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DEPARTMENT OF THE ARMY
U.S. ARMY CRIMINAL INVESTIGATION COMMAND
Camp Bucca CID Office
CAMP BUCCA CID OFFICE, 3D MILITARY POLICE GROUP (CID), Camp
Bucca, Umm Qasr, Iraq, APO AE, Iraq

18 Sep 2007

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL (C)/SSI - 0027-2007-CID579-24074 -
5H1D / 5T1 / 5X1 / 961

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 30 JUN 2007, 0430 - 30 JUN 2007, 0445; ADJACENT LATRINES, COMPOUND
10C, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IRAQ

DATE/TIME REPORTED: 04 JUL 2007, 1530

INVESTIGATED BY:

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

SUBJECT:

1. (b)(6), (b)(7)(C) CIV; IRAQ; 1 JAN 1983; BAGHDAD, IRAQ; MALE;
OTHER; INTERNMENT SERIAL NUMBER (ISN) (b)(6), (b)(7)(C) COMPOUND 10C,
THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ;
[MURDER], [CONSPIRACY]

2. UNKNOWN, ; [MURDER], [CONSPIRACY] (NFI)

3. (b)(6), (b)(7)(C) IRAQ; 1 JAN 1971; BAGHDAD,
IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) (b)(6), (b)(7)(C)
COMPOUND 10C, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE
09375, IZ; XZ ; [COMMUNICATING A THREAT]

4. (b)(6), (b)(7)(C) IRAQ; 31 MAR 1986; BAGHDAD, IRAQ;

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MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) (b)(6), (b)(7)(C) COMPOUND 10C, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]

5. (b)(6), (b)(7)(C) IRAQ; 1 JAN 1968; MAYSAN, IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) (b)(6), (b)(7)(C) COMPOUND 10C, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]

6. (b)(6), (b)(7)(C) IRAQ; 31 DEC 1979; BAGHDAD, IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) (b)(6), (b)(7)(C) COMPOUND 10C, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]

7. (b)(6), (b)(7)(C) IRAQ; 1 JAN 1978; BAGHDAD, IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) (b)(6), (b)(7)(C) COMPOUND 10C, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]

8. (b)(6), (b)(7)(C) IRAQ; 1 JAN 1984; BAGHDAD, IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) (b)(6), (b)(7)(C) COMPOUND 10C, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]

9. (b)(6), (b)(7)(C) IRAQ; 1 JAN 1977; BAGHDAD, IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) (b)(6), (b)(7)(C) COMPOUND 10C, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]

10. (b)(6), (b)(7)(C) IRAQ; 1 JAN 1977; BAGHDAD, IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) (b)(6), (b)(7)(C) COMPOUND 10C, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]

11. (b)(6), (b)(7)(C) IRAQ; 1 JAN 1979; BAGHDAD, IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) (b)(6), (b)(7)(C) COMPOUND 10C,

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THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ;
[MURDER], [CONSPIRACY]

VICTIM:

1. HUSSEIN, HAIDER ALI (DECEASED); CIV; IRAQ; 3 JAN 1981; BAGHDAD, IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) (b)(6), (b)(7)(C) COMPOUND 10C, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]

2. (b)(6), (b)(7)(C) IRAQ; 1 FEB 1977; BAGHDAD, IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) (b)(6), (b)(7)(C) COMPOUND 10C, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [COMMUNICATING A THREAT]

3. (b)(6), (b)(7)(C) IRAQ; 31 DEC 1971; DHI QAR, IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) (b)(6), (b)(7)(C) COMPOUND 10C, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [COMMUNICATING A THREAT]

INVESTIGATIVE SUMMARY:

“This is an Operation Iraqi Freedom Report”

On 4 Jul 07, this office was notified by SSG (b)(6), (b)(7)(C) the Military Police Investigations (MPI), Theater Internment Facility (TIF), Camp Bucca, that Detainee HUSSEIN was assaulted by Detainee (b)(6), (b)(7)(C) and other detainees.

Investigation determined Detainees (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) beat Detainee HUSSEIN. Further investigation determined Detainee (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) approached Detainees (b)(6), (b)(7)(C) and (b)(6), (b)(7)(C) and threatened to kill them if they reported what they had witnessed. Detainee HUSSEIN was transported to the TIF Hospital where he subsequently suffered a heart attack and was placed on a ventilator. At 1107, 20 Jul 07, Dr. (MAJ) (b)(6), (b)(7)(C) Attending Physician, 31st Combat Support Hospital (CSH), TIF, Camp Bucca, pronounced Detainee HUSSEIN dead.

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An autopsy conducted determined the cause of death to be Myocardial infarction complicated by blunt force injuries and the manner of death to be homicide. The results of our investigation are consistent with that finding.

STATUTES:

Iraqi Penal Code, Paragraph 406: Murder

Iraqi Penal Code, Paragraph 55: Parties to a Crime (Conspiracy)

Iraqi Penal Code, Paragraph 430: Threats

EXHIBITS/SUBSTANTIATION:

Attached:

1. Agent's Investigation Report (AIR) of SA (b)(6), (b)(7)(C) 10 Jul 07.
2. Sworn Statement of SSGT (b)(6), (b)(7)(C) 2 Jul 07.
3. Detainee Notification of Rights, 4 Jul 07, pertaining to Detainee (b)(6), (b)(7)(C)
4. Photographic Packet. (Death Scene)
5. Crime Scene Sketch, 30 Jun 07, prepared by SA (b)(6), (b)(7)(C)
6. Investigator's Statement of SSG (b)(6), (b)(7)(C) 4 Jul 07.
7. Arabic Statement of Detainee (b)(6), (b)(7)(C) 9 Jul 07. (USACRC, USACIDC, and file copy only)
8. English translation of Detainee (b)(6), (b)(7)(C) statement, 9 Jul 07, translated by Linguist Mr. (b)(6), (b)(7)(C)
9. Arabic Statement of Detainee (b)(6), (b)(7)(C) 9 Jul 07. (USACRC, USACIDC, and file copy only)

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10. English translation of Detainee (b)(6), (b)(7)(C) statement, 9 Jul 07, translated by Linguist Mr. (b)(6), (b)(7)(C)
11. Canvass Interview Worksheet, 10 Jul 07.
12. AIR of SA (b)(6), (b)(7)(C) 23 Jul 07.
13. Detainee Notification of Rights, 11 Jul 07, pertaining to Detainee (b)(6), (b)(7)(C)
14. Detainee Notification of Rights, 11 Jul 07, pertaining to Detainee (b)(6), (b)(7)(C)
15. Detainee Notification of Rights, 11 Jul 07, pertaining to Detainee (b)(6), (b)(7)(C)
16. Detainee Notification of Rights, 11 Jul 07, pertaining to Detainee (b)(6), (b)(7)(C)
17. Detainee Notification of Rights, 11 Jul 07, pertaining to Detainee (b)(6), (b)(7)(C)
18. Detainee Notification of Rights, 12 Jul 07, pertaining to Detainee (b)(6), (b)(7)(C)
19. Detainee Notification of Rights, 12 Jul 07, pertaining to Detainee (b)(6), (b)(7)(C)
20. Detainee Notification of Rights, 12 Jul 07, pertaining to Detainee (b)(6), (b)(7)(C)
21. Detainee Notification of Rights, 13 Jul 07, pertaining to Detainee (b)(6), (b)(7)(C)
22. Photographic Packet. (Death Scene)
23. CD containing original images associated with Exhibits 4 and 22. (USACRC, USACIDC, and file copy only)
24. Hospital Report of Death, Certificate of Death, and medical records, various dates, pertaining to Detainee HUSSEIN.
25. AIR of SA (b)(6), (b)(7)(C) Aberdeen Resident Agency, 30 Jul 07.

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26. Photographic Packet. (Autopsy) (USACRC, USACIDC, and file copy only)
27. AIR of SA (b)(6), (b)(7)(C) Camp Cropper CID Office, 7 Aug 07.
28. Detainee Notification of Rights, 7 Aug 07, pertaining to Detainee (b)(6), (b)(7)(C)
29. Polygraph Examination Report, 7 Aug 07, pertaining to Detainee (b)(6), (b)(7)(C)
30. Personal Data Report, 11 Jul 07, pertaining to Detainee (b)(6), (b)(7)(C)
31. Enemy Prisoner of War (EPW) Screening Report, 11 Jul 07, pertaining to Detainee (b)(6), (b)(7)(C)
32. AIR of SA (b)(6), (b)(7)(C) 16 Sep 07.
33. Final Autopsy Examination Report, #ME07-0934, 4 Sep 07, pertaining to Detainee HUSSEIN.
34. Toxicology Report, #075223, 8 Aug 07, pertaining to Detainee HUSSEIN.
35. Certificate of Death, 30 Jul 07, pertaining to Detainee HUSSEIN.

Not Attached:

Retained in the files of the U. S. Army Crime Records Center, Fort Belvoir, VA:

36. Polygraph Authorization of Detainee (b)(6), (b)(7)(C) 30 Jul 07.
37. Polygraph Examination Statement of Consent of Detainee (b)(6), (b)(7)(C) Aug 07.
38. Four Polygrams of Detainee (b)(6), (b)(7)(C) 7 Aug 07.

The original of Exhibits 1 thru 23, 25 thru 29, and 32 are attached to the USACRC copy of this report. The original of Exhibit 24 is retained in the Patient Administration Division, TIF Hospital, Camp Bucca. The original of Exhibits 30 and 31 are retained in the files of the BATS

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system. The original of Exhibits 33 thru 35 are retained in the files of the Armed Forces Institute of Pathology (AFIP), Rockville, MD.

STATUS: This is a Final (C) Report. Commander's Report of Disciplinary or Administrative Action (DA Form 4833) is not required. Forwarded to CCCI for consideration and action as appropriate.

Report Prepared By:

Report Approved By:

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



Special Agent

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



Special Agent in Charge

DISTRIBUTION:

- 1-Dir, USACRC, Ft Belvoir, VA
- 1-Commander, USACIDC, ATTN: CIOP-ZA, 6010 6th Street, Ft Belvoir, VA 22060
- 1-DIR AFIP AFME WASH, DC
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- 1-31ST COMBAT SUPPORT HOSPITAL (CSH), CAMP BUCCA, UMM QASR, IRAQ, APO AE 09375
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- 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

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

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BASIS FOR INVESTIGATION: About 1530, 4 Jul 07, this office was notified by SSG (b)(6), (b)(7)(C) Military Police Investigations (MPI), Theater Internment Facility (TIF), Camp Bucca, that on 30 Jun 07, Detainee Haider Ali HUSSEIN, Internment Serial Number (ISN): (b)(6), (b)(7)(C) was assaulted by Detainee (b)(6), (b)(7)(C) ISN: (b)(6), (b)(7)(C) and other detainees.

About 1535, 4 Jul 07, SA (b)(6), (b)(7)(C) collected a sworn statement from SSG (b)(6), (b)(7)(C) MPI, TIF, Camp Bucca, who obtained a statement from SSGT (b)(6), (b)(7)(C) 886 Expeditionary Security Forces Squadron (ESFS), Compound 10C, TIF, Camp Bucca, related to his actions and observations when he witnessed Detainee HUSSEIN being beaten. (See Sworn Statements for details)

About 1545, 4 Jul 07, SA (b)(6), (b)(7)(C) interviewed Dr. (CPT) (b)(6), (b)(7)(C) attending physician, 36th Area Support Medical Company (ASMC), TIF Hospital, Camp Bucca, who related Detainee HUSSEIN had been admitted to the TIF Hospital on 30 Jun 07, at about 0910, due to wounds sustained from a physical altercation. Detainee HUSSEIN had bruises on his head, chest and legs and large scratches on his back. When he was admitted, he was conscious, alert, and able to speak, and his vital signs were within normal limits. At about 1040, 30 Jun 07, Detainee HUSSEIN'S heart rate began to increase and his breathing became rapid and shallow and he complained of pain and tenderness in his chest and stomach, at which time he was transferred to the Intensive Care Unit (ICU), where he was administered the medications Heparin, Plavex, Aspirin, and Lopressor due to indications of a heart attack. At that time, Detainee HUSSEIN was still conscious and alert. On 2 July 07, at about 1830, Detainee HUSSEIN was administered the medications Ketamine and Rocuronium to make him unconscious, was intubated and placed on a ventilator to aid his breathing. Detainee HUSSEIN was also administered the medication Levaphed to help raise his blood pressure and keep it at a constant rate.

About 1600, 4 Jul 07, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) Category 2 Linguist, L-3 Titan, this office, advised Detainee (b)(6), (b)(7)(C) his rights. Detainee (b)(6), (b)(7)(C) denied any involvement in this incident. (See Detainee Notification of Rights of Detainee (b)(6), (b)(7)(C) for details)

CRIME SCENE (Verification) EXAMINATION: Between 1400 and 1430, 5 Jul 07, SA (b)(6), (b)(7)(C) and SA (b)(6), (b)(7)(C) this office, conducted a crime scene verification examination of Compound 10C, TIF, Camp Bucca.

CHARACTERISTICS OF THE SCENE: Compound 10C consists of eight concrete, metal, and wood type construction buildings with four buildings located on the west side of the compound, in a row adjacent to the fence and four buildings located on the east side of the compound, in a row adjacent to the fence. Each building is in a slightly canted position so as to form a less than 90 degree angle with the adjacent fence. The buildings within the compound are all one story and approximately 20 feet wide and 60 feet long, and are used as living areas for the numerous detainees. There are two main Entry/Exit ways (E/E) to each building. One E/E was

TYPED AGENT'S NAME AND SEQUENCE NUMBER SA (b)(6), (b)(7)(C), (b)(7)(F)		ORGANIZATION 280th MP Detachment (CID), Camp Bucca, APO AE 09375	
SIGNATURE (b)(6), (b)(7)(C) For [redacted]		DATE 10 Jul 07	EXHIBIT 1

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ACLU-RDI 5548 p.8

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

000008

10-L-0126 ACLU CID ROI 13300

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centered on the Southwest wall and one on the Northeast wall of each building. The W/C and Shower area was located in the Northwest corner of the compound, which contains two black and grey in color, concrete type construction buildings, approximately 10 feet wide by 20 feet long and are enclosed together by a chain link type cyclone fence. Compound 10C was enclosed by a chain link type cyclone fence with concertina wire.

CONDITIONS OF THE SCENE: Compound 10C appeared to be lived in. The compound had eight caravans; Buildings 1 thru 4 were located in the Eastern portion of the compound and Buildings 5 thru 8 in the Western portion of the compound. There were several detainees outside the caravans either walking around or sitting in groups.

ENVIRONMENTAL CONDITIONS: At the time of the crime scene examination, the outside temperature was approximately 106 degrees Fahrenheit with partly cloudy skies.

FACTORS PERTINENT TO ENTRY/EXIT: Access to each building could be gained through the northeast E/E and the southwest E/E. Access to Compound 10C could be gained through a gate (sally port) on the north side of the compound and through a gate on the east side of the compound, which was used to distribute food to the detainees assigned to the compound. The entire compound was enclosed with a chain link type cyclone fence and concertina wire.

SCENE DOCUMENTATION: SA (b)(6), (b)(7)(C) exposed digital photographs of the crime scene using a Nikon Coolpix 995 digital camera with automatic flash and SA (b)(6), (b)(7)(C) drafted a scene sketch. (See Photographic Packet and crime scene sketch for details)

COLLECTION OF EVIDENCE: No evidence was collected.

AGENT'S COMMENTS: About 1400, 5 Jul 07, SA (b)(6), (b)(7)(C) attempted to prepare a complete crime scene examination of Compound 10C, TIF, Camp Bucca; however, because of a lack of security within the TIF compounds, a crime scene examination was not able to be thoroughly completed. Security forces infrequently enter the compound, and much of the daily happenings rest with the detainee leadership. A security force of adequate size was not able to provide security; therefore, all documentation was completed from the entry control point (ECP) and the observation tower of Compound 10C.

About 0930, 7 Jul 07, SA (b)(6), (b)(7)(C) interviewed SSGT (b)(6), (b)(7)(C) who verified that he witnessed Detainee AKAR and Detainee HUSSEIN being in a physical altercation and that Detainee HUSSEIN was being beaten by Detainee (b)(6), (b)(7)(C). SSGT (b)(6), (b)(7)(C) further related the detainees scattered when the guard force had been alerted and Detainee HUSSEIN had identified Detainee (b)(6), (b)(7)(C) as the detainee who assaulted him.

TYPED AGENT'S NAME AND SEQUENCE NUMBER		ORGANIZATION	
SA (b)(6), (b)(7)(C), (b)(7)(F)		280th MP Detachment (CID), Camp Bucca, APO AE 09375	
SIGNATURE (b)(6), (b)(7)(C)		DATE	EXHIBIT
FOA (b)(6), (b)(7)(C)		10 Jul 07	1

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DD Form 2701 was issued to SSGT (b)(6), (b)(7)(C)

About 0955, 7 Jul 07, SA (b)(6), (b)(7)(C) interviewed SSGT (b)(6), (b)(7)(C) 886 ESFS, Compound 10C, TIF, Camp Bucca, who related he was on duty in Compound 10C on the evening of the incident, but did not actually see Detainee (b)(6), (b)(7)(C) beating Detainee HUSSEIN but responded to the area when the compound guard force had been alerted, at which time the detainees had scattered and the altercation had ended.

DD Form 2701 was issued to SSGT (b)(6), (b)(7)(C)

About 1020, 7 Jul 07, SA (b)(6), (b)(7)(C) interviewed A1C (b)(6), (b)(7)(C) 886 ESFS, Compound 10C, TIF, Camp Bucca who related he did not actually see the altercation between Detainee (b)(6), (b)(7)(C) and Detainee HUSSEIN, but responded to the scene when the guard force was alerted. A1C (b)(6), (b)(7)(C) further related the altercation was over by the time he arrived at the scene.

DD Form 2701 was issued to A1C (b)(6), (b)(7)(C)

About 1110, 7 Jul 07, SA (b)(6), (b)(7)(C) obtained an investigator statement from SSG (b)(6), (b)(7)(C) MPI, detailing his actions during this investigation. (See Sworn Statement of SSG (b)(6), (b)(7)(C) for details)

About 1030, 9 Jul 07, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) interviewed Detainee (b)(6), (b)(7)(C) ISN: (b)(6), (b)(7)(C) who related he witnessed Detainee (b)(6), (b)(7)(C) other detainees beating Detainee HUSSEIN. Detainee (b)(6), (b)(7)(C) provided ISN's and the names of the detainees involved in this incident. Detainee (b)(6), (b)(7)(C) further related Detainee (b)(6), (b)(7)(C) ISN: (b)(6), (b)(7)(C) Compound 10C Chief, had verbally threatened to kill him if he talked to the Americans about this incident. (See English translation of Sworn Statement of Detainee (b)(6), (b)(7)(C) for details)

About 1205, 9 Jul 07, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) interviewed Detainee (b)(6), (b)(7)(C) ISN: (b)(6), (b)(7)(C) who related he heard Detainee HUSSEIN being beaten by Detainee (b)(6), (b)(7)(C) and other detainees, but did not see the incident take place. Detainee (b)(6), (b)(7)(C) further related Detainee (b)(6), (b)(7)(C) SN: (b)(6), (b)(7)(C) told him who the detainees were who had beaten Detainee HUSSEIN. Detainee (b)(6), (b)(7)(C) also stated Detainee (b)(6), (b)(7)(C) ISN: (b)(6), (b)(7)(C) Compound 10C Chief, had verbally threatened to kill him if he talked to the Americans about this incident. (See English translation of Sworn Statement of Detainee HASSAN for details)

About 1340, 9 Jul 07, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) interviewed Detainee (b)(6), (b)(7)(C) who stated he was sleeping during the incident and denied any knowledge of its events.

TYPED AGENT'S NAME AND SEQUENCE NUMBER		ORGANIZATION	
SA (b)(6), (b)(7)(C), (b)(7)(F)		280th MP Detachment (CID), Camp Bucca, APO AE 09375	
SIGN (b)(6), (b)(7)(C)	DATE	EXHIBIT	
for (b)(6), (b)(7)(C)	10 Jul 07	1	

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About 1030, 10 Jul 07, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) conducted canvass interviews of detainees assigned to Compound 10C, but who are currently being held in the Solitary Holding Unit (SHU), Compound 5, TIF, Camp Bucca, for information relating to this incident. (See Canvass Interview Worksheet for details)

About 1605, 10 Jul 07, SA (b)(6), (b)(7)(C) interviewed A1C (b)(6), (b)(7)(C) 886th ESFS, Compound 10C, Camp Bucca, who related he was on duty on the morning of 30 Jun 07, and did not witness the altercation between Detainee HUSSEIN and the other detainees. A1C (b)(6), (b)(7)(C) further related when the crowd of detainees scattered after the beating, he asked detainee HUSSEIN who had assaulted him and Detainee HUSSEIN had positively identified Detainee (b)(6), (b)(7)(C) SN (b)(6), (b)(7)(C) but he did not know who the other detainees were.

DD Form 2701 was issued to A1C (b)(6), (b)(7)(C)

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

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

280th MP Detachment (CID), Camp Bucca, APO AE 09375

SIGNATURE

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

DATE

10 Jul 07

EXHIBIT

1

CID FORM 94 FOR OFFICIAL USE ONLY-LAW ENFORCEMENT SENSITIVE

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

0027 07 CID 579 2407

FOUO

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional (b)(6), (b)(7)(C) identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary (b)(6), (b)(7)(C)

1. LOCATION: Compound 10 / Charlie Quad
2. DATE (YYYYMMDD): 20070702
3. TIME: 1011
4. FILE NUMBER:
7. GRADE/STATUS: E-5/AD
8. ORGANIZATION OR ADDRESS: 886 ESFS

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 30 June 07 at approximately 0500 hrs, I witnessed two detainees fighting each other. One detainee was on the ground as the other began to physically hit him in the face. I shouted an order to "halt". When I did, both detainees as well as others dispersed the scene. I asked Charlie Tower to keep an eye on them as we respond. I made contact with the chief and he didn't know what happened or who was involved because he was asleep. No detainees came forward for medical so I accomplished an Observation Report. At approximately 0525, Charlie Chief asked for my assistance. I approached him and noticed another detainee sitting. He had bumps all over his face and gauze in his nose and on his chin. I asked the chief if he was the one assaulted. He said yes and that was complaining of pain in chest and stomach. We contacted medical and they responded. When medical showed up, they conducted a check. The detainee lifted his shirt and saw several wounds that looked like knife wounds. Medical stated they were fresh, which led us to believe there was another attack on him after the initial one. When detainee was transferred to hospital, AIC (b)(6), (b)(7)(C) the manifest with pictures to him to try to identify the assaulter. He said there were only about 10 of them and he only recognized one of them. After the detainee was identified, he was put in our box for questioning by MI. Detainee ISN (b)(6), (b)(7)(C) was identified by the victim as one of the assailants (b)(6), (b)(7)(C)

Q: (b)(6), (b)(7)(C)

A: (b)(6), (b)(7)(C)

Q. Do you wish to add anything else to this statement? (b)(6), (b)(7)(C)

A: No Sergeant. // End of Statement (b)(6), (b)(7)(C)

10. EXHIBIT:
11. STATEMENT: PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF TAKEN AT DATED
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

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

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

STATEMENT OF (b)(6), (b)(7)(C)

TAKEN AT 1011

DATED 7/02/07

0027 01 016579 24074

9. STATEMENT (Continued)

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

AFFIDAVIT

I, (b)(6), (b)(7)(C), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE

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

(Signature of Person Making Statement)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 02 day of July, 2007 at Camp Bucca Iraq

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

(Signature of Person Administering Oath)

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

(Typed Name of Person Administering Oath)

Art. 136 JCMJ
(Authority To Administer Oaths)

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

MENT

FOUC

PAGE 2 OF 2 PAGES

APD PE v1.01

DETAINEE NOTIFICATION OF RIGHTS

ISN (English) (b)(6), (b)(7)(C)
رقم المعتقل

NAME (Last, First, Middle): (b)(6), (b)(7)(C)
أسمك (أسم العائلة, الأسم الأول, أسم أبوك)

Date and Time: 4 July 07, 1600
تاريخ اليوم و الوقت

Location: Camp Bucca Theater Internment Facility, Camp Bucca, Iraq APO AE 09375
الموقع: معسكر بوكا

I am an investigator with the United States military. Under our laws, you have certain rights. Before we ask you any questions, we want to be sure you understand those rights. أنا محقق مع القوات الأمريكية. تحت قانوننا لديك بعض الحقوق. قبل أن نسألك أي سؤال يجب أن تتأكد أنك فهمت كل حقوقك.

- a. You do not have to answer my questions or say anything. Even if you have already spoken to other authorities, you do not have to speak to us now. أ. لك الحق أن لا تجاوب على أي سؤال. حتى لو تكلمت مع سلطات أخرى. يمكننا أن لا نتكلم معنا الآن.
- b. If you do speak with us, anything you say may be used against you in a court in the United States or elsewhere. ب. اذا قررت أن تتكلم معنا, أي شيء نقوله يمكن أن يستخدم ضدك في المحكمة الأمريكية أو في محكمة أخرى.
- c. If you decide to speak with us now; you will still have the right to stop answering questions at any time. ت. اذا قررت أن تتكلم معنا الآن لك الحق أن تتوقف عن اجابت أي سؤال في أي وقت.

I understand my rights. I am willing to answer questions. أن فهمت حقوقي. أنا مستعد للإجابة على الأسئلة.

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

بوتارنه هادي عكار

Signature of Interviewee
وقع هنا

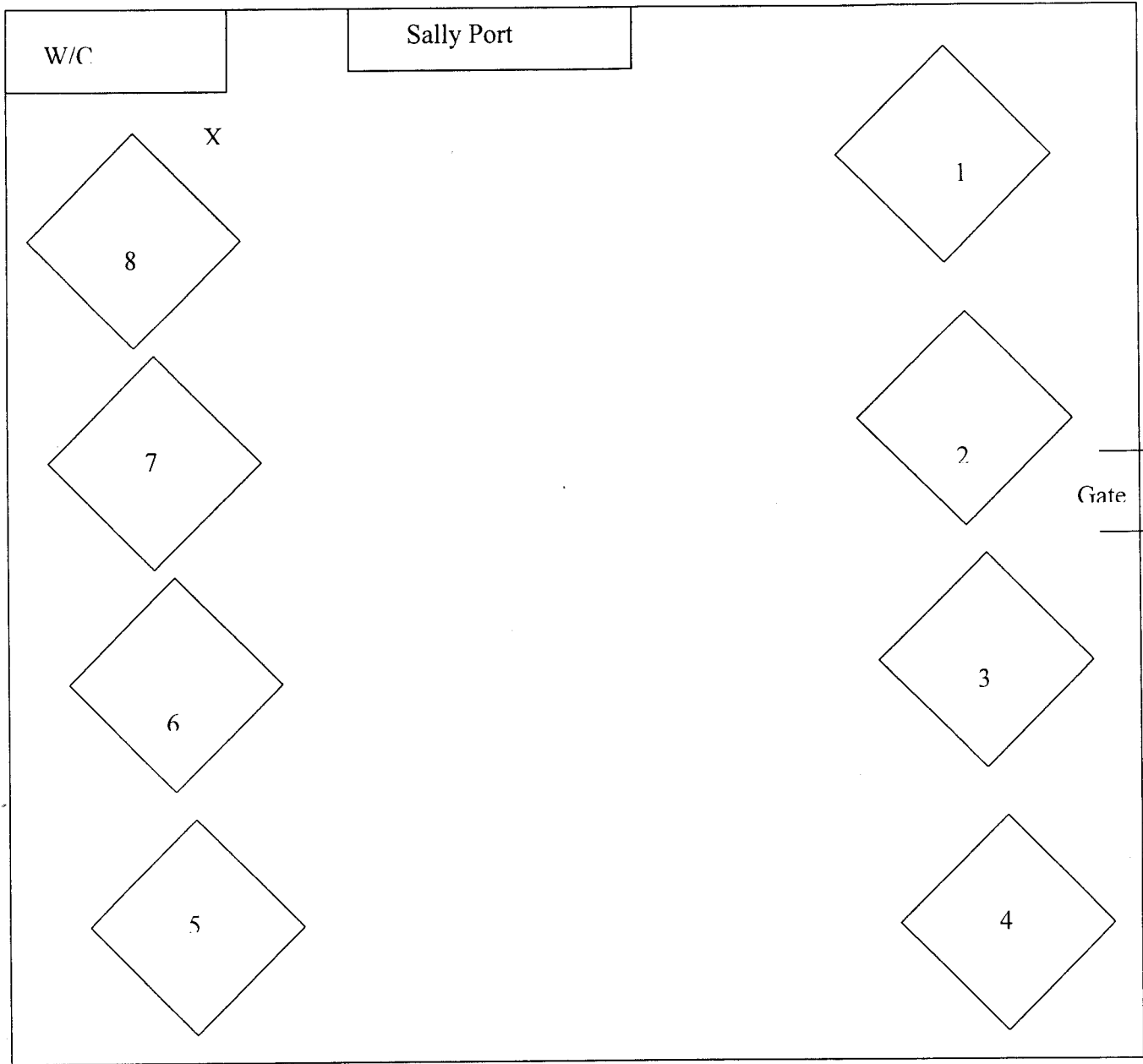
Printed Name of Interviewee
أكتب أسمك هنا

I understand my rights, but I am not willing to answer any questions.

Signature of Interviewee
وقع هنا

Printed Name of Interviewee
أكتب أسمك هنا

ROUGH TIME SCENE SKETCH OF COMPOUND 10C
FOR OFFICIAL USE ONLY - LAW ENFORCEMENT SENSITIVE



LEGEND

X: Area where Detainee HUSSEIN was assaulted by Detainee (b)(6), (b)(7)(C) and other detainees.

N



NOT TO SCALE

TITLE BLOCK

Case Number: 0027-07-CID579-24074
 Offense: Murder
 Date/Time: 0430/30 Jun 07
 Location: Compound 10C, Theater Internment Facility, Camp Bucca, APO AE 09375
 Subject: Detainee (b)(6), (b)(7)(C)
 Victim: Detainee Haider A. HUSSEIN
 Sketched By: SA (b)(6), (b)(7)(C)
 Verified By: SA (b)(6), (b)(7)(C)

FOUO

0027 07 010500 21071

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: Camp Bucca, Iraq
2. DATE (YYYYMMDD): 2007/07/04
3. TIME: 1623
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: (b)(6), (b)(7)(C)
6. SSN: (b)(6), (b)(7)(C)
7. GRADE/STATUS: E-6/ AD
8. ORGANIZATION OR ADDRESS: HHC 705th MP BN I/R

9. (b)(6), (b)(7)(C) WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
This statement is intended to clarify and/or elaborate on certain aspects of this investigation not elsewhere covered in other documents or reports. On 30 June 2007, approximately 0900 hrs, I was notified of an assault that took place at compound 10C. The initial report I received was that there was a fight between two detainees and one detainee had to be transported to the TIF hospital for treatment. I arrived at compound 10 and made contact with the guard force and they explained that they had a subject in the isolation box. The subject in the isolation box was ISN (b)(6), (b)(7)(C) asked ISN (b)(6), (b)(7)(C) explain to me what happened and he stated that he was in his caravan when everything took place and he didn't know anything about it. I then noticed that ISN (b)(6), (b)(7)(C) had a contusion on the center of his forehead and on the left side of his face. One of the guard force members explained to me that ISN (b)(6), (b)(7)(C) pointed out ISN (b)(6), (b)(7)(C) from compound photos that were taken to him to review. I then proceeded to speak to the chief of compound 10C (ISN (b)(6), (b)(7)(C)) and I asked him what took place. The chief explained that he was sleeping when he was woke up and informed about a fight that took place. Shortly afterwards, ISN (b)(6), (b)(7)(C) went to the chief complaining that he wasn't feeling very well. The chief escorted ISN (b)(6), (b)(7)(C) to the gate and ISN (b)(6), (b)(7)(C) was taken by the medics to the hospital. I asked the chief if he knew what happened and he said he didn't know what happened. The chief then stated to me that I should wait maybe two or three days to talk to ISN (b)(6), (b)(7)(C) so that he would be more rested and ready to explain what had happened. Then the chief stated that he would like for ISN (b)(6), (b)(7)(C) to be moved to compound 12G for protection and for the detainees who did this to him to be moved to compound 29. After that, I departed compound 10 and proceeded over to the TIF hospital. When I arrived at the TIF hospital, ISN (b)(6), (b)(7)(C) had just been moved from ICW-2 to ICW (Intensive Care Ward) and was being treated for difficulty breathing. ISN (b)(6), (b)(7)(C) was asleep when I arrived and I woke him up to ask him what had happened. ISN (b)(6), (b)(7)(C) explained to me that he was attacked by 7 to 10 detainees in the WC. I asked him if he seen any of the faces of the detainees who attacked him and he stated yes and that he already showed one of the guard force members who it was. I asked him if the detainees who attacked him had any weapons and he stated that they had boards and razors. I asked him why he thinks he was attacked and he stated it was because he speaks english and had some of the detainees from the compound moved to compound 29. ISN (b)(6), (b)(7)(C) stated that he did not do this. ISN (b)(6), (b)(7)(C) stated that some of the detainees who attacked him were calling him a traitor and blaming him for the other detainees being moved to compound 29. ISN (b)(6), (b)(7)(C) appeared hazy to me and I asked one of the nurses if he was on medication and they stated he was given morphine for his pain. I informed ISN (b)(6), (b)(7)(C) that I would come see him the following day to see if he could remember anymore information about what happened and I departed the hospital. That afternoon, I received a call from Vigilance TOC and they stated that the hospital called and stated that ISN (b)(6), (b)(7)(C) may not make it, meaning that he was going to die. They stated that ISN (b)(6), (b)(7)(C) was having heart problems. On 01 July, 2007, I went to check on ISN (b)(6), (b)(7)(C) and found him to be sedated and unable to provide me with any other information. On 03 July 2007, I proceeded over the SHU where I conducted an interview of ISN (b)(6), (b)(7)(C). ISN (b)(6), (b)(7)(C) denied any knowledge of the assault and continued stating that he was not involved and did not know anything about the incident. I asked ISN (b)(6), (b)(7)(C) how he received his injuries on his face and he claimed that the injury on his forehead was from praying and the other injury on the left side of his face was from the sun. I asked ISN (b)(6), (b)(7)(C) if he knew the detainee who was assaulted and he stated that he knew him from the airport and also from when he arrived to the compound. After I completed the interview, I proceeded back over to compound 10 and spoke with the chief for 10C. When we were talking, he appeared to be nervous and afraid to talk in front of the other detainees. He told me that he could not talk there and that the other detainees were watching him. I had the compound guards escort the chief over to the hospital and when there, he provided myself and the compound S-2 (b)(6), (b)(7)(C) with a list of detainees he said that he knew were 100% involved in the assault and that most of them came from caravan 7. The chief identified the detainees from a list printed off by the compound S-2 with all detainees pictures on it. After I spoke with the chief, I made arrangements to retrieve a list from the compound S-2 when he finished speaking with his sources from the compound (b)(6), (b)(7)(C). (b)(6), (b)(7)(C) stated that he moved a detainee from compound 10C to compound 12 and from there, that detainee provided a list of detainees involved in the assault. (b)(6), (b)(7)(C) also stated that this detainee was possibly going to be attacked by other detainees from compound 10C but was not aware of it until after the detainee was moved (b)(6), (b)(7)(C) so (b)(6), (b)(7)(C), (b)(7)(D) (b)(6), (b)(7)(C), (b)(7)(D) On 04 July 2007, CID SA (b)(6), (b)(7)(C) and SA (b)(6), (b)(7)(C) arrived to my office and took over the case. /// End of Statement ///

(b)(6), (b)(7)(C)
SSG/ USA
Military Police Investigator

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT
PAGE 1 OF 1 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
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ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary. **0027 07 CID579 24074**

1. LOCATION Camp Bucca, Iraq, APO AE 09375	2. DATE (YYYYMMDD) 2007/07/09	3. TIME 1300	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME (b)(6), (b)(7)(C) ISN (b)(6), (b)(7)(C)	6. SSN	7. GRADE/STATUS Detainee	

8. ORGANIZATION OR ADDRESS
Compound 12B, Camp Bucca, Iraq, APO AE 09375

9. I, (b)(6), (b)(7)(C), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
I am an employee in the tenth unit intel at the Ministry of Defense, 3rd Brigade, 2 Regiment and now I am a detainee at Bucca, my ISN number is (b)(6), (b)(7)(C). After they his Hayder (ISN number (b)(6), (b)(7)(C)) none of the detainees were able to get close to the Americans to tell them the truth. I stood by the sallyport and I asked to talk with CI and I told him I want to move to compound 12. He says to me why? I told him because I was threatened and they wanted to beat me. I explained to him the whole story how they beat detainee Hayder. There was a friend detainee, his name is (b)(6), (b)(7)(C) SN number (b)(6), (b)(7)(C) he saw everything and he told me all about it and I was threatened at the same time by detainee (b)(6), (b)(7)(C). He told me if I told the Americans what happened we will kill all of your family and we are going to beat you if you go to any compound and he threatened me because he knows that I knew who beat (b)(6), (b)(7)(C) and they are (b)(6), (b)(7)(C) ISN number (b)(6), (b)(7)(C) SN number (b)(6), (b)(7)(C) Amer (b)(6), (b)(7)(C), (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) the guy that planned for all this is (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) and there was two snitches (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) and (b)(6), (b)(7)(C) //End of Statement////

Translated by:
(b)(6), (b)(7)(C)
Category 2 Linguist
Code (b)(6), (b)(7)(C)

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary. 0027 07 CID 579 24074

1. LOCATION: Camp Bucca, Iraq, APO AE 09375
2. DATE (YYYYMMDD): 2007/07/09
3. TIME: 1300
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: SALEM, Salem Saheb (ISN: 311636)
6. SSN:
7. GRADE/STATUS: Detainee
8. ORGANIZATION OR ADDRESS: Compound 12B, Theater Internment Facility (TIF), Camp Bucca, Iraq, APO AE 09375

9. I, (b)(6), (b)(7)(C), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
At 2:30 in the morning, an aggression happened on detainee (b)(6), (b)(7)(C) while I was smoking a cigarette, I saw a group of people rushing out of the WC and the first guy that ran out was the beaten detainee Hayder (ISN: (b)(6), (b)(7)(C)). He fell on the ground while detainee (b)(6), (b)(7)(C) was beating him and everybody that came out joined the beating of Hayder. They are (b)(6), (b)(7)(C) and Hayder the chief of Caravan 7 and he is known as Hayder Al Haji and his ISN is (b)(6), (b)(7)(C) and (b)(6), (b)(7)(C) SN number (b)(6), (b)(7)(C) and Amer the chief of Caravan 5, his ISN number is (b)(6), (b)(7)(C) and (b)(6), (b)(7)(C) the bodyguard of senator (b)(6), (b)(7)(C) who is a senator in the Iraqi parliament and a member in the Sadr party ISN number (b)(6), (b)(7)(C) and Abu Morfada (b)(6), (b)(7)(C) and (b)(6), (b)(7)(C) leader of the group and he give the orders for all the aggression acts in Compound 10C, and Riad ISN number (b)(6), (b)(7)(C) and (b)(6), (b)(7)(C). When the American guard saw them, he yelled at them and they all ran away. At that time, (b)(6), (b)(7)(C) the chief of Compound 10C, ISN number (b)(6), (b)(7)(C) came out and carried Hayder to caravan 8 and he told the American guard at the same time there is no problem. They treated him and washed his body until 6:30am and that was when Hayder's health had deteriorated. They took him to the hospital. The word in the compound was, "That is what is going to every traitor that cooperates with the Americans!"///End of Statement///

Translated by:

(b)(6), (b)(7)(C)
Category 2 Linguist
Code # (b)(6), (b)(7)(C)

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT
PAGE 1 OF _____ PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____
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AGENT'S INVESTIGATION REPORT

ROI NUMBER

0027-07-CID579-24074

CID Regulation 195-1

For Official Use Only-Law Enforcement Sensitive

PAGE 1 OF 2 PAGES

About 1015, 11 Jul 07, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) advised Detainee (b)(6), (b)(7)(C) SN: (b)(6), (b)(7)(C) of his rights. Detainee (b)(6), (b)(7)(C) related Detainee HUSSEIN was his friend and he knew nothing about the incident. Detainee (b)(6), (b)(7)(C) further related he was sleeping at the time of the incident and was told about it when he woke up. (See Detainee Notification of Rights of Detainee (b)(6), (b)(7)(C) for details)

About 1040, 11 Jul 07, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) advised Detainee (b)(6), (b)(7)(C) SN: (b)(6), (b)(7)(C) of his rights. Detainee (b)(6), (b)(7)(C) stated he was sleeping at the time of the incident and he had no knowledge of who had beaten Detainee HUSSEIN. Detainee (b)(6), (b)(7)(C) further stated he had known Detainee HUSSEIN for ten months beginning when they were both being held at the internment facility at Camp Cropper. (See Detainee Notification of Rights of Detainee (b)(6), (b)(7)(C) for details)

About 1115, 11 Jul 07, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) advised Detainee (b)(6), (b)(7)(C) SN: (b)(6), (b)(7)(C) of his rights. Detainee (b)(6), (b)(7)(C) stated he did not know Detainee HUSSEIN, but he was his friend. Detainee (b)(6), (b)(7)(C) further stated he was asleep during the incident and did not know what happened. He was told about the incident during the ISN count the following morning. Major case fingerprints were obtained and digital facial photographs of Detainee (b)(6), (b)(7)(C) were exposed using a Nikon Coolpix 995 digital camera. (See Detainee Notification of Rights of Detainee (b)(6), (b)(7)(C) for details)

About 1535, 11 Jul 07, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) advised Detainee (b)(6), (b)(7)(C) SN: (b)(6), (b)(7)(C) of his rights. Detainee (b)(6), (b)(7)(C) denied any involvement and had no knowledge of this incident. (See Detainee Notification of Rights of Detainee (b)(6), (b)(7)(C) for details)

About 1620, 11 Jul 07, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) advised Detainee (b)(6), (b)(7)(C) SN: (b)(6), (b)(7)(C) of his rights. Detainee (b)(6), (b)(7)(C) denied any involvement and had no knowledge of this incident. (See Detainee Notification of Rights of Detainee for (b)(6), (b)(7)(C) details)

About 1505, 12 Jul 07, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) advised Detainee (b)(6), (b)(7)(C) SN: (b)(6), (b)(7)(C) of his rights. Detainee (b)(6), (b)(7)(C) denied any involvement and had no knowledge of this incident. (See Detainee Notification of Rights of Detainee for (b)(6), (b)(7)(C) details)

About 1640, 12 Jul 07, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) advised Detainee (b)(6), (b)(7)(C) SN: (b)(6), (b)(7)(C) of his rights. Detainee (b)(6), (b)(7)(C) denied any involvement and had no knowledge of this incident. (See Detainee Notification of Rights of Detainee for (b)(6), (b)(7)(C) details)

About 1700, 12 Jul 07, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) advised Detainee (b)(6), (b)(7)(C) SN: (b)(6), (b)(7)(C) of his rights. Detainee (b)(6), (b)(7)(C) denied any involvement and had no knowledge of this incident. (See Detainee Notification of Rights of Detainee for (b)(6), (b)(7)(C) details)

TYPED AGENT'S NAME AND SEQUENCE NUMBER		ORGANIZATION	
SA (b)(6), (b)(7)(C), (b)(7)(F)		280th MP Detachment (CID), Camp Bucca, APO AE 09375	
SIGNATURE	DATE	EXHIBIT	
Fox (b)(6), (b)(7)(C)	23 Jul 07	12	

CID FORM 94 FOR OFFICIAL USE ONLY-LAW ENFORCEMENT SENSITIVE

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

AGENT'S INVESTIGATION REPORT

ROI NUMBER

0027-07-CID579-24074

CID Regulation 195-1

For Official Use Only-Law Enforcement Sensitive

PAGE 2 OF 2 PAGES

About 1045, 13 Jul 07, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) advised Detainee (b)(6), (b)(7)(C) SN: (b)(6), (b)(7)(C) of his rights. Detainee (b)(6), (b)(7)(C) who was the chief of Compound 10C, TIF, Camp Bucca, denied any involvement in this incident and further denied threatening to kill any detainees assigned to Compound 10C for giving any information about the incident to the Americans. (See Detainee Notification of Rights of Detainee (b)(6), (b)(7)(C) for details)

About 1640, 14 Jul 07, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) attempted to conduct canvass interviews of Compound 10C, but were unsuccessful due to the majority of the detainees assigned to Compound 10C being in fear of reprisals from various unidentified elements in that compound. The detainees who were interviewed were Detainee (b)(6), (b)(7)(C) SN (b)(6), (b)(7)(C) who is the Service Chief for Compound 10C, Detainee (b)(6), (b)(7)(C) SN (b)(6), (b)(7)(C) who is possibly going to be a chief, and Detainee (b)(6), (b)(7)(C) SN: (b)(6), (b)(7)(C)

About 1200, 20 Jul 07, this office was notified by TIF Hospital, Camp Bucca, that Detainee HUSSEIN had died while in the hospital's care.

About 1215, 20 Jul 07, SA (b)(6), (b)(7)(C) exposed digital photographs of Detainee HUSSEIN, while in the Emergency Room (ER), TIF Hospital, Camp Bucca, using a Nikon Coolpix 995 digital camera. (See photographic packet for details)

About 1230, 20 Jul 07, SA (b)(6), (b)(7)(C) interviewed Dr. (MAJ) (b)(6), (b)(7)(C) 31st Combat Support Hospital (CSH), Attending Physician, ER, TIF Hospital, Camp Bucca, who stated she was in the ER when Detainee HUSSEIN had begun to code. Dr. (b)(6), (b)(7)(C) further stated Detainee HUSSEIN had been in the Intensive Care Unit (ICU) since 4 Jul 07 and his condition had deteriorated due to the effects of Cardiogenic and Septic Shock and over the last few days, he was unable to oxygenate very well. Detainee HUSSEIN'S blood pressure had begun to become unresponsive to medication and at about 1045, 20 Jul 07, he had begun to code, at which time, he was administered Cardiopulmonary Resuscitation which met with negative results. Dr. (b)(6), (b)(7)(C) stated she had pronounced Detainee HUSSEIN dead at 1107, 20 Jul 07.

About 1000, 23 Jul 07, SA (b)(6), (b)(7)(C) obtained the medical records pertaining to Detainee HUSSEIN from the Patient Administration Division (PAD), TIF Hospital, Camp Bucca. The medical records contained the Hospital Report of Death, the Certificate of Death and all medical records dating back to 3 Jul 07 when he was admitted for injuries received from an assault in Compound 10C, TIF, Camp Bucca. The Hospital Report of Death listed the cause of death as being due to Cardiogenic Shock with Ventilator Associated Pneumonia, Myocardial Infarction (MI), Anterolateral ST Elevation MI, and Trunk and Head Blunt Trauma. (See Hospital Report of Death, Certificate of Death and Medical Records of Detainee HUSSEIN for details)

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

TYPED AGENT'S NAME AND SEQUENCE NUMBER SA (b)(6), (b)(7)(C), (b)(7)(F)		ORGANIZATION 280th MP Detachment (CID), Camp Bucca, APO AE 09375	
SIGNATURE For (b)(6), (b)(7)(C)		DATE 23 Jul 07	EXHIBIT 12

CID FORM 94 FOR OFFICIAL USE ONLY-LAW ENFORCEMENT SENSITIVE

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

DETAINEE NOTIFICATION OF RIGHTS

ISN (English)

رقم المعتقل

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

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

NAME (Last, First, Middle):

أسمك (أسم العائلة, الأسم الأول, أسم أبوك)

Date and Time: ١٥١٩ | ١١/٥/١٥٧

تاريخ اليوم و الوقت

Location: Camp Bucca Theater Internment Facility, Camp Bucca, Iraq APO AE 09375

الموقع: معسكر بوكا

I am an investigator with the United States military. Under our laws, you have certain rights. Before we ask you any questions, we want to be sure you understand those rights. أنا محقق مع القوات الأمريكية. تحت قانوننا لديك بعض الحقوق. قبل أن نسألك أي سؤال يجب أن نتأكد أنك فهمت كل حقوقك.

a. You do not have to answer my questions or say anything. Even if you have already spoken to other authorities, you do not have to speak to us now.

أ. لك الحق أن لا تجاوب على أي سؤال. حتى لو تكلمت مع سلطات أخرى. يمكنك أن لا تتكلم معنا الآن.

b. If you do speak with us, anything you say may be used against you in a court in the United States or elsewhere.

ب. اذا قررت أن تتكلم معنا, أي شيء تقوله يمكن أن يستخدم ضدك في المحكمة الأمريكية أو في محكمة أخرى.

c. If you decide to speak with us now; you will still have the right to stop answering questions at any time.

ت. اذا قررت أن تتكلم معنا الآن لك الحق أن تتوقف عن اجابت أي سؤال في أي وقت.

I understand my rights. I am willing to answer questions. أنا فهمت حقوقي. أنا مستعد للأجابة على الأسئلة.

Refused to sign

Signature of Interviewee

وقع هنا

Printed Name of Interviewee

أكتب أسمك هنا

I understand my rights, but I am not willing to answer any questions.

Signature of Interviewee

وقع هنا

Printed Name of Interviewee

أكتب أسمك هنا

0027 07 010579 24074

DETAINEE NOTIFICATION OF RIGHTS

ISN (English) (b)(6), (b)(7)(C) رقم المعتقل (b)(6), (b)(7)(C)

NAME (Last, First, Middle):

أسمك (أسم العائلة, الأسم الأول, أسم أبوك)

Date and Time: 1040 | 11 Jul 07

تاريخ اليوم و الوقت

Location: Camp Bucca Theater Internment Facility, Camp Bucca, Iraq APO AE 09375

الموقع: معسكر بوكا

I am an investigator with the United States military. Under our laws, you have certain rights. Before we ask you any questions, we want to be sure you understand those rights. أنا محقق مع القوات الأمريكية. تحت قانوننا لديك بعض الحقوق. قبل أن نسألك أي سؤال يجب أن نتأكد أنك فهمت كل حقوقك.

- a. You do not have to answer my questions or say anything. Even if you have already spoken to other authorities, you do not have to speak to us now. أ. لك الحق أن لا تجاوب على أي سؤال. حتى لو تكلمت مع سلطات أخرى. يمكنك أن لا تتكلم معنا الآن.
b. If you do speak with us, anything you say may be used against you in a court in the United States or elsewhere. ب. اذا قررت أن تتكلم معنا, أي شيء تقوله يمكن أن يستخدم ضدك في المحكمة الأمريكية أو في محكمة أخرى.
c. If you decide to speak with us now; you will still have the right to stop answering questions at any time. ج. اذا قررت أن تتكلم معنا الآن لك الحق أن تتوقف عن اجابت أي سؤال في أي وقت.

I understand my rights. I am willing to answer questions. أن فهمت حقوقي. أنا مستعد للاجابة على الأسئلة.

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

ياسر اسما عبد جاسع

Printed Name of Interviewee

أكتب أسمك هنا

I understand my rights, but I am not willing to answer any questions.

Signature of Interviewee

وقع هنا

Printed Name of Interviewee

أكتب أسمك هنا

0027 07 015579 24075

DETAINEE NOTIFICATION OF RIGHTS

ISN (English)

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

رقم المعتقل

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

NAME (Last, First, Middle):

اسمك (اسم العائلة, الاسم الأول, أسم أبوك)

Date and Time:

تاريخ اليوم و الوقت

11 July 07 | 1535

Location: Camp Bucca Theater Internment Facility, Camp Bucca, Iraq APO AE 09375

الموقع: معسكر بوكا

I am an investigator with the United States military. Under our laws, you have certain rights. Before we ask you any questions, we want to be sure you understand those rights. أنا محقق مع القوات الأمريكية. تحت قانوننا لديك بعض الحقوق. قبل أن نسألك أي سؤال يجب أن تتأكد أنك فهمت كل حقوقك.

- a. You do not have to answer my questions or say anything. Even if you have already spoken to other authorities, you do not have to speak to us now. أ. لك الحق أن لا تجاوب على أي سؤال. حتى لو تكلمت مع سلطات أخرى. يمكنك أن لا تتكلم معنا الآن.
- b. If you do speak with us, anything you say may be used against you in a court in the United States or elsewhere. ب. اذا قررت أن تتكلم معنا, أي شيء تقوله يمكن أن يستخدم ضدك في المحكمة الأمريكية أو في محكمة أخرى.
- c. If you decide to speak with us now; you will still have the right* to stop answering questions at any time. ت. اذا قررت أن تتكلم معنا الآن لك الحق أن تتوقف عن اجابت أي سؤال في أي وقت.

I understand my rights. I am willing to answer questions.

أن فهمت حقوقي. أنا مستعد للإجابة على الأسئلة

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

[Redacted Signature]

محمد كريم سويح

Signature of Interviewee

وقع هنا

Printed Name of Interviewee

أكتب أسمك هنا

I understand my rights, but I am not willing to answer any questions.

Signature of Interviewee

وقع هنا

Printed Name of Interviewee

أكتب أسمك هنا

DETAINEE NOTIFICATION OF RIGHTS

ISN (English) (b)(6), (b)(7)(C) رقم المعتقل (b)(6), (b)(7)(C)

NAME (Last, First, Middle): اسمك (أسم العائلة, الأسم الأول, أسم أبوك)

Date and Time: 11 July 07 / 1620 تاريخ اليوم و الوقت

Location: Camp Bucca Theater Internment Facility, Camp Bucca, Iraq APO AE 09375 الموقع: معسكر بوكا

I am an investigator with the United States military. Under our laws, you have certain rights. Before we ask you any questions, we want to be sure you understand those rights. أنا محقق مع القوات الأمريكية. تحت قانوننا لديك بعض الحقوق. قبل أن نسألك أي سؤال يجب أن نتأكد أنك فهمت كل حقوقك.

- a. You do not have to answer my questions or say anything. Even if you have already spoken to other authorities, you do not have to speak to us now. أ. لك الحق أن لا تجاوب على أي سؤال. حتى لو تكلمت مع سلطات أخرى. يمكنك أن لا تتكلم معنا الآن.
b. If you do speak with us, anything you say may be used against you in a court in the United States or elsewhere. ب. إذا قررت أن تتكلم معنا، أي شيء تقوله يمكن أن يستخدم ضدك في المحكمة الأمريكية أو في محكمة أخرى.
c. If you decide to speak with us now; you will still have the right to stop answering questions at any time. ت. إذا قررت أن تتكلم معنا الآن لك الحق أن تتوقف عن أجابت أي سؤال في أي وقت.

I understand my rights. I am willing to answer questions. أنا فهمت حقوقي. أنا مستعد للإجابة على الأسئلة.

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

كامل صالح حبش

Signature of Interviewee وقع هنا

Printed Name of Interviewee أكتب أسمك هنا

I understand my rights, but I am not willing to answer any questions.

Signature of Interviewee وقع هنا

Printed Name of Interviewee أكتب أسمك هنا

0027 07 C10579 24074

DETAINEE NOTIFICATION OF RIGHTS

ISN (English) (b)(6), (b)(7)(C)

رقم المعتقل

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

NAME (Last, First, Middle):

اسمك (اسم العائلة, الاسم الأول, أسم أبوك)

Date and Time:

تاريخ اليوم و الوقت

12 July 07 | 1905

Location: Camp Bucca Theater Internment Facility, Camp Bucca, Iraq APO AE 09375

الموقع: معسكر بوکا

I am an investigator with the United States military. Under our laws, you have certain rights. Before we ask you any questions, we want to be sure you understand those rights. أنا محقق مع القوات الأمريكية. تحت قانوننا لديك بعض الحقوق. قبل أن نسألك أي سؤال يجب أن نتأكد أنك فهمت كل حقوقك.

- a. You do not have to answer my questions or say anything. Even if you have already spoken to other authorities, you do not have to speak to us now. أ. لك الحق أن لا تجاوب على أي سؤال. حتى لو تكلمت مع سلطات أخرى. يمكننا أن لا نتكلم معنا الآن.
- b. If you do speak with us, anything you say may be used against you in a court in the United States or elsewhere. ب. اذا قررت أن تتكلم معنا, أي شيء تقوله يمكن أن يستخدم ضدك في المحكمة الأمريكية أو في محكمة أخرى.
- c. If you decide to speak with us now; you will still have the right to stop answering questions at any time. ت. اذا قررت أن تتكلم معنا الآن لك الحق أن تتوقف عن اجابت أي سؤال في أي وقت.

I understand my rights. I am willing to answer questions. أنا فهمت حقوقي. أنا مستعد للإجابة على الأسئلة.

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

محمد عبد الصمد طه

Signature of Interviewee

Printed Name of Interviewee

وقع هنا

أكتب أسمك هنا

I understand my rights, but I am not willing to answer any questions.

Signature of Interviewee

Printed Name of Interviewee

وقع هنا

أكتب أسمك هنا

0027 07 010579 24074

DETAINEE NOTIFICATION OF RIGHTS

ISN (English)

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

رقم المعتقل

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

NAME (Last, First, Middle):

اسمك (اسم العائلة, الاسم الأول, اسم أبوك)

Date and Time:

1640 | 12 July 07

تاريخ اليوم و الوقت

Location: Camp Bucca Theater Internment Facility, Camp Bucca, Iraq APO AE 09375

الموقع: معسكر بوكا

I am an investigator with the United States military. Under our laws, you have certain rights. Before we ask you any questions, we want to be sure you understand those rights. أنا محقق مع القوات الأمريكية. تحت قانوننا لديك بعض الحقوق. قبل أن نسالك أي سؤال يجب أن تتأكد أنك فهمت كل حقوقك.

- a. You do not have to answer my questions or say anything. Even if you have already spoken to other authorities, you do not have to speak to us now. أ. لك الحق أن لا تجاوب على أي سؤال. حتى لو تكلمت مع سلطات أخرى. يمكننا أن لا نتكلم معنا الآن.
- b. If you do speak with us, anything you say may be used against you in a court in the United States or elsewhere. ب. اذا قررت أن تتكلم معنا. أي شيء نقوله يمكن أن يستخدم ضدك في المحكمة الأمريكية أو في محكمة أخرى.
- c. If you decide to speak with us now; you will still have the right to stop answering questions at any time. ت. اذا قررت أن تتكلم معنا الآن. لك الحق أن تتوقف عن اجابت أي سؤال في أي وقت.

I understand my rights. I am willing to answer questions. أنا فهمت حقوقي. أنا مستعد للاجابة على الأسئلة.

Don't write

Signature of Interviewee

وقع هنا

Printed Name of Interviewee

أكتب اسمك هنا

I understand my rights, but I am not willing to answer any questions.

Signature of Interviewee

وقع هنا

Printed Name of Interviewee

أكتب اسمك هنا

DETAINEE NOTIFICATION OF RIGHTS

ISN (English) (b)(6), (b)(7)(C) رقم المعتقل (b)(6), (b)(7)(C)

NAME (Last, First, Middle): اسمك (اسم العائلة, الاسم الأول, اسم أبوك)

Date and Time: 12 July 07 / 1700 تاريخ اليوم و الوقت

Location: Camp Bucca Theater Internment Facility, Camp Bucca, Iraq APO AE 09375 الموقع: معسكر بوكا

I am an investigator with the United States military. Under our laws, you have certain rights. Before we ask you any questions, we want to be sure you understand those rights. أنا محقق مع القوات الأمريكية. تحت قانوننا لديك بعض الحقوق. قبل أن نسألك أي سؤال يجب أن نتأكد أنك فهمت كل حقوقك.

- a. You do not have to answer my questions or say anything. Even if you have already spoken to other authorities, you do not have to speak to us now. ا. لك الحق أن لا تجاوب على أي سؤال. حتى لو تكلمت مع سلطات أخرى. يمكنك أن لا تتكلم معنا الآن.
b. If you do speak with us, anything you say may be used against you in a court in the United States or elsewhere. ب. اذا قررت أن تتكلم معنا، أي شيء تقوله يمكن أن يستخدم ضدك في المحكمة الأمريكية أو في محكمة أخرى.
c. If you decide to speak with us now; you will still have the right to stop answering questions at any time. ت. اذا قررت أن تتكلم معنا الآن لك الحق أن تتوقف عن اجابت أي سؤال في أي وقت.

I understand my rights. I am willing to answer questions. أن فهمت حقوقي. أنا مستعد للأجابة على الأسئلة.

Signature of Interviewee (with handwritten signature) Printed Name of Interviewee: واسم هادي كاظم أكتب أسمك هنا

I understand my rights, but I am not willing to answer any questions.

Signature of Interviewee (blank) Printed Name of Interviewee: أكتب أسمك هنا

0027 07 010579 24074

DETAINEE NOTIFICATION OF RIGHTS

ISN (English)

رقم المعتقل

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

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

NAME (Last, First, Middle):

اسمك (اسم العائلة, الأسم الأول, أسم أبوك)

Date and Time:

تاريخ اليوم و الوقت

13 July 07 / 1045

Location: Camp Bucca Theater Internment Facility, Camp Bucca, Iraq APO AE 09375

الموقع: معسكر بوكا

I am an investigator with the United States military. Under our laws, you have certain rights. Before we ask you any questions, we want to be sure you understand those rights. أنا محقق مع القوات الأمريكية. تحت قانوننا لديك بعض الحقوق. قبل أن نسألك أي سؤال يجب أن تتأكد أنك فهمت كل حقوقك.

- a. You do not have to answer my questions or say anything. Even if you have already spoken to other authorities, you do not have to speak to us now. ا. لك الحق أن لا تجاوب على أي سؤال. حتى لو تكلمت مع سلطات أخرى. يمكنك أن لا تتكلم معنا الآن.
- b. If you do speak with us, anything you say may be used against you in a court in the United States or elsewhere. ب. اذا قررت أن تتكلم معنا, أي شيء تقوله يمكن أن يستخدم ضدك في المحكمة الأمريكية أو في محكمة أخرى.
- c. If you decide to speak with us now; you will still have the right to stop answering questions at any time. ت. اذا قررت أن تتكلم معنا الآن لك الحق أن تتوقف عن اجابت أي سؤال في أي وقت.

I understand my rights. I am willing to answer questions.

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

[Redacted Signature]

شاه جواد

Signature of Interviewee

وقع هنا

Printed Name of Interviewee

أكتب أسمك هنا

I understand my rights, but I am not willing to answer any questions.

Signature of Interviewee

وقع هنا

Printed Name of Interviewee

أكتب أسمك هنا

(REMOVE, REVERSE, AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS				0027 07 CID 579 24074	
NAME OF MORTICIAN PREPARING REMAINS		GRADE	LICENSE NUMBER AND STATE		OTHER
INSTALLATION OR ADDRESS		DATE	SIGNATURE		
NAME OF CEMETERY OR CREMATORY		LOCATION OF CEMETERY OR CREMATORY			
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION		
REGISTRATION OF VITAL STATISTICS					
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER		
			STATE	OTHER	
NAME OF FUNERAL DIRECTOR		ADDRESS			
SIGNATURE OF AUTHORIZED INDIVIDUAL					

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00

~~FOUO~~

CERTIFICATE OF DEATH

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

INTERMENT SERIAL NUMBER 579 24074
0027 (b)(6)

FROM: TF 31st CAMP BUCCA, IRAQ APO AE 09375

TO:



NAME (Last, first, MI) Hussein, Al Dolaimi Haider Ali		GRADE SI	SERVICE NUMBER (b)(6)
NATIONALITY Iraqi	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE	
PLACE OF BIRTH (b)(6)	DATE OF BIRTH (b)(6)		
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN		FIRST NAME OF FATHER	
PLACE OF DEATH CAMP BUCCA, IRAQ	DATE OF DEATH (b)(6) 2007	CAUSE OF DEATH Anterolateral ST elevation MI	
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 Internee). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side).

DO NOT WRITE IN THIS SPACE
CERTIFIED A TRUE COPY

(b)(6)

HOSPITAL REPORT OF DEATH		NAME AND LOCATION OF HOSPITAL			
FOR USE OF THIS FORM, SEE AR 40400: THE PROponent AGENCY IS OFFICE OF THE SURGEON GENERAL.		31st CSH Camp Bucca, Iraq APO AE 09375			
<p><i>Instructions - Medical Officer in attendance will:</i></p> <p>Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.</p>		<p><i>Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.</i></p>			
SECTION A - ATTENDING MEDICAL OFFICER'S REPORT					
PERSONAL DATA					
1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available)		2. TIME OF DEATH (Hour-day-month-year)	3. MEDICAL EXAMINER/CORONER'S CASE		
(b)(6)		(b)(6) 2007	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Hussein, Al Dolaimi Haider Ali		4. RELIGION	5. CHAPLAIN NOTIFIED		
(b)(6)		Islam-Shiite	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH					
Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number					
CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of)				
	Cardiogenic Shock, Ventilator Associated Pneumonia		19 Days		
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)	DUE TO (or as a consequence of)				
	(1) Myocardial Infarction, Anterolateral ST Elevation MI		21 Days		
	(2) Trunk and Head Blunt Trauma		21 Days		
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.				
	b.	(b)(6)			
9. DATE	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE		11. SIGNATURE		
(b)(6) 2007	(b)(6)				
SECTION B - ADMINISTRATIVE ACTION					
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.					
SECTION C - RECORD OF AUTOPSY					
20. AUTOPSY PERFORMED (If yes, give date and place)			21. AUTOPSY ORDERED BY (Signature)		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
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	

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

0027 07 CID 579 24074

NAME OF DECEASED (Last, First, Middle) <small>Nom du décédé (Nom et prénoms)</small>		GRADE <small>Grade</small>	BRANCH OF SERVICE <small>Arme</small>	SOCIAL SECURITY NUMBER <small>Numéro de l'Assurance Sociale</small>
Hussein, Al Dolaimi Haider		SI		(b)(6)
ORGANIZATION <small>Organisation</small>		NATION (e.g., United States) <small>Pays</small>	DATE OF BIRTH <small>Date de naissance</small>	SEX <small>Sexe</small>
Detainee		Iraq	(b)(6)	(b)(6)
RACE <small>Race</small>		MARITAL STATUS <small>État Civil</small>		RELIGION <small>Culte</small>
CAUCASOID <small>Caucasique</small>		SINGLE <small>Célibataire</small>		OTHER (Specify) <small>Autre (Spécifier)</small> Islam
NEGROID <small>Négréide</small>		MARRIED <small>Marié</small>		
OTHER (Specify) <small>Autre (Spécifier)</small> Iraqi		WIDOWED <small>Veuf</small>		
		DIVORCED <small>Divorcé</small>		PROTESTANT <small>Protestant</small>
		SEPARATED <small>Séparé</small>		CATHOLIC <small>Catholique</small>
				JEWISH <small>Juif</small>
NAME OF NEXT OF KIN <small>Nom du plus proche parent</small>		RELATIONSHIP TO DECEASED <small>Parenté du décédé avec le susdit</small>		
STREET ADDRESS <small>Domicile à (Rue)</small>		CITY OF TOWN AND STATE (Include ZIP Code) <small>Ville (Code postal compris)</small>		

MEDICAL STATEMENT <small>Declaration médicale</small>		INTERVAL BETWEEN ONSET AND DEATH <small>Intervalle entre l'attaque et le décès</small>
CAUSE OF DEATH (Enter only one cause per line) <small>Cause du décès (N'indiquer qu'une cause par ligne)</small>		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ <small>Maladie ou condition directement responsable de la mort.</small>	Cardiogenic Shock, Ventilator Associated Pneumonia	19 Days
ANTECEDENT CAUSES <small>Symptômes précurseurs de la mort.</small>	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE <small>Condition morbide, s'il y a lieu, menant à la cause primaire</small>	Myocardial Infarction, Anterolateral ST Elevation MI
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE <small>Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire</small>	21 Days
OTHER SIGNIFICANT CONDITIONS ² <small>Autres conditions significatives</small>		Trunk and Head Blunt Trauma

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

DATE OF DEATH (Hour, day, month, year) <small>Date de décès (l'heure, le jour, le mois, l'année)</small>	PLACE OF DEATH <small>Lieu de décès</small>
(b)(6) 2007	TF 31st CSH, Camp Bucca, Iraq APO AE 09375

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 <small>Nom du médecin militaire ou du médecin sanitaire</small>	TITLE OR DEGREE <small>Titre ou diplôme</small>
(b)(6)	(b)(6)
GRADE <small>Grade</small>	INSTALLATION OR ADDRESS <small>Installation ou adresse</small>
(b)(6)	TF 31st CSH, Camp Bucca, Iraq APO AE 09375
DATE <small>Date</small>	SIGNATURE <small>Signature</small>
20 July 2007	(b)(6)

¹ State disease, injury or complication which caused death.
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 la manière de mourir, telle qu'un arrêt du coeur, etc.
² Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

STATEMENT OF IDENTIFICATION

0027 07 011579 24074

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

NAME OF DECEASED <i>(Last, First, MI)</i>	GRADE	SSN	BRANCH OF SERVICE	DATE OF INCIDENT
Hussein, Al Dolaimi Haider Ali	SI	(b)(6)		20 July 2007

ORGANIZATION AND BASE	PLACE OF DEATH/INCIDENT
Detainee	Camp Bucca TF 31 CSH

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

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

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

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

ENCLOSURES

<input type="checkbox"/> DD Form 565	<input type="checkbox"/> DD Form 890	<input type="checkbox"/> DD Form 891	<input type="checkbox"/> DD Form 892
<input type="checkbox"/> DD Form 893	<input type="checkbox"/> DD Form 894	<input type="checkbox"/> DD Form 897	<input type="checkbox"/> ID Card
<input type="checkbox"/> DD Form 369	<input type="checkbox"/> FD 258	<input type="checkbox"/> AF Form 137	<input type="checkbox"/> SF 603
<input type="checkbox"/> Dental X-Rays	<input type="checkbox"/> SF 88	<input type="checkbox"/> SF 93	<input checked="" type="checkbox"/> DD Form 2064
<input type="checkbox"/> SF 601	<input checked="" type="checkbox"/> Photo	<input checked="" type="checkbox"/> SF600	<input checked="" type="checkbox"/> DA2669-R

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

Identified through iris scan and photograph.

FOUO

(REMOVE, REVERSE, AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (<i>Specify</i>)		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (<i>Town and Country</i>)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

0027 07 C 10579 24074

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00

MEDICAL RECORD

PROGRESS NOTES

NOTES 0027

07 611579 24074

DATE

(b)(6)

07

Death Note

1191

Time of Death: 11:07

Pronounced by: (b)(6)

Patient with continued cardiopulmonary compromise with drop of blood pressure to SBP 50s despite max dose levophed. Dopamine added, fluid bolus given. Oxygenation continued with sats in 50's HR bradycardic down. CPR begun. ACLS followed for PEA. Epi x2 followed by Vasopressin 40mg IV Atropine x1 Adequate CPR, bagging & 100% FIO2 via ET tube.

Fluid bolus, vigorous suction, all with no effect.

Eventual loss of any heart rhythm. Oxygen sats 0, BP 0. No cardiac activity on auscultation. CPR stopped + TID called. PAD + SU notified.

(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)

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 #1

LAST NAME

FIRST NAME

MIDDLE INITIAL

ID NUMBER

0027

07 C 10579 24074

DATE

NOTES

20 July 07

IM Note (Cont-)

Diuresed acids, but ↓UOP this AM

Pulm: Continued CHF, possible component of ARDS or hyperbaric oxygen toxicity, as requiring 100% FIO2 continuous flow. Still hypoxic & sat's in 70's. ~~Attn~~ PO2 40's. Suspect VAP: Acinetobacter (pam-resistant) growing from sputum. -Attempting to consult pulm/critical care for advice on diuresis & oliguria failure (? use albumin in face of CHF?)

GI on TPN @ 30cc/hr + Tube feeds trophic @ 20cc/hr. PPI.

Renal lytes WNL, pH fluctuates & vent a/s, continued hypoxemia. Despite 80mg IV Lasix @ 0800, only 25cc UOP this pm. BUN/Cr 40/1. As above, attempting to contact pulm IntCare (DSN down) for advice on alternatives for diuresis.

FD continued fevers. Continued (p) Levoflax + Ceftaz. Already completed 10 days of Zmipenem + vanc w/o improvement.

Proph: PPI, Lovex.

Dispo: worsening multiorgan failure & inability to oxygenate + oliguria despite diuresis. Prognosis is grave.

Heme: H/H & again. Given continued cardiac ischemia will transfuse another unit PRBC's to day.

(b)(6)

CLINICAL RECORD - DOCTOR'S ORDERS

0027 07 C10579 24074

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)	(b)(6)		10 July 07	1300 HOURS	TSH, free T4 & next lab draw Blood Cx x 2 (1 from TLC, 1 peripheral) UA, Urine Cx. Sputum Cx ESR & next lab draw
NURSING UNIT	ROOM NO.	BED NO.			
ICU					
(b)(6)	(b)(6)		10 July 07	1425 HOURS	DC Ranipant Hydrocortisone 100mg IV Q8h (first row) Levophed gtt, titrate to MAP (b)(6)
NURSING UNIT	ROOM NO.	BED NO.			
ICU			EKG x 1 now		
(b)(6)	(b)(6)		10 July 07	1600 HOURS	Free water to 200cc Q6h Per DHT
NURSING UNIT	ROOM NO.	BED NO.			
ICU			palp. femur, no		
(b)(6)	(b)(6)		11 July 07	0900 HOURS	DC Nitro gtt DC Mucosyst nebs (mcg/min) Restart Levophed gtt @ 5, titrate to MAP > 60
NURSING UNIT	ROOM NO.	BED NO.			
ICU			verified (b)(6) July 22 07		
(b)(6)	(b)(6)		11 July 07	0900 HOURS	verified (b)(6) July 22 07
NURSING UNIT	ROOM NO.	BED NO.			
ICU			verified (b)(6) July 22 07		

DA FORM 4256 1 APR 75

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

U.S. GOVERNMENT PRINTING OFFICE: 2002-488-041

ACLU-RDI 5548 p.38

EXHIBIT 24

000090

"USE BALL POINT PEN - PRESS FIRMLY - NO CARBON PAPER REQUIRED"

10-L-0126 ACLU CID ROI 13388

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			7 July 07	1540 HOURS	
NURSING UNIT			✓ Lasix 40 mg IV x1 now ✓ Vecuronium gtt Start @ 40 mcg/min may titrate as needed to max of 80 mcg/min ✓ Maxximally concentrate (b)(6)		
ROOM NO.	BED NO.	Verified (b)(6)			
ICU	1	117713 7-7-01			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			10 July 07	0720 HOURS	
NURSING UNIT			✓ DC Dopamine gtt ✓ DC Levophed gtt ✓ DC Vecuronium PRN ✓ Repeat BMP x1 now		
ROOM NO.	BED NO.	(b)(6)			
ICU	1				

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			10 July 07	0730 HOURS	
NURSING UNIT			Fingers & toes Q6° = Regular Insulin Sliding Scale FS <70, 1 amp D50 (while tube feeds running) FS 71-150, 0.5 Δ FS 351-400, 10 Units FS 151-200, 2 Units FS 401+, 12 Units and FS 201-250, 4 Units call MD FS 251-300, 6 Units FS 301-350, 8 Units		
ROOM NO.	BED NO.	(b)(6)			
ICU	1				

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			10 July 07	0900 HOURS	
NURSING UNIT			✓ 500 cc free water through Dobhoff Q6° ✓ Lasix 40mg IV x1 now ✓ BMP Q6° Liver panel & next blood draw		
ROOM NO.	BED NO.	(b)(6)			
ICU	1	Gastric Residuals Ranipril 2.5 mg per DHT BID			

EXHIBIT 24

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			8 July 07	@ 0730 HOURS	
<p><i>transcribed 8/1/07</i></p> <p>(b)(6)</p>			①	titrate Jevity feeds up by 20cc/hr @ 4 hrs to goal 80cc/hr	
			②	Tube feeds back to 20cc/hr if needs to resume pressor support.	
			③	Lasix 20mg IV x 1 @ 1700 today	
NURSING UNIT	ROOM NO.	BED NO.			
ICU		1			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)			8 July 07	@ 1340 HOURS	
<p>(b)(6)</p>			①	Repeat BMP + ABG @ 1430 - results to (b)(6)	
NURSING UNIT	ROOM NO.	BED NO.			
ICU		1			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)			8 July 07	1810 HOURS	
<p><i>transcribed 8/1/07</i></p> <p>(b)(6)</p>			①	Lasix 20mg IV x 1 @ 2200.	
NURSING UNIT	ROOM NO.	BED NO.			
ICU		1			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)			9 July 07	0815 HOURS	
<p><i>Untranscribed 7/19/07 20830</i></p> <p>(b)(6)</p>			✓	Lasix 40mg IV x 1 now	
			✓	Blood G x 2 (one from central line)	
			✓	UA, Urine Cx, Sputum G x 1 now	
			✓	Wean FiO ₂ as able, goal ≤ 60%.	
			✓	Cardiac enzymes Q6 x 1	
NURSING UNIT	ROOM NO.	BED NO.			
ICU		1			

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BE 00-27 07 CID 579 24074

PATIENT IDENTIFICATION		DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)	(b)(6)	7 July 07	@ 0730 HOURS	
		①	Vancomycin 1gram IV @ 12 hours - first dose now	
		②	Vent settings A/C RR20 TV 700 PEEP 10 100% FiO2	
		③	Repeat CBC x i now	
NURSING UNIT	ROOM NO.			
ICU	(b)(6)		(b)(6)	

PATIENT IDENTIFICATION		DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)	(b)(6)	7 July 07	1443 HOURS	
		①	Vecuronium 10mg IV x 7 now	
NURSING UNIT	ROOM NO.			
ICU	(b)(6)		(b)(6)	

PATIENT IDENTIFICATION		DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)	(b)(6)	7 July 07	1736 HOURS	
		①	Vecuronium 10mg IV @ 1 hour PRN tachypnea not improved with sedation.	
		②	Lasix 20mg IV x i NOW	
		③	Vent Settings: A/C TV 700, RR24 PEEP 10, FiO2 100%	
		④	Recheck ABG @ 1800	
NURSING UNIT	ROOM NO.	BED NO.		
ICU	(b)(6)	(b)(6)		

PATIENT IDENTIFICATION		DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)	(b)(6)			
		⑤	Restart Levity feeds via dobhoff @ 20cc/hr - Do not increase.	
		⑥	Wean off Levophed as tolerated to keep MAPs 70-75	
NURSING UNIT	ROOM NO.	BED NO.		
ICU	(b)(6)	(b)(6)		

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CLINICAL RECORD - DOCTOR'S ORDERS

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

1037 07 010579 2:07

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			6 July 07	16 25 HOURS	
(b)(6)			1) D/C USD gtt ✓ 2) Start Ativan gtt at 0.01 mg/kg/hr titrate to light sedation. Max 0.1 mg/kg/hr ✓		

NURSING UNIT	ROOM NO.	BED NO.	3) Restart Dopamine gtt to keep MAP > 65 (b)(6) ✓
--------------	----------	---------	---

PATIENT IDENTIFICATION			DATE OF ORDER	TIME	LIST TIME ORDER NOTED AND SIGN
(b)(6)					
trans			Lasix 20mg IV ✓ 1) CR2 ✓		

NURSING UNIT	ROOM NO.	BED NO.	
--------------	----------	---------	--

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			20 July 07		
20 July 07 0630			1) Start Lasopid. Titrate to MAP > 60 ✓ 2) 20mg Lasix IV x 2 ✓ 3) Start Nitro drip @ 5mg/min. Titrate PRN for MAP > 60. ✓ 4) 10mg Vecuronium (b)(6) ✓		

NURSING UNIT	ROOM NO.	BED NO.	
--------------	----------	---------	--

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			20 July 07	0630	
(b)(6)			1. 10mg Vecuronium IV ✓ 2. 40mg Lasix IV (b)(6) ✓		

NURSING UNIT	ROOM NO.	BED NO.	
--------------	----------	---------	--

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CLINICAL RECORD - DOCTOR'S ORDERS

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

0027 07 010579 24074

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			6 July 07	0728 HOURS	
			① Lasix 20mg IV x 1 NOW		
			(b)(6)		
			6 July 07 ② Macompt Neb 0.6° (first now)		
			(b)(6)		
NURSING UNIT	ROOM NO.	BED NO.			
ICU					

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			6 July 07	1010 HOURS	
			Chem B c next lab draw ✓		
			ABCs in 1 hour ✓		
			kid vent rate to 12 ✓		
			D/c QAM coage		
			(b)(6)		
NURSING UNIT	ROOM NO.	BED NO.			
ICU					

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			6 July 07	1115 HOURS	
			Increase tube feeds by 20cc/hr every 4 hours to goal rate of 80cc/hr.		
			(b)(6)		
NURSING UNIT	ROOM NO.	BED NO.			
ICU					

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			6 July 07	1320 HOURS	
			Lasix 20mg IV @ 1500 ✓		
			Δ Impenem to 500mg IV @ 6°		
			(b)(6)		
NURSING UNIT	ROOM NO.	BED NO.			
ICU					

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)					
NURSING UNIT	ROOM NO.	BED NO.			
ICU					

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ACLU-RDI 5548 p.43

EXHIBIT 24

10-L-0126 ACLU CID ROI 13393

MEDICAL RECORD - PROVIDER ORDERS

For use of this form, see MEDCOM Circular 40-5

INSTRUCTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Orders completed during the shift in which they are written will be signed off adjacent to the order and do not require recopying on other ITR forms.

DATE/ TIME	ORDERS <small>(SIGNATURE REQUIRED FOR EACH ORDER/SET OF ORDERS. SIGNATURE MUST BE LEGIBLE; PROVIDER WILL USE SIGNATURE STAMP OR PRINT NAME).</small>
30 June 07 0730	Admit to: ICU ICU Overflow ICW 1 <u>ICW 2</u>
	Diagnosis: <u>sp assault</u> Accepting Provider: <u>(b)(6)</u>
	Condition: <u>stable</u>
	Allergies: <u>NKDA</u>
	Activity: <u>Reg Bedrest Bedrest</u>
	Vitals: <u>Routine</u> Q4H Q6H Q8H
	Diet: <u>NPO</u> Regular Regular w/Ensure Clear Liquid Full Liquid Other _____
	IVF/HL: <u>x 6 hrs, then advance as tolerated</u>
	<u>NS @ 100 cc/hr</u>
	Medications:
	<u>Morphine 2-4mg Q4 IV PRN pain</u>
	<u>Reglan 10mg IV Q8 PRN Nausea</u>
	Weight Patient: At Admission Daily Other _____
	Labs: <u>CBC</u> PT/PTT <u>Chemistry</u> U/A Other _____
	<u>No CBC available in AM</u>

Noted 30 June 07 @ 0900
mw [unclear] 24, 4N

PATIENT IDENTIFICATION (For typed or written entries note: Name - last, first, middle initial; grade; DOB; hospital or medical facility)

(b)(6)

Complete the following information on page 1 of provided orders only. Note any changes on subsequent pages.

Diagnosis: _____

Height: _____ Weight (lbs): _____ Diet: _____

Allergies: _____

Nursing Unit	Room No.	Bed No.	Page No.
--------------	----------	---------	----------

General Medicine Complaints

(b)(6)

TRIAGE

DA 30 June 07 TIME 0600 emergent urgent non-urgent

(b)(6)

cmf 10 e

0027 07 CID578 24076

TIME TO ROOM: 0600 ROOM: 6

INITIAL ASSESSMENT TIME: 0600

GENERAL APPEARANCE

alert no acute distress c-collar / back board in place
 mild/moderate/severe distress anxious/decreased LOC

FUNCTIONAL / NUTRITIONAL ASSESSMENT

independent ADL assisted / total care
 appears well nourished obese / malnourished
 recent weight loss / gain

CHEST

no evidence of trauma laceration / abrasion / swelling
 non-tender tenderness
 breath sounds nml wheezing / crackles / stridor
 seat belt marks
 deformity

CVS

regular rate tachycardia / bradycardia / irr. rhythm
 pulses strong & equal pulse deficit
 nml heart sounds abnml heart sounds
 skin warm, dry pale / cyanotic
 cool / diaphoretic

NEURO

oriented x 3 disoriented to person / place / time
 PERLL confused / memory loss
 pupils unequal
 weakness / sensory loss

HEAD / FACE

no evidence of trauma laceration / abrasion / swelling
 to head / eye / ear / face periorbital swelling / hematoma
 ecchymosis
 dental injury / malocclusion

NECK / BACK

no evidence of trauma laceration / abrasion / swelling
 non-tender tenderness whirls

ABDOMEN

no evidence of trauma laceration / abrasion / swelling
 soft, non-tender tenderness
 rigid / distended

PELVIS / GU

no evidence of trauma laceration / abrasion / swelling
 pelvis stable pelvis unstable
 tenderness
 blood at urethral meatus

EXTREMITIES

no evidence of trauma laceration / abrasion / swelling
 non-tender tenderness
 sensation intact deformity
 motor intact sensory / motor deficit

ADDITIONAL FINDINGS

Wrist
elbow L Forearm

(b)(6)
Nurse Signature _____

Medic Signature _____

NAME: _____
 D.O.B. 01/13/81 AGE: 30 M F
 HISTORIAN: patient paramedics family
 ARRIVAL MODE: car EMS police
 PCP: none
 IMMUNIZATIONS: current / referral
 tetanus flu pneumovax

VITALS
 BP 128/86 P 119 RR 16 temp 97.5 TM R Ax
 O₂ Sat% 100 R O₂

TREATMENT PTA see EMS Report IV O₂

Medications _____

Interventions _____

NONE

CHIEF COMPLAINT Multiple whells

Sta? hrs / days ago on back

Hematoma frontal & occipital lobes

shortness of breath fever/chills

cough/sputum problems urinating

chest pain sore ness / back pain

nausea/vomiting 5 diarrhea

abdominal pain headache

chemical exposure _____

ALLERGIES NKDA
drug - PCN / ASA / sulfa / latex / codeine / iodine
food - _____

MEDS none see med list

PAST MEDICAL HX negative

heart disease / HTN / diabetes: insulin

family history of heart disease Diabetes

past surgeries none rotator cuff

AL HX 10 ppd drugs / alcohol 0

^TB exposure / symptoms _____

^has been physically hurt or threatened by someone close _____

I NMP C P Ab pregnant / postmenop / hyst

ACTIONS

TIME			INIT
0600	ID band applied	ID band verified	(b)(6)
0600	pulse oximeter	O ₂ 2L via	
0600	cardiac monitor		
	Accu-Chek		
0600	bed low position	side rails up xl	
	call light in reach	head of bed elevated	
0600	ready for Dr eval. / notified doctor / seen by Dr		
	restraints see documentation		

VITAL SIGNS

Time	BP	P	RR	T	O ₂ sat	Rhythm	Pain	INIT
0615	120/80	120	18	98	100	ST	4/10	(b)(6)
0810	120/80	114	20	98.8	96		/10	
							/10	
							/10	

ADDITIONAL NOTE

0610 - patient appears to be in pain, moaning, grimacing, tachycardia, tachypnea, and diaphoresis. A pain pump at the site of the laceration was started at 0650. Report call to emergency department. (b)(6)

0700 - Pt presents with contusions on neck, back, scapular region. Difficulty breathing in. No acute distress. Nausea. PERRL pupils 2mm. (b)(6)

0740 - FAST exam negative, staples on left posterior scalp x2. Barbiturates placed in contusions - R (b)(6)

IV RECORD

Time	Solution	Site	Ga	Pump	Rate	Amt in	INIT
0600	NS	RAC	18	W/U	1000		(b)(6)

MEDICATIONS

Time	Medication	Dose	Route	Site	INIT
0616	Morphine	4mg	IV	RAC	(b)(6)
	Response:	no change	improved		
0610	TC	45 mL	PO	Added	
	Response:	no change	improved		
	Response:	no change	improved		
	Response:	no change	improved		
	Response:	no change	improved		
	Response:	no change	improved		
	Response:	no change	improved		
	Response:	no change	improved		

INTAKE _____ OUTPUT _____
 IV / saline lock discontinued: Total Amt Infused _____
 Time _____ Initials _____

PROPERTY TO:
 ___ patient ___ family ___ security ___ safe ___ see patient belongings list

DISPOSITION
 discharged home police nursing home ME funeral home
 verbal / written instructions / Rx given to: patient _____
 verbalized understanding
 learning barriers addressed _____
 accompanied by / driver: _____

admitted / transferred to ICU 2
 report to (b)(6) time 0830

transfer documentation completed
 notified family / police / ME _____
 left AMA / LWBS signed AMA sheet refused _____
 physician notified of: _____

Discharge Vitals
 BP _____ HR _____ RR _____ Temp _____ O₂ Sat _____
 pain level at discharge _____ / 10

CONDITION
 ___ unchanged improved ___ stable ___ other _____
 Depart Time _____ Mode: walk crutches W/C stretcher ambulance

(b)(6)
 Discharge Nurse Signature _____
 Continuation Sheet

(b)(6)

PROCEDURES

Time			INIT
	12 lead EKG performed	notified	
	repeat EKG done	x	
	echocardiogram		
	V/Q	duplex U/S	
	Bronchodilator treatment	nebulizer inhaler	
	Foley	fr. mL return	
0615	lab drawn / sent	by ED tech / nurse lab	(b)(6)
	results back		
	awaiting physician review		
0620	to Xray	w monitor / nurse / O ₂ / tech	(b)(6)
	to CT	w monitor / nurse / O ₂ / tech	
	return to room		

INITIAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

0027 07 011579 21074
 Mo. Jun Yr. 2007

VERIFY BY INITIALING

ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED														
				30	01	02	03	04	05	06	07	08	09	10	11	12	13	
30 JUN 07	(b)(6)	Vitals Per ICU Protocol	07															
			19															
30 JUN 07		Activity Bedrest	07															
			19															
30 JUN 07		Diet: NPO x meds	07															
01 JUL 07		may sips of H ₂ O	19															
30 JUN 07		IVF's HLIV	07															
			19															
30 JUN 07		Labs: Cardiac Enzymes Q6°	06															
			12															
			18															
			24															
30 JUN 07	(b)(6)	QAM: Metlxte 8, CBC, Coag	05															
30 JUN 07		Coags Q6° while on heparin g#	06															
			12															
			18															
			24															
30 JUN 07		EKG QAM	05															
01 JUL		Strict I's and O's	07															
			19															

(b)(6)

Rewritten 7-13-07 (b)(6)

Rewritten 7-17-07 (b)(6)

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:

NKDA

STEMI S/P Assault

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO:

PATIENT IDENTIFICATION:

(b)(6)

ACTION TIMES
 USE PENCIL. CIRCLE ACTION TIMES

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

BUCCA

20 Jul 2007@0535

Page 2

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

PATIENT LAB INQUIRY

For: 19 Jul 07 - 20 Jul 07

Report requested by: (b)(6)

0027 07 C.I.C. 579-24874-4

(b)(6)

(b)(6)

(b)(6)

Reg #: (b)(6)

Ph:

Military Unit: UNKNOWN

20 Jul 07 @ 0348 (Coll)

LYMPH# 4.1

(0.7-4.3)

BLOOD
x10 3/uL

20 Jul 07 @ 0348 (Coll)

Cancel comment: DUPLICATE ORDER SEE CH 10494 FOR RESULTS
STAT BMP LAB CANCELLED

PLASMA

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

EMS IT MAC1200 (b)(6)

D 753

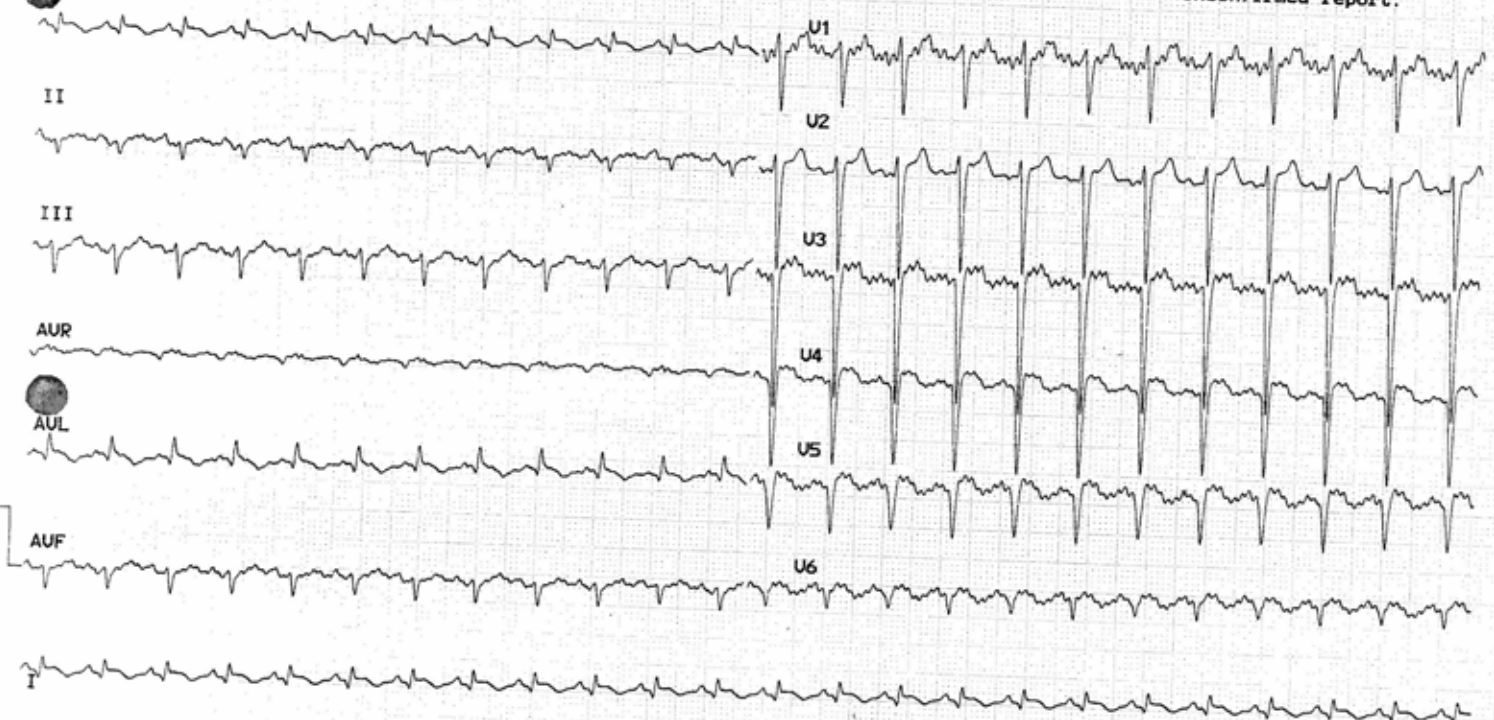
HR 141 bpm

Measurement Results:

RS	:		ms
T/QTcB	:	/	ms
R	:		ms
R/PP	:	/	ms
/QRS/T	:		degrees
TD/QTcBD:	:	ms	
okolow	:		mV
X	:		

Interpretation:

Unconfirmed report.



20. Jul. 2007 05:10:03 25mm/s 10mm/mV ADS 60Hz 0.00 0.00

24
000102
10-L-0126 ACLU CID ROI 13400

Report requested by: (b)(6) For: 18 Jul 07 - 19 Jul 07

(b)(6) (b)(6) (b)(6) 0027 07 CID 579-240;
Pn: Reg #: (b)(6)
Military Unit: UNKNOWN

19 Jul 07 @ 1250 (Coll) SERUM
STAT PH BG 7.353
PCO2 54.9
PO2 40

Result Comment:
CV reported to CPT Maran@1258 on 19JUL2007. Verified by read-back. :LA:
TCO2 32 H (22-30) mmol/L
HCO3 POCT 30.5
BASE EXCESS 5 (-2-+3)
O2 SAT % 71 L (95-99) %

19 Jul 07 @ 1250 (Coll) PLASMA
STAT NA+ 133 L (137-145) mmol/L
K 4.5 (3.6-5.0) mmol/L
CL- 96 L (98-107) mmol/L
CO2 23
GLUCOSE 169 H (75-110) mg/dL
BUN 37 H (9-20) mg/dL

Result Comment:
CV reported to CPT Maran@1255 on 19JUL2007. Verified by read-back. LA
CREAT 0.9 (0.8-1.5) mg/dL
CA 7.6 L (8.4-10.2) mg/dL

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

BUCCA

PATIENT LAB INQUIRY

For: 18 Jul 07 - 19 Jul 07

Report requested by: (b)(6)

Ph: (b)(6) (b)(6) (b)(6) Reg #: (b)(6) Military Unit: UNKNOWN

19 Jul 07 @ 0431 (Coll)

Table with 5 columns: Test Name, Value, Flag, Reference Range, and Unit. Includes STAT NA+, K, CL-, GLUCOSE, BUN, and CREAT.

Result Comment: Critical Value reported to CPT Brunson in ICU. 19 Jul 07 @0515

Table with 5 columns: Test Name, Value, Flag, Reference Range, and Unit. Includes CK, TNP, TCO2, PH BG, PCO2, PO2.

Result Comment: Critical result given to CPT Brunson in ICU. 19 Jul 07 @0515

Table with 5 columns: Test Name, Value, Flag, Reference Range, and Unit. Includes HCO3 POCT, BASE EXCESS, O2 SAT %, TROPONIN I.

Result Comment: Critical result given to CPT Brunson in ICU. 19 Jul 07 @0515

Table with 5 columns: Test Name, Value, Flag, Reference Range, and Unit. Includes MYOGLOBIN, CK-MB.

Table with 5 columns: Test Name, Value, Flag, Reference Range, and Unit. Includes WBC, RBC CNT, HGB, HCT, MCV, MCH, MCHC, PLATELETS, LYMPHS/100 WBC, LYMPH#.

19 Jul 07 @ 0431 (Coll)

Table with 5 columns: Test Name, Value, Flag, Reference Range, and Unit. Includes STAT NA+, K, CL-, CO2, GLUCOSE, BUN, CREAT, CA.

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

EXHIBIT 24

GEMS IT MAC1200 ST

Measurement Results:

QRS
QT/QTcB
PR
P
RR/PP
P/QRS/T
QTd/QTcBd:
Sokolow
NK

002
degrees
79 24074

(b)(6)

D 753

(b)(6)

Interpretatio

HR 128bpm

Unconfirmed report.

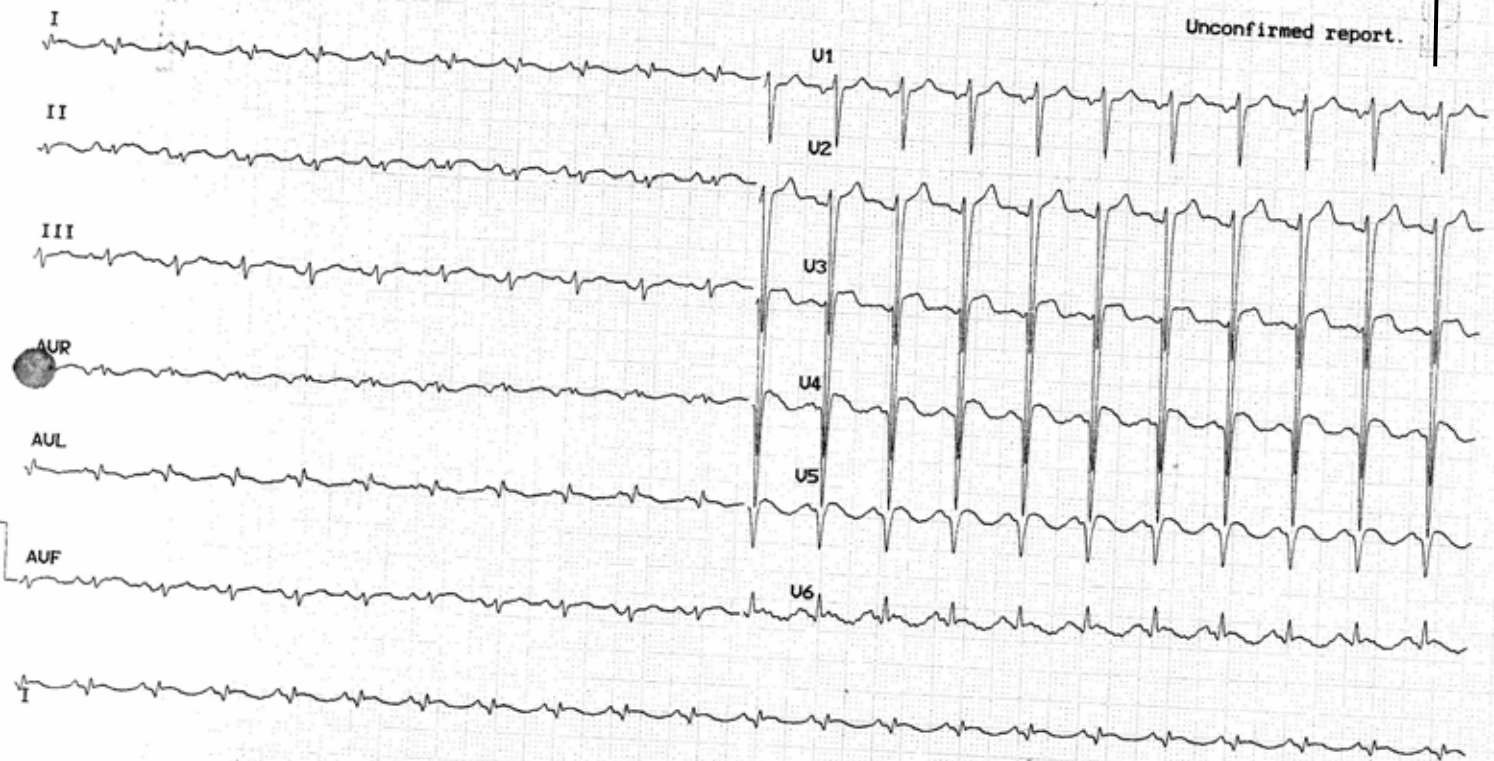


EXHIBIT 24

10-L-0126 ACLU CID ROI 13403

BUCCA

20 Jul 2007@0535

Page 1

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

PATIENT LAB INQUIRY

For: 19 Jul 07 - 20 Jul 07

Report requested by: (b)(6)

Ph: (b)(6) (b)(6) (b)(6) Reg #: (b)(6) Military Unit: UNKNOWN

20 Jul 07 @ 0432 (Coll)

BLOOD

Table with 4 columns: Test Name, Value, Range, and Unit. Rows include BANDS/100 WBC, LYMPHS/100 WBC, MONO/100 WBC, EOS/100 WBC, BASO/100 WBC, LYM ATYP/100WBC, PLT EST, NEUT/100 WBC, and RBC MORPH.

WBC NORMAL CYTIC/NORMAL CHROMIC
NORMAL CYTIC

20 Jul 07 @ 0348 (Coll)

SERUM

Table with 4 columns: Test Name, Value, Range, and Unit. Rows include STAT NA+, K, CL-, GLUCOSE, BUN, and BUN.

Result Comment:

REPORTED CRITICAL TO CPT BRONSUN ON 20JULY @0424 AND VERIFIED BY READBACK.YHP

Table with 4 columns: Test Name, Value, Range, and Unit. Rows include CREAT, CK, and TNP.

Result Comment: QUALITY CONTROL FAIL, RESULTS NOT ACCURATE

Table with 4 columns: Test Name, Value, Range, and Unit. Rows include TCO2, PH BG, PCO2, and PO2.

Result Comment: REPORTED CRITICAL TO CPT BRONSUN ON 20JULY @0424.YHP

Table with 4 columns: Test Name, Value, Range, and Unit. Rows include TCO2, HCO3 POCT, BASE EXCESS, O2 SAT %, TROPONIN I, MYOGLOBIN, and CK-MB.

Result Comment: REPORTED CRITICAL TO CPT BRONSUN ON 20JULY @0424.YHP

20 Jul 07 @ 0348 (Coll)

BLOOD

Table with 4 columns: Test Name, Value, Range, and Unit. Rows include STAT WBC, RBC CNT, HGB, HCT, MCV, MCH, MCHC, PLATELETS, and LYMPHS/100 WBC.

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

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

PATIENT LAB INQUIRY

For: 17 Jul 07 - 18 Jul 07

Report requested by: (b)(6)

Ph: (b)(6) (b)(6) (b)(6) Reg #: (b)(6) Military Unit: UNKNOWN

18 Jul 07 @ 1601 (Coll) SERUM

PH BG	7.377			
PCO2	53.6			
PO2	43			
TCO2	33	H	(22-30)	mmol/L
HCO3 POCT	31.5			
BASE EXCESS	6		(-2-+3)	
O2 SAT %	76	L	(95-99)	%

Result Comment:
critical given to Lt Lawhorn in ICU @ 1610. Verified by readback. JDK

18 Jul 07 @ 1601 (Coll) BLOOD

WBC	13.9	H	(4.8-10.8)	x10 ³ /uL
RBC CNT	3.19	L	(4.2-6.1)	x10 ⁶ /uL
HGB	10.0	L	(12.0-18.0)	g/dL
HCT	31.3	L	(42.0-52.0)	%
MCV	98.0		(80.0-99.9)	fl
MCH	31.2	H	(27.0-31.0)	pg
MCHC	31.8	L	(33.0-37.0)	g/dL
PLATELETS	342		(130-400)	x 10 ³ /uL
LYMPHS/100 WBC	19.5	L	(20.0-44.0)	%
LYMPH#	2.7		(0.7-4.3)	x10 ³ /uL

19 July 0015
 PH - 7.463
 PCO2 - 46.8
 PO2 42 L
 HCO3 - 33.5 f
 BEecf - 10
 SO2 79%

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			17 July 07	1500 HOURS	
			(1) Increase TV to 700. (2) Reduce TV back to 650 if PEEP pressures > (b)(6)		
NURSING UNIT	ROOM NO.	BED NO.			
(b)(6)			17 July 07	1518 HOURS	
			(1) New vent settings A/C TV 650 PEEP 7, RR 28 FIO2 100%. (2) ABG @ 1630 (b)(6)		
NURSING UNIT	ROOM NO.	BED NO.			
(b)(6)			17 July 07	1647 HOURS	
			(1) Lasix 40mg IV x 1 NOW (2) Vent & AP. TV 700, PEEP 5, RR 28, FIO2 100% (3) Repeat ABG @ 1700 (b)(6)		
NURSING UNIT	ROOM NO.	BED NO.			
(b)(6)			17 July 07	1800 HOURS	
			(1) Lasix 40mg IV @ 2000 ✓ (2) Toradol 15mg IV x 1 NOW (b)(6)		
NURSING UNIT	ROOM NO.	BED NO.			

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			17 July 07	0957 HOURS	
			① S Vent Settings - TV 650 A/C, PEEP5, RR 24, FIO2 100%		(b)(6)
			② ABG @ 1100		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			17 July 07	1030 HOURS	
			① Continue TPN @ 30cc/hr No changes.		(b)(6)
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			17 July 07	1253 HOURS	
			① S Vent Settings to A/C TV650 PEEP5, RR 26 FIO2 100%		(b)(6)
			② ABG @ 1400		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			17 July 07	1317 HOURS	
			① Lasix 20mg		(b)(6)
			verified 1415 7-17-07		
NURSING UNIT	ROOM NO.	BED NO.			

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND (b)(6)
(b)(6)			10 July 07	1242 HOURS	
			① IPN Start 15ml/hr for first 2 hours via central line then titrate to 30 cc/hr.		(b)(6)
NURSING UNIT	ROOM NO.	BED NO.	verified by (b)(6)		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND (b)(6)
(b)(6)			16 July 07	@ 1555 HOURS	
			① Lasix 20mg IV x 7 @ 2000 hrs.		(b)(6)
NURSING UNIT	ROOM NO.	BED NO.	verified (b)(6)		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND (b)(6)
(b)(6)			17 July 07	@ 0820 HOURS	
			① Lasix 20mg IV x 1 now		(b)(6)
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND (b)(6)
(b)(6)			17 July 07	@ 0920 HOURS	
			① D/C Vancomycin		
			② Levofloxacin 750mg IV QD first now		
			③ Cefazidime 2grams IV Q 4 hours first now.		(b)(6)
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)		

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTS 6027 07 C 10579 24074

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

PA (b)(6)	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	18 July 07	@ 1229 HOURS	
	① ABX x 1 now	(b)(6)	

NURSING UNIT	ROOM NO.	BED NO.
--------------	----------	---------

PATIENT (b)(6)	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	18 July 07	@ 1438 HOURS	
	① Vent to A/C TV 700, RR 20, PEEP 5, FIO2 100%	(b)(6)	

NURSING UNIT	ROOM NO.	BED NO.
--------------	----------	---------

PATIENT IDENTIFICATION (b)(6)	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	18 July 07	@ 1621 HOURS	
	① Lasix 20mg IV @ 2000	(b)(6)	
	② Lasix 20mg IV @ 0200		

NURSING UNIT	ROOM NO.	BED NO.
--------------	----------	---------

PATIENT IDENTIFICATION (b)(6)	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	19 July 07	@ 0800 HOURS	
	① Lasix 40mg IV x 1 now	(b)(6)	
	② Valium 2mg IV x 1 now + titrate to sedated.		

NURSING UNIT	ROOM NO.	BED NO.
--------------	----------	---------

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

U.S. GOVERNMENT PRINTING OFFICE: 2002-488-041

EXHIBIT 24
000111

ACLU RDI 5548 p.59

"USE BALL POINT PEN - PRESS FIRMLY - NO CARBON PAPER REQUIRED"

10-L-0126 ACLU CID ROI 13409

TASK FORCE MED 21ST BUCCA
PHARMACY SERVICE
SECURITY HOSPITAL
CAMP BUCCA, APO AE 09375

Parenteral Nutrition Order Form

0027 07 CID579 240
19 JUL 07 @ 0952

Patient Name/ISN (b)(6)

Bed #: ICU #1

Date: 19 JUL 07

STANDARD TPN (Clinimix - E^{4.25/10})
(Central Line Only)

Carbohydrate/Protein:

Dextrose 10% and Amino Acid 4.25%

Sodium	35mEq/L	Potassium	30mEq/L
Magnesium	5mEq/L	Calcium	4.5mEq/L
Acetate	70mEq/L	Chloride	39mEq/L
Phosphate	15mmol/L		

OTHERS:

30ml/hr good rate

~~**STANDARD TPN (Clinimix - E^{5/15})**~~
(Central Line Only)

~~**Carbohydrate/Protein:**~~

~~Dextrose 15% and Amino Acid 5%~~

~~| | | | |
|-----------|----------|-----------|----------|
| Sodium | 35mEq/L | Potassium | 30mEq/L |
| Magnesium | 5mEq/L | Calcium | 4.5mEq/L |
| Acetate | 70mEq/L | Chloride | 39mEq/L |
| Phosphate | 15mmol/L | | |~~

~~**OTHERS:**~~

MVI - 12: Add to first bottle of TPN on Monday, Wednesday, Friday (Done by Pharmacy) *2 day*

Trace Elements 2ml - Add to first bottle TPN on Monday, Wednesday, Friday (Done by Pharmacy) *5ml 2 day*

Lipids 20% (500ml) to run separately @ ___ ml/hr for 10 hrs on the following days _____

(Begin Lipids at 10:00 HRS)

Physician's Printed Name:

(b)(6)

(b)(6)

Please copy and send to pharmacy.

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			20 July 07	0900 HOURS	
(b)(6) (b)(6) (b)(6)			①	UA + Urine Culture	
				X + wbc (UA with nitro)	
				(b)(6)	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				_____ HOURS	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				_____ HOURS	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				_____ HOURS	
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 4256
 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.


CLINICAL RECORD - DOCTOR'S ORDERS

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

DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW. 0027 07 C10579-24074

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			19 July 07	1700 HOURS	
NURSING UNIT			ROOM NO.		
ICU			(b)(6)		
BED NO.					
			① Lasix 40mg IV @ 2000, 0300. ② BMP, ABG @ 2200 - results to ER doc in dict (b)(6)		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			20 July 07	0745 HOURS	
NURSING UNIT			ROOM NO.		
			(b)(6)		
BED NO.					
			① Please have medicine service sign track consent as second provider signature. ② If family available, please let me know. Thanks - (b)(6)		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			20 July 07	0747 HOURS	
NURSING UNIT			ROOM NO.		
			(b)(6)		
BED NO.					
			① Lasix 80mg IV x 7 now ② Type + Cross for 1 unit PRBC ③ Transfuse 1 unit PRBC over 3-4 hours. (b)(6)		
			KP 73118 		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			20 July 07	0750 HOURS	
NURSING UNIT			ROOM NO.		
			(b)(6)		
BED NO.					
			① Vent Settings A/C TV 760 PEEP 5 RR 29 IOW 100% F102 ② Recheck ABG, CBC after blood transfused. (b)(6)		

DA FORM 1 APR 79 4256

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

U.S. GOVERNMENT PRINTING OFFICE: 2002-488-041

EXHIBIT 24

CLINICAL RECORD - DOCTOR'S ORDERS

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

DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW. 2407.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			19 July 07	0832 HOURS	
			(1) Valium 2mg IV x i ver (2) Fentanyl 50 microgram bolus @ 10 minutes PRN for sedation/pain control (b)(6)		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)	0930	(b)(6)
ICU					
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			19 July 07	1700 HOURS	
			(1) Lasix 40mg IV x i ver (2) ABG x i ver on BMP x i ver (3) New TPN order see printed TPN order sheet - continue @ 30cc/hr. (b)(6)		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)		(b)(6)
ICU					
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			19 July 07	1210 HOURS	
			(1) New written (as expired) Tylenol 650mg - 1000mg PR or per Dobhoff @ 4 hours PRN fever - not to exceed 4 temps in 24 hours (b)(6)		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)		(b)(6)
ICU					
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			19 July 07	@ 1103B HOURS	
(b)(6)			(1) Lasix 40mg IV x i ver (b)(6)		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)		(b)(6)
ICU					

Parenteral Nutrition Order Form

Patient Name: ^{TCNT}
(b)(6)

Bed #: #1

Date: 10 JUL 07
@ 1151

0027 07 CID579 24074

STANDARD TPN (Clinimix - E^{4.25/10})
(Central Line Only)

Carbohydrate/Protein:

Dextrose 10% and Amino Acid 4.25%

Sodium	35mEq/L	Potassium	30mEq/L
Magnesium	5mEq/L	Calcium	4.5mEq/L
Acetate	70mEq/L	Chloride	39mEq/L
Phosphate	15mmol/L		

22mEq

OTHERS: 30ml/hr good rate

STANDARD TPN (Clinimix - E^{5/15})
(Central Line Only)

Carbohydrate/Protein:

Dextrose 15% and Amino Acid 5%

Sodium	35mEq/L	Potassium	30mEq/L
Magnesium	5mEq/L	Calcium	4.5mEq/L
Acetate	70mEq/L	Chloride	39mEq/L
Phosphate	15mmol/L		

OTHERS:

Check Blank

MVI - 12: Add to first bottle of TPN on Monday, Wednesday, Friday (Done by Pharmacy)

Trace Elements 5ml - Add to first bottle TPN on Monday, Wednesday, Friday (Done by Pharmacy)

_____ Lipids 20% (500ml) to run separately @ _____ ml/hr for 10 hrs on the following days _____, _____, _____
(Begin Lipids at 10:00 HRS)

Physician's Printed Name:

(b)(6)

Signature:

(b)(6)

CLINICAL RECORD - DOCTOR'S ORDERS

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

0027 07 CID579 24074

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

PATIENT IDENTIFICATION (b)(6)			DATE OF ORDER 13 July 07	TIME OF ORDER 0930 HOURS	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT ICU			ROOM NO. (b)(6)		
(b)(6)			Vecuronium gtt's Δ to range of 0.8-1.2 mcg/kg/min (4-6 ml/hr at current concentration)		
(b)(6)			Δ Sliding Scale for insulin as follows		

NURSING UNIT	ROOM NO.	BED NO.
ICU	(b)(6)	(b)(6)

PATIENT IDENTIFICATION (b)(6)			DATE OF ORDER 13 July 07	TIME OF ORDER 1400 HOURS	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT ICU			ROOM NO. (b)(6)		
(b)(6)			Wean levophed as able		
(b)(6)			Bld Cx x2, UA, Urine Cx, Sputum Cx x1 now		
(b)(6)			Lovenox 80mg SQ Q12 ^o		
(b)(6)			Plavix 75mg PO Qday		
(b)(6)			Aspirin 325mg PO Qday		

NURSING UNIT	ROOM NO.	BED NO.
ICU	(b)(6)	(b)(6)

PATIENT IDENTIFICATION (b)(6)			DATE OF ORDER 14 July 07	TIME OF ORDER 1715 HOURS	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT ICU			ROOM NO. (b)(6)		
(b)(6)			Δ RISS		
(b)(6)			FS <70, 1amp D50 FS 351-400, 12 Units		
(b)(6)			FS 71-150, Δ FS 401+ , 14 Units and call MD		
(b)(6)			FS 151-200, 4 Units		
(b)(6)			FS 201-250, 6 Units		
(b)(6)			FS 251-300, 8 Units		
(b)(6)			FS 301-350, 10 Units		

NURSING UNIT	ROOM NO.	BED NO.
ICU	(b)(6)	(b)(6)

PATIENT IDENTIFICATION (b)(6)			DATE OF ORDER 15 July 07	TIME OF ORDER @ 1130 HOURS	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT ICU			ROOM NO. (b)(6)		
(b)(6)			① Increase Serity feeds to 60cc/hr while not on pressors.		
(b)(6)			② D/C Vecuronium gtt.		
(b)(6)			③ D/C daily coags		

NURSING UNIT	ROOM NO.	BED NO.
ICU	(b)(6)	(b)(6)

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

EXHIBIT 24

CLINICAL RECORD - DOCTOR'S ORDERS

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

07 07 CID579 24074

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			11 July 07	1455 HOURS	
			Versed gtt, start @ 4, titrate to adequate sedation		
			D/C Ativan gtt		
			(b)(6)		
NURSING UNIT	ROOM NO.	BED NO.			
			Verified (b)(6) 11 July 2200		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)			12 July 07	0820 HOURS	
			Lasix 40mg IV x 1 now - done (S)		
			(b)(6)		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)			12 July 07	1345 HOURS	
			Valium gtt @ 2mg/hr, may titrate as needed up to max of 7mg/hr		
			Nitroglycerin gtt, start @ 10mcg/min titrate up to goal of 40mcg/min as able.		
			D/C Imipenem D/C Versed gtt		
			D/C Hydrocortisone (b)(6)		
NURSING UNIT	ROOM NO.	BED NO.			
			7/12/77 Δ Rate to (b)(6)		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)			13 July 07	0715	
			Renew Fentanyl gtt, start @ 75 mcg and titrate to effect		
			Δ BMP to Q12 (E am labs and @ 1800)		
			(b)(6)		
NURSING UNIT	ROOM NO.	BED NO.			
		(b)(6)			

DA FORM 4256 1 APR 79

DITION OF 1 JUL 77, WHICH MAY BE USED.

EXHIBIT 24 000118

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				HOURS	
(b)(6)			15 July 79	1409	(b)(6)
			① Valium 2mg IV push then titrate for sedation, do not exceed 7mg/hr dose.		

NURSING UNIT	ROOM NO.	BED NO.
		(b)(6)

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				HOURS	
(b)(6)					(b)(6)
			① D/C fentanyl ✓		
			② cont Valium drip ✓		
			③ 10mg Vec IV ✓		
			④ ABG ✓		
			⑤ STAT CXR ✓		
			⑥ Sedation ETT ✓		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				HOURS	
(b)(6)					(b)(6)
			① Start Dopamine titrate to MAP > 60 ✓		
			② 60mg Loraz IV ✓		
			③ START Nitro drip titrate to MAP > 60 ✓		
			④ 10mg Vec IV PRN agitation ✓		
			(b)(6)		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				HOURS	
(b)(6)			16 July 79	0705	(b)(6)
			① Restart fentanyl qgt @ 150mcg/hr		
			② D/C Dopamine qgt		
			③ Titrate Loraz down as tolerated to keep MAP > 60		
			④ Vent settings AC T1700 R120 PEEP 5.70-100%		
			⑤ ABG @ 0800		
			(b)(6)		

NURSING UNIT	ROOM NO.	BED NO.
		(b)(6)

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

PATIENT IDENTIFICATION (b)(6)	↓	DATE OF ORDER 16 July 07	TIME OF ORDER 0747 HOURS	LIST TIME ORDER NOTED AND SIGN
① Lasix 20mg IV x 1 (b)(6)				

NURSING UNIT	ROOM NO.	BED NO.			
			✓ <i>[Signature]</i>		

PATIENT IDENTIFICATION (b)(6)		DATE OF ORDER 16 July 07	TIME OF ORDER @ 0927 HOURS	LIST TIME ORDER NOTED AND SIGN
① Send stat BMP & ABG x 1 (b)(6)				

NURSING UNIT	ROOM NO.	BED NO.			
ICU		1	✓ <i>[Signature]</i>		

PATIENT IDENTIFICATION (b)(6)		DATE OF ORDER 16 July 07	TIME OF ORDER 1029 HOURS	LIST TIME ORDER NOTED AND SIGN
① RR to 22 ② Repeat ABG @ 1200 (b)(6)				

NURSING UNIT	ROOM NO.	BED NO.			
ICU		1	verified by (b)(6)		

PATIENT IDENTIFICATION (b)(6)		DATE OF ORDER 16 July 07	TIME OF ORDER 1223 HOURS	LIST TIME ORDER NOTED AND SIGN
① Sputum for Gram stain + Culture (b)(6)				

NURSING UNIT	ROOM NO.	BED NO.			
		1	✓ <i>[Signature]</i>		

0027 07 010579 24074

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			18 July 07	@ 0728 HOURS	
			① Lasix 20mg IV x1 NOW		(b)(6)
			② STAT CBC		

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			18 July 07	@ 1000 HOURS	
			① Type and Cross for 1 Unit PRBC		
			② Transfuse 1 unit PRBC over 3-4 hours.		
			③ Repeat CBC and ABG 30 minutes after transfusion complete.		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			18 July 07	@ 1233 HOURS	
			④ Lasix 20mg IV x1 once blood complete.		(b)(6)

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			18 July 07	@ 1233 HOURS	
			① Continue TPN - no changes		(b)(6)

NURSING UNIT	ROOM NO.	BED NO.

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

EXHIBIT 24

MEDICAL RECORD

PROGRESS NOTES

DATE

IM Progress Note

HD * NOTES

0027 07 CID579 24074

15 July 07
011005

30yo M sp. Anterolateral STEMI w/ CHF after assault. This AM his ABG showed hypox to P₁₀ from 60% → 80%. off of pressors last night.

Nitrogly 10mg/hr

Valium 2mg/hr

Vec 0.6ml/hr

Pentanyl 15mg/hr

Plavix 75mg qd

ASA 325mg qd

RJSS

Protonix 40mg IV qd

1' Avenor 80mg BID

Tylenol PRN

Vancomycin 1gram

IV @ 12 0809

Tientyl @ 20ml/hr

Free water 100cc

na dobhoff @ 60

vitals: T^m 101.1 @ 1300 14 July. HR 107-130. MAP 71-87

FIO 2 @ 469cc yesterday @ 516cc

CXR: improved Bilateral fluffy infiltrates. Heart border visible today.

KUB: dobhoff in small bowel. NO coiled in stomach.

EKG sinus tach 124, Q in V4-V6, T, AVL, STT remains V3-V5. No new ischemic changes.

Labs: 0420 7.46/45/48/32/85% (on 60% FIO2)

Trop 1.4 / ck-MB 22

(19) 17.3 / 4.5 / 383 / 150 / 110 / 24 / 4.5 / 25 / 0.7 / 1.3

Blood Cx 14 July 2200 Pending

Sputum Cx " send.

Blood Cx 14 July 1600 Recd

vent settings: AC TV 700

PEEP 10, RR 20 @ P102

No growth to date on any prior blood Cx, UICx.

PE: Sedated, paralyzed. (turned off + HR ↑ + trying to open eyes).

Pupils 2mm + nonreactive.

Card: Regular, tachy. S3 murmur heard. Pulm: rales, crackles.

Abdom: distended, soft, ⊕ BS. Extrem: 1+ pitting ⊕ feet + ankles ⊕

edema ⊕ hand. Staples x2 removed from post scalp ⊕

difficulty.

→ (over) [signature]

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; No or SSN; Sex; Date of Birth; Rank/Grade)

REGISTER NO.

WARD NO.

(b)(6)

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.2031

EXHIBIT 24

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

PATIENT LAB INQUIRY 0027 07 CID579 24074

For: 15 Jul 07 - 16 Jul 07

Report requested by: (b)(6)

(b)(6) (b)(6) (b)(6) Reg #: (b)(6)
Ph: Military Unit: UNKNOWN

16 Jul 07 @ 0107 (Coll) SERUM

STAT PH BG 7.406
PCO2 47.0
PO2 41

Result Comment:

critical value was given to CPT Brunson in ICU and verified by readback. 16 Jul 07 @ 0104.TVS

TCO2 31 H (22-30) mmol/L
HCO3 POCT 29.5
BASE EXCESS 5 (-2-+3)
O2 SAT % 75 L (95-99) %

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

ST NAME FIRST NAME MIDDLE INITIAL ID NUMBER

DATE NOTES

1/29 at 10:00

1/30 Suspected to be critical pt. for hypoxia. Pt. still pt has been
occasionally hypoxic after suctioning. P/F₁₀₀ sits 85%, then
can take. P/F₁₀₀ 83/96, HR - 110-120. T_{rect} recorded.
Resp: ret. hatched 10:55 - 3T

Resp: Diffuse throughout a tension observed by ventilator
CNS: mostly normal. no n/2
Mud: Slightly clouded

News: Pupils non-reactive, 10:55 - 3T 10:55: no new pending

1/31 Hypoxia in critical pt. esp. 5:30 AM, who is now intubated
- ABC → P/F₁₀₀ OK on ear tube likely not sufficient.
However, will not pick up on finger, likely due to
looped.

- STAT CXR
- Suction ETT

2 Resusc Pt. after above

(b)(6)

1/31 Add. to above

Pexr shows ↑ pulm edem. ABG - pH-7.4 pO₂ (41) pCO₂-47 HCO₃ 29 O₂ sat (45)
Suspect pt. is fluid overloaded (above baseline) Will try to diurese.
This is precarious given ↓BP. Will add dopamine, give Lasix, and
start nitro again. If tolerated, will discontinue dopamine to continue
on 1 pressor. Prognosis Grim.

(b)(6)

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
16 JUL 07	NUTRITION
1133	<p>Labs 16 JUL 0938 Bun/creat 25/1.6, Na 150, @Bm today</p> <p>meds noted - @ persurs, sliding scale insulin</p> <p>TF - Jevity @ 20ml/hr = 576 kcal / 27g pro</p> <p>REC - start TPN 30ml/hr - if pt can handle an ↑ in fluid, will increase tomorrow + can ↑ rate and/or add lipids</p> <p>Clinimix @ 30ml/hr = 245 kcal / 31g pro</p> <p>Total TF + TPN = 943 kcal / 58g pro</p> <p>meeting ~ 38% kcal needs + ~ 59% protein needs</p> <p>Est needs based on 180#:</p> <p>~ 2450 kcal (30 kcal/kg)</p> <p>~ 98g pro (1.2g/kg)</p> <p>REC:</p> <ol style="list-style-type: none"> ① clinimix start 15ml/hr x 4 hrs, then goal 30ml/hr ② TG now + g week while on PN ③ tight glycemic control ④ TPN per PN order form

(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)

100 290

0027 07 CID 579 24074

LAST NAME FIRST NAME MIDDLE INITIAL ID NUMBER

Jim Progress Note (Cont)

DATE NOTES

16/July 07 GI: Back on trophic feeds only due to vasopressor need. D/w Nutrition & he needs to start TPN, as getting minimal nutrition due to inability to keep him hemodynamically stable.
- Continue trophic feeds & fluids, ↑ to 60cc/hr if w/ pressors.
- Start TPN @ 30cc/hr (trying to minimize fluid intake due to CHF)

II: Resistant Acinetobacter. Will confirm in lab. Will D/C vane after close tonight for 10 days. Still in intermittent fevers & of clear source other than pneumonia.

Heme: H/H stable on full anticoagulation
PnpH - on PPI, Lovenerx, oral care

(b)(6)

17 Jul 07 Rehab: Pat at risk for B ankle achilles tendon tightness/contracture however pat in good passive dorsiflexion of B ankles and no signs of heel decubites. Nursing reports performing B ankle PROM every hour and maintained I.A. debrts for anti-wound protection.

(b)(6)

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
-----------	------------	----------------	-----------

IM Progress Note INOTES HD#17 Vent D#15

16 July 07
@1056
30yo ♂ sp antecedent STEMI & severe CHF.
o/n: BP fed + restarted on vasopressors
to tachy on dopamine, now on levophed. Pentamyl stopped o/n

Nitroglyt vitals: Reviewed. Tm 101 @ 1600 15 July.

Valium ggt Hc: 2927 / 1485 @1560

Vec PRN CXR: ↑ bilat pulm edema

Plavix 75mg QD EKG: sinus tach, no change from prior, resolving STEMI

ASA 325mg QD labs: 0545 149 / 105 | 10 ← 10 Trop 1.0 @ 22 > 10 ← 423

RJSS (6.4) 28 | 0.7 CK-MB 47 @ 22 > 33

P itorax 40mg QD OSM 7.34 / 48 / 45 / 26 / 78% on 100% FiO2

Lasix 80mg BID Sputum Cx: Acinetobacter resistant to All (90%)

Tylenol PRN 0948 7.32 / 53 / 50 / 28 / 82%

Vanc 1gram IV q12h D#10 150 / 109 / 25

Levtyl @ 20 mg/hr 4.5 / 30 / 1.6 < 174

Free water

MA dobhoff @ 60 Blood Cx - & growth in any samples thus far

PE: sedated, moves tongue, eyebrows.
Crackles Regular, tachy, & murmur
Pulm Rhonchus bilat, & wheezes
Abdom: distended mildly, soft, @BS
Extrem: (A) edema (B) LE feet and ankles (C) (L) hand.

A/P @ nurse - Only temps available for sedation is valium, so on valium ggt, awaiting shipment of versed + Ativan several days. Restarted pentamyl ggt this AM (was stopped o/n due to hypotension).

@Pulm. Worsened Pulm edema overnight. FOLIC acid @ 20mg IV lasix @ 0100, another FOLIC acid after 20mg IV @ 0200. She has been fluid positive last 3 days.

MEDICAL RECORD

PROGRESS NOTES

DATE: 17 July 07 0930

IN Progress Note

NOTES: 0027 07 CID 539 vent D 2407

30yo ♂ w massive antlat STEMt & severe CHF.

O/N: continued on previous. Intermittent Oxygen desats.

SpO₂ 20 c/hm I/O: 4316 / 4581 (-265) large liquid Bnl yesterday

Low feed 20mg/min CXR: Bilat pulm edema & round appearing opacities

nitroglycerin 10mg/min R mid lobe.

Valium 7mg/hr EKG: Sinus tach, Q I, aVL, V4-V6. resolving STEMt antlat.

Fentanyl 50mg/hr labs 0700 7.4 / 50 / 40 / 32 / 74% on 100% F/O₂

TPSV 30ml/hr 151 | 107 | 30 (12.9) / 10 (273) Abi 1.7 Trop 3.8

R TSS 5.2 | 25 | 0.7 < 203 34.7 ck-mB 8.9

Plavix 75mg PO QD

ASA 325mg PO QD

Pronox 40mg IV q4h Sputum cx: Acinetobacter baumannii Resistant to all Abx, but intermediate to Unasyn, Ceftaz, lowefix.

Loxenix 80mg SQ BID PE: Sedated, opened eyes to physical stimulation

Tylenol PRN (legs being moved for exercise). Does not follow commands.

Vanc 1g am IV q12 D¹⁰ Care: Regular, tachy, commurm. Pulm rhonchorus,

Free water via & wheezing. Abdom: soft, (+) BS, extrem (+) edema - bilat

debt 1/6 ccb^o feet, 2(+) @ hand.

A/P ① neuro - has opened eyes to stimulation. & follow commands. Still on valium qgt due to other sedatives available. Continue fentanyl qgt for pain/sedation

② Pulm: Continued pulm edema. getting intermittent lasix. Growing Resistant Acinetobacter from sputum

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (ISSN or DUNS)
	LAST	FIRST	MI	OVER
DEPART /SERVICE	HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	
			ACM	
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)				

PROGRESS NOTES
 Medical Record
 STANDARD FORM 509 (REV. 5/1.203)
 Prescribed by GSA/ICMR FORM 1.203
 USAFA

MEDICAL RECORD

0027 07 018579 2407 AUTHORIZED FOR LOCAL REPRODUCTION PROGRESS NOTES

DATE: 18/July 07
 @ 1226
 Levofloxacin
 Ceftriaxone
 Fent 150mg/hr
 TPN 300cc/hr
 Valium 1mg/hr
 Tube feeds 200cc/hr
 Lev 30mg/min
 Nitrogly 5mg/min
 Plavix
 ASA
 Lorazepam
 Propofol

TIM Progress Note
 NOTES HD* M vent D#17

37yo male s/p massive anterolat STEMI after assault.
 Severe CHF, Cardiogenic shock. C/b continued fevers to 103, suspect septic shock? Q/N continued hypoxic despite 100% F102.
 O: vitals reviewed. Continued febrile to 103
 I/O: 4316/4581 (-265)
 Xray: worsened diffuse bilateral infiltrates q/w CHF
 144/98 | C 7.5/39/44/32/84% Trp 0.4
 4.3/34 0.9 8.8 7.7 292
 24.9 10/34 yesterday
 ABG @ M13
 7.3/62/44/32/74%
 EKG: NO from pprvs - resolving antlat Q wave mt.
 O: sedated, opened eyes @ times, @ overbreathing vent.
 Card: Regular, tachy, @murmur Pulm: @rhonchi, @wheezing
 Abdom: soft, @BS @BAM this AM. extrom. 2+ edema - bilat LF + @hand.
 A/P: @neuro: sedated, though opens eyes, so will ↑ valium. Still awaiting shipment of versed or Ativan.
 @Caut: s/p massive STEMI @ resultant severe CHF. Troponin still trending down. On nitro get for afterload reduction. Still requiring high dose vasopressors

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

PROGRESS NOTES
 Medical Record
 STANDARD FORM 509 (REV. 5/ Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203) USA PA
 EXP 0001
 24

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE: 19 July 07 SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) 0027 07 CID579 24074

Pt seen bilab and given (B) Night Splints for (B) Ankles. This prevents Achilles Contracture from functional heelcut. The ankle Straps that cross the ankle joint must be watched to prevent breakdown, Man. have to be unmoored.

19 July 07 IM Progress Note HD#20 Vent D#18
 @1630 30yo male sp massive anterior STEMI after assault
 - severe CHF, cardiogenic shock, c/w fevers to 103, suspect septic shock as well, growing
 Pen 150mg/h TPN 30cc/hr valium 5mg/h Zofex 20
 resistant Acinetobacter from sputum. Continued hypoxia despite 100% P102 + diuresis
 Levo 30mg/min O: I/O +969 yesterday
 Nitroglycerin 7.5mg/min xray: Continued bibat pulm infiltrate c/w CHF
 Plavix 75 Lab: 133 | 95 | 34 | 174 7.45 | 49 | 40 | 34 | 77%
 ASA 325 38 | 36 | 110 Troponin 0.8
 Levenox 80 BD 11.1 | 8.1 | 285 @1250 7.35 | 34 | 40 | 30 | 71%
 Protonix 40 BD 2.5
 Levoflox 133 | 96 | 37
 Cefazadime EKG sinus tach. c/w from priors 4.5 | 23 | 0.9 | 169
 Tylenol PRN A/P @ neuro patient opens eyes today to command.
 Vent: 100% P102 moving slightly when sedation light. On valium (&
 A/C TV700 PEPPS other sedatives available) & Fentanyl.

(b)(6)

HOSPITAL OR MEDICAL FACILITY RR-28	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT (Signature)
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	(Signature)
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
 FIRM (41 CFR) 201-9.202-1 USAPA V2.00

ICU Flowsheet

8027 07 010079 2407

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-68; the proponent agency is the Office of The Surgeon General

REPORT TITLE

TASK FORCE 31 MEDICAL - INTENSIVE CARE UNIT FLOWSHEET

OTSG APPROVED (DATE)

(YYYYMMDD)

Critical Care Unit 31st Combat Support Hospital Camp Bucca

LENGTH OF STAY DATA	
DOA	30 Jun 07
Hospital Day #	15
POD	N/A
Last Surgery Day	N/A

INTAKE/OUTPUT	
Admit Weight	180 lbs
Today's Weight	
Yesterday's Weight	
24-Hour Intake	
24-Hour Output	
24-Hour Balance	
Yesterday's Balance	+ 997
Last BM	2007 07 09

Nurse's Signature	Initials	Time
(b)(6)	(b)(6)	0700
		0713-19
		0801

SAFETY CHECKS	DAYS	NIGHTS
	(b)(6)	
BVM at Bedside		
Monitor Alarms On		
ID Bracelet On/Rakmak in chart		
Allergy Bracelet On		
Side Rails Up x 2		
Bed In Low Position		
Falls Protocol		
Seizure Precautions		

PREPARED BY (Signature & Title)

(b)(6)

DEPARTMENT/SERVICE/CLINIC

Intensive Care Unit, (Camp Bucca)

DATE (YYYYMMDD)

20070714

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

(b)(6)

- | | |
|--|---|
| <input type="checkbox"/> HISTORY/PHYSICAL | <input checked="" type="checkbox"/> FLOWCHART |
| <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> DIAGNOSTIC STUDIES | |
| <input type="checkbox"/> TREATMENT | |

TASK FORCE 31 MED ICU NURSING ASSESSMENT FLOWSHEET

0027 07 CID579 24
24074

		TIME	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	Radial	R	1			1				1					1								1				
		L	1			1				1					1								1				
	Dorsalis Pedis	R	1			1				1					1								1				
		L	1			1				1					1								1				
SKIN (1) Normal (2) Pale (3) Cyanotic (4) Warm (5) Cool (6) Moist (7) Dry (8) Cyanotic (9) Jaundice			1			1				4 ^{hr}					4								4				
EDEMA (1+, 2+, 3+)			2			2				2+					2							2					
Location: (1) Face (2) RUE (3) LUE (4) RLE (5) LLE (6) Bilateral Ankle			6			6				6					6							6					
HEART SOUNDS (1) Clear, Regular, (2) S ₁ , S ₂ , (3) S ₃ (4) S ₄ , (5) Rub (6) Murmur (Unspecified)			2			2				2					2							2					
HEART RYTHM/ECTOPY		Rhythm	3			3				3					3							3					
(1) NSR, (2) SB, (3) ST, (4) SVT, (5) A-Fib, (6) A-Flutter, (7) VT, (8) MAT		Ectopy	0			0				0					0							0					
Arterial Line (Zeroed & Calibrated)			✓			✓				✓					✓							✓					
ABDOMEN (1) Distended (2) Soft (3) Flat (4) Round (5) Firm			2/4			2/4				2/4					2							2					
(1) Active (2) Hyperactive (3) Hypoactive (4) Absent		RUQ	3			3				3	3				3	3						3	3				
		LUQ	3			3				3	3				3	3						3	3				
		RLQ	3			3				3	3				3	3						3	3				
		LLQ	3			3				3	3				3	3						3	3				
NG/DOBHOF (Placement Verified)			✓			✓				✓					✓							✓					
RESIDUAL ASSESSED (If on TF, Check Q4H)			✓			✓				LIWS					LIWS							LIWS					
FOLEY CATHETER(FC) Fr Size		6	6			6				16					✓							✓					
VOIDS (V)			2			2				2					2							2					
HYGIENE		Bed Bath	✓			✓				✓					✓							✓					
(Intubated pts twice a shift)		WC	✓			✓				✓					✓							✓					
		Oral Care	✓			✓				✓					✓							✓					
MOBILITY		Bedrest (BR)	✓			✓				✓					✓							✓					
		BSC	✓			✓				✓					✓							✓					
		Chair	✓			✓				✓					✓							✓					
		Ambulate	✓			✓				✓					✓							✓					
POSITIONING		Right	✓			✓				✓					✓							✓					
		Left	✓			✓				✓					✓							✓					
		Supine	✓			✓				✓					✓							✓					
		HOB 30° Elevated	✓			✓				✓					✓							✓					
RESTRAINT LOCATION:		RUE	0			0				0					0							0					
		LUE	0			0				0					0							0					
		RLE	0			0				0					0							0					
		LLE	0			0				0					0							0					
(1) No skin breakdown, <3 sec cap refill, normal color (2) ROM (3) Reposition (4) * See note		No Breakdown	✓			✓				✓					✓							✓					
		Surgical Wounds	✓			✓				✓					✓							✓					
		Rash/Lac, Etc...	✓			✓				✓					✓							✓					
Dressings * (See wound and skin assessment tool)																											
INVASIVE LINES		Site	Date Inserted		Description		D	N																			
(L) femoral FLC		(L) femoral	9 July 07		PATENT CID I		(b)(6)																				
A-line		(R) Radial	6 July 07		FUSION LEVEL																						

EXHIBIT 24

ICU Flowsheet

0027 07 CID579 24074

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-68; the proponent agency is the Office of The Surgeon General

REPORT TITLE

TASK FORCE 31 MEDICAL - INTENSIVE CARE UNIT FLOWSHEET

OTSG APPROVED (DATE)

(YYYYMMDD)

**Critical Care Unit
31st Combat Support Hospital
Camp Bucca**

LENGTH OF STAY DATA	
DOA	30 Jun
Hospital Day #	17
POD	NA
Last Surgery Day	NA

INTAKE/OUTPUT	
Admit Weight	184 lbs
Today's Weight	
Yesterday's Weight	
24-Hour Intake	
24-Hour Output	
24-Hour Balance	
Yesterday's Balance	+1560
Last BM	

Nurse's Signature	Initials	Time
(b)(6)	(b)(6)	07-07-06
		02-19 ⁰⁰
		19-03-07
		07-12

SAFETY CHECKS	DAYS	NIGHTS
	(b)(6)	
BVM at Bedside		
Monitor Alarms On		
ID Bracelet On/Rakmak in chart		
Allergy Bracelet On		
Side Rails Up x 2		
Bed In Low Position		
Falls Protocol		
Seizure Precautions		

PREPARED BY (Signature & Title)

(b)(6)

DEPARTMENT/SERVICE/CLINIC

Intensive Care Unit, (Camp Bucca)

DATE (YYYYMMDD)

2007 07 16

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

(b)(6)

- | | |
|--|---|
| <input type="checkbox"/> HISTORY/PHYSICAL | <input checked="" type="checkbox"/> FLOWCHART |
| <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> DIAGNOSTIC STUDIES | |
| <input type="checkbox"/> TREATMENT | |

TASK FORCE 31 MED ICU NURSING ASSESSMENT FLOWSHEET

0027 07 CID579 24074

		TIME	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	Radial	R	1							1																
		L	1							1																
	Dorsalis Pedis	R	1							1																
		L	1							1																
SKIN (1) Normal (2) Pale (3) Cyanotic (4) Warm (5) Cool (6) Moist (7) Dry (8) Cyanotic (9) Jaundice			5				5			4 trunk																
EDEMA (1+, 2+, 3+)		7				7				5 hands feet									4.7							
Location: (1) Face (2) RUE (3) LUE (4) RLE (5) LLE (6) Bilateral Ankle		24				24				24									24							
HEART SOUNDS (1) Clear, Regular, (2) S1, S2 (3) S3 (4) S4 (5) Rub (6) Murmur (Unspecified)		1				1				6									6							
HEART RHYTHM/ECTOPY (1) NSR (2) SB (3) ST (4) SVT (5) A-Fib (6) A-Flutter (7) VT (8) MAT	Rhythm	3				3				2									2							
	Ectopy	0				0				0									0							
Arterial Line (Zeroed & Calibrated)		✓				✓				✓									✓							
ABDOMEN (1) Distended (2) Soft (3) Flat (4) Round (5) Firm		2/4				2/4				2/4									2/4							
(1) Active (2) Hyperactive (3) Hypoactive (4) Absent	RUQ	3				3				3									3							
	LUQ	3				3				3									3							
	RLQ	3				3				3									3							
	LLQ	3				3				3									3							
NG/DOBHOF (Placement Verified)		✓				✓				✓									✓							
RESIDUAL ASSESSED (if on TF, Check Q4H)		✓				✓				✓									✓							
FOLEY CATHETER(FC)		✓				✓				✓									✓							
VOIDS (V)	Fr Size: 16	✓				✓			16	✓									16							
HYGIENE (1) Clear, yellow urine (2) Amber (3) Sediment (4) Bloody	Bed Bath	2				2				2									2							
	WC	✓				✓				✓									✓							
	Oral Care	✓				✓				✓									✓							
	Intubated pts twice a shift		✓			✓				✓									✓							
MOBILITY	Bedrest (BR)	✓				✓				✓									✓							
	BSC	✓				✓				✓									✓							
	Chair	✓				✓				✓									✓							
	Ambulate	✓				✓				✓									✓							
	Right	✓				✓				✓									✓							
POSITIONING	Left	✓				✓				✓									✓							
	Supine	✓				✓				✓									✓							
	HOB 30° Elevated	✓				✓				✓									✓							
	RUE	None				None				None									None							
	LUE	None				None				None									None							
CONSTRAINT LOCATION:	RLE	None				None				None									None							
	LLE	None				None				None									None							
	skin breakdown, <3 sec cap refill, normal color	✓				✓				✓									✓							
	skin (3) Reposition (4) * See note	✓				✓				✓									✓							
WOUND INTEGRITY	No Breakdown	✓				✓				✓									✓							
	Surgical Wounds	✓				✓				✓									✓							
	Rash/Lac, Etc...	✓				✓				✓									✓							
INVASIVE LINES																										
	Site	Date Inserted	Description	D	N																					
	L.C. A-line DC'd @ 0900	(R) Femoral	9 July 07	Patent C/D/E	(b)(6)																					
	A-line	(R) Radial	6 July 07	fluid, fluid, per, etc																						
		(R) Femoral	16 JUL 07	Newline (RA) DC'd																						

EXHIBIT 24

Intake Output Flowsheet

0027 07 CID579 24074

DATE	INTAKE								OUTPUT				COMMENT	
	TIME	EMNF	IVPB TPN	ORAL Subq	ENT	VALIUM	MARCO	LEVO	DEPARTMENT TOTAL	URINE	CG THOR	BM		TOTAL
0000	S			20	12/35	3	46			90				
0100	S			20	off 12/35	3	46			90				
0200	S			20	off 12/35	3	46			75				bring fresh juice
0300	S			20	35	3	46			432				
0400	S			250	35	3	46			280				
0500	S			20	35	3	46			85				
0600	S			20	off 35	3	46			80				
0700	S			20	6 35	3	46			25				
0800	S	Vanc 250		20	12 35	3	46			35				20mg Levix IV @ 0750
0900	S			20	12 35	3	46			↓				
1000	S			20	12 35	3	46			↓				
1100	S			20	12 35	3	46			400		X1		
12 Hr Total	60	250	0	650	66	420	281.5	5	TOTAL 2055.5	2327	100	X1		-391.5
1200	S			20	12/35	3	46			100				
1300	S	Proban 100		20	12/35	3	46			60				ATPN started
1400	S			20	12/35	3	46			60				
1500	S			20	12/20	3	46			110				↓ Valium to 4mg/hr
1600	S			20	12/35	3	46			100				
1700	S			20	12/35	3	46			90				Free H2o given vAD
1800	S			20	12/35	3	46			100	500			* Fentanyl conc 25mcg/ml
1900	S			20	6/35	3	46			90				
2000	S	Proc 250		20	6 35	3	46			434	1700			T 100 CG output CAB shift *
2100	S			20	6 35	3	50			310				
2200	S			20	6 35	3	50			90				
2300	S			250	6 35	3	50			110				
2 Hr Total	60	350	250	470	103	465	281	5	2281	1654	500		2154	+127 1291R
24 Hr Total									4310				4581	= 265 2491R

000135
EXHIBIT 24

Frequent Vital Signs Flowsheet
TF 31 (Revised 1 May 2007)

Date/Time	Temperature (Route)	Pulse	Respirations	Blood Pressure	SaO2	O2 Requirements	Additional Comments (i.e. unit #, rate of infusion, volume infused, etc.)	Initials
0910	102.3	130	VENT 29	92/52	74%	VENT FiO2-100%	Pretransfusion V/S	(b)(6)
0915	102.3	135	29	90/52	72%		Transfusion started	
0920	102.2	134		90/51	72%			
0925	102.2	136		90/52	73%			(b)(6)
0930	102.1	136		88/50	71%			
0945	102.3	136		88/57	72%			
1000								
1015								
1045								
1115								
<p>PT EXPIRED @ 1107. CPR initiated @ 1047</p>								

PREPARED BY (Name & Title) (b)(6)	DEPARTMENT/SERVICE/CLINIC ICU	DATE (b)(6) 07
PATIENT'S INDICATION		
Hospital Number _____ ISN # (b)(6)	<input type="checkbox"/> HISTORY/PHYSICAL <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION <input type="checkbox"/> DIAGNOSTIC STUDIES <input type="checkbox"/> TREATMENT	<input type="checkbox"/> FLOWCHART <input type="checkbox"/> OTHER
t: ICW _____ Bed # _____ ICU 1 Bed # <u>1</u>		

MEDICAL RECORD

REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

A. IDENTIFICATION

1a. (Check all applicable boxes)		1b. DESCRIBE
<input checked="" type="checkbox"/> OPERATION OR PROCEDURE	<input checked="" type="checkbox"/> SEDATION	Tracheostomy
<input checked="" type="checkbox"/> ANESTHESIA	<input checked="" type="checkbox"/> TRANSFUSION	

B. STATEMENT OF REQUEST

2. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be (describe operation or procedure in layman's language)

Place breathing tube into neck

which is to be performed by or under the direction of Dr. (b)(6)

3. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.

4. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.

5. Exceptions to surgery or anesthesia, if any are: none (If "none", so state)

I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:

- a. The name of the patient and his/her family is not used to identify said pictures.
- b. Said pictures be used only for purposes for medical/dental study or research.

(Cross out any parts above which are not appropriate)

C. SIGNATURES

(Appropriate items in parts A and B must be completed before signing)

8. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as (b)(6), attendant risks involved, and expected results, as described above. I have also discussed potential pro... (b)(6) I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request that I agree to procedure stated in item A1B.

9. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request that I agree to procedure stated in item A1B.

10. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) sponsor/guardian of (b)(6) understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team) (Signature of Sponsor/Legal Guardian) (Date and Time)

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

REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

Medical Record

OPTIONAL FORM 522 (REV. 8/2003) Prescribed by GSA/ICMR FMR (41 CFR) 102-194.30(ii)

(b)(6)

Request for the Administration of Anesthesia and Performance of Procedures

- A. The nature, risk, and possibilities of complication of the surgery have been explained to me, and I know that the results of the surgery, which will be performed by Coalition Medical Staff, are not guaranteed.
- B. I request the performance of the procedure, and of such additional procedures or operations as are found to be necessary or desirable, in the judgment of the professional staff.
- C. I agree to the administration of general or local anesthetics as recommended by the specialized medical staff of the hospital.
- D. I agree to the disposal of any tissue or organ that the surgical staff find necessary to remove.
- E. I agree that photographs and films may be taken of the surgery for the purpose of medical documentation of care.

Description of Procedure:

Tracheostomy

At unable to sign / Inhibit
Patient Signature and Date

(b)(6)

Signature and Date

Counseling Provider: I have counseled this patient as to the nature of the proposed procedures(s), attendant risks, involved, and expected results.

(b)(6)

(b)(6)
ACLU-RDI 5548 p.86

M

TAB

0027 07 CID579 24074

NARRATIVE AND SUMMARY (Continued)

RECOMMENDATIONS

RECOMMENDATIONS PRESENTED

TYPED NAME OF IDENTIFICATION SPECIALIST	NAME AND ADDRESS OF INSTALLATION
TITLE OF IDENTIFICATION SPECIALIST	
SIGNATURE OF IDENTIFICATION SPECIALIST	DATE

RECOMMENDATIONS APPROVED

To the best of my knowledge and belief, the statements made herein are correct and true.

TYPED NAME OF APPROVING OFFICER	GRADE	NAME AND ADDRESS OF INSTALLATION
TITLE OF APPROVING OFFICER		
SIGNATURE OF APPROVING OFFICER		DATE

TASK FORCE 31 MED ICU NURSING ASSESSMENT FLOWSHEET

0027 07 010579 24071

		TIME	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	Radial	R	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
		L	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Dorsalis Pedis	R	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
		L	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
SKIN (1) Normal (2) Pale (3) Cyanotic (4) Warm (5) Cool (6) Moist (7) Dry (8) Cyanotic (9) Jaundice			5		5		5		5		5		5		5		5		5		5		5		5		
EDEMA (1+, 2+, 3+)			2+		2+		2+		2+		2+		2+		2+		2+		2+		2+		2+		2+		
Location: (1) Face (2) RUE (3) LUE (4) RLE (5) LLE (6) -Bilateral Ankles			6		6		6		6		6		6		6		6		6		6		6		6		
HEART SOUNDS (1) Clear, Regular, (2) S ₁ , S ₂ , (3) S ₃ (4) S ₄ , (5) Rub (6) Murmur (Unspecified)			2		2		2		2		2		2		2		2		2		2		2		2		
HEART RYTHM/ECTOPY (1) NSR, (2) SB, (3) ST, (4) SVT, (5) A-Fib, (6) A-Flutter, (7) VT, (8) MAT		Rhythm	3		3		3		3		3		3		3		3		3		3		3		3		
		Ectopy	0		0		0		0		0		0		0		0		0		0		0		0		
Arterial Line (Zeroed & Calibrated)			✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		
ABDOMEN (1) Distended (2) Soft (3) Flat (4) Round (5) Firm			2/4		2/4		2/4		2/4		2/4		2/4		2/4		2/4		2/4		2/4		2/4		2/4		
(1) Active (2) Hyperactive (3) Hypoactive (4) Absent		RUQ	3		3		3		3		3		3		3		3		3		3		3		3		
		LUQ	3		3		3		3		3		3		3		3		3		3		3		3		
		RLQ	3		3		3		3		3		3		3		3		3		3		3		3		
		LLQ	3		3		3		3		3		3		3		3		3		3		3		3		
NG/DOBHOF (Placement Verified)			✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		
RESIDUAL ASSESSED (If on TF, Check Q4H)			✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		
FOLEY CATHETER(FC) Fr Size: 16			✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		
VOIDS (V) (1) Clear, yellow urine (2) Amber (3) Sediment (4) Bloody			2		2		2		2		2		2		2		2		2		2		2		2		
HYGIENE		Bed Bath	✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		
		WC	✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		
**Intubated pts twice a shift		Oral Care	✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		
MOBILITY		Bedrest (BR)	✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		
		BSC																									
		Chair																									
		Ambulate																									
POSITIONING		Right																									
		Left																									
		Supine	✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		
		HOB 30° Elevated	✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		
RESTRAINT LOCATION:		RUE	N		N		N		N		N		N		N		N		N		N		N		N		
		LUE	0		0		0		0		0		0		0		0		0		0		0		0		
		RLE	N		N		N		N		N		N		N		N		N		N		N		N		
		LLE	E		E		E		E		E		E		E		E		E		E		E		E		
(1) No skin breakdown, <3 sec cap refill, normal color (2) ROM (3) Reposition (4) * See note		No Breakdown	✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		
		Surgical Wounds																									
		Rash/Lac, Etc...																									
Dressings * (See wound and skin assessment tool)																											
INVASIVE LINES		Site	Date Inserted		Description		D	N																			
		(L) Femoral TLC A-Line	(L) Femoral 7 July 07		Flusgel, heurlec, zero ductic latch note				(b)(6)																		
		(R) Femoral	(R) Femoral 16 July 07																								
		(L) Femoral TLC A-Line	(L) Femoral 9 Jul 07		Patient																						
		(R) Femoral	(R) Femoral 16 Jul 07		Patient																						

DEPARTMENT OF THE ARMY
TF 31 MED, BAGHDAD
APO AE 09342

STANDARD OPERATING PROCEDURE
ACINETOBACTER PROTOCOL

1. **PURPOSE:** To establish standard procedures for the care and precautions of Acinetobacter patients.
2. **RESPONSIBILITY:** All hospital personnel involved with the care of Acinetobacter patients.
3. **GENERAL:** There is a high rate of Acinetobacter colonization in patients in the Iraqi population.

4. **SPECIFIC:**

A. **Careful hand washing** should be performed at all appropriate times, either at the sink or using an alcohol-based hand sanitizer. **Contact Precautions in addition to Standard Precautions** must be followed at all times.

B. Patients should be placed in a private room (There are private rooms available at the TF 31 MED – Camp Cropper and Camp Bucca) or cohorted with other *Acinetobacter*-diagnosed patients. Patients will be placed on maximum precautions (gowns and gloves on entering the room plus added precautions as needed). Masks will be worn whenever contact with respiratory fluids or secretions can be reasonably anticipated, such as disconnecting ventilator, suctioning apparatus, manipulating wound drains, or if any other possibility of splashing or exposure to secretions. Masks will be used at all times if the patient has had a sputum culture positive for *Acinetobacter* and any time wound dressing changes are performed on these patients.

- C. Hospital approved anti-bacterial disinfectant should be used for the following:
1. Daily cleaning of all bathrooms, both patient and staff bathrooms.
 2. Daily cleaning of all sinks and faucets
 3. Terminal cleaning of all rooms
 - a. Mattresses (all six sides)
 - b. Bed frame: headboard, footboard, side rails, underneath
 - c. Patient equipment: ventilator, suction machines and canisters, Propacs, cables. Any equipment used on the patient.
 - d. Bedside tables
 4. Daily cleaning of soiled utility room
 5. Daily cleaning of clean utility room
 6. Routine cleaning of all shared equipment between patient use
 - a. IV poles

- b. Commodes
 - c. Wheelchairs
 - d. Gurneys
 - e. Glucometer
 - f. Thermometers
 - g. I-stat
7. Terminal cleaning should be performed by designated personnel and those personnel should not clean areas occupied by non-*Acinetobacter* patients.
 - a. Change curtains & sheets, bagging dirty linen and sending to laundry
 - b. Wet disinfectant/mopping of floors, walls, bed, bedside table, IV poles, etc.
 - c. Single use/disposable equipment should be used whenever possible
 8. Change mop water after cleaning of the *Acinetobacter* patient room is completed. Change mop head and send to laundry. Leave mop handle in patient's room (disinfect with terminal cleaning).
 9. Change curtains and send to laundry during terminal cleaning
 10. Supply cabinets should be relocated outside the room and/or the minimum amount of supplies needed should be taken into the room at any one time.
 - a. Any supplies/equipment that enters the room must stay in the room and be discarded with terminal cleaning
 - b. Might consider placing a bedside table just outside the area with gloves, gowns, and necessary supplies so to avoid contamination of limited resources

D. STAFFING

1. **Nursing Care:** Nurses caring for patients with *Acinetobacter* must not be assigned to other patients unless those patients are also diagnosed with *Acinetobacter*. If the nurse must enter the room of a non-*Acinetobacter* patient, the nurse should practice "reverse isolation" with the other patient. The nurse should wash her hands and wear a clean gown and gloves into the non-*Acinetobacter* patient's room. Nurses caring for these patients should not enter the room of a non-*Acinetobacter* patient who is immunocompromised or who has a tracheostomy or wounds.

2. **Physician Care:** Every attempt will be made to assure that as few different groups of physicians and limited numbers of individuals care for the patient with *Acinetobacter*. This means that teams of physicians should limit the number of physicians entering the room to the essential caregivers whenever possible. When physician teams must care for both *Acinetobacter* and Non-*Acinetobacter* patients, patients with *Acinetobacter* should be seen last during rounds whenever possible. Physicians must abide by the required gowns, gloves, and masks for patient care and should perform careful hand hygiene before and after leaving the patient's room.

E. PATIENT PLACEMENT. Patient placement must occur in a timely manner and must not be delayed by the process of meeting the requirements of Maximum Isolation Precautions. If the one-to-one or one-to-cohort staffing requirement cannot be arranged immediately, the Department of Nursing will work to meet the staffing requirement promptly.

0027 07 CID 579 24074



Department of Health and Human Services

Centers for Disease Control and Prevention

Drug-resistant *Acinetobacter* Infections in Healthcare Settings

Overview of Drug-resistant *Acinetobacter* Infections in Healthcare Settings

Released: September 24, 2004

What is *Acinetobacter*?

Acinetobacter (ass in ée toe back ter) is a group of bacteria commonly found in soil and water. It can also be found on the skin of healthy people, especially healthcare personnel. While there are many types or “species” of *Acinetobacter* and all can cause human disease, *Acinetobacter baumannii* accounts for about 80% of reported infections.

Outbreaks of *Acinetobacter* infections typically occur in intensive care units and healthcare settings housing very ill patients. *Acinetobacter* infections rarely occur outside of healthcare settings.

What are the symptoms of *Acinetobacter* infection?

Acinetobacter causes a variety of diseases, ranging from pneumonia to serious blood or wound infections and the symptoms vary depending on the disease. Typical symptoms of pneumonia could include fever, chills, or cough. *Acinetobacter* may also “colonize” or live in a patient without causing infection or symptoms, especially in tracheostomy sites or open wounds.

How do people get *Acinetobacter* infection?

Acinetobacter poses very little risk to healthy people. However, people who have weakened immune systems, chronic lung disease, or diabetes may be more susceptible to infections with *Acinetobacter*. Hospitalized patients, especially very ill patients on a ventilator, those with a prolonged hospital stay, or those who have open wounds, are also at greater risk for *Acinetobacter* infection. *Acinetobacter* can be spread to susceptible persons by person-to-person contact, contact with contaminated surfaces, or exposure in the environment.

How is *Acinetobacter* infection treated?

Acinetobacter is often resistant to many commonly prescribed antibiotics. Decisions on treatment of infections with *Acinetobacter* should be made on a case-by-case basis by a healthcare provider. *Acinetobacter* infection typically occurs in very ill patients and can either cause or contribute to death in these patients.

What should I do to prevent the spread of *Acinetobacter* infection to others?

Acinetobacter can live on the skin and may survive in the environment for several days. Careful attention to infection control procedures such as hand hygiene and environmental cleaning can reduce the risk of transmission. For more information on infection control

EXHIBIT 24

0027 07 0 027 2807

practices and hand hygiene, see [Hand Hygiene in Healthcare Settings](#) and [Guideline for Isolation Precautions in Hospitals](#).

Date last modified: September 24, 2004

Content source:

Division of Healthcare Quality Promotion (DHQP)

National Center for Preparedness, Detection, and Control of Infectious Diseases

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
SAFER • HEALTHIER • PEOPLE

ICU Flowsheet

0027 07 CID579 24074

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-68; the proponent agency is the Office of The Surgeon General

REPORT TITLE

TASK FORCE 31 MEDICAL - INTENSIVE CARE UNIT FLOWSHEET

OTSG APPROVED (DATE)

(YYYYMMDD)

Critical Care Unit 31st Combat Support Hospital Camp Bucca

LENGTH OF STAY DATA	
DOA	30 Jun
Hospital Day #	21
POD	N/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	-420
Last BM	1934/12

Nurse's Signature	Initials	Time
(b)(6)		0700
		0801

SAFETY CHECKS	DAYS	NIGHTS
BVM at Bedside	(b)(6)	
Monitor Alarms On		
ID Bracelet On/Rakmak in chart		
Allergy Bracelet On		
Side Rails Up x 2		
Bed In Low Position		
Falls Protocol		
Seizure Precautions		

PREPARED BY (Signature & Title)

(b)(6)

DEPARTMENT/SERVICE/CLINIC

Intensive Care Unit, (Camp Bucca)

DATE (YYYYMMDD)

20070720

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

(b)(6)

- | | |
|--|---|
| <input type="checkbox"/> HISTORY/PHYSICAL | <input checked="" type="checkbox"/> FLOWCHART |
| <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> DIAGNOSTIC STUDIES | |
| <input type="checkbox"/> TREATMENT | |

TASK FOR 31 MED ICU NURSING ASSESSMENT FLOWSHEET

0027 07 CID579 24074

		TIME	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	Radial	R	1				1				1																
		L	1				1				1																
	Dorsalis Pedis	R	1				1				1																
		L	1				1				1																
SKIN (1) Normal (2) Pale (3) Cyanotic (4) Warm (5) Cool (6) Moist (7) Dry (8) Hot (9) Jaundice			5				5				4																
			7				7				7																
EDEMA (1+, 2+, 3+)			2+				2+				2+																
Location: (1) Face (2) RUE (3) LUE (4) RLE (5) LLE (6) Bilateral Ankles (6) Generalized			Generalized				Generalized				6																
HEART SOUNDS (1) Clear, Regular, (2) S ₁ , S ₂ , (3) S ₃ (4) S ₄ , (5) Rub (6) Murmur (Unspecified)			1				1				1																
			2				2				2																
HEART RHYTHM/ECTOPY (1) NSR, (2) SB, (3) ST, (4) SVT, (5) A-Fib, (6) A-Flutter, (7) VT, (8) MAT	Rhythm		3				3				3																
	Ectopy		0				0				0																
Arterial Line (Zeroed & Calibrated)			✓				✓				✓																
ABDOMEN (1) Distended (2) Soft (3) Flat (4) Round (5) Firm			2/4				2/4				2/3																
	(1) Active (2) Hyperactive (3) Hypoactive (4) Absent	RUQ	LUQ	3	3		3	3			3	3															
	RLQ	LLQ	3	3		3	3			3	3																
NG/DOBHOF (Placement Verified)			✓				✓				✓																
RESIDUAL ASSESSED (If on TF, Check Q4H)			✓				✓				✓																
FOLEY CATHETER(FC) Fr Size: 16			✓				✓				✓																
VOIDS (V)			2				2				2																
HYGIENE	Bed Bath		✓				✓																				
	WC																										
**Intubated pts twice a shift	Oral Care		✓				✓				✓																
MOBILITY	Bedrest (BR)		✓				✓				✓																
	BSC																										
	Chair																										
	Ambulate																										
POSITIONING	Right																										
	Left																										
	Supine		✓				✓				✓																
	HOB 30° Elevated		✓				✓				✓																
RESTRAINT LOCATION:	RUE		0				0				0																
	LUE		0				0				0																
	RLE		0				0				0																
	LLE		0				0				0																
(1) No skin breakdown, <3 sec cap refill, normal color (2) ROM (3) Reposition (4) * See note																											
SKIN INTEGRITY	No Breakdown		1				1																				
	Surgical Wounds																										
	Rash/Lac, Etc...																										
Dressings * (See wound and skin assessment tool)																											
INVASIVE LINES			Site				Date Inserted				Description				D		N										
A-Line			② Femoral				16 Jul 07				Clotted line per Dr. Kara Notoi Ruled																
TLC			⑤ Femoral				9 Jul 07				Patient CID/E				(b)		(6)										
A-Line			② Femoral				16 Jul 07				Patent																
TLC			⑤ Femoral				9 Jul 07				Patent																

Intake Output Flow Sheet

0027 07 610579 24074

DATE	INTAKE							OUTPUT					COMMENT
TIME	MS IVF	IVPB-TPN	ORAL	NITRO	LEUC	FENT	VALIUM	TOTAL	URINE	OG	BM	TOTAL	
0000	S	30	20	2 ³	50	6	25		80				
0100	S	30	20	2 ³	50	6	25		85	T1500			
0200	S	30	20	2 ³	50	6	25		95				
0300	S	30	20	2 ³	50	6	25		84				Lasix 40mg 100g per
0400	S	30	20	2 ³	75	6	25		60				
0500	S	30	20	2 ³	75	6	25		90				
0600	S	30	20	1.5	75	6	25		60				
0700	S	30	20	1.5	75	6	25		60				
0800	S	30	20	1.5	75	6	25		20				Lasix 80mg/Tylenol 1600
0900	S	30	20	1.5	75	6	25		23				
1000	S	30	20	1.5	75	6	25		20				
1100													
12 Hr Total													
1200													
1300													
1400													
1500													
1600													
1700													
1800													
1900													
2000													
2100													
2200													
2300													
2 Hr Total													
24 Hr Total													

ICU Flowsheet

0027 07 CID579 24074

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-68; the proponent agency is the Office of The Surgeon General

REPORT TITLE

TASK FORCE 31 MEDICAL - INTENSIVE CARE UNIT FLOWSHEET

OTSG APPROVED (DATE)

(YYYYMMDD)

Critical Care Unit 31st Combat Support Hospital Camp Bucca

LENGTH OF STAY DATA	
DOA	30 Jun
Hospital Day #	20
POD	N/A
Last Surgery Day	N/A

INTAKE/OUTPUT	
Admit Weight	
Today's Weight	
Yesterday's Weight	
24-Hour Intake	3913 3895
24-Hour Output	4033 4015
24-Hour Balance	-320 -420
Yesterday's Balance	
Last BM	FI July 12

Nurse's Signature	Initials	Time
(b)(6)	(b)(6)	07-19
	(b)(6)	0001

SAFETY CHECKS	DAYS	NIGHTS
BVM at Bedside	(b)(6)	
Monitor Alarms On		
ID Bracelet On/Rakmak in chart		
Allergy Bracelet On		
Side Rails Up x 2		
Bed In Low Position		
Falls Protocol		
Seizure Precautions		

PREPARED BY (Signature & Title)

(b)(6)

DEPARTMENT/SERVICE/CLINIC

Intensive Care Unit, (Camp Bucca)

DATE (YYYYMMDD)

7/19/09

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

(b)(6)

- | | |
|--|---|
| <input type="checkbox"/> HISTORY/PHYSICAL | <input checked="" type="checkbox"/> FLOWCHART |
| <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> DIAGNOSTIC STUDIES | |
| <input type="checkbox"/> TREATMENT | |

TASK FOR 31 MED ICU NURSING ASSESSMENT FLOWSHEET

0027 07 CID579 24074

		TIME	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent <i>*Dapper</i>	Radial	R									*																
		L										*															
	Dorsalis Pedis	R																									
		L																									
SKIN (1) Normal (2) Pale (3) Cyanotic (4) Warm (5) Cool (6) Moist (7) Dry (8) Cyanotic (9) Jaundice			5				5				3												5				
EDEMA (1+, 2+, 3+)			2+				2+				2+												2+				
Location: (1) Face (2) RUE (3) LUE (4) RLE (5) LLE (6) Bilateral Ankles			<i>general</i>				<i>general</i>				<i>general</i>												<i>general</i>				
HEART SOUNDS (1) Clear, Regular, (2) S ₁ , S ₂ , (3) S ₃ (4) S ₄ , (5) Rub (6) Murmur (Unspecified)			2				2				2												2				
HEART RYTHM/ECTOPY (1) NSR, (2) SB, (3) ST, (4) SVT, (5) A-Fib, (6) A-Flutter, (7) VT, (8) MAT	Rhythm		3				3				3												3				
	Ectopy		0				0				0												0				
Arterial Line (Zeroed & Calibrated)			✓				✓				✓												✓				
ABDOMEN (1) Distended (2) Soft (3) Flat (4) Round (5) Firm			2/4				2/4				2/4												2/4				
(1) Active (2) Hyperactive (3) Hypoactive (4) Absent	RUQ	LUQ	3	3			3	3			3	3											3	3			
	RLQ	LLQ	3	3			3	3			3	3											3	3			
NG/DOBHOF (Placement Verified)			✓				✓				✓												✓				
RESIDUAL ASSESSED (If on TF, Check Q4H)			✓				✓				✓												✓				
FOLEY CATHETER(FC) Fr Size			✓				✓				✓												✓				
VOIDS (V) (1) Clear, yellow urine (2) Amber (3) Sediment (4) Bloody			2				2				2												2				
HYGIENE **Intubated pts twice a shift	Bed Bath	WC	✓				✓				✓												✓				
	Oral Care		✓				✓				✓	✓											✓				
MOBILITY	Bedrest (BR)		✓				✓				✓												✓				
	BSC																										
	Chair																										
	Ambulate																										
POSITIONING	Right																										
	Left																										
	Supine		✓				✓				✓												✓				
	HOB 30° Elevated		✓				✓				45°												✓				
RESTRAINT LOCATION:	RUE		N				N				N												N				
	LUE		0				0				0												0				
	RLE		N				N				N												N				
	LLE		0				0				0												0				
(1) No skin breakdown, <3 sec cap refill, normal color (2) ROM (3) Reposition (4) * See note																											
SKIN INTEGRITY	No Breakdown		✓				✓				*												✓				
	Surgical Wounds																										
	Rash/Lac, Etc...																										
Dressings * (See wound and skin assessment tool)																											
INVASIVE LINES		Site	Date Inserted		Description		D	N																			
R Radial A-line TLC		① Radial ② Femoral	16 July 07 9 July 07		patient with low femoral patient C/D/E																						

(b)(6)

Intake Output Flow Sheet

0027 07 CID 579 24074

DATE	INTAKE							OUTPUT						
TIME	IVF <small>ASMINI FIN</small>	IVPB <small>FIN</small>	ORAL	NGT	LCV	Fert	WAL	TOTAL	URINE	CG		BM	TOTAL	COMMENT
0000	5	30	20	15	23	6	10		125	50				
0100	5	30	20	15	23	6	10		400					
0200	5	30	20	15	23	6	10		300					
0300	5	30	20	15	23	6	10		40					
0400	5	30	20	15	23	6	10		90					
0500	5	30	20	15	23	6	10		50	100				
0600	105	30	20	15	23	6	10		120					
0700	5	30	20	15	23	6	10		120					
0800	5	30	20	15	23	6	10		120					0830 Lasix 40mg given
0900	5	30	20	15	23	6	25		120			X1		
1000	5	30	20	15	23	6	25		50					
1100	105	30	20	15	23	6	25		70					
12 Hr Total	260	360	640	24	453	72	165	1974	1725	150			1875	+99
1200	105	30	20	15	23	6	25		50					
1300	5	30	20	15	23	6	25		200					1335 - Lasix 40mg given
1400	105	30	20	15	23	6	25		400					
1500	5	30	20	15	23	6	25		180					
1600	5	30	20	15	23	6	25		100					
1700	5	30	20	15	23	6	25		100					Lasix 40mg
1800	5	30	20	15	23	6	25		400					
1900	5	30	20	15	23	6	25		80					
2000	5	30	20	15	23	6	25		140					40mg Lasix given
2100	5	30	20	15	23	6	25		80					
2200	105	30	20	15	23	6	25		330					
2300	5	30	20	15	23	6	25		300					
12 Hr Total	360	360	240	24	453	72	165	3400	2140					
24 Hr Total	620	720	880	48	906	144	330	3595	4015				420	

ICU Flowsheet

0027 07 C10579 24074

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-68; the proponent agency is the Office of The Surgeon General

REPORT TITLE

TASK FORCE 31 MEDICAL - INTENSIVE CARE UNIT FLOWSHEET

OTSG APPROVED (DATE)

(YYYYMMDD)

**Critical Care Unit
31st Combat Support Hospital
Camp Bucca**

LENGTH OF STAY DATA	
DOA	30 Jun
Hospital Day #	18
POD	N/A
Last Surgery Day	N/A

INTAKE/OUTPUT	
Admit Weight	180 lbs
Today's Weight	
Yesterday's Weight	
24-Hour Intake	4316
24-Hour Output	4581
24-Hour Balance	
Yesterday's Balance	-265
Last BM	16 July 07

Nurse's Signature	Initials	Time
(b)(6)		1201-0700
		0700

SAFETY CHECKS	DAYS	NIGHTS
BVM at Bedside	(b)(6)	
Monitor Alarms On		
ID Bracelet On/Rakmak in chart		
Allergy Bracelet On		
Side Rails Up x 2		
Bed In Low Position		
Falls Protocol		
Seizure Precautions		

PREPARED BY (Signature & Title)

(b)(6)

DEPARTMENT/SERVICE/CLINIC

Intensive Care Unit, (Camp Bucca)

DATE (YYYYMMDD)

20070717

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

(b)(6)

- | | |
|--|---|
| <input type="checkbox"/> HISTORY/PHYSICAL | <input checked="" type="checkbox"/> FLOWCHART |
| <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> DIAGNOSTIC STUDIES | |
| <input type="checkbox"/> TREATMENT | |

Frequent Vital Signs Flowsheet -
TF 31 (Revised 1 May 2007)

0027 07 010579 24074

Date/Time	Temperature (Route)	Pulse	Respirations	Blood Pressure	SaO2	O2 Requirements	Additional Comments (i.e. unit #, rate of infusion, volume infused, etc.)	Initials
0910	102.3	130	VENT 29	92/52	74%	VENT FIO2-100%	Pretransfusion v/s	(b)(6)
0915	102.3	135	29	90/52	72%		Transfusion started	
0920	102.2	134		90/51	72%			
0925	102.2	136		90/52	73%			
0930	102.1	136		88/50	71%			(b)(6)
0945	102.3	136		88/57	72%			
1000								
1015								
1045								
1115								

PT EXPIRED @ 1107. CPR initiated @ 104.

PR ORDERED BY (b)(6)	DEPARTMENT/SERVICE/CLINIC ICU	DATE 20 Jul 07
PATIENT'S INDICATION		
Hospital Number ISN # (b)(6)	<input type="checkbox"/> HISTORY/PHYSICAL <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION <input type="checkbox"/> DIAGNOSTIC STUDIES <input type="checkbox"/> TREATMENT	<input type="checkbox"/> FLOWCHART <input type="checkbox"/> OTHER
t: ICW _____ Bed # _____		
ICU 1 Bed # <u>1</u>		

MEDICAL RECORD

REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

A. IDENTIFICATION

1a. (Check all applicable boxes)		1b. DESCRIBE
<input checked="" type="checkbox"/> OPERATION OR PROCEDURE	<input checked="" type="checkbox"/> SEDATION	Tracheostomy
<input checked="" type="checkbox"/> ANESTHESIA	<input checked="" type="checkbox"/> TRANSFUSION	

B. STATEMENT OF REQUEST

2. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be (describe operation or procedure in layman's language)

Place breathing tube into neck

which is to be performed by or under the direction of Dr. (b)(6)

3. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.

4. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.

5. Exceptions to surgery or anesthesia, if any are: none (If "none" so state)

I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.

I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:

- a. The name of the patient and his/her family is not used to identify said pictures.
- b. Said pictures be used only for purposes for medical/dental study or research.

(Cross out any parts above which are not appropriate)

C. SIGNATURES

(Appropriate items in parts A and B must be completed before signing)

8. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above. I have also discussed potential problems related to recubitation, possible results of non-treatment, and significant alternative therapies. Detained (PT AGREES TO PROC (b)(6) em A1B.

(b)(6)

(Signature of Counseling Physician/Dentist)

9. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby re-

(b)(6)

I agree to sign/submit

(Signature of Patient)

(Date and Time)

10. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) sponsor/guardian of understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team)

(Signature of Sponsor/Legal Guardian)

(Date and Time)

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

REGISTER NO.

WARD NO.

REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

Medical Record

OPTIONAL FORM 522 (REV. 8/2003) Prescribed by GSA/ICMR FMR (41 CFR) 102-194.30(i)

000153 EXHIBIT 24

(b)(6)

Task Force 31 MED

Request for the Administration of Anesthesia and Performance of Procedures

- A. The nature, risk, and possibilities of complication of the surgery have been explained to me, and I know that the results of the surgery, which will be performed by Coalition Medical Staff, are not guaranteed.
- B. I request the performance of the procedure, and of such additional procedures or operations as are found to be necessary or desirable, in the judgment of the professional staff.
- C. I agree to the administration of general or local anesthetics as recommended by the specialized medical staff of the hospital.
- D. I agree to the disposal of any tissue or organ that the surgical staff find necessary to remove.
- E. I agree that photographs and films may be taken of the surgery for the purpose of medical documentation of care.

Description of Procedure: *Tracheostomy*

Pt unable to sign / Substituted
Patient Signature and Date _____

(b)(6)
Witness Signature and Date _____

Counseling Provider: I have counseled this patient as to the nature of the proposed procedures(s), attendant risks, involved, and expected results.

(b)(6)

(b)(6)
ACLU-RDI 5548 p.102

			TIME	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	Radial	R	1				1				1				1				1				1					
		L	1				1				1				1				1				1					
	Dorsalis Pedis	R	1				1				1				1				1				1					
		L	1				1				1				1				1				1					
SKIN (1) Normal (2) Pale (3) Cyanotic (4) Warm (5) Cool (6) Moist (7) Dry (8) Cyanotic (9) Jaundice			5				5				5				5				5				5					
EDEMA (1+, 2+, 3+)			2+				2+				2+				2+				2+				2+					
Location: (1) Face (2) RUE (3) LUE (4) RLE (5) LLE (6) Bilateral Ankles			6				6				6				6				6				6					
HEART SOUNDS (1) Clear, Regular, (2) S ₁ , S ₂ , (3) S ₃ , (4) S ₄ , (5) Rub (6) Murmur (Unspecified)			2				2				1				1				1				1					
HEART RYTHM/ECTOPY			Rhythm		3		3		3		3		3		3		3		3		3		3		3			
			Ectopy		0		0		0		0		0		0		0		0		0		0		0			
Arterial Line (Zeroed & Calibrated)			✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓			
ABDOMEN (1) Distended (2) Soft (3) Flat (4) Round (5) Firm			2/4		2/4		2/4		2/4		2/4		2/4		2/4		2/4		2/4		2/4		2/4		2/4		2/4	
(1) Active (2) Hyperactive (3) Hypoactive (4) Absent			RUQ	3		3		3		3		3		3		3		3		3		3		3		3		
			LUQ	3		3		3		3		3		3		3		3		3		3		3		3		
			RLQ	3		3		3		3		3		3		3		3		3		3		3		3		
			LLQ	3		3		3		3		3		3		3		3		3		3		3		3		
NG/DOBOFF (Placement Verified)			✓		✓		✓		✓		X-RAY		X-RAY		X-RAY		X-RAY		X-RAY		X-RAY		X-RAY		X-RAY			
RESIDUAL ASSESSED (If on TF, Check Q4H)			✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
FOLEY CATHETER(FC) Fr Size: 16			✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
VOIDS (V)			2		2		2		2		2		2		2		2		2		2		2		2		2	
HYGIENE			Bed Bath		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
			WC		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
**Intubated pts twice a shift			Oral Care		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
MOBILITY			Bedrest (BR)		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
			BSC		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
			Chair		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
			Ambulate		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
POSITIONING			Right		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
			Left		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
			Supine		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
			HOB 30° Elevated		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
RESTRAINT LOCATION:			RUE		N		N		N		N		N		N		N		N		N		N		N		N	
			LUE		N		N		N		N		N		N		N		N		N		N		N		N	
			RLE		N		N		N		N		N		N		N		N		N		N		N		N	
			LLE		N		N		N		N		N		N		N		N		N		N		N		N	
(1) No skin breakdown, <3 sec cap refill, normal color (2) ROM (3) Reposition (4) * See note			No Breakdown		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
			Surgical Wounds		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
			Rash/Lac, Etc...		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
Dressings * (See wound and skin assessment tool)					✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
INVASIVE LINES			Site		Date Inserted		Description		D		N																	
			① Femoral TLC A-line		① Femoral		① July 07																				(b)(6)	
					② Femoral		16 July 07		Fluorid, new set zeroed																			
			① Femoral TLC A-LINE		① Femoral		9 Jul 07		Perfect																			
					② Femoral		16 Jul 07		Perfect																			

DEPARTMENT OF THE ARMY
TF 31 MED, BAGHDAD
APO AE 09342

0027 07 C10579 24

STANDARD OPERATING PROCEDURE
ACINETOBACTER PROTOCOL

1. **PURPOSE:** To establish standard procedures for the care and precautions of *Acinetobacter* patients.
2. **RESPONSIBILITY:** All hospital personnel involved with the care of *Acinetobacter* patients.
3. **GENERAL:** There is a high rate of *Acinetobacter* colonization in patients in the Iraqi population.
4. **SPECIFIC:**

A. **Careful hand washing** should be performed at all appropriate times, either at the sink or using an alcohol-based hand sanitizer. **Contact Precautions in addition to Standard Precautions** must be followed at all times.

B. Patients should be placed in a private room (There are private rooms available at the TF 31 MED – Camp Cropper and Camp Bucca) or cohorted with other *Acinetobacter*-diagnosed patients. Patients will be placed on maximum precautions (gowns and gloves on entering the room plus added precautions as needed). Masks will be worn whenever contact with respiratory fluids or secretions can be reasonably anticipated, such as disconnecting ventilator, suctioning apparatus, manipulating wound drains, or if any other possibility of splashing or exposure to secretions. Masks will be used at all times if the patient has had a sputum culture positive for *Acinetobacter* and any time wound dressing changes are performed on these patients.

- C. Hospital approved anti-bacterial disinfectant should be used for the following:
1. Daily cleaning of all bathrooms, both patient and staff bathrooms.
 2. Daily cleaning of all sinks and faucets
 3. Terminal cleaning of all rooms
 - a. Mattresses (all six sides)
 - b. Bed frame: headboard, footboard, side rails, underneath
 - c. Patient equipment: ventilator, suction machines and canisters, Propacs, cables. Any equipment used on the patient.
 - d. Bedside tables
 4. Daily cleaning of soiled utility room
 5. Daily cleaning of clean utility room
 6. Routine cleaning of all shared equipment between patient use
 - a. IV poles

EXHIBIT 24

- b. Commodes
 - c. Wheelchairs
 - d. Gurneys
 - e. Glucometer
 - f. Thermometers
 - g. I-stat
7. Terminal cleaning should be performed by designated personnel and those personnel should not clean areas occupied by non-*Acinetobacter* patients.
 - a. Change curtains & sheets, bagging dirty linen and sending to laundry
 - b. Wet disinfectant/mopping of floors, walls, bed, bedside table, IV poles, etc.
 - c. Single use/disposable equipment should be used whenever possible
 8. Change mop water after cleaning of the *Acinetobacter* patient room is completed. Change mop head and send to laundry. Leave mop handle in patient's room (disinfect with terminal cleaning).
 9. Change curtains and send to laundry during terminal cleaning
 10. Supply cabinets should be relocated outside the room and/or the minimum amount of supplies needed should be taken into the room at any one time.
 - a. Any supplies/equipment that enters the room must stay in the room and be discarded with terminal cleaning
 - b. Might consider placing a bedside table just outside the area with gloves, gowns, and necessary supplies so to avoid contamination of limited resources

D. STAFFING

1. **Nursing Care:** Nurses caring for patients with *Acinetobacter* must not be assigned to other patients unless those patients are also diagnosed with *Acinetobacter*. If the nurse must enter the room of a non-*Acinetobacter* patient, the nurse should practice "reverse isolation" with the other patient. The nurse should wash her hands and wear a clean gown and gloves into the non-*Acinetobacter* patient's room. Nurses caring for these patients should not enter the room of a non-*Acinetobacter* patient who is immunocompromised or who has a tracheostomy or wounds.

2. **Physician Care:** Every attempt will be made to assure that as few different groups of physicians and limited numbers of individuals care for the patient with *Acinetobacter*. This means that teams of physicians should limit the number of physicians entering the room to the essential caregivers whenever possible. When physician teams must care for both *Acinetobacter* and Non-*Acinetobacter* patients, patients with *Acinetobacter* should be seen last during rounds whenever possible. Physicians must abide by the required gowns, gloves, and masks for patient care and should perform careful hand hygiene before and after leaving the patient's room.

E. PATIENT PLACEMENT. Patient placement must occur in a timely manner and must not be delayed by the process of meeting the requirements of Maximum Isolation Precautions. If the one-to-one or one-to-cohort staffing requirement cannot be arranged immediately, the Department of Nursing will work to meet the staffing requirement promptly.



Department of Health and Human Services

Centers for Disease Control and Prevention

79 24074

Drug-resistant *Acinetobacter* Infections in Healthcare Settings

Overview of Drug-resistant *Acinetobacter* Infections in Healthcare Settings

Released: September 24, 2004

What is *Acinetobacter*?

Acinetobacter (ass in ée toe back ter) is a group of bacteria commonly found in soil and water. It can also be found on the skin of healthy people, especially healthcare personnel. While there are many types or "species" of *Acinetobacter* and all can cause human disease, *Acinetobacter baumannii* accounts for about 80% of reported infections.

Outbreaks of *Acinetobacter* infections typically occur in intensive care units and healthcare settings housing very ill patients. *Acinetobacter* infections rarely occur outside of healthcare settings.

What are the symptoms of *Acinetobacter* infection?

Acinetobacter causes a variety of diseases, ranging from pneumonia to serious blood or wound infections and the symptoms vary depending on the disease. Typical symptoms of pneumonia could include fever, chills, or cough. *Acinetobacter* may also "colonize" or live in a patient without causing infection or symptoms, especially in tracheostomy sites or open wounds.

How do people get *Acinetobacter* infection?

Acinetobacter poses very little risk to healthy people. However, people who have weakened immune systems, chronic lung disease, or diabetes may be more susceptible to infections with *Acinetobacter*. Hospitalized patients, especially very ill patients on a ventilator, those with a prolonged hospital stay, or those who have open wounds, are also at greater risk for *Acinetobacter* infection. *Acinetobacter* can be spread to susceptible persons by person-to-person contact, contact with contaminated surfaces, or exposure in the environment.

How is *Acinetobacter* infection treated?

Acinetobacter is often resistant to many commonly prescribed antibiotics. Decisions on treatment of infections with *Acinetobacter* should be made on a case-by-case basis by a healthcare provider. *Acinetobacter* infection typically occurs in very ill patients and can either cause or contribute to death in these patients.

What should I do to prevent the spread of *Acinetobacter* infection to others?

Acinetobacter can live on the skin and may survive in the environment for several days. Careful attention to infection control procedures such as hand hygiene and environmental cleaning can reduce the risk of transmission. For more information on infection control

practices and hand hygiene, see Hand Hygiene in Healthcare Settings and Guideline for Isolation Precautions in Hospitals.

0027 07 CID579 24074

Date last modified: September 24, 2004

Content source:

Division of Healthcare Quality Promotion (DHQP)

National Center for Preparedness, Detection, and Control of Infectious Diseases

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
SAFER • HEALTHIER • PEOPLE

ICU Flowsheet

0027 07 CID579 24074

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-68; the proponent agency is the Office of The Surgeon General

REPORT TITLE TASK FORCE 31 MEDICAL - INTENSIVE CARE UNIT FLOWSHEET	OTSG APPROVED (DATE) (YYYYMMDD)
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Critical Care Unit 31st Combat Support Hospital Camp Bucca

LENGTH OF STAY DATA	
DOA	30 Jun
Hospital Day #	21
POD	NIA
Last Surgery Day	NIA

INTAKE/OUTPUT	
Admit Weight	
Today's Weight	
Yesterday's Weight	
24-Hour Intake	
24-Hour Output	
24-Hour Balance	
Yesterday's Balance	-420
Last BM	19 Jun 14

Nurse's Signature	Initials	Time
(b)(6)		0700
		0800

SAFETY CHECKS	DAYS	NIGHTS
BVM at Bedside	(b)(6)	
Monitor Alarms On		
ID Bracelet On/Rakmak in chart		
Allergy Bracelet On		
Side Rails Up x 2		
Bed In Low Position		
Falls Protocol		
Seizure Precautions		

PF (b)(6)	DEPARTMENT/SERVICE/CLINIC Intensive Care Unit, (Camp Bucca)	DATE (YYYYMMDD) 20140720
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PATIENT IDENTIFICATION (For typed or written entries, give: name - last, first, middle; grade; date; hospital or medical facility)

(b)(6)

<input type="checkbox"/> HISTORY/PHYSICAL	<input checked="" type="checkbox"/> FLOWCHART
<input type="checkbox"/> OTHER EXAMINATION OR EVALUATION	<input type="checkbox"/> OTHER
<input type="checkbox"/> DIAGNOSTIC STUDIES	
<input type="checkbox"/> TREATMENT	

TASK FOR 31 MED ICU NURSING ASSESSMENT FLOWSHEET

0027 07 CID579 24074

		TIME	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	Radial	R	1				1				1																
		L	1				1				1																
	Dorsalis Pedis	R	1				1				1																
		L	1				1				1																
SKIN (1) Normal (2) Pale (3) Cyanotic (4) Warm (5) Cool (6) Moist (7) Dry (8) Hot (9) Jaundice			5				5				4																
EDEMA (1+, 2+, 3+)			2+				2+				2+																
Location: (1) Face (2) RUE (3) LUE (4) RLE (5) LLE (6) Bilateral Ankle (6) Generalized			2				2				6																
HEART SOUNDS (1) Clear, Regular, (2) S ₁ , S ₂ , (3) S ₃ (4) S ₄ , (5) Rub (6) Murmur (Unspecified)			1				1				1																
HEART RHYTHM/ECTOPY (1) NSR, (2) SB, (3) ST, (4) SVT, (5) A-Fib, (6) A-Flutter, (7) VT, (8) MAT		Rhythm	3				3				3																
		Ectopy	0				0																				
Arterial Line (Zeroed & Calibrated)			✓				✓				✓																
ABDOMEN (1) Distended (2) Soft (3) Flat (4) Round (5) Firm			2/4				2/4				2/3																
(1) Active (2) Hyperactive (3) Hypoactive (4) Absent		RUQ	3	3			3	3			3	3															
		LUQ																									
		RLQ	3	3			3	3			3	3															
		LLQ																									
NG/DOBOFF (Placement Verified)			✓				✓				✓																
RESIDUAL ASSESSED (If on TF, Check Q4H)			✓				✓				✓																
FOLEY CATHETER(FC) Fr Size: 16			✓				✓				✓																
VOIDS (V) (1) Clear, yellow urine (2) Amber (3) Sediment (4) Bloody			2				2				2																
HYGIENE		Bed Bath	✓				✓																				
		WC																									
**Intubated pts twice a shift		Oral Care	✓				✓				✓																
MOBILITY		Bedrest (BR)	✓				✓				✓																
		BSC																									
		Chair																									
		Ambulate																									
POSITIONING		Right																									
		Left																									
		Supine	✓				✓				✓																
		HOB 30° Elevated	✓				✓				✓																
RESTRAINT LOCATION:		RUE	0				0				0																
		LUE	0				0				0																
		RLE	0				0				0																
		LLE	0				0				0																
(1) No skin breakdown, <3 sec cap refill, normal color (2) ROM (3) Reposition (4) * See note		No Breakdown	0				0				0																
		Surgical Wounds																									
		Rash/Lac, Etc...																									
Dressings * (See wound and skin assessment tool)																											
INVASIVE LINES		Site	Date Inserted		Description		D	N																			
A-Line		(2) femoral	16 Jul 07		femoral catheter																						
TLC		(2) femoral	9 Jul 07		patient CIDT		(b)																				
A-Line		(2) femoral	16 Jul 07		patient		(6)																				
TLC		(2) femoral	9 Jul 07		patient																						

EXPIRES 24

Intake Output Flow Sheet

0027 07 CIB579 24074

DATE	INTAKE							OUTPUT						
TIME	MS MVF	IVPB TPN	ORAL	NITRO	LEUC	FENT	VALIUM	TOTAL	URINE	OG		BM	TOTAL	COMMENT
0000	S	30	20	2 ³	50	6	25		80					
0100	S	30	20	2 ³	50	6	25		85	T1580				
0200	S	30	20	2 ³	50	6	25		95					
0300	S	30	20	2 ³	50	6	25		84					Lasix 40mg IV SQ
0400	S	30	20	2 ³	75	6	25		60					
0500	S	30	20	2 ³	75	6	25		90					
0600	S	30	20	1.5	75	6	25		60					
0700	S	30	20	1.5	75	6	25		60					
0800	S	30	20	1.5	75	6	25		20					Lasix 80mg/Tylenol 100 mg
0900	S	30	20	1.5	75	6	25		23					
1000	S	30	20	1.5	75	6	25		20					
1100														
12 Hr Total														
1200														
1300														
1400														
1500														
1600														
1700														
1800														
1900														
2000														
2100														
2200														
2300														
2 Hr Total														
24 Hr Total														

ICU Flowsheet

0027 07 CID579 24074

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-68; the proponent agency is the Office of The Surgeon General

REPORT TITLE

TASK FORCE 31 MEDICAL - INTENSIVE CARE UNIT FLOWSHEET

OTSG APPROVED (DATE)

(YYYYMMDD)

Critical Care Unit 31st Combat Support Hospital Camp Bucca

LENGTH OF STAY DATA	
DOA	30 Jun
Hospital Day #	20
POD	N/A
Last Surgery Day	WIA

INTAKE/OUTPUT	
Admit Weight	
Today's Weight	
Yesterday's Weight	
24-Hour Intake	3913 3895
24-Hour Output	4233 4015
24-Hour Balance	-320 -420
Yesterday's Balance	
Last BM	R July 12

Nurse's Signature	Initials	Time
(b)(6)		07-19
		0801

SAFETY CHECKS	DAYS	NIGHTS
BVM at Bedside	(b)(6)	
Monitor Alarms On		
ID Bracelet On/Rakmak in chart		
Allergy Bracelet On		
Side Rails Up x 2		
Bed In Low Position		
Falls Protocol		
Seizure Precautions		

PREPARED BY (b)(6)

DEPARTMENT/SERVICE/CLINIC

DATE (YYYYMMDD)

Intensive Care Unit, (Camp Bucca)

7/19/09

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

(b)(6)

- | | |
|--|---|
| <input type="checkbox"/> HISTORY/PHYSICAL | <input checked="" type="checkbox"/> FLOWCHART |
| <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> DIAGNOSTIC STUDIES | |
| <input type="checkbox"/> TREATMENT | |

TASK FOR 31 MED ICU NURSING ASSESSMENT FLOWSHEET

0027 07 CID579 24074

		TIME	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent <i>*Doppler</i>	Radial	R									*																
		L									*																
	Dorsalis Pedis	R										1															
		L										1															
SKIN (1) Normal (2) Pale (3) Cyanotic (4) Warm (5) Cool (6) Moist (7) Dry (8) Cyanotic (9) Jaundice			5				5				3												5				
EDEMA (1+) (2+) (3+)			2+				2+				2+												2+				
Location: (1) Face (2) RUE (3) LUE (4) RLE (5) LLE (6) Bilateral Ankles			<i>general</i>				<i>general</i>				<i>general</i>												<i>general</i>				
HEART SOUNDS (1) Clear, Regular, (2) S ₁ , S ₂ , (3) S ₃ (4) S ₄ , (5) Rub (6) Murmur (Unspecified)			2				2				2												2				
HEART RYTHM/ECTOPY (1) NSR, (2) SB, (3) ST, (4) SVT, (5) A-Fib, (6) A-Flutter, (7) VT, (8) MAT	Rhythm		3				3				3												3				
	Ectopy		0				0				0												0				
Arterial Line (Zeroed & Calibrated)			✓				✓				✓												✓				
ABDOMEN (1) Distended (2) Soft (3) Flat (4) Round (5) Firm			2/4				2/4				2/4												2/4				
(1) Active (2) Hyperactive (3) Hypoactive (4) Absent	RUQ	LUQ	3	3			3	3			3	3											3	3			
	RLQ	LLQ	3	3			3	3			3	3											3	3			
NG/DOBHOF (Placement Verified)			✓				✓				✓												✓				
RESIDUAL ASSESSED (if on TF, Check Q4H)			✓				✓				✓												✓				
FOLEY CATHETER(FC) Fr Size		12	✓				✓				✓												✓				
VOIDS (V) (1) Clear, yellow urine (2) Amber (3) Sediment (4) Bloody			2				2				2												2				
HYGIENE **Intubated pts twice a shift	Bed Bath		✓				✓				✓												✓				
	WC																										
	Oral Care		✓				✓				✓		✓										✓				
MOBILITY	Bedrest (BR)		✓				✓				✓												✓				
	BSC																										
	Chair																										
	Ambulate																										
POSITIONING	Right																										
	Left																										
	Supine		✓				✓				✓												✓				
	HOB 30° Elevated		✓				✓				45°												✓				
RESTRAINT LOCATION:	RUE		N				N				N												N				
	LUE		0				0				0												0				
	RLE		N				N				N												N				
	LLE		E				E				E												E				
(1) No skin breakdown, <3 sec cap refill, normal color (2) ROM (3) Reposition (4) * See note																											
SKIN INTEGRITY	No Breakdown		✓				✓				*												*				
	Surgical Wounds																										
	Rash/Lac, Etc...																										
Dressings * (See wound and skin assessment tool)																											
INVASIVE LINES		Site	Date Inserted		Description		D	N																			
R Radial H-line TCC		② Radial	11/0 July 27		patent <i>ulterior blood pressure</i>					(b)(6)																	
		① Femoral	9 July 27		patent C/D/E																						

EXHIBIT 24

Intake Output Flow Sheet

0027 07 010579 24074

DATE		INTAKE							OUTPUT					COMMENT
TIME	IVF	IVPB	ORAL	NITRO	LEUC	FEIN	VALIUM	TOTAL	URINE	BM	TOTAL			
0000	5	30	30	15	23	6	10		125					
0100	5	30	20	15	23	6	10		400					
0200	5	30	20	15	37	6	10		300					
0300	5	30	20	15	30	6	10		40					
0400	5	30	20	15	46	6	10		90					
0500	5	30	20	23	46	6	10		50					
0600	105	30	20	23	46	6	10		120					
0700	5	30	20	23	46	6	10		120					
0800	5	30	20	23	46	6	10		60			0800 Lasix 40mg given		
0900	5	30	20	23	28	6	25		120	XI				
1000	5	30	20	23	37	6	25		50					
1100	105	30	20	23	37	6	25		70					
12 Hr Total	260	360	640	24/453	72/165			1974	1725	150		1875	+99	
1200	5	30	20	23	87	6	25		50					
1300	5	30	20	23	37	6	25		200				1335 - Lasix 40mg IV	
1400	105	30	20	23	37	6	25		400					
1500	5	30	20	23	37	6	25		180					
1600	5	30	20	23	37	6	25		100					
1700	5	30	20	23	37	6	25		100				Lasix 40mg	
1800	5	30	20	23	37	6	25		400					
1900	5	30	20	23	56	6	25		80					
2000	5	30	20	23	56	6	25		140				40mg Lasix IV	
2100	5	30	20	23	56	6	25		80					
2200	105	30	20	23	56	6	25		330					
2300	5	30	20	23	56	6	25		350					
12 Hr Total	360	360	240	24/203	72			340	2140					
24 Hr Total	620	720	880	51/4	144			3595	4015			420		

ICU Flowsheet

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA 07 CID579 240

For use of this form, see AR 40-68; the proponent agency is the Office of The Surgeon General

REPORT TITLE

TASK FORCE 31 MEDICAL - INTENSIVE CARE UNIT FLOWSHEET

OTSG APPROVED (DATE)

(YYYYMMDD)

**Critical Care Unit
31st Combat Support Hospital
Camp Bucca**

LENGTH OF STAY DATA	
DOA	30 Jun
Hospital Day #	18
POD	N/A
Last Surgery Day	N/A

INTAKE/OUTPUT	
Admit Weight	180 lbs
Today's Weight	
Yesterday's Weight	
24-Hour Intake	4316
24-Hour Output	4581
24-Hour Balance	
Yesterday's Balance	-265
Last BM	16 July 07

Nurse's Signature	Initials	Time
(b)(6)		0001-0900
		0900

SAFETY CHECKS	DAYS	NIGHTS
BVM at Bedside	(b)(6)	
Monitor Alarms On		
ID Bracelet On/Rakmak in chart		
Allergy Bracelet On		
Side Rails Up x 2		
Bed In Low Position		
Falls Protocol	/	/
Seizure Precautions	/	/

PREPARED BY (Signature & Title)

(b)(6)

DEPARTMENT/SERVICE/CLINIC

Intensive Care Unit, (Camp Bucca)

DATE (YYYYMMDD)

20070717

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

(b)(6)

- | | |
|--|---|
| <input type="checkbox"/> HISTORY/PHYSICAL | <input checked="" type="checkbox"/> FLOWCHART |
| <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> DIAGNOSTIC STUDIES | |
| <input type="checkbox"/> TREATMENT | |

MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) (b)(6)
	DATE REQUESTED 20 JUL 07	DIAGNOSIS OR OPERATIVE PROCEDURE Anemia
VOLUME REQUESTED (If applicable) 1 unit ML	DATE AND HOUR REQUIRED 20 JUL 07 / 0900	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
REMARKS:	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	SIGNATURE OF VERIFIER (b)(6)
	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED TIME VERIFIED ON FILE

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)	TRANSFUSION NO.	TEST INTERPRETATION ANTIBODY SCREEN N/A	CROSSMATCH POS	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD
DONOR B Rh -D	PATIENT NO.	REMARKS: (b)(6)		SIGNATURE OF PERSON PERFORMING TEST (b)(6)
RECIPIENT B Rh POS	ABO B Rh POS	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) (b)(6)		POST-TRANSFUSION DATA AMOUNT GIVEN 100 ML		
AT (Hour) 207 ON (Date) 20 JUL 07		TIME/DATE COMPLETED/INTERRUPTED 20 JUL 07		
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.		REACTION <input type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED		
1st VERIFIER (Signature) (b)(6)		If reaction is suspected--IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.		
2nd VERIFIER (Signature) (b)(6)		DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		
PRE-TRANSFUSION TEMP. 102.3 PULSE 136 BP 92/52		OTHER DIFFICULTIES (Equipment, clots, etc.) <input type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____		
DATE OF TRANSFUSION 20 JUL 07		SIGNATURE OF PERSON NOTING ABOVE (b)(6)		

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

SEX	(b)(6)	WARD	104
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BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92) Prescribed by GSA/ICMB, GPO: 2002-502-2302

0027 07 CID 579 24074

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) (b)(6)
	DATE REQUESTED 20 Jul 07	DIAGNOSIS OR OPERATIVE PROCEDURE Anemia
VOLUME REQUESTED (If applicable) 1 unit ML	DATE AND HOUR REQUIRED 20 JUL 07 / 0900	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
REMARKS:	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	SIGNATURE OF VERIFIER (b)(6)
	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED TIME VERIFIED ON FILE

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)	TRANSFUSION NO.	TEST INTERPRETATION ANTIBODY SCREEN N/A	CROSSMATCH 10mg	PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD
DONOR B Rh Pos	PATIENT NO. RECIPIENT ABO B Rh Pos	CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		SIGNATURE OF PERSON PERFORMING TEST (b)(6)
REMARKS: (b)(6)		DATE _____		

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) (b)(6)		POST-TRANSFUSION DATA AMOUNT GIVEN 100 ML		TIME/DATE COMPLETED/INTERRUPTED 20 Jul 07	
AT (Hour) 10:30	ON (Date) 20 Jul 07	REACTION <input type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE	PULSE	BLOOD PRESSURE
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.		If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.			
1st VERIFIER (Signature) (b)(6)		DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____			
2nd VERIFIER (Signature) (b)(6)		OTHER DIFFICULTIES (Equipment, clots, etc.) <input type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____			
PRE-TRANSFUSION TEMP. 102.3	PULSE 136	BP 92/52	SIGNATURE OF PERSON NOTING ABOVE (b)(6)		
DATE OF TRANSFUSION 20 Jul 07	TIME STARTED 9:45				

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

SEX	(b)(6)	WARD	104
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BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92) Prescribed by GSA, ICMA, FIRM (4) CFR 201-3-037-1

MEDICAL RECORD

PROGRESS NOTES

0027 07 CID579 24074

DATE
13 July 97
1315

IM Addendum
NOTES
ABG returned, was c ↓ PaO₂ and sat. Nurse observed ~~measured~~ sat during draw, was stable @ 96-97%. PaO₂'s consistently lower recently, occasionally c correlation. Sats all with good wave forms. Will continue to follow for now. Unsure about reliability of ~~3~~ results from lab. Unable to ↑ FiO₂, currently @ 100%.

(b)(6)

2002 5/14 7
6508

ER note
Called to evaluate Pt. for severe H₂TN & hypoxia. Pt. appears diaphoretic. BS equal. no rales in tube. MAP approx 50 mmHg on Dopamine. CXR shows persistent Bilat "fluffy" infiltrates. Pt. taken off ventilator and bagged → O₂ sats 85-94%. Levophed added to T. MAP to >60. 2 30mg Lasix IV given. ABG
Imp: H₂TN/Hypoxia: 2° to multiple atelectases including Rcr LV for 2° to VIZ, (+) sepsis 2° to pulm. Infxn. Pt. is on antibiotics.
Plan: (1) Place pt. back on vent with rate of 20, PEEP of 10
(2) Given Hypoxia and H₂TN will add Lasix 30mg. With Levophed BP-114/82 → will try Nitro to further enhance diuresis.

(b)(6)

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

DEPART./SERVICE HOSPITAL OR MEDICAL FACILITY RECORDS MAINTAINED AT

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

PROGRESS NOTES
Medical Record

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

(b)(6)

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: 0027 ID NUMBER: 07 C10579 24074

DATE: _____ IM Progress Note HD#7 NOTES

July 07 0930 30 y/o ♂ admitted sp assault, with STEMI (anterolateral) complicated by CHF

Overnight: Desaturation yesterday afternoon. CXR \bar{c} effusions/edema. Also \bar{c} hypotension for which patient restarted on levophed for a couple hours. Continued fevers overnight. New a-line placed this am. 115, 93/52, 14, 99.9, 97% on 100%. T_o yeast -700

Sedated, intubated. Pupils constricted, but mildly reactive. DHT in (C) nose. OGT, ETT in place. Rhonchi (B) & wheeze. Tachy, regular, S₂/S₁ appreciated. Abd soft, N/D, NABS. Mild non-pitting edema. Pulses 2+. Foley \bar{c} amber urine. (R) Femoral TLC. (R) Radial A-line

Labs: 148/105/18 4.3/38/1.2 <129 8.2 Trop 6.9 Myo >500 CK-MB 4.1 5.3/47.2/0.8 10.2/12.2/15.1 (11.9) 37.5 (38.1) (165) (12.0)

7.532/37.1/62/32/94% (last night) Trop 147 Myo >500 CK-MB 18.3

Ur G (4 Jul) neg Ur G (2 Jul) neg Bld G x2 (2 Jul) NGTD Bld G x2 (2 Jul) NGTD Sputum G (3 Jul) Nl oral flora

CXR: (B) pulm edema. Likely (D) effusion. ETT well-placed NGT, DHT at least to stomach

EKG: Improved STEs, persistent QWs in precordials. Rate 10% sinus

AP Neuro: Sedated on Versed, Fentanyl.

Pulm: Desat last night, desat again this am requiring bag ventilation. Net neg 700 yeast, but likely needs lowix BID for low EF. Unclear if with superimposed VAP. With fevers, on empiric Impenem. Sputum α result lists nl oral flora, however specimen from ETT. Considers addition of respiratory FA.

(b)(6)

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

PROGRESS NOTES

0027 07 CID579 24074

DATE: July 07 0850
 IM Progress Note HD#6 NOTES
 30 y/o male c anterolateral STEMI c/b CHF sp assault
 Overnight: Patient c some agitation last night, given vecuronium and increased fent/versed. Fevers through the night had repeat cultures sent late yesterday.
 Overall stable vitals, levophed ↓ to 5.
 110/70, 121, 12, 98.9, 95%. AC, TV 700, Rate 12, PEEP 5, FiO₂ 60%.
 Sedated, intubated. Pupils constricted, minimally reactive bilaterally. ETT, OGT in place. Clear JVD
 Crackles, wheeze. Mild ↓ BS in bases. Tachy regular. Abdom soft, N/D, ↓ BS. (R) femal TLC dressed. Mild non-pitting edema of (B) UE's.
 Pulses 1+ bilateral LE's. (D) Radial A-line. Foley c clear amber urine.
 Labs: CKMB 7.6 UA 1016 8.2/43.8/0.82
 Trop 14.9 11.2/12.5/152 trace prot
 Myo >500 38.1 trace ket
 Ur fx pend Sputum G - ml oral flora 7.508/39.9/46/33
 Bld G pend x2 Urine G neg
 Bld G x2 + NGTD x 2 days
 CXR: Poor quality, rotated. With ↑ effusion, edema L>R
 EKG: persistent QW's, STE's in precordial leads
 AP: Neuro: Sedated c versed, fentanyl. Today c some episodes of overbreathing vent. Will P pain control

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME		SPONSOR'S ID NUMBER (ISSN or Other)
LAST	FIRST	MI	(over)
DEPARTMENT/SERVICE	HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT
REGISTER NO.		WARD NO.	

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

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

(b)(6)

5/20/07

NUTRITION

1251

90: NPO Day #5

4 Lbs: Sun/creat 19/1.8, no abx, +BS, meds noted

Ht/wt - est 70"/180#

Estimated needs

2450 kcal (~30 kcal/kg)

82-98g pro (1.0-1.2g/kg)

A/P: Diagnostic statement - inability to take oral nutrition related to vent status.

REC: initiate enteral feeds as soon as medically able.

could use small bowel @ trophic rate despite

reson. Tevity 1-2 @ 10 or 20 ml/hr.

will follow.

(b)(6)

(b)(6)

PROGRESS NOTES

IM Progress Note HD# 9 NOTES Abx #6

July 07 30 y/o male ± large anterolateral STEMI c/o CHF after assault.

6:30 S: Overnight fairly stable although ± borderline sat's

gt @ 20 Temp improved over past 12^h, all <101 when had

so lqm Q12 been 102-103 throughout yesterday morning. Nurse

min 40 QD reports desat ± position changes. Pressures stable

vix 75 QD 131, 99/67, 20, 91%

1325 QD 131, 99/67, 20, 91% AC, 700, PEEP 10, 14, F.i.O₂ 100%.

no 80 Q12 Sedated, intubated. Pupils constricted, minimally reactive

sympt neb Q6 DHT in (L) rare. CGT/ETT's in place. CTA (B) & crackles

gt @ 100 wheeze, rhonchi Tachy, regular S₂ murmur/rub

tan/gt @ 150 Abd soft, N/D, ↓ BS, but present. Foley in place

serum 5000 (R) radial A-line. Pulses H (L's, 2t U's. (R) Femoral TC

not PRN Labs: 154/105/28 (20) C7.9 (12.2)

hins PRN 5.2/36/0.8 <144 B5 11.7 (152 97/529/097

an PRN (1.0) (12.1) 37.9 (177) CKMB 4.1 Myo >500

serum PRN 7.40/55/57/36/89% All Cx's neg

EKG: STE's in precordials ± persistent QW's, unchanged c/w yesterday

CXR: Improved (B) pulm edema. Cardiomegaly.

AP: Newic Vec added for PRN use for erratic breathing.

On ativan/fentanyl for sedation/pain control.

RELATIONSHIP TO SPONSOR

PART /SERVICE

SPONSOR'S NAME

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.

SPONSOR'S ID NUMBER (SSN or Other)

(b)(6)

PROGRESS NOTES
 Medical Record
 STANDARD FORM 309 (REV. 5/1964)
 Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.6
 EXHIBIT 24
 0001-7303
 USA

LAST NAME

FIRST NAME

MIDDLE INITIAL ID NUMBER

0027 07 CID579 24074

DATE

TIA Progress Note

NOTES HD# 8

Abx D# 5

7 July 07
1255

32yo male s/p massive anteroinferior MI after being assaulted by other detainees. Intubated on 2 July due to progressive resp failure & CCHF.

S. intubated + sedated

O: Events of N: Ting CCHF, ting hypoxia. Given total 80mg IV lasix - good UOP.

Out of Versed, had to stop Ativan drip. Restarted nitroggt.

Restarted levo pred. for pressure support. Tube bleeds off.

Meds

nitroggt 25mg/min

levo pred 5mg/min

Fentanyl 1mcg/hr

Ativan 1mcg/hr

ASA 325 QD

plavix 75mg QD

Zinivonem 500mg IV Q6

Lovenox 80mg SQ BID

Protonix 40mg IV QD

CXR 0400 7 July -

Diffuse fluffy infiltrates of w CCHF - improved from 6 July @ 1800; worse than 0400 6 July.

0630 pH 7.54 / 38 / 41 / 33 / 83%

148 | 108 | 20
4.2 | 34 | 1.0

Alb 2.0

Trop 4.5 / myog 7500 / Clc 1.6

4.4 / 57.7

SAT repeat = 12.1

July Blood Cx - pending

July U Cx & growth

Blood Cx & growth

3 July sputum - no oral flora

7 July Urn Cx & growth

x & growth.

(b)(6)

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

NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
------	------------	----------------	-----------

DATE: July 07 1445
 IM Progress Note HD#12
 Impenem D#9
 Vanco D#5

30 y/o male c anterolateral STEMI c/b CHF sp assault
 Overnight: Had been weaned from levophed early this

am, however had to be restarted due to significant
 hypotension 60s/40s. With fevers overnight, has recently
 been afebrile. HR improved to 120s (from 140s overnight)

Sats stable c weaning in FiO2 to 70% (from 100%)
 110/68, 124, 14, 99.3, 95% A/C, 700, 14, PEEP 10, FiO2 70%

Intubated, sedated, paralyzed. Pupils constricted, but minimally
 reactive. DHT in (L) nose. ETT, CGT's in place. (B) rhonchi, mild.

Bibasilar crackles. Tachy, regular II/IV murmur most @ LUSB.
 Possible mild rub. Abd mildly distended, ⊕BS, soft. Trace

non-pitting edema. (L) femoral TLC. (R) radial A-line. Foley-amber urine.
 Labs: 151/111/33 / 181 C8.2 LFTs this am
 53/28/07 / 181
 AST 90, ALT 38 14.7/10.2/297 7432/59/18/39/95%
 TB, U.I., ALK 91 32.7

All cultures in CHCS Neg/NGTD.
 EKG: Unchanged, persistent mild STE's continued Q waves

CXR: Mild improvement in (B) patchy infiltrates.
 AP: Neurs: On Fentanyl/Versed/Vecuronium. Tolerating.

Will titrate to effect. Considers AM wakeups when
 stable off pressors.

Pulm: Improved CXR, with ability to wean FiO2 some
 today. Will continue, with goal FiO2 of 60% or less to

prevent oxygen toxicity. Will hold D/C mucosyst nebs
 for now, abdominal was making patient more tachycardic

Will give lasix as needed for edema/sats. Would like
 to minimize until hypernatremia improved. Cont.

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
7 July 07 1645	<p><u>Procedure Note</u></p> <p>① femoral TLC placed using seldinger technique. All 3 ports drew/flushed. 0 complications.</p> <div data-bbox="1036 598 1542 724" style="border: 1px solid black; padding: 5px;">(b)(6)</div>
10 July 07 1450	<p><u>IM Note</u></p> <p>Called as patient in onset of hypotension. NTG, gtt D₅D, patient in persistent hypotension. 0 rub/murmur on exam, still tachy to 130's. BP 60/30, confirmed in non-invasive which correlated in A-line. NS 250 cc bolus given. Patient given stress dose steroids as with hypotension, tachy, fever despite multiple neg cultures and empiric broad-spectrum antibiotics for many days. Unable to do cosyntropin stim test as lab unable to measure cortisol, so empiric tx given in hydrocortisone 100mg IV q8h. Also, levophed gtt restarted. Patient had been holden @ 60/30 despite IVF bolus, initiation of pressor. Now 115/73, 137, 14, 95%. Sonosite exam was done, without apparent effusion, still in persistent ↓EF. EKG to be done</p>

(b)(6)

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME	SPONSOR'S ID NUMBER
LAST	FIRST	(b)(6)

DEPART /SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS
-----------------	------------------------------	---------

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

DATE

IM Progress Note (cont.)

NOTES

0027 07 010579 24074

2 July 07
1300

cardiologist. ACE-I only tolerated with
borderline pressures, so will hold now. Will give
IV lasix as needed for goal net negative 1-1.5 L today
Net neg 500 @ Noon. Dopamine if needed for pressure
support. Unable to get LFTs. Hold statins. Cont
struct I/O's, fluid restriction of 1L per day (PO).
Add Protonix for GI prophylaxis.

(b)(6)

EXH 1000 1724

LAST NAME

FIRST NAME

MIDDLE INITIAL

ID NUMBER

0027 07 CID 579 24074

DATE

NOTES

23

at 3:11 PM

Exam: vitals as above

Resp: tachypneic / tachycardic

Peso BS equal

CVS: extreme tachycardia

Abdomen: soft

Ext. Temp rectal < 2 sec, no palpable

1/2 i. Tachycardia - 160

- D/C Dopamine, start heparin

- no B-blocker secondary to CHF + BPS.

3. Hctn

- Hold vit. drip - Pt diuresed approx 1L after intubation

- Decrease Fentanyl drip

- D/C Morphine

- MAP - still remains > 70

X Tachycardia of 160 is a concern given pts precarious cardiac status. I have held drips that could potentially exacerbate his HR & BP (Dopamine, Vit). Will leave on Fentanyl (low dose) for now. HR now 142. EKG shows no sig ds. Report labs pending.

(b)(6)

LAST NAME

FIRST NAME

MIDDLE INITIAL

ID NUMBER

0027 07

C10579 24074

DATE

NOTES

EXHIBIT 24

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

PROGRESS NOTES

NOTES 0027 07 C10579 24074

DATE

IM Note (Cont)

3 July

Temp to 103 today. Only obvious source is pulmonary
 yellow thick sputum from ET tube.

- Sputum GS + Culture
- Imipenem 500mg IV q6° started empirically for possible VAP.

Heme - H/H stable, but on ASA, plavix + heparin.
 watch for bleeding.

GI: NGT to LIS. No PO intake except H₂O since admit (Now 4 days). But concern for P.O. intake
 thin blood supply to gut which he may tolerate.
 - getting some GS from Dopamine + Heparin qts.
 - will also cards starting TPN vs. enteral feeds.
 Prophylaxis:

- PPI IV for GI proph
- on heparin qst - no other DVT proph needed.

Dispo. Prognosis is grave - unlikely pt will survive
 due to massive MI + cardiogenic shock.
 - C.R. submitted this AM to Col Sheffield, though
 pt is critical, so unknown if he would survive
 air evac. Unknown if cardiology resources (ie aortic
 balloon pump) available in Medical City, which would be
 his best chance at this point though
 he may deteriorate despite all best efforts.

RELATIONSHIP TO SPONSOR

DEPART./SERVICE

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

(b)(6)

WARD NO.

(b)(6)

Medical Record

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

LAST NAME

FIRST NAME

MIDDLE INITIAL ID NUMBER
0027 07 CID579 24074

DATE

IM Note (Cont)

3/July

TIME	PO ₂	PCO ₂	PH	TCO ₂	HCO ₃	sat
3 July 0622	7.47	40	66	31	29	94%
0530	129	92	7.38	114	13.9	100% FiO ₂
	2.9	1.3		14.5	42	

0300 Na = 121
 0130 Na = 110 I/O NET - 1460 ml
 Last Lasix 2000 3 July

PE:

Sedated, intubated, diaphoretic NG-tube draining bilious.
 HEENT - laceration @ cheek w/o sign infection. Sutures,
 post occiput w/o sign infection. Melt healing ecchymosis.
 Card. tachy, regular. Murmur or rub audible.
 Bedside sonosite shows fluid around heart, very poor
 contractility.
 Pulm: Vent noise obscures, but ↓ bases. & rales. ⊕ crackles.
 Abdom: Soft, Non-Distended, NO Suction, No Bowel sounds
 heard.
 Extrem: edema, rash.

A/P:

① Massive Anterolateral STEMI on 30 June s/p assault.
 Currently in Cardiogenic shock due to massive
 loss of Cardiac muscle, CHF. Prognosis is very poor.
 Case has been discussed w/ Cardiologist (b)(6) in
 Antfran daily. Limited ability to support this patient
 here. No cath lab, & ~~card~~ intra-aortic balloon pump,
 no Swan Ganz. At this point, supportive care consists
 of diuresis, support ventilation + BP, treat any
 underlying issues (Possible pneumonia, electrolyte
 imbalance).

See Next Page

(b)(6)

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER 0158-07-CID112

PAGE 1 OF 1 PAGE

DETAILS

BASIS FOR INVESTIGATION: On 30 July 2007, this office received a Request for Assistance (RFA) from SA (b)(6), (b)(7)(C) 280th Military Police Detachment (CID), Camp Bucca, Iraq, APO AE 09375. The request required this office to attend the autopsy of Detainee Haider Ali HUSSEIN, Civilian Iraqi, US (b)(6), (b)(7)(C) Compound 10, Theater Internment Facility (TIF), Camp Bucca, IZ APO AE 09375.

About 0820, 30 July 07, SA (b)(6), (b)(7)(C) attended the autopsy of Detainee HUSSEIN which was conducted by Dr. (MAJ) (b)(6), (b)(7)(C) Office of Armed Forces Medical Examiner (OFAME), Armed Forces Institute of Pathology (AFIP), 1413 Research Blvd, Bldg 102, Rockville, MD 20850. The preliminary cause and manner of death was opined as the following: Cause: Complications following multiple blunt force injuries to the head, and extremities, to include a heart attack. Manner: Homicide. Photographers from AFIP exposed digital photographs of the autopsy and prepared a compact disc (CD) containing all images exposed. SA SHIPP, this office obtained fingerprints from the remains. A copy of the CD containing all images was obtained. (See, Fingerprints, and CD 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///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

Aberdeen Resident Agency, CID
Aberdeen Proving Ground, MD 21005

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

DATE

30 July 07

EXHIBIT

25

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CTI
ACLU WBI 0546 p.100

FOUO

LAW ENFORCEMENT SENSITIVE

AGENT'S INVESTIGATION REPORT <i>CID Regulation 195-1</i>	ROI NUMBER 0035-07-CID789
	PAGE 1 OF 1 PAGES

DETAILS

BASIS FOR INVESTIGATION: About 1125, 10 July 07, this office received a Request for Assistance from the Camp Bucca CID office (0027-07-CID579-24074) to conduct a polygraph of Mr. (b)(6), (b)(7)(C) Internment Serial Number (ISN), (b)(6), (b)(7)(C) pertaining to a previous assault at Bucca.

About 0928, 7 Aug 07, SA (b)(6), (b)(7)(C) with the assistance of Mrs. (b)(6), (b)(7)(C) Interpreter for Titan L3 Communications, Camp Cropper, Iraq, APO AE 09342 (CCIZ), observed SA (b)(6), (b)(7)(C) Polygraph Examiner, USACIDC (CCIZ), conduct a polygraph of Mr. (b)(6), (b)(7)(C) signed the rights waiver certificate and stated he wanted to answer questions. (b)(6), (b)(7)(C) agreed to conduct a polygraph examination. See polygraph report. (See Rights Waiver, PDR & EPWSR of Mr. (b)(6), (b)(7)(C))

The results of the polygraph examination were documented in a Polygraph Examination Report, prepared by SA (b)(6), (b)(7)(C) (See Polygraph Examination Report)///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER SA (b)(6), (b)(7)(C), (b)(7)(F)	ORGANIZATION 86 th MP DET (CID) (FWD) CAMP CROPPER, BAGHDAD, IRAQ
SIGNATURE (b)(6), (b)(7)(C)	DATE 7 Aug 07
	EXHIBIT 27

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DETAINEE NOTIFICATION OF RIGHTS

ISN (English): (b)(6), (b)(7)(C)
رقم المعتقل

NAME (Last, First, Middle): (b)(6), (b)(7)(C)
اسمك (اسم العائلة, الأسم الأول, أسم أبوك)

Date and Time: 7 Aug 07/0928
تاريخ اليوم و الوقت

Location: Camp Cropper, Iraq

I am an investigator with the United States military. Under our laws, you have certain rights. Before we ask you any questions, we want to be sure you understand those rights. أنا محقق مع القوات الأمريكية. تحت قانوننا لديك بعض الحقوق. قبل أن نسألك أي سؤال يجب أن تتأكد أنك فهمت كل حقوقك.

- a. You do not have to answer my questions or say anything. Even if you have already spoken to other authorities, you do not have to speak to us now. أ. لك الحق أن لا تجاوب على أي سؤال. حتى لو تكلمت مع سلطات أخرى. يمكنك أن لا تتكلم معنا الآن.
- b. If you do speak with us, anything you say may be used against you in a court in the United States or elsewhere. ب. اذا قررت أن تتكلم معنا, أي شيء تقوله يمكن أن يستخدم ضدك في المحكمة الأمريكية أو في محكمة أخرى.
- c. If you decide to speak with us now; you will still have the right to stop answering questions at any time. ت. اذا قررت أن تتكلم معنا الآن لك الحق أن تتوقف عن اجابت أي سؤال في أي وقت.

I understand my rights. I am willing to answer questions. أنا فهمت حقوقي. أنا مستعد للاجابة على الأسئلة.

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

تاريخ كادي محگار

Signature of Interviewee
وقع هنا

Printed Name of Interviewee
أكتب أسمك هنا

I understand my rights, but I am not willing to answer any questions.

Signature of Interviewee
وقع هنا

Printed Name of Interviewee
أكتب أسمك هنا

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Exhibit 28

FOUO

PERSONAL DATA REPORT

GENERAL INFORMATION

LAW ENFORCEMENT SENSITIVE

Dossier: {5881FA3E-F53D-4383-BCB2-D6DDABFB5B69}

Enroll Date: 9/17/2006 9:29:58 AM

Enrollment: IRQ:CENTCOM:MNF-I:TF
Station: 134:CROPPER/BAT/N-CROPBAT003

Person Type: Enemy Prisoner Of War or Enemy Combatant

Reason
Enrolled:

Title:

Name (F.M.L.T) (b)(6), (b)(7)(C)

Full Name:

Native Full
Name:

WMD Category:

Operational
Status:

Occupation:

National ID # (b)(6), (b)(7)(C)

Gender: MALE

Race: UNKNOWN

Hair Color: BLACK

Eye Color: BROWN

Build:

Height (in): Min: 64 Max:

Weight (lb): Min: 132 Max:

ON ALERT? NO

ILLEGAL WEAPONS POSSESSION

PERSON COMMENTS

PERSONAL DATA

Birthdate: 01JAN1983

Death Date:

Religion: ISLAM-SHIITE

Primary IRAQ

Nationality:

2nd Nationality:

Ethnicity: ARAB

Marital Status: SINGLE

Personnel Status: INSURGENT

WATCH LIST

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LAW ENFORCEMENT SENSITIVE

LAW ENFORCEMENT SENSITIVE

FOUO

ALIASES

LAW ENFORCEMENT SENSITIVE

PLACE OF BIRTH

Birthplace , Baghdad, Baghdad, IRAQ

ID NUMBERS

ID Number Type ID Number

CAP TAG DAK0358

CAPTURE INFORMATION

Evacuation Date: MP Number:
Capture Date: Capture Unit: B/2-8IN, 2 BCT 4 ID
Place: IRAQ, Baghdad, Baghdad, ,
Documents: ID CARD
Circumstances: ILLEGAL WEAPONS POSSESSION
Weapons/Equip: NONE

INDIVIDUAL STATUS INFORMATION

JITF-CT Classification U.S. Relationship Status DoD Relationship Status

PASSPORT INFORMATION

Type Number Issue Date Expiration Date Country Authority

PERSONAL TRAITS

LANGUAGE(S)

Language Name: Language Proficiency Is Native Language
ARABIC, MODERN STANDARD NATIVE PROFICIENCY YES
Comments:

ADDRESSES

EMPLOYMENT HISTORY

01JAN2000 - 01JAN2006; ; MECHANIC; EARNED 10-15,000 IZD PER DAY; ; ; ; ; ; ;
01FEB2006 - PRESENT; ; LABORER; EARNS 15,000 IZD PER DAY; ; ; ; ; ; ;

MILITARY SERVICE HISTORY

01JAN2002 - 15MAY2003; AR; PRIVATE; REPUBLICAN GUARD; ; ; ; ; ; ; ; ; ; ;

PHONE NUMBERS

Type Intl Area Code Phone # Ext

VEHICLE INFORMATION

RELATIVES

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LAW ENFORCEMENT SENSITIVE

FOUO

Relation	First	Middle	Last	Maiden	Birthdate
Brother	(b)(6), (b)(7)(C)				10/23/1979 3:00:00 AM
Residence:					
Occupation:					
Age/Descr: BU004189					
Dossier #: {8D7AA5DE-8081-48AB-9876-1B74021D7342}					
Mother	(b)(6), (b)(7)(C)				12/11/1963 3:00:00 AM
Residence:					
Occupation:					
Age/Descr: BU007191					
Dossier #: {CA964A4D-EFEB-4002-8057-C35ED2683DCB}					

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LAW ENFORCEMENT SENSITIVE

FOUO

EPW SCREENING REPORT

FOR OFFICIAL USE ONLY - LAW ENFORCEMENT SENSITIVE

PERSONAL

MP Number: _____ Evacuation Date: _____

Screening DTG: 202250ZSEP2006

Name (F,M,L,T): (b)(6), (b)(7)(C)

Gender: MALE

Service/ID #: (b)(6), (b)(7)(C)

Birthdate: 01JAN1983

Marital Status: SINGLE

Status: INSURGENT



ON ALERT? NO

ILLEGAL WEAPONS POSSESSION

ALIASES

PLACE OF BIRTH

Birthplace: , Baghdad, Baghdad, IRAQ

ID NUMBERS

ID Number Type: _____ ID Number: _____

CAP TAG: _____ DAK0358

CAPTURE INFORMATION

Evacuation Date: _____

MP Number: _____

Capture Date: _____

Capture Unit: B/2-8IN, 2 BCT 4 ID

Place: IRAQ, Baghdad, Baghdad, ,

Documents: ID CARD

Circumstances: ILLEGAL WEAPONS POSSESSION

Weapons/Equip: NONE

DETENTION INFORMATION

Present: * YES

Arrival Date: _____

Location: BUCCA

Detainee Review Board Date: _____

ICRC Level: _____

MI Hold: NO

Reason: _____

Prosecution Value: NO

Place to be Released: _____

Black List: NO

Prior Unit Coordination: _____

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FOUO

Mental State: ALERT

Education: 7 YEARS; MIDDLE SCHOOL

ENFORCEMENT SENSITIVE

REMARKS

Remarks: 1. (U) SCREENER'S COMMENTS - RECOMMEND NFE BASED ON 3B, JAM, AIF/ACF, DETAINEE'S RESPONSES, OVERALL CIRCUMSTANCES OUTLINED IN PACKET, AND DETAINEE'S LEVEL OF COOPERATION. DETAINEE IS A 23 YEAR OLD SHIA MALE IS FROM THE AL UBAYDI TRIBE FROM SADR CITY, BAGHDAD, IZ. DETAINEE IS ASSOCIATED WITH ISNS (b)(6), (b)(7)(C) 2. (C) KNOWLEDGE ABILITY -- SCREENER ASSESSES DETAINEE WAS NOT ABLE TO ANSWER PIRS. DETAINEE SHOULD NOT BE ABLE TO ANSWER NATIONAL OR THEATER REQUIREMENTS. 3. (U) CIRCUMSTANCES OF CAPTURE -- ON 06SEP 2006 DETAINEE WAS DETAINED BY BRAVO CO, 2-8 INF, 2 BCT, 4ID(M) DURING A ROUTINE CHECK AT AN IP CHECKPOINT AND FINDING A LARGE AMOUNT OF OFFENSIVE WEAPONS. 4. (U) EVIDENTIARY SUPPORT -- THERE ARE 5 CF SWORN STATEMENTS PROVIDED BY THE CAPTURING UNIT. THE FOLLOWING PHYSICAL EVIDENCE POSSIBLY LINKING THE DETAINEE TO CRIMINAL ACTIVITY WAS OBTAINED AT THE SITE OF CAPTURE; 8 X AK47, 5 X RPKS (2 X W/SCOPES), 2 PERCUSSION GRENADES, 1 X RPG, 1 X RPG ROUND, 1 X RPG PROPELLANT, 37 X AK47 MAGAZINES (LOADED), 35 X RPK ROUNDS, 5 X IA UNIFORMS, 9 X FLAK VESTS, 8 X BALLISTIC BODY ARMOR, 5 X CELL PHONES. 5. (U) COOPERATION -- DETAINEE WAS COOPERATIVE DURING BIOGRAPHICAL QUESTIONING. DETAINEE WAS UNCOOPERATIVE DURING PERTINENT QUESTIONING ABOUT THE CIRCUMSTANCES OF HIS ARREST AND HIS KNOWLEDGE OF THE REASON FOR HIS ARREST. 6. (U) ASSESSMENT -- DETAINEE WAS COOPERATIVE DURING BIOGRAPHICAL QUESTIONING. DURING PERTINENT QUESTIONING DETAINEE DISPLAYED SIGNS OF DECEPTION IN THAT THE DETAINEE KEPT HIS HANDS ON HIS LAP AND ATTEMPTED TO NOT DISPLAY ANY BODY LANGUAGE DURING THE SCREENING PROCESS. THE DETAINEE DENIED HIS CIRCUMSTANCES OF CAPTURE PROVIDING A DIFFERENT STORY THAN WHAT WAS DESCRIBED IN CF SWORN STATEMENTS. THE DETAINEE DENIED ANY KNOWLEDGE OF THE WEAPONS. THE DETAINEE DENIED HIS PREVIOUS STATEMENTS AS INDICATED IN HIS PACKET. THE DETAINEE DENIED ANY KNOWLEDGE ABOUT JAM OTHER THAN HEARSAY AND WHAT IS ON THE TELEVISION. THE DETAINEE ATTEMPTED TO PORTRAY HIMSELF AS A SUPPORTER OF AL-SISTANI AND NOT MUQTADA AL-SADR. THE DETAINEE DENIED BEING A MEMBER OF JAM. 7. (C) INDICATORS FOR APPROACH -- IF INTERROGATED FURTHER, THE FOLLOWING INDICATORS MAY BE USEFUL. THE DETAINEE DISPLAYED INDICATIONS THAT DETAINEE MAY BE SUSCEPTIBLE TO A FEAR UP MILD OF LONG TERM INCARCERATION TO INCLUDE TIME IN IRAQI PRISON. THE DETAINEE DOES NOT KNOW HOW LONG HE WILL BE IN PRISON BUT IMPLICATIONS OF SPENDING MOST OF HIS LIFE IN PRISON BECAUSE HE DID NOT TELL THAT THE TRUTH WILL PRESSURE HIM TO WANT TO SAY SOMETHING TO CLEAR HIS NAME. AN INCENTIVE APPROACH OF MITIGATION WILL PROVIDE THE DETAINEE WITH A CLEAR AVENUE OF ESCAPE FROM THE PRESSURE AND THE POSSIBILITIES OF BEING IN PRISON. 8. (C) CLAIM OF ABUSE - - NO. 9. (U) REVIEWERS COMMENTS --

PIR:

IR:

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AGENT'S INVESTIGATION REPORT

ROI NUMBER
0027-07-CID579-24074

CID Regulation 195-1
For Official Use Only-Law Enforcement Sensitive

PAGE 1 OF 1 PAGES

About 0900, 16 Sep 07, this office received the Final Autopsy Examination Report, report number ME 07-0934, Certificate of Death, and Report of Toxicological Examination, from the Armed Forces Institute of Pathology (AFIP), Rockville, MD 20850, pertaining to Detainee HUSSEIN. The Final Autopsy Report and the Certificate of Death indicated the cause of death to be Myocardial infarction complicated by blunt force injuries and the manner of death to be Homicide. (See Final Autopsy Report, Certificate of Death, and Report of Toxicological Examination for details)

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

TYPE, AGENT'S NAME AND SEQUENCE NUMBER
SA (b)(6), (b)(7)(C), (b)(7)(F)

ORGANIZATION
280th MP Detachment (CID), Camp Bucca, APO AE 09375

SIGNATURE (b)(6), (b)(7)(C)
For

DATE
16 Sep 07

EXHIBIT
32

~~FOUO~~



~~ARMED FORCES INSTITUTE OF PATHOLOGY~~
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
301-319-0000



AUTOPSY EXAMINATION REPORT

Name: Hussein, Hader Ali
ISN: (b)(6)
Date of Birth: (b)(6)
Date of Death: (b)(6)
Date/Time of Autopsy: 30 JUL 2007@0800
Place of Death: Theater Interment Facility
(TIF) Hospital, Camp Bucca, Iraq
Date of Report: 04 SEP 2007

Autopsy No.: (b)(6)
AFIP No.: (b)(6)
Status: Detainee
Place of Autopsy: Port Mortuary, Dover AFB,
Dover, Delaware

Circumstances of Death:

On 04 JUL 2007, this 26-year-old Iraqi male was being detained at the TIF (Camp Bucca, Iraq) when, as reported, he was physically assaulted by other detainees. He was transferred to the TIF hospital for treatment. Approximately 1 1/2 hours later, he suffered a massive myocardial infarction. Despite medical treatment provided by the TIF hospital medical personnel, Mr. Hussein died on (b)(6) 2007.

Authorization for Autopsy:

Armed Forces Medical Examiner, per 10 U.S. Code 1471

Identification:

Presumptive identification is provided by accompanying paperwork.

CAUSE OF DEATH:

Myocardial infarction complicated by blunt force injuries.

MANNER OF DEATH:

Homicide.

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EXTERNAL EXAMINATION

The body is that of a nude, well-developed, well-nourished male. The body weighs 190 pounds, is 67 inches long and appears compatible with the reported age of 26 years. The body is cold. Rigor has passed. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. There is marbling of the skin of the upper extremities. The hands and feet are macerated with skin slippage identified on the hands. There is bullae formation on both lower extremities, and these bullae are associated with skin slippage. The head is normocephalic, and the scalp hair is short, black, and exhibits male pattern balding. Facial hair consists of a moustache and goatee. The irides are brown. The corneae are cloudy. The conjunctivae are pale. The sclerae are tan. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton and maxillae are palpably intact. The lips are without evident injury. The teeth are natural and the left upper central incisor is missing. Examination of the neck reveals no evidence of injury. Injuries to the chest are described below. No evidence of injury of the ribs or the sternum is evident externally. The abdomen is slightly protuberant. The external genitalia are those of a normal adult circumcised male. A 2 inch superficial decubitus ulcer is identified on the skin overlying the sacrum. A 5 inch thin curvilinear scar is located on the skin of the right upper quadrant of the abdomen, and a 5 inch curvilinear scar is located on the skin overlying the right lower back. The fingernails are intact. No tattoos are identified.

CLOTHING AND PERSONAL EFFECTS

- Accompanying the deceased are white and green hospital sheets, and a white hospital blanket.

MEDICAL INTERVENTION

- None is present on the body at the time of autopsy.
- Evidence of previous medical intervention includes a 1/2 inch superficial mucosal ulceration of the proximal esophagus and a 1/4 inch superficial mucosal ulceration of the pharynx just distal to the vocal fold.

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the following:

- Calcification of the midline falx cerebri.
- Consolidation of both lungs.
- Fluid filled trachea and bronchial trees.
- No fractures are identified.
- No foreign bodies are identified.

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HUSSEIN, Hader Ali

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EVIDENCE OF INJURY

The ordering of the following injuries is for descriptive purposes only, and is not intended to imply order of infliction or relative severity. All wound pathways are given relative to standard anatomic position.

BLUNT FORCE INJURIES:

HEAD/NECK:

There is a 1 1/2 x 1/8 inch healing linear abrasion on the right side of the face. Above the left eyebrow is a 1 x 1 inch purple contusion, and on the center of the forehead is a 1 x 1/2 inch purple contusion. Associated with these two contusions is a 4 inch frontal subgaleal hemorrhage that extends to the bilateral parietal scalp. Over the occipital protuberance is a 3/4 x 3/4 inch healing laceration that has central granulation tissue. On the back of the head, just to the left of the midline, is a 3/4 x 1/4 inch V-shaped healing laceration with central granulation tissue present. On the right side of the back of the head is a 1 x 1/4 inch healing laceration with central granulation tissue.

TORSO:

There is a 1 inch purple contusion of the right lower quadrant of the abdomen and two purple contusions, 1/2 inch and 1 inch respectively, of the central aspect of the lower abdomen. On the right buttock is a 2 inch purple contusion. Upon reflection of the skin of the right side of the chest, an area of contusion, 1 1/2 inches, is identified within the musculature overlying the anterior aspects of right ribs 6-8. The anterior aspect of the sixth right rib is fractured. Further, an area of contusion, 3 x 2 inches, is identified in the musculature overlying the anterior aspect of right ribs 9 and 10. The underlying ribs are not fractured. (The injuries of the chest may be due to medical intervention.)

EXTREMITIES:

Overlying the anterior aspect of the right leg is a 1 inch healing scabbed abrasion which is located within the center of a 3 inch purple contusion.

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~~LAW ENFORCEMENT SENSITIVE~~INTERNAL EXAMINATIONBODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The sternum and vertebral bodies are visibly and palpably intact. Bilateral pleural and pericardial adhesions are seen in both chest cavities and within the pericardial sac. Both chest cavities contain 200 ml of serosanguineous fluid. The pericardial sac contains 10 ml of serosanguineous fluid. The peritoneal cavity contains 100 ml of serosanguineous fluid. All body organs are present in normal anatomical position.

The subcutaneous fat layer of the abdominal wall is 1 1/2 inches thick.

Posterior cutdowns are performed revealing evidence of injury consistent with those described above.

HEAD AND CENTRAL NERVOUS SYSTEM

The scalp is free of nontraumatic lesions. There are no skull fractures. The calvarium of the skull is removed. The dura mater and falx cerebri are intact and calcifications are identified within the falx cerebri, and the midline dura. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels are intact.

Clear cerebrospinal fluid surrounds the 1480-gram brain, which has unremarkable gyri and sulci. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the brain stem and cerebellum are unremarkable. The atlanto-occipital joint is stable. The spinal cord is unremarkable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage by layer-wise dissection. The thyroid cartilage and hyoid bone are intact. The larynx is lined by pink-white mucosa and a 1/4 inch area of ulceration is identified just distal to the vocal fold on the left side. 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.

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CARDIOVASCULAR SYSTEM:

The 450-gram heart is contained in an intact pericardial sac. 10 ml of serosanguineous fluid is identified in the pericardial sac. There are fibrinous adhesions between the pericardium and the heart. The epicardial surface is granular and rough, with minimal fat investment.

The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show occlusion of the proximal portion of the left anterior descending coronary artery by atherosclerotic plaque and adherent organized thrombus.

There is a 4 x 3 inch area of soft yellow-brown discoloration of the myocardium extending from the apex along the anterior wall of the left ventricle and extending just into the intraventricular septum and to the lateral wall of the left ventricle (within the perfusion zone of the left anterior descending coronary artery). This area of myocardial necrosis extends through the full thickness of the left ventricular wall (transmural). A mural thrombus is identified within the left ventricular chamber. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 1.0, 1.1, and 0.3-cm thick, respectively. The endocardium is smooth and glistening.

The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material: the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally.

The pulmonary parenchyma is diffusely congested and edematous, exuding slight to moderate amounts of blood and frothy fluid; the cut surfaces of both lungs exhibits patches of gray, purulent consolidation most prominent in the perihilar regions.

The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 1530 grams; the left 1450 grams.

HEPATOBIILIARY SYSTEM:

The 1810-gram liver has an intact smooth capsule covering a moderately congested tan-brown parenchyma with no focal lesions noted (the cut surface has a nutmeg appearance).

The gallbladder contains 5 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

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GASTROINTESTINAL SYSTEM:

The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 50 ml of brown-tan fluid. A 1/2-inch mucosal ulceration is identified in the proximal esophagus.

The small and large bowels are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present.

GENITOURINARY SYSTEM:

The right kidney weighs 180 grams; the left 200 grams. The renal capsules are smooth and thin, semi-transparent and stripped with ease from the underlying smooth, red-brown cortical surface.

The cortex is sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable.

White bladder mucosa overlies an intact bladder wall. The bladder is empty. The testes, prostate gland and seminal vesicles are without note.

LYMPHORETICULAR SYSTEM:

The 280-gram spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable.

Lymph nodes in the hilar, periaortic, and iliac regions are not enlarged.

ENDOCRINE SYSTEM:

The pituitary gland is unremarkable. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The right and left adrenal glands are symmetric, with bright yellow cortices and red-brown medullae. No masses or areas of hemorrhage are identified.

MUSCULOSKELETAL SYSTEM:

No non-traumatic abnormalities of muscle or bone are identified.

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ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff photographers.
2. Personal effects are released to the appropriate mortuary operations representatives.
3. Specimens retained for toxicology testing and/or DNA identification are: brain, lung, heart, liver, kidney, spleen, adipose tissue, skeletal muscle, vitreous fluid, blood, bile, and gastric contents.
4. The dissected organs are forwarded with body.

MICROSCOPIC EXAMINATION

- Left Anterior Descending Coronary Artery (Slide 1) – An atherosclerotic plaque with hemorrhage and necrosis is seen. There is an occlusive organizing and adherent thrombus within the residual lumen.
- Heart – Left Ventricle at Apex (Slide 2) – There is an adherent mural thrombus identified within the left ventricle. Within the myocardium there are areas of complete myocyte replacement by granulation tissue with loose collagen and abundant capillaries. There is a predominant chronic inflammatory response identified.
- Heart – Left Ventricle (Slide 3) - Within the myocardium there are areas of complete myocyte replacement by granulation tissue with loose collagen and abundant capillaries. There is a predominant chronic inflammatory response identified.
- Lung (Slide 4) – A neutrophil rich exudate fills the bronchioles and adjacent alveolar spaces.
- Liver (Slide 5) – There is necrosis of the peri-central hepatocytes with relative sparing of hepatocytes in the peri-portal areas.

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FINAL AUTOPSY DIAGNOSES:

I. CARDIOVASCULAR SYSTEM:

- A. Myocardial infarction - in the distribution of the left anterior descending coronary artery.
- B. Atherosclerotic cardiovascular disease - occlusion of the proximal left anterior descending coronary artery by atherosclerotic plaque with adherent organizing thrombus.
- C. Mural thrombus - left ventricular chamber.

II. PULMONARY SYSTEM:

- A. Bilateral bronchopneumonia.
- B. Pulmonary congestion and edema.

III. HEPATOBILIARY SYSTEM: Centrolobular Necrosis

IV. CENTRAL NERVOUS SYSTEM: Calcifications of the falx cerebri and midline dura.

V. SKIN: Superficial decubitus ulcer overlying the sacrum.

VI. LARYNX: Superficial ulceration.

VII. ESOPHAGUS: Superficial ulceration.

VIII. INJURIES: Multiple contusions and healing lacerations.

IX. EVIDENCE OF MEDICAL THERAPY: As described above.

X. POSTMORTEM CHANGES: As described above.

XI. IDENTIFYING MARKS: As described above.

XII. TOXICOLOGY (AFIP):

- A. **VOLATILES:** No ethanol is detected in the blood and bile
- B. **DRUGS:** Acetaminophen in the blood (19 mg/L); Atropine in the blood; Diazepam in the blood (0.13 mg/L; Nordiazepam in the blood (0.12 mg/L)
- C. **CYANIDE:** No cyanide is detected in the blood
- D. **CARBON MONOXIDE:** The carboxyhemoglobin saturation in the blood was less than 1%

AUTOPSY REPORT (b)(6)
HUSSEIN, Hader Ali

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OPINION

This 26-year-old Iraqi male died of a myocardial infarction complicated by blunt force injuries. It is reported that he suffered a myocardial infarction a short time after being assaulted by other detainees in a detention facility. It is my opinion based on the information available to me that there is a causal relation between the assault and the myocardial infarction. The manner of death is homicide.

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(b)(6) MEDICAL EXAMINER

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

REPLY TO
 ATTENTION OF

AFIP-CME-T

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) 00

Name

HUSSEIN, HAIDER AL

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

Toxicology Accession #: (b)(6)

Date Report Generated: August 8, 2007

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: (b)(6) 2007 Date Received (b)(6) 2007

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 BILE** were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

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

Positive Acetaminophen : Acetaminophen was detected in the blood by color test and confirmed by immunoassay. The blood contained 19 mg/L of acetaminophen as quantitated by immunoassay.

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REPORT OF TOXICOLOGICAL EXAMINATION (CONT - 07-0934, HUSSEIN, HAIDER AL):

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

Positive Benzodiazepine: Diazepam was detected in the blood by gas chromatography and confirmed by gas chromatography/mass spectrometry. The blood contained 0.13 mg/L of diazepam as quantitated by gas chromatography/mass spectrometry.

Positive Benzodiazepine: Nordiazepam was detected in the blood by gas chromatography and confirmed by gas chromatography/mass spectrometry. The blood contained 0.12 mg/L of nordiazepam as quantitated by gas chromatography/mass spectrometry.

(b)(6)

(b)(6) Medical Examiner

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CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Hussein, Haider, Al		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance 3 January 1981
RACE Race		MARITAL STATUS État Civil	RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> NEGROID Négride	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> CATHOLIC Catholique
	<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> SEPARATED Séparé	<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (Indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort			Myocardial Infarction complicating blunt force injuries
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input type="checkbox"/> NATURAL Mort naturelle	<input checked="" type="checkbox"/> YES OUI		
<input type="checkbox"/> ACCIDENT Mort accidentelle	<input type="checkbox"/> NO NON		
<input type="checkbox"/> SUICIDE Suicide	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input checked="" type="checkbox"/> HOMICIDE Homicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	DATE Date 30 July 2007	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES OUI <input checked="" type="checkbox"/> NO NON
DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) (b)(6) 2007	PLACE OF DEATH Lieu de décès Iraq		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND THE 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 la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)		TITLE OR DEGREE Titre ou diplôme Deputy Medical Examiner	
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE		
DATE Date 7/30/2007	SIGNATURE Signature (b)(6)		
<small>1. State disease, injury or complication which caused death, but not mode of dying such as heart failure, ect. 2. State conditions contributing to the death, but not related to the disease or condition causing death. 3. Precise the nature of the malady, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, tels qu'un arrêt du coeur, etc. 4. Préciser la condition qui a contribué à la mort, mais n'avant aucun rapport avec la maladie ou à la blessure ou à la complication causant la mort.</small>			

DD FORM 1 APR 77 2064

REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 13563, 1 APR 68, WHICH ARE OBSOLETE.

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