUTES:

Not Applicable.

EXHIBITS/SUBSTANTIATION:

Attached:

1. Agent's Investigative Report (AIR) of SA (b)(6),(b)(7)(C) 9 Dec 06, documenting the basis for investigation, interview of medical personnel, receipt of hospital report of death, certificate of death and medical records.
2. Hospital Report of Death, 4 Dec 06, detailing the preliminary cause of death to be cardiac arrest.
3. Certificate of Death, 4 Dec 06, detailing the time and date of death as 2352, 4 Dec 06.
4. Medical Records of Detainee MUTLIB, detailing his medical care while admitted to the TIF Hospital, various dates.
5. AIR of SA (b)(6),(b)(7)(C) Aberdeen Proving Ground Resident Agency, 11 Dec 06, documenting receipt of the preliminary autopsy report of Detainee MUTLIB.
6. Preliminary Autopsy Report, ME 06-1175, 12 Dec 06, pertaining to Detainee MUTLIB.
7. Compact disc, ME-06-1175, containing digital images of the autopsy. (USACRC and file copy only)
8. AIR of SA (b)(6),(b)(7)(C) 29 Mar 07, documenting receipt of the Final Autopsy Report, Toxicology Report and Certificate of Death pertaining to Detainee MUTLIB.

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9. Final Autopsy Examination Report, # ME 06-1175, 28 Feb 07, pertaining to Detainee MUTLIB.

10. Certificate of Death, 21 Mar 07, pertaining to Detainee MUTLIB.

11. Toxicology Report, #068372, 18 Dec 06, pertaining to Detainee MUTLIB.

Not Attached:

None.

The originals of Exhibits 1, 5, 7, and 8 are forwarded with the USACRC copy of this report. The original of Exhibits 2 thru 4 are retained in the files of the TIF Hospital, CBI. The originals of Exhibits 6, and 9 thru 11 are retained in the files of the Armed Forces Institute of Pathology (AFIP), Rockville, MD.

STATUS: This is a final report. Commander's Report of Disciplinary or Administrative Action Taken (DA Form 4833) is not required.

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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:

1-Dir, USACRC, Ft Belvoir, VA  
1-Commander, US Army Criminal Investigation Command, ATTN: CIOP-COP-CO,  
6010 6th Street, Ft Belvoir,  
1-DIR AFIP AFME WASH, DC  
1-21ST COMBAT SUPPORT HOSPITAL (CSH), CAMP BUCCA, UMM QASR,  
IRAQ, APO AE 09375  
1-22nd MP BN (CID)(OPERATIONS)  
1-280th MP DETACHMENT (CID), ARIFJAN, KUWAIT  
1-CDR, 3D MP GROUP (CID)(OPERATIONS)  
1-COMMANDER, 705TH MP BN, TIF, UMM QASR, IRAQ, APO AE 09375  
1-COMMANDER, FOB BUCCA, UMM QASR, IRAQ, APO AE 09375  
1-COMMANDER, MNF-I, TASK FORCE 134  
1-DEPUTY COMMANDER, FOB BUCCA, UMM QASR, IRAQ, APO AE 09375  
1-Forensic Science Officer  
1-CAMP BUCCA CID OFFICE, 280th MP DET (CID), UMM QASR, IRAQ, APO  
AE 09375  
1-STAFF JUDGE ADVOCATE, CAMP BUCCA, UMM QASR, IRAQ, APO AE  
09375  
1-FILE

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

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# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0109-06-CID579-79228

PAGE 1 OF 1

## DETAILS

**BASIS FOR INVESTIGATION:** About 0900, 9 Dec 06, this office was notified by CW3 (b)(6), (b)(7)(C) Forensic Science Officer (FSO), 22<sup>nd</sup> Military Police Battalion, Camp Victory, APO AE 09342 of a detainee who died while admitted to the Theater Internment Facility (TIF) Hospital, Camp Bucca, Iraq, (CBI) APO AE 09375.

About 1000, 9 Dec 06, SA (b)(6), (b)(7)(C) interviewed Dr. (MAJ) (b)(6), (b)(7)(C) 310<sup>th</sup> Military Police Battalion, Battalion Surgeon, TIF, CBI, who stated she was in the Emergency Room (ER) on 4 Dec 06, when she was called for a patient coding later identified as Detainee Ali Hussein MUTLIB, (b)(6), (b)(7)(C). Dr. (b)(6), (b)(7)(C) stated Detainee MUTLIB was admitted on 17 Nov 06 for heart and blood pressure problems. About 2257, 4 Dec 06, Detainee MUTLIB's blood pressure dropped at which time Epinephrine was administered which regulated his blood pressure. About 2304, 4 Dec 06, Detainee MUTLIB's blood pressure dropped again at which time he was placed on a ventilator and administered Epinephrine which did not raise his blood pressure. Dr. (b)(6), (b)(7)(C) pronounced Detainee MUTLIB dead at 2352, 4 Dec 06.

About 1045, 9 Dec 06, SA (b)(6), (b)(7)(C) obtained the medical records of Detainee MUTLIB from the Patient Administration Division (PAD), TIF Hospital, TIF, CBI. A review of the medical records revealed they contained the Hospital Report of Death, the Certificate of Death, and all medical records. The Certificate of Death listed the cause of death as cardiac arrest and the manner of death as natural. (See Hospital Report of Death, Certificate of Death, and Medical Records for details)

About 1100, 9 Dec 06, SA (b)(6), (b)(7)(C) telephonically interviewed SSG (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) 21<sup>st</sup> Combat Support Hospital (CSH), S-4, TIF, CBI, who related the remains of Detainee MUTLIB were flown to Dover Air Force Base, Delaware (DE), for autopsy on 8 Dec 06.

////////////////////////////////////LAST ENTRY////////////////////////////////////

|  |                  |  |  |
|--|------------------|--|--|
| TYPE AGENT'S NAME AND SEQUENCE NUMBER<br>SA (b)(6), (b)(7)(C), (b)(7)(F) |                  | 280TH MP DET (CID) (FW),<br>Camp Bucca CID<br>Camp Bucca, APO AE 09375 |  |
| SIGNATURE<br>(b)(6), (b)(7)(C)   | DATE<br>9 Dec 06 | EXHIBIT<br>1   |  |

CID FORM

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

ACLU RDI CID ROI 23802

000005

|   |  |   |  |      |                                 |
|---|--|---|--|------|---------------------------------|
| <b>HOSPITAL REPORT OF DEATH</b><br><small>FOR USE OF THIS FORM, SEE AR 40400; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.</small>  |  | NAME AND LOCATION OF HOSPITAL<br><b>FOUO</b>                                |  |      |                                 |
| <i>Instructions - Medical Officer in attendance will:<br/>Prepare, in one copy only, Items 1 through 10 and sign Item 11.<br/>Print or type entries.</i>  |  |   |  |      |                                 |
| <i>Send form, without delay to the Registrar or Administrative Officer<br/>of the Day, for necessary action and for preparation of required<br/>number of copies.</i>                           |  |   |  |      |                                 |
| <b>SECTION A - ATTENDING MEDICAL OFFICER'S REPORT</b> <span style="float: right;"><b>0109 06 G1D579 79 228</b></span>   |  |   |  |      |                                 |
| <b>PERSONAL DATA</b>  |  |   |  |      |                                 |
| 1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available)<br><br>MUTLIB, ALI HUSSEIN<br>DETAINEE<br>(b)(6)   |  | 2. TIME OF DEATH (Hour day month year)<br>(b)(6) 06 @ 2352                  | 3. MEDICAL EXAMINER/<br>CORONER'S CASE<br><input type="checkbox"/> YES <input type="checkbox"/> NO |      |                                 |
| Patient's name (Last, first, middle initial) Grade,<br>Social Security Account No., Register Number and Ward Number   |  | 4. RELIGION<br>ISLAMIC  | 5. CHAPLAIN NOTIFIED<br><input type="checkbox"/> YES <input type="checkbox"/> NO                   |      |                                 |
|   |  | 6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND<br>PRESENT AT DEATH |  |      |                                 |
| <b>CAUSE OF DEATH</b>   |  |   | <b>APPROXIMATE INTERVAL<br/>BETWEEN ONSET<br/>AND DEATH</b>  |      |                                 |
| 7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphemia, etc. It means the disease, injury, or complication which caused death) | DUE TO (or as a consequence of)<br><br>CARDIAC ARREST                          |   | MINUTES  |      |                                 |
| 7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)  | (1)<br>CHRONIC ENDSTAGE RENAL FAILURE  |   | 17 DAYS  |      |                                 |
|   | (2)<br>CHRONIC KIDNEY DISEASE  |   | MONTHS/YEARS   |      |                                 |
| 8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT   | a.   |   |  |      |                                 |
|   | b.   |   |  |      |                                 |
| 9. DATE<br>(b)(6) 06  | 10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE<br>(b)(6) |   | 11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE<br>(b)(6)   |      |                                 |
| <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 (Specify)   |  |   |  |      |                                 |
| 19.   |  |   |  |      |                                 |
| <b>SECTION C - RECORD OF AUTOPSY</b>  |  |   |  |      |                                 |
| 20. AUTOPSY PERFORMED (If yes, give date and place)<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  |   | 21. AUTOPSY ORDERED BY (Signature)   |      |                                 |
| 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   |      |                                 |

**FOUO**

**CERTIFICATE OF DEATH (OVERSEAS)**  
**Acte de décès (D'Outre-Mer)**

|  |                                    |  |  |
|--|------------------------------------|--|--|
| NAME OF DECEASED (Last, First, Middle)<br>Nom du décédé (Nom et prénoms)<br><b>MUTLIB. ALI HUSSEIN</b> | GRADE - Grade<br>SI<br><b>FOUO</b> | BRANCH OF SERVICE<br>Arme<br><b>DETAINEE</b> | SOCIAL SECURITY NUMBER<br>Numéro de l'Assurance Sociale<br><b>(b)(6)</b> |
|--|------------------------------------|--|--|

|   |   |  |  |
|---|---|--|--|
| ORGANIZATION Organisation<br><b>CAMP BUCCA, IRAQ<br/>TIF HOSPITAL</b> | NATION (e.g., United States)<br>Pays<br><b>IRAQ</b> | DATE OF BIRTH<br>Date de naissance<br><b>(b)(6)/1946</b> | SEX Sexe<br><input checked="" type="checkbox"/> MALE Masculin<br><input type="checkbox"/> FEMALE Féminin |
|---|---|--|--|

|   |                  |  |   |
|---|------------------|--|---|
| RACE Race<br><b>CAUCASOID Caucassique</b> | MARRIED Marié    | RELIGION Culte<br><b>0109 06 010579-742284</b> | OTHER (Specify)<br>Autre (Spécifier)<br><input checked="" type="checkbox"/> |
| SINGLE Célibataire                        | DIVORCED Divorcé | PROTESTANT Protestant                          | OTHER (Specify)<br>Autre (Spécifier)  |
| NEGROID Nègre                             | MARRIED Marié    | CATHOLIC Catholique                            |   |
|   | WIDOWED Veuf     | JEWISH Juif                                    |   |

|   |   |
|---|---|
| NAME OF NEXT OF KIN Nom du plus proche parent                         | RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit |
| STREET ADDRESS Domicile à (Rue)                                       |   |
| CITY OF TOWN AND STATE (include ZIP Code) Ville (Code postal compris) |   |

| MEDICAL STATEMENT Declaration médicale  |  |
|---|--|
| CAUSE OF DEATH (Enter only one cause per line)<br>Cause du décès (N'indiquer qu'une cause par ligne)                          | INTERVAL BETWEEN ONSET AND DEATH<br>Intervalle entre l'attaque et le décès |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup><br>Maladie ou condition directement responsable de la mort.       | <b>CARDIAC ARREST</b>  |
| ANTECEDENT CAUSES<br>Symptômes précurseurs de la mort.  | <b>( CHRONIC) END- STAGE RENAL FAILURE</b>                                 |
| MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE<br>Condition morbide, s'il y a lieu, menant à la cause primaire            | <b>CHRONIC RENAL DISEASE</b>   |
| UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE<br>Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire |  |
| OTHER SIGNIFICANT CONDITIONS <sup>2</sup><br>Autres conditions significatives   |  |

|   |   |   |
|---|---|---|
| MODE OF DEATH<br>Condition de décès                           | AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES<br>Circonstances de la mort suscitées par des causes extérieures |
| <input checked="" type="checkbox"/> NATURAL<br>Mort naturelle | MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie                                       |   |
| <input type="checkbox"/> ACCIDENT<br>Mort accidentelle        |   |   |
| <input type="checkbox"/> SUICIDE<br>Suicide                   |   |   |
| <input type="checkbox"/> HOMICIDE<br>Homicide                 | SIGNATURE Signature   | DATE Date   |
|   |   | AVIATION ACCIDENT Accident à Avion<br><input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non                  |

|   |   |
|---|---|
| DATE OF DEATH (Hour, day, month, year)<br>Date de décès (l'heure, le jour, le mois, l'année)<br><b>(b)(6) -06</b> | PLACE OF DEATH Lieu de décès<br><b>CAMP BUCCA, TIF HOSPITAL ( ICU WARD)</b> |
|---|---|

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<br><b>(b)(6)</b> | TITLE OR DEGREE Titre ou diplôme<br><b>(b)(6)</b> |
|---|---|

|                              |   |
|------------------------------|---|
| GRADE Grade<br><b>(b)(6)</b> | INSTALLATION OR ADDRESS Installation ou adresse<br><b>CAMP BUCCA, TIF HOSPITAL (b)(6)</b> |
|------------------------------|---|

|                                |                            |
|--------------------------------|----------------------------|
| DATE Date<br><b>(b)(6) -06</b> | SIGNATURE<br><b>(b)(6)</b> |
|--------------------------------|----------------------------|

<sup>1</sup> State disease, injury or complication which caused death but  
<sup>2</sup> State conditions contributing to the death, but not related to it  
<sup>3</sup> Préciser la nature de la maladie, de la blessure ou de la complication  
<sup>4</sup> Préciser les conditions qui ont contribué à la mort, mais n'entrant pas en rapport avec la maladie ou la condition qui a provoqué la mort.

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TAB

**CERTIFICATE OF DEATH**

For use of this form, see AR 190-8; the proponent agency is DCSPER.

INTERMENT SERIAL NUMBER  
500-17-7750

~~FOUO~~

FROM:

~~LAW ENFORCEMENT SENSITIVE~~

TO:

0109 06 CID579 79228

|  |                            |                                     |                          |
|--|----------------------------|-------------------------------------|--------------------------|
| NAME (Last, first, MI)<br>MUTLIB, ALI HUSSEIN  |                            | GRADE<br>DETAINEE                   | SERVICE NUMBER<br>(b)(6) |
| NATIONALITY<br>IRAQ                            | POWER SERVED               | PLACE OF CAPTURE/INTERMENT AND DATE |                          |
| PLACE OF BIRTH<br>IRAQ                         |                            | DATE OF BIRTH<br>(b) 1946           |                          |
| NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN |                            | FIRST NAME OF FATHER                |                          |
| PLACE OF DEATH<br>CAMP BUCCA TIF, IRAQ         | DATE OF DEATH<br>(b)(6) 06 | CAUSE OF DEATH<br>CARDIAC ARREST    |                          |
| PLACE OF BURIAL                                |                            | DATE OF BURIAL                      |                          |
| IDENTIFICATION OF GRAVE                        |                            |                                     |                          |

PERSONAL EFFECTS (To be filled in by Office of Deputy Chief of Staff for Personnel)

- RETAINED BY DETAINING POWER
- FORWARDED WITH DEATH CERTIFICATE TO (Specify)
- FORWARDED SEPARATELY TO (Specify)

BRIEF DETAILS OF DEATH/BURIAL BY PERSON WHO CARED FOR THE DECEASED DURING ILLNESS OR DURING LAST MOMENTS (Doctor, Nurse, Minister of Religion, Fellow Internec). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side).

PATIENT CRITICALLY ILL, ACLS PROTOCOLS FAILED TO RESUCITATE.

|   |                                 |         |
|---|---------------------------------|---------|
| <p>DO NOT WRITE IN THIS SPACE<br/>CERTIFIED A TRUE COPY</p> | DATE<br>(b)(6) 06 2352          | (b)(6)  |
|   | SIGNATURE OF COMMANDING OFFICER |         |
|   | WITNESSES                       |         |
|   | SIGNATURE                       | ADDRESS |
| SIGNATURE   | ADDRESS                         |         |

**FOUO**

~~LAW ENFORCEMENT SENSITIVE~~  
~~ACL UDDI CID RDI 3013~~

EDITION OF 1 JUL 63 IS OBSOLETE.

~~FOUO~~

STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS

For use of this form, see AR 600-8-1, the proponent agency is DCSPER

|                          |                        |  |
|--------------------------|------------------------|--|
| THRU: (Include ZIP Code) | TO: (Include ZIP Code) | FROM: (Include ZIP Code)<br><b>LAW ENFORCEMENT SENSITIVE</b><br>0109 06 CID 579 79 228 |
|--------------------------|------------------------|--|

|   |                         |   |
|---|-------------------------|---|
| 1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial)<br>MUTLIB, ALI HUSSEIN | 2. SSN<br>(b)(6)        | 3. GRADE<br>DETAINEE                          |
| 4. ORGANIZATION AND STATION<br>CAMP BUCCA, IRAQ<br>DETAINEE FACILITY                    | 5. ACCIDENT INFORMATION |   |
|   | a. DATE<br>(b)(6) -06   | b. PLACE (City and State)<br>CAMP BUCCA, IRAQ |

SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR

|  |   |   |
|--|---|---|
| 6. INDIVIDUAL WAS <input type="checkbox"/> OUT PATIENT<br><input checked="" type="checkbox"/> ADMITTED <input type="checkbox"/> DEAD ON ARRIVAL  | 7. NAME OF HOSPITAL OR TREATMENT FACILITY<br>CAMP BUCCA, IRAQ (DETAINEE FACILITY) | <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY |
| 8. HOUR AND DATE ADMITTED<br>17 NOV 06 @ 1037  | 9. HOUR AND DATE EXAMINED<br>(b)(6) -06 @ 2352                                    |   |
| 10. NATURE AND EXTENT OF <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> DISEASE <input type="checkbox"/> RESULTING IN DEATH   |   |   |
| 11. MEDICAL OPINION: a. INDIVIDUAL <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT UNDER THE INFLUENCE OF <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS (Specify):<br>b. INDIVIDUAL <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate).<br>c. INJURY <input type="checkbox"/> IS <input type="checkbox"/> IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE.<br>d. INJURY <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION:<br><br>UNKNOWN |   |   |

|  |  |                                    |
|--|--|------------------------------------|
| 12. THE FOLLOWING DISABILITY MAY RESULT<br><input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT PARTIAL <input checked="" type="checkbox"/> PERMANENT TOTAL | 13. BLOOD ALCOHOL TEST MADE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 14. NO. OF MG ALCOHOL/100 ML BLOOD |
|--|--|------------------------------------|

15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when)  
CRF RESULTING IN SEVERE METABOLIC ABNORMALITIES

|                        |   |                         |
|------------------------|---|-------------------------|
| 16. DATE<br>(b)(6) -06 | 17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR<br>(b)(6) | 18. SIGNATURE<br>(b)(6) |
|------------------------|---|-------------------------|

SECTION II - TO BE COMPLETED BY UNIT COMMANDER

|   |   |                       |
|---|---|-----------------------|
| 19. DUTY STATION<br><input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY<br><input type="checkbox"/> ABSENT WITH AUTHORITY: <input type="checkbox"/> ON PASS <input type="checkbox"/> ON LEAVE                               | 20. HOUR AND DATE OF ABSENCE<br>a. FROM b. TO   |                       |
| 21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERED 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)<br><input type="checkbox"/> YES <input type="checkbox"/> NO |   |                       |
| 22. INDIVIDUAL WAS ON<br><input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> ACTIVE DUTY FOR TRAINING<br><input type="checkbox"/> INACTIVE DUTY TRAINING  | 23. HOUR AND DATE TRAINING<br>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<br><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<br><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<br><del>FOUO</del> |
|----------|--|----------------------------------|

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0109 06 CID579 79228

**STATEMENT OF IDENTIFICATION**

For use of this form, see AR 638-2; the proponent agency is ~~LAW ENFORCEMENT~~

|                                    |       |        |                   |                  |
|------------------------------------|-------|--------|-------------------|------------------|
| NAME OF DECEASED (Last, First, MI) | GRADE | SSN    | BRANCH OF SERVICE | DATE OF INCIDENT |
| MUTLIB, ALI HUSSEIN                | SI    | (b)(6) | DETAINEE          | (b)(6) 06        |

|                                 |                                 |
|---------------------------------|---------------------------------|
| ORGANIZATION AND BASE           | PLACE OF DEATH/INCIDENT         |
| CAMP BUCCA, IRAQ (TIF HOSPITAL) | CAMP BUCCA, IRAQ (TIF HOSPITAL) |

**CONDITION OF REMAINS** (Describe briefly in Narrative below)

|  |                  |               |           |
|--|------------------|---------------|-----------|
| <input checked="" type="checkbox"/> Recognizable | Not Recognizable | Commingled    | Mutilated |
| Burned   | Decomposed       | Semi-Skeletal | Skeletal  |

**MEANS OF IDENTIFICATION** (Check all appropriate boxes. Specify supporting data in Narrative below)

|                              |                      |  |   |
|------------------------------|----------------------|--|---|
| Fingerprint Comparison       | Footprint Comparison | Dental Comparison                                      | Anatomical Comparison                                     |
| Skeletal Comparison          | Personal Effects     | <input checked="" type="checkbox"/> Visual Recognition | <input checked="" type="checkbox"/> Identification Tag(s) |
| Other (Explain in Narrative) |                      |  |   |

**ENCLOSURES**

|               |             |             |              |
|---------------|-------------|-------------|--------------|
| DD Form 565   | DD Form 890 | DD Form 891 | DD Form 892  |
| DD Form 893   | DD Form 894 | DD Form 897 | ID Card      |
| DD Form 369   | FD 258      | AF Form 137 | SF 603       |
| Dental X-Rays | SF 88       | SF 93       | DD Form 2064 |
| SF 601        | Photo       |             |              |

NARRATIVE AND SUMMARY (Continue on reverse or use additional sheets, if required)

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ACLU ~~LAW ENFORCEMENT~~ 23808  
EXHIBIT 4-2

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B. focal Rt not here yet. Check back in 4 days.

(b)(6)

~~LAW ENFORCEMENT SENSITIVE~~  
OPTOMETRY CONSULTATION FORM  
Department of Optometry  
Camp Bucca Hospital

0109 06 CID 579-79228

DATE OF REQUEST: 24 Nov 2006

FROM:

Medic: \_\_\_\_\_

Provider: \_\_\_\_\_  
(b)(6)

To be completed by PROVIDER:

Pt. has NOT been seen in optometry clinic, Pt. record was checked for optometry examination on (date): \_\_\_\_\_

Pt. has been seen in optometry, last optometry visit on (date): \_\_\_\_\_

ISN: \_\_\_\_\_  
(b)(6) Compound: ward ICU

AGE: \_\_\_\_\_

REASON for CONSULTATION:

URGENT (needs to be seen 72hrs or less) red eye/recent injury/trauma/unexplained sudden vision loss/sudden onset severe pain

Pt. requests specs for poor distance vision

Pt. requests specs for reading ONLY

Pt. was prescribed specs at (circle one) Bucca / Cropper / Abu but the specs have been taken during a search, lost, or broken

Pt. requires exam for treatment of a longstanding NON-REFRACTIVE eye problem

Other (explain): \_\_\_\_\_

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\*\*\*\*\*All incomplete consults will be returned to the provider\*\*\*\*\*

~~LAW ENFORCEMENT SENSITIVE~~

ACLU DDIF CID ROI 23809

EXHIBIT 4-3

MEDICAL RECORD **CALORIE** CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, LISTING ORGANIZATION (Sign each entry)

DATE BKFST SNK/FLD LUNCH SNK/FLD DINNER SNK/FLD CALORIES/PROTEIN

30 NOV 06 @ 16:40 1/2 cucumber ~~LAW ENFORCEMENT SENSITIVE~~ 1/2 flat bread. E 10579-19228  
(b)(6)

meal total: 312 cal 20 gm Pro, 200 mg Potassium, 150 mg Phos - 20 mg Na

Daily: TOTAL CALORIES/PROTEIN 842 cal, 47 gm Pro, 740 mg K, 516 mg P, 689 mg Na

DATE BKFST SNK/FLD LUNCH SNK/FLD DINNER SNK/FLD CALORIES/PROTEIN

1 Dec 06 1700 10% rice, 1 piece beef, 1/2 flat bread, 1/2 cucumber (b)(6)

Daily - ~~NO FR B. did not want lunch~~  
TOTAL CALORIES/PROTEIN 312 cal, 23 gm Pro, 668 mg K, 344 mg P, 563 mg Na.

DATE BKFST SNK/FLD LUNCH SNK/FLD DINNER SNK/FLD CALORIES/PROTEIN

2 Dec 06 1151 add 2 egg whites Lunch  
D for dinner  
B for Breakfast

TOTAL CALOIRES PROTEIN

HOSPITAL OR MEDICAL FACILITY STATUS DEPART./SERVICE RECORDS MAINTAINED AT

SPONSOR'S NAME SSN/ID NO. RELATIONSHIP TO SPONSOR

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

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record  
STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRMR (41 CFR) 201-9.202-1 USAPA V2 00

(b)(6)

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CALORIE COUNT

~~LAW ENFORCEMENT SENSITIVE~~ ACLU DDH CID RQI-23810 EXHIBIT 4-4

MEDICAL RECORD **CALORIE** CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE                  | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |         |                             |         |                |               |                  |
|-----------------------|---|---------|-----------------------------|---------|----------------|---------------|------------------|
| DATE                  | BKFST   | SNK/FLD | LUNCH                       | SNK/FLD | DINNER         | SNK/FLD       | CALORIES/PROTEIN |
| 16:10<br>28 Nov. 2006 |   |         | 1 cucumber + 20% of 1 slice |         |                |               | 579-74228 (b)(6) |
| <del>16:10</del>      |   |         | total: 64 cal               | 2g pro  | 735 mg (K) pot | 47 mg (P) hos | 1.7 (b)(6)       |

TOTAL CALORIES/PROTEIN

| DATE             | BKFST | SNK/FLD | LUNCH   | SNK/FLD | DINNER           | SNK/FLD     | CALORIES/PROTEIN |
|------------------|-------|---------|---|---------|------------------|-------------|------------------|
| 30 NOV 06 @ 0706 |       |         | 1/2 flat bread, 1 pkt of cream cheese, 1 egg white boiled |         |                  |             | (b)(6)           |
|                  |       |         | total: 189 cal  | 11g pro | 116 mg potassium | 130 mg phos | 215 mg Na (b)(6) |

TOTAL CALORIES/PROTEIN

| DATE              | BKFST | SNK/FLD | LUNCH                                      | SNK/FLD          | DINNER      | SNK/FLD    | CALORIES/PROTEIN |
|-------------------|-------|---------|--|------------------|-------------|------------|------------------|
| 30 NOV 06 @ 11:41 |       |         | 1/2 rice, corn, c roast sauce (1g serving) |                  |             |            | (b)(6)           |
|                   |       |         | total: 341 cal, 11g Pro,                   | 354 mg potassium | 230 mg Phos | 217 mg Na, | (b)(6)           |

TOTAL CALORIES PROTEIN

|   |            |                         |                       |
|---|------------|-------------------------|-----------------------|
| HOSPITAL OR MEDICAL FACILITY  | STATUS     | DEPART./SERVICE         | RECORDS MAINTAINED AT |
| SPONSOR'S NAME  | SSN/ID NO. | RELATIONSHIP TO SPONSOR |                       |
| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) |            | REGISTER NO.            | WARD NO.              |

(b)(6)

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 Medical Record  
 STANDARD FORM 600 (REV. 6-97)  
 Prescribed by GSA/ICMR  
 FROM (41 CFR) 201-9.202-1 USAPA V2 00

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~~LAW ENFORCEMENT SENSITIVE~~

ACLU DDII CID RO 23811

27-11000013 4-5

CALORIE COUNT

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MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

TASK FORCE 21 MEDICAL - INTENSIVE CARE UNIT FLOWSHEET

~~LAW ENFORCEMENT SENSITIVE~~

APPROVED (Date)  
(YYYYMMDD)

0109 06 C10579-79228

Critical Care Unit  
21<sup>st</sup> Combat Support Hospital  
Camp Bucca

| LENGTH OF STAY DATA |           |
|---------------------|-----------|
| DOA                 | 17 Nov 06 |
| Hospital Day #      | 17        |
| POD                 | 3         |
| Last Surgery Day    | 1 Dec 06  |

| INTAKE/OUTPUT      |         |
|--------------------|---------|
| Admit Weight       | 205 lbs |
| Today's Weight     | 90 kg   |
| Yesterday's Weight |         |
| Urine              | 1267    |
| Stool              | 1052    |
| Other              | +175    |

(b)(6)

|  |  |
|--|--|
|  |  |
|  |  |

| Safety Check        | D      | E | N      |
|---------------------|--------|---|--------|
| BVM/ra/Bek          | (b)(6) |   | (b)(6) |
| Monitor Alarms On   |        |   |        |
| MID Bracelet On     |        |   |        |
| Allergy Bracelet On |        |   |        |
| Side Bars Up        |        |   |        |
| Bed in Low Position |        |   |        |

(b)(6)

DEPARTMENT/SERVICE/CLINIC: Intensive Care Unit, Camp Bucca  
 DATE (YYYYMMDD): 2006 (b)(6)

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

(b)(6)

Bed 4

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- HISTORY/PHYSICAL
- FLOW CHART
- OTHER EXAMINATION OR EVALUATION
- OTHER (Specify)

~~LAW ENFORCEMENT SENSITIVE~~

ACLU DDH CID ROL 23812

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|  |        | TIME              | 0   | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
|--|--------|-------------------|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VITALS<br>(1) Normal (2) Full<br>(3) Faint (4) Absent  | RADIAL | R                 | 2   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | L      | L                 | 2   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| DORSALIS PEDIS   | R      | R                 | 1   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | L      | L                 | 1   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| SKIN<br>(1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundice (8) Normal (9) Pale |        |                   | 1   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| EDEMA  |        |                   | 3   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| HEART SOUNDS<br>(Clear, Regular, No Rubs, No Murmurs)  |        |                   | 1/4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| HEART RHYTHM<br>(Normal, Sinus, No Ectopy)   |        |                   | ✓   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| SWAN GANZ<br>(Zeroed and Calibrated)   |        |                   |     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| ARTERIAL LINE<br>(Zeroed and Calibrated)   |        |                   |     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| HYGIENE  |        | Bed Bath          |     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |        | Foley Care        |     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |        | Oral Care         |     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| MOBILITY   |        | Bed Rest          | ✓   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |        | Chair             |     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |        | Stair             |     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| NUTRITION  |        | Feeding           | ✓   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |        | Supplements       |     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |        | Hydration         | ✓   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| WOUND/SURGICAL DRESSINGS   |        | Wound Care        | ✓   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |        | Device            | ✓   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| PAIN   |        | PAIN FREE         | ✓   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |        | PAIN SCALE (0-10) | ✓   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| ABDOMEN (2) Soft & Flat (3) Distended (4) Rigid  |        |                   | 3   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| BOWEL SOUNDS (Active/Normal/Decreased/Absent)  |        |                   | 3   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| DIET (Solid/Soft/Clear/None)   |        |                   | 3   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| RESIDUAL ASSESSED  |        |                   |     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| PHYS   |        |                   |     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Foley Catheter   |        |                   | ✓   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Voiding (V) Urine Quantity Sufficient  |        |                   | ✓   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| SKIN INTEGRITY   |        | NO Breakdown      | ✓   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |        | Surgical Wounds   | ✓   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |        | Rashes/Abscesses  | ✓   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| DRESSINGS (Dry/Intact/Sec-10/1 Location)   |        |                   |     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| #1 Ace wrap/immobilizer  |        |                   | ✓   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| #2   |        |                   |     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| #3   |        |                   |     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

~~LAW ENFORCEMENT SENSITIVE~~

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| ACTIVE LINES | SITE                      | DATE INSERTED | DESCRIPTION | INITIALS |
|--------------|---------------------------|---------------|-------------|----------|
| TLC 18g PD   | (R) ET                    | 2 Dec 06      | (b)(6)      | (b)(6)   |
| A-Line       | (A) Femoral<br>(R) Radial | 2 Dec 06      | (b)(6)      | (b)(6)   |

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18: 25 @ 10 mg  
18:35 @ 15 mg  
19:40 @ 10 mg 82

~~LAW ENFORCEMENT SENSITIVE~~

| DATE        | INTAKE |      |      |          |          |             | OUTPUT |       |          |      |    |      |    |       |      |             |
|-------------|--------|------|------|----------|----------|-------------|--------|-------|----------|------|----|------|----|-------|------|-------------|
|             | IVF    | IYPB | ORAL | Propofol | Dopamine | Epinephrine | TOTAL  | URINE | Hemodial | 0199 | 06 | 0105 | 79 | TOTAL | 4228 | Comment     |
| 0700        |        | 32cc |      |          |          |             |        |       |          |      |    |      |    |       |      |             |
| 0800        |        |      |      |          |          |             |        |       |          |      |    |      |    |       |      | Lazix 300mg |
| 0900        |        |      |      |          |          |             |        |       |          |      |    |      |    |       |      | Redraw CBI  |
| 1000        |        |      | 30   |          |          |             |        |       |          |      |    |      |    |       |      |             |
| 1100        |        |      |      |          |          |             |        |       |          |      |    |      |    |       |      |             |
| 1200        |        |      |      |          |          |             |        | 80    | 15       |      |    |      |    |       |      |             |
| 1300        |        |      |      |          |          |             |        |       |          |      |    |      |    |       |      |             |
| 1400        |        | 32cc |      |          |          |             |        |       |          |      |    |      |    |       |      |             |
| 1500        |        |      |      |          |          |             |        |       |          |      |    |      |    |       |      |             |
| 1600        |        |      |      |          |          |             |        |       |          |      |    |      |    |       |      |             |
| 1700        |        |      |      |          |          |             |        |       |          |      |    |      |    |       |      |             |
| 1800        |        |      |      |          |          |             |        |       |          |      |    |      |    |       |      |             |
| 1900        |        |      |      |          |          |             |        |       |          |      |    |      |    |       |      |             |
| 2000        |        |      |      |          |          |             |        |       |          |      |    |      |    |       |      |             |
| 2100        |        |      |      |          |          |             |        |       |          |      |    |      |    |       |      |             |
| 2200        |        |      |      |          |          |             |        |       |          |      |    |      |    |       |      |             |
| 2300        |        |      |      |          |          |             |        |       |          |      |    |      |    |       |      |             |
| 2400        |        |      |      |          |          |             |        |       |          |      |    |      |    |       |      |             |
| 0100        |        |      |      |          |          |             |        |       |          |      |    |      |    |       |      |             |
| 0200        |        |      |      |          |          |             |        |       |          |      |    |      |    |       |      |             |
| 0300        |        |      |      |          |          |             |        |       |          |      |    |      |    |       |      |             |
| 0400        |        |      |      |          |          |             |        |       |          |      |    |      |    |       |      |             |
| 0500        |        |      |      |          |          |             |        |       |          |      |    |      |    |       |      |             |
| 0600        |        |      |      |          |          |             |        |       |          |      |    |      |    |       |      |             |
| 12 HR TOTAL | 750    | —    | —    |          | 228      | 95          | 1673   | 30    | 0        |      |    |      |    |       |      |             |
| 24 HR TOTAL | 750    | 164  | 30   |          | 228      | 95          | 1267   | 200   |          |      |    |      |    |       |      |             |

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ACLU DDII CID R0153814  
LAW ENFORCEMENT SENSITIVE

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~~LAW ENFORCEMENT SENSITIVE~~

|  |                   | TIME              | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2    | 2 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|--|-------------------|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| VITALS<br>(1) Sounding (3) Full<br>(2) Normal (1) Faint<br>(0) Absent  | RADIAL            | R                 | 2 |   |   |   |   |   |   |   |   |   |   |   |   | 2    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | L                 | 2 |   |   |   |   |   |   |   |   |   |   |   |   |      | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | DORSALIS<br>PEDIS | R                 | 2 |   |   |   |   |   |   |   |   |   |   |   |   | 2    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | L                 | 2 |   |   |   |   |   |   |   |   |   |   |   |   | 2    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| SKIN<br>(1) Dry (4) Cool (7) Jaundice<br>(2) Clammy (5) Flushed (8) Normal<br>(3) Warm (6) Cyanotic (9) Pale |                   |                   | 1 |   |   |   |   |   |   |   |   |   |   |   |   | 1    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| EDEMA  |                   |                   | 3 |   |   |   |   |   |   |   |   |   |   |   | 3 |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| HEART SOUNDS<br>(Clear, Regular, No Rubs, No Murmurs)  |                   |                   | ✓ |   |   |   |   |   |   |   |   |   |   |   | ✓ |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| HEART RHYTHM<br>(Normal, Sinus, No Ectopy)   |                   |                   | ✓ |   |   |   |   |   |   |   |   |   |   |   | ✓ |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| SWAN GANZ<br>(Zeroed and Calibrated)   |                   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| ARTERIAL LINE<br>(Zeroed and Calibrated)   |                   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| HYGIENE  |                   | Bed Bath          |   |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | Foley Care        |   |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | Oral Care         |   |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| MOBILITY   |                   | Bed Rest          | ✓ |   |   |   |   |   |   |   |   |   |   |   |   | ✓    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | BSC               |   |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | Chair             |   |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | Amalgam           | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| POSITIONING  |                   | Right             | 5 |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | Left              | 5 |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | Supine            | 5 |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | HOB 30 Degrees    |   |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| FALLS PROTOCOL INITIATED   |                   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| PROTECTIVE DEVICES   |                   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| PAIN   |                   | PAIN FREE         |   |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | PAIN SCALE (0-10) |   |   |   |   |   |   |   |   |   |   |   |   |   | 2/10 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| ABDOMEN (2) Soft & Flat (1) Distended<br>(3) Rounded   |                   |                   | 3 |   |   |   |   |   |   |   |   |   |   |   |   | 3    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| BOWEL SOUNDS (Active in All Quads)   |                   |                   | ✓ |   |   |   |   |   |   |   |   |   |   |   | ✓ |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| NG/DeBhoff Placement Verified  |                   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Residual Assessed  |                   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | PH                |   |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Foley Catheter   |                   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Voiding C/Y Urine, Quantity Sufficient   |                   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| SKIN INTEGRITY   |                   | No Breakdown      |   |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | Surgical Wound/s  |   |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | Rash/LAC, Etc.    |   |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| DRESSINGS (Dry/Intact-Specify Location)  |                   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| #1   |                   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| #2   |                   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | INITIALS          |   |   |   |   |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

0109206 810579-7228

|                                    |      |               |             |        |   |
|------------------------------------|------|---------------|-------------|--------|---|
| WOUND LINES                        | SITE | DATE INSERTED | DESCRIPTION | D      | N |
| REV -209                           | Hand | 29 Nov 06     | OK          | (b)(1) |   |
| <del>ACLU-DDI/NCID/RONI/3815</del> |      |               |             |        |   |

~~LAW ENFORCEMENT SENSITIVE~~

| DATE        | INTAKE |      |      |  |  |       | OUTPUT |        |      |    |        | ISN   |         |
|-------------|--------|------|------|--|--|-------|--------|--------|------|----|--------|-------|---------|
|             | IVF    | IVPB | ORAL |  |  | TOTAL | URINE  | NAUSEA | 0109 | 06 | 010 BM |       | 579     |
| TIME        |        |      |      |  |  |       |        |        |      |    |        | TOTAL | Comment |
| 0700        |        |      |      |  |  |       |        |        |      |    |        |       |         |
| 0800        |        |      |      |  |  |       | 150    |        |      |    |        |       |         |
| 0900        |        |      |      |  |  |       |        |        |      |    |        |       |         |
| 1000        |        |      |      |  |  |       |        |        |      |    |        |       |         |
| 1100        |        |      | 100  |  |  |       |        |        |      |    |        |       |         |
| 1200        |        |      | 100  |  |  |       |        |        |      |    |        |       |         |
| 1300        |        |      |      |  |  |       |        |        |      |    |        |       |         |
| 1400        |        |      | 100  |  |  |       |        |        |      |    |        |       |         |
| 1500        |        |      |      |  |  |       |        |        |      |    |        |       |         |
| 1600        |        |      | 200  |  |  |       |        |        |      |    |        |       |         |
| 1700        |        |      |      |  |  |       |        |        |      |    |        |       |         |
| 1800        |        |      |      |  |  |       | 125    |        |      |    |        |       |         |
| 1900        |        |      | 50   |  |  | 50    | 150    | 125    |      |    |        | 275   | 225     |
| 2000        |        |      | 120  |  |  |       |        |        |      |    |        |       |         |
| 2100        |        |      |      |  |  |       |        |        |      |    |        |       |         |
| 2200        |        |      | 100  |  |  |       | 125    | 30     |      |    |        |       |         |
| 2300        |        |      |      |  |  |       |        |        |      |    |        |       |         |
| 2400        |        |      |      |  |  |       |        |        |      |    |        |       |         |
| 0100        |        |      |      |  |  |       |        |        |      |    |        |       |         |
| 0200        |        |      |      |  |  |       |        |        |      |    |        |       |         |
| 0300        |        |      |      |  |  |       |        |        |      |    |        |       |         |
| 0400        |        |      | 120  |  |  |       |        |        |      |    |        |       |         |
| 0500        |        |      |      |  |  |       |        |        |      |    |        |       |         |
| 0600        |        |      |      |  |  |       | 15     |        |      |    |        |       |         |
| 12 HR TOTAL |        |      | 340  |  |  | 340   | 125    | 45     |      |    |        | 170   | 170     |
| 24 HR TOTAL |        |      |      |  |  | 840   | 275    | 75     |      |    |        | 115   | 1595    |

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HIBIT 4-10

~~LAW ENFORCEMENT SENSITIVE~~  
ACLU-RDI 5525 p.18

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~~LAW ENFORCEMENT SENSITIVE~~  
ISN

| DATE               | INTAKE |     |      |      |  |  | OUTPUT |            |  |  | ISN |     |       |
|--------------------|--------|-----|------|------|--|--|--------|------------|--|--|-----|-----|-------|
|                    | TIME   | IVF | IVPB | ORAL |  |  | TOTAL  | URINE      |  |  |     |     | TOTAL |
| 0700               |        |     | 100  |      |  |  |        | 200        |  |  |     |     |       |
| 0800               |        |     | 100  |      |  |  |        |            |  |  |     |     |       |
| 0900               |        |     |      |      |  |  |        |            |  |  |     |     |       |
| 1000               |        |     | 200  |      |  |  |        | 300        |  |  |     |     |       |
| 1100               |        |     |      |      |  |  |        |            |  |  |     |     |       |
| 1200               |        |     | 120  |      |  |  |        |            |  |  |     |     |       |
| 1300               |        |     |      |      |  |  |        |            |  |  |     |     |       |
| 1400               |        |     |      |      |  |  |        | 225        |  |  |     |     |       |
| 1500               |        |     | 200  |      |  |  |        |            |  |  |     |     |       |
| 1600               |        |     |      |      |  |  |        |            |  |  |     |     |       |
| 1700               |        |     | 60   |      |  |  |        |            |  |  |     |     |       |
| 1800               |        |     |      |      |  |  |        |            |  |  |     |     |       |
| <b>12 HR TOTAL</b> |        |     | 780  |      |  |  | 780    | 500<br>725 |  |  |     | 725 | + 55  |
| 1900               |        |     |      |      |  |  |        |            |  |  |     |     |       |
| 2000               |        |     |      |      |  |  |        |            |  |  |     |     |       |
| 2100               |        |     |      |      |  |  |        |            |  |  |     |     |       |
| 2200               |        |     | 150  |      |  |  |        | 300        |  |  |     |     |       |
| 2300               |        |     |      |      |  |  |        |            |  |  |     |     |       |
| 2400               |        |     |      |      |  |  |        |            |  |  |     |     |       |
| 0100               |        |     |      |      |  |  |        |            |  |  |     |     |       |
| 0200               |        |     | 100  |      |  |  |        |            |  |  |     |     |       |
| 0300               |        |     |      |      |  |  |        |            |  |  |     |     |       |
| 0400               |        |     |      |      |  |  |        | 200        |  |  |     |     |       |
| 0500               |        |     |      |      |  |  |        |            |  |  |     |     |       |
| 0600               |        |     | 50   |      |  |  |        | 150        |  |  |     |     |       |
| <b>12 HR TOTAL</b> |        |     | 300  |      |  |  |        | 650        |  |  |     |     |       |
| <b>24 HR TOTAL</b> |        |     | 1080 |      |  |  |        | 1375       |  |  |     |     |       |

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MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

TASK FORCE 21 MEDICAL - INTENSIVE CARE UNIT FLOWSHEET

(YYYYMMDD)

Critical Care Unit <sup>0109 06</sup> CID 579-79227  
21<sup>st</sup> Combat Support Hospital  
Camp Bucca

| LENGTH OF STAY DATA |        |
|---------------------|--------|
| DOA                 | 17 NOV |
| Hospital Day #      | 10     |
| POD                 |        |
| Last Surgery Day    |        |

| INTAKE/OUTPUT       |      |
|---------------------|------|
| Admit Weight        |      |
| Today's Weight      |      |
| Yesterday's Weight  |      |
| 24 Hour Intake      | 1180 |
| 24 Hour Output      | 975  |
| 24 Hour Balance     | +205 |
| Yesterday's Balance | -295 |
| LAST BM             |      |

| Nurse's Signature | Initials |
|-------------------|----------|
| (b)(6)            |          |
|                   |          |
|                   |          |
|                   |          |

| Safety Checks       | D                                   | E | N |
|---------------------|-------------------------------------|---|---|
| BVM at Bedside      | <input checked="" type="checkbox"/> |   |   |
| Monitor Alarms On   | <input checked="" type="checkbox"/> |   |   |
| ID Bracelet On      | (b)(6)                              |   |   |
| Allergy Bracelet On | <input checked="" type="checkbox"/> |   |   |
| Side Rails Up       | (b)(6)                              |   |   |
| Bed In Low Position | (b)(6)                              |   |   |

(b)(6)

DEPARTMENT/SERVICE/CLINIC

Intensive Care Unit, Camp Bucca

(Continue on reverse)

DATE (YYYYMMDD)

2006/11/27

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

(b)(6)

ICU # 4

- HISTORY/PHYSICAL
- FLOW CHART
- OTHER (Specify) \_\_\_\_\_
- DIAGNOSTIC STUDIES

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~~LAW ENFORCEMENT SENSITIVE~~  
ACLU RDI CID ROF 23848

EDITION OF MAY 78 IS OBSOLETE

USAPA V1.00



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~~LAW ENFORCEMENT SENSITIVE~~

|  |                    | TIME          | 07          | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |  |  |
|--|--------------------|---------------|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|
| T<br>ES<br>(1)bounding (3) Full<br>(2) Normal (1) Faint<br>(0) Absent  | RADIAL             | R             |             | 2  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|  |                    | L             |             | 2  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|  | DORSALIS<br>.PEDIS | R             |             | 2  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|  |                    | L             |             | 2  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| SKIN<br>(1) Dry (4) Cool (7) Jaundice<br>(2) Clammy (5) Flushed (8) Normal<br>(3) Warm (6) Cyanotic (9) Pale |                    |               |             | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| EDEMA  |                    |               |             | 1  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| HEART SOUNDS<br>(Clear, Regular, No Rubs, No Murmurs)  |                    |               |             | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| HEART RHYTHM<br>(Normal, Sinus, No Ectopy)   |                    |               |             | 8  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| SWAN GANZ<br>(Zeroed and Calibrated)   |                    |               |             | ✓  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| ARTERIAL LINE<br>(Zeroed and Calibrated)   |                    |               |             | ✓  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| HYGIENE  | Bed Bath           |               |             | S  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|  | Foley Care         |               |             | S  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|  | Oral Care          |               |             | S  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| MOBILITY   | Bed Rest           |               |             | A  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|  | BSC                |               |             | A  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|  | Chair              |               |             | B  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| POSITIONING  | Ambulate           |               |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|  | Right              |               |             | S  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|  | Left               |               |             | S  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|  | Supine             |               |             | S  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| HOB 30 Degrees   |                    |               |             | F  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| FALLS PROTOCOL INITIATED   |                    |               |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| PROTECTIVE DEVICES   |                    |               |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| PAIN   | PAIN FREE          |               |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|  | PAIN SCALE (0-10)  |               |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| ABDOMEN (2) Soft & Flat (1)Distended<br>(3)Rounded   |                    |               |             | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| BOWEL SOUNDS (Active in All Quads)   |                    |               |             | 2  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| NG/Dobhoff Placement Verified  |                    |               |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| Residual Assessed  |                    |               |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| PH   |                    |               |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| Foley Catheter   |                    |               |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| Voiding C/Y Urine, Quantity Sufficient   |                    |               |             | ✓  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| SKIN INTEGRITY   | No Breakdown       |               |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|  | Surgical Wound/s   |               |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|  | Rash/LAC, Etc.     |               |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| DRESSINGS (Dry/Intact-Specify Location)  |                    |               |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| #1   |                    |               |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| #2   |                    |               |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| #3   |                    |               |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| INITIALS   |                    |               |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| WOUND ASSESSMENT   | SITE               | DATE INSERTED | DESCRIPTION | D  | N  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| 176A   | L Hand             | 2/10/06       | 2x2cm       |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |

0102 06 011579-198234

~~FOUO~~

ACLU DDII CID ROI 23819  
EXHIBIT 4-13

4

~~FOUO~~

| DATE               | INTAKE |      |       |  |  | OUTPUT |       |  |  |  | ISN |     |
|--------------------|--------|------|-------|--|--|--------|-------|--|--|--|-----|-----|
|                    | IVF    | IVPB | ORAL  |  |  | TOTAL  | URINE |  |  |  |     |     |
| 0700               |        |      | 100   |  |  |        | 100   |  |  |  |     |     |
| 0800               |        |      |       |  |  |        |       |  |  |  |     |     |
| 0900               |        |      | 30    |  |  |        |       |  |  |  |     |     |
| 1000               |        |      | 150   |  |  |        |       |  |  |  |     |     |
| 1100               |        |      |       |  |  |        |       |  |  |  |     |     |
| 1200               |        |      | 400   |  |  |        | 200   |  |  |  |     |     |
| 1300               |        |      |       |  |  |        |       |  |  |  |     |     |
| 1400               |        |      |       |  |  |        |       |  |  |  |     |     |
| 1500               |        |      | 150   |  |  |        |       |  |  |  |     |     |
| 1600               |        |      |       |  |  |        |       |  |  |  |     |     |
| 1700               |        |      | 100   |  |  |        | 225   |  |  |  |     |     |
| 1800               |        |      |       |  |  |        |       |  |  |  |     |     |
| <b>12 HR TOTAL</b> |        |      | 930   |  |  | 930    | 525   |  |  |  |     | 525 |
| 1900               |        |      |       |  |  |        |       |  |  |  |     |     |
| 2000               |        |      |       |  |  |        |       |  |  |  |     |     |
| 2100               |        |      |       |  |  |        |       |  |  |  |     |     |
| 2200               |        |      | 200   |  |  |        |       |  |  |  |     |     |
| 2300               |        |      |       |  |  |        |       |  |  |  |     |     |
| 2400               |        |      |       |  |  |        |       |  |  |  |     |     |
| 0100               |        |      |       |  |  |        | 250   |  |  |  |     |     |
| 0200               |        |      | 50    |  |  |        |       |  |  |  |     |     |
| 0300               |        |      |       |  |  |        |       |  |  |  |     |     |
| 0400               |        |      |       |  |  |        |       |  |  |  |     |     |
| 0500               |        |      |       |  |  |        |       |  |  |  |     |     |
| 0600               |        |      |       |  |  |        | 200   |  |  |  |     |     |
| <b>12 HR TOTAL</b> |        |      | 250   |  |  |        | 450   |  |  |  |     |     |
| <b>24 HR TOTAL</b> |        |      | 1,180 |  |  |        | 975   |  |  |  |     | 205 |

~~LAW ENFORCEMENT SENSITIVE~~

0109 06 8 ID 572

~~FOUO~~

~~LAW ENFORCEMENT SENSITIVE~~

ACLU DDII CID ROI 23820

~~FOUO~~

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

TASK FORCE 21 MEDICAL - INTENSIVE CARE UNIT FLOWSHEET

~~LAW ENFORCEMENT SENSITIVE~~ (Date) (YYYYMMDD)

Critical Care Unit  
21<sup>st</sup> Combat Support Hospital  
Camp Bucca

0109 06 010579-74228

| LENGTH OF STAY DATA |           |
|---------------------|-----------|
| DOA                 | 17 NOV 06 |
| Hospital Day #      | 8         |
| POD                 | -         |
| Last Surgery Day    | -         |

| INTAKE/OUTPUT       |           |
|---------------------|-----------|
| Admit Weight        |           |
| Today's Weight      |           |
| Yesterday's Weight  |           |
| 24 Hour Intake      | 2250      |
| 24 Hour Output      | 1400      |
| 24 Hour Balance     | +850      |
| Yesterday's Balance | +685      |
| LAST BM             | 22 NOV 06 |

| Nurse's Signature | Initials |
|-------------------|----------|
| (b)(6)            |          |
|                   |          |
|                   |          |

| Safety Checks       | D        | E | N |
|---------------------|----------|---|---|
| BVM at Bedside      | ✓ (b)(6) |   | ✓ |
| Monitor Alarms On   | ✓ (b)(6) |   | ✓ |
| ID Bracelet On      | N/A      |   | - |
| Allergy Bracelet On | N/A      |   | - |
| Side Rails Up       | ✓        |   | ✓ |
| Bed In Low Position | ✓        |   | ✓ |

PREPARED BY (Signature & Title) (b)(6)

DEPARTMENT/SERVICE/CLINIC  
Intensive Care Unit, Camp Bucca

(Continue on reverse)  
DATE (YYYYMMDD)  
25 NOV 06

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

(b)(6)

- HISTORY/PHYSICALS
- OTHER EXAMINATION OR EVALUATION
- DIAGNOSTIC STUDIES
- FLOW CHART
- OTHER (Specify)

~~LAW ENFORCEMENT SENSITIVE~~

ACLU-ADDII CID ROI 23821

~~FOUO~~

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of the Surgeon General, Department of the Army, Washington, DC 20315-5000

REPORT TITLE  
TASK FORCE 21 MEDICAL - INTENSIVE CARE UNIT FLOWSHEET

DTSG APPROVED (Date)  
(YYYYMMDD)

Critical Care Unit **06 CID 579-74228**  
21<sup>st</sup> Combat Support Hospital  
Camp Bucca

| LENGTH OF STAY DATA |           |
|---------------------|-----------|
| DOA                 | 17 Nov 06 |
| Hospital Day #      | 13        |
| POD                 |           |
| Last Surgery Day    |           |

| INTAKE/OUTPUT       |      |
|---------------------|------|
| Admit Weight        | 205  |
| Today's Weight      |      |
| Yesterday's Weight  |      |
| 24 Hour Intake      | 1370 |
| 24 Hour Output      | 500  |
| 24 Hour Balance     | 870  |
| Yesterday's Balance | +625 |
| LAST BM             |      |

| Nurse's Signature | Initials |
|-------------------|----------|
| (b)(6)            |          |
|                   |          |
|                   |          |
|                   |          |

| Safety Checks       | D        | E | N      |
|---------------------|----------|---|--------|
| BVM at Bedside      | ✓ (b)(6) |   | (b)(6) |
| Monitor Alarms On   | ✓ (b)(6) |   |        |
| ID Bracelet On      | ✓ (b)(6) |   |        |
| Allergy Bracelet On | ✓ (b)(6) |   |        |
| Side Rails Up       | ✓ (b)(6) |   |        |
| Bed In Low Position | ✓ (b)(6) |   |        |

(b)(6)

DEPARTMENT/SERVICE/CLINIC  
Intensive Care Unit, Camp Bucca

(Continue on reverse)  
DATE (YYYYMMDD)  
20061130

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

(b)(6)

ICU #4

~~FOUO~~

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

~~LAW ENFORCEMENT SENSITIVE~~  
ACLU ID # 20061130 4-16



~~FOUO~~

4

~~LAW ENFORCEMENT SENSITIVE~~

| DATE            | INTAKE |      |      |  |       | OUTPUT |               |      |    |        | ISN |       |                     |
|-----------------|--------|------|------|--|-------|--------|---------------|------|----|--------|-----|-------|---------------------|
| TIME            | IVF    | IVPB | ORAL |  | TOTAL | URINE  | <i>R</i> Knee | 0109 | 06 | C10579 | BM  | TOTAL | Comment             |
| 0700            |        |      | 100  |  |       |        |               |      |    |        |     |       |                     |
| 0800            |        |      |      |  |       |        |               |      |    |        |     |       |                     |
| 0900            |        |      | 200  |  |       |        |               |      |    |        |     |       |                     |
| 1000            |        |      | 150  |  |       |        |               |      |    |        |     |       |                     |
| 1100            |        |      |      |  |       |        | 15cc          |      |    |        |     |       |                     |
| 1200            |        |      | 300  |  |       |        |               |      |    |        |     |       |                     |
| 1300            |        |      |      |  |       |        |               |      |    |        |     |       |                     |
| 1400            |        |      | 60   |  |       |        | 150           |      |    |        |     |       |                     |
| 1500            |        | 250  |      |  |       |        |               |      |    |        |     |       |                     |
| 1600            |        |      | 100  |  |       |        |               |      |    |        |     |       |                     |
| 1700            |        |      | 60   |  |       |        |               |      |    |        |     |       |                     |
| 1800            |        |      |      |  |       |        |               |      |    |        |     |       |                     |
| <del>1800</del> |        | 100  | 120  |  |       |        | 150           | 75   |    |        |     |       | +1320<br><i>SPS</i> |
| 1900            |        |      |      |  |       |        |               |      |    |        |     |       |                     |
| 2000            |        |      | 200  |  |       |        |               |      |    |        |     |       |                     |
| 2100            |        |      |      |  |       |        |               |      |    |        |     |       |                     |
| 2200            |        |      | 100  |  |       |        |               |      |    |        |     |       |                     |
| 2300            |        |      |      |  |       |        |               |      |    |        |     |       |                     |
| 2400            |        |      |      |  |       |        | 150           |      |    |        |     |       |                     |
| 0100            |        |      |      |  |       |        |               |      |    |        |     |       |                     |
| 0200            |        |      |      |  |       |        |               |      |    |        |     |       |                     |
| 0300            |        |      |      |  |       |        |               |      |    |        |     |       |                     |
| 0400            |        |      |      |  |       |        |               |      |    |        |     |       |                     |
| 0500            |        |      |      |  |       |        |               |      |    |        |     |       |                     |
| 0600            |        |      |      |  |       |        |               |      |    |        |     |       |                     |
| 12 HR TOTAL     |        |      | 300  |  | 300   | 150    |               |      |    |        |     | 150   |                     |
| 24 HR TOTAL     |        |      | 300  |  | 1770  | 300    |               |      |    |        |     | 300   |                     |

~~FOUO~~

ACLU RDI 5525 p.26

ACEU DDH CID ROI 23824

EXHIBIT 4-18

~~FOUO~~

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proportionality is for use of the submission only.

REPORT TITLE

TASK FORCE 21 MEDICAL - INTENSIVE CARE UNIT FLOWSHEET

OTSG APPROVED (Date)  
(YYYYMMDD)

0109 06 C10579-79221

Critical Care Unit  
21<sup>st</sup> Combat Support Hospital  
Camp Bucca

| LENGTH OF STAY DATA |        |
|---------------------|--------|
| DOA                 | 17 NOV |
| Hospital Day #      | 12     |
| POD                 |        |
| Last Surgery Day    |        |

| INTAKE/OUTPUT       |           |
|---------------------|-----------|
| Admit Weight        |           |
| Today's Weight      |           |
| Yesterday's Weight  |           |
| 24 Hour Intake      | 1250      |
| 24 Hour Output      | 625       |
| 24 Hour Balance     | +625      |
| Yesterday's Balance | +725      |
| LAST BM             | 25 NOV 01 |

| Nurse's Signature | Initials |
|-------------------|----------|
| (b)(6)            |          |
|                   |          |
|                   |          |

| Safety Checks       | D | E | N      |
|---------------------|---|---|--------|
| BVM at Bedside      | ✓ |   | (b)(6) |
| Monitor Alarms On   | ✓ |   |        |
| ID Bracelet On      | ✓ |   |        |
| Allergy Bracelet On | ✓ |   |        |
| Side Rails Up       | ✓ |   |        |
| Bed In Low Position | ✓ |   |        |

(b)(6)

DEPARTMENT/SERVICE/CLINIC

Intensive Care Unit, Camp Bucca

(Continue on reverse)

DATE (YYYYMMDD)

2006 11 29

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

(b)(6)

ICU # 4

HISTORY/PHYSICAL

FLOW CHART

OTHER EXAMINATION OR EVALUATION

OTHER (Specify)

DIAGNOSTIC STUDIES

~~FOUO~~

ACLUDDII CID ROI 23825 4-19

~~FOUO~~

~~LAW ENFORCEMENT SENSITIVE~~

| TIME   |                   | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
|--|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  |                   | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 5 | 6 |
| T<br>YES<br>(4)bounding (3) Full<br>(2) Normal (1) Faint<br>(0) Absent                                       | RADIAL            | R | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |                   | L | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | DORSALIS<br>PEDIS | R | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |                   | L | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| SKIN<br>(1) Dry (4) Cool (7) Jaundice<br>(2) Clammy (5) Flushed (8) Normal<br>(3) Warm (6) Cyanotic (9) Pale |                   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| EDEMA  |                   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| HEART SOUNDS<br>(Clear, Regular, No Rubs, No Murmurs)  |                   |   | 8 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| HEART RHYTHM<br>(Normal, Sinus, No Ectopy)   |                   |   | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| SWAN GANZ<br>(Zeroed and Calibrated)   |                   |   | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| ARTERIAL LINE<br>(Zeroed and Calibrated)   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| HYGIENE  | Bed Bath          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Foley Care        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Oral Care         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| MOBILITY   | Bed Rest          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | ESCP              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Other             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| POSITIONING  | Ambulate          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Right             |   | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Left              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Supine            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| HOB 30 Degrees   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| FALLS PROTOCOL INITIATED   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| PROTECTIVE DEVICES   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| PAIN   | PAIN FREE         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | PAIN SCALE (0-10) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| ABDOMEN (2) Soft & Flat (3) Distended<br>(8) Rounded   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| BOWEL SOUNDS (Active in All Quads)   |                   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| NG/Dobhoff Placement Verified  |                   |   | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Residual Assessed  |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| PH   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Foley Catheter   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Voiding C/Y Urine, Quantity Sufficient   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| SKIN INTEGRITY   | No Breakdown      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Surgical Wound/s  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Rash/LAC, Etc.    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| DRESSINGS (Dry/Intact-Specify Location)  |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| #1   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| #2   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

0109 06 010579-79228

~~FOUO~~

| PASSIVE LINES | SITE | DATE INSERTED | DESCRIPTION | D   | N      |
|---------------|------|---------------|-------------|-----|--------|
| 194A          | Hand | 29 Nov 06     | CLF         | (b) | (b)(6) |
| 206           | Hand |               | CLF         | (6) | (b)(6) |

ACLU DDII CID ROI 73826

Dec 4-20



~~FOUO~~

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

~~CONFIDENTIAL SENSITIVE~~

REPORT TITLE

TASK FORCE 21 MEDICAL - INTENSIVE CARE UNIT FLOWSHEET

OTSG APPROVED (Date)

5/19/06 072284

0109 06 010

Critical Care Unit  
21<sup>st</sup> Combat Support Hospital  
Camp Bucca

| LENGTH OF STAY DATA |        |
|---------------------|--------|
| DOA                 | 17 NOV |
| Hospital Day #      | 11     |
| POD                 | N/A.   |
| Last Surgery Day    | N/A.   |

| INTAKE/OUTPUT       |      |
|---------------------|------|
| Admit Weight        |      |
| Today's Weight      |      |
| Yesterday's Weight  |      |
| 24 Hour Intake      | 1300 |
| 24 Hour Output      | 575  |
| 24 Hour Balance     | +725 |
| Yesterday's Balance | +205 |
| LAST BM             |      |

| Nurse's Signature | Initials |
|-------------------|----------|
| (b)(6)            |          |
|                   |          |
|                   |          |
|                   |          |

| Safety Checks       | D | E | N |
|---------------------|---|---|---|
| BVM at Bedside      | ✓ |   |   |
| Monitor Alarms On   | ✓ |   |   |
| ID Bracelet On      | ✓ |   |   |
| Allergy Bracelet On | ✓ |   |   |
| Side Rails Up       | ✓ |   |   |
| Bed In Low Position | ✓ |   |   |

(b)(6)

DEPARTMENT/SERVICE/CLINIC

Intensive Care Unit, Camp Bucca

(Continue on reverse)

DATE (YYYYMMDD)

2006 11 28

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

(b)(6)

ICU # 4

- HISTORY/PHYSICAL
- FLOW CHART
- OTHER EXAMINATION
- OTHER (Specify)
- DIAGNOSTIC STUDIES

~~CONFIDENTIAL SENSITIVE~~ EXHIBIT 22

~~FOUO~~

~~LAW ENFORCEMENT CENTER~~

| TIME   |                   | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2  | 2 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|--|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|---|---|---|---|---|---|---|---|---|--|
|  |                   | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1  | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 5 | 6 |   |  |
| RES<br>(4) ... (3) Full<br>(2) ... (1) Faint<br>(0) Absent | RADIAL            | R | 2 |   |   |   |   |   |   |   |   |   |   |   |   | 2  |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | L | 2 |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 |   |   |   |   |   |   |   |   |   |  |
|  | DORSALIS<br>PEDIS | R | 2 |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 |   |   |   |   |   |   |   |   |   |  |
|  |                   | L | 2 |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 |   |   |   |   |   |   |   |   |   |  |
| SKIN   |                   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   | 1  |   |   |   |   |   |   |   |   |   |   |  |
| (1) Dry (4) Cool (7) Jaundice                              |                   |   | 5 |   |   |   |   |   |   |   |   |   |   |   |   | 3  |   |   |   |   |   |   |   |   |   |   |  |
| (2) Clammy (5) Flushed (8) Normal                          |                   |   | 6 |   |   |   |   |   |   |   |   |   |   |   |   | 8  |   |   |   |   |   |   |   |   |   |   |  |
| (3) Warm (6) Cyanotic (9) Pale                             |                   |   | 4 |   |   |   |   |   |   |   |   |   |   |   |   | +1 |   |   |   |   |   |   |   |   |   |   |  |
| EDEMA  |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |  |
| HEART SOUNDS<br>(Clear, Regular, No Rubs, No Murmurs)      |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |  |
| HEART RHYTHM<br>(Normal, Sinus, No Ectopy)                 |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |  |
| SWAN GANZ<br>(Zeroed and Calibrated)                       |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |  |
| ARTERIAL LINE<br>(Zeroed and Calibrated)                   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |  |
| HYGIENE  | Bed Bath          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |  |
|  | Foley Care        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |  |
|  | Oral Care         |   | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |  |
| MOBILITY   | Bed Rest          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |  |
|  | BSC               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |  |
|  | Chair             |   | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |    | ✓ |   |   |   |   |   |   |   |   |   |  |
| POSITIONING  | Ambulate          |   | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |    | ✓ |   |   |   |   |   |   |   |   |   |  |
|  | Right             |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |    | 3 |   |   |   |   |   |   |   |   |   |  |
|  | Left              |   | 6 |   |   |   |   |   |   |   |   |   |   |   |   |    | 6 |   |   |   |   |   |   |   |   |   |  |
|  | Supine            |   | 4 |   |   |   |   |   |   |   |   |   |   |   |   |    | 4 |   |   |   |   |   |   |   |   |   |  |
|  | HOB 30 Degrees    |   | 7 |   |   |   |   |   |   |   |   |   |   |   |   |    | 7 |   |   |   |   |   |   |   |   |   |  |
| FALLS PROTOCOL INITIATED                                   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |  |
| PROTECTIVE DEVICES   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |  |
| PAIN   | PAIN FREE         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |  |
|  | PAIN SCALE (0-10) |   | 7 |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |  |
| ABDOMEN (2) Soft & Flat (1) Distended<br>(3) Rounded       |                   |   | 2 |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 |   |   |   |   |   |   |   |   |   |  |
| BOWEL SOUNDS (Active in All Quads)                         |                   |   | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |    | ✓ |   |   |   |   |   |   |   |   |   |  |
| NG/Dobhoff Placement Verified                              |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |  |
| Residual Assessed  |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |  |
| PH   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |  |
| Foley Catheter   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |  |
| Voiding C/Y Urine, Quantity Sufficient                     |                   |   | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |    | ✓ |   |   |   |   |   |   |   |   |   |  |
| SKIN INTEGRITY   | No Breakdown      |   | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |  |
|  | Surgical Wound/s  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |  |
|  | Rash/LAC, Etc.    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |  |
| DRESSINGS (Dry/Intact-Specify Location)                    |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |  |
| #1   | Ace wrap @ knee   |   | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |    | ✓ |   |   |   |   |   |   |   |   |   |  |
| #2   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |  |
| #3   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |  |
| INITIALS (b)   |                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |  |

0109206 579-74228

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| PASSIVE LINES | SITE      | DATE INSERTED | DESCRIPTION | D | N |
|---------------|-----------|---------------|-------------|---|---|
| (b)(6)        | (P) hand. |               |             |   |   |

ACLU DDII CID RO 23829 EXHIBIT 4-23

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~~LAW ENFORCEMENT AGENCY~~

| DATE               |     | INTAKE |      |  |  |       | OUTPUT |      |    |     |            |       |         |
|--------------------|-----|--------|------|--|--|-------|--------|------|----|-----|------------|-------|---------|
| TIME               | IVF | IVPB   | ORAL |  |  | TOTAL | URINE  | 0105 | 06 | CID | 579-782281 | TOTAL | Comment |
| 0700               |     |        |      |  |  |       |        |      |    |     |            |       |         |
| 0800               |     |        | 300  |  |  |       |        |      |    |     |            |       |         |
| 0900               |     |        |      |  |  |       |        |      |    |     |            |       |         |
| 1000               |     |        | 50   |  |  |       |        |      |    |     |            |       |         |
| 1100               |     |        |      |  |  |       |        |      |    |     |            |       |         |
| 1200               |     |        |      |  |  |       |        |      |    |     |            |       |         |
| 1300               |     |        |      |  |  |       |        |      |    |     |            |       |         |
| 1400               |     |        | 500  |  |  |       |        |      |    |     |            |       |         |
| 1500               |     |        | 100  |  |  |       | 150    |      |    |     |            |       |         |
| 1600               |     |        |      |  |  |       |        |      |    |     |            |       |         |
| 1700               |     |        | 100  |  |  |       |        |      |    |     |            |       |         |
| 1800               |     |        |      |  |  |       |        |      |    |     |            |       |         |
| <b>12 HR TOTAL</b> |     |        | 1050 |  |  |       |        |      |    |     |            |       |         |
| 1900               |     |        |      |  |  |       | 175    |      |    |     |            |       |         |
| 2000               |     |        |      |  |  |       |        |      |    |     |            |       |         |
| 2100               |     |        |      |  |  |       |        |      |    |     |            |       |         |
| 2200               |     |        | 150  |  |  |       |        |      |    |     |            |       |         |
| 2300               |     |        |      |  |  |       |        |      |    |     |            |       |         |
| 2400               |     |        |      |  |  |       |        |      |    |     |            |       |         |
| 0100               |     |        |      |  |  |       |        |      |    |     |            |       |         |
| 0200               |     |        | 50   |  |  |       |        |      |    |     |            |       |         |
| 0300               |     |        |      |  |  |       |        |      |    |     |            |       |         |
| 0400               |     |        |      |  |  |       |        |      |    |     |            |       |         |
| 0500               |     |        |      |  |  |       |        |      |    |     |            |       |         |
| 0600               |     |        | 50   |  |  |       | 256    |      |    |     |            |       |         |
| <b>12 HR TOTAL</b> |     |        | 250  |  |  |       |        |      |    |     |            |       |         |
| <b>24 HR TOTAL</b> |     |        | 1300 |  |  |       |        |      |    |     |            |       |         |

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EXHIBIT 4-24

575 ACLU DDIT CID ROI 23830 600052

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MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

TASK FORCE 21 MEDICAL - INTENSIVE CARE UNIT FLOWSHEET

~~LAW ENFORCEMENT~~ (Date) (YYYYMMDD)

0109 06 CID 579-792284

Critical Care Unit  
21<sup>st</sup> Combat Support Hospital  
Camp Bucca

| LENGTH OF STAY DATA |           |
|---------------------|-----------|
| DOA                 | 17 Nov 06 |
| Hospital Day #      | 9         |
| POD                 | —         |
| Last Surgery Day    | —         |

| INTAKE/OUTPUT       |          |
|---------------------|----------|
| Admit Weight        |          |
| Today's Weight      |          |
| Yesterday's Weight  |          |
| 24 Hour Intake      | 1080     |
| 24 Hour Output      | 1375     |
| 24 Hour Balance     | -295     |
| Yesterday's Balance | 9850     |
| LAST BM             | 25/10/06 |

(b)(6)

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

| Safety Checks       | D        | E | N |
|---------------------|----------|---|---|
| BVM at Bedside      | ✓ (b)(6) |   |   |
| Monitor Alarms On   | ✓ (b)(6) |   |   |
| ID Bracelet On      | ✓        |   |   |
| Allergy Bracelet On | ✓        |   |   |
| Side Rails Up       | ✓        |   |   |
| Bed In Low Position | ✓        |   |   |

PREPARED BY (Signature & Title) (b)(6)

DEPARTMENT/SERVICE/CLINIC Intensive Care Unit, Camp Bucca  
DATE (YYYYMMDD) 20 NOV 06

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)  
(b)(6)

104  
4

(Continue on reverse)

HISTORY/PHYSICAL       FLOW CHART

~~LABORATORY EXAMINATION~~       OTHER (Specify)

DIAGNOSTIC STUDIES

~~LAW ENFORCEMENT~~ CID R0123831



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|  |                   | TIME | 0         | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|--|-------------------|------|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
|  |                   | 7    | 8         | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 |  |
| VITALS<br>(4)Bounding (3) Full<br>(2) Normal (1) Faint<br>(0) Absent   | RADIAL            | R    | 2         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | L    | 2         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | DORSALIS<br>PEDIS | R    | 2         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | L    | 2         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| SKIN<br>(1) Dry (4) Cool (7) Jaundice<br>(2) Clammy (5) Flushed (8) Normal<br>(3) Warm (6) Cyanotic (9) Pale |                   |      | 3         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| EDEMA  |                   |      | 4         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| HEART SOUNDS<br>(Clear, Regular, No Rubs, No Murmurs)  |                   |      | 4         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| HEART RHYTHM<br>(Normal, Sinus, No Ectopy)   |                   |      | 4         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| SWAN GANZ<br>(Zeroed and Calibrated)   |                   |      |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| ARTERIAL LINE<br>(Zeroed and Calibrated)   |                   |      |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| HYGIENE  | Bed Bath          | WC   | ✓         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | Foley Care        |      |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | Oral Care         | WC   | ✓         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| MOBILITY   | Bed Rest          |      |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | BSC               |      |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | Chair             |      |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| POSITIONING  | Ambulate          |      | ✓         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | Right             |      | ✓         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | Left              |      | ✓         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | Supine            |      | ✓         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | HOB 30 Degrees    |      | ✓         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| FALLS PROTOCOL INITIATED   |                   |      | ✓         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| PROTECTIVE DEVICES   |                   |      | ✓         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| PAIN   | PAIN FREE         |      | ✓         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | PAIN SCALE (0-10) |      | ✓         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| ABDOMEN (2) Soft & Flat (1) Distended<br>(3) Rounded   |                   |      | 3         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| BOWEL SOUNDS (Active in All Quads)   |                   |      | 3         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| NG/Dobhoff Placement Verified  |                   |      | ✓         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Residual Assessed  |                   |      |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| PH   |                   |      |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Foley Catheter   |                   |      |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Voiding C/Y Urine, Quantity Sufficient   |                   |      | ✓         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| SKIN INTEGRITY   | No Breakdown      |      | ✓         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | Surgical Wound/s  |      |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | Rash/LAC, Etc.    |      |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| DRESSINGS (Dry/Intact-Specify Location)  |                   |      |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| #1   |                   |      |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| #2   |                   |      |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| #3   |                   |      |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| INITIALS   |                   |      | (b)(6)    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| PASSIVE LINES  |                   |      |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| SITE   |                   |      | (b)(6)    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| DATE INSERTED  |                   |      | 24 NOV 04 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| DESCRIPTION  |                   |      | CDL       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| D  |                   |      | (b)(6)    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| N  |                   |      |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

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| ATE                       | INTAKE |     |      |      |       |       | <del>LAW ENFORCEMENT SENSITIVE</del> |      |    |    |    |     |       |       |             |
|---------------------------|--------|-----|------|------|-------|-------|--------------------------------------|------|----|----|----|-----|-------|-------|-------------|
|                           | TIME   | IVF | IVPB | ORAL | TOTAL | URINE | EMESIS                               | 0109 | 06 | 01 | PM | 579 | TOTAL | 79227 | Comment     |
| 0700                      |        |     | 250  |      |       |       | X1                                   | 250  |    |    |    |     |       |       | Emesis milk |
| 0800                      |        |     |      |      |       |       |                                      |      |    |    |    |     |       |       |             |
| 0900                      |        |     | 100  |      |       |       |                                      |      |    |    |    |     |       |       |             |
| 1000                      |        |     |      |      |       |       |                                      |      |    |    |    |     |       |       |             |
| 1100                      |        |     |      |      |       |       |                                      |      |    |    |    |     |       |       |             |
| 1200                      |        |     | 500  |      |       |       |                                      | 250  |    |    |    |     |       |       |             |
| 1300                      |        |     |      |      |       |       |                                      |      |    |    |    |     |       |       |             |
| 1400                      |        |     |      |      |       |       |                                      |      |    |    |    |     |       |       |             |
| 1500                      |        |     | 400  |      |       |       |                                      |      |    |    |    |     |       |       |             |
| 1600                      |        |     |      |      |       |       |                                      |      |    |    |    |     |       |       |             |
| 1700                      |        |     |      |      |       |       |                                      | 300  |    |    |    |     |       |       |             |
| 1800                      |        |     | 200  |      |       |       |                                      |      |    |    |    |     |       |       |             |
| <del>12 HR</del><br>TOTAL |        |     | 7450 |      | 1450  | X1    | 550                                  | 250  |    |    |    |     | X1    | 800   | + 650-X1    |
| 1900                      |        |     |      |      |       |       |                                      |      |    |    |    |     |       |       |             |
| 2000                      |        |     |      |      |       |       | X1                                   | 400  |    |    |    |     |       |       |             |
| 2100                      |        |     |      |      |       |       |                                      |      |    |    |    |     |       |       |             |
| 2200                      |        |     | 300  |      |       |       |                                      |      |    |    |    |     |       |       |             |
| 2300                      |        |     |      |      |       |       |                                      |      |    |    |    |     |       |       |             |
| 2400                      |        |     | 200  |      |       |       |                                      | 300  |    |    |    |     |       |       |             |
| 0100                      |        |     |      |      |       |       |                                      |      |    |    |    |     |       |       |             |
| 0200                      |        |     |      |      |       |       |                                      |      |    |    |    |     |       |       |             |
| 0300                      |        |     | 200  |      |       |       |                                      |      |    |    |    |     |       |       |             |
| 0400                      |        |     |      |      |       |       |                                      |      |    |    |    |     |       |       |             |
| 0500                      |        |     |      |      |       |       |                                      |      |    |    |    |     |       |       |             |
| 0600                      |        |     | 100  |      |       |       |                                      | 400  |    |    |    |     |       |       |             |
| 12 HR TOTAL               |        |     | 800  |      | 200   |       | 700                                  |      |    |    |    |     |       |       |             |
| 24 HR TOTAL               |        |     | 2250 |      | 2250  |       | 1150                                 | 250  |    |    |    |     |       |       |             |

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~~LAW ENFORCEMENT SENSITIVE~~

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

TASK FORCE 21 MEDICAL - INTENSIVE CARE UNIT

OTSG APPROVED (Date)

Critical Care Unit  
21<sup>st</sup> Combat Support Hospital  
Camp Bucca

0109 06 CID 579-74223

| LENGTH OF STAY DATA |           |
|---------------------|-----------|
| DOA                 | 17 NOV 06 |
| Hospital Day #      | 7         |
| POD                 | N/A       |
| Last Surgery Day    | N/A       |

| INTAKE/OUTPUT       |           |
|---------------------|-----------|
| Admit Weight        |           |
| Today's Weight      |           |
| Yesterday's Weight  |           |
| 24 Hour Intake      | 2060      |
| 24 Hour Output      | 1375      |
| 24 Hour Balance     | +685      |
| Yesterday's Balance | +275      |
| LAST BM             | 22 NOV 06 |

| Name   | Signature | Initials |
|--------|-----------|----------|
| (b)(6) |           |          |
|        |           |          |
|        |           |          |

| Safety Checks       | D(b)(6) | E | N |
|---------------------|---------|---|---|
| BVM at Bedside      | ✓       |   | ✓ |
| Monitor Alarms On   | ✓       |   | ✓ |
| ID Bracelet On      | N/A     |   | ✓ |
| Allergy Bracelet On | N/A     |   | ✓ |
| Side Rails Up       | ✓       |   | ✓ |
| Bed In Low Position | ✓       |   | ✓ |

(b)(6)

PARTMENT/SERVICE/CLINIC: Intensive Care Unit, Camp Bucca  
DATE (YYYYMMDD): 20061124

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

(b)(6)

ICU#4

- HISTORY/PHYSICAL
- FLOW CHART
- OTHER EXAMINATION OR EVALUATION
- DIAGNOSTIC STUDIES

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|   |                   | TIME | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|-------------------|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|   |                   |      | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 5 | 6 |   |
| VIBES<br>(4)bounding (3) Full<br>(2) Normal (1) Faint<br>(0) Absent | RADIAL            | R    | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |   |
|   |                   | L    | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |
|   | DORSALIS<br>PEDIS | R    | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |
|   |                   | L    | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   |   |   |   |   |   |
| SKIN  |                   |      | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |
| (1) Dry (4) Cool (7) Jaundice                                       |                   |      | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |
| (2) Clammy (5) Flushed (8) Normal                                   |                   |      | 8 |   |   |   |   |   |   |   |   |   |   |   |   |   | 8 |   |   |   |   |   |   |   |   |   |   |
| (3) Warm (6) Cyanotic (9) Pale                                      |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| EDEMA   |                   |      | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   | ✓ |   |   |   |   |   |   |   |   |   |   |
| HEART SOUNDS<br>(Clear, Regular, No Rubs, No Murmurs)               |                   |      | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   | ✓ |   |   |   |   |   |   |   |   |   |   |
| HEART RHYTHM<br>(Normal, Sinus, No Ectopy)                          |                   |      | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   | ✓ |   |   |   |   |   |   |   |   |   |   |
| SWAN GANZ<br>(Zeroed and Calibrated)                                |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| ARTERIAL LINE<br>(Zeroed and Calibrated)                            |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| HYGIENE   | Bed Bath          | WC   | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   | Foley Care        |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   | Oral Care         | WC   | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| MOBILITY  | Bed Rest          |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   | BSC               |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   | Chair             |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| POSITIONING   | Ambulate          |      | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   | ✓ |   |   |   |   |   |   |   |   |   |   |
|   | Right             |      | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   | ✓ |   |   |   |   |   |   |   |   |   |   |
|   | Left              |      | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   | ✓ |   |   |   |   |   |   |   |   |   |   |
|   | Supine            |      | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   | ✓ |   |   |   |   |   |   |   |   |   |   |
|   | HOB 30 Degrees    |      | ✓ |   |   |   |   |   |   |   |   |   |   |   |   | ✓ |   |   |   |   |   |   |   |   |   |   |   |
| FALLS PROTOCOL INITIATED  |                   |      | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   | ✓ |   |   |   |   |   |   |   |   |   |   |
| PROTECTIVE DEVICES  |                   |      | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   | ✓ |   |   |   |   |   |   |   |   |   |   |
| PAIN  | PAIN FREE         |      | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   | ✓ |   |   |   |   |   |   |   |   |   |   |
|   | PAIN SCALE (0-10) |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| ABDOMEN (2) Soft & Flat (1)Distended                                |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |
| (3)Rounded  |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |
| BOWEL SOUNDS (Active in All Quads)                                  |                   |      | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   | ✓ |   |   |   |   |   |   |   |   |   |   |
| NG/Dobhoff Placement Verified                                       |                   |      | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   | ✓ |   |   |   |   |   |   |   |   |   |   |
| Residual Assessed   |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |                   | PH   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Foley Catheter  |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Voiding C/Y Urine, Quantity Sufficient                              |                   |      | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   | ✓ |   |   |   |   |   |   |   |   |   |   |
| SKIN INTEGRITY  | No Breakdown      |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   | Surgical Wound/s  |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   | Rash/LAC, Etc.    |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| DRESSINGS (Dry/Intact-Specify Location)                             |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| #1  |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| #2  |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| #3  |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

~~UNRECORDED SENSITIVE~~

06 CID 579-74228

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|               |        |               |           |             |    |
|---------------|--------|---------------|-----------|-------------|----|
| INITIALS      | (b)(6) | DATE INSERTED | 2/10/06   | DESCRIPTION | OK |
| PASSIVE LINES |        | SITE          | (R) hand  |             |    |
|               |        |               | (L) ankle |             |    |

~~UNRECORDED SENSITIVE~~  
ACLU DDII CID ROI 23836

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| DATE | INTAKE                    |     |      |      |  |       | <del>LAW ENFORCEMENT SENSITIVE</del> |  |    |       |                       |
|------|---------------------------|-----|------|------|--|-------|--------------------------------------|--|----|-------|-----------------------|
|      | TIME                      | IVF | IVPB | ORAL |  | TOTAL | URINE                                |  | BM | TOTAL | Comment               |
|      | 0700                      |     |      |      |  |       | X1                                   |  |    |       | WC                    |
|      | 0800                      |     |      | 400  |  |       |                                      |  |    |       |                       |
|      | 0900                      |     |      |      |  |       |                                      |  |    |       |                       |
|      | 1000                      |     |      |      |  |       | 200                                  |  |    |       |                       |
|      | 1100                      |     |      |      |  |       |                                      |  |    |       |                       |
|      | 1200                      |     |      | 460  |  |       | 250                                  |  |    |       |                       |
|      | 1300                      |     |      |      |  |       |                                      |  |    |       |                       |
|      | 1400                      |     |      |      |  |       |                                      |  |    |       |                       |
|      | 1500                      |     |      |      |  |       |                                      |  |    |       |                       |
|      | 1600                      |     |      | 400  |  |       | 225cc                                |  |    |       |                       |
|      | 1700                      |     |      | 200  |  |       |                                      |  |    |       |                       |
|      | 1800                      |     |      |      |  |       |                                      |  |    |       |                       |
|      | <del>12 HR</del><br>TOTAL |     |      | 1460 |  | 1460  | 675 <sup>X1</sup>                    |  |    |       | (-X1)<br>+785         |
|      | 1900                      |     |      |      |  |       |                                      |  |    |       |                       |
|      | 2000                      |     |      |      |  |       | X1/WC                                |  |    |       |                       |
|      | 2100                      |     |      |      |  |       |                                      |  |    |       |                       |
|      | 2200                      |     |      | 300  |  |       |                                      |  |    |       |                       |
|      | 2300                      |     |      |      |  |       | 400                                  |  |    |       |                       |
|      | 2400                      |     |      |      |  |       |                                      |  |    |       |                       |
|      | 0100                      |     |      |      |  |       |                                      |  |    |       |                       |
|      | 0200                      |     |      | 200  |  |       |                                      |  |    |       |                       |
|      | 0300                      |     |      |      |  |       |                                      |  |    |       |                       |
|      | 0400                      |     |      |      |  |       |                                      |  |    |       |                       |
|      | 0500                      |     |      | 100  |  |       | 300                                  |  |    |       |                       |
|      | 0600                      |     |      |      |  |       |                                      |  |    |       |                       |
|      | 12 HR<br>TOTAL            |     |      | 600  |  | 600   | 700                                  |  |    |       |                       |
|      | 24 HR<br>TOTAL            |     |      | 2060 |  | 2060  | 1375                                 |  |    |       | (23837+685)<br>600039 |

0599 06 CID 579-79228

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~~LAW ENFORCEMENT SENSITIVE~~

ACLU DDII CID ROI (23837+685)

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

OTSG APPROVED (Date)  
(YYYYMMDD)

REPORT TITLE

TASK FORCE 21 MEDICAL - INTENSIVE CARE UNIT FLOWSHEET

~~LAW ENFORCEMENT SENSITIVE~~

Critical Care Unit <sup>0109 06</sup> 01 579-79227  
21<sup>st</sup> Combat Support Hospital  
Camp Bucca

| LENGTH OF STAY DATA |              |
|---------------------|--------------|
| DOA                 | 17 Nov. 2006 |
| Hospital Day #      | 6            |
| POD                 | H/A          |
| Last Surgery Day    | N/A          |

| INTAKE/OUTPUT       |             |
|---------------------|-------------|
| Admit Weight        |             |
| Today's Weight      |             |
| Yesterday's Weight  |             |
| 24 Hour Intake      |             |
| 24 Hour Output      |             |
| 24 Hour Balance     |             |
| Yesterday's Balance | +1010       |
| LAST BM             | 17 Nov 2006 |

| Nurse's Signature | Initials |
|-------------------|----------|
| (b)(6)            |          |
|                   |          |
|                   |          |
|                   |          |

| Safety Checks       | D                                   | E | N |
|---------------------|-------------------------------------|---|---|
| BVM at Bedside      | <input checked="" type="checkbox"/> |   |   |
| Monitor Alarms On   | <input checked="" type="checkbox"/> |   |   |
| ID Bracelet On      | <input checked="" type="checkbox"/> |   |   |
| Allergy Bracelet On | <input checked="" type="checkbox"/> |   |   |
| Side Rails Up       | <input checked="" type="checkbox"/> |   |   |
| Bed In Low Position | <input checked="" type="checkbox"/> |   |   |

P (b)(6)

DEPARTMENT/SERVICE/CLINIC

Intensive Care Unit, Camp Bucca

(Continue on reverse)

DATE (YYYYMMDD)

2006 11 23

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

(b)(6)

ICU #4

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

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|   |                            | TIME          | 0           | 0      | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |   |  |
|---|----------------------------|---------------|-------------|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
|   |                            |               | 7           | 8      | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 5 | 6 |  |
| VES<br>(0) Absent                                     | RADIAL                     | R             | 2           |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |                            | L             | 2           |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   | DORSALIS<br>PEDIS          | R             | 2           |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   |                            | L             | 2           |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| SKIN  |                            |               | 1           |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| (1) Dry (4) Cool (7) Jaundice                         |                            |               | 3           |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| (2) Clammy (5) Flushed (8) Normal                     |                            |               | 8           |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| (3) Warm (6) Cyanotic (9) Pale                        |                            |               |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| EDEMA   |                            |               | 7           |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| HEART SOUNDS<br>(Clear, Regular, No Rubs, No Murmurs) |                            |               | ✓           |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| HEART RHYTHM<br>(Normal, Sinus, No Ectopy)            |                            |               | ✓           |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| SWAN GANZ<br>(Zeroed and Calibrated)                  |                            |               |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| ARTERIAL LINE<br>(Zeroed and Calibrated)              |                            |               |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| HYGIENE   | Bed Bath ( <i>blow-d</i> ) | ✓             |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   | Foley Care                 |               |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   | Oral Care                  | ✓             |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| MOBILITY  | Bed Rest                   |               |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   | BSC                        |               |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   | Chair                      |               |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| TITONING  | Amputate                   | ✓             |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   | Right                      | ✓             |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   | Left                       | ✓             |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   | Supine                     | ✓             |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| HOB 30 Degrees  |                            | ✓             |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| FALLS PROTOCOL INITIATED                              |                            |               |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| PROTECTIVE DEVICES                                    |                            |               |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| PAIN  | PAIN FREE                  | ✓             |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   | PAIN SCALE (0-10)          |               |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| ABDOMEN (2) Soft & Flat (1) Distended                 |                            |               | 2           |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| (3) Rounded   |                            |               |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| BOWEL SOUNDS (Active in All Quads)                    |                            |               | ✓           |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| NG/Dobhoff Placement Verified                         |                            |               |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Residual Assessed                                     |                            |               |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Foley Catheter  |                            |               |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Voiding C/Y Urine, Quantity Sufficient                |                            |               | ✓           |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| SKIN INTEGRITY  | No Breakdown               | ✓             |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   | Surgical Wound/s           |               |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   | Rash/LAC, Etc.             |               |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| DRESSINGS (Dry/Intact-Specify Location)               |                            |               |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| #1  |                            |               |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| #2  |                            |               |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| #3  |                            |               |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| INITIALS (b)  |                            |               |             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| WOUND LINES   | SITE                       | DATE INSERTED | DESCRIPTION | D      | N |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 186   | (R) hand wrist             | 21 Nov. 2008  | O.K.        | (b)(6) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

0109 06 01 579-7922

ACLU DDII CID ROI 23839

EXHIBIT 4-33

(4)

~~LAW ENFORCEMENT SENSITIVE~~  
OUTPUT

| DATE        | INTAKE |      |      |  |       | <del>LAW ENFORCEMENT SENSITIVE</del> |         |        |       |         |
|-------------|--------|------|------|--|-------|--------------------------------------|---------|--------|-------|---------|
| TIME        | IVF    | IVPB | ORAL |  | TOTAL | URINE                                | 010906C | BMA579 | TOTAL | Comment |
| 0700        |        |      | 100  |  |       |                                      |         |        |       |         |
| 0800        |        |      |      |  |       |                                      |         |        |       |         |
| 0900        |        |      |      |  |       |                                      |         |        |       |         |
| 1000        |        |      | 400  |  |       |                                      |         |        |       |         |
| 1100        |        |      |      |  |       | 200                                  |         |        |       |         |
| 1200        |        |      | 100  |  |       |                                      |         |        |       |         |
| 1300        |        |      |      |  |       |                                      |         |        | x/    |         |
| 1400        |        |      |      |  |       |                                      |         |        |       |         |
| 1500        |        |      | 400  |  |       |                                      |         |        |       |         |
| 1600        |        |      | 150  |  |       |                                      |         |        |       |         |
| 1700        |        |      |      |  |       | 200                                  |         |        |       |         |
| 1800        |        |      | 150  |  |       |                                      |         |        |       |         |
| 1900        |        |      | 1300 |  |       | 400                                  |         |        |       | +600    |
| 2000        |        |      | 50   |  |       | 175                                  |         |        |       |         |
| 2100        |        |      |      |  |       |                                      |         |        |       |         |
| 2200        |        |      | 150  |  |       |                                      |         |        |       |         |
| 2300        |        |      |      |  |       |                                      |         |        |       |         |
| 2400        |        |      |      |  |       | 150                                  |         |        |       |         |
| 0100        |        |      |      |  |       |                                      |         |        |       |         |
| 0200        |        |      | 100  |  |       |                                      |         |        |       |         |
| 0300        |        |      |      |  |       |                                      |         |        |       |         |
| 0400        |        |      |      |  |       | 300                                  |         |        |       |         |
| 0500        |        |      |      |  |       |                                      |         |        |       |         |
| 0600        |        |      |      |  |       |                                      |         |        |       |         |
| 12 HR TOTAL |        |      | 300  |  |       | 625                                  |         |        |       | 325     |
| 24 HR TOTAL |        |      | 1600 |  |       | 1300                                 |         |        |       | 625     |

~~FOUO~~

~~LAW ENFORCEMENT SENSITIVE~~

ACLU DDII CID ROI 2384075

EXHIBIT 4-34

~~FOUO~~

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

~~CONFIDENTIAL~~

REPORT TITLE  
TASK FORCE 21 MEDICAL - INTENSIVE CARE UNIT FLOWSHEET

OTSG APPROVED (Date)  
(YYYYMMDD)

0109 06 C10579-79228

Critical Care Unit  
21<sup>st</sup> Combat Support Hospital  
Camp Bucca

| LENGTH OF STAY DATA |  |
|---------------------|--|
| DOA                 |  |
| Hospital Day #      |  |
| POD                 |  |
| Last Surgery Day    |  |

| INTAKE/OUTPUT       |       |
|---------------------|-------|
| Admit Weight        |       |
| Today's Weight      |       |
| Yesterday's Weight  |       |
| 24 Hour Intake      | 1985  |
| 24 Hour Output      | 975   |
| 24 Hour Balance     | +1010 |
| Yesterday's Balance |       |
| LAST BM             |       |

| Nurse's Signature | Initials |
|-------------------|----------|
| (b)(6)            |          |
|                   |          |
|                   |          |
|                   |          |

| Safety Checks       | D | E | N |
|---------------------|---|---|---|
| BVM at Bedside      | ✓ |   |   |
| Monitor Alarms On   | ✓ |   |   |
| ID Bracelet On      | ✓ |   |   |
| Allergy Bracelet On | ✓ |   |   |
| Side Rails Up       | ✓ |   |   |
| Bed In Low Position | ✓ |   |   |

(b)(6) DEPARTMENT/SERVICE/CLINIC Intensive Care Unit, Camp Bucca (Continue on reverse) DATE (YYYYMMDD) 2006 11 22

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)  
(b)(6)  
ICU #4

- HISTORY/PHYSICAL
- FLOW CHART
- OTHER (Specify)
- DIAGNOSTIC STUDIES

~~LAW ENFORCEMENT SENSITIVE~~

ACLU-RDI CID ROI 23841

|   |                  | TIME                 | 07                 | 08       | 09       | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |  |  |
|---|------------------|----------------------|--------------------|----------|----------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|
| <b>VITALS</b><br>(1) Normal (3) Full<br>(2) Normal (1) Faint<br>(0) Absent  | RADIAL           | R                    | 2                  |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|   |                  | L                    | 2                  |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|   | DORSALIS PEDIS   | R                    | 2                  |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|   |                  | L                    | 2                  |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| <b>SKIN</b><br>(1) Dry (4) Cool (7) Jaundice<br>(2) Clammy (5) Flushed (8) Normal<br>(3) Warm (6) Cyanotic (9) Pale |                  |                      | 1                  |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| <b>EDEMA</b>  |                  |                      | 1                  |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| <b>HEART SOUNDS</b><br>(Clear, Regular, No Rubs, No Murmurs)  |                  |                      | 1                  |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| <b>HEART RHYTHM</b><br>(Normal, Sinus, No Ectopy)   |                  |                      | 1                  |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| <b>SWAN GANZ</b><br>(Zeroed and Calibrated)   |                  |                      |                    |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| <b>ARTERIAL LINE</b><br>(Zeroed and Calibrated)   |                  |                      |                    |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| <b>HYGIENE</b>  | Bed Bath         |                      | 5                  |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|   | Foley Care       |                      | 5                  |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|   | Oral Care        |                      | 5                  |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| <b>MOBILITY</b>   | Bed Rest         |                      | 5                  |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|   | BSC              |                      | 5                  |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|   | Chair            |                      | 5                  |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| <b>POSITIONING</b>  | Right            |                      | 5                  |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|   | Left             |                      | 5                  |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|   | Supine           |                      | 5                  |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|   | HOB 30 Degrees   |                      | 5                  |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| <b>ABDOMEN</b> (2) Soft & Flat (1) Distended (3) Rounded  |                  |                      | 2                  |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| <b>BOWEL SOUNDS</b> (Active in All Quads)   |                  |                      | 1                  |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| <b>NO/Dobhoff Placement Verified</b>  |                  |                      |                    |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| <b>Residual Assessed</b>  |                  |                      |                    |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| <b>Foley Catheter</b>   |                  |                      |                    |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| <b>Voiding C/Y Urine, Quantity Sufficient</b>   |                  |                      | 1                  |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| <b>SKIN INTEGRITY</b>   | No Breakdown     |                      |                    |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|   | Surgical Wound/s |                      |                    |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|   | Rash/LAC, Etc.   |                      |                    |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| <b>DRESSINGS (Dry/Intact-Specify Location)</b>  |                  |                      |                    |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| #1  |                  |                      |                    |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| #2  |                  |                      |                    |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| #3  |                  |                      |                    |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|   |                  | INITIALS             |                    |          |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| <b>PASSIVE LINES</b>  | <b>SITE</b>      | <b>DATE INSERTED</b> | <b>DESCRIPTION</b> | <b>D</b> | <b>N</b> |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| 18GA  | L HAND           | 2/11/11              |                    | (b)(6)   |          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |

0109 06 CID 579-74227

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| DATE        | INTAKE |     |      |      |       | OUTPUT |       |                                      |    | ISN |         |            |                             |
|-------------|--------|-----|------|------|-------|--------|-------|--------------------------------------|----|-----|---------|------------|-----------------------------|
|             | TIME   | IVF | IVPB | ORAL | Blood | TOTAL  | URINE | <del>LAW ENFORCEMENT SENSITIVE</del> |    |     | Comment |            |                             |
|             |        |     |      |      |       |        |       | 0109                                 | 06 | 813 | 549     | TOTAL 4228 |                             |
| 0700        |        |     |      |      |       |        |       |                                      |    |     |         |            |                             |
| 0800        |        |     | 350  |      |       |        |       |                                      |    |     | X1      |            | liquid                      |
| 0900        |        |     |      |      |       |        |       |                                      |    |     | X2      |            | large formed                |
| 1000        |        |     | 100  | 345  |       |        |       |                                      |    |     |         |            |                             |
| 1100        |        |     |      |      |       |        |       |                                      |    |     |         |            |                             |
| 1200        |        |     | 60   | 300  |       |        |       |                                      |    |     |         |            |                             |
| 1300        |        |     |      |      |       |        | 150   |                                      |    |     | X1      |            | large formed                |
| 1400        |        |     | 100  |      |       |        |       |                                      |    |     |         |            |                             |
| 1500        |        |     | 30   |      |       |        |       |                                      |    |     |         |            |                             |
| 1600        |        |     |      |      |       |        |       |                                      |    |     |         |            |                             |
| 1700        |        |     |      |      |       |        |       |                                      |    |     |         |            |                             |
| 1800        |        |     |      |      |       |        |       |                                      |    |     |         |            |                             |
| 1900        |        |     | 640  | 743  |       | 1383   | 150   |                                      |    |     | X3      | 150        |                             |
| 2000        |        |     | 100  |      |       |        |       |                                      |    |     |         |            |                             |
| 2100        |        |     |      |      |       |        | 200   |                                      |    |     |         |            |                             |
| 2200        |        |     | 250  |      |       |        |       |                                      |    |     | X1      |            | formed<br>& scant<br>blood  |
| 2300        |        |     |      |      |       |        |       |                                      |    |     |         |            |                             |
| 2400        |        |     |      |      |       |        | 250   |                                      |    |     |         |            |                             |
| 0100        |        |     |      |      |       |        |       |                                      |    |     |         |            |                             |
| 0200        |        |     |      |      |       |        |       |                                      |    |     | X1      |            | formed<br>& scant<br>blood. |
| 0300        |        |     | 100  |      |       |        |       |                                      |    |     |         |            |                             |
| 0400        |        |     |      |      |       |        |       |                                      |    |     |         |            |                             |
| 0500        |        |     | 150  |      |       |        | 200   |                                      |    |     |         |            |                             |
| 0600        |        |     |      |      |       |        | 175   |                                      |    |     |         |            |                             |
| 12 HR TOTAL |        |     | 600  |      |       |        | 825   |                                      |    |     |         |            |                             |
| 24 HR TOTAL |        |     | 600  | 745  |       | 975    |       |                                      |    |     |         |            |                             |

~~FOUO~~

LAUREN DDH-GID ROL 23843

ACLU-RD 5523 p 45 IN 1985

EXHIBIT 4-37

REPORT TITLE: TASK FORCE 21 MEDICAL - INTENSIVE CARE UNIT ~~LAW ENFORCEMENT SENSITIVE~~ OTSG APPROVED (Date) ~~XXXXXXXXXX~~

0109 06 CID 579-79228

Critical Care Unit  
 21<sup>st</sup> Combat Support Hospital  
 Camp Bucca

| LENGTH OF STAY DATA |           |
|---------------------|-----------|
| DOA                 | 17 NOV 06 |
| Hospital Day #      | 4         |
| POD                 |           |
| Last Surgery Day    |           |

| INTAKE/OUTPUT       |      |
|---------------------|------|
| Admit Weight        |      |
| Today's Weight      |      |
| Yesterday's Weight  |      |
| 24 Hour Intake      | 520  |
| 24 Hour Output      | 250  |
| 24 Hour Balance     | +270 |
| Yesterday's Balance | +600 |
| LAST BM             |      |

| Nurse Signature | Time |
|-----------------|------|
| (b)(6)          |      |
|                 |      |
|                 |      |

| Safety Checks       | D                                   | E | N |
|---------------------|-------------------------------------|---|---|
| BVM at Bedside      | <input checked="" type="checkbox"/> |   |   |
| Monitor Alarms On   | <input checked="" type="checkbox"/> |   |   |
| ID Bracelet On      | (b)(6)                              |   |   |
| Allergy Bracelet On |                                     |   |   |
| Side Rails Up       |                                     |   |   |
| Bed In Low Position |                                     |   |   |

PREPARED BY: (Signature & Title) (b)(6) DEPARTMENT/SERVICE/CLINIC Intensive Care Unit, Camp Bucca (Continue on reverse) DATE (YYYYMMDD) 2006 06

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

(b)(6) BEA 4,

- HISTORY PHYS ~~FOUO~~  FLOW CHART
- OTHER EXAMINATION OR EVALUATION  OTHER (Specify)

~~LAW ENFORCEMENT SENSITIVE~~  
 ACLU DDII CID ROI 23844  
 000046

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~~FOUO~~

|  |                   | TIME | 07 | 08  | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |  |  |  |
|--|-------------------|------|----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|
| PES<br>(4) bounding (3) Full<br>(2) Normal (1) Faint<br>(0) Absent   | RADIAL            | R    |    | 2   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|  |                   | L    |    | 2   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|  | DORSALIS PEDIS    | R    |    | 2   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|  |                   | L    |    | 2   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| SKIN<br>(1) Dry (4) Cool (7) Jaundice<br>(2) Clammy (5) Flushed (8) Normal<br>(3) Warm (6) Cyanotic (9) Pale |                   |      |    | 1   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|  |                   |      |    | 3   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|  |                   |      |    | 9   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| EDEMA  |                   |      |    | 30% |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| HEART SOUNDS<br>(Clear, Regular, No Rubs, No Murmurs)  |                   |      |    | ✓   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| HEART RHYTHM<br>(Normal, Sinus, No Ectopy)   |                   |      |    | ✓   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| SWAN GANZ<br>(Zeroed and Calibrated)   |                   |      |    |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| ARTERIAL LINE<br>(Zeroed and Calibrated)   |                   |      |    |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| HYGIENE  | Bed Bath          |      |    | 5   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|  | Foley Care        |      |    |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|  | Oral Care         |      |    |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| MOBILITY   | Bed Rest          |      |    | 5   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|  | BSC               |      |    | 5   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|  | Chair             |      |    | 5   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| POSITIONING  | Right             |      |    | 5   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|  | Left              |      |    | 5   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|  | Supine            |      |    | 5   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| HOB: 30 Degrees  |                   |      |    | 5   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| FALLS PROTOCOL INITIATED   |                   |      |    |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| PROTECTIVE DEVICES   |                   |      |    |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| PAIN   | PAIN FREE         |      |    | ✓   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|  | PAIN SCALE (0-10) |      |    |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| ABDOMEN (2) Soft & Flat (1) Distended<br>(3) Rounded   |                   |      |    | 2   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| BOWEL SOUNDS (Active in All Quads)   |                   |      |    | 2   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| NG/Debbolt Placement Verified  |                   |      |    |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| Residual Assessed  |                   |      |    |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| PH   |                   |      |    |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| Foley Catheter   |                   |      |    |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| Voiding C/Y Urine, Quantity Sufficient   |                   |      |    | ✓   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| SKIN INTEGRITY   | No Breakdown      |      |    |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|  | Surgical Wound/s  |      |    |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|  | Rash/LAC, Etc.    |      |    |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| DRESSINGS (Dry/Intact-Specify Location)  |                   |      |    |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| #1   |                   |      |    |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| #2   |                   |      |    |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| #3   |                   |      |    |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| INITIALS   |                   |      |    |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| ACTIVE LINES   | SITE              |      |    |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
|  | DATE INSERTED     |      |    |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| DESCRIPTION  |                   |      |    |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| D  |                   |      |    |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |
| N  |                   |      |    |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |

~~LAW ENFORCEMENT SENSITIVE~~

0109 06 318579-79228

~~FOUO~~

~~LAW ENFORCEMENT SENSITIVE~~

ACLU DDII CID ROI 23845

EXHIBIT 4-39

4.

| DATE        | INTAKE |     |      |      |  |  | OUTPUT |       |  |  | ISN |       |         |
|-------------|--------|-----|------|------|--|--|--------|-------|--|--|-----|-------|---------|
|             | TIME   | IVF | IVPB | ORAL |  |  | TOTAL  | URINE |  |  | BMI | TOTAL | Comment |
| 0700        |        |     | 100  |      |  |  |        |       |  |  |     |       |         |
| 0800        |        |     |      |      |  |  |        |       |  |  |     |       |         |
| 0900        |        |     | 60   |      |  |  |        |       |  |  |     |       |         |
| 1000        |        |     |      |      |  |  |        |       |  |  |     |       |         |
| 1100        |        |     |      |      |  |  |        |       |  |  |     |       |         |
| 1200        |        |     | 100  |      |  |  |        | 250   |  |  |     |       |         |
| 1300        |        |     |      |      |  |  |        |       |  |  |     |       |         |
| 1400        |        |     |      |      |  |  |        |       |  |  |     |       |         |
| 1500        |        |     | 60   |      |  |  |        |       |  |  |     |       |         |
| 1600        |        |     |      |      |  |  |        |       |  |  |     |       |         |
| 1700        |        |     |      |      |  |  |        |       |  |  |     |       |         |
| 1800        |        |     |      |      |  |  |        |       |  |  |     |       |         |
| 1900        |        |     | 320  |      |  |  |        |       |  |  |     |       |         |
| 2000        |        |     |      |      |  |  |        |       |  |  |     |       |         |
| 2100        |        |     | 100  |      |  |  |        |       |  |  |     |       |         |
| 2200        |        |     | 100  |      |  |  |        |       |  |  |     |       |         |
| 2300        |        |     |      |      |  |  |        |       |  |  |     |       |         |
| 2400        |        |     |      |      |  |  |        |       |  |  |     |       |         |
| 0100        |        |     |      |      |  |  |        |       |  |  |     |       |         |
| 0200        |        |     |      |      |  |  |        |       |  |  |     |       |         |
| 0300        |        |     |      |      |  |  |        |       |  |  |     |       |         |
| 0400        |        |     |      |      |  |  |        |       |  |  |     |       |         |
| 0500        |        |     |      |      |  |  |        |       |  |  |     |       |         |
| 0600        |        |     |      |      |  |  |        |       |  |  |     |       |         |
| 12 HR TOTAL |        |     | 200  |      |  |  |        |       |  |  |     |       |         |
| 24 HR TOTAL |        |     | 520  |      |  |  |        | 250   |  |  |     |       |         |

~~FOUO~~

~~LAW ENFORCEMENT SENSITIVE~~

0109 06 01D 579-792281  
BM x 2

lose liquid  
sweat

BM x 16

~~FOUO~~

ACEU-DDII CIDTRON 2884670

000048 4-40  
LAW ENFORCEMENT SENSITIVE

~~FOUO~~

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

TASK FORCE 21 MEDICAL - INTENSIVE CARE UNIT FLOWSHEET

(YYYYMMDD)

~~SENSITIVE~~

Critical Care Unit  
21<sup>st</sup> Combat Support Hospital  
Camp Bucca

0109 06 CID 579-792284

| LENGTH OF STAY DATA |           |
|---------------------|-----------|
| DOA                 | 17 NOV 06 |
| Hospital Day #      | 3         |
| POD                 |           |
| Last Surgery Day    |           |

| INTAKE/OUTPUT       |      |
|---------------------|------|
| Admit Weight        |      |
| Today's Weight      |      |
| Yesterday's Weight  |      |
| 24 Hour Intake      | 800  |
| 24 Hour Output      | 200  |
| 24 Hour Balance     | +600 |
| Yesterday's Balance | +350 |
| LAST BM             |      |

| Nurse's Signature | Initials |
|-------------------|----------|
| (b)(6)            |          |
|                   |          |
|                   |          |

| Safety Checks       | D                                   | E | N                                   |
|---------------------|-------------------------------------|---|-------------------------------------|
| BVM at Bedside      | <input checked="" type="checkbox"/> |   | <input checked="" type="checkbox"/> |
| Monitor Alarms On   | <input checked="" type="checkbox"/> |   | <input checked="" type="checkbox"/> |
| ID Bracelet On      | <input checked="" type="checkbox"/> |   | <input checked="" type="checkbox"/> |
| Allergy Bracelet On | <input checked="" type="checkbox"/> |   | <input checked="" type="checkbox"/> |
| Side Rails Up       | <input checked="" type="checkbox"/> |   | <input checked="" type="checkbox"/> |
| Bed In Low Position | <input checked="" type="checkbox"/> |   | <input checked="" type="checkbox"/> |

PREPARED BY (Signature & Title)

(b)(6)

DEPARTMENT/SERVICE/CLINIC

Intensive Care Unit, Camp Bucca

(Continue on reverse)

DATE (YYYYMMDD)

20 NOV 2006

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

(b)(6)

BED 4

- HISTORICAL
- FLOW CHART
- OTHER EXAMINATION OR EVALUATION
- OTHER (Specify)
- DIAGNOSTIC STUDIES
- TREATMENT

ACLU DDII CID ROI 23847

EXHIBIT 4-41

~~FOUO~~

|  |                   | TIME              | 0  | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|--|-------------------|-------------------|----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
|  |                   |                   | 7  | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 5 | 6 |  |
| VES<br>ounding (3) Full<br>(2) Normal (1) Faint<br>(0) Absent  | RADIAL            | R                 | 2  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | L                 | 2  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | DORSALIS<br>PEDIS | R                 | 2  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | L                 | 2  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| SKIN<br>(1) Dry (4) Cool (7) Jaundice<br>(2) Clammy (5) Flushed (8) Normal<br>(3) Warm (6) Cyanotic (9) Pale |                   |                   | 1  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| EDEMA  |                   |                   | +1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| HEART SOUNDS<br>(Clear, Regular, No Rubs, No Murmurs)  |                   |                   | ✓  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| HEART RHYTHM<br>(Normal, Sinus, No Ectopy)   |                   |                   | ✓  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| SWAN GANZ<br>(Zeroed and Calibrated)   |                   |                   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| ARTERIAL LINE<br>(Zeroed and Calibrated)   |                   |                   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| HYGIENE  | Bed Bath          | <i>shower</i>     | ✓  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | Foley Care        |                   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | Oral Care         |                   | ✓  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| MOBILITY   | Bed Rest          |                   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | BSC               |                   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | Chair             |                   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| POSITIONING  | Ambulate          |                   | ✓  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | Right             |                   | 3  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | Left              |                   | 5  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | Supine            |                   | 2  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | HOB 30 Degrees    |                   | 4  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| FALLS PROTOCOL INITIATED   |                   |                   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| PROTECTIVE DEVICES   |                   |                   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| PAIN   | PAIN FREE         |                   | ✓  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | PAIN SCALE (0-10) |                   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| ABDOMEN (2) Soft & Flat (1) Distended<br>(3) Rounded   |                   |                   | 2  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| BOWEL SOUNDS (Active in All Quads)   |                   |                   | ✓  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| NG/Dobhoff Placement Verified  |                   |                   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Residual Assessed  |                   |                   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | PH                |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Foley Catheter   |                   |                   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Voiding C/Y Urine, Quantity Sufficient   |                   |                   | ✓  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| SKIN INTEGRITY   | No Breakdown      |                   | ✓  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | Surgical Wound/s  |                   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | Rash/LAC, Etc.    |                   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| DRESSINGS (Dry/Intact-Specify Location)  |                   |                   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| #1   |                   |                   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| #2   |                   |                   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| #3   |                   |                   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | INITIALS (b)      |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| INVASIVE LINES   |                   | SITE              |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| <i>PIV RGA</i>   |                   | <i>AC</i>         |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | DATE INSERTED     |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | <i>LAPROSCOPY</i> |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | DESCRIPTION       |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | <i>06/08/03</i>   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | INITIALS (b)      |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   |                   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

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| DATE        | INTAKE |     |      |      |  |       | OUTPUT |      |    |      |     | ISN |       |
|-------------|--------|-----|------|------|--|-------|--------|------|----|------|-----|-----|-------|
|             | TIME   | IVF | IVPB | ORAL |  | TOTAL | URINE  | 0109 | 06 | CID5 | BW9 |     | TOTAL |
| 0700        |        |     | 200  |      |  |       |        |      |    |      |     |     |       |
| 0800        |        |     |      |      |  |       |        |      |    |      |     |     |       |
| 0900        |        |     |      |      |  |       |        |      |    |      |     |     |       |
| 1000        |        |     |      |      |  |       |        |      |    |      |     |     |       |
| 1100        |        |     |      |      |  |       |        |      |    |      |     |     |       |
| 1200        |        |     | 200  |      |  |       |        |      |    |      |     |     |       |
| 1300        |        |     |      |      |  |       |        |      |    |      |     |     |       |
| 1400        |        |     |      |      |  |       |        |      |    |      |     |     |       |
| 1500        |        |     |      |      |  |       | 150    |      |    |      |     |     |       |
| 1600        |        |     |      |      |  |       |        |      |    |      |     |     |       |
| 1700        |        |     | 100  |      |  |       |        |      |    |      |     |     |       |
| 1800        |        |     |      |      |  |       | 100    |      |    |      |     |     |       |
| 12 HR TOTAL |        |     | 500  |      |  |       | 250    |      |    |      |     |     |       |
| 1900        |        |     |      |      |  |       |        |      |    |      |     |     |       |
| 2000        |        |     | 100  |      |  |       | 150    |      |    |      |     |     |       |
| 2100        |        |     |      |      |  |       |        |      |    |      |     |     |       |
| 2200        |        |     | 200  |      |  |       |        |      |    |      |     |     |       |
| 2300        |        |     |      |      |  |       | 150    |      |    |      |     |     |       |
| 2400        |        |     |      |      |  |       |        |      |    |      |     |     |       |
| 0100        |        |     |      |      |  |       |        |      |    |      |     |     |       |
| 0200        |        |     |      |      |  |       |        |      |    |      |     |     |       |
| 0300        |        |     |      |      |  |       | 150    |      |    |      |     |     |       |
| 0400        |        |     |      |      |  |       |        |      |    |      |     |     |       |
| 0500        |        |     |      |      |  |       |        |      |    |      |     |     |       |
| 0600        |        |     |      |      |  |       |        |      |    |      |     |     |       |
| 12 HR TOTAL |        |     | 300  |      |  |       | 150    |      |    |      |     |     |       |
| 24 HR TOTAL |        |     | 800  |      |  | 800   | 400    |      |    |      |     |     |       |

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MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

TASK FORCE 21 MEDICAL - INTENSIVE CARE UNIT FLOWSHEET

OTSG APPROVED (Date)

(YYYYMMDD)

Critical Care Unit 06 CID 579-74227  
 21<sup>st</sup> Combat Support Hospital  
 Camp Bucca

| LENGTH OF STAY DATA |        |
|---------------------|--------|
| DOA                 | 17 NOV |
| Hospital Day #      | 2      |
| POD                 |        |
| Last Surgery Day    |        |

| INTAKE/OUTPUT       |      |
|---------------------|------|
| Admit Weight        |      |
| Today's Weight      |      |
| Yesterday's Weight  |      |
| 24 Hour Intake      | 1150 |
| 24 Hour Output      | 1000 |
| 24 Hour Balance     | +150 |
| Yesterday's Balance | +350 |
| LAST BM             |      |

| Nurse's Signature | Initials |
|-------------------|----------|
| (b)(6)            |          |
|                   |          |
|                   |          |
|                   |          |

| Safety Checks       | D | E | N |
|---------------------|---|---|---|
| BVM at Bedside      |   |   | ✓ |
| Monitor Alarms On   |   |   | ✓ |
| ID Bracelet On      |   |   | ✓ |
| Allergy Bracelet On |   |   | ✓ |
| Side Rails Up       |   |   | ✓ |
| Bed In Low Position |   |   | ✓ |

PR (b)(6)

TRIE

DEPARTMENT/SERVICE/CLINIC

(Continue on reverse)

DATE (YYYYMMDD)

Intensive Care Unit, Camp Bucca

19 NOV 2006

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

(b)(6)

Bed 4

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

ACLU DDII CID ROI 23850

0000 EXHIBIT



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~~LAW ENFORCEMENT SENSITIVE~~  
OUTPUT

| DATE        | INTAKE |     |      |      |  |       | OUTPUT |  |  |       | Comment |
|-------------|--------|-----|------|------|--|-------|--------|--|--|-------|---------|
|             | TIME   | IVF | IVPB | ORAL |  | TOTAL | URINE  |  |  | TOTAL |         |
| 0700        |        |     |      |      |  |       | 300    |  |  |       |         |
| 0800        |        |     |      |      |  |       |        |  |  |       |         |
| 0900        |        |     | 250  |      |  |       |        |  |  |       |         |
| 1000        |        |     |      |      |  |       |        |  |  |       |         |
| 1100        |        |     |      |      |  |       |        |  |  |       |         |
| 1200        |        |     | 50   |      |  |       |        |  |  |       |         |
| 1300        |        |     |      |      |  |       |        |  |  |       |         |
| 1400        |        |     | 250  |      |  |       |        |  |  |       |         |
| 1500        |        |     |      |      |  |       | 250    |  |  |       |         |
| 1600        |        |     | 100  |      |  |       |        |  |  |       |         |
| 1700        |        |     |      |      |  |       |        |  |  |       |         |
| 1800        |        |     |      |      |  |       | 150    |  |  |       |         |
| 1800        |        |     | 650  |      |  | 650   | 600    |  |  | 650   |         |
| 1900        |        |     |      |      |  |       |        |  |  |       |         |
| 2000        |        |     | 2    |      |  |       |        |  |  |       |         |
| 2100        |        |     |      |      |  |       |        |  |  |       |         |
| 2200        |        |     | 200  |      |  |       |        |  |  |       |         |
| 2300        |        |     |      |      |  |       |        |  |  |       |         |
| 2400        |        |     |      |      |  |       |        |  |  |       |         |
| 0100        |        |     |      |      |  |       |        |  |  |       |         |
| 0200        |        |     | 100  |      |  |       |        |  |  |       |         |
| 0300        |        |     |      |      |  |       |        |  |  |       |         |
| 0400        |        |     |      |      |  |       |        |  |  |       |         |
| 0500        |        |     |      |      |  |       |        |  |  |       |         |
| 0600        |        |     | 200  |      |  |       | 500    |  |  |       |         |
| 12 HR TOTAL |        |     | 500  |      |  | 500   | 500    |  |  | 500   |         |
| 24 HR TOTAL |        |     | 1150 |      |  | 1150  | 1100   |  |  | 1150  |         |

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ACLU DDII CID ROI 28852-50  
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MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE TASK FORCE 21 MEDICAL - INTENSIVE CARE UNIT ~~LA W ENER...~~ DISG APPROVED (Date) ~~...~~

0109 06 CID 579-79228

Critical Care Unit  
21<sup>st</sup> Combat Support Hospital  
Camp Bucca

| LENGTH OF STAY DATA |        |
|---------------------|--------|
| DOA                 | 17 NOV |
| Hospital Day #      | 4      |
| POD                 |        |
| Last Surgery Day    |        |

| INTAKE/OUTPUT       |       |
|---------------------|-------|
| Admit Weight        |       |
| Today's Weight      |       |
| Yesterday's Weight  |       |
| 24 Hour Intake      | 1950  |
| 24 Hour Output      | 1200  |
| 24 Hour Balance     | + 350 |
| Yesterday's Balance | - 700 |
| LAST BM             |       |

| Nurse's Signature | Initials |
|-------------------|----------|
| (b)(6)            |          |
|                   |          |
|                   |          |

| Safety Checks       | D | E | N |
|---------------------|---|---|---|
| BVM at Bedside      | ✓ |   | ✓ |
| Monitor Alarms On   | ✓ |   | ✓ |
| ID Bracelet On      | ✓ |   | ✓ |
| Allergy Bracelet On | ✓ |   | ✓ |
| Side Rails Up       | ✓ |   | ✓ |
| Bed In Low Position | ✓ |   | ✓ |

PREPARED BY (Signature & Title) (b)(6) DEPARTMENT/SERVICE/CLINIC Intensive Care Unit, Camp Bucca DATE (YYYYMMDD) 17 NOV 06 (Continue on reverse)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)  
(b)(6) BED 4

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

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ACLU-ROI 23853  
EXHIBIT 4-47  
USAPA V1.00

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|  |                   | TIME | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |  |
|--|-------------------|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
|  |                   |      | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |  |
| VITALS<br>(1) Normal (2) Full<br>(3) Faint (4) Absent  | RADIAL            | R    | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | L    | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | DORSALIS<br>PEDIS | R    | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  |                   | L    | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| SKIN<br>(1) Dry (2) Clammy (3) Warm<br>(4) Cool (5) Flushed (6) Cyanotic<br>(7) Jaundice (8) Normal (9) Pale |                   |      | 1 | 3 | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| EDEMA  |                   |      | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| HEART SOUNDS<br>(Clear, Regular, No Rubs, No Murmurs)  |                   |      | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| HEART RHYTHM<br>(Normal, Sinus, No Ectopy)   |                   |      | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| SWAN GANZ<br>(Zeroed and Calibrated)   |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| ARTERIAL LINE<br>(Zeroed and Calibrated)   |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| HYGIENE  | Bath              |      | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | Foley Care        |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | Oral Care         |      | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| MOBILITY   | Bed Rest          |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | BSC               |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | Chair             |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| POSITIONING  | Ambulate          |      | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | Right             |      | S |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | Left              |      | E |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | Supine            |      | L |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | HOB 30 Degrees    |      | F |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| FALLS PROTOCOL INITIATED   |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| PROTECTIVE DEVICES   |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| PAIN   | PAIN FREE         |      | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | PAIN SCALE (0-10) |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| ABDOMEN (2) Soft & Flat (1) Distended<br>(3) Rounded   |                   |      | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| BOWEL SOUNDS (Active in All Quads)   |                   |      | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| NG/Dobhoff Placement Verified  |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Residual Assessed  |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| PH   |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Foley Catheter   |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Voiding C/Y Urine, Quantity Sufficient   |                   |      | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| SKIN INTEGRITY   | No Breakdown      |      | ✓ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | Surgical Wound/s  |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|  | Rash/LAC, Etc.    |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| DRESSINGS (Dry/Intact-Specify Location)  |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| #1   |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| #2   |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| #3   |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| INITIALS (b)   |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| PASSIVE LINES  |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| SITE   |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| DATE INSERTED  |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| DESCRIPTION  |                   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

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| DATE                      | INTAKE |     |      |      |  |       | <del>LAW ENFORCEMENT SENSITIVE</del> |  |  |  |       |         |
|---------------------------|--------|-----|------|------|--|-------|--------------------------------------|--|--|--|-------|---------|
|                           | TIME   | IVF | IVPB | ORAL |  | TOTAL | URINE                                |  |  |  | TOTAL | Comment |
| 0700                      |        |     |      |      |  |       |                                      |  |  |  |       |         |
| 0800                      |        |     |      |      |  |       |                                      |  |  |  |       |         |
| 0900                      |        |     | 50   |      |  |       |                                      |  |  |  |       |         |
| 1000                      |        |     |      |      |  |       |                                      |  |  |  |       |         |
| 1100                      |        |     |      |      |  |       |                                      |  |  |  |       |         |
| 1200                      |        |     |      |      |  |       |                                      |  |  |  |       |         |
| 1300                      |        |     |      |      |  |       | 475                                  |  |  |  |       |         |
| 1400                      |        |     |      |      |  |       | 125                                  |  |  |  |       |         |
| 1500                      |        |     |      |      |  |       |                                      |  |  |  |       |         |
| 1600                      |        |     |      |      |  |       |                                      |  |  |  |       |         |
| 1700                      |        |     | 500  |      |  |       | 175                                  |  |  |  |       |         |
| 1800                      |        |     |      |      |  |       |                                      |  |  |  |       |         |
| <del>12 HR</del><br>TOTAL |        |     | 550  |      |  | 550   | 775                                  |  |  |  | 775   |         |
| 1900                      |        |     |      |      |  |       |                                      |  |  |  |       |         |
| 2000                      |        |     |      |      |  |       | 125                                  |  |  |  |       |         |
| 2100                      |        |     |      |      |  |       |                                      |  |  |  |       |         |
| 2200                      |        |     | 300  |      |  |       |                                      |  |  |  |       |         |
| 2300                      |        |     |      |      |  |       | 150                                  |  |  |  |       |         |
| 2400                      |        |     |      |      |  |       |                                      |  |  |  |       |         |
| 0100                      |        |     |      |      |  |       |                                      |  |  |  |       |         |
| 0200                      |        |     |      |      |  |       | 150                                  |  |  |  |       |         |
| 0300                      |        |     |      |      |  |       |                                      |  |  |  |       |         |
| 0400                      |        |     | 200  |      |  |       |                                      |  |  |  |       |         |
| 0500                      |        |     |      |      |  |       |                                      |  |  |  |       |         |
| 0600                      |        |     |      |      |  |       |                                      |  |  |  |       |         |
| 12 HR<br>TOTAL            |        |     | 500  |      |  | 500   | 425                                  |  |  |  |       |         |
| 24 HR<br>TOTAL            |        |     | 1550 |      |  | 1550  | 1200                                 |  |  |  |       |         |

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~~LAW ENFORCEMENT SENSITIVE~~

ACLU DDII CID ROI 23855  
EXHIBIT 4-11-12 1200 + 350

~~FOUO~~

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

TASK FORCE 21 MEDICAL - INTENSIVE CARE UNIT FLOWSHEET

0109 06 CID 579-79228

Critical Care Unit  
21<sup>st</sup> Combat Support Hospital  
Camp Bucca

| LENGTH OF STAY DATA |        |
|---------------------|--------|
| DOA                 | 17 NOV |
| Hospital Day #      | 1      |
| POD                 |        |
| Last Surgery Day    |        |

| INTAKE/OUTPUT       |      |
|---------------------|------|
| Admit Weight        |      |
| Today's Weight      | 205  |
| Yesterday's Weight  |      |
| 24 Hour Intake      | 550  |
| 24 Hour Output      | 1250 |
| 24 Hour Balance     | -700 |
| Yesterday's Balance |      |
| LAST BM             |      |

| Nurse's Signature | Initials |
|-------------------|----------|
| (b)(6)            |          |
|                   |          |
|                   |          |

| Safety Checks       | D | E | N |
|---------------------|---|---|---|
| BVM at Bedside      |   |   | ✓ |
| Monitor Alarms On   |   |   | ✓ |
| ID Bracelet On      |   |   | ✓ |
| Allergy Bracelet On |   |   | ✓ |
| Side Rails Up       |   |   | ✓ |
| Bed In Low Position |   |   | ✓ |

(b)(6)

DEPARTMENT/SERVICE/CLINIC

Intensive Care Unit, Camp Bucca

(Continue on reverse)

DATE (YYYYMMDD)

20061017

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

(b)(6)

ICU  
Bed # 4

- HISTORY/PHYSICAL
- FLOW CHART
- OTHER (Specify)
- DIAGNOSTIC STUDIES

ACLU-RDI 5525 p.58



~~LABORATORY REPORT~~ ISN

| DATE               | INTAKE |      |      |  |       | OUTPUT |      |  |    |       | Comment |
|--------------------|--------|------|------|--|-------|--------|------|--|----|-------|---------|
|                    | IVF    | IVPB | ORAL |  | TOTAL | URINE  |      |  | BM | TOTAL |         |
| 0700               |        |      |      |  |       |        |      |  |    |       |         |
| 0800               |        |      |      |  |       |        |      |  |    |       |         |
| 0900               |        |      |      |  |       |        |      |  |    |       |         |
| 1000               |        |      |      |  |       |        |      |  |    |       |         |
| 1100               |        |      |      |  |       |        |      |  |    |       |         |
| 1200               |        |      | 100  |  |       |        |      |  |    |       |         |
| 1300               |        |      |      |  |       |        |      |  |    |       |         |
| 1400               |        |      |      |  |       |        |      |  |    |       |         |
| 1500               |        |      | 50   |  |       |        |      |  |    |       |         |
| 1600               |        |      |      |  |       |        |      |  |    |       |         |
| 1700               |        |      |      |  |       |        |      |  |    |       |         |
| 1800               |        |      |      |  |       | 500    |      |  |    |       |         |
| <b>12 HR TOTAL</b> |        |      | 150  |  |       | 500    |      |  |    | 500   |         |
| 1900               |        |      |      |  |       |        |      |  |    |       |         |
| 2000               |        |      |      |  |       |        |      |  |    |       |         |
| 2100               |        |      |      |  |       |        |      |  |    |       |         |
| 2200               |        |      | 200  |  |       |        |      |  |    |       |         |
| 2300               |        |      |      |  |       |        |      |  |    |       |         |
| 2400               |        |      |      |  |       |        |      |  |    |       |         |
| 0100               |        |      |      |  |       |        |      |  |    |       |         |
| 0200               |        |      |      |  |       |        |      |  |    |       |         |
| 0300               |        |      | 100  |  |       |        |      |  |    |       |         |
| 0400               |        |      |      |  |       |        |      |  |    |       |         |
| 0500               |        |      |      |  |       |        |      |  |    |       |         |
| 0600               |        |      | 100  |  |       | 750    |      |  |    |       |         |
| <b>12 HR TOTAL</b> |        |      | 400  |  |       | 400    | 750  |  |    | 750   |         |
| <b>24 HR TOTAL</b> |        |      | 550  |  |       | 950    | 1250 |  |    |       |         |

~~FOUO~~

AGLU-DDH CID RQ 123858

MEDICAL RECORD

H.O.

PROGRESS NOTES

1800 Sign off from an medical <sup>NOTES</sup> physician team in Ward received. Pt was intubated, placed on diprivan ppt for sedation, lasix ppt ordered (but not yet received @ time of sign off to pm H.O.) Pt continuing to decline. Pt rapid decompensation of BP & diprivan ppt; D/c @ 1840 Pt # from sedated-state, remained unresponsive on vent, & only hiccup noted. Dopamine ppt started. Stayed in ICU for titrate Dopamine, cont to T do Hmg ppt. Lasix ppt never initiated, still being prepared in pharmacy when BP ↓ & pt went into cardiac arrest (1) & Code Blue (1) protocols initiated (See Code of 1+2 follow notes) See lab for ABG's, chart EKG & code (mechanized) summary. PE remained unchanged throughout & loss of heart rate, pulse initiating code status Code Blue. Pt was unresponsive from 1800 (until TAD) throughout 2 Code Blue. Epi ppt initiated <sup>ordered p 1st +</sup> <sub>(initiated p 2nd)</sub> p 2nd after pulse returned but rapidly decompensated. Dopamine restarted @ 45mg & stopped again when pt entered Code Blue (2) & loss of HR & pulse. Serial ABG's showed continued severe metabolic acidosis & attempt @ respiratory compensation & pt breathing (prior to code) on vent 22-24 BPM, FiO2 100% TV 800, PEEP 5, R 16 & ABC showing PO2 160, attempted to ↓ FiO2 but pt could not tolerate. Lamp because of unit to

|  |                              |       |                       |                                       |
|--|------------------------------|-------|-----------------------|---------------------------------------|
| RELATIONSHIP TO SPONSOR  | SPONSOR'S NAME               |       |                       | SPONSOR'S ID NUMBER<br>(SSN or Other) |
|  | LAST                         | FIRST | MI                    |                                       |
| DEPT./SERVICE  | HOSPITAL OR MEDICAL FACILITY |       | RECORDS MAINTAINED AT |                                       |
| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) |                              |       | REGISTER NO.          | WARD NO.                              |

(b)(6)

FOUO  
PROGRESS NOTES  
Medical Record

STANDARD FORM 509 (REV. 5/1999)  
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.603(b)(10)  
GSA FPMR (41 CFR) 101-11.603(b)(10)

ACLU RDI CID ROT 23859

EXHIBIT 4-53

ICU Bed # 4 moved to bed 2

MEDICAL RECORD

PROGRESS NOTES

DATE

H.O.

NOTES

(b)(6)

o p

pt placed on diprivan 1825  
BP decrease 20mg - 15mg → 10mg

p code  
notes

Turned off p 1850 by ER H.O. (this provider)

pt haemic coma, Vesicid not needed & response to  
D/C to diprivan 8H (consciousness) No "bucking" vent @ hiccup only.  
Dopamine 8H started (see Nursing notes) 10mg (Rapid titrate  
for 5mg) ABG. Temp Bicarb given pH 7.07 ↓ HCO3 8.9  
BP continue ↓ 62/35 HR 115 NIV BP 79/47; ↑ Dopa done  
TV 750; ↑ Dopa 30mg → 40mg now 15" & titration of BP (22.  
ABG showed continued met Acidosis, ↑ Resp rate to ↓ CO2  
to 20, TV 750 (pt breathing over vent Rate ≈ 24 earlier  
but event rate now) ↓ BP

CPR start p 2222

got washed & 2222 correct for  
called 2222 by MD nurse watch 22.5  
(A from MD wash to nurse recording)

see code sheet for this information

(b)(6)

p code:

PE - A from an exam, unresponsive, on vent  
Heent - pupils fixed, dilated p code exam (II)

CV - 0/min & Resp Spontaneous

TOD 2352 see next pg note.

Cause of death: chronic ESRF & cardiac arrest

IC informed p 2nd Code of pt status: TDE TIF, CIO

notified per protocol.

(b)(6)

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

SPONSOR'S ID NUMBER  
(SSN or Other)

LAST

FIRST

PART/SERVICE

HOSPITAL OR MEDICAL FACILITY

ED AT

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

REGISTER NO.

WARD NO.

(b)(6)

FOLIO  
PROGRESS NOTES  
Medical Record

STANDARD FORM 509 (REV. 5/1999)

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 23860

EXHIBIT 4-54

1 ch Bed 2

2 of 2

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

H.O.

PROGRESS NOTES

FOUO

NOTES 0109 06 61579-79228

DATE (b)(6) Code Blm x 2

106 CPR: Medics, Nurses  
1st CB E 2222 DHR pulse  
11) Epi 2225  
12) Epi 2228  
13) Atropine 2228  
Epi 2231  
Atropine 2233  
Epi 2235 pulse 2236 VT sinus tach p shock → VT 2nd shock  
2238 shock 200  
2237 " " ↑ to 360° shock was 200 → pulse  
2239 sinus tach, pulse  
Pupils fixed/dilated 2242  
vent replaced on vent (from bag) 2246  
2255 6/30, Dopamine @ 45mg - Await Epi get  
2257 CPR continues DHR pulse  
2258 Hold Dopamine Epi & T asystole, pulseless VT  
2259 - Atropine  
2300 - Exam bilateral BS (sp CPR) ? Rib Fr (R) 7-8 but  
2302 - pulse → Epi get 10mg to flush tube ↓ to 2mg  
2311 - Epi get @ 2mg, vitals recorded  
2315 - OVR part 2340 Inom Arrived, ok to not code

~~LAW ENFORCEMENT SENSITIVE~~  
Times Recorded on wall strip  
due to watch of nurse need for wall

|  |                              |       |                       |                                    |
|--|------------------------------|-------|-----------------------|------------------------------------|
| RELATIONSHIP TO SPONSOR  | SPONSOR'S NAME               |       |                       | SPONSOR'S ID NUMBER (SSN or Other) |
|  | LAST                         | FIRST | MI                    |                                    |
| PART./SERVICE  | HOSPITAL OR MEDICAL FACILITY |       | RECORDS MAINTAINED AT |                                    |
| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) |                              |       | REGISTER NO.          | WARD NO.                           |

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

ACLU DDII CID ROI 23861

~~LAW ENFORCEMENT SENSITIVE~~ EXHIBIT 4-55

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

(b)(6) 06  
 1415 Procedure Note  
 Patient unable to give consent. Due to need for vascular access patient's consent implied. In sterile fashion area of @ femoral vein was palpated. 1% lidocaine was infiltrated and femoral vein was entered. Ven introducer was placed and wire advanced. Using Seldinger technique wire advanced and TCC tube placed over. Dark non-pulsatile blood return. Catheter secured w/ sterile technique. Patient tolerated procedure well no complications.

(b)(6)

(b)(6) 06  
 1700 Ares: Called to intubate Sat on IDL  
 NRB 93% BP 144/80 HR 33. meds:  
 2mg Versed IV 28mg Etomidate IV 100mg Remimiv  
 Suctioned oropharynx 8.0 OETT MAC 4  
 grade I view DLXI B trauma (+) BBS  
 confirmed by Xray tube holder applied  
 placed on vent per (b)(6) TV 800 P11  
 AC Peep +5 FiO2 1.0 — (b)(6)

|                              |            |                         |                       |
|------------------------------|------------|-------------------------|-----------------------|
| HOSPITAL OR MEDICAL FACILITY | STATUS     | DEPARTMENT              | RECORDS MAINTAINED AT |
| SPONSOR'S NAME               | SSN/ID NO. | RELATIONSHIP TO SPONSOR |                       |

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

|              |          |
|--------------|----------|
| REGISTER NO. | WARD NO. |
|--------------|----------|

(b)(6)

|           |            |                |             |
|-----------|------------|----------------|-------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER   |
|           |            | 0109 06        | 69579 79228 |

|      |       |
|------|-------|
| DATE | NOTES |
|------|-------|

(b)(6) 86

2 M Progress Note

1405

Over weekend patient has taken a turn for poor -> became Anoxic, then difficulty with breathing, now BP ↓ from baseline, then worse hiccups, then refusing PO meds, then ↓ sat's & responsiveness. This AM responds to pain, does not initiate contact. moans intermittently.

136/57 (often refusing most of his PO meds) AF 92 18.

E-pom: H&ENT: Normo capnics, EOMI, EUS/nose & etc, throat dry mm. Not supple. Chest Rhonchi in all fields, heart obscured by breath sounds. Abd soft protuberant. (R) knee drain still in place. Diffuse edema.

10.5 7.25 < 240 410 / 90 / 180 20 Phos 1.5  
 61 98 98

Swallow shown from knee again.

FIP 1) CKO → severe metabolic abnormalities as a result. low Na (will need computed Osmoles 2° to contribution of BUN) High potassium with very little way to get rid of it besides Kayexalate (not many vowels); Insulin glucose / Calcium gluconate. Will attempt to correct understanding that ultimately w/o renal function is impossible.

2) Knee infection → continue Vancomycin

3) H&ENT: will withdraw meds as he proves he cannot med them

4) Dispo: Obvious futile situation → patient's wishes were to have everything done but w/o renal function @ this stage very little to give → would not allow to be ventilated or coded more than once

(b)(6)

~~FOUO~~

0109 06 61 579 798281 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

~~PROGRESS NOTES SENSITIVE~~

DATE

NOTES

P 07/12

(b)(6)

06

T.O. (R) knee

05/00

Pt Anemic / Localize to spine

US AF

89 (R) - 14 13/51

Trusion (R) P/F

air elevation

Drain 25cc's

Hct 25.0%

Phyl ① Army & today

② with Trunkholder

③ pull drain used A.C.W

(b)(6)

ICU

① ID - Day 2 sv waves @ 90° knee / s-quint

② Kidney: @ Nephric; even

T 320mg ivp Lasix → 50cc urine.

⊕ Urine

⊕ ↑ ~ 1/2 / day fluid retention

320mg ivp Lasix BID may stabilize K<sup>⊕</sup>

③ CV: O/L valvular due ↑ K<sup>⊕</sup>; Δ PD med if

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

SPONSOR'S ID NUMBER (SSN or Other)

LAST

FIRST

MI

Available to IV (metoprolol 25mg iv BID)

DEPARTMENT/SERVICE

HOSPITAL OR MEDICAL FACILITY

REGISTER NO. (b)(6)

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

REGISTER NO.

WARD NO.

(b)(6)

Bed 4

may ↑ Lasix to 640 ivp B.I.D. if

PROGRESS NOTES Medical Record

STANDARD FORM 509 (REV. 5/1999)

Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)

ACLU-RDI 5525 p.66

EXHIBIT 4-58

MEDICAL RECORD

~~PROGRESS NOTES~~

DATE ICU 3 Dec 06 NOTES

- ① ID - heel 40<sup>cc</sup> - wound - UAC; iUVACO 1/2 q 72<sup>o</sup> (start 30cc), Ar6
  - ② CV - Q, P, AzIRB, isorbide, Hydralazine - BP ↓ from 130-120 → 130-115  
monitor + control ↓
  - ③ ~~loop~~ <sup>Kidney</sup> - ↓ Lasix at pt Q 275 ← 300; ↑ Lasix to 400 mg for output.
  - ④ Kidney comp - Clear -
  - ⑤ Gout - pt taking Allopurinol for gout. Currently not eating & may consider D/Cing
- Add: In OR vasc given 9 mgolol + ↑ elimination rate to 4/2 <sup>90 min</sup> or greater (b)(6)  
 due to ↓ BP, will hold today & restart later. (b)(6)

Add: ↑ 1/2 life of metoprolol to 4.5 hrs.  
↑ 1/2 life of clonidine 18-41 hrs.

Pt has become lethargic ↓ RR since OR visit. In addition has become anemic & no response to 80 ivp Lasix. Pt will restart metoprolol and ↓ dose clonidine, D/C oral Lasix at this time. No Bumex. will give 1/2 x Lasix 160 ivp. However, pt has refused current meds.

|  |                              |       |                       |                                    |
|--|------------------------------|-------|-----------------------|------------------------------------|
| RELATIONSHIP TO SPONSOR  | SPONSOR'S NAME               |       |                       | SPONSOR'S ID NUMBER (SSN or Other) |
|  | LAST                         | FIRST | MI                    |                                    |
| PART./SERVICE  | HOSPITAL OR MEDICAL FACILITY |       | RECORDS MAINTAINED AT |                                    |
| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) |                              |       | REGISTER NO.          | WARD NO.                           |

(b)(6)

LAST NAME

FIRST NAME

MIDDLE INITIAL ID NUMBER

~~0102 44 610579 79228~~  
~~NOTES: ENT OF ORBITARY CAVITARY~~

DATE

25DEC06

160-121 / 67-63; 86-68; 14-15 RR; 97-99 RA.

(cont'd)

HEENT: Pupils all reactive and 3-4 mm. Throat unill,  
dry but  $\phi$  erythematous. Neck  $\phi$  LAD. Chest CTA<sup>B</sup> in supine  
Heart RRR. Abd soft, NT, Hypoactive BS.

40cc out of Hemo-vac. GS- knee fluid negative  
Vanomycin By 2,

HDS 1) CKD  $\rightarrow$  continue present meds  $\Rightarrow$  BP well controlled  
when pain controlled. 2) knee infection  $\rightarrow$  Await Sauer  
repeat sensi; if grows from latest cultures to organism  
MSSA; continue Vanomycin until then 3) Pain  
control  $\rightarrow$   $\downarrow$  Puccat and continue to monitor

(b)(6)

02DEC06  
0930

Artes: Called for vascular access assessment. p 2  
unsuccessful peripheral IV sticks, consulted Dr.  
Jergum re possible placement of EJ PIV. Agreed  
18g @ 15  $\phi$  hematoma  $\phi$  blood loss  $\oplus$  blood return  
flushes easily used iodine prep interpreter @ BS  
pt. tol. Well Secured T tape and oposite-

(b)(6)

~~FOUO~~

LAST NAME FIRST NAME MIDDLE INITIAL ID NUMBER  
 0109 00 C10579-79228

~~LAW ENFORCEMENT SENSITIVE~~  
 NOTES

DATE

OPR the

OPR note

1 Dec 90

Perop - Septin Arlets (R) knee

11-90

Postop Septin Arlets (R) knee

Procedure - I/O (R) knee

Syrin

(b)(6)

Assist -

(b)(6)

Anesthcin

General Anesthcin New York

(b)(6)

ZBL

new

UD

Ø

Fluids - 100cc/15

Drain - idenovar

(b)(6)

(b)(6)

1 Dec 90

Im frozen Note

1317

Events of last 24<sup>h</sup> noted: S. aureus w/ obvious sensitizing grown from knee aspirate. Repeat Aspirate now w/ GPC con GS → to OR

124/91 / 726

today → felt to be infected. ? Source @ this time? (R) Hand

4:7 / 14 / 90

@ old IV site → small pustule w/ clear fluids → bacteriome

ca 9:2

Spread. Day 2 Vancomycin. 150-160 / 63-61, 74-86, 98-99% RA

IPD CKD: Continue present meds; creatinine continues to rise; GFR ≈ 0 (2) S. aureus knee in ~~fact~~ sensitivities → Clx

Cefazolin if not truly MRSA (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

(4) Dispo → finish Tx & Washout, Anesthcin (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 4-61

~~FOUO~~

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

0109 010579

PROGRESS NOTES

0109 010579-79228

28 NOV 06 Nutrition Note

0951 As per nursing, patient eating 50% of meals, 0 Suplena, as many oranges as possible. If patient ate all food + drank 3 cans suplena a day, patient would be receiving 4400 calories, 1164 gm Pro, Phos 2072 mg, 3608 mg Potassium, and 3509 mg Na. Pat's Estimated patient's needs based on 93 kg admit weight + ESRD diet was 56 gm Pro, 3255 calories, 744-1116 mg phos, 1200-1600 mg Calcium, 1-3 g sodium, 2-3 gm potassium. Recommend

① 3 day Calorie Count (I have forms if nursing needs them) to verify actual intake. ② dis suplena since patient refusing to drink + not needed. ③ if intake continues to be poor, consider Suplena Tube feeds.

(b)(6)

28 Nov 06 2m Progress Note

1430 Status doing better → knee pain is much better; still swollen + painful though. No appetite and 0 BM. AF GS-71, 162-121/78-58; Exam HGBENT X, Med Supple. Lungs CTA(B). Heart RRR No rub audible. Abd soft NABS. (R) Knee is still painful along effusion (over)

|  |                              |       |                       |                                    |
|--|------------------------------|-------|-----------------------|------------------------------------|
| RELATIONSHIP TO SPONSOR  | SPONSOR'S NAME               |       |                       | SPONSOR'S ID NUMBER (SSN or Other) |
|  | LAST                         | FIRST | MI                    |                                    |
| DEPART./SERVICE  | HOSPITAL OR MEDICAL FACILITY |       | RECORDS MAINTAINED AT |                                    |
| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) |                              |       | REGISTER NO.          | WARD NO.                           |

(b)(6)

ICU #4

~~FOUO~~

PROGRESS NOTES  
Medical Record

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

AGLU DDIL CID ROI 23868

EXHIBIT 4-62

~~FOUO~~

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING PHYSICIAN (in each entry)

26 NOV 66 Im PN  
 1427 Patient states afraid of taking PO due to worry of getting constipated again. In addition he is still having (R) knee pain & Percocet is mildly controlling it. AF; 65-61;  $\frac{167-161}{76-84}$  98% (R) knee is mildly swollen & has ballotable effusion today. No particular warmth.

$8.8 > \frac{9.6}{29.9} < 213$        $\frac{128}{4.3} | \frac{96}{13} < \frac{170}{18.5} > 97$  ca 8.4

I/P (1) CKD → continue present regimen of H/W med. 2) Anemia better after transfusion 3) knee pain will try analgesic balm vs. considering attempt @ aspiration. 4) Dispo: Await word on updated CR



27 NOV 66 Im PN  
 1045 Feels well, slept well. (R) knee pain w/ ambulation. Poor appetite; 0 BM. AF, 65-60,  $\frac{140-62}{64-81}$ , HGBNT 4, Mch 0 LAD. Chest lungs CTAB. Heart RRR. Abd soft. (R) knee effusion and pain @ Med/Lat joint line. (OVER)

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

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



~~FOUO~~

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 Medical Record  
 STANDARD FORM 600 (REV. 6-97)  
 Prescribed by GSA/ICMR  
 FORM 600 (REV. 6-97) 000071 USAPA V2.0

ACLU DDICID RDI 23869

~~FOUO~~

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

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

23 NOV 86 IM PN

1112 ~~Reassess~~ C/O (R) Knee pain while on rounds → mainly the lateral joint line and posteriorly. States appetite better + constipation improved → 2<sup>nd</sup> BM yesterday.

AF; 75-65, 174-154 / 78-67, 22-15 : Exam HEENT: Normocephalic Edm I, Ears/Nose & Throat, Heart & Lungs. Neck supple. Lungs CTAB, Heart RRR w/ I/II S1 @ BS. Abd soft NT.

(R) Knee : φ warm & swollen, pain on lat joint line in extension, some posterior pain, φ lord & Hoffmann's sign.

No New lobs, I/O H) L (Not count 5 BM) → U/O

975 → 40% hr Meds: <sup>manlox colace ASA Isordil amlodipine</sup> Lasix Oxtolox Chondine Hydoxaline metoprolol  
Diovan

3/0) 1) CKD → continue present med's avoid nephrotoxins  
2) HTN → mildly better control  
3) Anemia → Agree w/ PRBC + Epo Shots.  
4) Dispo → Await word on possible release for Dietz's  
5) Knee Pain → Plain Film → ? Cont / CPPD (b)(6)  
φ swelling though. (b)(6)

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

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

(b)(6)

~~FOUO~~

CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR

~~LAW ENFORCEMENT~~ ACLU DDIF CID ROI 23870 000072 USAPA V2.01

LAST NAME

FIRST NAME

MIDDLE INITIAL ID NUMBER

~~FOUO~~

DATE

0100 TEF CID 579-74227

22 NOV 06  
(C)  
0750

IM Prog Note

~~LAW ENFORCEMENT SENSITIVE~~

Pt. still c/o ↓ volume liquid stool + ↑ urge to defecate. C/o mild chest discomfort this AM.

Denies HA, N/V. KUB last night revealed ↑ stool in rectosigmoid region + ascending colon, no air fluid levels, ↑ BG in splenic flexure, & free air. Given flects enema last night + manually disimpacted + no significant relief.

VS BP 154-190/62-74, P 75, R 14-16 T<sub>99</sub> T<sub>98</sub><sup>S</sup>

Voiding > 900cc/24<sup>h</sup> (some not collected). Gen: Uncomfortable, in NAD

Alert, A+Ox3. Neck: supple, 0 TUD, no carotid upstroke,

Pulm: LT + B/L Card: RRA, rS, S<sub>2</sub>, 0M, ? mild rbb varies + respiration.

Ext. 0 LE edema, 2+ DP ulcers B/L. Abd: soft, NT/ND, 0 tympany, no mass or HSM, NARS.

1. CKD - continue current tx. Better BP control would be of benefit; √ electrolytes today.

2. HTN - 2<sup>o</sup> to #1. Will try to improve double product + PRN IVP medications given persistent chest pain.

3. Constipation - likely 2<sup>o</sup> to uremia + poor po fluid. Will continue to tx + tap H<sub>2</sub>O enema, manual disimpaction and lactulose 15ml.

4. Anemia of chronic ds. - √ CBC for today. Consider Epo + Fe given ongoing UA, to goal Hct 30. Epo still on order.

22 NOV 06

Addendum: 120) 7.0 / 200 137 / 106 75 77  
22.9 5.1 / 14 110 119 (b)(6)  
18.65

LFTs - wnl

Given progressive anemia + ~~renal~~ stant UA, will transfuse 2U PRBC. (b)(6)

~~LAW ENFC~~

STANDARD FORM 509 (REV. 5/1999) BACK

CID ROI 23871 USAPA V1.00

000073

EXHIBIT 4-65

MEDICAL RECORD

PROGRESS NOTES

0109 06 618579-79228

~~LAW ENFORCEMENT SENSITIVE~~

DATE  
20/05/06  
R1138

IM Progress  
No 2<sup>o</sup> events. Patient feeling much better & nausea, headache, chest pain or other sxs. Eating ~30-50% of meals, still no BM since admit. VS: afebrile, r60's, BP 140/150/70s, 97-99% SpO2. Gm: A+OX3, WAD No chills, pleuritic Pulm: CTAB/L. Card: RRR, rS, r2, rM/P/L. Abd: soft, NT/ND, 5 HSM or mass, (+) h RA and AA bruits. Ext: trace h/w pretibial edema, 2<sup>+</sup> PP B/L.

143/104 180 8.1 60/18/67/04  
4.4 15 178 6.4 2.6/11/1

- 1. CKD - progressively worse. Still  $\bar{c}$  good UOP, no electrolyte abnormalities. Cont BP control, cont Ca carbonate to control CaPhos double product and augment acidosis. Sx of uremia minimal now.
- 2. HTN - well controlled now. Anticipate switch to maxoxidil when we obtain a supply.
- 3. Anemia - 2<sup>o</sup> to renal failure. Epo not warranted at this time given asymptomatic. Will consider if UA worsens, or Hb < 6.0.
- 4. UA - control HTN, continue to medically manage.

(b)(6)

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

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

|              |          |
|--------------|----------|
| REGISTER NO. | WARD NO. |
|--------------|----------|

(b)(6)

~~FOUO~~

PROGRESS NOTES  
Medical Record

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

ICU #4

~~LAW ENFORCEMENT SENSITIVE~~

ACLU DDII CID ROI 23872

EXHIBIT 4-66

~~FOUO~~

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

PROGRESS NOTES

~~LAW ENFC DDII CID ROI 23873~~  
BY 06 CID 579-74228

DATE

19NOV06 IM Prog Notes

@  
1458

Pt c/o persistent nausea today, refusing to drink s-plexa. Also, c/o mild t.p. ↑ ambulation or prolonged talking.

VS: BP 168/74-174/75 P 60-70's R R 16 c/w c/w c/w 99% satRA  
C: A+ OX3, in ASD Goal: norm, & euthymic Card: RRR, DM/A/C  
Neds: soplex, & GAD P-12, CTA B/C Add: soft, NT/ND, 3 HSM or mass

Ext: 1+ pretibial edema, 2+ DP/PT pulses B/L

1. CKD - continue to aggressively control BP (awaiting minoxidil) to goal < 140/90. Cont'd to avoid nephrotoxic meds.

2. Uremia - will tx nausea c PRN zofran and allow reg diet in addition to s-plexa.

3. CAD - cont aggressive DP control, will tx AMI c medical management if this occurs, though hawox/Plavix not recommended c CrCl < 10%. Consider UF Heparin, ASD, DP control, NT/ND.

4. Overall: This is a very sick patient with high risk for acute, life compromising, decline at any time. Will continue to closely monitor in inpt. setting for now.

|  |                              |                       |                                |
|--|------------------------------|-----------------------|--------------------------------|
| RELATIONSHIP TO SPONSOR  | SPONSOR'S NAME               |                       | SPONSOR'S ID NUMBER (or Other) |
|  | LAST                         | FIRST                 |                                |
| DEPARTMENT/SERVICE   | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |                                |
| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) |                              | REGISTER NO.          | WARD NO.                       |

~~FOUO~~

PROGRESS NOTES  
Medical Record

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

~~LAW ENFC DDII CID ROI 23873~~

EXHIBIT 4-67

~~FOUO~~ 0140

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

For: 04 Dec 06

~~LAW ENFORCEMENT SENSITIVE~~

i-STAT 634  
P 177750  
Pt Name:

*Handwritten notes:*  
LASS  
S156  
2330  
P 202 Code  
plus to  
109

(b)(6)

20/500-17-7750 M/26 Reg #: 25085  
Military Unit: UNKNOWN

|             |            |       |   |         |        |
|-------------|------------|-------|---|---------|--------|
| at 37C      | (11)       |       |   |         | SERUM  |
| PH          | 6.759      | 6.905 |   |         |        |
| PCO2        | 45.7 mmHg  | 39.9  |   |         |        |
| PO2         | 57 mmHg    | 42    |   |         |        |
| CO3         | 6.5 mmol/L | 9     | L | (22-30) | mmol/L |
| Base Excess | -29 mmol/L | 7.9   |   |         |        |
| O2 Sat      | 57 %       | -25   |   |         |        |

*PRIOR case ①*

*Severe met Acidosis*

|                            |        |       |    |            |        |
|----------------------------|--------|-------|----|------------|--------|
| *calculated                | (Coll) | 128   | L  | (137-145)  | mmol/L |
|                            |        | 6.0   | H  | (3.6-5.0)  | mmol/L |
|                            |        | 95    | L  | (98-107)   | mmol/L |
| Urea Nitrogen              |        | 110   |    | (75-110)   | mg/dl  |
|                            |        | 180   | H* | (9-20)     | mg/dL  |
| Creatinine                 |        | >20.0 | H  | (0.8-1.5)  | mg/dL  |
|                            |        | 8.3   | L  | (8.4-10.2) | mg/dL  |
| Glucose                    |        | 6.0   | L  | (6.3-8.2)  | g/dL   |
|                            |        | 2.0   | L  | (3.5-5.0)  | g/dL   |
| Alkaline Phosphatase       |        | 71    |    | (38-126)   | U/L    |
|                            |        | 29    |    | (15-46)    | U/L    |
| Aspartate Aminotransferase |        | 12    |    | (11-66)    | U/L    |
|                            |        | 0.5   |    | (.2-1.3)   | mg/dL  |
| Alanine Aminotransferase   |        | 10    | L  | (22-30)    | mmol/L |

|             |        |       |   |         |        |
|-------------|--------|-------|---|---------|--------|
| PCO2        | (Coll) | 6.996 |   |         | SERUM  |
| PO2         |        | 39.1  |   |         |        |
| TCO2        |        | 66    |   |         |        |
| HCO3 POCT   |        | 11    | L | (22-30) | mmol/L |
| BASE EXCESS |        | 9.6   |   |         |        |
| O2 SAT %    |        | -22   |   |         |        |
|             |        | 80    |   |         |        |

|             |        |       |   |         |        |
|-------------|--------|-------|---|---------|--------|
| PH BG       | (Coll) | 7.018 |   |         | SERUM  |
| PCO2        |        | 36.7  |   |         |        |
| PO2         |        | 72    |   |         |        |
| TCO2        |        | 11    | L | (22-30) | mmol/L |
| HCO3 POCT   |        | 9.3   |   |         |        |
| BASE EXCESS |        | -22   |   |         |        |
| O2 SAT %    |        | 84    |   |         |        |

|           |        |       |   |         |        |
|-----------|--------|-------|---|---------|--------|
| PH BG     | (Coll) | 7.070 |   |         | SERUM  |
| PCO2      |        | 30.8  |   |         |        |
| PO2       |        | 160   |   |         |        |
| TCO2      |        | 10    | L | (22-30) | mmol/L |
| HCO3 POCT |        | 8.9   |   |         |        |

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

~~LAW ENFORCEMENT SENSITIVE~~

ACLU DDII CID RQI 23874  
EXH 10016 4-65

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

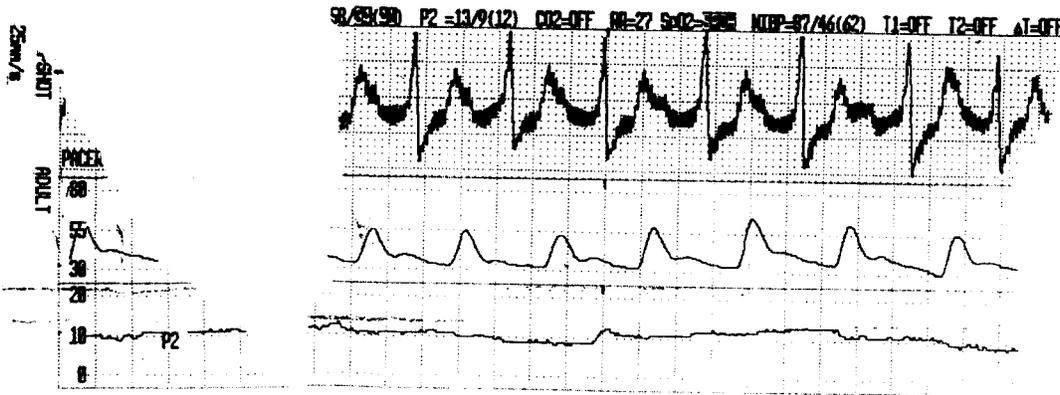
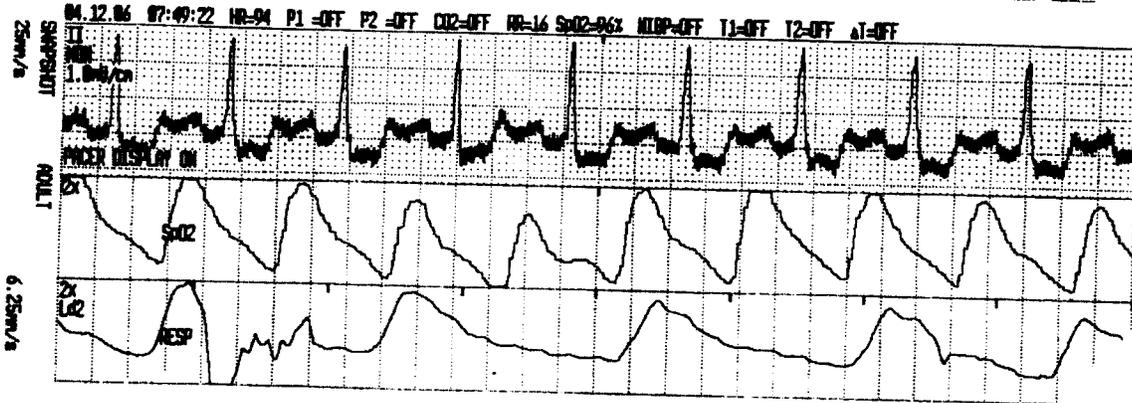
For use of this form, see H 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE  
INTENSIVE CARE UNIT, TELEMETRY STRIPS

~~FOUO~~

OTSG APPROVED (Date)  
(YYYYMMDD)

~~LAW ENFORCEMENT SENSITIVE~~ 79228



(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE (YYYYMMDD)

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

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

~~FOUO~~

DA FORM 4700, FEB 2003

EDITION OF MAY 78 IS OBSOLETE

USAPA V1.00

~~LAW ENFORCEMENT SENSITIVE~~

ACLU DDII CID ROI 23875

EXHIBIT 4-69

AGENT'S INVESTIGATION REPORT

~~0178 00-CID110~~  
0178-06-CID112

CID Regulation 195-1

PAGE 1 OF 1 PAGES

Basis for Investigation: On 10 Dec 06, this office was notified by SA (b)(6), (b)(7)(C) USA Investigative Operations, Operational Investigation, Office of the Armed Forces Medical Examiner (OAFME), Armed Forces Institute of Pathology (AFIP), 1413 Research Boulevard (Blvd), Building (Bldg) 102, Rockville, MD 20850, that the remains of Detainee Ali Hussein MUTLIB, Internment Serial Number (b)(6), (b)(7)(C) Camp Bucca, Iraq, would be arriving at Dover Air Force Base (DAFB), DE 19902, and the autopsy would be conducted on 11 Dec 06.

About 1100, 11 Dec 06, Dr (CPT) (b)(6), (b)(7)(C) Deputy Medical Examiner, OAFME, AFIP, 1413 Research Blvd, Bldg 102, Rockville, MD 20850, conducted the autopsy of Detainee MUTLIB (ME # 06-1175). The preliminary cause and manner of death was opined as pending toxicology results. Photographers from AFIP exposed digital photographs of the autopsy and prepared a compact disc (CD) containing all images exposed. A copy of the CD containing all images was obtained. Fingerprints were obtained by the FBI. (See CD and fingerprints for details)

Agent's Comment: The official results of the autopsy will be documented in the Final Autopsy Report, which will be provided upon completion.

///// LAST ENTRY /////

|                            |                           |          |
|----------------------------|---------------------------|----------|
| (b)(6),(b)(7)(C),(b)(7)(F) | APG Resident Agency (CID) |          |
|                            | APG, MD 21005             |          |
| (b)(6), (b)(7)(C)          | Date:                     | Exhibit: |
|                            | 11 Dec 06                 | 5        |
| FOR OFFICIAL USE ONLY      |                           |          |
| LAW ENFORCEMENT SENSITIVE  |                           |          |

ACLU DDII CID ROI 23876  
000078

~~FOUO~~

~~0178 00 CID 118~~

~~LAW ENFORCEMENT SENSITIVE~~



**ARMED FORCES INSTITUTE OF PATHOLOGY**  
Office of the Armed Forces Medical Examiner  
1413 Research Blvd., Bldg. 102  
Rockville, MD 20850



(b)(6)

**PRELIMINARY AUTOPSY REPORT**

Name: MUTLIB, Ali Hussein  
Interment Serial (b)(6)  
Date of Birth: Unknown  
Date of Death (b)(6) 2006  
Date of Autopsy: 11 DEC 2006 @ 1200  
Date of Report: 12 DEC 2006

Autopsy No: (b)(6)  
AFIP No: Pending  
Place of Death: Camp Bucca, Iraq  
Place of Autopsy: Dover AFB Port Mortuary,  
Delaware

**Circumstances of Death:** Ali Hussein Mutlib, an Iraqi National male, was held as a detainee in Camp Bucca, Iraq. He was admitted to the Theater Interment Facility (TIF) on 17 November for heart and blood pressure problems. On (b)(6) Mr. Mutlib became hypotensive and unresponsive. He expired despite cardiac resuscitative measures.

**Authorization for Autopsy:** Office of the Armed Forces Medical Examiner, in accordance with Title 10 US Code, Section 1471 (10 USC 1471).

**Identification:** Positive identification established by investigative agency

**CAUSE OF DEATH: PENDING ADDITIONAL INVESTIGATIVE HISTORY**

**MANNER OF DEATH: PENDING**

**AUTOPSY FINDINGS:**

- I. Severe Cardiovascular Atherosclerosis
  - Heart: Cardiomegaly, 710 grams
  - Coronary arteries:
    - Left main coronary artery - 60% stenosis with diffuse calcification
    - Left anterior descending coronary artery - multifocal 95% to pinpoint
    - Right coronary artery - multifocal 95% to pinpoint
  - Concentric left ventricular hypertrophy - left ventricular thickness - 2.5cm; septum 2.4 cm
  - Acute myocardial infarction, posterior-lateral left ventricle; pending histology

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These findings are preliminary, and subject to change pending further investigation and laboratory testing.

ACLU DDII CID RQI 23878

EXHIBIT

~~FOUO~~

MUTLIB (b)(6)

~~01778-06-CID119-~~

~~ENFORCEMENT SENSITIVE~~

Diffuse atherosclerosis of the abdominal aorta and iliac vessels with multiple erosive plaques

Lungs:

Marked bilateral pulmonary edema (combined weight 2220 grams)  
Diffuse anthracotic pigment, pleura and parenchymal

Kidneys:

Marked nephrosclerosis (clinical history of hypertension)

Brain:

Hemorrhagic infarction of the left pons, 1 cm, pending histology

II. No external injuries; mid-sternal contusion and fractures of lateral right ribs 2-7 ad lateral left ribs 2-6 (consistent with cardiopulmonary resuscitation)

III. Medical Intervention:

Endotracheal intubation; intravenous access devices- right neck, left groin, needle marks both wrists; Foley catheter; cardiac monitor pads anterior chest; bandage covering surgical incision right knee (stapled closed)

IV. Toxicological and histological examination pending

ADDITIONAL PROCEDURES

- Review of x-rays reveals no acute injuries
- Documentary photographs are taken by the OAFME Photographer
- Identifying marks include a scars on the posterior right leg (calf)
- Specimens retained for toxicological testing and/or DNA identification are: vitreous fluid, blood, urine, spleen, liver, kidney, lung, brain, bile, gastric contents, psoas and fat.
- The dissected organs are forwarded with the body

(b)(6)

Armed Forces Medical Examiner System

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These findings are preliminary, and subject to modification pending further investigation and laboratory testing.

Page 2 of 2

ACLU DDII EXHIBIT 23879

~~ENFORCEMENT SENSITIVE~~

000080

|  |                                    |
|--|------------------------------------|
| <b>AGENT'S INVESTIGATION REPORT</b><br><i>CID Regulation 195-1</i><br><b>For Official Use Only-Law Enforcement Sensitive</b> | ROI NUMBER<br>0109-06-CID579-79228 |
|  | PAGE 1 OF 1 PAGES                  |

About 0900, 29 Mar 07, this office received the Final Autopsy Examination Report, report number ME 06-1175, Certificate of Death, and the toxicology report, report number 068372, from the Armed Forces Institute of Pathology (AFIP), Rockville, MD pertaining to Detainee ALI HUSSEIN MUTLIB. The Final Autopsy Report and the Certificate of Death indicated the cause of death to be Severe Atherosclerotic Cardiovascular Disease and the manner of death to be by natural causes. (See Final Autopsy Report, Certificate of Death, and Toxicology Report for details)

//////////////////////////////////////LAST ENTRY//////////////////////////////////////

|   |  |
|---|--|
| TYPED AGENT'S NAME AND SEQUENCE NUMBER<br>SA (b)(6),(b)(7)(C),(b)(7)(F) | ORGANIZATION<br>280th MP Detachment (CID), Camp Bucca,<br>APO AE 09375 |
| (b)(6), (b)(7)(C)   | DATE<br>29 Mar 07  |
|   | EXHIBIT<br>8   |

CID FORM 94 FOR OFFICIAL USE ONLY-LAW ENFORCEMENT SENSITIVE (Automated)

Protective Marking is Excluded From Automatic Termination (Para 13, AR 34-16)

**ACLU DDII CID ROI 23985**  
000186

~~LAW ENFORCEMENT OFFICIALS~~



**ARMED FORCES INSTITUTE OF PATHOLOGY**  
Office of the Armed Forces Medical Examiner  
1413 Research Blvd., Bldg. 102  
Rockville, MD 20850  
(b)(6)



**FINAL AUTOPSY REPORT**

Name: MUTLIB, Ali Hussein  
Interment Serial (b)(6)  
Date of Birth: (b)(6) 1946  
Date of Death: (b)(6) 2006  
Date of Autopsy: 11 DEC 2006 @ 1200  
Date of Report: 28 FEB 2007

Autopsy No: (b)(6)  
AFIP No: (b)(6)  
Place of Death: Camp Bucca, Iraq  
Place of Autopsy: Dover AFB Port Mortuary,  
Delaware

**Circumstances of Death:** Ali Hussein Mutlib, an Iraqi National male, was held as a detainee in Camp Bucca, Iraq. He was admitted to the Theater Internment Facility (TIF) on 17 November for heart and blood pressure problems. On (b)(6) Mr. Mutlib became hypotensive and unresponsive. He expired despite cardiac resuscitative measures.

**Authorization for Autopsy:** Office of the Armed Forces Medical Examiner, in accordance with Title 10 US Code, Section 1471 (10 USC 1471).

**Identification:** Positive identification established by investigative agency

**CAUSE OF DEATH:** Severe Atherosclerotic Cardiovascular Disease

**MANNER OF DEATH:** Natural

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**AUTOPSY FINDINGS:**

~~LAW ENFORCEMENT SENSITIVE~~

**I. Severe Atherosclerotic Cardiovascular Disease**

Heart: Cardiomegaly, 710 grams

Coronary arteries:

- i. Left main coronary artery – 60% stenosis with concentric calcification
- ii. Left anterior descending coronary artery – multifocal 95% stenosis
- iii. Right coronary artery - multifocal 95% stenosis

Concentric left ventricular hypertrophy – left ventricular thickness – 2.5cm; septum 2.4 cm

Remote myocardial infarction, posterior-lateral left ventricle

Diffuse atherosclerosis of the abdominal aorta and iliac vessels with multiple erosive plaques

**II. Lungs:**

- a. Marked bilateral pulmonary edema (combined weight 2220 grams)
- b. Diffuse anthracotic pigment, pleura and parenchymal
- c. Emphysema
- d. Bronchopneumonia

**III. Kidneys:**

- a. Marked arteriolonephrosclerosis (clinical history of hypertension)

**IV. Brain:**

- a. Incidental arteriovenous malformation of the left pons, 0.5 cm

**V. Toxicology:**

- **VOLATILES:** The blood and vitreous fluid are examined for the presence of ethanol at a cutoff level of 20 mg/dL. No ethanol is detected.
- Peripheral blood contains less than 1% carboxyhemoglobin (COHgb) determined by spectrophotometry with a limit of quantitation of 1%. COHgb saturations of 0-3% are expected for non-smokers and 3-10% for smokers. Saturations above 10% are considered elevated and are confirmed by gas chromatography.
- There is no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.
- **DRUGS:** The blood is screened for acetaminophen, amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, salicylates, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs are detected:
  - Lidocaine is detected in the blood by gas chromatography and confirmed by gas chromatography/mass spectrometry
  - Acetaminophen is detected in the blood by color test and confirmed by immunoassay. The blood contains 17mg/L of acetaminophen as quantitated by immunoassay.

~~FOR OFFICIAL USE ONLY~~

~~FOUO~~EXTERNAL EXAMINATION~~LAW ENFORCEMENT SENSITIVE~~

The body is that of a well-developed, well-nourished, 71-inch tall, 202 pound male. Lividity is fixed on the posterior aspect of the body. Rigor has passed and the temperature of the body is cold, that of the refrigerator.

The scalp is covered with gray hair, with frontal balding. Facial hair consists of a gray beard and mustache. The irides are hazel and the conjunctivae are cloudy. The pupils are round and equal in diameter. The external auditory canals are unremarkable. The ears lobes have prominent creases and are otherwise unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth are natural.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is protuberant. The genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema.

CLOTHING AND PERSONAL EFFECTS

- The deceased is clad in a hospital gown. Personal effects do not accompany the body.

MEDICAL INTERVENTION

- Endotracheal intubation; intravenous access devices in the right neck and left groin; needle marks in both wrists; Foley catheter; cardiac monitor pads anterior chest; bandage covering surgical incision right knee (stapled closed)

RADIOGRAPHS

- A complete set of postmortem radiographs is obtained and demonstrates no acute injuries aside from those discussed in the evidence of injury

EVIDENCE OF INJURY

- External injuries consist of mid-sternal contusion and internal examination reveals fractures of lateral right ribs 2-7 and lateral left ribs 2-6 (injuries consistent with cardiopulmonary resuscitation)
- Two contusions on the posterior right calf and ankle, 2 ½ x 1 and 3 x 1-inches, respectively

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Page 3 of 6

EXHIBIT 9-3  
ACLU DDII CID ROI 23989  
000189

MUTLIB (b)(6)

~~FOUO~~INTERNAL EXAMINATION ~~LAW ENFORCEMENT SENSITIVE~~

HEAD: The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1340 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, cerebellum, and arterial systems are free of injury or other abnormalities. Examination of the mid-section of the pons on the left side shows a 0.5cm area of apparent hemorrhage. There are no skull fractures. The atlanto-occipital joint is stable.

NECK: The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures.

BODY CAVITIES: Contusion of the sternum and rib fractures have been described. Otherwise, the ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluid is in the pleural, pericardial or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM: The right and left lungs are markedly edematous and weigh 1100 and 1120 gm, respectively. The external surfaces are smooth and deep red-purple with marked anthracotic pigment deposition on the pleura and in the parenchyma. The pulmonary parenchyma is diffusely congested and edematous and displays emphysematous changes at the upper lobes.. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM: The enlarged 710 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show 60% stenosis of the left main coronary artery; 95% multi-focal stenosis of the left anterior descending coronary artery and 95% stenosis of the right coronary artery. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 2.5 and 1.0 cm thick, respectively. The endocardium is smooth and glistening. A 2 cm area of apparent fibrosis on the postero-lateral left ventricle is grossly consistent with remote myocardial infarction. The aorta shows marked erosive atherosclerosis along the entire length. The renal and mesenteric vessels are calcific with marked atherosclerosis.

LIVER & BILIARY SYSTEM: The 1970 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 25 ml of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

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Page 4 of 6

EXHIBIT 9-4  
ACLU DDII CID ROI 23990  
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~~LAW ENFORCEMENT SENSITIVE~~

**SPLEEN:** The 190 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

**PANCREAS:** The pancreas is mildly autolytic but otherwise firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

**ADRENALS:** The right and left adrenal glands are symmetric, with yellow cortices and grey medullae. No masses or areas of hemorrhage are identified.

**GENITOURINARY SYSTEM:** The right and left kidneys are reduced in size and weigh 90 and 80 gm, respectively. The external surfaces are coarsely granular. The cut surfaces are red-tan and the corticomedullary junctions are poorly differentiated. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder is empty. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

**GASTROINTESTINAL TRACT:** The esophagus is intact and lined by smooth, gray-white mucosa. The stomach contains approximately 350 ml of brown fluid. The gastric wall is intact. The entire small and large intestines are examined along their entire length and the mucosa is unremarkable. The appendix is present.

**MUSCULOSKELETAL:** No evidence of chronic disease; incision of the soft tissues of the back, buttocks, thighs, legs and wrists show no evidence of injury.

#### MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin and the following histologic slides are made:

- #1, #2, and #4: Histologic sections of the coronary arteries confirm the gross descriptions
- #3 and #5: Left Ventricle: multifocal fibrosis
- #6. Cardiac septum: multifocal fibrosis  
Right Ventricle: unremarkable
- #7 and #8: Lung: bronchopneumonia; pulmonary edema; emphysematous change
- #9: Liver: no pathologic diagnosis
- #10: Kidney: hyaline arteriosclerosis; diffuse fibrinoid necrosis of arterioles and hyperplastic arterolitis (onion-skin change); tubular atrophy, interstitial fibrosis and chronic inflammation; focal glomerular fibrosis
- #11: Pons: arteriovenous malformation  
Medulla: no pathologic diagnosis
- #12: Cortex, brain: no pathologic diagnosis
- #13: Aorta; marked calcific erosive atherosclerosis confirming the gross observations
- #14: Left Ventricle (posterolateral): remote myocardial infarction

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Page 5 of 6

EXHIBIT 9-5

ACLU DDII CID ROI 23991

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~~LAW ENFORCEMENT SENSITIVE~~

**ADDITIONAL PROCEDURES**

- Documentary photographs are taken by the OAFME Photographer
- Identifying marks include a scars on the posterior right leg (calf)
- Specimens retained for toxicological testing and/or DNA identification are: vitreous fluid, blood, urine, spleen, liver, kidney, lung, brain, bile, gastric contents, psoas muscle and adipose tissue
- The dissected organs are forwarded with the body

**OPINION**

Based on these autopsy findings and the investigative information available to me, the cause of death of Iraqi detainee Ali Hussein Mutlib is severe three vessel atherosclerotic cardiovascular disease. The markedly enlarged heart shows histologic evidence of previous myocardial infarction (heart attack) and left ventricular hypertrophy. The left ventricle of the heart and the kidneys show both gross and microscopic changes consistent with long standing hypertension (high blood pressure). An incidental arteriovenous malformation of the brain (likely congenital), located in the pons, had no bearing on the cause of death. Toxicology examination is positive for acetaminophen and lidocaine, medications utilized in hospitalized care.

The manner of death is natural.

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Armed Forces Medical Examiner System

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CERTIFICATE OF DEATH (OVERSEAS)

Acts de décès (D'Outre-Mer)

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|   |  |  |  |  |
|---|--|--|--|--|
| NAME OF DECEASED (Last, First, Middle)<br>Nom du décédé (Nom et prénoms)<br><b>BTB Mutlib, Ali Hussein,</b> |  | GRADE<br>Grade   | BRANCH OF SERVICE<br>Arme<br><b>Civilian</b> | SOCIAL SECURITY NUMBER<br>Numéro de l'Assurance Social<br><b>USP 17 47750-CI</b>           |
| ORGANIZATION<br>Organisation  | NATION (e.g. United States)<br>Pays<br><b>Iraq</b> | DATE OF BIRTH<br>Date de naissance<br><b>(b)(6) 1946</b> |  | SEX<br>Sexe<br><input checked="" type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| RACE<br>Race<br><input checked="" type="checkbox"/> CAUCASOID<br>Caucasique |  | MARITAL STATUS<br>État Civil<br>SINGLE<br>Célibataire |  | RELIGION<br>Culte<br>PROTESTANT<br>Protestant |  |
| NEGROID<br>Négre  |  | MARRIED<br>Marié                                      |  | CATHOLIC<br>Catholique                        |  |
| OTHER (Specify)<br>Autre (Spécifier)  |  | WIDOWED<br>Veuf                                       |  | JEWISH<br>Juif                                |  |

|  |   |
|--|---|
| NAME OF NEXT OF KIN<br>Nom du plus proche parent | RELATIONSHIP TO DECEASED<br>Parenté du décédé avec le sus               |
| STREET ADDRESS<br>Domicile à (Rue)               | CITY OR TOWN OR STATE (include ZIP Code)<br>Ville (Code postal compris) |

MEDICAL STATEMENT Déclaration médicale

|  |  |  |
|--|--|--|
| CAUSE OF DEATH (Enter only one cause per line)<br>Cause du décès (N'indiquer qu'une cause par ligne)   |  | INTERVAL BETWEEN ONSET AND DEATH<br>Intervalle entre l'attaque et le décès |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>Maladie ou condition directement responsable de la mort.<br><b>Arteriosclerotic Cardiovascular Disease</b> |  |  |
| ANTECEDENT CAUSES<br>Symptômes précurseurs de la mort.   | MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE<br>Condition morbide, s'il y a lieu, menant à la cause primaire     |  |
|  | UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE<br>Condition morbide, s'il y a lieu, menant à la cause primaire |  |
| OTHER SIGNIFICANT CONDITIONS<br>Autres conditions significatives<br><b>hypertension, arteriolonephrosclerosis</b>  |  |  |

|  |  |   |
|--|--|---|
| MODE OF DEATH<br>Condition de décès<br><input checked="" type="checkbox"/> NATURAL<br>Mort naturelle | AUTOPSY PERFORMED<br>Autopsie effectuée<br><input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES<br>Circonstances de la mort suscitées par des causes extérieures |
| ACCIDENT<br>Mort accidentelle  | MAJOR FINDINGS OF AUTOPSY<br>Conclusions principales de l'autopsie   |   |
| SUICIDE<br>Suicide   | NAME OF PATHOLOGIST<br>Nom du pathologiste<br><b>(b)(6)</b>  |   |
| HOMICIDE<br>Homicide   | SIGNATURE<br>Signature   | DATE<br>Date<br><b>11 December 2006</b>   |

|   |  |
|---|--|
| DATE OF DEATH (day, month, year)<br>Date de décès (le jour, le mois, l'année)<br><b>(b)(6) 2006</b> | PLACE OF DEATH<br>Lieu de décès<br><b>Iraq</b> |
|---|--|

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 dé funt et je conclus que le décès est survenu à l'heure indiquée et à, le suite des causes énumérées ci-dessus.

|  |  |
|--|--|
| NAME OF MEDICAL OFFICER<br>Nom du médecin militaire ou du médecin sanitaire<br><b>(b)(6)</b> | TITLE OR DEGREE<br>Titre ou diplôme<br><b>(b)(6) Medical Examiner</b>            |
| GRADE<br>Grade<br><b>CAPT</b>  | INSTALLATION OR ADDRESS<br>Installation ou adresse<br><b>Dover AFB, Dover DE</b> |
| DATE<br>Date<br><b>3/21/2007</b>   | SIGNATURE<br>Signature   |

~~FOU~~

1 State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.  
2 State conditions contributing to the death, but not related to the disease or condition causing death.  
3 Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non le manière de mourir, telle qu'un arrêt du coeur, etc.  
4 Préciser la condition qui a contribué à la mort, mais n'éviter aucun rapport avec la maladie ou à la condition qui a causé la mort.

DD FORM 1 APR 77 2064

REPLACES DA FORM 3685, 1 JAN 72 AND DA FORM 3685-R(PAS), 28 SEP 76, WHICH ARE OBSOLETE.

ACLU DD FORM 1300-101-0101 SENSITIVE  
EXHIBIT 10



DEPARTMENT OF DEFENSE  
ARMED FORCES INSTITUTE OF PATHOLOGY  
WASHINGTON, DC 20306-6000

~~FOUO~~

REPLY TO  
ATTENTION OF

AFIP-CME-T

~~CONFIDENTIAL~~

0109 06 CID 570 79 11 3

TO:

OFFICE OF THE ARMED FORCES MEDICAL  
EXAMINER  
ARMED FORCES INSTITUTE OF PATHOLOGY  
WASHINGTON, DC 20306-6000

**PATIENT IDENTIFICATION**

AFIP Accessions Number  Sequence   
(b)(6) (b)(6)

Name  
MUTLIB, ALI HUSSEIN

SSAN:  Autopsy:   
(b)(6) (b)(6)

Toxicology Accession #:   
(b)(6)  
Date Report Generated: December 18, 2006

**CONSULTATION REPORT ON CONTRIBUTOR MATERIAL**

AFIP DIAGNOSIS REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: Date Received: 12/14/2006

**CARBON MONOXIDE:** The carboxyhemoglobin saturation in the blood was less than 1% as determined by spectrophotometry with a limit of quantitation of 1%. Carboxyhemoglobin saturations of 0-3% are expected for non-smokers and 3-10% for smokers. Saturations above 10% are considered elevated and are confirmed by gas chromatography.

**CYANIDE:** There was no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

**VOLATILES:** The **BLOOD AND VITREOUS FLUID** were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

**DRUGS:** The **BLOOD** was screened for acetaminophen, amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, mefloquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, salicylates, sympathomimetic amines and vcrapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

Positive Lidocaine: Lidocaine was detected in the blood by gas chromatography and confirmed by gas chromatography/mass spectrometry.

~~FOUO~~

~~LAW ENFORCEMENT SENSITIVE~~  
ACLU DDICID R01 23094  
EXHIBIT 11-1

~~FOUO~~



DEPARTMENT OF DEFENSE  
ARMED FORCES INSTITUTE OF PATHOLOGY  
WASHINGTON, DC 20386-6000

~~LAW ENFORCEMENT SENSITIVE~~

REPLY TO  
ATTENTION OF

0109 06 CIP 579 79228

**REPORT OF TOXICOLOGICAL EXAMINATION (CONT - MUTLIB, ALI HUSSEIN):**

Positive Acetaminophen: Acetaminophen was detected in the blood by color test and confirmed by immunoassay. The blood contained 17 mg/L of acetaminophen as quantitated by immunoassay.

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Office of the Armed Forces Medical Examiner

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Office of the Armed Forces Medical Examiner

~~FOUO~~

~~LAW ENFORCEMENT SENSITIVE~~

ACLU DDII CID ~~FOUO~~ 23995-2