

TAB

CERTIFICATE OF DEATH

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

INTERMENT SERIAL NUMBER
(b)(7)(E)

FROM:

TO:

NAME (Last, first, MI) LUA'Y MUSTAFA RAZZAG		GRADE	SERVICE NUMBER
NATIONALITY IRAQI	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE	
PLACE OF BIRTH	DATE OF BIRTH		FIRST NAME OF FATHER
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN			
PLACE OF DEATH	DATE OF DEATH	CAUSE OF DEATH	
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)

*Starved in ent priseless/apenic CPR INITIATED pt intubated
central line placed. EPI x 5 + Atropine x 2 + CPR
Signs of vitality p 45 min TOD 11:00*

DO NOT WRITE IN THIS SPACE CERTIFIED A TRUE COPY	DATE 4 APR 08	(b)(3):10 U.S.C. 130(b),(b)(6)	CLER Ac / CPT
	SIGNATURE OF COMMANDING OFFICER		
SIGNATURE		ADDRESS	
SIGNATURE		ADDRESS	

HOSPITAL REPORT OF DEATH		NAME AND LOCATION OF HOSPITAL			
FOR USE OF THE FORM, SEE AR 40-500. THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.		TF 31 MED Camp Cropper			
Instructions - Medical Officer in attendance will: Prepare, in one copy only, items 1 through 10 and sign item 11. Print or type entries.		Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.			
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		
ISN (b)(7)(E) [redacted]		1100 04 04 2008	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Luay, Mustafa Razzag		4. RELIGION	5. CHAPLAIN NOTIFIED		
(b)(7)(E) [redacted]			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Patient's name (Last, first, middle initial) Grade. Social Security Account No., Register Number and Ward Number		6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH			
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) Anoxia secondary to reported hanging		45 min		
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)	(1) N/A				
	(2)				
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a. N/A				
	b.				
9. DATE	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER	(b)(3):10 U.S.C. 130(b),(b)(6)			
04 04 2008	IN ATT (b)(3):10 U.S.C. 130(b), (b)(6) CPT PAC	TENDANCE PAC/CPT			
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 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			

MEDICAL RECORD		EMERGENCY CARE AND TREATMENT (Patient)			LOG NUMBER 6	TREATMENT FACILITY TF31
PATIENT'S HOME ADDRESS OR DUTY STATION					RECORDS MAINTAINED AT	
STREET ADDRESS					ARRIVAL	
CITY					DATE (Day, Month, Year) 04 04 2008	TIME 1043
STATE					TRANSPORTATION TO FACILITY VG/AMB	
SEX M	DUTY/LOCAL PHONE		MILITARY STATUS			THIRD PARTY INSURANCE
AGE 22	AREA CODE	NUMBER	PRP	ITEM	YES	NO
HOME PHONE		FLYING STATUS		ADDITIONAL INSURANCE		
AREA CODE		NUMBER		MEDICAL HISTORY OBTAINED FROM		DD 2568 IN CHART
CURRENT MEDICATIONS ?			INJURY OR OCCUPATIONAL ILLNESS			EMERGENCY ROOM VISIT
ALLERGIES ?			IS THIS AN INJURY?			DATE LAST VISIT
CHIEF COMPLAINT Anoxia secondary to self inflicted hanging			INJURY/SAFETY FORMS			24 HOUR RETURN <input type="checkbox"/> YES <input type="checkbox"/> NO
			HOW			TETANUS
						DATE LAST SHOT
						COMPLETED INITIAL SERIES <input type="checkbox"/> YES <input type="checkbox"/> NO
CATEGORY OF TREATMENT						
<input checked="" type="checkbox"/> EMERGENT	TIME 1043		VITAL SIGNS			
<input type="checkbox"/> URGENT	INITIALS (b)(3):10 U.S.C. 130		BP	SEE Resuscitation record		
<input type="checkbox"/> NON-URGENT			PULSE			
LAB ORDERS		PT/PTT		BHC/URINE/BLOOD/QUANT		
CBC/DIFF	ABG			CHEM:		<input checked="" type="checkbox"/> CXR PA & LAT (PORTABLE)
URINE C&S	UA MSCC/CATH					ACUTE ABDOMEN
BLOOD C&S X					SINUS	
						ANKLE R/L
						C-SPINE
						L5 SPINE
						HEAD CT
ORDERS						
<input checked="" type="checkbox"/> PULSE OX	ORDERS		BY		COMPLETED BY	
TIME					TIME	
						PATIENT'S RESPONSE
						<input type="checkbox"/> ECG
DISPOSITION		DISPOSITION QUARTERS /OFF DUTY		PATIENT/DISCHARGE INSTRUCTIONS		
<input type="checkbox"/> HOME	<input type="checkbox"/> FULL DUTY	<input type="checkbox"/> 24 HRS	<input type="checkbox"/> 48 HRS			
MODIFIED DUTY UNTIL		RETURN TO DUTY		I have received and understand these instructions.		
CONDITION UPON RELEASE		ADMIT TO UNIT/SERVICE		REFERRED	TO	WHEN
<input type="checkbox"/> IMPROVED	<input type="checkbox"/> UNCHANGED					
<input checked="" type="checkbox"/> DETERIORATED			TIME OF RELEASE 1100	PATIENT'S SIGNATURE		
PATIENT'S IDENTIFICATION		EMERGENCY CARE AND TREATMENT (Patient)				
(b)(7)(E)		Medical Record				

15N
Luay, Mustafa Rozzag
(b)(3):10 U.S.C. 130(b),(6)

STANDARD FORM 558 (REV. 9-95)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1 00

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT (Doctor)	TIME SEEN BY PROVIDER
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TEST RESULTS

WBC 9.3	SMAC	155 105 12			ABG/PULSE OX		RADIOLOGY	Check if read by radiologist <input type="checkbox"/>
H/H 15.2/46		7.6 17 1.2			SUP O2	PH		
PLT 209					PCO2	SAT	OTHER	
PT 13				DIP		AST-123	EKG INTERPRETATION	
APTT 22.5	BHCG	ETOH	GLU	MICRO				AST-84

PROVIDER HISTORY/PHYSICAL

HPI: pt arrives from SHU p being found hanging in cell. CPR initiated in cell. pt arrives pulseless & spontaneous respirations. @ central cyanosis (+) vomit in post pharynx. @ evidence trauma. Neck evidence ligatures

PMH
JNK
PSH
UNK
MedS
UNK
Artery
UNK

E: WNW D IN cardiac/resp arrest + asystole CPR initiated pt intubated 1st attempt 7.5F tube placement confirmed @LS @ peripheral IV so @SC CVL placed 1st attempt good blood return. EPI x3 Atropine x2 CPR. TOD called 1100. pt 5 pulse/responsive time. pericardiocentesis @ total down time 45 min

CONSULT WITH	TIME	ACTION

RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP

(b)(3):10 U.S.C. 130(b),(b)(6)

PHE/CPT

DIAGNOSIS
Respiratory/Cardiac Arrest

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

EMERGENCY CARE AND TREATMENT (Doctor)
Medical Record

STANDARD FORM 558 (REV. 9-88)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

EMERGENCY RESUSCITATION RECORD

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

PART 1 - Complete this report immediately following the event. Place the original in the patient's record and provide a copy to the nursing supervisor/OIC.

1. DATE: 04 Apr 08

3. PATIENT STATISTICS:

Age: 22 Gender: M

Height (in): _____

Weight (lbs): _____ Weight (kg): _____

2. LOCATION OF RESUSCITATION:

Ward: _____

MICU SICU CCU NICU PICU ED PACU OR

Diagnostic/Procedure Area: _____

Outpatient Clinic: _____

Other (Specify): _____

4. INITIAL CONDITION:

CONSCIOUS? Yes No

BREATHING? Yes No

PULSE? Yes No Pulse Site: _____

5. INITIAL RHYTHM:

Asystole Pulseless Electrical Activity Other: _____

Bradycardia Ventricular Fibrillation

Perfusing Rhythm Ventricular Tachycardia

WITNESSED ARREST? Yes No Unknown

RETURN OF SPONTANEOUS CIRCULATION (ROSC):

Returned at: _____ Never Achieved

Unsustained ROSC: < 20 min > 20 min

MONITORED AT ONSET? Yes No

TIME CPR STOPPED: 1100 DUE TO: ROSC DNR Death

6. IMMEDIATE CAUSE OF ARREST/EVENT: (Check One)

- Hypotension/Hypovolemia
- Lethal Arrhythmias
- Metabolic
- Myocardial Infarction or Ischemia
- Respiratory Depression
- Trauma
- Unknown

7. RESUSCITATION ATTEMPTED:

YES (Check all that apply)

Airway Management Cardiac Massage

Chest Compressions Defibrillation

NO (Check one)

False Alarm/Arrest (BLS/ALS not needed)

Do Not Resuscitate (DNR)

Pronounced Dead Prior to Resuscitation

Other: _____

8. EVENT TIMES: (The times below are required to calculate the American Heart Ass'n and European Resuscitation Council in-hospital chain of survival.)

Collapse/Arrest Onset: 1015 Time (Military) repeated

CPR Started: 1020

1st Defibrillation: _____

Airway Achieved: 1045

1st Dose Epinephrine: 1048

Code Team Called: Yes No

Code Team Arrived: 1043

9. INTERVENTIONS:

- (CHECK THOSE IN PLACE AT START OF RESUSCITATION)
- IV Access Gauge: _____ Site: _____
 - Endotracheal Tube Size: 7.5
 - Mechanical Ventilation
 - Arterial Line
 - Central Venous Line
 - Pulmonary Artery Catheter
 - Nasogastric Tube
 - Pacing Device (Specify): _____
 - Implantable Defibrillator/Cardioverter
 - Other (Specify): _____

- (CHECK THOSE INITIATED DURING RESUSCITATION, NOTE TIME)
- Time(s) _____ / _____
 - Time(s) 1045 / _____
 - Time(s) _____ / _____
 - Time(s) _____ / _____
 - Time(s) 1048 / _____
 - Time(s) _____ / _____
 - Time(s) _____ / _____
 - Time(s) _____ / _____
 - Time(s) _____ / _____
 - Time(s) _____ / _____

COMMENTS

PATIENT DISPOSITION FOLLOWING RESUSCITATION:

Death

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

Luay, Mustafa Pazzaf

ISN (b)(7)(E)

(b)(2),(b)(6)

10. GLASGOW COMA SCALE: (Post-resuscitation) Circle appropriate score for each parameter, then total score.

EYE OPENING

- 4 - Spontaneously
- 3 - To voice
- 2 - To pain
- 1 - No response

VERBAL RESPONSE

- 5 - Oriented, converses
- 4 - Disoriented, converses
- 3 - Inappropriate responses
- 2 - Incomprehensible sounds
- 1 - No response

MOTOR RESPONSE

- 6 - Obeys verbal commands
- 5 - Localizes painful stimulus
- 4 - Withdraws from pain stimulus
- 3 - Flexion, decorticate posturing
- 2 - Extension, decerebrate posturing
- 1 - No movement

SCORE: 3

EMERGENCY RESUSCITATION RECORD - PART 2

TIME (Military)		1043	1048/1055	1058	1100
VITALS	BLOOD PRESSURE	100/51	—	—	—
	HEART RATE	6	Compressions	Compressions	
	PULSE PALPABLE (Y/N)	N	N	N	N
	COMPRESSION (1* = CPR)	CPR	*	*	*
	RHYTHM	Asystole	asystole	asystole	asystole
	DEFIBRILLATION <small>(Joules: 200, 300, 360)</small>	—	—	—	—
	CARDIOVERSION <small>(Joules: 50, 100, 200, 300, 360)</small>	—	—	—	—
	PACING PERFORMED (✓)	—	—	—	—
	RESPIRATIONS	12 vent	vent	RT	RT
TEMPERATURE	—	—	—	—	
AIRWAY	VALVE MASK w/100% O ₂	(✓) ✓	✓	✓	✓
	INTUBATED	(✓) ✓	✓	✓	✓
	MASK (Specify)	BVM	—	—	—
	% OXYGEN (O ₂)	100	100	100	100
	PULSE O ₂ / O ₂ SATS	78%	80%	78%	—
MEDICATIONS	<i>Note dose and route. <small>(Add other meds on blank lines)</small></i>		Subclavian →		
	AMIODARONE	/	/	/	/
	ATROPINE	/	1mg	1mg	1mg
	DOPAMINE	/	/	/	/
	EPINEPHRINE	/	1mg	1mg	1mg
	LIDOCAINE	/	/	/	/
	PROCAINAMIDE	/	/	/	/
	VASOPRESSIN	/	/	/	/
LABS	POTASSIUM (K)				7.6
	GLUCOSE				211
	CALCIUM (Ca)	none			8.8
	MAGNESIUM (Mg)				
ABGS	PH				
	pCO ₂				
	pO ₂	none			
	HCO ₃				

COMMENTS:

(b)(3); 10 U.S.C. 130(b); (b)(6)

PHYS X

MED

PAC/CPT (MCHO) JUN 03

WORSE (Signature & Title)
CPT/RN

TAB

CERTIFICATE OF DEATH

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

INTERMENT SERIAL NUMBER

FROM:

TO:



NAME (Last, first, MI) GRADE SERVICE NUMBER

LWAY, MUSTAFA RAZZAQ

NATIONALITY POWER SERVED PLACE OF CAPTURE/INTERMENT AND DATE

IRAQI

PLACE OF BIRTH DATE OF BIRTH

NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN FIRST NAME OF FATHER

PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH

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)
Placed IN EMT pulseless/apenic CPR INITIATED PT intubated central line placed. EPI x 5 + Atropine x 2 + CPR
Signs of vitality p 45 MIN TOD 11:00

(b)(3); 10 U.S.C. 130(b), (b)(6)

DO NOT WRITE IN THIS SPACE CERTIFIED A TRUE COPY

DATE 4 APR 08

OFFICER PAK / CPT

SIGNATURE OF COMMANDING OFFICER

WITNESSES SIGNATURE ADDRESS

SIGNATURE ADDRESS

CAMP CROPPER

PATIENT LAB INQUIRY

For: 03 Apr 08 - 04 Apr 08

Report requested by: (b)(3):10 U.S.C. 130

CROP, C600301037

20, (b)(7)(E)

M/21

Reg #:

Military Unit: UNKNOWN

080404 CO 2029

Col: 04Apr08@1053

PLASMA

STAT

Hcp: (b)(3):10 U.S.C. 130(b)

Reg Loc: EMT

PT. 13.0

(7.0-14.0) sec

C:ekc04Apr08@1108

INR 1.3

Interpretations:

Patient not on therapy: 0.8-1.5

Patient on therapy: 2.0-3.0

APTT. 22.5

(21.0-50.0) sec

080404 HE 7923

Col: 04Apr08@1053

BLOOD

STAT

Hcp: (b)(3):10 U.S.C. 130

Reg Loc: EMT

WBC 9.3

(4.8-10.8) x10 3/uL

C:ekc04Apr08@1108

RBC CNT 5.29

(4.20-6.10) x10 6/uL

HGB 15.2

(12.0-18.0) g/dL

HCT 46.1

(42-52) %

MCV 87.1

(80.0-99.0) fl

MCH 28.7

(27.0-31.0) pg

MCHC. 32.9 L

(33.0-37.0) g/dL

PLATELETS 269

(130-400) x 10 (3)/u

LYMPH%. 52 H

(20.0-44.0) %

LYMPH#. 4.8 H

(0.7-4.3) x10 3/uL

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

CAMP CROPPER

PATIENT LAB INQUIRY

Report requested by: (b)(3):10 U.S.C. 130 For: 03 Apr 08 - 04 Apr 08

CROP, C600301037
Ph: 20/(b)(7)(E)

M/21

Reg #:

Military Unit: UNKNOWN

080404 CH 16713

Col: 04Apr08@1053

Hcp: KLINE MARK
(128-145)

SERUM

Req Loc: EMT

C:ekc04Apr08@1114

NA+ 155 H mmol/L

Interpretations: PERFORMED ON PICOLLO ANALYZER
K 7.6 H* (3.3-4.7) mmol/L
Result Comment: Sample not hemolyzed

CO2 17 L (18-33) mmol/L

CL- 105 H (98-108) mmol/L

GLUCOSE 211 H (73-118) mg/dl

Interpretations: PERFORMED ON PICOLLO CHEMISTRY ANALYZER

CA 8.8 (8.0-10.3) mg/dL

BUN 12 (7-22) mg/dL

CREAT 1.2 (0.6-1.2) mg/dL

ALK PHOS 114 (26-184) U/L

Interpretations: PERFORMED ON PICCOLO CHEMISTRY ANALYZER

ALT 123 H (10-47) U/L

AST 84 H (16-55) U/L

TBILI 0.6 (0.2-1.6) mg/dL

ALBUMIN 3.8 (3.3-5.5) g/dL

PROTEIN TOTAL 7.8 (6.4-8.1) g/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
=====

~~FOR OFFICIAL USE ONLY~~

TMIP Theater Medical Data Store

Print Window Close Window

Outpatient Record

Demographics Information

The demographic information is protected health information, and will not be shown.

Encounter Information

Encounter Date: **04/04/2008 1052**

Facility: **TF 31 North (WBKXA1)**

Report Date: **04/04/2008 1052**

Data Source: **TMIP (CHCSIIT)**

Provider: (b)(3):10 U.S.C. 130
(b),(b)(6)

Disposition Information

Disposition: **DECEASED**

Diagnosis Information

Primary Diagnosis

427.5, CARDIAC ARREST

Original DNBI: **All Other, Medical/Surgical** Circumstance: **DISEASE**

Mapped DNBI*: **All Other, Medical/Surgical** Initial Visit: **Y**

Chief Complaint: **Unspecified Reason For Visit**

Subjective:

Reason(s) For Visit (Chief Complaint(s)):

Unspecified Reason For Visit

Assessment: **CARDIAC ARREST**

Preventive: **Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding. Injury & Illness: Not Work Related; Not Battle Related; Category: All Other, Medical/Surgical Cause: Non-Battle Illness Appointment Class: Outpatient**

AHLTA-T Encounter Note

Patient: CROP, (b)(3):10 U.S.

Date: 04 Apr 2008 1052 AST

Appt Type: ROUNT

Facility: TF 31 CSH (NORTH) (WBKXA1)

Clinic: CROPPER HOSPITAL

Provider: (b)(3):10 U.

AutoCites Refreshed by (b)(3):10 U.S.C. 130(b),(b)(6)

Problems

OPTIC ATROPHY - LEFT EYE

REFRACTIVE ERROR - HYPERMETROPIA

COMMON COLD

skin: a 'rash' (as Sx)

POSTCONCUSSION SYNDROME

EPIPHORA

headache

Psychiatric Examination Following Psychotherapy/Mental Treat

ADJUSTMENT DISORDER

living in a correctional institution

URINARY TRACT INFECTION

Patient Education

visit for: single organ system exam psychiatric

ASTIGMATISM

STRABISMUS NON-PARALYTIC EXOTROPIA

Psychotic disorders

PSYCHOSES

mucous discharge from eyes

Active Medications

No Active Medications Found.

Allergies

No Allergies Found.

Screening Written by (b)(3):10 U.S.C. 130(b),(b)(6)

Appointment Reason For Visit: Unspecified Reason for Visit;

Selected Reason(s) For Visit:

Unspecified Reason For Visit (New) Comments: hung himself

A/P Written by (b)(3):10 U.S.C. 130(b),(b)(6)

1. CARDIAC ARREST

Comments:

Disposition Written by (b)(3):10 U.S.C. 130(b),(b)(6)

Expired

Follow up: as needed

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

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

Appointment Class: Outpatient

E&M Code: 99283 (EMERGENCY DEPT VISIT)

>50% of appointment time spent counseling and/or coordinating care.

Signed By @ 05 Apr 2008 1035

(b)(3):10
U.S.C. 120(b)

TF 31 CSH (NORTH) (WBKXA1)

* Original DNBI refers to the original DNBI category that came in the file. Mapped DNBI category refers to the category that is used for surveillance. In general, the mapped category will be the same as original category, unless 1) this encounter is a follow up, in which case the mapped category will be changed to "Miscellaneous/Administration/Follow-up" or 2) the original category was "Unknown," in which case the DOD ICD9 code to DNBI Category mapping is used.