DEPARTMENT OF THE ARMY
UNITED STATES ARMY CRIMINAL INVESTIGATION COMMAND
48TH MILITARY POLICE DETACHMENT (FWD)(-)
11TH MILITARY POLICE BATTALION (CID)(FWD)
BAGHDAD CENTRAL CONFINEMENT FACILITY
ABU GHRAIB, IRAQ APO AE 09342

CIRFR-PIT 15 MAY 05

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION – FINAL (C)/SSI - 0017-05-CID789 -39254 - 5H9B/5H1P

1. DATES/TIMES/LOCATIONS OF OCCURRENCES:
   1. 30 JAN 05/1500 – 30 JAN 05/2020: BAGHDAD CENTRAL CONFINEMENT FACILITY (BCCF); GRID: [redacted] ABU GHRAIB, IZ

2. DATE/TIME REPORTED: 30 JAN 05, 2024

3. INVESTIGATED BY: SA [redacted] SA [redacted] SA [redacted] SA [redacted]

4. SUBJECT: 1. NONE (NFI); COMBAT DEATH

5. VICTIM: 1. FAWZZI, ABDULLAH (DECEASED); INTERNMENT SERIAL NUMBER (ISN) [redacted] UNKNOWN, IZ; M; WHITE; DETAINEE; BCF, ABU GHRAIB, IZ; ZZ; (NFI); COMBAT DEATH

6. INVESTIGATIVE SUMMARY:

THIS IS AN "OPERATION IRAQI FREEDOM" INVESTIGATION.

This investigation was initiated when SPC [redacted] Patient Administration Department (PAD), Task Force Medical 115TH, BCCF, notified this office of a detainee death.

Investigation disclosed that Mr. FAWZZI died as result of complications of gunshot wound he received to his left leg. On 25 Jan 05, Mr. FAWZZI was admitted to the 86th Combat Support Hospital (CSBH) (Ibn Sina Hospital), Baghdad, IZ, suffering from high velocity gunshot wounds to his thighs. His left leg had to be amputated and his right leg had trauma to the lower extremity. His injuries were received during an altercation in which he was firing at US Forces, which resulted in FAWZZI's subsequent capture and incarceration at the BCCF.

STATUTES:

N/A

EXHIBITS/SUBSTANTIATION:

ATTACHED:

1. Agent's Investigation Report (AIR) of SA (b)(6), (b)(7)(C) 1 May 05, detailing the initial notification, medical and law enforcement coordinations and information report.

2. Photographic Packet comprised of 15 photographs.

3. Compact Disk 050017.789.

4. Medical records pertaining to Mr. FAWZZI.

5. Detainee Personnel Report pertaining to Mr. FAWZZI.

6. AIR of SA (b)(6), (b)(7)(C) 7 Feb 05, detailing other and medical coordinations.

7. DD Form 2708 (Receipt for Inmate or Detained Person) pertaining to Mr. FAWZZID.

8. Discharge Summary/Aeronautical Evacuation Summary pertaining to Mr. FAWZZI.

9. AIR of SA (b)(6), (b)(7)(C) 4 Feb 05, detailing medical coordinations.

10. Medical records pertaining to Mr. FAWZZI.

11. Fingerprints of Mr. FAWZZI.

12. Compact Disk 050027.259.

13. Final Autopsy Report #ME 05-126, 15 Apr 05, pertaining to Mr. FAWZZI.

NOT ATTACHED:

None

The originals of Exhibits 1, 2, 3, 6, 9, 11 and 12 were forwarded with the USACRC copy of this report. The original of Exhibits 4, 7, 8, and 10 are retained in the files of the 86th Combat Support Hospital, Ibn Sina, Hospital, Baghdad, IZ. The original of Exhibit 5 is retained in the files of the Interment Holding Area, BCCF, IZ. The original of Exhibit 13 is retained in the files of AFIP, Rockville, MD 20850.

STATUS: This is a Final Report. Commander's Report of Action Taken (DA Form 4833) is not required.

Report Prepared By:

(b)(6),(b)(7)(C),(b)(7)(F)
[redacted]

Report Approved By:

(b)(6), (b)(7)(C)
[redacted]

Special Agent in Charge

DISTRIBUTION:

1 - Director, USACRC, (ATTN: CICR-CR), 6010 6th Street, Fort Belvoir, VA 22060-5506 (original)
1 - Thru: CDR, 11th MP BN (CID) (FWD) (email only)
Thru: CDR, 3rd MP Group (CID) (email only)
To: CDR, HQUSACIDC (email only)
1 - AFIP, Attn: OAFME, Rockville, MD (email only)
1 - CDR, BCCF (email only)
1 - File

AGENT'S INVESTIGATIVE REPORT

CID Regulation 195-1

ROI NUMBER 0017-05-CID789

DETAILS:

About 2024, 30 Jan 05, SPC [(b)(6), (b)(7)(C)] Patient Administration Division, Task Force Medical (TF Med) 115th, BCCF, AGI, reported the death of detainee Abdullah FAWZZI, (ISN) [(b)(6), (b)(7)(C)] [(b)(6), (b)(7)(C)] DOB [(b)(6), (b)(7)(C)]

About 2030, 30 Jan 05, the undersigned responded to the ICU, TF Med 115th, BCCF, AGI and coordinated with 1LT [(b)(6), (b)(7)(C)] [(b)(6), (b)(7)(C)] Staff Nurse, ICU. 1LT [(b)(6), (b)(7)(C)] was attending the body pending CID arrival. The undersigned exposed photographs of the body. (See Photo Packet)

About 2045 the undersigned coordinated with Dr (CPT) [(b)(6), (b)(7)(C)] [(b)(6), (b)(7)(C)] Trauma OIC, TF Med 115th Field Hospital, BCCF, AGI. According to Dr [(b)(6), (b)(7)(C)] Mr. FAWZZI was admitted to the 86th Combat Support Hospital, Ibn Sina Hospital, Baghdad, Iraq. Dr [(b)(6), (b)(7)(C)] related Mr. FAWZZI was suffering from high velocity gunshot wounds to the thighs. Mr. FAWZZI was transferred to the Task Force Med 115th at BCCF on 25 Jan 05. He arrived at BCCF with Right pneumothorax, Left leg trauma near amputation and Right Lower extremity trauma. Upon arrival Mr. FAWZZI was treated for these conditions. About 1500 30 Jan 05, Mr. FAWZZI was experiencing multiple organ failure and cardiac arrest. The attending doctors recommended no further escalation of care. Dr [(b)(6), (b)(7)(C)] related he pronounced Mr. FAWZZI dead at 2020, 30 Jan 05. Dr [(b)(6), (b)(7)(C)] listed Mr. FAWZZI's preliminary cause of death as Cardiac arrest; Hepatorenal syndrome; Shock, with Iatrogenic Pneumothorax listed as a contributing condition.

About 2100, 30 Jan 05, the undersigned coordinated with SPC [(b)(6), (b)(7)(C)] [(b)(6), (b)(7)(C)] PAD, TF Med 115th, BCCF, who provided a copy of Mr. FAWZZI's medical record. (See Medical Record)

About 2210, 30 Jan 05, SA [(b)(6), (b)(7)(C)] this office, coordinated with SSG [(b)(6), (b)(7)(C)] 306th Military Police Battalion (306th MP Bn), BCCF, AGI, who provided a copy of Mr. FAWZZI's in-processing packet. SSG [(b)(6), (b)(7)(C)] related when Mr. FAWZZI was transported to BCCF, AGI, he was not shipped with a Coalition Provisional Authority Apprehension Form or Sworn Statements detailing his capture. (See Detainee Personnel Report, DA Form 2669-R-E, DA

TYPED NAME, SEQUENCE NUMBER	ORGANIZATION
SA [(b)(6),(b)(7)(C),(b)(7)(F)]	48th MP Det (CID)(FWD)(-), BCCF, AGI, APO AE 09342
SIGNA [(b)(6), (b)(7)(C)]	DATE 1 May 05 / EXHIBIT 1

CID FORM 94-E

(Automated)

PROTECTIVE MARKING IS EXCLUDED FROM
AUTOMATIC TERMINATION (Para 13, AR 34-16)

AGENT'S INVESTIGATIVE REPORT

CID Regulation 195-1

ROI NUMBER 0017-05-CID789

DETAILS:

Form 3894, DD Form 2064, and BCCF Marks, Scars and Tattoos Report)

About 2218, 30 Jan 05, SA [redacted] coordinated with SSG [redacted] Internment Housing Authority (IHA) Property Room NCOIC, 306th Military Police Battalion (306th MP Bn), BCCF, AGI, who related no property was transported with Mr. FAWZZI to BCCF, AGI.

About 1226, 31 Jan 05 SA [redacted] coordinated with SSG [redacted] C Co, 151st Field Artillery Regiment (151st FA Reg), NCOIC of Hospital Security, Baghdad, Iraq, [redacted], NFI, who related Mr. FAWZZI was dropped off at the hospital at 1620, 25 Jan 05, by "Eagle Dust-off", and there was no capture paperwork dropped off with him. SSG [redacted] related he was not working when Mr. FAWZZI was dropped off, but the doctors worked on Mr. FAWZZI and then notified the security personnel that they believed Mr. FAWZZI was an insurgent.

About 1020, 25 Feb 05, SA [redacted] this office, received an information report from the 48th MP DET (CID)(FWD), Camp Victory, Iraq, pertaining to medical coordinations. (See AIRs of SA [redacted] and SA [redacted]

About 1840, 1 May 05, SA [redacted] obtained a copy of Mr. FAWZZI's autopsy report, which listed the manner of death as homicide and the cause of death as complications of gunshot wound to the leg. (See Autopsy Report) ///LAST ENTRY///

TYPED NAME, SEQUENCE NUMBER	ORGANIZATION	
SA [redacted]	48th MP Det (CID)(FWD)(-), BCCF, AGI, APO AE 09342	
SIGNATURE [redacted]	DATE 1 May 05	EXHIBIT

CID FORM 94-E
(Automated)

0017-05-CID789-39254

PHOTOGRAPH PACKET

NUMBER	DESCRIPTION OF PHOTOGRAPHS
1	Photograph depicting victim overview
2	Photograph depicting Front torso with med equipment
3	Photograph depicting Front midsection with med equipment
4	Photograph depicting leg with med equipment
5	Photograph depicting lower leg with med equipment
6	Photograph depicting Front head with med Equipment
7	Photograph depicting front head w/o med equipment
8	Photograph depicting front torso w/o med equipment
9	Photograph depicting front lower torso w/o med equipment
10	Photograph depicting R leg/L amputated w/o med equipment
11	Photograph depicting mid leg w/o equipment
12	Photograph depicting right foot w/o med equipment
13	Photograph depicting upper torso/head back w/o med equipment
14	Photograph depicting mid torso back w/o med equipment
15	Photograph depicting lower leg w/o med equipment

EXHIBIT 2

Exhibit(s) 4

Page(s) 24 thru 114 referred to:

CDR USAMEDCOM
ATTN: FOIA Office, STOP 76
1216 Stanley RD 2D FL
FT. Sam Houston, TX 78234-5049

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

NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms)	GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
FAWZZI, ABDULLA			
ORGANIZATION Organisation	NATION *(e.g., United States)* Pays	DATE OF BIRTH Date de naissance	SEX Sexe ☐ MALE Masculin ☐ FEMALE Féminin

RACE Race	MARITAL STATUS État Civil		RELIGION Culte	
☐ CAUCASOID Caucasique	☐ SINGLE Célibataire	☐ DIVORCED Divorcé	☐ PROTESTANT Protestant	☐ OTHER *(Specify)* Autre *(Spécifier)*
☐ NEGROID Négroïde	☐ MARRIED Marié	☐ SEPARATED Séparé	☐ CATHOLIC Catholique	
☐ OTHER (Specify) Autre *(Spécifier)*	☐ WIDOWED Veuf		☐ JEWISH Juif	

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

MEDICAL STATEMENT Declaration médicale

CAUSE OF DEATH *(Enter only one cause per line)* Cause du décès (N'indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH [1] Maladie ou condition directement responsable de la mort [1]	CARDIAC ARREST	
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	HEPATO RENAL SYNDROME	
ANTECEDENT CAUSES Symptômes précurseurs de la mort. — UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	SHOCK	
OTHER SIGNIFICANT CONDITIONS [2] Autres conditions significatives [2]	IATROGENIC PNEUMETHORAX	

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée ☐ YES Oui ☐ NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
☐ NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
☐ ACCIDENT Mort accidentelle		
☐ SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste	
☐ HOMICIDE Homicide	SIGNATURE Signature — DATE Date	AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☐ NO Non

DATE OF DEATH *(Hour, day, month, year)* Date de décès *(l'heure, le jour, le mois, l'année)*	PLACE OF DEATH Lieu de décès

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE
J'ai examiné les restes [illegible] que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci dessus

NAME OF MEDICAL OFF[illegible]	TITLE OR DEGREE Titre ou diplômé
(b)(6)	(b)(6)

GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse
(b)(6)	TASF FORCE MED 115th ABU CHRAIB, IRAQ
DATE Date (b)(6) 2005	SIGNATURE (b)(6)

[1] [illegible] injury or complication which caused death. [illegible]
[2] State conditions contributing to the death, but not related to the disease or condition causing death.
[1] 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.

ACLU-RDI 5870 p.8
10-L-0126 ACLU DD III (CID ROI) 2660

DD FORM 2064, APR 1977 REPLACES DA FORM 3[illegible] AND DA FORM [illegible] SEP 1975, WHICH ARE OBSOLETE. USAPA V1.00

HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AR 40-400; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL

NAME AND LOCATION OF [redacted]AL

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)*

Fawzi, Abdulla

(b)(6)

Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

2. TIME OF DEATH *(Hour-day-month-year)*

3. MEDICAL EXAMINER/ CORONER'S CASE ☐ YES ☒ NO

4. RELIGION

5. CHAPLAIN NOTIFIED ☐ YES ☒ NO

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, asthenia, etc. It means the disease, injury, or complication which caused death)*	DUE TO *(or as a consequence of)* CARDIAC ARREST	
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) HEPATORENAL SYNDROME	
	(2) SHOCK	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a. IATROGENIC PNEUMOTHORAX	
	b.	

9. DATE	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE
(b)(6) 2005	(b)(6)	(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)* ☐ YES ☒ NO

21. AUTOPSY ORDERED BY *(Signature)*

22. PROVISIONAL PATHOLOGICAL FINDINGS

23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY	25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR

DA FORM 3894, OCT 72 REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED. USAPA V2.01

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MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
30JAN05 @ 1500	Pt: presents c̄ O_2 sat 71% suddenly, HR ↓ to 32. Unable to palpate pulse. Chest compressions started @ 1515. 1 amp of Atropine pushed @ 1517 per LT Ghoorahoo; pulse palpable @ carotid. Epinephrine 1 mg given c̄ no pulse palpable. VS @ 1517: P: 36 BP: 33/16, O_2 sat 50% on F_iO_2 100%. VS @ 1518: P: 98 BP: 40/27, O_2 sat 82%. VS @ 1519: P: 93 BP: 193/89, O_2 sat 86%. VS @ 1522: P 162 BP 168/81 O_2 sat 80% Pt. c̄ MODS, discussed plan of care c̄ (b)(6) New orders written to make pt. DNR. Will continue to monitor/assist. (b)(6)
1/30/05 2020	CTSP & RESPONSE MIDDLE AGED ♂ IRAQI DETAINEE IN ASYSTOLE ON VENT/INTUBATED. PT UNRESPONSIVE TO VERBAL OR PAINFUL STIMULI. NO HEART TONES AUDIBLE. PUPILS FIXED & DILATED. PT SUBSEQUENTLY PRONOUNCED (b)(6) (b)(6)

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(18)

Bed #6

ACLU-RDI 5870 p.10

10-L-0126 ACLU DD III (CID ROI) 2662

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MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
30 JAN 05	CODE 99 NOTE / DNR NOTE
	• CALLED TO SEE PT RE: HYPOXIA (SCO_2 60%) RESULTING IN BRADYCARDIC ARREST
	• VENT. SYSTEM CHECKED - SYSTEM FUNCTION
	• CLEAR = BS
	• RT CHEST TUBE IN PLACE, SMALL AIR LEAK
	• RHYTHM BRADYCARDIA (45) NO PALPABLE PULSE (PEA)
	• CPR X 4.5 MIN
	• MEDS: ATROPINE → EPI
	⇒ WITH ABOVE MEASURES PT HAD RETURN OF SPONTANEOUS RHYTHM + BP.
	⇒ ~ 40 YO I. ♂ WITH UNKNOWN MEDICAL HX WHO SUSTAINED A TRAUMATIC OPEN AKA, + RT MED. KNEE WOUND (SUPERFICIAL) COMPLICATED BY IATROGENIC PTX REQUIRING CHEST TUBE. SUBSEQUENTLY TRANS FROM 86th CSH → WHERE HIS COURSE HAS BEEN COMPLICATED BY MULTISYSTEM ORGAN FAILURE (NEURO / RESP / HEPATIC / RENAL / HEME) NOW S/P TRANSIENT PEA ARREST 2° HYPOXIA. GIVEN THIS PICTURE AGGRESSIVE RESUSCITATIVE EFFORTS ARE LIKELY FUTILE. THEREFORE WILL PROCEED C̄ DNR AND NOT PROCEED C̄ ESCALATION OF CARE. WILL CONFIRM C̄ 2nd OPI

(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.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
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MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES

30 JAN 05

OPERATIVE NOTE

- DX: S/P OPEN, TRAUMATIC AKA COMPLICATED BY MULTISYSTEM ORGAN FAILUR
- PROCEDURES: 1) REPLACE CHEST TUBE
  2) EX LAP
  3) DEBRIDEMENT OF OPEN AKA
  4) DEBRIDEMENT OF RT KNEE WOUND
- SURGEONS: (b)(6)
- EBL: ~50-75 ml
- IVF: 700 ml
- FINDINGS: 1) RT CHEST TUBE W/ DIFFICULTY
  2) EX LAP W/ CONGESTED/SHOCK LIVER NO OTHER INJ
  3) VIABLE MUSCLE AT OPEN AMPUTATION
  4) TRANSIENT ↓ BP

(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)		

ICU Bed #6

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV 5-99)
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ACLU-RDI 5870 p.12
10-L-0126 ACLU DD III (CID ROI) 2664

DATE	NOTES
30 JAN 05 8:58	TRAUMA & CRITICAL CARE
	• EVENTS: 1) WASHOUT AND RADICAL DEBRIDEMENT
	2) PLACED ON VENT FOR AIRWAY PROTECTION c̄ ↓ MENTAL STATUS
	3) HYPOTENSION 2° ↓ HCT - SOURCE UNKNOWN
	4) ↓ U/O ↑ BUN/CR
	• MEDS: LOVENOX / MSO4 / ATIVAN / ZANTAC
	• TLC DAY #2
	• NEURO: SEDATED, MINIMAL SPONTANEOUS MOVEMENT
	• RESP: LUNGS: CLEAR, RT SIDED CREPITUS CXR = ↑ VASCULARIZATION, ETT-OK, CT
	SIMV / PS 14 / 40% ABG: 7.47 / 33 / 90 / 24 / 96%
	• CARDIAC: P 123 BP 131/64 RRR
	• ABD: FLAT, MUSCULAR, FACIAL GRIMACE c̄ PALPATION, JAUNICE CONTINUES
	• RENAL: ↓ U/O OVERNIGHT (OLIURIC)
	• HEME/ID: 30.3 > 15 < 256 INR 4.0
	⇒ OVERALL PICTURE HAS SIGNIFICANTLY WORSENED OVERNIGHT
	NOW c̄ MULTIPLE ORGAN DYSFUNCTION / FAILURE (NEURO / HEPATIC / RENAL
	COAG/HEME). THIS IS LIKELY THE RESULT OF A HYPOPERFUSED
	STATE p̄ INJURY WHICH IS A SYSTEMIC INSULT. AT THIS POINT
	HIS ULTIMATE SURVIVAL IS HIGHLY QUESTIONABLE. THIS
	HYPOPERFUSED STATE ALSO APPEARS COMPLICATED BY A SEPTIC
	PICTURE HOWEVER APPEARANCE OF AMPUTATION DOES NOT
	FULLY ~~[illegible]~~ ACCOUNT THE WHOLE PICTURE WILL PROCEED c̄
	UNDIRECTED EX-LAP TO R/O INTRA-ABDOMINAL SOURCE HOWEVER
	THIS HAS A LOW LIKELYHOOD FOR SIGNIFICANT FINDINGS BUT
	WITH NO IMAGING THIS IS BEST OPTION.

(b)(6)

STANDARD FORM 509 (01-00) BACK

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MEDICAL RECORD — **PROGRESS NOTES**

DATE	NOTES
30 JAN 05 0335	500 ml NS bolus complete. BP 120/55 HR 128 RR 29 SpO_2 - 98%. (b)(6)
30 JAN 05 0455	500 ml NS bolus given after BP dropped <100 Systolic. BP 110/51, HR 131, RR 30 SpO_2 - 98%. Will continue to monitor (b)(6)
30 JAN 05 0535	From 0200 - 0530 pt's urine output was only 5cc. Dr. (b)(6) notified. Pt. continues to have fever. Chest tube output of 10cc for this shift. Pt. Last suctioned @ 0515. Will continue to monitor. (b)(6)

1/30/05

Doc

CTSR 2° ↓ BP & ↓ u/o.

Pt noted to be intubated sedated & jaundiced on vent ~ 8cc u/o in 2-3 hr. BP 90s/50s P 120-130s SpO_2 99% FiO_2 40% Lungs CTA ant & RLD s/p ↓↓ BS & obvious fluid with ↑ evidence of ascites Ext & edema tore (2)

Hypotension & Anuric Renal failure secondary 2° to Hepatorenal syndrome (HRS) Also concomitant Coagulopathy & Anemia 2° to Type I HRS

Plan
1. Volume expansion to 20% albumin 200 cc boluses
2. Suspect Poor Prognosis but will support
3. Type & Cross of pt and underlying disease for transfusion - Cover
4. Monitor for SBP & Consider Prophylactic ABx coverage
5. Vitamin K 1mg IM/IV for coagulopathy

Abs 1.8
Ap 117
Hct 34.2
Plt 66
30 14.1
Cr 2.0
BUN 51
2.46 139/90/21
INR 4.0
Plt 72
Pt 40

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME (LAST, MI) | SPONSOR'S ID NUMBER (SSN or Other) X
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)

Fawzzi Abdullah

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/CMB FPMR (41 CFR) 101-11.203(b)(10)

(b)(6)

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MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
29 JAN 05	BRIEF OPERATIVE NOTE:

- DX: S/P OPEN, TRAUMATIC AKA, LIVER FAILURE 2° SHOCK LIVER
- PROCEDURES: 1) RADICAL DEBRIDEMENT OF OPEN AMPUTATION
  2) DEBRIDEMENT RT LEG WOUND
  3) A-LINE
- SURGEONS: (b)(6)
- ANES: GENERAL
- EBL: ~ 100 ml
- FINDINGS: 1) SUPERFICIAL MUSCLE NECROSIS
  2) SKIN NECROSIS
  3) WIDE DEBRIDEMENT

(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. 8-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

ACLU-RDI 5870 p.15 10-L-0126 ACLU DD III (CID ROI) 2667

DATE	NOTES
29JAN05 2000	Noted pt to have T'd temp of 102.8 Axillary. Informed MD. Rec'd order for Motrin 800mg po. despite previous orders to D/C Motrin. Had then rec'd verbal order to place Dobhoff to give Motrin and possible future tube feedings. Started Dobhoff placement when Dr (b)(6) came in and stated that NO motrin was to be given @ anytime to prevent any renal failure T liver shock showed bilirubin of >30. Also stated that pt would probably be placed on TPN as opposed to tube feeding. NGT immediately D/C'd. Dr stated not to be alarmed c̄ temp until reaching @ least >104F. No antipyretics. May need cooling blanket if reaching that temp. Suctioned pt times 3 per ETT. Rec'd large amt of thick yellowish secretions. No more coughing noted and SpO2 went up to 100% on 35% FiO2. Will pass on to oncoming shifts about why Motrin + other drugs are not to be given. No acute distress. Will cont to monitor (b)(6)
30JAN05 0200	Nursing: Pt. started desatting down to 85-88%. Spo2 + FiO2 to 45%. SpO2 went back up to 96%, + FiO2 to 40%. Dr. (b)(6) was notified. No new orders. Cold packs applied to abdomen and axillary areas for temp of 104.1 (Axillary) @ 0100. Temp @ 0200 - 103.1 Ax (b)(6)
30JAN05 0200	10mg Vecuronium IV given @ 0048 for restlessness. Was effective. (b)(6)
30JAN 0300	BP dropping to <100 systolic. Pt. repositioned. 500 ml NaCl bolus over 30 minutes ordered by Dr. (b)(6) DSLR + 200 cc/hr (b)(6)
30JAN 0320	Pt. restless. 2mg Vecuronium given. Urine output <30 cc this hour. Will continue to monitor. (b)(6)

STANDARD FORM 509 (REV. 34) BACK

AUTHORIZED FOR LOCAL REPRODUC

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
29 JAN 05	TRAUMA & CRITICAL CARE:
	• EVENTS: 1) SELF D/C OF CHEST TUBE, ASSOCIATED c̄ ↓ SaO2 REQUIRING REPLACEMENT 2) INTERMITTENT AGITATION
	• MEDS: ATIVAN / MSO4 / ZANTAC / AMBIEN / MOTRIN
	• TLC - DAY 1
	• NEURO: MILD AGITATION, MOVING ALL EXTR,
	• CARDIAC: P103 BP 115/70 RRR ⊖ MURMUR
	• RESP: NASAL TRUMPET 4L NC SaO2 92% CXR = LUNG EXPANDING CT - OK CLEAR BS CT = MINIMAL OUTPUT ⊕ AIRLEAK
	• GI: ABD: SOFT FLAT NON-TENDER T BILI 25 ALKP 101 ALBUMIN 2.1 GLU 152
	• RENAL: ADEQUATE U/O
	• HEME / ID: AFEB THIS AM TM 102.9 25.6 > 25.2 < 22L
IMPRESSION:	S/P TRAUMATIC, OPEN AMPUTATION COMPLICATED BY FULMANENT LIVER
	FAILURE 2° PROBABLE SHOCK LIVER. OVERALL PICTURE IS SLIGHTLY IMPR
	# NEURO: ALTERNATING AGITATION + OBTUNDATION, LIKELY 2° CRITICAL ILLNESS AND HEPATIC ENCEPHALOPATHY. GIVEN LIVER DYSFUNCTION BENZO USE NEEDS TO BE LIMITED AS ACCUMULATION WILL PROLONG OBTUNDATION ~~AND LIKELY REQUIRE INTUBATION~~ AND MULTIPLE COMPLIC
	# CARDIAC: STABLE, # PULM: ⊕ AIRLEAK WILL CONT CT # GI: SHOCK LIVER BUT SOME ↓ BILI 30 → 25 # RENAL: STABLE, AVOID NSAID AS PT AT ↑↑ RISK OF HEPATORENAL SYNDROME
	# HEME/ID: BID DRESSING Δ, ↓ WBC 32 → 26 (b)(6)

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	(b)(6)

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. 5-90)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

ACLU-RDI 5870 p.17 10-L-0126 ACLU DD III (CID ROI) 2669

DATE	NOTES
28 Jan 19[30]	See flow sheet for vital signs + assessment. Pt moving around in bed, confused. Chest tube intact, air leak retrieved in water seal chamber. Dressing changed with no effect. Pt's sats 99% on 2LN/C. Pt Jaundiced in appearance. IV fluids, via sub clavi triple lumen line, other ports flushed (b)(6)
21[00]	Pt given ativan for sedation as very agitated. No effect in 30 minutes (b)(6)
23[00]	Ativan given for sedation (b)(6)
01[00]	Ativan given for sedation - Pt sats 99%, less agitated post 30 minutes administration (b)(6)
03[00]	Pt given ativan for sedation due to agitation - (b)(6)
04[40]	Pt very restless sats ↓ 92%. Chest tube pleur vac not working, changed over. Still no response, pt's dressing taken down. Pt had pulled chest tube out. Placed on 100% NRM, ensure he sucking chest wound, occlusive dressing applied + Dr (b)(6) notified
05[00]	New 32F chest tube inserted, dressed with vaseline gauze + gauze dressing - Total of 8mg Ativan + 3mg Versed given with very little effect. Long morphine given for pain. Pt's sats 99% post CXR taken + S/B Dr (b)(6) Has small air leak, Dr (b)(6) aware (b)(6)
1/29/05	Doc Reevaluation Pt continues to be well supplemented on has been titrated down to 6L O_2 Sat 96-99%. Pt Resting much more comfortably no longer pulling at tubes. Still awaiting AM LAB results (b)(6)

AUTHORIZED FOR LOCAL REPRODUCT

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
28JAN 1725	Pt admited from ER via litter. Pt presented c̄ yellow eyes and yellow finged skin. Pt had (R) subclavian, chordis and chordis in (R) femoral. (R) femoral d/c. (R) subclavian switched to a tripple lumen. all ports flush. Pt now has D5LR @ 125 cc/hr. Pt was washed and had a small clay colored BM. Dressing was applied to (R) thigh. Pt on 8 1pm SFM Pt now resting c̄ eye's closed (b)(6)
1/29/05	CTSP 2° to CT
	Pt PULLED OUT CT O_2 sat ↓ to 80%'s. CT EMERGENTLY RAINSAFE c̄ complications SpO_2 99% on supplemental O_2 However Pt remains RESTLESS & Agitat will cont to monitor
CXR & PTX	

(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 wi (b)(6) ID No or SSN, S

(b)(6)

FAWZZI, ABDULLAH
1951 M O DETAINEE

REGISTER NO.	WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.205(b)(10)

ACLU-RDI 5870 p.19 10-L-0126 ACLU DD III (CID ROI) 2671

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES

(b)(6)

1245 2 mg morphine, 1 mg versed IV — 24

1250 109/59 117 R 27 Temp (R) 101.7

1300 122/50 95% FM 12 L, HR 101

1310 110/62 92% FM HR 105 R 23

PT has a (R) sided chest tube, pleural evac changed & hooked up to suction

(B) Subclavian cordis & a (R) femoral cordis

(L) 16 g IV flushes well — (b)(6)

HR 98 BP 107/54 SPO2 96% 12L — (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)

(b)(6)

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

AUTHORIZED FOR LOCAL REPRODUC

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES

TRAUMA & CRITICAL CARE ADMIT

~ 40 ♂ ARRIVES IN TRANSFER FROM 86th CSH FOLLOWING HIGH VELOCITY GSW TO LEFT LEG c̄ RESULTANT OPEN ABOVE KNEE AMPOTATION (25 JAN 05 COMPLICATED BY TENSION PTX 2° LINE PLACEMENT REQUIRING RT CHEST TUBE TRANSFERED TO 115th FH FOR FURTHER RX

- PAST MED/SURG HX: UNKNOWN
- PRE-HOSPITAL MEDS: UNKNOWN
- ALLERGIES: UNKNOWN

INJURY SUMMARY
1) TRAUMATIC, OPEN, LT AKA
2) PTX - IATROGENIC
3) S/P CHEST TUBE

EXAM:

HEENT: ATRAUMATIC, SCLERAL ICTERUS, CONJUCTIVAL EDEMA, PERRL, EOMI, FACE STABLE NO INTRA-ORAL INJURY

NECK: 2 cm JVD, ATRAUMATIC 2X2 cm SOFT TISSUE TUMOR

CHEST: RT CHEST CREPITUS, CLEAR = BS, RT CHEST TUBE ⊖ AIR LEAK

HEART: RRR ⊖ MURMUR

ABD: FLAT SOFT NON-TENDER NO PALPABLE GB NO GUARDING

PELVIS: STABLE

GU: ATRAUMATIC

EXTR: S/P OPEN AKA, MUSCLE CLEAN NO CELLULITIS NO PUS
4.0-5.0 cm DESICATED PALPATION TO RT MEDIAL KNEE

NEURO: OBTUNDED BUT PROTECTING AIRWAY MOVING ALL EXTR.

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		

(SEE PAGE 2)

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

REGISTER NO.

WARD NO.

(b)(6)

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

ACLU-RDI 5870 p.21 10-2-0126 ACLU DD III (CID RDI) 2673
PRINTED ON RECYCLED PAPER

AUTHORIZED FOR LOCAL REPRODUC

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES

DATA:

32.3 > 11.8 / 36.9 < 175 T BILI >30 GLUCOSE 124
ALK P 96

CXR: NO PTX

U/S: NO PERICHOLECYSTIC FLUID NO THICK GB WALL, PANC. HEAD NORM
CBD NORMAL NO ASCITIS

IMPRESSION: 40 yo ♂ s/p GSW c̄ TRAUMATIC LT AKA

INJURY SUMMARY / PROBLEM LIST:

1) UNKNOWN PAST MED/SURG HX
2) S/P OPEN, TRAUMATIC, LT AKA
3) S/P IATROGENIC PTX c̄ CHEST TUBE
4) LEUKOCYTOSIS: 32K
5) FEVER 102°
6) HYPER BILIRUBINEMIA LIKELY 2° SHOCK LIVER
BUT UNABLE TO DETERMINE TRANSAMINASES
7) DEPRESSED MENTAL STATUS

(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.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

ACLU-RDI 5870 p.22
10-L-0126 ACLU DD III (CID ROI) 2674

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
27 Jan 05	0700 assumed pt. care. assessment done. VSS. c̄ T max 102.8 (b)(6)
	1200 pt. went to OR for washout of BAKA. returned @ 1300 pt. returned. Plan to D/C CT, but leak was noticed. Dr (b)(6) halted D/C orders, & put pt. back on wall suction. Plan still to extubate after assessing pt. on CPAP c̄ Ø propofol gtt. (b)(6)
27 Jan 1700	Pt. extubated. Suctioned copious sero-sang. fluid from nose, mouth, & throat. Pt. opens eyes to speech & patting, flexes to pain. During extubation, pt. flexed arms & legs causing AKA drsg to pull out. Skin layers, muscle, & vessels visible. Dr. (b)(6) instructed to pack open area c̄ wet BRSG & re-wrap stump. (b)(6)

STANDARD FORM 600 (REV. 6-97) BACK
USAPA V2.00

ACLU-RDI 5870 p.23 10-[redacted]0126 ACLU DD III ([redacted]D ROI) 2675

Nurses Note

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
26 Jan 05	0800 assumed pt. care. Chest tube to ® side inserted by CPT (b)(6) c̄ Dr. (b)(6) assisstance Pt. tolerate well. air released & tube attached to suction. RR: FiO2 50%; Vent setting on DA Form 4700. Lump noted under skin near midline clavical Pupils fixed @ 2m VSS stablized by 0800 c̄ tachycardia in mid 140's (b)(6)
26 Jan 05 1915	Assumed Care of Pt; Pt on Prop + Acrt gtts Responds to painful Stimuli; assessment Completed & documented on Dr 4700 of PR 375. (b)(6)
0235 27 Jan 05	Pt trembling all over + bleeding from nose; lge amt of bleeding Secretions from mouth; Zag Atrium gran IVP by CPT Conn; RT @ BS ⇒ Pt Bagged until O2 Sats Returned to NL; Dr. (b)(6) (b)(6) notified (b)(6)
0545 27 Jan 05	Pt c̄ temp 104° ⇒ tylenol given PR. (b)(6)

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

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

REGISTER NO.

WARD NO. ICU#2

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

USAPA V2.00

(b)(6)

Male

42

10-L-0126 ACLU DD III (CID ROI) 2676

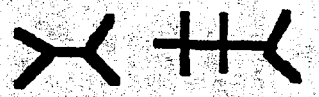
ADMISSION ORDERS

DATE: TIME:

1. Admit to: ICU 1 2 ICW 1 2 Min / SPW
2. Dx: _____
3. Allergies _____
4. Condition: Good Fair Poor
5. Vitals: Routine Q_h
6. Activity: BR BRP Ad Lib
7. Diet: NPO Clear Liq Regular
8. IV Fluids: LR@ ___cc/h NS@ ___cc/h ___@___cc/h
   ___KVO ___KVO ___KVO
9. Analgesia: MS _____
   X Tylox _____
   X Tyl #3 _____
   X Tylenol _____
   X Motrin 800 _____
   X ASA _____
10. Antibiotics: X Rocephin _____
   X PCN _____
   X Gentamycin _____
   X Cefadyl _____
   X _____ _____
11. NG Tube: Suction: X None X LIS
12. Foley: X None X Gravity
13. Chest Tube: X None X ___cm H2O X Water Seal
14. O2: X None X NC ___lpm Mask___lpm
15. Ventilation: X None X TV: _____ X FIOx: _____
   X RR: _____ X PEEP: ____
16. Meds _____
17. Pre-Op: X Emergent X SemiEmerg X Routine

Dr.: Signature:

LABS:



UA: _____

OTHER: _____

X-RAYS: _____

PLAN:

PROCEDURE/PROGRESS NOTES:

NURSES NOTES

Temperature - Pulse - Respiration						Nurses Notes
Date ,Time	T	P	R	WL	Stool	Medications and Nurse's Notes

ACLU-RDI 5870 p.25 10-L-0126 ACLU DD III (CID ROI) 2677

(b)(6)

86th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq

(b)(6)

DATE OF SUMMARY: 28 January, 2005

Discharge Summary/Aeromedical Evacuation Summary

NAME: (b)(6)
SSN:
DOB: Unknown
STATUS: Security Interest
SERVICE/COUNTRY: Iraqi
UNIT/EMPLOYER:

Date of Admission: 25 JAN 05
Date of Discharge/Transfer: 27 JAN 2005 awaiting transfer to prison

NARRATIVE SUMMARY OF HISTORY OF PRESENT ILLNESS & HOSPITAL COURSE

This middle aged male is admitted (b)(6) with gunshot wounds to the thighs. He was tachycardic on admission. He was taken to the Operating Room and was found to have a large left posterior, medial and anterior thigh defect, with a loss of 15 cm of SFA and nerve. He was treated with a left Above Knee Amputation and a lateral flap was fashioned. He had a tension pneumothorax following line placement which was treated with a chest tube. This was removed on 27 Jan 2005. His wound was washed out on 27 Jan 2005.
He will require a closure of his stump and eventual prosthesis in the future..

DISCHARGE DIAGNOSES:

1) Right pneumothorax
2) Left traumatic near amputation (completed.)
3) Right Lower Extremity trauma

PROCEDURES DURING ADMISSION

1) Left AKA
2) Wound washout
3) Chest tube

FINDINGS/LABS/RADIOLOGY

Films show no left femur fracture

MEDICATIONS ON TRANSFER/DISCHARGE

1) IV of LR at 100 ml/hour
2) Fentanyl drip or morphine for pain control
3) Zantac 50 mg IV tid
4) Levaquin 500 mg IV qd
5) Lovenox 30 mg SQ bid

CONDITION: Good and Stable for Transfer

(b)(6)

86th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq

(b)(6)

Plan/Recommendations:

1) Transfer to prison hospital for wound closure and rehabilitation.
2) Please contact Dr. (b)(6) with any further questions.

(b)(6)

Ibn Sina Hospital
86th Combat Support Hospital
Baghdad, Iraq

(b)(6)

86th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq

(b)(6)

DATE OF SUMMARY: 27 January, 2005

Discharge Summary/Aeromedical Evacuation Summary

NAME: (b)(6)
SSN:
DOB: Unknown
STATUS: Security Interest
SERVICE/COUNTRY: Iraqi
UNIT/EMPLOYER:

Date of Admission: (b)(6) 05
Date of Discharge/Transfer: (b)(6) 2005 awaiting transfer to prison

NARRATIVE SUMMARY OF HISTORY OF PRESENT ILLNESS & HOSPITAL COURSE

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CONDITION: Good and Stable for Transfer

(b)(6)

86th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq

(b)(6)

Plan/Recommendations:

1) Transfer to prison hospital for wound closure and rehabilitation.
2) Please contact Dr. (b)(6) with any further questions (b)(6)

(b)(6)

Ibn Sina Hospital
86th Combat Support Hospital
Baghdad, Iraq

DATE	DIAGN												HOSPITAL DAY					
Time	07	08	09	10	11	12	13	14		15	16	17	18	19	20	21	22	
NIBP/	116	115	151	146	136	140	120			86	84	91	84	63				
ABP	53	57	73	72	68	63	63			43	46	53	44	37				
Pulse	130	128	121	121	118	112	117			112	128	123	119	118				
Respirations	25	26	30	30	20	30	24			27	29	23	24	19				
Temperature	103.5	103.5	103.6	103.6	—	—	103.6			101.1	101.1	101.3						
SaO2	98	100	97	98	98	98	95			94	93	94	96%	97%				
%O2	40%	40%	40%	40%	40%	40%	40%			40%	40%	40%	40%	40%				
CVP	FiO2	FiO2	FiO2	FiO2	FiO2	FiO2	FiO2			FiO2	FiO2	FiO2	FiO2	FiO2				
Pain Scale	IV MSO4	→		→	IV MSO4	→				PS	PS	PS	PS	PS				
Pain Med	"	→		→	"					Y	Y	Y	Y	Y				
Pt Position	S	S	→		S	→				S	S	S	S	S				

Time	07	08	09	10	11	12	13	14	Total	15	16	17	18	19	20	21	22	Total
IV DSLR	HOLD	→		250	250	250	250	IN OR	1000	700 IN OR	125	125	125	125				
IVPB	100							50	150									
KJ34883	400							~~43~~	400									
MSO4	4	4	4	4	4	4	4	—	28	4	4	4	4	4				
W0216 04 007846	—	—	400						400									
FFP x2						298	283											
PO																		
Other																		
TOTAL									2559									

TIME	07	08	09	10	11	12	13	14	Total	15	16	17	18	19	20	21	22	Total
Urine output Hour/Total	Ø/Ø								Ø	50/50		14/64						
NG output																		
Emesis																		
Stool																		
Chest tube #1/ #2																		
Jackson Pratt #1/ #2																		
TOTAL																		

ASPECT	TIME/INITIALS	
Bath/Skin Care		
Oral Care	continued	
Foley Care		
Trach Care		
Range of Motion		

Safety	D	E	N
~~High risk for falls~~	~~Y N~~	~~Y N~~	~~Y N~~
Call bell in reach	~~Y N~~	Y N	Y N
Bed position/Locked	Y N	Y N	Y N
Protective device	Y N	Y N	Y N
Cardiac Monitor	Y N	Y N	Y N

MEDICAL [redacted] SUPPLEMENTAL MEDICAL DATA

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

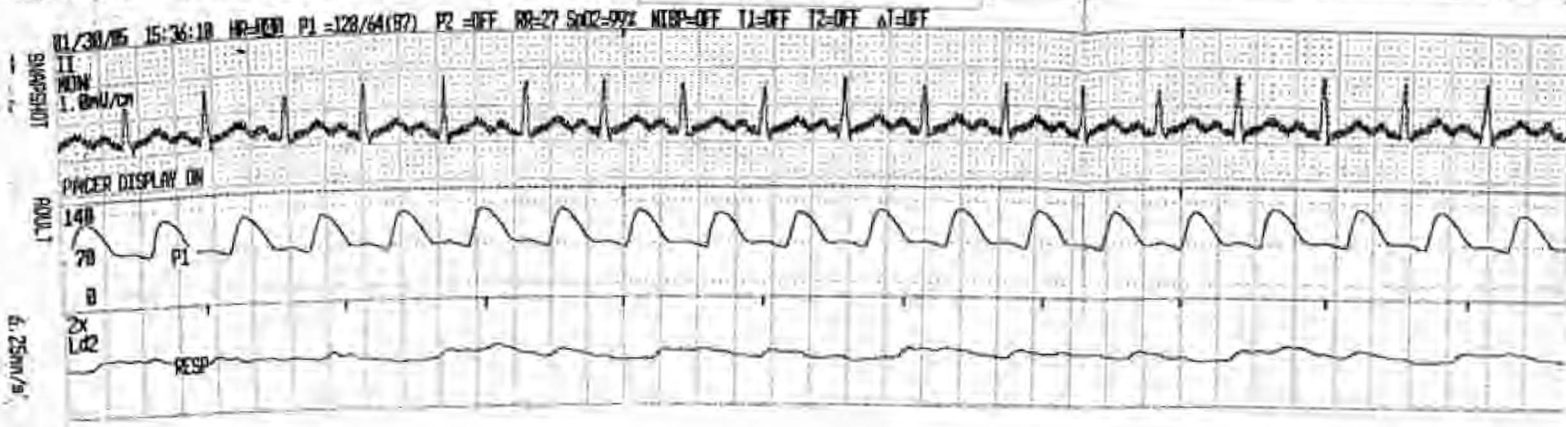
OTSG APPROVED (Date)

PORT TITLE TASK FORCE MED-115-ICU-FLOW-SHEET

NURSING NOTES

@ 0800 - foley flushed c̄ 30cc. H2O 5 result. Foul odor noted (uremia?). Skin is very yellow (jaundice). Orbital edema, (B) hands, (L) Aka edema noted. Scant urinary output to foley. Lymphoma noted to upper chest ~~[illegible]~~ mid clavicular. Chest is dented in @ xyphoid/diaphram area. Will continue to monitor

(b)(6)



PATIENT EDUCATION/PSHCYOSOCIAL

TIME	SUBJECT	RESPONSE/SUPPORT/REFERRALS

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	DAYS	EVENINGS	NIGHTS
3LC @SC	28 JAN	Patent	patent x 3		
(L) Radial A-line	29 JAN	Patent	patent		

(Continue on reverse)

(b)(6)

DEPARTMENT/SERVICE/CLINIC: ICU

DATE: 30 Jan 05

(b)(6)

Detainee

(b)(6)

—last,

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

Bed #6

DA FORM 4700, MAY 78

USAPPC V2.00

SYSTEM	DAYS	NIGHTS
NEURO	@ 0715	
Level of consciousness	unconscious / sedated	
Extremities: Movement	Occ. to RUE / (L) AKA	
Strength	weak	
PAIN ASSESSMENT	Morphine Sulfate drip @ 4mL/hr	
CARDIOVASCULAR		
Rhthym	Sinus Tachy	
Heart Sounds	$S_1 S_2$	
Skin	Yellow (jaundiced)	
Edema	facial, (L) AKA, (B) hands	
JVD/ Capillary refill	Ø JVD / < 3 secs	
Pulses: Radial	+2 (B)	
Posterior Tibial		
Dorsalis Pedis	+2 (R) ; (L) AKA	
RESPIRATORY		
Breath Sounds	CTA (B) ; ETT 8.0 24@ teeth	
Oxygen Device	VENT	
Oxygen Flow Rate	40% FiO_2	
Chest Tubes/Drainage	(R) upper axillary chest	
#1	sanguinous	
#2		
GASTROINTESTINAL		
Bowel Sounds	absent	
Date last BM	28 JAN 05	
Abdomen	pt contracts when touched, flat, ND	
NG tube: Placement	NA	
Suction	↓	
Drainage		
GENITORUINARY		
Urine: Color	amber	
Void/Foley	foley	
INTEGUMENTARY	wound to (L) lower occiput; (R) axillary	
Integrety	CT; (R) knee, (L) AKA	
Dressings	(R) knee, (R) CT, (L) AKA Reflix gauze/tape gauze ace wrap	
Dressing Condition	(R) knee + (L) AKA soiled + intact	
	(R) CT CDI	
Drains/Tubes	(R) CT	
Drainage	sanguinous	
Signature	(b)(6)	

POST OPERATIVE DAY | PHYSICIAN (b)(6)

TIME	23	24	01	02	03	04	05	06
NIBP/ ABP								
Pulse								
Respirations								
Temperature								
SaO2								
%O2								
CVP								
Pain Scale								
Pain Med								
Pt Position								

TIME	23	24	01	02	03	04	05	06	Total
IV									
IVBP									
PO									
Other									
TOTAL									

TIME	0700			
RESPIRATORY				
Mode	SIMV			
FiO2	40			
Rate	14			
PEEP	5			
~~CPAP~~ TV	600			
Pressure Support				
ABG				
pH				
pCO2				
Sat				
HCO3				
BE				
LAB VALUES				
NA+				
K+/ Cl-				
CO2				
BUN/ Cr				
Glu				
WBC				
Hgb/Hct				
PT/PTT				
Ca/Mg				
CPK/CKMB				
Troponin				

TIME	23	24	01	02	03	04	05	06	Total
Urine output Hour/Total									
NG Output									
Emesis									
Stool									
Chest Tube #1 / #2									
Jackson Pratt #1/ #2									
TOTAL									

TIME OUT	TIME IN	Place/Mode, Comments

24 Hr Totals	Yesterday	Today
INPUT	4555 ~~3125~~	
OUTPUT	2965 ~~2050~~	
DIFFERENCE	+1590	
WEIGHT		

Legend

Init=initials
JVD=Jugular Venous Distention
L=Left
NIBP=Noninvasive Blood Pressure
N=No
Y= Yes
P=Prone
R= Right
SaO2=Saturation of Arterial Oxygen
S= Supine
ABP= Arterial Blood Pressure
PS=Pharmacologically Sedated

Name	Signature	Init
(b)(6)		

DATE	DIAG[illegible]												HOSPITAL DAY					
Time	07	08	[illegible]	1[illegible]	11	12	13	14		15	[illegible]	17	18	19	20	21	22	
NIBP/		117	115		116		121	125		133	127	135	147	146	156	124	131	
ABP		62	61		60		52	50		61	51	59	62	63	60	63	63	
Pulse		107	97		97		108	107		106	111	117	116	120	127	131	131	
Respirations		40	28		40		21	20		26		29	35	24	26	27	29	
Temperature		99°	/		/		99%							102°	—	—	—	
SaO2		95	95		97		98%	98%		98	95	96	92	95%	94%	93%	94%	
%O2		41pm	41pm		41pm		vent	vent		vent	vent	Vent	Vent	vent	Vent	vent	vent	
~~CVP~~ FIO_2		NC	NC		NC		60%	40%		40	40%	30%	30%	35%	35%	35%	35%	
Pain Scale	/	/																
Pain Med																		
Pt Position																		

Time	07	08	09	10	11	12	13	14	Total	15	16	17	18	19	20	21	22	Total
IV	125	125	125	125			125	125	750	125	125	125	125	125	125	125	125	1750
IVPB								50	50							50		150
OR fluids						850			850									
Morphine							4°	4°	8°	4°	4°	4°	4°	4°	4	4	4	48
PO																		
Other																		
TOTAL									1658								957	2615

TIME	07	08	09	10	11	12	13	14	Total	15	16	17	18	19	20	21	22	Total
Urine output Hour/Total	/	/	/	700/700	/	525/1225	/	/	1225	/	/	/	730/1955	/	/	/	750	/
NG output																		
Emesis																		
Stool																		
Chest tube #1/#2	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	5	/
Jackson Pratt #1/#2	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
TOTAL																	1485	2710

ASPECT	TIME/INITIALS
Bath/Skin Care	1400 (b)(6)
Oral Care	1400
Foley Care	1400
Trach Care	N/
Range of Motion	1400

Safety	D	E	N
High risk for falls	Y N	Y N	Y N
Call bell in reach	~~Y N~~	~~Y N~~	Y N
Bed position/Locked	Y N	Y N	Y N
Protective device	Y N	Y N	Y N
Cardiac Monitor	Y N	Y N	Y N

MEDICAL RECORD SUPPLEMENTAL MEDICAL DATA

For use of this form, AR 40[redacted] proponent agency is the Office of The Surg[redacted] General[redacted]

REPORT TITLE

TASK FORCE MED 115 ICU FLOW SHEET

[redacted]SG APPROVED (Date)

NURSING NOTES

29JAN05 1845 pt lying supine, pharmacologically sedated for ventilation. UTA LOC @ this time. Vent settings @ FIO_2 35% PEEP 5, VT 600 Resp 14/min on SIMV, Resp even. Lung sounds CTA (B), slightly diminished to RLL, CT to RLL @ 20mmHg suction c̄ sm amt of ~~orange~~ orange colored serous fluid. Sinus tach noted c̄ reg rhythm. (B) radial pulses strong - A-line to (L) radius patent Strong palpable pulse to (R) foot. (L) AKA, Ø edema or JVD noted. Skin W/D. Very jaundiced (orange-yellow) sclera also yellow. Turgor brisk. Staples in place to (L) femoral region. (L) stump drsg C/D/I. Drsg to (R) thigh c̄ some serous drainage noted. Abd soft, NT, ND. BS faint and very hypoactive. F/C in place draining dk amber tea colored urine to BSDB. DSLR infusing @125cc/hr. Also receiving 4mg MSO4 drip to maintain ~~sedation~~. ~~VSS. [illegible]~~ E or R No acute distress noted. Will cont to monitor

(b)(6)

PATIENT EDUCATION/PSHCYOSOCIAL

TIME	SUBJECT	RESPONSE/SUPPORT/REFERRALS

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	DAYS	EVENINGS	NIGHTS
3 LC (R) SC	28 Jan	new		patent	
(L) Radial Alini	29 Jan	new		~~patent~~	

(Continue on reverse)

(b)(6)

DEPARTMENT/SERVICE/CLINIC: ICU

DATE: 29 Jan 05

[redacted] last, first, middle; grade; date; hospital or medical facility)

(b)(6)

(b)(6)

FAWZZI, ABDULLAH
1951 M O DETAINEE

Bal #6

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

USAPPC V2.00

ACLU-RDI 5870 p.35 10-L-0126 ACLU DD III (CID ROI) 2687

SYSTEM	DAYS	NIGHTS
NEURO		
Level of consciousness	Arouses to verbal	Pharm Sedated
Extremities: Movement	FROM UE, RLE	UTA
Strength	strong	UTA
PAIN ASSESSMENT		Ø
CARDIOVASCULAR		
Rhthym	Sinus tachicardia	Sinus tachy (131)
Heart Sounds	S_1 S_2 asculated	$S_1 S_2$
Skin	warm + dry	Hot dry (103.2°F temp) Dr.
Edema	to hands (R)	Nonpitting to bil. hands
JVD/ Capillary refill	Ø / <3 sec	Ø <3 sec
Pulses: Radial	+3 bounding B	+2 +2
Posterior Tibial	+3 (R)	+2 (R)
Dorsalis Pedis	+3 (R)	+2 (R)
RESPIRATORY		Vent.
Breath Sounds	(R) LL intermittin expiratory	Diminished / clear
Oxygen Device	wheezing	F_iO_2
Oxygen Flow Rate	4L NC	35% SIMV
Chest Tubes/Drainage	CT (R) to suction	(R) CT
#1	min bloody	greenish brown
#2		
GASTROINTESTINAL		
Bowel Sounds	active x 4 quads	hyperactive x4 quads.
Date last BM	28 JAN 05	28 JAN 05
Abdomen	distended nontender	soft nontender / distended
NG tube:Placement	Nasal trumpit	N/A
Suction	NA	
Drainage		
GENITORUINARY		
Urine: Color	brown orange	brown
Void/Foley	foley	Foley
INTEGUMENTARY	yellow skin/eyes	Jaundiced
Integrety	lymphoma center chest	(L) AKA RLE GSW
Dressings	gauze to CT, (L) stump	(L) inguinal staples CDI
	(R) thigh xeriex	
Dressing Condition	CDI	seeping will reinforce
Drains/Tubes	(R) CT 20mmHg suction	(R) CT 20mmHg suction
Drainage		
Signature	(b)(6)	(b)(6)

POST OPERATIVE DAY									
TIME	23	24	01	02	03	04	05	06	
NIBP/ ABP	123/63	119/61	131/65	105/52	95/52	102/48	113/52	105/52	
Pulse	131	133	114	128	128	128	129	132	
Respirations	28	32	112	35	26	32	31	22	
Temperature	103.2	103.1	104.1	103.1	102.3	101.1	103.3	103.9	
SaO2	93	94	93	95	98	96	96	96	
%O2	35%	35	35%	40%	40%	40%	40	40	
CVP	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	
		Suction +2					Suction		
Pain Scale									
Pain Med									
Pt Position									
TIME	23	24	01	02	03	04	05	06	Total
IV	125	125	125	200	200	250	250	250	3275
IVBP					500	500		50	1200
Morphine	4°	4°	4°	4°	4°	4	4	4	80
PO									
Other									
TOTAL 2615									4555

PHYSICIAN				
TIME				
RESPIRATORY				
Mode				
FiO2				
Rate				
PEEP				
CPAP				
Pressure Support				
ABG				
pH				
pCO2				
Sat				
HCO3				
BE				
LAB VALUES				
NA+				
K+/ Cl-				
CO2				
BUN/ Cr				
Glu				
WBC				
Hgb/Hct				
PT/PTT				
Ca/Mg				
CPK/CKMB				
Troponin				

TIME	23	24	01	02	03	04	05	06 30	Total
Urine output Hour/Total	75		125				5	36	
NG Output									
Emesis									
Stool									
Chest Tube #1 / #2								14	
Jackson Pratt #1/ #2									
TOTAL 2710									255

TIME OUT	TIME IN	Place/Mode, Comments

24 Hr Totals	Yesterday	Today
INPUT	3125	4555
OUTPUT	2080	2965
DIFFERENCE	+1045	+1590
WEIGHT		

Legend

Init=initials
JVD=Jugular Venous Distention
L=Left
NIBP=Noninvasive Blood Pressure
N=No
Y= Yes
P=Prone
R= Right
SaO2=Saturation of Arterial Oxygen
S= Supine
ABP= Arterial Blood Pressure
PS=Pharmacologically Sedated

Name	Signature	Init
(b)(6)		

Time	07	08	09		11	12	13	14		15	16	17	18	19	20	21	22	
NIBP/ ABP							135/73					108/59				107/91		
Pulse							107					107				120		
Respirations							25					30				26		
Temperature							99°					/				100.1	102.7	
SaO2							96%					98				97		
%O2							10Lpm					8LPM				22		
CVP							SFM					SFM				2 LNC		
Pain Scale																		
Pain Med																		
Pt Position																		

Time	07	08	09	10	11	12	13	14	Total	15	16	17	18	19	20	21	22	Total
IV							1000	75	1075	75	75	125	125	125	125	125	125	900
IVPB																		
PO																		
Other																		
TOTAL									1075	1150	1225	1300	1425					

TIME	07	08	09	10	11	12	13	14	Total	15	16	17	18	19	20	21	22	Total
Urine output Hour/Total	/	/	/	/	/	/	200	/	200	/	/	/	600/800	/	400/1200	100/1300	200/1500	1300
NG output																		
Emesis								clay [illegible]										
Stool								X1										
Chest tube #1/ #2	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Jackson Pratt #1/ #2	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
TOTAL																		

ASPECT	TIME/INITIALS	
Bath/Skin Care	1430	(b)(6)
Oral Care	1430	
Foley Care	1430	
Trach Care	NA	
Range of Motion	NA	

Safety	D	E	N
High risk for falls	Y N	Y N	Y N
Call bell in reach	Y N	Y N	Y N
Bed position/Locked	Y N	Y N	Y N
Protective device	Y N	Y N	Y N
Cardiac Monitor	Y N	Y N	Y N

ME[illegible]A[illegible] RECOR[illegible] SUPPLEMENTAL MEDIC[illegible]

For use of [illegible]orm, [illegible] AR 40-6[illegible] the proponent agency is the Office of T[illegible] General.

REPORT TITLE TASK FORCE MED-115-ICU-FLOW-SHEET

OTSG APPROVED (Date)

NURSING NOTES

PATIENT EDUCATION/PSHCYOSOCIAL

TIME	SUBJECT	RESPONSE/SUPPORT/REFERRALS

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	DAYS	EVENINGS	NIGHTS

(Continue on reverse)

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

DEPARTMENT/SERVICE/CLINIC

DATE 28 JAN 05

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

[illegible] DETAINEE

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

USAPPC V2.00

SYSTEM	DAYS	NIGHTS
NEURO		
Level of consciousness	Awake	Ayes open to Stimulation
Extremities: Movement	FROM UE, FROM (R) leg	MAE
Strength	Strong (B)	Strong
PAIN ASSESSMENT	0/10	Ø
CARDIOVASCULAR		
Rhthym	Sinus tachicordia	ST
Heart Sounds	S_1 S_2 asculated	S^1S^2 Ø murmer
Skin	Warm + dry	Warm / Dry / Yellow
Edema	to hands (B)	To hands
JVD/ Capillary refill	Ø / < 3 sec	Ø / < 3 secs
Pulses: Radial	+3 (L) +3 (R)	(R) +3 (L) +3
Posterior Tibial	+2	+3 +3
Dorsalis Pedis	+2	+3 +3
RESPIRATORY		
Breath Sounds	clear (L) side (R) dim bases	Clear ↓bases
Oxygen Device	c̄ noisy resp.	2LN/C
Oxygen Flow Rate	SFM 10 Lpm	Nasal Trumpet to (R) nare
Chest Tubes/Drainage	nasal trumpit	
#1		
#2		
GASTROINTESTINAL		
Bowel Sounds	hyperactive x 4 quads	Hypoactive x4 quads
Date last BM	unknown	?
Abdomen	distended nontender	Soft, non-tender
NG tube:Placement	NA	
Suction	↓	
Drainage		
GENITORUINARY		
Urine: Color	brown	Brown
Void/Foley	foley	Foley
INTEGUMENTARY		
Integrety	(L) stump, 3in wound (R)	(L) Stump, (R) Thigh, (R) CT
Dressings	thigh (R) CT dsg	
Dressing Condition	CDI	C/D/I
Drains/Tubes	(R) CT to suction	(R) CT to 20cm suction
Drainage	(b)(6)	(b)(6)
Signature		

POST OPERATIVE DAY [redacted] PHYSICIAN

TIME	23	24	01	02	03	04	05	06
NIBP/ ABP			93/49				124/60	102/57
Pulse			90				103	
Respirations			22				30	
Temperature	100.8		99.4					
SaO2			96				97%	96%
%O2			3L NC				100%	6L
CVP							mm	NL
Pain Scale			7				7	2
Pain Med			[illegible]				3mg	
Pt Position			(L)				B	B

TIME	23	24	01	02	03	04	05	06	Total
IV	125	125	125	125	125	125	125	125	1000
IVBP		50							50
PO									
Other									
TOTAL									1050

TIME	
RESPIRATORY	
Mode	
FiO2	
Rate	
PEEP	
CPAP	
Pressure Support	
ABG	
pH	
pCO2	
Sat	
HCO3	
BE	
LAB VALUES	
NA+	
K+/ Cl-	
CO2	
BUN/ Cr	
Glu	
WBC	
Hgb/Hct	
PT/PTT	
Ca/Mg	
CPK/CKMB	
Troponin	

TIME	23	24	01	02	03	04	05	06	Total
Urine output Hour/Total			100		100			300	500
NG Output									
Emesis									
Stool									
Chest Tube #1/ #2									80
Jackson Pratt #1/ #2									
TOTAL									580

TIME OUT	TIME IN	Place/Mode, Comments

24 Hr Totals	Yesterday	Today
INPUT	3125	
OUTPUT	2080	
DIFFERENCE	+1045	
WEIGHT		

Legend

Init=initials
JVD=Jugular Venous Distention
L=Left
NIBP=Noninvasive Blood Pressure
N=No
Y= Yes
P=Prone
R= Right
SaO2=Saturation of Arterial Oxygen
S= Supine
ABP= Arterial Blood Pressure
PS=Pharmacologically Sedated

Name	Signature	Init
(b)(6)		

ADMISSION AND CODING INFORMATION

30. AGE AT DISP			31. AUTOPSY Y / N	32. UNDERLYING CAUSE OF DEATH / SEP	33. RESIDUAL DISABILITY			34. DD NDT USE - DATA FILLER #1									35. CAUSE OF INJURY		
123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142

36. FIRST DIAGNOSIS *(Principal Diagnosis)*								37. SECOND DIAGNOSIS								38. THIRD DIAGNOSIS							
143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	1648	165	166

39. FOURTH DIAGNOSIS								40. FIFTH DIAGNOSIS								41. SIXTH DIAGNOSIS							
167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190

42. SEVENTH DIAGNOSIS								43. EIGHTH DIAGNOSIS							
191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206

44. FIRST PROCEDURE *(Principal Diagnosis)*								45. SECOND PROCEDURE								46. THIRD PROCEDURE							
207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230

47. FOURTH PROCEDURE								48. FIFTH PROCEDURE								49. SIXTH PROCEDURE							
231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254

50. SEVENTH PROCEDURE								51. EIGHTH PROCEDURE							
255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES		53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES		54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y / N
271	272	273	274	275	276	277	278
0	0	0	0				

10-L-0126 ACLU DD III (CID ROI) 2694

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	2. MTF LOCATION (State or Country Code)
1 2 3 4 5 6 (b)(6)	7 8

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
9 10 11 12 13 14 15 0 0 0		16 17	18

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19 20 21 22 23 24 25 26	27 28 29	30	31	

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34		35 36	37 38 39 40 41 42 43 44 45

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46		

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49	50 51 52	53 54 55 56 57 58 59 60 61

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63	64 65 66 67 68 69 70	71	YEAR ☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72		ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	TELEPHONE NUMBER OF EMERGENCY ADDRESSEE
115TH FIELD HOSPITAL (UNITED STATES ARMY).	

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y Y Y M M D D)
73 74	75 76 77 78 79 80	81 82 83 84 85 86 87 88

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y Y Y M M D D)
89 90 91 92	93 94 95 96 97 98	99 100 101 102 103 104 105 106

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y Y Y M M D D)
107 108	109 110 111 112 113 114	115 116 117 118 119 120 121 122

FOR LOCAL USE

IF INJURY TO AD SOLDER -

HOW:

WHEN:

WHERE:

ADMITTING OFFICER (Signature, as required)	SIGNATURE OF ADMITTING CLERK

DA FORM 2985, MAR 2000 EDITION OF MAR 89 IS OBSOLETE USAPA V1.00

INPATIENT TREATMENT RECORD COVER SHEET

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

1. REGISTER NUMBER	2. NAME (Last, First, MI)	3. GRADE	ADMISSION REMARKS
000			

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION

11. FMP	12. SSN	13. ORGANIZATION	14. WARD

15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
115TH FIELD HOSPITAL (US ARMY),		

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

IF INJURY TO AD SOLDIER-

HOW:

WHEN:

WHERE:

35. Total Days This Facility

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

36. Total Days All Facilites

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

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAO OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 EDITION OF 1 AUG 76 IS OBSOLETE USAPPC V1.10

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of [illegible], see AR 40-66; the proponent agency is the Offic[illegible] Surgeon General.

REPORT TITLE

POST ANESTHESIA CARE RECORD - PHASE 1

OTSG APPROVED (Date)

TIME IN 1445 WT 70 kg ALLERGIES NVDA

PROCEDURE: EX LAP / LEFT, STUMP I&D

PHYSICIAN: (b)(6) HX ASA

TYPE OF ANESTHESIA: GEN ✓ SPINAL/EPIDURAL LOCAL IV SEDATION BLOCK

PRE OP VITALS: T32/48 P= 125 EBL MIN IV FLUIDS 700 URINE OUTPUT 50

VITAL SIGNS

TIME	TEMP.	PULSE	RESP.	BP	SaO2	SAB	OB/GYN
Admit	101.1	114	29	82/43	91	Vent	
15		112	24	86/42	94	Vent	
30							
45							
60							
90							
120							
150							

PRE/INTRA / IMMEDIATE POST-OP MED

Versed ____ mg @ ____

Fentanyl 500 mcg ce @ ____

Zofran ____ mg @ ____

Toradol ____ mg @ ____

Antibiotic ____

Other

VERCURONIUM - 10 mg 13:15

SCOPOLAMIN 0.4 mg 13:15

POST ANESTHESIA RECOVERY SCORE

LEGEND		ADM.	15	30	60	90	D/C
ACTIVITY:	MOVES 4 EXTREMITIES = 2 MOVES 2 EXTREMITIES = 1 MOVES 0 EXTREMITIES = 0	0	0				
RESPIRATIONS:	DEEP BREATHE/COUGH = 2 DYSPNEA = 1 APNEIC = 0	2	Vent				
CIRCULATION:	BP +/- 20% OF PRE-OP = 2 BP +/- 20-50% OF PRE-OP = 1 BP +/- 50% OF PRE-OP = 0	1	1				
CONSCIOUSNESS:	FULLY AWAKE = 2 AROUSES ON CALLING = 1 UNRESPONSIVE = 0	0	0				
O2 SATURATION:	>92% ON ROOM AIR = 2 O2 TO MAINTAIN >90% = 1 <90% WITH O2 IN USE = 0	Vent	2				

ADDITIONAL NOTES / CLARIFICATIONS

ALTERED NUTRITION

PERIPHERAL IV	INTAKE TIME	TYPE OF FLUIDS	IV/ML	PO	OUTPUT BLOOD	TIME	URINE	OTH
SITE	OR			N/A		OR		
CONDITION								
DISCHARGE								

(Continue on reverse)

PREPARED BY (Signature & Title) DEPARTMENT/SERVICE/CLINIC DATE

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700 115th FH OP 1 US63 PC V1.00

ADMISSION ASSESSMENT / EVALUATION	DISCHARGE ASSESSMENT / EVALUATION
INEFFECTIVE BREATHING PATTERN LUNG SOUNDS: Equal Yes_____ No_____ Clear Yes_____ No_____ O2 Therapy- _____ Airway - ETT_____ Oral_____ Nasal_____ N/A_____	INEFFECTIVE BREATHING PATTERN LUNG SOUNDS: Equal Yes_____ No_____ Clear Yes_____ No_____ Respirations even & unlabored SAO2 WNL on Room Air Yes_____ No_____
ALTERED THOUGHT PROCESSES _____Unresponsive _____Sedated/Responsive to verbal stimuli _____Sedated/Responsive to deep stimulus _____Awake/Unsedated _____Oriented to time, place, person, situation	ALTERED THOUGHT PROCESSES _____Oriented to time, place, person, situation and baseline mentation has returned.
POTENTIAL FOR DECREASED CARDIAC OUTPUT _____Cardiac Monitor _____Normal Sinus Rhythm without ectopy_____ Skin Condition: _____Warm _____Dry _____Cool _____Moist IV Site without S/S of infiltration or irritation _____Yes _____No Capillary refill < 3 Seconds _____ Other_____	POTENTIAL FOR DECREASED CARDIAC OUTPUT _____Vital Signs Stable Skin Condition: _____Warm _____Dry _____Cool _____Moist IV site without S/S or infiltration or irritation _____Yes _____No Other_____
POTENTIAL FOR INJURY Moves all extremities _____Yes _____No Other_____ Supportive Device _____ _____Side Rails Up _____Bed in lowest position _____Bed locked	POTENTIAL FOR INJURY Moves all extremities _____Yes _____No Other_____ Transfered via stretcher with side rails up _____Yes _____No
ALTERED PATTERNS OF URINARY ELIMINATION _____Foley _____Due to void / Time of last void_____	ALTERED PATTERNS OF URINARY ELIMINATION _____Voided _____Due to void _____Foley _____Other_____
ALTERED GI FUNCTIONS _____Active Bowel Sounds x's 4 quadrants _____Hypoactive Bowel Sounds _____Abdomen non distended Other_____	ALTERED GI FUNCTIONS _____Bowel sounds present x's 4 Quadrants. Abdomen non distended. Other_____
IMPAIRED SKIN INTEGRITY Dressings_____ C / D / I_____	IMPAIRED SKIN INTEGRITY _____Dressings clean dry and intact Other_____
ALTERATION IN COMFORT LEVEL Pain Level _____ (0 = none, 10 = severe) Location_____ Ice / heat / elevation_____ Positioning_____	ALTERATION IN COMFORT LEVEL _____Pain managed with analgesics. Level _____(0 = none, 10 = severe) Ice / heat / elevation_____ Positioning_____

RN SIGNATURE_____ RN SIGNATURE_____

ANESTHESIA MEDICATION ORDERS

1. _____
2. _____
3. _____

TIME	MEDICATION	DOSE	ROUTE	SITE	SIGNATURE	EFFECT

OTHER INTERVENTIONS_____

Printed Name.	Signature	Initials

PACU NURSING STANDARDS OF CARE MET
Released by_____
PACU RN_____
Report called to_____
Time out_____ Par Score_____

ACLU-RDI 5870 p.46 10-L-0126 ACLU DD III (CID ROI) 2698

PRE-ANESTHESIA EVALUATION

AGE	SEX	HEIGHT	WEIGHT	PRE-PROCEDURE VITAL SIGNS
	☐ M ☐ F	in./cm.	lb./kg.	B/P P R T

PROPOSED PROCEDURE

PREVIOUS ANESTHESIA/OPERATIONS (If none, check here ☐)
Traumatic

CURRENT MEDICATIONS (If none, check here ☐)

FAMILY HISTORY OF ANESTHESIA COMPLICATIONS (If none, check here ☐)

ALLERGIES (If NKDA, check here ☐)

AIRWAY/TEETH/HEAD AND NECK

HISTORY FROM
☐ PARENT/GUARDIAN ☐ POOR HISTORIAN ☒ CHART
☐ SIGNIFICANT OTHER ☐ PATIENT

SYSTEM	WNL	COMMENTS	PERTINENT STUDY RESULTS
RESPIRATORY Asthma, Bronchitis, COPD, Dyspnea, Orthopnea, Pneumonia, Productive cough, Recent cold, SOB, Tuberculosis	☐	Tobacco Use: ☐ No ☐ Yes ___ Pack/Day for ___ Years Ventilator	Chest X-ray: (R) Pneumothorax Pulmonary Studies
CARDIOVASCULAR Angina, Arrhythmia, CHF, Exercise Tolerance, Hypertension, MI, Murmur, MVP, Pacemaker, Rheumatic fever	☒		EKG
HEPATO/GASTROINTESTINAL Bowel obstruction, Cirrhosis, Hepatitis, Hiatal hernia, Jaundice, N&V, Reflux/heartburn, Ulcers	☐	Ethanol Use: ☐ No ☐ Yes Frequency_____	
NEURO/MUSCULOSKELETAL Arthritis, Back problems, CVA/stroke, DJD, Headaches, Loss of consciousness, Neuromuscular disease, Paralysis, Paresthesia, Syncope, Seizures, TIAs, Weakness	☐	Responds to tactile Stimuli Stupurous State	
RENAL/ENDOCRINE Diabetes, Renal failure/Dialysis, Thyroid disease, Urinary retention, Urinary tract infection, Weight loss/gain	☐	Decreased urinoutput	
OTHER Anemia, Bleeding tendencies, Hemophilia, Pregnancy, Sickle cell trait, Transfusion history			

PROBLEM LIST/DIAGNOSES

ASA PS: 1, 2, 3, (4), 5, (E)

LAB STUDIES: Hgb/HcT/CBC 5.8 / 30.3 / 256 / 15.4; Electrolytes 2 units FFP & 2 units PBCs; Urinalysis

Other

PLANNED ANESTHESIA/SPECIAL MONITORS

PRE-ANESTHESIA MEDICATIONS ORDERED

SIGNATURE OF EVALUATOR(S)
(b)(6)

POST-ANESTHESIA NOTE

Signed Date Time

OPTIONAL FORM 617 BACK

ACLU-RDI 5870 p.47 10-L-0126 ACLU DD III (CID ROI) 2699

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE | OTSG APPROVED (Date)

TRAUMA FLOW SHEET

DATE: TIME:

LAST MEAL:

EVENT DATE: TIME:

INITIAL ASSESSMENT

AIRWAY:

BREATHING:

CIRCULATION:

DISABILITY: (E/V/M = GLASGOW COMA SCALE) CIRCLE

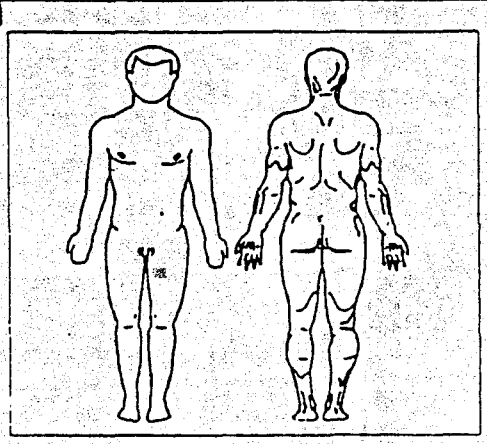
EYES OPEN	VERB. RESP.	MOTOR RESP.
4-spontan.	5-oriented	6-obey commands
3-to speech	4-confused	5-localize pain
2-to pain	3-inapprop. words	4-flex withdraw
1-none	2-incomp. sounds	3-flex abnormal
0-closed/swelling	1-none (ett or trach)	2-extension
		1-no response

VITALS:

time					
pulse					
resp					
bp					
temp					
rhythm					
pupils	L R	L R	L R	L R	L R

EXPOSE: (SKIN INTEGRITY)

x=abrasion
o=burn
of=open fracture
f= fracture
l=laceration
s=stab
g=gun shot wd.
b=bruise
e=erythema



TETANUS:

PHYSICAL EXAMINATION		
head	0 normal	
neck	0 normal	
eent	0 normal	
chest	0 normal	
cardiac	0 normal	
abdom	0 normal	
pelvis	0 normal	
back	0 normal	
genit.	0 normal	
neuro	0 normal	
extrem	0 normal	

MEDICATIONS

time				
meds	tetanus .5cc IM lot #			
nurse				
v.o. DR.				

O2:	lpm	nc	mask	pulse ox.
ett		mm	time	
ekg		monitoring		
foley		fr to gravity		
ng tube		fr		guaiac 0+ 0-
peri dial	0+ 0-			time
chest tube		left cm h2o		right cm h2o
xays	labs t&s cbc pt/ptt ua hcg			
	chm20 chm7 esr t&c abg			

HISTORY: ("AMPLE T")

ALLERGIES: _____

MEDS: 0 NONE _____

PAST. 0 NONCONTRIBUTORY HX: _____

SURG: _____

OTHER: _____

(Continue on reverse)

PREPARED BY *(Signature & Title)* | DEPARTMENT/SERVICE/CLINIC | DATE

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER *(Specify)*

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

*U.S. Government Printing Office: 1990 -- 281-485/21226

ABBREVIATED MEDICAL RECORD

1. ADMISSION DATE *(YYYYMMDD)*

2. CHIEF COMPLAINT, PERTINENT HISTORY, AND PERTINENT SYSTEM REVIEW

3. PHYSICAL EXAMINATION *(Including pertinent positives and negatives)*

4. IMPRESSION *(Enter admission note with plan on progress notes)*

5. ADMITTING OFFICER

a. SIGNATURE

b. DATE SIGNED *(YYYYMMDD)*

6. DISCHARGE NOTE *(Brief hospital course, diagnoses, procedures, condition on discharge, pertinent discharge information (including medications, diet, activity limitations, follow-up instructions).)*

7. DISCHARGE DATE *(YYYYMMDD)*

8. DISCHARGING OFFICER

a. NAME *(Last, First, Middle Initial)*	b. GRADE	c. TITLE	d. SIGNATURE

9. PATIENT IDENTIFICATION *(For typed or written entries: Name (last, first, middle), grade, SSN, date of birth, hospital or medical facility, ward number, and register number)*

10. OUTPATIENT/HEALTH RECORD MAINTAINED AT:

11. COPY PLACED IN OUTPATIENT RECORD *(X when done)*

AUTHORIZED, LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
115TH FIELD HOSPITAL, FT. POLK, LA 71459			
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

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

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

USAPA V2.00

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION	NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER ____ HOURS	LIST TI ORDE NOTED / SIGN
(b)(6)	ICU		6			

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

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

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

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

A [redacted]

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT	ROOM NO.	BED NO.
ICU		6

DATE OF ORDER: 30 JAN 05 — TIME OF ORDER: 1000 HOURS

1) D/C LOVENOX
2) 2U FFP
3) Δ IVF FROM DSLR TO LR @ 250 ml/h
4) UA AND SEDIMENT
5) UNASYN 3000 mg IV Q6°

THANK - YOU

(b)(6)

LIST TI ORDE NOTED SIGN

(b)(6)

30 JAN @1005

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT	ROOM NO.	BED NO.
ICU		6

DATE OF ORDER: 30 JAN 05 — TIME OF ORDER: HOURS

1) TRANSDUCE CVP
2) ↓ IVF TO 200 ml/h
3) STAT LABS: CBC, PT, PTT, LFTS
4) PLEASE RESUME ALL PRE-OP ORDERS
5) WET-DRY DRESSING Δ TO RT KNEE BID (~~[illegible]~~ START IN A M

Thank - YOU

(b)(6)

30 JAN

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT	ROOM NO.	BED NO.
ICU		6

DATE OF ORDER: 6) ~~CXR~~ S/P CT — TIME OF ORDER: PLACEMENT HOURS

Thank - YOU

(b)(6)

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT	ROOM NO.	BED NO.
ICU		6

DATE OF ORDER: 30 JAN. 05 — TIME OF ORDER: 15:55 HOURS

1) DNR ORDERS
- NO CPR
- NO VASOACTIVE DRUGS
- NO CARDIOVERSION
- KEEP FiO_2 @ 40%, DO NOT ↑
- KEEP IVF @ 125 ml/h

2) CONTINUE ALL OTHER MEDS / THERAPEUTIC MEASUR

(b)(6)

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER 1-30-05 TIME OF ORDER 0400 HOURS

LIST TI ORDE NOTED A SIGN

1. NS 500 cc Bolus x 2
2. ↑ Baseline W/ rate to 250 cc/HR
1st Bolus Given

(b)(6)

(b)(6)

NURSING UNIT

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER 30 Jan 05 TIME OF ORDER 0545 HOURS

STAT CBC

V.O.

(b)(6)

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER 1-30-05 TIME OF ORDER 0600 HOURS

1. 25% ALBUMIN give 200 cc Bolus over 30 min
HOLD IV fluids during Albumin infusion
2. Vitamin K / MG 1M IV

Noted @ 0641

(b)(6)

(b)(6)

NURSING UNIT | RO | BED NO.

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER 1-30-05 TIME OF ORDER 0650 HOURS

1. CEFOTAXIME / GM IV NOW
2. H/H @ 1800
3. TRANSFUSE 2u PRBCs
4. HOLD ALBUMIN

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 1-29-05 TIME OF ORDER 1922 HOURS

MOTRIN 800 MG PO

(b)(6)

(b)(6)

Noted

29 JAN 05

LIST TIME ORDER NOTED A SIGN

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 29 JAN 05 TIME OF ORDER 1940 HOURS

1) D/C MOTRIN

Thanks

(b)(6)

(b)(6)

29 JAN 05

PATIENT IDENTIFICATION

(b)(6)

Noted @ 0215

NURSING UNIT

(b)(6)

DATE OF ORDER 1-30-05 TIME OF ORDER 0200 HOURS

1. ABG this Am
2. call MD if u/o < 30cc / HR x 2 consecutive
3. Blood cx x 2
4. ↑ IV fluid (200cc/hr)

(b)(6)

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT: ICU | ROOM NO. | BED NO.: 4

DATE OF ORDER 30 Jan 05 TIME OF ORDER 0305 HOURS

NS 500 ml bolus over 30 min

V.O.

(b)(6)

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)

noted (b)(6) 0750 29JAN

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
29JAN05	0750 HOURS	
(1) VO (b)(6)	D/C	
PEPCID		
(2) Zantac 50mg 98° IV		
(b)(6)	(b)(6)	

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

(b)(6)

noted (b)(6) 29JAN 1120

DATE OF ORDER	TIME OF ORDER
29 JAN 05	8:47 HOURS
~~1)~~ D/C AMBIEN	
~~2)~~ D/C MOTRIN	
~~3)~~ NO NSAIDS	
~~4)~~ ↑ ATIVAN TO 0.5 - 3mg q 2-4°	
~~5)~~ NO VERSED	
~~6)~~ CXR - PORTABLE - (30 JAN 05)	
~~7)~~ AM LABS (30 JAN 05) - CBC, LFTS, BMP	

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER	TIME OF ORDER
	HOURS
~~8)~~ * PLEASE RUN BASIC LYTES ON ISTAT	
SERUM/PLASMA TOO ICTERIC FOR PICCILO	
~~9)~~ ~~D/C NASAL TRUMPET~~	
~~10)~~ MSO4 2mg IV X T NOW	
~~11)~~ ATIVAN 3mg IV X T NOW	
~~12)~~ CONT NPO	
THANK YOU	

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER	TIME (b)(6)
29 JAN 05	
~~1)~~ VENT: VT 650ml RATE 14 PS SIMV	
WEAN FIO2 TO KEEP SaO2 > 92%	
~~2)~~ STAT CXR	
~~3)~~ MORPHINE DRIP @ 4 mg/hr	
~~4)~~ ~~[illegible]~~ VECURONIUM 10 mg IV q 1° PRN	
~~5)~~ RESUME ALL OTHER PRE-OP ORDERS	
THANK YOU	

NURSING UNIT	ROOM NO.	BED NO.

FORM APR 79 4256 REPLACES EDITION OF 1 JUL 77 [illegible] USED.

(b)(6)

A[illegible]U-RDI 5870 p.55

10-L-012 [illegible]CID ROI) (b)(6)

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER 1-29-05 TIME OF ORDER 0440 HOURS

LIST TIME ORDER NOTED AND SIGN

Ativan 4 mg IV

Versed 2 mg IV

S/P CT Placement CXR

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER 1-29-05 TIME OF ORDER 0514 HOURS

1. VERSED 1 mg IV
2. Ativan 4 mg IV

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER 1-28-05 TIME OF ORDER 2100 HOURS

MOTRIN 400mg PO Q4hly

PRN fever >10+5

VO Dr

(b)(6)

NOTED (b)(6)

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER 28 JAN 05 TIME OF ORDER 2200 HOURS

Ambien 10mg PO XL now

VO Dr

(b)(6)

NOTED (b)(6)

(b)(6)

(b)(6)

24

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: (b)(6)

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
28 JAN 05	_____ HOURS	
1) ADMIT: ICU		
2) SURGEON: (b)(6)		
3) DX: S/P GSW / SHOCK LIVER / PTX		
4) CONDITION: CRITICAL		
5) IVF: D5 LR @ 125 ml/hr		
6) DIET: NPO		
7) PLEASE SAVE 1 TLC PORT FOR POTENTIAL TPN		

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
8) VITALS: Q4°	_____ HOURS	
9) I/O: Q SHIFT		
10) AM LABS: CBC, PT, PTT, BMP, LFTS		
11) PM LABS (28 JAN) CBC, PTT, PT, LFTS		
12) CXR IN AM - PORTABLE		
13) FOLEY TO GRAVITY		
14) MEDICATIONS:		
- MORPHINE 2-4 mg IV Q 4° PRN		

Noted (b)(6) 1700 28 JAN

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
- ATIVAN 0.5 - 1 mg IV Q 2-4° PRN	_____ HOURS	
- PERCIO 20 mg IV Q 12°		
- LOVENOX 30 mg SQ Q 12°		
15) CHEST TUBE TO 20 cmH2O SUCTION		
16) WEAN FIO2 TO KEEP SaO2 < 92%		
THANK-YOU (b)(6)		

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: (b)(6)

DATE OF ORDER	TIME OF ORDER	
	_____ HOURS	

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General	Mo. 01 Yr. 05

VERIFY BY INITIALING — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 30	31	Feb 1	2	3									
30JAN05	[illegible]	LR @ 125 mL/hr	07	/													
	.....		19	CS													
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ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: S/P GSW / SHOCK LIVER / PTX

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO. 2

PATIENT IDENTIFICATION:

(b)(6)

ICU Bed #6

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 4678, 1 FEB 79 — EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. — 76 FAV1.00

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. 01 Yr. 05

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 28	29	30	31	02								
28JAN	(b)(6)	D5LR 125cc/hr	07	/	(b)(6)											
			19	(b)(6)	(b)(6)											
28 JAN		PEPCID 20mg IV Q12°	08	/		D/C		29JAN								
			20	(b)(6)												
28 JAN		LOVENOX 30mg SQ Q12°	08	/	(b)(6)	(b)(6)		D/C 30JAN 05								
			20	(b)(6)	(b)(6)											
29JAN		Zantac 50mg IV	06	/	(b)(6)	(b)(6)										
		98°	14	/	(b)(6)	(b)(6)										
			22	/	(b)(6)											
29JAN		NO NSAIDS	07	/	(b)(6)	(b)(6)										
		NO VERSED	19	/	(b)(6)	(b)(6)										
		NO MOTRIN														
29Jan		Morphine drip @ 4mg/hr	07	/	(b)(6)	(b)(6)										
			19	/	(b)(6)	(b)(6)										
29Jan		Vent settings per MD; wean	07	/	(b)(6)	(b)(6)										
		FiO_2 to keep SaO_2 > 92%	19	/	(b)(6)	(b)(6)										
30JAN		4 IV rate 200cc/hr	07	/	/	(b)(6)		D/C 30JAN 05								
		DSLR 250cc/hr	19	/	/	(b)(6)										
30JAN		IVF LR @ 250cc/hr	07	/	/	(b)(6)										
			19	/	/											
30JAN		UNASYN 3000mG IV Q6°	24	/	/	/										
			06	/	/	/										
			12	/	/	(b)(6)										
	.....		18	/	/	(b)(6)										

ALLERGIES: ☐ YES ☐ NO

NAKD

PRIMARY DIAGNOSIS:

S/P GSW/SHOCK LIVER/PTX

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO. 1

PATIENT IDENTIFICATION:

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

FAWZZI, ABDULLAH
1951 M O DETAINEE

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 5678, 1 FEB 79 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

10-1-0126 ACLU DD III (GID-RO)

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. 01 Yr. 05
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
29JAN	(b)(6)	Ativan 4mg IVP x1 now	29JAN	04 40	04 42	(b)(6)
29JAN		Versed 2mg IVP x1 now	29JAN	04 40	04 42	
29JAN		Ativan 4mg IVP x1 now	29JAN	05 10	05 10	
29JAN		Versed 1mg IVP x1 now	29JAN	05 10	05 10	
29		PCXR Stat [illegible]	29JAN	05 20	05 20	
28JAN		Ambien 10mg PO x1 now	28JAN	22 00	22 00	
29JAN		MSO4 2mg IV x1 now	29JAN	1000	1000	
29JAN		Ativan 3mg IV x1 now	29JAN	1000	1000	
30JAN		NS 500ml bolus over 30 minutes	30JAN	0305	0305	
30JAN		NS 500 cc bolus x2	30JAN	0400	0400	
30JAN		20% Albumin give 200cc bolus over 30min	30JAN	ASAP	HOLD	
		Hold IV fluids during albumin infusion				
30JAN		Vitamin K / MG IM / IV	30JAN	ASAP	0700	

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
28 JAN	.....	MORPHINE 2-4mg IV Q4° PRN	29JAN 0515 4mg (b)(6)													
.....	.....															
28 JAN	.....	ATIVAN 0,5-1mg IV Q 2-4° PRN	28JAN 2100 1mg (b)(6)	28JAN 2300 1mg	28JAN 0100 1mg	28JAN 0300 1mg										
.....	.....															
28 JAN	(b)(6)	MOTRIN 600mg PO	28JAN 2000 600mg (b)(6) (E)													
.....	.....	Q4hly PRN [illegible] >10hrs														
.....	.....															
29 JAN	(b)(6)	ativan 0.5-3mg q 2-4° prn agitation														
.....	.....															
29 Jan	(b)(6)	Vecuronium 10mg IV q 1° prn	29 Jan 1330 (b)(6	30JAN 0048 10mg (b)(6)												
.....	.....															
.....	.....															
.....	.....															

USAPA V7.00

[redacted] (CID ROI) 2712

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General	Mo. 01 Yr. 05

VERIFY BY INITIALING — *INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION*

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 30	31	Feb 1	2	3	4	5							
30JAN05	(b)(6)	DNR Orders:	07	/													
	.....	NO CPR	19	03													
	.....	NO Vasoactive Drugs															
	.....	No Cardioversion															
	.....																
30JAN05	(b)(6)	Keep F_iO_2 @ 40%,	07	/													
	.....	Do not ↑	19	03													
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ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS:

s/p GSW / Shock Liver / PTX

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO:

PATIENT IDENTIFICATION:

(b)(6)

Bed #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

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED — USAPA V1.00

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 01 Yr. 05

VERIFY BY INITIALING — *INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION*

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 28	29	30	31
28 JAN	(b)(6)	DIET NPO	07	(b)(6)	(b)(6)	(b)(6)	
			19				
28 JAN		VITALS Q4°	07	/	(b)(6)	(b)(6)	
			11	(b)(6)			
			15	(b)(6)			
			19	(b)(6)			
		[illegible]	23	(b)(6)			
			03	(b)(6)		(b)(6)	
28 JAN		I/O Q SHIFT	07	(b)(6)			
			19		(b)(6)		
29 JAN		AM LAB: CBC, PT, PTT	06	/	(b)(6)		
		BMP, LFTS	[illegible]	(b)(6)			
28 JAN		[illegible]	[illegible]	(b)(6)			
				(b)(6)			
				(b)(6)			
				(b)(6)			
[illegible]		[illegible]	[illegible]	(b)(6)			(b)(6)
		[illegible]	[illegible]	(b)(6)		(b)(6)	
[illegible]		[illegible]	[illegible]	/	/	/	
		[illegible]	[illegible]	/	/	(b)(6)	
30 JAN 05		Wet → Dry Dressing Δ to	08	/	/	/	
		Rt. knee BID	20	/	/	(b)(6)	

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS: S/P GSW/SHOCK LIVER/PTX

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO:

PATIENT IDENTIFICATION: (b)(6)

(b)(6)

FAWZZI, ABDULLAH
1951 M O DETAINEE

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

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

NKDA

AUTHORIZED FOR LOCAL F

MEDICAL RECORD–ANESTHESIA

PROCEDURE: Exp Lap Right chest tube D & I left Ext

ITEM	STA
Anesthesia	131
Procedure	132

DATE: 30 JAN 05 | OR NO. 1 | PAGE 1 OF 1 | (b)(6) | Rhynhart

PRE-PROCEDURE
- ☑ Identified ☑ ID Band ☑ Questioning
- ☑ Chart Review ☐ Permit Signed
- ☑ NPO Since Midnight
- Preanesthetic Status: ☑ Calm ☑ Awake ☐ Asleep ☐ Apprehensive ☐ Confused ☐ Uncooperative ☐ Unresponsive

PATIENT SAFETY
- ☑ Anes. Machine # ____ Checked
- ☑ Safety Belt On ☐ Axillary Roll
- ☑ Arm Restraints ☐ Arms Tucked
- ☑ Pressure points checked and padded
- ☐ Eye Care: ☐ Ointment ☐ Saline ☐ Taped ☐ Pads ☐ Goggles

MONITORS AND EQUIPMENT
- ☐ Stath ☐ Esoph ☐ Precord ☐ Other
- ☐ Non-Invasive BP ☐ Nerve Stimulator
- ☑ Continuous EKG ☑ Visual EKG
- ☑ Pulse Oximeter ☑ Oxygen Analyzer
- ☑ End Tidal CO_2 ☑ Resp Gas Analyzer
- ☑ Temp ____ ☐ EEG
- ☐ Warming Blanket ☐ Fluid Warmer
- ☐ Airway Humidifier ☐ ____
- ☐ NG/OG Tube ☑ Foley Catheter
- ☑ Art Line left radial
- ☐ CVP ____
- ☐ PA Line ____
- ☐ IV(s) ____
- ☐ ____

ANESTHETIC TECHNIQUES
- Method: ☐ General ☐ Spinal ☐ Epidural ☐ Caudal ☐ Brachial ☐ Bier Block ☐ Ankle Blk ☐ M.A.C.
- General: ☐ Pre-O_2 ☐ L.T.A. ☐ Rapid Sequence ☐ Cricoid Pressure ☐ Intravenous ☐ Inhalation ☐ Intramuscular ☐ Rectal
- Regional: ☐ Position ____ ☐ Prep ____ ☐ Local ____ ☐ Needle ____ ☐ Drug(s) ____ ☐ Dose ____ ☐ Attempts x ____ ☐ Site ____ ☐ Level ____ ☐ Catheter ____ ☐ See Remarks

AIRWAY MANAGEMENT
- ☐ Intubation ☐ Oral ☐ Nasal ☐ Direct Vision ☐ Magill's ☐ Blind ☐ Difficult Fiber Op ☐ Stylet ☐ Attempts x ____ ☐ Blade ____
- ☐ Tube size ____ ☐ Endobronchial
- ☐ Regular ☐ RAE ☐ Armored ☐ Laser
- ☐ Cuffed ☐ Min. occ. pres. ☐ Air ☐ NS
- ☐ Uncuffed, leaks at ____ cm H_2O
- ☐ Secured at ____ ☐ ET CO_2 Present
- ☐ Breath Sounds ____
- ☐ Circuit: ☐ Circle ☐ Non-rebreathing
- ☐ Airway: ☐ Oral ☐ Nasal ☐ Natural ☐ Mask Close ☐ Via Tracheostomy
- ☐ Nasal Cannula ☐ Simple O_2 Mask

RECOVERY
- Time 1945 | BP 84/1
- ☐ PACU ☐ ICU (L&D) | P 115
- ☐ Awake ☐ Spont Re
- ☐ Asleep ☐ Ventilator
- ☐ Stable ☐ Extubated
- ☐ Unstable ☐ Intubated

CONTROLLED

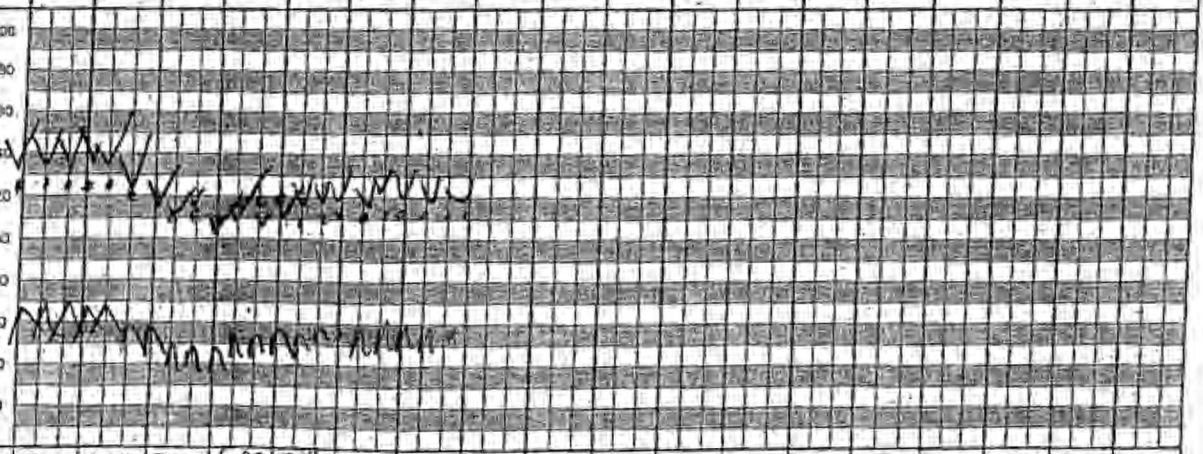
Drug	Used
Fentanyl	50 mcg
Provider	

TIME: 1315 1330 1400 1430 1500

AGENTS							
☐ Hal ☐ Enf ☐ Iso (%) ☐ N_2O ☐ Air (L/min)							
Oxygen (L/min)	2	2	2	2	2	2	2
Fentanyl (mcg)	150		(250)				
Succinylcholine (mg)	100						
Vecuronium (mg)	10						
( )							
Phenylephrine (mcg)			50/50				
FLUIDS							
LR	200			400	300		700
Urine (ml)			50		50		50
EBL (ml)			min		min		min
MONITORS							
EKG	ST	ST	ST	ST	ST	ST	ST
% O_2 Inspired (FIO_2)	3.85	3.85	3.85	3.85	3.85	3.85	3.85
O_2 Saturation (SaO_2)	99	99	99	99	99	99	99
End Tidal CO_2	42	42	42	42	42	42	42
Temp: ☐ °C ☐ °F							
VENT							
Tidal Vol. (ml)	670	660	700	680	700	820	800
Resp. Rate	12	9	10	10	10	10	10
Peak Pres. (cm H_2O)	17	17	18	18	18	18	18
PEEP (cm H_2O)	2	2	2	2	2	2	2
Symbols for Remarks	C	C	C	CV	CV	CV	CV
Position	OJ	OJ	OJ	OJ	OJ	OJ	OJ

VITAL SIGNS

Baseline Values: BP 132/68; P 125; R 12



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PULSE
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CONTROLLE RESP
T TOURNIQUE

ANESTHESIA PROVIDER(S): (b)(6)

REMARKS (b)(6) Discussed case with M.D. Voiced concerns of pt condition, M.D. verbalized understand and wants to continue with procedures.
1945 pt to ICU report to RN. Intubated

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

(b)(6)

ANESTHESIA
Medical Record
OPTIONAL FORM 517 (7-85)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-81.203(b)(10

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo 01 Yr 05
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
28JAN	(b)(6)	ADMIT TO ICU	28JAN	13:00	13:00	(b)(6)
28JAN		CBC, PTT, PT, LFTS	28JAN	17:00	1700	
29JAN		CXR IN AM - PORTABLE	29JAN	AM	0400	
29JAN		CXR portable (30JAN)	30JAN	AM		
29JAN		CBC, LFT, BUP	30JAN	AM	0500	
29JAN		STAT CXR	29JAN	[illegible]	[illegible]	
30JAN		ABG thin AM	30JAN	0600	0500	
30JAN		Blood Cx #2	30JAN	ARAP	0250 Done	
30 Jan		STAT CBC	30Jan	0545	0545	
30 JAN		UA & SEDIMENT, CBC, COAGS	30JAN			
30 JAN		Transduce CVP	30JAN			
30 JAN		STAT Labs: CBC, PT, PTT, LFTs	30JAN	15:00	15:00	
30 JAN		CXR s/p CT placement	30JAN	15:15	15:15	
	.....					
	.....					
	.....					
	.....					

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

USAF 82

115th Field Hospital
Baghdad Central Detention Facility Hospital

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

ST, FIRST, MI.

Male / Female

SSN or ISN: (b)(6)

Signs and Symptoms: SHOCK LIVER / PTX

ysician (b)(6) Ward: ICU Bed: 6

STAT / Routine

Specimen Date and Time: 30 JAN 15:00

Reported by: (b)(6)

Date and Time: 30 JAN 16

Chemistry (I-STAT) / Green Top / Syringe

Blood Gas: Pre Gas w/ Hct, Glu, Creat

TEST	RESULT	REF. RANGE
Na		138-145 mmol/L
K		3.3-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.35-7.45
PCO2		35-45 mmHg
PO2		80-100 mmHg
TCO2		18-33 mmol/L
HCO3		22-26 mmol/L
sO2		95-99%
BEecf		(-2) - (+3)
AGap		8-16 mmol/L
iCa		1.12-1.32 mmol/L
BUN		7-22 mg/dL
Glu		73-118 mg/dL
Creat		0.6-1.3 mg/dL
Hct		37.0-52.0%
Hgb		12.0-18.0 g/dL
Lactate		0.90-1.70 mmol/L

Urinalysis

Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		0.1-1.0 Ehrlich U/dL
Nitrite		Negative
Leuko		Negative

Urine Microscopic

WBC		Epi
RBC		Mucus
Bacteria		Yeast
Casts:		Spermatozoa
Crystals:		Amorph Sed
Other:		

Other lab requests

Chemistry (Picolo Analyzer) / Green Top

Glu, Creat, Chol, CK, Alb, ALP, Amy, Tbil, Trig, Ca

X	TEST	RESULT	REF. RANGE
	ALB	1.8	3.3-5.5 g/dL
	ALP	100	26-184 U/L
	ALT		10-47 U/L
	AMY		14-110 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L
			F: 30-190 U/L
	CL		98-109 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.3 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.9 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		138-145 mmol/L
	Phosphorous		2.2-4.5 mg/dL
	HDL Chol		30-75 mg/dL
	LDL Chol		50-130 mg/dL
	Triglycerides		50-160 mg/dL
	VLDL		≤30 mg/dL
	Chol/HDL Ratio		≤4.5

Sample Icteric

Rapid Tests

Mono		Negative
RPR		Negative
HIV		Negative
Drug Scr.		Negative
HCG		Negative
H.pylori IgG		Negative
ETOH/Alc.		Negative
Strep A		Negative
Chlamydia		Negative
Flu A&B		Negative
C. difficile (stool)		Negative
O&P (stool)		No Ova / Parasite
OccBld		Negative
Wet Mount		Negative
KOH		Negative

Hematology / Purple Top

CBC / Manual Diff

X	TEST	RESULT	REF. RANGE
	WBC	24.8	4.8-10.8 x10(3)/uL
	RBC	2.12	4.2-6.1 x10(6)/uL
	Hgb	6.9	12.0-18.0 g/dL
	Hct	19.2	M: 42.0-52.0%
			F: 37-47%
	MCV	90.6	80.0-99.0 fl
	MCH	32.8	27.0-31.0 pg
	MCHC	36.2	33.0-37.0 g/dL
	Plt	184	150-400 x10(3)/uL
	LY%	13.0	20.0-44.0%
	LY#	3.2	0.7-4.3 x10(3)/uL

Differential

Segs(50-70%)	Mono(4-10%)
Bands(1-10%)	Eos(0-4%)
Lymph(20-44%)	Baso(0-2%)
Atyp Ly	Immature cells

RBC Abn Morph: Polys mod Bleb in last 24 hours

Plt Abn Morph:

WBC Abn Morph:

Malaria / Purple Top

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate / Purple Top

Sed Rate		1hr = 0-20 mm

Coagulation (Blue Top - Sodium Citrate)

PT	32.6	7.0-14.0 sec
APTT	101.1	21.0-50.0 sec
INR	3.3	0.5-1.5/therap 2-3
D Dimer		Negative

Cardiac Panel / Purple Top

Myoglobin		0-107 ng/mL
CK-MB		0-4.3 ng/mL
Troponin		0.0-0.4 ng/mL

Hemoglobin S / Purple Top

Hemoglobin S	Negative

Body Fluid Panel / Sterile Tube

Panel Includes: Culture, Gram Stain, Cell Count, WBC Diff., Meningitis test (CSF only)

115th Field H[illegible] pi[illegible]
Baghdad Central Detention Facility Hospital

[illegible]B[illegible]ATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI	X Male / Female	SSN-or-ISN: (b)(6)	Signs-and-Symptoms:
Physician (b)(6) / Drawn by:	Ward: ICU / Bed: 6	X STAT / Routine	Specimen Date and Time: 30JAN05 @ ~~1030~~ 1300
Reported by: (b)(6)	Date and Tin 1420 30J[illegible]		

Chemistry (ESTAT) / Green Top / Syringe — Bld Gas, Bld Gas w/ Lytes, Glu, Crea

X	TEST	RESULT	REF. RANGE
	Na		138-145 mmol/L
	K		3.3-4.9 mmol/L
	Cl		98-109 mmol/L
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-100 mmHg
	TCO2		18-33 mmol/L
	HCO3		22-26 mmol/L
	sO2		95-99%
	BEecf		(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		1.12-1.32 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.3 mg/dL
	Hct		37.0-52.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Urinalysis & sediment

Color	yellow	Straw/Yellow
Clarity	Clear	Clear
Glucose	Neg	Negative
Bilirubin	Large	Negative
Ketone	Neg	Negative
SG	1.010	1.010-1.025
Blood	* Large	Negative
pH	5.5	5.0-8.0
Protein	*100	Negative-Trace
Urobili	0.2	0.1-1.0 Ehrlich U/dL
Nitrite	Neg	Negative
Leuko	Neg	Negative

Urine Microscopic

WBC		Epi	0-5
RBC	0-5	Mucus	
Bacteria		Yeast	
Casts:		Spermatozoa	
Crystals:		Amorph Sed	
Other:			

Other lab request: Ictotest: (-)

Chemistry (Piccolo Analyzer) / Green Top — Chem 12, Metabol, BMP, Liver, Lipid, Hepat

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-184 U/L
	ALT		10-47 U/L
	AMY		14-110 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L
			F: 30-190 U/L
	CL		98-109 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.3 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.9 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		138-145 mmol/L
	Phosphorous		2.2-4.5 mg/dL
	HDL Chol		30-75 mg/dL
	LDL Chol		50-130 mg/dL
	Triglycerides		60-160 mg/dL
	VLDL		≤30 mg/dL
	Chol/HDL Ratio		≤4.5

Rapid Tests

Mono		Negative
RPR		Negative
HIV		Negative
Drug Scr.		Negative
HCG		Negative
H.pylori IgG		Negative
ETOH/Alc.		Negative
Strep A		Negative
Chlamydia		Negative
Flu A&B		Negative
C. difficile (stool)		Negative
O&P (stool)		No Ova / Parasite
OccBld		Negative
Wet Mount		Negative
KOH		Negative

Hematology / Purple Top — CBC, Malaria, H/H

X	TEST	RESULT	REF. RANG
	WBC		4.8-10.8 x10(3)
	RBC		4.2-6.1 x10(6)/
	Hgb		12.0-18.0 g/dl
	Hct		M: 42.0-52.0%
			F: 37-47%
	MCV		80.0-99.0 fl
	MCH		27.0-31.0 pg
	MCHC		33.0-37.0 g/dL
	Plt		130-400 x10(3)/
	LY%		20.0-44.0%
	LY#		0.7-4.3 x10(3)/ul

Differential

Segs(50-70%)	Mono(4-10%)
Bands(1-10%)	Eos(0-4%)
Lymph(20-44%)	Baso(0-2%)
Atyp Ly	Immature cells

RBC Abn Morph:

Plt Abn Morph:

WBC Abn Morph:

Malaria / Purple Top

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate / Purple Top

Sed Rate		1hr = 0-20 mm

Coagulation / Blue Top - Sodium Citrate

PT		7.0-14.0 sec
APTT		21.0-50.0 sec
INR		0.5-1.5/therap 2-3
D Dimer		Negative

Cardiac Panel / Purple Top

Myoglobin		0-107 ng/mL
CK-MB		0-4.3 ng/mL
Troponin		0.0-0.4 ng/mL

Hemoglobin S / Purple Top

Hemoglobin S	Negative

Body Fluid Panel - Sterile Cont

Panel includes: Culture, Gram Stain, Cell Count, WBC Diff., Meningitis test (F only)

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115th Field H[redacted]

Baghdad Central Detention Facility Hospital

[redacted]ATORY RESULTS FORM

(Subject to Privacy Act of 1974)

LAST, FIRST, MI	Male / Female	SSN or ISN: (b)(6)	Signs and Symptoms:
Fauzzi Abdullah			
Physician: (b)(6) Drawn by:	Ward: ICU Bed: 6	STAT / Routine — Specimen Date and Time: 30JAN05 0545	Reported by: (b)(6) — Date and Tim: 30Jan 05

Chemistry (I-STAT) / Green Top / Syringe — Bld Gas, Bld Gas w/ lytes, Glu, Crea

X	TEST	RESULT	REF. RANGE
	Na		138-145 mmol/L
	K		3.3-4.9 mmol/L
	Cl		98-109 mmol/L
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-100 mmHg
	TCO2		18-33 mmol/L
	HCO3		22-26 mmol/L
	sO2		95-99%
	BEecf		(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		1.12-1.32 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.3 mg/dL
	Hct		37.0-52.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Urinalysis

Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		0.1-1.0 Ehrlich U/dL
Nitrite		Negative
Leuko		Negative

Urine Microscopic

WBC		Epi
RBC		Mucus
Bacteria		Yeast
Casts:		Spermatozoa
Crystals:		Amorph Sed
Other:		

Other lab request:

Chemistry (Piccolo Analyzer) / Green Top — Chem 12, Metabolic, BMP, Liver, Lipid, Other

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-184 U/L
	ALT		10-47 U/L
	AMY		14-110 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L
			F: 30-190 U/L
	CL		98-109 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.3 mg/dL
	GGT		5-55 U/L
	Glu		73-118 mg/dL
	K		3.3-4.9 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		138-145 mmol/L
	Phosphorous		2.2-4.5 mg/dL
	HDL Chol		30-75 mg/dL
	LDL Chol		50-130 mg/dL
	Triglycerides		60-160 mg/dL
	VLDL		≤30 mg/dL
	Chol/HDL Ratio		≤4.5

Rapid Tests

Mono		Negative
RPR		Negative
HIV		Negative
Drug Scr.		Negative
HCG		Negative
H.pylori IgG		Negative
ETOH/Alc.		Negative
Strep A		Negative
Chlamydia		Negative
Flu A&B		Negative
C. difficile (stool)		Negative
O&P (stool)		No Ova / Parasite
OccBld		Negative
Wet Mount		Negative
KOH		Negative

Hematology / Purple Top — CBC, Malaria, H/H

X	TEST	RESULT	REF. RANG
	WBC	30.3 (H)	4.8-10.8 x10(3)
	RBC	1.63	4.2-6.1 x10(6)/
	Hgb	5.8	12.0-18.0 g/d
	Hct	15.4	M: 42.0-52.0
			F: 37-47%
	MCV	94.3	80.0-99.0 fl
	MCH	35.2 (H)	27.0-31.0 pg
	MCHC	37.4 (H)	33.0-37.0 g/dL
	Plt	254	130-400 x10(3)/u
	LY%	13.9 (L)	20.0-44.0%
	LY#	4.2	0.7-4.3 x10(3)/u

Differential

Segs(50-70%)	Mono(4-10%)
Bands(1-10%)	Eos(0-4%)
Lymph(20-44%)	Baso(0-2%)
Atyp Ly	Immature cells

RBC Abn Morph:

Plt Abn Morph:

WBC Abn Morph:

Malaria / Purple Top

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate / Purple Top

Sed Rate		1hr = 0-20 mm

Coagulation (Blue Top: Sodium Citrate)

PT		7.0-14.0 sec
APTT		21.0-50.0 sec
INR		0.5-1.5/therap 2-3
D Dimer		Negative

Cardiac Panel/Purple Top

Myoglobin		0-107 ng/mL
CK-MB		0-4.3 ng/mL
Troponin		0.0-0.4 ng/mL

Hemoglobin S / Purple Top

Hemoglobin S	Negative

Body Fluid Panel - Sterile Cont

Panel includes: Culture, Gram Stain, Cell Count, WBC Diff., Meningitis test (SF only)

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115th Field Hospital
Baghdad Central Detention Facility Hospital

BOR[illegible]ORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI: Fawzi Abdul

Male / Female / SSN or ISN: (b)(6)

Signs and Symptoms:

Physician: (b)(6) Ward: ICU
Drawn by: Bed: 6

STAT / Routine — Specimen Date and Time: 30JAN05 - 0500

Reported by: (b)(6) Date and Tim: 0717 30

Chemistry (1-STAT) / Green Top / Syringe
Bld Gas / Bld Gas w/ lytes / Glu / Crea

X	TEST	RESULT	REF. RANGE
	Na	160 (H)	138-145 mmol/L
	K	3.5	3.3-4.9 mmol/L
	Cl	120 (H)	98-109 mmol/L
	pH	7.466	7.35-7.45
	PCO2	33.3 (L)	35-45 mmHg
	PO2	90	80-100 mmHg
	TCO2		18-33 mmol/L
	HCO3	24.0	22-26 mmol/L
	sO2	98	95-99%
	BEecf	0	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		1.18-1.32 mmol/L
	BUN	51 (H)	7-22 mg/dL
	Glu	96	73-118 mg/dL
	Creat	2.0 (H)	0.6-1.3 mg/dL
	Hct		37.0-52.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Urinalysis

Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		0.1-1.0 Ehrlich U/dL
Nitrite		Negative
Leuko		Negative

Urine Microscopic

WBC		Epi	
RBC		Mucus	
Bacteria		Yeast	
Casts:		Spermatozoa	
Crystals:		Amorph Sed	
Other:			

Other lab request

Chemistry (Piccolo Analyzer) / Green Top
Chem 12 / Metabolic / CMP / Liver / Lipid / Renal

X	TEST	RESULT	REF. RANGE
	ALB	1.8 (L)	3.3-5.5 g/dL
	ALP	117	26-184 U/L
	ALT		10-47 U/L
	AMY		14-110 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L
			F: 30-190 U/L
	CL		98-109 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.3 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.9 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		138-145 mmol/L
	Phosphorous		2.2-4.5 mg/dL
	HDL Chol		30-75 mg/dL
	LDL Chol		50-130 mg/dL
	Triglycerides		50-160 mg/dL
	VLDL		≤30 mg/dL
	Chol/HDL Ratio		≤4.5

Can't Result Due to Blood being Icteric

Rapid Tests

Mono		Negative
RPR		Negative
HIV		Negative
Drug Scr.		Negative
HCG		Negative
H.pylori IgG		Negative
ETOH/Alc.		Negative
Strep A		Negative
Chlamydia		Negative
Flu A&B		Negative
C. difficile (stool)		Negative
O&P (stool)		No Ova / Parasite
OccBld		Negative
Wet Mount		Negative
KOH		Negative

Hematology / Purple Top
CBC / Malaria / H/H

X	TEST	RESULT	REF. RANG
	WBC	29.0 (H)	4.8-10.8 x10(3)
	RBC	1.60 (L)	4.2-6.1 x10(6)/
	Hgb	5.8 (L)	12.0-18.0 g/d
	Hct	15.2 (L)	M: 42.0-52.0
			F: 37-47%
	MCV	94.9	80.0-99.0 fl
	MCH	36.1 (H)	27.0-31.0 pg
	MCHC	38.0 (H)	33.0-37.0 g/dL
	Plt	264	130-400 x10(3)/
	LY%	13.6 (L)	20.0-44.0%
	LY#	3.9	0.7-4.3 x10(3)/ul

Differential

Segs(50-70%)	77	Mono(4-10%)	11
Bands(1-10%)	/	Eos(0-4%)	/
Lymph(20-44%)	12	Baso(0-2%)	/
Atyp Ly	/	Immature cells	

RBC Abn Morph: normo/normo

Plt Abn Morph: ADEQUATE

WBC Abn Morph: NO SIGNIFICANT SIGNS

Malaria / Purple Top

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate / Purple Top

Sed Rate		1hr = 0-20 mm

Coagulation (Blue Top - Sodium Citrate)

PT	40.0	11.0-14.0 sec
APTT	122.0 (H)	25.0-40.0 sec
INR	4.0	0.5-1.5/therap 2-3
D Dimer		Negative

Cardiac Panel/Purple Top

Myoglobin		0-107 ng/mL
CK-MB		0-4.3 ng/mL
Troponin		0.0-0.4 ng/mL

Hemoglobin S / Purple Top

Hemoglobin S	Negative

Body Fluid Panel - Sterile Cont.

Panel includes: Culture, Gram Stain, Cell Count, WBC Diff., Meningitis test (CSF only)

115th Field H[illegible] [illegible]ATORY RESULTS FORM
Baghdad Central Detention Facility Hospital
(Subject to Privacy Act of 1974)

LAST, FIRST, MI	Male / Female	SSN or ISN: (b)(6) / Fawzi Abdul	Signs and Symptoms:
Physician: (b)(6) Ward: ICU	STAT	Specimen Date and Time:	Reported by:
Drawn by: Bed: 6	Routine	30JANUS -0500	Date and Tim

Chemistry (ft-STAT) / Green Top / Syringe — Bld Gas / Bld Gas w/ lytes / Glu / Crea

X	TEST	RESULT	REF. RANGE
	Na	160 (H)	139-145 mmol/L
	K	3.5	3.3-4.9 mmol/L
	Cl	120 (H)	98-109 mmol/L
	pH	7.466	7.35-7.45
	PCO2	33.3 (L)	35-45 mmHg
	PO2	90	80-100 mmHg
	TCO2		18-33 mmol/L
	HCO3	24.0	22-26 mmol/L
	sO2	98	95-99%
	BEecf	0	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		1.18-1.32 mmol/L
	BUN	51 (H)	7-22 mg/dL
	Glu	96	73-118 mg/dL
	Creat	2.0 (H)	0.6-1.3 mg/dL
	Hct		37.0-52.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Urinalysis

Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		0.1-1.0 Ehrlich U/dL
Nitrite		Negative
Leuko		Negative

Urine Microscopic

WBC		Epi	
RBC		Mucus	
Bacteria		Yeast	
Casts:		Spermatozoa	
Crystals:		Amorph Sed	
Other:			

Other lab request:

Chemistry (Piccolo Analyzer) / Green Top — Chem 12 / Metabolic / Liver / Lipid / Renal

X	TEST	RESULT	REF. RANGE
	ALB	1.8 (L)	3.3-5.5 g/dL
	ALP	117	26-184 U/L
	ALT		10-47 U/L
	AMY		14-110 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L
			F: 30-190 U/L
	CL		98-109 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.3 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.9 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		138-145 mmol/L
	Phosphorus		2.2-4.5 mg/dL
	HDL Chol		30-75 mg/dL
	LDL Chol		50-130 mg/dL
	Triglycerides		50-160 mg/dL
	VLDL		≤30 mg/dL
	Chol/HDL Ratio		≤4.5

Can't Result Due to Blood being Icteric

Rapid Tests

Mono		Negative
RPR		Negative
HIV		Negative
Drug Scr.		Negative
HCG		Negative
H.pylori IgG		Negative
ETOH/Alc.		Negative
Strep A		Negative
Chlamydia		Negative
Flu A&B		Negative
C. difficile (stool)		Negative
O&P (stool)		No Ova / Parasite
OccBld		Negative
Wet Mount		Negative
KOH		Negative

Hematology / Purple Top — CBC / Malaria / H/H

X	TEST	RESULT	REF. RANGE
	WBC	29.0 (H)	4.8-10.8 x10(3)/
	RBC	1.60 (L)	4.2-6.1 x10(6)/u
	Hgb	5.8 (L)	12.0-16.0 g/dL
	Hct	15.2 (L)	M: 42.0-52.0%
			F: 37-47%
	MCV	94.9	80.0-99.0 f
	MCH	36.1 (H)	27.0-31.0 pg
	MCHC	38.0 (H)	33.0-37.0 g/dL
	Plt	264	130-400 x10(3)/uL
	LY%	13.6 (L)	20.0-44.0%
	LY#	3.9	0.7-4.3 x10(3)/uL

Differential

Segs(50-70%)	Mono(4-10%)
Bands(1-10%)	Eos(0-4%)
Lymph(20-44%)	Baso(0-2%)
Atyp Ly	Immature cells

RBC Abn Morph: HPS

Plt Abn Morph:

WBC Abn Morph: ? Inf

Malaria / Purple Top

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate / Purple Top

Sed Rate		1hr = 0-20 mm

Coagulation (Blue Top / Sodium Citrate)

PT	40.0	11.0-14.0 sec
APTT	27.[illegible]	22.0-34.0 sec
INR	4.0	0.5-1.5/therap 2-3
D Dimer		Negative

Cardiac Panel / Purple Top

Myoglobin		0-107 ng/mL
CK-MB		0-4.3 ng/mL
Troponin		0.0-0.4 ng/mL

Hemoglobin S / Purple Top

Hemoglobin S	Negative

Body Fluid Panel - Sterile Cont.

Panel Includes: Culture, Gram Stain, Cell Count, WBC Diff., Meningitis test (87 only)

115th Field H[illegible]pital
Baghdad Central Detention Facility Hospital

LABOR[illegible]RY RESULTS FO[illegible]
(Subject to Privacy Act of 197[illegible])

LAST, FIRST, MI:

Male / Female

SSN-or-ISN: (b)(6)

Signs-and-Symptoms: GSW / SHOCK LIVER / PTX

Physician: (b)(6)
Drawn by:

Ward: ICU
Bed: 6

STAT / Routine

Specimen Date and Time: 29 JAN 05 16:05

Reported by: (b)(6)

Date and Tim: 27 Jan [illegible]

Chemistry (ESTAT) / Green Top / Syringe

Bld Gas | Bld Gas w/ lytes | Glu | Crea

X	TEST	RESULT	REF. RANGE
	Na	152	138-145 mmol/L
	K	3.4	3.3-4.9 mmol/L
	Cl	-	98-109 mmol/L
	pH	7.478	7.35-7.45
	PCO2	42.2	35-45 mmHg
	PO2	72	80-100 mmHg
	TCO2	33	18-33 mmol/L
	HCO3	31.3	22-26 mmol/L
	sO2	95	95-99%
	BEecf	8	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		1.12-1.32 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.3 mg/dL
	Hct	26 L	37.0-52.0%
	Hgb	8.8 L	12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Urinalysis

Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		0.1-1.0 Ehrlich U/dL
Nitrite		Negative
Leuko		Negative

Urine Microscopic

WBC		Epi
RBC		Mucus
Bacteria		Yeast
Casts:		Spermatozoa
Crystals:		Amorph Sed
Other:		

Other lab request

Chemistry (Piccolo Analyzer) / Green Top

Chem 12 | Metabs | BMP | Liver | Lipid | Renal

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-184 U/L
	ALT		10-47 U/L
	AMY		14-110 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L
			F: 30-190 U/L
	CL		98-109 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.3 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.9 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		138-145 mmol/L
	Phosphorous		2.2-4.5 mg/dL
	HDL Chol		30-75 mg/dL
	LDL Chol		50-130 mg/dL
	Triglycerides		60-160 mg/dL
	VLDL		≤30 mg/dL
	Chol/HDL Ratio		≤4.5

Rapid Tests

Mono		Negative
RPR		Negative
HIV		Negative
Drug Scr.		Negative
HCG		Negative
H.pylori IgG		Negative
ETOH/Alc.		Negative
Strep A		Negative
Chlamydia		Negative
Flu A&B		Negative
C. difficile (stool)		Negative
O&P (stool)		No Ova / Parasite
OccBld		Negative
Wet Mount		Negative
KOH		Negative

Hematology / Purple Top

CBC | Malaria | H/H

X	TEST	RESULT	REF. RANGE
	WBC		4.8-10.8 x10(3)
	RBC		4.2-6.1 x10(6)
	Hgb		12.0-18.0 g/dl
	Hct		M: 42.0-52.0%
			F: 37-47%
	MCV		80.0-99.0 fl
	MCH		27.0-31.0 pg
	MCHC		33.0-37.0 g/dL
	Plt		130-400 x10(3)/u
	LY%		20.0-44.0%
	LY#		0.7-4.3 x10(3)/uL

Differential

Segs(50-70%)	Mono(4-10%)
Bands(1-10%)	Eos(0-4%)
Lymph(20-44%)	Baso(0-2%)
Atyp Ly	Immature cells

RBC Abn Morph:

Plt Abn Morph:

WBC Abn Morph:

Malaria / Purple Top

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate / Purple Top

Sed Rate		1hr = 0-20 mm

Coagulation (Blue Top - Sodium Citrate)

PT		7.0-14.0 sec
APTT		21.0-50.0 sec
INR		0.5-1.5/therap 2-3
D Dimer		Negative

Cardiac Panel/Purple Top

Myoglobin		0-107 ng/mL
CK-MB		0-4.3 ng/mL
Troponin		0.0-0.4 ng/mL

Hemoglobin S / Purple Top

Hemoglobin S	Negative

Body Fluid Panel / Sterile Cont.

Panel Includes: Culture, Gram Stain, Cell Count, WBC Diff, [illegible] test (CSF only)

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115th Field Hospital
Baghdad Central Detention Facility Hospital

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI: (b)(6)	X Male / Female	SSN or ISN: (b)(6)	Signs and Symptoms:
Physician: (b)(6) / Drawn by:	Ward: ICU / Bed: 6	STAT / X Routine	Specimen Date and Time: 29 JAN	Reported by: (b)(6)	Date and Tir 29 Jan 05

Chemistry (i-STAT) / Green Top / Syringe — Bld Gas, Bld Gas w/ lytes, Glu, Crea

X	TEST	RESULT	REF. RANGE
	Na		138-145 mmol/L
	K		3.3-4.9 mmol/L
	Cl		98-109 mmol/L
	pH	7.438	7.35-7.45
	PCO2	47.6	35-45 mmHg
	PO2	95	80-100 mmHg
	TCO2	34	18-33 mmol/L
	HCO3	32.2	22-26 mmol/L
	sO2	98	95-99%
	BEecf	8	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		1.12-1.32 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.3 mg/dL
	Hct	25	37.0-52.0%
	Hgb	8.5	12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Urinalysis

Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		0.1-1.0 Ehrlich U/dL
Nitrite		Negative
Leuko		Negative

Urine Microscopic

WBC		Epi	
RBC		Mucus	
Bacteria		Yeast	
Casts:		Spermatozoa	
Crystals:		Amorph Sed	
Other:			

Other lab request:

Chemistry (Piccolo Analyzer) / Green Top — Chem 12, Multi 8, BMP, Liver, Lipid, Renal

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-184 U/L
	ALT		10-47 U/L
	AMY		14-110 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L
			F: 30-190 U/L
	CL		98-109 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.3 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.9 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		138-145 mmol/L
	Phosphorous		2.2-4.5 mg/dL
	HDL Chol		30-75 mg/dL
	LDL Chol		50-130 mg/dL
	Triglycerides		50-160 mg/dL
	VLDL		≤30 mg/dL
	Chol/HDL Ratio		≤4.5

Rapid Tests

Mono		Negative
RPR		Negative
HIV		Negative
Drug Scr.		Negative
HCG		Negative
H.pylori IgG		Negative
ETOH/Alc.		Negative
Strep A		Negative
Chlamydia		Negative
Flu A&B		Negative
C. difficile (stool)		Negative
O&P (stool)		No Ova / Parasite
OccBld		Negative
Wet Mount		Negative
KOH		Negative

Hematology / Purple Top — CBC, Malaria, H/H

X	TEST	RESULT	REF. RANG
	WBC		4.8-10.8 x10(3)
	RBC		4.2-6.1 x10(6)/
	Hgb		12.0-16.0 g/d
	Hct		M: 42.0-52.0
			F: 37-47%
	MCV		80.0-99.0 fl
	MCH		27.0-31.0 pg
	MCHC		33.0-37.0 g/dL
	Plt		130-400 x10(3)/
	LY%		20.0-44.0%
	LY#		0.7-4.3 x10(3)/ul

Differential

Segs(50-70%)	Mono(4-10%)
Bands(1-10%)	Eos(0-4%)
Lymph(20-44%)	Baso(0-2%)
Atyp Ly	Immature cells

RBC Abn Morph:

Plt Abn Morph:

WBC Abn Morph:

Malaria / Purple Top

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate / Purple Top

Sed Rate		1hr = 0-20 mm

Coagulation (Blue Top - Sodium Citrate)

PT		7.0-14.0 sec
APTT		21.0-50.0 sec
INR		0.5-1.5/therap 2-3
D Dimer		Negative

Cardiac Panel/Purple Top

Myoglobin		0-107 ng/mL
CK-MB		0-4.3 ng/mL
Troponin		0.0-0.4 ng/mL

Hemoglobin S / Purple Top

Hemoglobin S	Negative

Body Fluid Panel - Sterile Cont.

Panel Includes: Culture, Gram Stain, WBC Count, WBC Diff., Meningitis test (CSF only)

115th Field Hospital
Baghdad Central Detention Facility Hospital

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST MI: (b)(6)
SSN or ISN: (b)(6)
Signs and Symptoms: GSW

Physician: (b)(6)
Drawn by:
Ward: ICU
Bed: C
X STAT
Routine
Specimen Date and Time: 29 JAN 05 1330
Reported by: (b)(6)
Date and T: 29 Jan 05

Chemistry (i-STAT) / Green Top / Syringe		
(Bld Gas) Bld Gas w/ lytes Glu Crea		
X TEST	RESULT	REF. RANGE
Na		128-145 mmol/L
K		3.3-4.9 mmol/L
Cl		98-109 mmol/L
pH	7.477	7.35-7.45
PCO2	45.8	35-45 mmHg
PO2	158	80-100 mmHg
TCO2	35	18-33 mmol/L
HCO3	33.9	22-26 mmol/L
sO2	100 %	95-99%
BEecf	10	(-2) - (+3)
AGap		8-16 mmol/L
iCa		1.12-1.32 mmol/L
BUN		7-22 mg/dL
Glu		73-118 mg/dL
Creat		0.6-1.3 mg/dL
Hct	24	37.0-52.0%
Hgb	8.2	12.0-18.0 g/dL
Lactate		0.90-1.70 mmol/L

Urinalysis		
Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		0.1-1.0 Ehrlich U/dL
Nitrite		Negative
Leuko		Negative

Urine Microscopic		
WBC		Epi
RBC		Mucus
Bacteria		Yeast
Casts:		Spermatozoa
Crystals:		Amorph Sed
Other:		

Chemistry (Piccolo Analyzer) / Green Top		
Chem 12 MetLyte8 BMP Liver		
X TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dL
ALP		26-84 U/L
ALT		10-47 U/L
AMY		14-110 U/L
AST		11-38 U/L
Tbil		0.2-1.6 mg/dL
BUN		7-22 mg/dL
Ca		8.0-10.3 mg/dL
Chol		100-200 mg/dL
CK		M: 39-380 U/L
		F: 30-190 U/L
CL		98-109 mmol/L
TCO2		18-33 mmol/L
Creat		0.6-1.3 mg/dL
GGT		5-65 U/L
Glu		73-118 mg/dL
K		3.3-4.9 mmol/L
TProtein		6.4-8.1 g/dL
Na		128-145 mmol/L

Misc. Rapid Tests		
Mono		Negative
RPR		Negative
HIV		Negative
Drug Scr.		Negative
HCG		Negative
H.pylori		Negative

Microbiology		
Gram Stain		
KOH		No Fungal Elements
Directogen		Presumptive Negative
Legionella		Presumptive Negative
Parasite Panel		Presumptive Negative
OccBld		Negative
O&P		No Ova/Parasite
Strep A		Negative
Leishmania		Presumptive Negative
S. pneumoniae		Presumptive Negative
Flu A&B		Negative

Hematology / Purple Top		
CBC Malaria H/H		
X TEST	RESULT	REF. RAN
WBC		4.8-10.8 x10
RBC		4.2-6.1 x10(
Hgb		12.0-18.0 g
Hct		M: 42.0-52
		F: 37-47
MCV		80.0-99.0
MCH		27.0-31.0 p
MCHC		33.0-37.0 g/
Plt		130-400 x10(3
LY%		20.0-44.0%
LY#		0.7-4.3 x10(3)

Differential	
Segs(50-70%)	Mono(4-10%)
Bands(1-10%)	Eos(0-4%)
Lymph(20-44%)	Baso(0-2%)
Atyp Ly	Immature cells
RBC Abn Morph:	
Plt Abn Morph:	
WBC Abn Morph:	

Malaria / Purple		
Thin		No Plasmodium
Thick		No Plasmodium

Sed Rate / Purple Top		
Sed Rate		1hr = 0-20 m

Coagulation (waiting for analyze		
PT		
PTT		
INR		
D Dimer		Negative

Cardiac Panel		
Myoglobin		
CK-MB		
Troponin		

Blood Bank/ Purple Top		
ABO/Rh		
T/C		

Other lab request:

ACLU-RDI 5870 p.72
10-L-0126 ACLU DD III (CID ROI) 2724

115th Field Hospital
Baghdad Central Detention Facility Hospital

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI (b)(6)	Male / Female	SSN or ISN: (b)(6)	Signs and Symptoms:
Physician: Ward: Drawn by: Bed:	STAT / Routine	Specimen Date and Time: 25 JAN 0610	Reported by: (b)(6) / Date and Time: 25 JAN 0810

Chemistry (i-STAT) / Green Top / Syringe — Bld Gas, Bld Gas w/ Iytes, Glu, Crea

X	TEST	RESULT	REF. RANGE
X	Na	151	138-145 mmol/L
X	K	3.7	3.3-4.9 mmol/L
X	Cl	117	98-109 mmol/L
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-100 mmHg
X	TCO2	30	18-33 mmol/L
	HCO3		22-26 mmol/L
	sO2		95-99%
	BEecf		(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		1.12-1.32 mmol/L
X	BUN	28	7-22 mg/dL
X	Glu	129	73-118 mg/dL
X	Creat	1.2	0.6-1.3 mg/dL
	Hct		37.0-52.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Urinalysis

Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		0.1-1.0 Ehrlich U/dL
Nitrite		Negative
Leuko		Negative

Urine Microscopic

WBC		Epi
RBC		Mucus
Bacteria		Yeast
Casts:		Spermatozoa
Crystals:		Amorph Sed
Other:		

Other lab request:

Chemistry (Piccolo Analyzer) / Green Top — Chem 12, Metabolic, BMP, Liver, Lipid, Renal

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-184 U/L
	ALT		10-47 U/L
	AMY		14-110 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-308 U/L; F: 30-190 U/L
	CL		98-109 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.3 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.9 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		138-145 mmol/L
	Phosphorous		2.2-4.5 mg/dL
	HDL Chol		30-75 mg/dL
	LDL Chol		50-130 mg/dL
	Triglycerides		60-160 mg/dL
	VLDL		≤30 mg/dL
	Chol/HDL Ratio		≤4.5

Rapid Tests

Mono		Negative
RPR		Negative
HIV		Negative
Drug Scr.		Negative
HCG		Negative
H.pylori IgG		Negative
ETOH/Alc.		Negative
Strep A		Negative
Chlamydia		Negative
Flu A&B		Negative
C. difficile (stool)		Negative
O&P (stool)		No Ova / Parasite
OccBld		Negative
Wet Mount		Negative
KOH		Negative

Hematology / Purple Top — CBC, Malaria, H/H

X	TEST	RESULT	REF. RANGE
	WBC		4.8-10.8 x10(3)/uL
	RBC		4.2-6.1 x10(6)/uL
	Hgb		12.0-18.0 g/dL
	Hct		M: 42.0-52.0%
			F: 37-47%
	MCV		80.0-99.0 fl
	MCH		27.0-31.0 pg
	MCHC		31.0-37.0 g/dL
	Plt		130-400 x10(3)/uL
	LY%		20.0-44.0%
	LY#		0.7-4.3 x10(3)/uL

Differential

Segs(50-70%)	Mono(4-10%)
Bands(1-10%)	Eos(0-4%)
Lymph(20-44%)	Baso(0-2%)
Atyp Ly	Immature cells

RBC Abn Morph:

Plt Abn Morph:

WBC Abn Morph:

Malaria / Purple Top

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate / Purple Top

Sed Rate		1hr = 0-20 mm

Coagulation (Blue Top - Sodium Citrate)

PT		7.0-14.0 sec
APTT		21.0-50.0 sec
INR		0.5-1.5/therap 2-3
D Dimer		Negative

Cardiac Panel/Purple Top

Myoglobin		0-107 ng/mL
CK-MB		0-4.3 ng/mL
Troponin		0.0-0.4 ng/mL

Hemoglobin S / Purple Top

Hemoglobin S	Negative

Body Fluid Panel - Sterile Cont

Panel includes: Culture, Gram Stain, Count, WBC Diff, Meningitis test (CSF only)

Note: Results may be inaccurate due to hemolyzed specimen

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115th Field Hospital
Baghdad Central Detention Facility Hospital

RESULTS SUPPRESSED DUE TO ZOTERUS

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI (b)(6)	Male / Female	SSN or ISN: (b)(6)	Signs and Symptoms:
Physician: (b)(6) Ward: ICU	STAT / Routine	Specimen Date and Time: 29 Jan 05 0620	Reported by: (b)(6) Date and Tim 0712 29
Drawn by: Bed: #6			

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas | Bld Gas w/ Lytes | Glu | Crea

X	TEST	RESULT	REF. RANGE
	Na		138-145 mmol/L
	K		3.3-4.9 mmol/L
	Cl		98-109 mmol/L
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-100 mmHg
	TCO2		18-33 mmol/L
	HCO3		22-26 mmol/L
	sO2		95-99%
	BEecf		(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		1.12-1.32 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.3 mg/dL
	Hct		37.0-52.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Urinalysis

Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		0.1-1.0 Ehrlich U/dL
Nitrite		Negative
Leuko		Negative

Urine Microscopic

WBC		Epi	
RBC		Mucus	
Bacteria		Yeast	
Casts:		Spermatozoa	
Crystals:		Amorph Sed	
Other:			

Other lab request:

Chemistry (Piccolo Analyzer) / Green Top

Chem 12 | Metabolic | BMP | Liver | Lipid | Renal

X	TEST	RESULT	REF. RANGE
L	ALB	2.1	3.3-5.5 g/dL
	ALP	101	26-184 U/L
	ALT		10-47 U/L
	AMY		14-110 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN	25	7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L
			F: 30-190 U/L
	CL		98-109 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.3 mg/dL
	GGT		5-65 U/L
H	Glu	152	73-118 mg/dL
	K		3.3-4.9 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		138-145 mmol/L
	Phosphorous		2.2-4.5 mg/dL
	HDL Chol		30-75 mg/dL
	LDL Chol		50-130 mg/dL
	Triglycerides		60-160 mg/dL
	VLDL		≤30 mg/dL
	Chol/HDL Ratio		≤4.5

Rapid Tests

Mono		Negative
RPR		Negative
HIV		Negative
Drug Scr.		Negative
HCG		Negative
H.pylori IgG		Negative
ETOH/Alc.		Negative
Strep A		Negative
Chlamydia		Negative
Flu A&B		Negative
C. difficile (stool)		Negative
O&P (stool)		No Ova / Parasite
OccBld		Negative
Wet Mount		Negative
KOH		Negative

Hematology / Purple Top

CBC | Malaria | H/H

X	TEST	RESULT	REF. RANG
	WBC		4.8-10.8 x10(3)
	RBC		4.2-6.1 x10(6)/
	Hgb		12.0-18.0 g/d
	Hct		M: 42.0-52.0%
			F: 37-47%
	MCV		80.0-99.0 fl
	MCH		27.0-31.0 pg
	MCHC		33.0-37.0 g/dL
	Plt		130-400 x10(3)/
	LY%		20.0-44.0%
	LY#		0.7-4.3 x10(3)/ul

Differential

Segs(50-70%)	Mono(4-10%)
Bands(1-10%)	Eos(0-4%)
Lymph(20-44%)	Baso(0-2%)
Atyp Ly	Immature cells

RBC Abn Morph:

Plt Abn Morph:

WBC Abn Morph:

Malaria / Purple Top

Thin		No Plasmodium Se
Thick		No Plasmodium Se

Sed Rate / Purple Top

Sed Rate		1hr = 0-20 mm

Coagulation (Blue Top - Sodium Citrate)

PT		7.0-14.0 sec
APTT		21.0-50.0 sec
INR		0.5-1.5/therap 2-3
D Dimer		Negative

Cardiac Panel/Purple Top

Myoglobin		0-107 ng/mL
CK-MB		0-4.3 ng/mL
Troponin		0.0-0.4 ng/mL

Hemoglobin S / Purple Top

Hemoglobin S	Negative

Body Fluid Panel - Sterile Cont.

Panel includes: Culture, Gram Stain, Cell Count, WBC Diff., Meningitis tests (CSF only)

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[redacted] c 24 WBC, 0412, c [redacted] (b)(6)

(b)(6)

115th Field Hospital
Baghdad Central Detention Facility Hospital

0615 LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

ST, FIRST, MI. (b)(6)	Male / Female	SSN or ISN: (b)(6)	Signs and Symptoms:
ysician: (b)(6) Ward: 100	STAT / Routine	Specimen Date and Time: 29 JAN 0400	Requested by: (b)(6)
awn by: Bed: #6			Date and Time: 0612 29 JAN

Hematology (STAT) / Green Top / Yellow			Chemistry (Piccolo Analyzer) / Green Top			Hematology / Purple Top		
Blood Gas / Blue w/ Lytes / Gray / Green			Lipid / Metabolic / Yellow			CBC / Metabolic / Red		
TEST	RESULT	REF. RANGE	X TEST	RESULT	REF. RANGE	X TEST	RESULT	REF. RANGE
Na		138-145 mmol/L	L ALB	1.1	3.3-5.5 g/dL	H WBC	25.6	4.8-10.8 x10(3)/uL
K		3.3-4.9 mmol/L	ALP	174	26-164 U/L	L RBC	2.64	4.2-6.1 x10(6)/uL
Cl		98-109 mmol/L	ALT	43	10-47 U/L	L Hgb	8.6	12.0-18.0 g/dL
pH		7.35-7.45	H AMY	118	14-110 U/L	L Hct	25.2	M: 42.0-52.0%
PCO2		35-45 mmHg	H AST	82	11-38 U/L			F: 37-47%
PO2		80-100 mmHg	Tbil	0.5	0.2-1.6 mg/dL	MCV	95.3	80.0-99.0 fl
TCO2		18-33 mmol/L	BUN		7-22 mg/dL	H MCH	32.6	27.0-31.0 pg
HCO3		22-26 mmol/L	Ca		8.0-10.3 mg/dL	MCHC	34.2	33.0-37.0 g/dL
sO2		95-99%	Chol		100-200 mg/dL	Plt	221	130-400 x10(3)/uL
BEecf		(-2) - (+3)	CK		M: 35-360 U/L	LY%	10.3	20.0-44.0%
AGap		8-16 mmol/L			F: 30-190 U/L	LY#	2.6	0.7-4.8 x10(3)/uL
iCa		1.12-1.32 mmol/L	CL		98-109 mmol/L	Differential		
BUN		7-22 mg/dL	TCO2		18-33 mmol/L	Segs(50-70%)		Mono(4-10%)
Glu		73-118 mg/dL	Creat		0.6-1.3 mg/dL	Bands(1-10%)		Eos(0-4%)
Creat		0.6-1.3 mg/dL	H GGT	723	5-65 U/L	Lymph(20-44%)		Baso(0-2%)
Hct		37.0-52.0%	Glu		73-118 mg/dL	Atyp Ly		Immature cells
Hgb		12.0-18.0 g/dL	K		3.3-4.9 mmol/L	RBC Abn Morph:		
Lactate		0.50-1.70 mmol/L	TProtein	4.8	6.4-8.1 g/dL			
Urinalysis			Na		138-145 mmol/L	Plt Abn Morph:		
Color		Straw/Yellow	Phosphorous		2.2-4.5 mg/dL			
Clarity		Clear	HDL Chol		30-75 mg/dL	WBC Abn Morph:		
Glucose		Negative	LDL Chol		50-130 mg/dL			
Bilirubin		Negative	Triglycerides		50-160 mg/dL	Malaria / Purple Top		
Ketone		Negative	VLDL		≤30 mg/dL	Thin		No Plasmodium Seen
SG		1.010-1.025	Chol/HDL Ratio		≤4.5	Thick		No Plasmodium Seen
Blood		Negative	Rapid Tests			Sed Rate / Purple Top		
pH		5.0-8.0	Mono		Negative	Sed Rate		1hr = 0-20 mm
Protein		Negative-Trace	RPR		Negative	Coagulation / Blue Top / Sodium Citrate		
Urobili		0.1-1.0 Ehrlich U/dL	HIV		Negative	PT	16.4	7.0-14.0 sec
Nitrite		Negative	Drug Scr.		Negative	APTT	34.5	21.0-50.0 sec
Leuko		Negative	HCG		Negative	INR	1.6	0.5-1.5/therap 2-3
Urine Microscopic			H.pylori-IgG		Negative	D Dimer		Negative
WBC		Epi	ETOH/Alc.		Negative	Cardiac / Green Top / Sodium Heparin		
RBC		Mucus	Strep A		Negative	Myoglobin		0-107 ng/mL
Bacteria		Yeast	Chlamydia		Negative	CK-MB		0-4.3 ng/mL
Casts:		Spermatozoa	Flu A&B		Negative	Troponin		0.0-0.4 ng/mL
Crystals:		Amorph Sed	C. difficile (stool)		Negative	Hemoglobinopathy / Purple Top		
Other:			O&P (stool)		No Ova / Parasite	Hemoglobin S		Negative
			OccBld		Negative	Spinal Fluid / Red Top / Sterile Cup		
Other Lab Request			Wet Mount		Negative	Panel includes: Culture, Gram Stain, Cell Count, WBC Diff.; Meningitis test (CSF only)		
			KOH		Negative			

GREEN SPECIMEN CAN'T BE RUN DUE TO JCTERUS

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Pt c 2n WBC, 0412, Cl

115th Field Hospital
Baghdad Central Detention Facility Hospital

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

ST, FIRST, MI: (b)(6)
Male / Female
SSN or ISN: 801050128
Signs and Symptoms:

ysician: (b)(6)
awn by:
Ward: 10
Bed: #6
STAT / Routine
Specimen Date and Time: 29 MAY 0400
Reported by:
Date and Time:

TEST	RESULT	REF. RANGE
Na		138-145 mmol/L
K		3.3-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.35-7.45
PCO2		35-45 mmHg
PO2		80-100 mmHg
TCO2		18-33 mmol/L
HCO3		22-26 mmol/L
sO2		95-99%
BEecf		(-2) - (+3)
AGap		8-16 mmol/L
iCa		1.12-1.32 mmol/L
BUN		7-22 mg/dL
Glu		73-118 mg/dL
Creat		0.6-1.3 mg/dL
Hct		27.0-52.0%
Hgb		12.0-18.0 g/dL
Lactate		0.90-1.70 mmol/L

Urinalysis		
Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		0.1-1.0 Ehrlich U/dL
Nitrite		Negative
Leuko		Negative

Urine Microscopic		
WBC		Epi
RBC		Mucus
Bacteria		Yeast
Casts:		Spermatozoa
Crystals:		Amorph Sed
Other:		

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		25-184 U/L
	ALT		10-47 U/L
	AMY		14-110 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L
			F: 30-190 U/L
	CL		98-109 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.3 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.9 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		138-145 mmol/L
	Phosphorous		2.2-4.5 mg/dL
	HDL Chol		30-75 mg/dL
	LDL Chol		50-130 mg/dL
	Triglycerides		50-150 mg/dL
	VLDL		≤30 mg/dL
	Chol/HDL Ratio		≤4.5

Rapid Tests		
Mono		Negative
RPR		Negative
HIV		Negative
Drug Scr.		Negative
HCG		Negative
H.pylori IgG		Negative
ETOH/Alc.		Negative
Strep A		Negative
Chlamydia		Negative
Flu A&B		Negative
C. difficile (stool)		Negative
O&P (stool)		No Ova / Parasite
OccBld		Negative
Wet Mount		Negative
KOH		Negative

X	TEST	RESULT	REF. RANGE
H	WBC	25.6	4.8-10.8 x10(3)/uL
L	RBC	2.64	4.2-6.1 x10(6)/uL
L	Hgb	8.6	12.0-18.0 g/dL
L	Hct	25.2	M: 42.0-52.0%
			F: 37-47%
	MCV	95.3	80.0-99.0 fl
H	MCH	32.6	27.0-31.0 pg
	MCHC	34.2	33.0-37.0 g/dL
	Plt	221	130-400 x10(3)/uL
	LY%	10.3	20.0-44.0%
	LY#	2.6	0.7-4.3 x10(3)/uL

Differential	
Segs(50-70%)	Mono(4-10%)
Bands(1-10%)	Eos(0-4%)
Lymph(20-44%)	Baso(0-2%)
Atyp Ly	Immature cells

RBC Abn Morph:

Plt Abn Morph:

WBC Abn Morph:

Malaria Smear		
Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate Smear		
Sed Rate		1hr = 0-20 mm

Coagulation Panel		
PT		7.0-14.0 sec
APTT		21.0-50.0 sec
INR		0.5-1.5/therap 2-3
D Dimer		Negative

Cardiac Panel		
Myoglobin		0-107 ng/mL
CK-MB		0-4.3 ng/mL
Troponin		0.0-0.4 ng/ml

Hemoglobin S Screen	
Hemoglobin S	Negative

Panel Includes: Culture, Gram Stain, Cell Count, WBC Diff.; Meningitis test (CSF only)

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115th Field Hospital
Baghdad Central Detention Facility Hospital

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST FIRST MI	X Male / Female	SSN or ISN:	Signs and Symptoms:
(b)(6)			LIVER
Physician (b)(6) / Drawn by	Ward: ICU / Bed: 6	STAT / Routine — Specimen Date and Time: 1740 28JAN	Reported by: (b)(6) — Date and Tim: 22 Jan 05

Chemistry (i-STAT) / Green Top / Syringe — Bld Gas, Bld Gas w/ Lytes, Glu, Crea

X	TEST	RESULT	REF. RANGE
	Na		138-145 mmol/L
	K		3.3-4.9 mmol/L
	Cl		98-109 mmol/L
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-100 mmHg
	TCO2		18-33 mmol/L
	HCO3		22-26 mmol/L
	sO2		95-99%
	BEecf		(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		1.12-1.32 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.3 mg/dL
	Hct		37.0-52.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Urinalysis

Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		0.1-1.0 Ehrlich U/dL
Nitrite		Negative
Leuko		Negative

Urine Microscopic

WBC		Epi
RBC		Mucus
Bacteria		Yeast
Casts:		Spermatozoa
Crystals:		Amorph Sed
Other:		

Other lab request:

Chemistry (Piccolo Analyzer) / Green Top — Chem 12, Mg/Phos, BMP, Lipid, Hepatic

X	TEST	RESULT	REF. RANGE
	ALB	2.1 (L)	3.3-5.5 g/dL
	ALP	100	26-184 U/L
	ALT		10-47 U/L
	AMY		14-110 U/L
	AST		11-38 U/L
	Tbil	29.9	0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L
			F: 30-190 U/L
	CL		98-109 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.3 mg/dL
	GGT		5-55 U/L
	Glu		73-118 mg/dL
	K		3.3-4.9 mmol/L
	TProtein		5.4-8.1 g/dL
	Na		138-145 mmol/L
	Phosphorous		2.2-4.5 mg/dL
	HDL Chol		30-75 mg/dL
	LDL Chol		50-130 mg/dL
	Triglycerides		60-160 mg/dL
	VLDL		≤30 mg/dL
	Chol/HDL Ratio		≤4.5

Sample [illegible] with Icteric. Not read [illegible]

Rapid Tests

Mono		Negative
RPR		Negative
HIV		Negative
Drug Scr.		Negative
HCG		Negative
H.pylori IgG		Negative
ETOH/Alc.		Negative
Strep A		Negative
Chlamydia		Negative
Flu A&B		Negative
C. difficile (stool)		Negative
O&P (stool)		No Ova / Parasite
OccBld		Negative
Wet Mount		Negative
KOH		Negative

Hematology / Purple Top — CBC, Malaria, H/H

X	TEST	RESULT	REF. RANG
	WBC	31.7 (H)	4.8-10.8 x10(3
	RBC	3.16 (L)	4.2-6.1 x10(6)
	Hgb	9.9 (L)	12.0-18.0 g/c
	Hct	30.1 (L)	M: 42.0-52.0
			F: 37-47%
	MCV	95.3	80.0-99.0 fl
	MCH	31.5 (H)	27.0-31.0 pg
	MCHC	33.0	33.0-37.0 g/dL
	Plt	200	130-400 x10(3)/
	LY%	—	20.0-44.0%
	LY#	—	0.7-4.3 x10(3)/u

Differential

Segs(50-70%)	Mono(4-10%)
Bands(1-10%)	Eos(0-4%)
Lymph(20-44%)	Baso(0-2%)
Atyp Ly	Immature cells

RBC Abn Morph:

Plt Abn Morph:

WBC Abn Morph:

Malaria / Purple Top

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate / Purple Top

Sed Rate		1hr = 0-20 mm

Coagulation (Blue Top - Sodium Citrate)

PT	11.6	7.0-14.0 sec
APTT	41.0	21.0-50.0 sec
INR	1.2	0.5-1.5/therap 2-3
D Dimer		Negative

Cardiac Panel/Purple Top

Myoglobin		0-107 ng/mL
CK-MB		0-4.3 ng/mL
Troponin		0.0-0.4 ng/mL

Hemoglobin S / Purple Top

Hemoglobin S	Negative

Body Fluid Panel - Sterile Cont

Panel includes: Culture, Gram Stain, Cell Count, WBC Diff., Meningitis test (95% F only)

115th Field Hospital
Baghdad Central Detention Facility Hospital

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

AST, FIRST, MI.

Male / Female — SSN or ISN: (b)(6) (b)(6)

Signs and Symptoms: Rev

Physician: (b)(6) Ward: ETR
Drawn by: Bed:

STAT / Routine — Specimen Date and Time: 1246 28 JAN 04

Reported by: (b)(6)

Date and Time: 1322 28 Jan 04

Chemistry (i-STAT) / Green Top / Syringe: Bld Gas, Bld Gas w/ Lytes, Glu, Crea		
TEST	RESULT	REF. RANGE
Na		138-145 mmol/L
K		3.3-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.35-7.45
PCO2		35-45 mmHg
PO2		80-100 mmHg
TCO2		18-33 mmol/L
HCO3		22-26 mmol/L
sO2		95-99%
BEecf		(-2) - (+3)
AGap		8-16 mmol/L
iCa		1.12-1.32 mmol/L
BUN		7-22 mg/dL
Glu		73-118 mg/dL
Creat		0.6-1.3 mg/dL
Hct		37.0-52.0%
Hgb		12.0-18.0 g/dL
Lactate		0.90-1.70 mmol/L

Urinalysis		
Color	Yellow	Straw/Yellow
Clarity	Cloudy	Clear
Glucose	Result affected from color	Negative
Bilirubin		Negative
Ketone		Negative
SG	1.015	1.010-1.025
Blood		Negative
pH	5.5	5.0-8.0
Protein		Negative-Trace
Urobili		0.1-1.0 Ehrlich U/dL
Nitrite		Negative
Leuko	Neg	Negative
Urine Microscopic		
RBC		Epi 0-5
WBC	0-5	Mucus
Bacteria	1+	Yeast
Casts:		Spermatozoa
Crystals:		Amorph Sed
Other:		

Other lab request:

Chemistry (Piccolo Analyzer) / Green Top: Chem 12, Metabolic, BMP, Liver, Lipid, Therap		
X TEST	RESULT	REF. RANGE
ALB	2.3*	3.3-5.5 g/dL
ALP	96	26-184 U/L
ALT		10-47 U/L
AMY		14-110 U/L
AST		11-38 U/L
Tbil	>30.0	0.2-1.6 mg/dL
BUN		7-22 mg/dL
Ca		8.0-10.3 mg/dL
Chol		100-200 mg/dL
CK	2497	38-630 U/L
		100-190 U/L
CL	109	98-109 mmol/L
TCO2		18-33 mmol/L
Creat		0.6-1.3 mg/dL
GGT		5-65 U/L
Glu	124*	73-118 mg/dL
K		3.3-4.9 mmol/L
TProtein		6.4-8.1 g/dL
Na		138-145 mmol/L
Phosphorous		2.2-4.5 mg/dL
HDL Chol		30-75 mg/dL
LDL Chol		50-130 mg/dL
Triglycerides		60-160 mg/dL
VLDL		≤30 mg/dL
Chol/HDL Ratio		≤4.5

Results wont come out because of Interfere

Rapid Tests		
Mono		Negative
RPR		Negative
HIV		Negative
Drug Scr.		Negative
HCG		Negative
H.pylori IgG		Negative
ETOH/Alc.		Negative
Strep A		Negative
Chlamydia		Negative
Flu A&B		Negative
C. difficile (stool)		Negative
O&P (stool)		No Ova / Parasite
OccBld		Negative
Wet Mount		Negative
KOH		Negative

Hematology / Purple Top: CBC, Malaria, H/H		
X TEST	RESULT	REF. RANGE
WBC	32.3 H	4.6-10.8 x10(3)/uL
RBC	3.85 L	4.2-6.1 x10(6)/uL
Hgb	11.8 L	12.0-18.0 g/dL
Hct	36.9 L	M: 42.0-52.0%
		F: 37-47%
MCV	95.9	80.0-99.0 fl
MCH	30.6	27.0-31.0 pg
MCHC	31.9 L	33.0-37.0 g/dL
Plt	175	130-400 x10(3)/uL
LY%	6.5	20.0-44.0%
LY#	2.1	0.7-4.3 x10(3)/uL

Hypseg = 2 Differential

Segs(50-70%)	68	Mono(4-10%)	6
Bands(1-10%)	10	Eos(0-4%)	
Lymph(20-44%)	14	Baso(0-2%)	
Atyp Ly		Immature cells	

RBC Abn Morph:

Plt Abn Morph:

WBC Abn Morph:

Malaria / Purple Top		
Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate / Purple Top		
Sed Rate		1hr = 0-20 mm

Coagulation (Blue Top - Sodium Citrate)		
PT		7.0-14.0 sec
APTT		21.0-50.0 sec
INR		0.5-1.5/therap 2-3
D Dimer		Negative

Cardiac Panel/Purple Top		
Myoglobin		0-107 ng/mL
CK-MB		0-4.3 ng/mL
Troponin		0.0-0.4 ng/mL

Hemoglobin S / Purple Top	
Hemoglobin S	Negative

Body Fluid Panel - Sterile Cont.	
Panel includes: Culture, Gram Stain, Cell Count, WBC Diff, Monocytes (BSF only)	

Clinitest (-) Acetest. neg Prob Urine Ketotest. (-)

(b)(6)

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10-L-0126 ACLU RD III (CID ROI) 2730

115th Field Hospital
Baghdad Central Detention Facility Hospital

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

AST, FIRST, MI.

Male / Female

SSN or ISN: (b)(6) (b)(6)

Signs and Symptoms: RW

ysician (b)(6) Ward: ETR
awn by: Bed:

STAT / Routine

Specimen Date and Time: 1246 28 JAN 04

Reported by: (b)(6)

Date and Time: 1322 28 Jan 04

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas Bld Gas w/ Lytes Glu Crea

TEST	RESULT	REF. RANGE
Na		138-145 mmol/L
K		3.3-4.9 mmol/L
Cl		98-109 mmol/L
pH	7.445	7.35-7.45
PCO2	44	35-45 mmHg
PO2	68	80-100 mmHg
TCO2	32	18-33 mmol/L
HCO3	30.4	22-26 mmol/L
sO2	94	95-99%
BEecf	6	(-2) - (+3)
AGap		8-16 mmol/L
Ca		1.12-1.32 mmol/L
BUN		7-22 mg/dL
Glu		73-118 mg/dL
Creat		0.6-1.3 mg/dL
Hct	31	37.0-52.0%
Hgb	10.5	12.0-18.0 g/dL
Lactate		0.90-1.70 mmol/L

Urinalysis

Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		0.1-1.0 Ehrlich U/dL
Nitrite		Negative
Leuko		Negative

Urine Microscopic

RBC		Epi
WBC		Mucus
Bacteria		Yeast
Casts:		Spermatozoa
Crystals:		Amorph Sed
Other:		

Other Lab Tests

Chemistry (Piccolo Analyzer) / Green Top

Chem 12 Metabolic CMP Liver Lipid Renal

X	TEST	RESULT	REF. RANGE
	ALB	2.3*	3.3-5.5 g/dL
	ALP	96	26-184 U/L
	ALT		10-47 U/L
	AMY		14-110 U/L
	AST		11-38 U/L
	Tbil	>30.0	0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK	2497	39-280 U/L
			F: 30-190 U/L
	CL	109	98-109 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.3 mg/dL
	GGT		5-65 U/L
	Glu	124*	73-118 mg/dL
	K		3.3-4.9 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		138-145 mmol/L
	Phosphorous		2.2-4.5 mg/dL
	HDL Chol		30-75 mg/dL
	LDL Chol		50-130 mg/dL
	Triglycerides		60-160 mg/dL
	VLDL		<30 mg/dL
	Chol/HDL Ratio		<4.5

Results wont come out because Interfere

Rapid Tests

Mono		Negative
RPR		Negative
HIV		Negative
Drug Scr.		Negative
HCG		Negative
H.pylori IgG		Negative
ETOH/Alc.		Negative
Strep A		Negative
Chlamydia		Negative
Flu A&B		Negative
C. difficile (stool)		Negative
O&P (stool)		No Ova / Parasite
OccBld		Negative
Wet Mount		Negative
KOH		Negative

Hematology / Purple Top

CBC Malaria H/H

X	TEST	RESULT	REF. RANGE
	WBC	32.3 H	4.8-10.8 x10(3)/uL
	RBC	3.85 L	4.2-6.1 x10(6)/uL
	Hgb	11.8 L	12.0-18.0 g/dL
	Hct	36.9 L	M: 42.0-52.0%
			F: 37-47%
	MCV	95.9	80.0-99.0 fl
	MCH	30.6	27.0-31.0 pg
	MCHC	31.9 L	33.0-37.0 g/dL
	Plt	175	130-400 x10(3)/uL
	LY%	6.5	20.0-44.0%
	LY#	2.1	0.7-4.3 x10(3)/uL

Differential

Segs(50-70%)	Mono(4-10%)
Bands(1-10%)	Eos(0-4%)
Lymph(20-44%)	Baso(0-2%)
Atyp Ly	Immature cells

RBC Abn Morph:

Plt Abn Morph:

WBC Abn Morph:

Malaria / Purple Top

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate / Purple Top

Sed Rate		1hr = 0-20 mm

Coagulation (Blue Top Sodium Citrate)

PT		7.0-14.0 sec
APTT		21.0-50.0 sec
INR		0.5-1.5/therap 2-3
D Dimer		Negative

Cardiac Panel/Purple Top

Myoglobin		0-107 ng/mL
CK-MB		0-4.3 ng/mL
Troponin		0.0-0.4 ng/mL

Hemoglobin S / Purple Top

Hemoglobin S	Negative

Body Fluid Panel / Sterile Cont.

Panel includes: Culture, Gram Stain, Cell Count, WBC Diff (Leukocyte Esterase CSF only)

ACLU-RDI 5870 p.79
10-L-0126 ACLU DD III (CID ROI) 2731

115th Field Hospital
Baghdad Central Detention Facility Hospital

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

.ST, FIRST, MI.

Male / Female / STAT / Routine

SSN or ISN: (b)(6)

Specimen Date and Time: 1346 28 Jan 04

Signs and Symptoms: Rec

ysician (b)(6) Ward: ETR
awn by: Bed:

Reported by: (b)(6)

Date and Time: 1322 28 Jan 05

Chemistry (i-STAT) / Green Top / Syringe			Chemistry (Piccolo Analyzer) / Green Top			Hematology / Purple Top		
d Gas Bld Gas w/ Tytes Glu Crea			Chem 12 Met Panel CMP Lipid Hepat			CBC Malaria H/H		
TEST	RESULT	REF. RANGE	X TEST	RESULT	REF. RANGE	X TEST	RESULT	REF. RANGE
Na		138-145 mmol/L	ALB	2.3*	3.3-5.5 g/dL	WBC	32.3 H	4.6-10.8 x10(3)/uL
K		3.3-4.9 mmol/L	ALP	96	26-184 U/L	RBC	3.85 L	4.2-6.1 x10(6)/uL
Cl		98-109 mmol/L	ALT		10-47 U/L	Hgb	11.8 L	12.0-18.0 g/dL
pH		7.35-7.45	AMY		14-110 U/L	Hct	36.9 L	M: 42.0-52.0%
PCO2		35-45 mmHg	AST		11-38 U/L			F: 37-47%
PO2		80-100 mmHg	Tbil	>30.0	0.2-1.6 mg/dL	MCV	95.9	80.0-99.0 fl
TCO2		18-33 mmol/L	BUN		7-22 mg/dL	MCH	30.6	27.0-31.0 pg
HCO3		22-26 mmol/L	Ca		8.0-10.3 mg/dL	MCHC	31.9 L	33.0-37.0 g/dL
sO2		95-99%	Chol		100-200 mg/dL	Plt	175	130-400 x10(3)/uL
BEecf		(-2) - (+3)	GK	2497	M: 99-880 U/L	LY%	6.5	20.0-44.0%
AGap		8-16 mmol/L			80-190 U/L	LY#	2.1	0.7-4.3 x10(3)/uL
Ca		1.12-1.32 mmol/L	CL	109	98-109 mmol/L	Differential		
BUN		7-22 mg/dL	TCO2		18-33 mmol/L	Segs(50-70%)		Mono(4-10%)
Glu		73-118 mg/dL	Creat		0.6-1.3 mg/dL	Bands(1-10%)		Eos(0-4%)
Creat		0.6-1.3 mg/dL	GGT		5-65 U/L	Lymph(20-44%)		Baso(0-2%)
Hct		37.0-52.0%	Glu	124*	73-118 mg/dL	Atyp Ly		Immature cells
Hgb		12.0-18.0 g/dL	K		3.3-4.9 mmol/L	RBC Abn Morph:		
Lactate		0.90-1.70 mmol/L	TProtein		6.4-8.1 g/dL			
Urinalysis			Na		138-145 mmol/L	Plt Abn Morph:		
Color	Yellow	Straw/Yellow	Phosphorous		2.2-4.5 mg/dL			
Clarity	Cloudy	Clear	HDL Chol		30-75 mg/dL	WBC Abn Morph:		
Glucose	Result affected	Negative	LDL Chol		50-130 mg/dL			
Bilirubin	from color	Negative	Triglycerides		60-160 mg/dL	Malaria / Purple Top		
Ketone		Negative	VLDL		≤30 mg/dL	Thin		No Plasmodium Seen
SG	1.015	1.010-1.025	Chol/HDL Ratio		≤4.5	Thick		No Plasmodium Seen
Blood		Negative	Rapid Tests			Sed Rate / Purple Top		
pH	5.5	5.0-8.0	Mono		Negative	Sed Rate		1hr = 0-20 mm
Protein		Negative-Trace	RPR		Negative	Coagulation (Blue Top - Sodium Citrate)		
Urobili		0.1-1.0 Ehrlich U/dL	HIV		Negative	PT		7.0-14.0 sec
Nitrite		Negative	Drug Scr.		Negative	APTT		21.0-50.0 sec
Leuko	Neg	Negative	HCG		Negative	INR		0.5-1.5/therap 2-3
Urine Microscopic			H.pylori IgG		Negative	D Dimer		Negative
RBC		Epi 0-5	ETOH/Alc.		Negative	Cardiac Panel/Purple Top		
WBC	0-5	Mucus	Strep A		Negative	Myoglobin		0-107 ng/mL
Bacteria	1+	Yeast	Chlamydia		Negative	CK-MB		0-4.3 ng/mL
Casts:		Spermatozoa	Flu A&B		Negative	Troponin		0.0-0.4 ng/mL
Crystals:		Amorph Sed	C. difficile (stool)		Negative	Hemoglobin S / Purple Top		
Other:			O&P (stool)		No Ova / Parasite	Hemoglobin S		Negative
			OccBld		Negative	Body Fluid Panel / Sterile Cup		
For lab request:			Wet Mount		Negative	Panel Includes: Culture, Gram Stain, Cell		
			KOH		Negative	Count, Differential, Microscopic (CSF only)		

Clinitest ⊖ Acetest: neg

(b)(6)

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MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED (Check one)

- [ ] RED BLOOD CELLS
- [x] FRESH FROZEN PLASMA
- [ ] PLATELETS (Pool of ____ units)
- [ ] CRYOPRECIPITATE (Pool of ____ units)
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER (Specify) ____

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

- [ ] TYPE AND SCREEN
- [ ] CROSSMATCH

REQUESTING PHYSICIAN (Print): (b)(6)

DIAGNOSIS OR OPERATIVE PROCEDURE: liver failure, s/p GSW

DATE REQUESTED: 30 JAN 05

DATE AND HOUR REQUIRED: ASAP

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.

VOLUME REQUESTED (If applicable): 1 unit ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

SIGNATURE OF VERIFIER

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

DATE VERIFIED

TIME VERIFIED

Exp ~~28 Jan 2005~~ 31 Jan 05 1222

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)

TRANSFUSION NO.: 4

PATIENT NO.: (b)(6)

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: N/A

PREVIOUS RECORD CHECK: [x] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST

DONOR

ABO: B

Rh: pos

RECIPIENT

ABO: B

Rh: pos

[x] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE

REMARKS: No antibody screen performed. Thawed FFP

(b)(6)

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY (Signature): (b)(6)

AT (Hour): 1225 ON (Date): 30 Jan 05

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.

(b)(6)

2nd VERIFIER (Signature): (b)(6)

PRE-TRANSFUSION

TEMP. 103.8 PULSE 114 BP 116/57

DATE OF TRANSFUSION: 30 JAN 05

TIME STARTED: 1245

POST-TRANSFUSION DATA

AMOUNT GIVEN: 298 ML

TIME DATE COMPLETED: 1305 30 JAN 05

INTERRUPTED: NO

REACTION: [x] NONE [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER ____

OTHER DIFFICULTIES (Equipment, clots, etc.)

- [x] NO
- [ ] YES (Specify) ____

(b)(6)

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

(b)(6)

SEX: M

WARD: ICU

ICU #6

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

MEDICAL RECORD COPY

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MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED (Check one)

- [ ] RED BLOOD CELLS
- [x] FRESH FROZEN PLASMA
- [ ] PLATELETS (Pool of ____ units)
- [ ] CRYOPRECIPITATE (Pool of ____ units)
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER (Specify) ____

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

- [ ] TYPE AND SCREEN
- [ ] CROSSMATCH

DATE REQUESTED: 30 JAN 05

DATE AND HOUR REQUIRED: ASAP

REQUESTING PHYSICIAN (Print): (b)(6)

DIAGNOSIS OR OPERATIVE PROCEDURE: liver failure, s/p GSW

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.

VOLUME REQUESTED (If applicable): 1 unit ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

SIGNATURE OF VERIFIER

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

DATE VERIFIED

TIME VERIFIED

Exp: 31 Jan 06 7149

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)

TRANSFUSION NO.: 3

PATIENT NO.: (b)(6)

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: N/A

PREVIOUS RECORD CHECK: [x] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST

DONOR: ABO B; Rh pos

RECIPIENT: ABO B; Rh pos

[x] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE

REMARKS: No antibody screen performed
Thawed FFP

(b)(6)

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY (Signature): (b)(6)

AT (Hour): 1225 ON (Date): 30 Jan 05

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER (Signature): (b)(6)

(b)(6)

PRE-TRANSFUSION

TEMP. 103.9 PULSE 115 BP 118/61

DATE OF TRANSFUSION: 30 JAN 05

TIME STARTED: 1235

POST-TRANSFUSION DATA

AMOUNT GIVEN: 283 ML

TIME DATE COMPLETED: 1245 30 JAN 05

INTERRUPTED: NO

REACTION: [x] NONE [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER ____

OTHER DIFFICULTIES (Equipment, clots, etc.)

- [x] NO
- [ ] YES (Specify) ____

SIGNATURE OF PERSON NOTING ABOVE: (b)(6)

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

(b)(6)

SEX: M

WARD: ICU

ICU #6

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

MEDICAL RECORD COPY

NSN 754

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

EXAMINATION(S) REQUESTED	AGE / SEX / SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
U/S Renal Fastscan Abdomen	M/F4	ICU#6	
	FILM NO.		PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print) (b)(6)		TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)		DATE REQUESTED 1/30/05

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

Pt c̄ ↓ UOP, azotemia, ↓↓ Hct, ↑↑ coag
eval for hydronephrosis. Please also do
fastscan for Retroperitoneal / intra-abd hematoma

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

– FAST exam ⊖

– (R) hydronephrosis Ø Δ from previous

(L) Kidney normal

(b)(6)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name — last, first, middle, Medical Facility)	LOCATION OF MEDICAL RECORDS
(b)(6)	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

RADIOLOGIC CONSULTATION REQUEST/REPORT
MEDICAL RECORD

STANDARD FORM 5101 (8-83)
Prescribed by GSA/ICMR
FPMR 101-11.806-8

NSN 7540-00-634-4162 519-218

PATIENT IDENTIFICATION (For typed or written entries give: Name — last, first, middle, Medical Facility)	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
(b)(6) Fawzzi, Abdulla bed 6	n/a			ICU	

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)
Portable CXR

REQUESTED BY	TELEPHONE NO.
(b)(6)	

LOCATION OF MEDICAL RECORDS	FILM NO.	DATE REQUESTED	PREGNANT
		30 JAN 05	☐ YES ☐ NO

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)
Chest tube / vent

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
30 JAN 05		

RADIOLOGIC REPORT

- New (R) PTX
- (R) chest tube in place
- (R) subclavian stable
- lungs clear

SIGNATURE		LOCATION OF RADIOLOGIC FACILITY
	(b)(6)	

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MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED (Check one)
- [X] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS (Pool of ____ units)
- [ ] CRYOPRECIPITATE (Pool of ____ units)
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER (Specify) ____

VOLUME REQUESTED (If applicable): 1 Unit ML

REMARKS:

TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)
- [X] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED: 29 Jan 05

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN (Print): (b)(6)

DIAGNOSIS OR OPERATIVE PROCEDURE: Liver failure GSW pre-op

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER

DATE VERIFIED

TIME VERIFIED

Exp 31 Jan 2005

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)

TRANSFUSION NO.: 2

PATIENT NO.: (b)(6)

DONOR: ABO B; Rh pos

RECIPIENT: ABO B; Rh pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	compatable

PREVIOUS RECORD CHECK: [ ] RECORD [X] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: (b)(6)

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 29 Jan 05

REMARKS: No Antibody screen performed
Immediate spin crossmatch only

(b)(6)

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

SPECTED AND ISSUED BY (Signature): (b)(6)

(Hour) 0630 ON (Date) 30 Jan 05

ENTIFICATION:

ve examined the Blood Component container label and this form and I all information identifying the container with the intended recipient ches item by item. The recipient is the same person named on this Blood pponent Transfusion Form and on the patient identification tag.

VERIFIED (Signature): (b)(6)

VERIFIER (Signature): (b)(6)

TRANSFUSION: 103.8 PULSE 126 BP 120/59

OF TRANSFUSION: JAN 05 TIME STARTED: 0845

T IDENTIFICATION - USE EMBOSSER (For typed or written entries only. Last, first, middle; rank/rate; hospital number and name of facility.)

0-116/59, 125, 24, 97% SaO2
-130/62, 123, 22, 97% SaO2
-123/64, 123, 23, 97% SaO2

0940 – 122/64, 123, 22, 97%
103.6 (A)

(b)(6)

(b)(6)

AWZZI, ABDULLAH
951 M O DETAINEE

POST-TRANSFUSION DATA

AMOUNT GIVEN	TIME	DATE	COMPLETED	INTERRUPTED
400 ML	0940	30JAN 05		NO

REACTION: [X] NONE [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:
1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION
- [ ] URTICARIA [ ] CHILL [ ] FEVER [ ] PAIN
- [ ] OTHER ____

OTHER DIFFICULTIES (Equipment, clots, etc.)
- [X] NO
- [ ] YES (Specify) ____

SIGNATURE OF PERSON NOTING ABOVE: (b)(6)

SEX: M WARD: ICU

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

MEDICAL RECORD COPY

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED (Check one)
- [X] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS (Pool of ____ units)
- [ ] CRYOPRECIPITATE (Pool of ____ units)
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER (Specify) ____

VOLUME REQUESTED (If applicable): 1 unit ML

REMARKS:

TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)
- [X] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED: 29 Jan 05

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify):

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN (Print): (b)(6)

DIAGNOSIS OR OPERATIVE PROCEDURE: Liver failure GSW Pre op

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER: (b)(6)

DATE VERIFIED: 29 Jan 05

TIME VERIFIED: 1035

SECTION II – PRE-TRANSFUSION TESTING

Exp: 31 Jan 05

UNIT NO.: (b)(6)

TRANSFUSION NO.: 1

PATIENT NO.: (b)(6)

DONOR: ABO B; Rh pos

RECIPIENT: ABO B; Rh pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	compatable

PREVIOUS RECORD CHECK: [ ] RECORD [X] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: (b)(6)

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED | DATE 29 Jan 05

REMARKS: No antibody Screen performed
Immediate spin crossmatch only

(b)(6)

SECTION III – RECORD OF TRANSFUSION

(b)(6)

PRE-TRANSFUSION DATA

X (Signature): (b)(6)

AT (Hour) 0715 ON (Date) 30JAN05

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER (Signature): (b)(6)

2nd VERIFIER (Signature): (b)(6)

PRE-TRANSFUSION

TEMP. 103.5 (A) PULSE 130 BP 115/55

DATE OF TRANSFUSION: 30JAN05

TIME STARTED: 0722

POST-TRANSFUSION DATA

AMOUNT GIVEN	TIME	DATE	COMPLETED	INTERRUPTED
400 ML	0826	30JAN 05		NO

REACTION: [X] NONE [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:
1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION
- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER ____

OTHER DIFFICULTIES (Equipment, clots, etc.)
- [X] NO
- [ ] YES (Specify) ____

SIGNATURE OF PERSON NOTING ABOVE: (b)(6)

PATIENT IDENTIFICATION - USE EMBOSSER (b)(6)

(b)(6)

FAWZZI, ABDULLAH
1951 M O DETAINEE

SEX: M

WARD: ICU

0727 - 113/58, 129, 24, 100% SaO2
0732 - 113/54, 129, 26, 100% SaO2
0747 - 115/56, 134, 26, 100% SaO2 T. 103.5 (A)
0802 - 114/56, 128, 26, 100%, T 103.5 (A)
0832 - 118/59, 125, 21, 100% SaO2
0836 121/59, 124, 20, 100% SaO2 103.8

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

MEDICAL RECORD COPY

(b)(6)

(b)(6)

FAWZZI, ABDULLAH

1951/01/01

M

BCF

(b)(6)

2003/01/28

PATIENT IDENTIFICATION (For typed or written entries give: Name — last, first, middle, Medical Facility)

(b)(6)

FAWZZI, ABDULLAH
1951 M O DETAINEE

#14F

AGE | SEX: M | SSN (Sponsor) | WARD/CLINIC: ICU | REGISTER NO.

EXAMINATION REQUESTED (Use SF 519-B for multiple exams): (b)(6) PCXR @ 12:4

REQUESTED BY: (b)(6) | TELEPHONE NO.

LOCATION OF MEDICAL RECORDS | FILM NO. | DATE REQUESTED: 29 Jan 05 | PREGNANT: ☐ YES ☒ NO

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

S/P ETT placement

DATE OF EXAMINATION (Month, day, year) | DATE OF REPORT (Month, day, year) | DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

ETT placed in adequate position
- No other Δ from previous done earlier in day

SIGNATURE (b)(6) | LOCATION OF RADIOLOGIC FACILITY

1 – MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FIRMR 141 CFR 201-45.505

NSN 7540-00-634-4162 (FEAL Patient) 519-21

PATIENT IDENTIFICATION (For typed or written entries give: Name — last, first, middle, Medical Facility)

(b)(6)

AGE | SEX: M | SSN (Sponsor): (b)(6) | WARD/CLINIC: ICU | REGISTER NO.

EXAMINATION REQUESTED (Use SF 519-B for multiple exams): CXR

REQUESTED BY: (b)(6) | TELEPHONE NO.

LOCATION OF MEDICAL RECORDS | FILM NO. | DATE REQUESTED | PREGNANT: ☐ YES ☐ NO

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

Line placement

DATE OF EXAMINATION (Month, day, year): 28 Jan 05 | DATE OF REPORT (Month, day, year) | DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

- new (R) subclavian central venous catheter c̄ tip in IVC
- No other Δ from earlier CXR

SIGNATURE (b)(6) M.D. | LOCATION OF RADIOLOGIC FACILITY

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1 – MEDICAL RECORD **RADIOLOGIC CONSULTATION REQUEST/REPORT** STANDARD FORM 519-A (REV. 8-83) Prescribed by GSA/ICMR FIRMR 141 CFR 201-45.505

PATIENT IDENTIFICATION (For typed or written entries give: Name — last, first, middle, Medical Facility)

U/S, RUQ

(b)(6)

REGISTER NO.

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)

REQUESTED BY (b)(6)

TELEPHONE NO.

LOCATION OF MEDICAL RECORDS

FILM NO.

DATE REQUESTED 1/25/05

PREGNANT ☐ YES ☐ NO

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

Detainee = bilirubin of >30 s/p GSW to leg/chest, eval for cholecystitis/cholangitis

DATE OF EXAMINATION (Month, day, year)

DATE OF REPORT (Month, day, year)

DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

- Liver, Biliary tract ducts, Gall bladder, Pancreas, + (L) Kidney Normal
- (R) mild-moderate hydronephrosis

(b)(6)

M.D.

LOCATION OF RADIOLOGIC FACILITY

RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

NSN 7540-00-634-4162 519-218

PATIENT IDENTIFICATION (For typed or written entries give: Name — last, first, middle, Medical Facility)

(b)(6)

bed 6

AGE SEX SSN (Sponsor) (b)(6)

WARD/CLINIC ICU

REGISTER NO.

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)

PCXR s/p CT (R) insertion @04:

REQUESTED BY (b)(6)

TELEPHONE NO.

LOCATION OF MEDICAL RECORDS

FILM NO.

DATE REQUESTED 29 Jan 05

PREGNANT ☐ YES ☐ NO

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

(R) CT placement

DATE OF EXAMINATION (Month, day, year)

DATE OF REPORT (Month, day, year)

DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

- (R) subclavian tip pulled back to (R) atriocaval junction
- No other Δ from 28 Jan 05

SIGNATURE (b)(6)

M.D.

LOCATION OF RADIOLOGIC FACILITY

1 – MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-A (REV. 8-83)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

For use of [redacted], see AR 40-66; the proponent agency is the Of[redacted]e Surgeon General.

REPORT TITLE

POST ANESTHESIA CARE RECORD - PHASE 1

OTSG APPROVED (Date)

TIME IN 1225 WT ___ kg ALLERGIES NKA

PROCEDURE: Distance I & O

PHYSICIAN: (b)(6) HX GSW to [redacted] leg ASA ___

TYPE OF ANESTHESIA: GEN ✓ SPINAL/EPIDURAL ___ LOCAL ___ IV SEDATION ___ BLOCK ___

PRE OP VITALS: 144/99 92 EBL min IV FLUIDS 850 URINE OUTPUT ∅

VITAL SIGNS

	TIME	TEMP.	PULSE	RESP.	BP	SaO2	SAB	OB/GYN	PRE/INTRA / IMMEDIATE POST-OP ME
1225	Admit	99 ox	108	15	145/61	99	vent		Versed ___ mg @ ___
1240	15		110	14	123/63	98			Fentanyl ___ cc @ 2.50
1255	30		108	21	121/57	98	vent		Zofran ___ mg @ ___
1310	45		107	26	120/58	98			Toradol ___ mg @ ___
	60								Antibiotic ___
	90								Other Scop 0.8
	120								Vec 15
	150								

POST ANESTHESIA RECOVERY SCORE

LEGEND		ADM.	15	30	45	60	D/C	ADDITIONAL NOTES / CLARIFICATIONS
ACTIVITY:	MOVES 4 EXTREMITIES = 2 MOVES 2 EXTREMITIES = 1 MOVES 0 EXTREMITIES = 0	[illegible]	∅	0				Chem paralyzed
RESPIRATIONS:	DEEP BREATHE/COUGH = 2 DYSPNEA = 1 APNEIC = 0	0	vent	vent				
CIRCULATION:	BP +/- 20% OF PRE-OP = 2 BP +/- 20-50% OF PRE-OP = 1 BP +/- 50% OF PRE-OP = 0	2	2	2				
CONSCIOUSNESS:	FULLY AWAKE = 2 AROUSES ON CALLING = 1 UNRESPONSIVE = 0	0	0	0				
O2 SATURATION:	>92% ON ROOM AIR = 2 O2 TO MAINTAIN > 90% = 1 <90% WITH O2 IN USE = 0	1	1	1				

ALTERED NUTRITION INTAKE OUTPUT

PERIPHERAL IV	TIME	TYPE OF FLUIDS	IV/ML	PO	BLOOD	TIME	URINE	OT
SITE	OR			N/A		OR		
CONDITION							525	
DISCHARGE								

(Continue on reverse)

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

DEPARTMENT/SERVICE/CLINIC PACU

DATE 29 Jan 05

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

(b)(6)

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700 115th FH OP 1 USAPPC V1.00

7 Jun 02, Fort Polk, LA

ACLU-RDI 5870 p.90

10-L-0126 ACLU DD III (CID ROI) 2742

AUTHORIZED FOR LOCAL RI

MEDICAL RECORD–ANESTHESIA

PROCEDURE: (L) stump I & D

ITEM	STAT
Anesthesia	1115
Procedure	1140

DATE: 11/29 | OR NO. | PAGE of | SUBCONTRACT: (b)(6)

PRE-PROCEDURE: ☑ Identified ☑ ID Band ☐ Questioning ☑ Chart Review ☐ Permit Signed ☑ NPO Since MN; Pre-anesthetic State: ☐ Calm ☑ Awake ☐ Apprehensive ☑ Confused ☐ Uncooperative ☐ Unresponsive

PATIENT SAFETY: ☑ Anes. Machine # MR Checked ☑ Safety Belt On ☐ Axillary Roll ☑ Arm Restraints ☐ Arms Tucked ☑ Pressure points checked and padded ☑ Eye Care: ☐ Ointment ☐ Saline ☑ Taped ☐ Pads ☐ Goggles

MONITORS AND EQUIPMENT: ☐ Bath ☐ Bath ☐ Precord ☐ Other ☑ Non-Invasive BP ☐ Nerve Stimulator ☑ Continuous EKG ☐ V Lead EKG ☑ Anes. Outlets ☐ Oxygen Analyzer ☑ End Tidal CO_2 ☐ Resp Gas Anlyzr ☑ Temp AM ☐ EEG ☑ Warming Blanket ☐ Fluid Warmer ☑ Airway Humidifier ☐ ☐ NG/OG Tube ☑ Foley Catheter ☑ Line (L) radial A-line ☐ CVP ☐ PA Line ☐ IV(s) (R) SL TLC ☐

ANESTHETIC TECHNIQUES: Method: ☑ General ☐ Spinal ☐ Epidural ☐ Caudal ☐ Brachial ☐ Bier Block ☐ Ankle Blk ☐ M.A.C. General: ☑ Pre-O_2 ☐ L.T.A. ☑ Rapid Sequence ☐ Cricoid Pressure ☐ Intravenous ☐ Inhalation ☐ Intramuscular ☐ Rectal. Regional: ☐ Position ☐ Prep ☐ Local ☐ Needle ☐ Drug(s) ☐ Dose ☐ Attempts # ☐ Site ☐ Level ☐ Catheter ☐ See Remarks

AIRWAY MANAGEMENT: ☐ Induction ☑ Oral ☐ Nasal ☑ Direct Vision ☐ Miller's ☐ Blind ☐ Dr. Jaw Thrust ☐ Fiber Op ☐ Stylet ☑ Nasopharyngeal ☐ Blade ☑ Endotracheal ☑ Regular ☐ RAE ☐ Armored ☐ Laser ☑ Cuffed ☐ Min. occ. pres. ☐ Air ☐ NS ☐ Unvented, leaks at ___ cm H_2O ☑ Secured at 22 ☑ ET CO_2 Present ☑ Breath Sounds Clear BBS ☑ Circuit ☑ Circle ☐ Non-rebreathing ☐ Airway: ☐ Oral ☐ Nasal ☐ Natural ☐ Mask Case ☐ Via Tracheostomy ☐ Nasal Cannula ☐ Simple O_2 Mask

RECOVERY: VS 1230 BP 134/67 P 108 R ☐ PACU ☐ ICU ☐ LAD ☐ Awake ☐ Sedated Resp ☐ Asleep ☐ Ventilator ☐ Stable ☐ Extubated ☐ Unstable ☐ Intubated

CONTROLLED: Drug: Ketamine; Used: 250 mg; C

(b)(6) AW

TIME: 1100 X 1130 X 1200 X 1230 X 1300 X 1330 X 1400

☐ Hal ☐ Enf ☐ Iso (%)								
☐ N_2O ☐ Air (L/min)								
Oxygen (L/min)	4	4	4	4	4	4	4	
Sevoflurane (%)		0.4	0.4					
Propofol (mg)		7	3		5			
Fentanyl (mcg)			(250)					
( )								
( )								
Urine (ml)							200	
EBL (ml)			MIN				MIN	
EKG	SR	SR	SR	SR	SR	SR	SR	
% O_2 Inspired (FIO_2)	80	100	100	100	100	50	50	
O_2 Saturation (SaO_2)	90	99	99	99	99	100	99	
End Tidal CO_2	49	44	44	47	46	42	42	
Temp ☐ C ☐ F								
(R) S.L. TLC				800			850	
PMH 430				431			431	
Total Vol. (ml)		720	750	800	750	700	700	
Resp. Rate		9	9	9	9	9	9	
Peak Pres. (cm H_2O)		19	19	19	19	19	19	
RESP (cm H_2O)		3	3	3	3	3	3	
Symbols for Remarks	SV	CV	CV	CV	CV	CV	CV	
Position	Supine	Head/Neck Neutral				LGP	Abducted / Padded	

Vital Signs: Baseline Values; B/P 114/79; P 92; R 16; scale 200, 180, 160, 140, 120, 100, 80, 60, 40, 20

SYMBOLS: > ANEST; ⊙ OPERA; V/Λ B/PCL PRESS; ↓/↑ ARTERIAL LINE PRESSU; Δ MEAN ARTERIAL PRESSU; ● PULSE; O SPONTANEO RESP; Ø ASSISTED RESP; ⊗ CONTROLLED RESP; T TOURNIQUET

ANESTHESIA PROVIDER(S): (b)(6)

REMARKS 1130 TO OR, all monitors on O2 via face 1130 ASE E ICP, cross clear, easy mask vent. E.O.ETT, MAC 3, G1 BOS (+) ETCO2, ETT secured at 22 cm teeth. BSS (L) radial A-line placed by Nelson CRNA. 1230 To ICU Premature intubated / Report given to RN.

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

(b)(6)

ANESTHESIA
Medical Record
OPTIONAL FORM 517 (7-95)
Prescribed by GSA/ICMR, FPMR (41 CFR) 101-11.203(b)(10)

PRE-ANESTHESIA EVALUATION

AGE	SEX	HEIGHT	WEIGHT	PRE-PROCEDURE VITAL SIGNS
	☒ M ☐ F	in./cm.	80 lb./kg.	B/P 152/82 P 110 R 16 T

PROPOSED PROCEDURE: (L) stump I & D

PREVIOUS ANESTHESIA/OPERATIONS (If none, check here ☐): s/p traumatic, open amputation complicated by fulminant cnir

CURRENT MEDICATIONS (If none, check here ☐): ATTVAN, MSO4, ZANTAC, ANGIEN, MOTTIN

FAMILY HISTORY OF ANESTHESIA COMPLICATIONS (If none, check here ☐): UNKNOWN

ALLERGIES (If NKDA, check here ☐): NKDA

AIRWAY/TEETH/HEAD AND NECK: Class II / from / 3FB TMD

HISTORY FROM: ☐ PARENT/GUARDIAN ☒ POOR HISTORIAN ☒ CHART ☐ SIGNIFICANT OTHER ☐ PATIENT

SYSTEM	WNL	COMMENTS	PERTINENT STUDY RESULTS
RESPIRATORY: Asthma, Bronchitis, COPD, Dyspnea, Orthopnea, Pneumonia, Productive cough, Recent cold, SOB, Tuberculosis	☐	Tobacco Use: ☐ No ☐ Yes ___ Pack/Day for ___ Years. Nasal Trumpet 4L N.C. SaO2 92% clear ABS. (R) chest tube in place/lung expanded	(Chest X-ray) Pulmonary Studies: chest expanded
CARDIOVASCULAR: Angina, Arrhythmia, CHF, Exercise Tolerance, Hypertension, MI, Murmur, MVP, Pacemaker, Rheumatic fever	☐	(−) murmur	EKG: NSR
HEPATO/GASTROINTESTINAL: Bowel obstruction, Cirrhosis, Hepatitis, Hiatal hernia, (Jaundice), N&V, Reflux/heartburn, Ulcers	☐	Ethanol Use: ☐ No ☐ Yes Frequency ___. Shock liver. Hepatic encephalopathy	
NEURO/MUSCULOSKELETAL: Arthritis, Back problems, CVA/stroke, DJD, Headaches, Loss of consciousness, Neuromuscular disease, Paralysis, Paresthesia, Syncope, Seizures, TIAs, Weakness	☐	Agitation / obtundation 2° critical illness	
RENAL/ENDOCRINE: Diabetes, Renal failure/Dialysis, Thyroid disease, Urinary retention, Urinary tract infection, Weight loss/gain	☐	Adequate UOP / Foley in place	
OTHER: Anemia, Bleeding tendencies, Hemophilia, Pregnancy, Sickle cell trait, Transfusion history		Self D/C chest tube on 28 JAN. chest tube placed following incident	

PROBLEM LIST/DIAGNOSES: GETA

ASA PS: 1, 2, (3) Other, 4, 5, E

LAB STUDIES: 29 JAN — Hgb/HcT/CBC: 8.6, 25.6, 22.1, 25.2 — Electrolytes — Urinalysis: * T Bil = 29.9 (0.2 mg)

PT = 16.4, APTT = 34.5, INR = 1.6

PLANNED ANESTHESIA/SPECIAL MONITORS:

PRE-ANESTHESIA MEDICATIONS ORDERED

(b)(6)

SIGNATURE OF EVALUATOR(S)

POST-ANESTHESIA NOTE

Signed Date Time

OPTIONAL FORM 517 BACK

(b)(6)

ACLU-RDI 5870 p.92 10-L-0126 ACLU DD III (CID ROI) 2744

NSN 7540-01-165-7294 519-002

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
Chest x-ray		M		CTR	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print) (b)(6)				TELEPHONE/PAGE NO.
					DATE REQUESTED

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

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSACTION (Month, day, year)

RADIOLOGIC REPORT

- (R) chest tube
- No PTX
- linear opacities (L)
  mid lung likely atelectasis

(b)(6)

PATIENT'S IDENTIFICATION (For typed or written entries give: last, first, middle, Medical Facility)	LOCATION OF MEDICAL RECORDS
(b)(6)	LOCATION OF RADIOLOGIC FACILITY
Tawzzi, Abdullah	SIGNATURE

RADIOLOGIC ORGANIZATION STANDARD FORM 519 (Rev. 10-91)

ACLU-RDI 5870 p.93

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

TEST RESULTS

CBC		SMAC	ABG/PULSE OX			RADIOLOGY	Check if read by radiologist ☐
WBC			SUP O2	PH	PO2	RESULTS	
HGB			PCO2	SAT	OTHER		
PLT							
PT			U/A	DIP		EKG INTERPRETATION	
APTT	BHCG	ETOH	GLU	MICRO			

PROVIDER HISTORY/PHYSICAL

♂ s/p GSW to (L) thigh s/p (D) large post, med, ant thigh defect. ō loss of ischm SPA + nerve. pt subsequently had (L) AKA + lat flap. (R) PTX from line placement c̄ (R) CT pt s/p workout 27 Jan 05

PE: pt confused, knows name, PERRL EOMI, (R) strabis, nasal airway in place, chest asymmetry (R) clavicular notch ō scar lepmen, (R) chest ō subclavian cath in place; (R) breath sounds present non equal, (R) jaundice ō mid/lower abd, palp liver.

pmhx
s/p GSW

meds
- naphcillin
- Zantac
- Lovenox
Allergy
NKDA

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
(L) AKA ō large		area of open wound ō exposed bone	
palp for pulse (D)		(R) femoral cath, palp peripulse	
knees (R) CE, palp pedal pulse			(b)(6)

DIAGNOSIS
1. (L) AKA
2. MSA'S
3. Jaundice
4. (L) (R) PTX

- Labs, xray, US
- Surgery, [illegible]
- Admit

PATIENT IDENTIFICATION — For hand or typed entries, give name - last, first, middle; if not in a military system, use patient number

NAME:
N/SSN:

EMERGENCY CARE AND TREATMENT (Doctor)
Medical Record

STANDARD FORM 558 (REV. 9-01)
Prescribed by DA/AR/MR
FPR (41 CFR) 101-11.2006(a)(3)
USAPA V1.00

ACLU-RDI 5870 p.94

NSN 7540-01-07

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT (Patient)	LOG NUMBER 05	TREATMENT FACILITY 115th
		RECORDS MAINTAINED AT	

PATIENT'S HOME ADDRESS OR DUTY STATION

STREET ADDRESS

CITY | STATE | ZIP CODE

ARRIVAL

DATE (Day, Month, Year): 28 Jan 05 | TIME: 1240

TRANSPORTATION TO FACILITY: litter / trauma team

SEX: M

AGE: 7

DUTY/LOCAL PHONE: AREA CODE | NUMBER

HOME PHONE: AREA CODE | NUMBER

MILITARY STATUS

ITEM	YES	NO	N/A
PRP			
FLYING STATUS			

MEDICAL HISTORY OBTAINED FROM: P

THIRD PARTY INSURANCE

ITEM	YES
ADDITIONAL INSURANCE	
DD 2568 IN CHART	

NAME OF INSURANCE COMPANY

CURRENT MEDICATIONS: ?

ALLERGIES: ?

INJURY OR OCCUPATIONAL ILLNESS

ITEM	YES	NO	WHEN (Date)
IS THIS AN INJURY?			WHERE
INJURY/SAFETY FORMS			
HOW			

EMERGENCY ROOM VISIT

DATE LAST VISIT | 24 HOUR RETURN ☐ YES ☐ NO

TETANUS

DATE LAST SHOT | COMPLETED INITIAL SERIES ☐ YES ☐

CHIEF COMPLAINT: (L) AKA, (R) side chest tube

CATEGORY OF TREATMENT

☐ EMERGENT
☑ URGENT
☐ NON URGENT

TIME: 1240

INITIALS: DB

VITAL SIGNS

TIME 1239					
BP 116/58					
PULSE					
RESP 26					
TEMP					
WT					

LAB ORDERS

CBC/DIFF | ABG | PT/PTT | BHCG/URINE/BLOOD/QUANT
URINE C&S | UA MSCC/CATH | CHEM:
BLOOD C&S X

X-RAY ORDERS

CXR PA & LAT/PORTABLE | C-SPINE
ACUTE ABDOMEN | LS SPINE
SINUS | HEAD CT
ANKLE R/L

ORDERS

☑ PULSE OX 94% | ☐ MONITOR | ☐ ECG

TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE

DISPOSITION: ☐ HOME ☐ FULL DUTY

DISPOSITION QUARTERS (OFF DUTY): ☐ 24 HRS. ☐ 48 HRS. ☐ 78 HRS.

MODIFIED DUTY UNTIL | RETURN TO DUTY

PATIENT/DISCHARGE INSTRUCTIONS

CONDITION UPON RELEASE: ☐ IMPROVED ☐ UNCHANGED ☐ DETERIORATED

ADMIT TO UNIT/SERVICE | TIME OF RELEASE

REFERRED ▶ | TO | WHEN

I have received and understand these instructions.

PATIENT'S SIGNATURE

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

NAME: FAUZZI ABDULLAH
ISN/SSN:
DOB:
UNIT/CAMP: (b)(6)
RANK/STATUS:

EMERGENCY CARE AND TREATMENT (Patient)
Medical Record

STANDARD FORM 558 (REV. 9-93)
Prescribed by USA/CMR
FPMR (41 CFR) 101-11.2000(10)
USAPA V1.00

ACLU-RDI 5870 p.95

CLINICAL RECORD

THER[redacted]UTIC DOCUMENTATION CARE AN[redacted]DICATIONS)

For use of this form, see AR 4[illegible]; the proponent agency is the Office of The S[illegible]gen General.

Mo ____ Yr. ____

VERIFY BY INITIALING | INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 25	26	27	28	29								
	(b)(6)	Unasyn ___ gm IV Q 6 hours	06	/												
			12	/												
			18	/												
			24	/												
		Heparin 5000 units SQ BID	08	/												
			20	/												
1/25		Lovenox 30 mg SQ BID	08	/	(b)(6)											
			20	(b)(6)												
1/26		Propofol gtt, titrat for pain (max 300mcg/hr)	07	/	(b)(6)											
			19	/	(b)(6)											
1/27																

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE ☐ YES ☐ NO

PAGE NO. ____

PATIENT IDENTIFICATION:

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 4678, 1 FEB 79 — EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. — USAPA V1.01 PAGE 1 OF 2

ACLU-RDI 5870 p.96

Exhibit(s) 5

Page(s) 117 thru 119 referred to:

CDR USAMEDCOM
ATTN: FOIA Office, STOP 76
1216 Stanley RD 2D FL
FT. Sam Houston, TX 78234-5049

Certificate Of Death For use of this form, see AR 180-8, the Proponent agency is DCSOPS	Internment Serial Number (b)(6)
From: WYTNAAAPO AE 09342 ABU GHRAIB BAGHDAD	To: , ,

Name(Last, First, MI)	Grade	Service Number
FAWZZI,ABDULLAH		

Nationality	Power Served	Place of Capture/Internment and Date
IZ-Iraq	IZ-Iraq	2005,(b)(6)

Name, Relationship, Address of Next of Kin	Father's First Name
,APO AE 09342 ABU GHRAIB BAGHDAD	Place Of Birth: Date Of Birth: 1951/01/01

Place of Death	Date Of Death	Cause Of Death
115 CASH,	2005(b)(6)	CARDIAC ARREST
Place Of Burial	**Date Of Burial**	**Identification Of Grave**
,	2005(b)(6)	

Personal Effects: Please See Attached Page

Brief Details Of Death And Burial: Please See Attached Page

Do Not Write In This Space	Date 2005(b)(6)
(Seal of the Office of The Provost Marshal General)APO AE 09342 ABU GHRAIB BAGHDAD	Signature of Commanding Officer Witnesses: Signature Address Signature Address

ACLU-RDF 5870 p.98
10-L-0126 ACLU DD III (CID ROI) 2753

Personal Effects And Money		Internment Serial Number US9IZ-168699CI	
Property Tag	Description	Qty	Dispostition

The Above List Of Items Is Correct _____

Signature Of Detainee

Brief Details Of Death/Burial By Person Who Cared For The DeceasedDuring Illness Or During Last Moments (Doctor, Nurse, Minister of Religion, Fellow Internee). Death/Cremation Details.

CI DIED DUE TO CARDIAC ARREST. ANTECEDENT CAUSES HEPATORENAL SYNDROME AND SHOCK. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO DISEASE OR CONDITION CAUSING DEATH - IATROGENIC PNEUNMOTHORAX. PRONOUNCED DEAD BY (b)(6) PRIMARY CARE PHYSICIAN, TF MED 115

ACLU-RDI 5870 p.99
10-L-0126 ACLU DD III (CID ROI) 2754

BAGHDAD CENTRAL CORRECTIONAL FACILITY (BCCF)
MARKS, SCARS and TATTOOS REPORT
Male Detainee

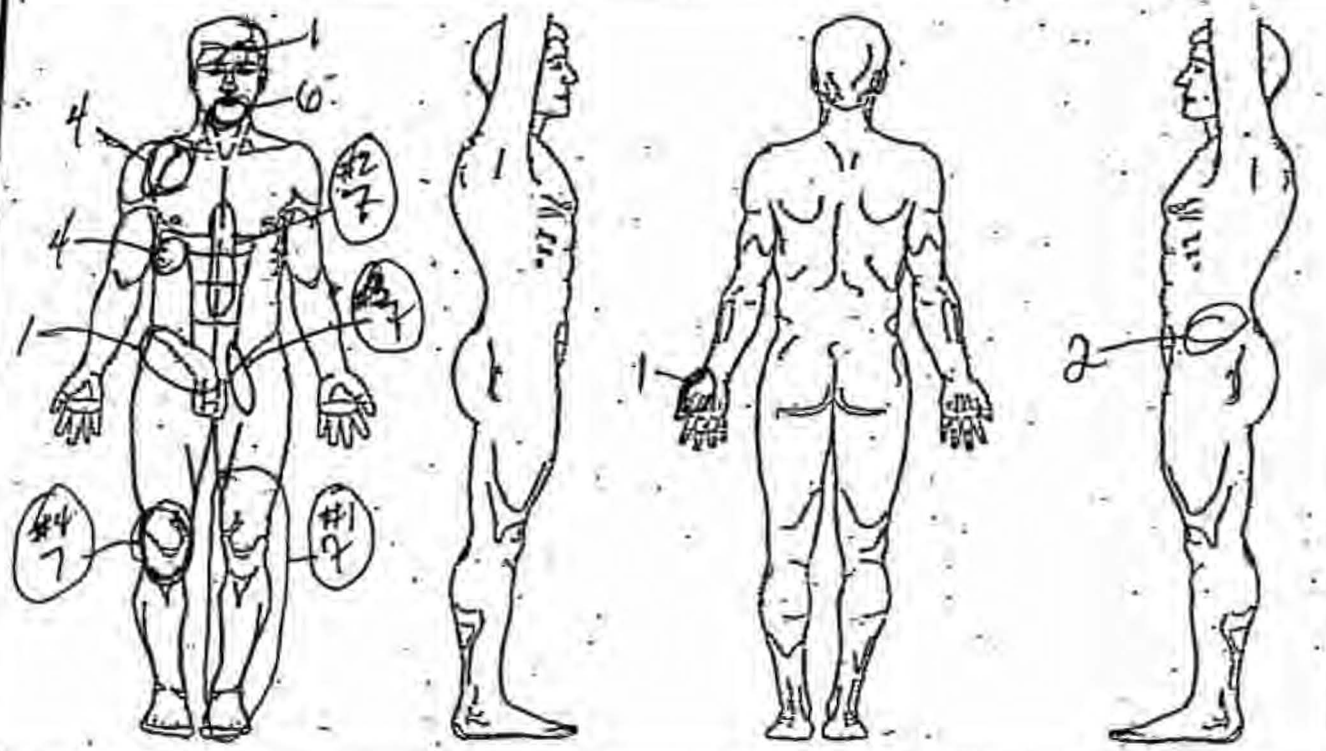
Date Initiated: 2005 (b)(6)

Name	ISN:	Nationality
FAWZZI, Abdullah	(b)(6)	IZ

REASON FOR REPORT:

☐ [redacted] ☐ CHANGE/UPDATE ☒ RELEASE/REGISTRATION ☐ REPORTED OR SUSPECTED VIOLENCE

PURPOSE: To provide or update baseline physical identification marks on the body of the detainee.
INSTRUCTIONS: Annotate the location of identifying marks, scars, or tattoos using the numbers below after thorough examination. Use a continuation sheet or photos, if necessary, to accurately portray written or graphically designed tattoos. Injuries will be reported to medical officials.



Mark with numbers and an arrow to the location of any of the following and describe if needed:

1. SCAR
2. MARK
3. TATTOO
4. CUT
5. BRUISE
6. SWELLING
7. OTHER Amputation of left leg, Surgical Incision, Incision in upper thigh

Reviewed By:

CAUSE OR REASON: Bandage on leg (RT)

COMPLETED BY:

(b)(6) PRINTED NAME — E-5 RANK — DNCO DUTY POSITION — (b)(6)

0017-05-CID789-39254

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER 0027-05-CID~~029~~259

DETAILS

BASIS FOR INVESTIGATION: This office received an RFA (0017-05-CID789-39254) from SA [(b)(6), (b)(7)(C)] [(b)(6), (b)(7)(C)] Prisoner Interrogation Team (PIT)(CID), 48th MP DET (CID)(FWD), 11th MP BN, Abu Ghraib, IZ APO AE 09342, to coordinate with SSG [(b)(6), (b)(7)(C)] C Co, 151st Field Artillery Regiment, Hospital Security, 86th Combat Support Hospital (CSH), and obtain copies of Mr. Abdulla FAWZZI's (ISN) [(b)(6), (b)(7)(C)] Coalition Provisional Authority Apprehension Form (PAAF) and Sworn Statements detailing his capture. Furthermore, it is requested to coordinate with 86th CSH Patient Administration Department (PAD) and obtain any copies of his medical records and any treatment received.

About 1445, 3 Feb 05, SA [(b)(6), (b)(7)(C)] provided an electronic message to SA [(b)(6), (b)(7)(C)] regarding receipt of the RFA and case number.

About 0550, 5 Feb 05, SA [(b)(6), (b)(7)(C)] and SA [(b)(6), (b)(7)(C)] this office, traveled to the International Zone, Baghdad, IZ, and coordinated with SSG [(b)(6), (b)(7)(C)] SSG [(b)(6), (b)(7)(C)] stated the individual described as Mr. FAWZZI, was delivered on a medical evacuation helicopter on 25 Jan 05, without a Sworn Statement and a PAAF. SSG [(b)(6), (b)(7)(C)] stated the individual, possibly Mr. FAWZZI, was listed as a "John Doe" and given a patient number of [(b)(6), (b)(7)(C)] SSG [(b)(6), (b)(7)(C)] explained that upon his medical treatment of [(b)(6), (b)(7)(C)] the Human Intelligence Team (NFI), tried to interview him, however, at the time of the interview, [(b)(6), (b)(7)(C)] could not speak. SSG [(b)(6), (b)(7)(C)] described [(b)(6), (b)(7)(C)] as missing a left leg due to a medical amputation procedure. SSG [(b)(6), (b)(7)(C)] stated [(b)(6), (b)(7)(C)] was considered "stable" and because of the possible casualty rate due to the elections, he was subsequently released to 115th Field Artillery Hospital (FAH), Abu Ghraib, IZ, on 28 Jan 05. SSG [(b)(6), (b)(7)(C)] provided a copy of DD Form 2708, Receipt For Inmate or Detained Person, which revealed he was received by SPC [(b)(6), (b)(7)(C)] Military Police, 115th FAH, on the same date (see DD Fm 2708 for details).

About 0634, 5 Feb 05, SA [(b)(6), (b)(7)(C)] coordinated with SSG [(b)(6), (b)(7)(C)] PAD, NCOIC, 86th CSH, who provided a copy of the medical file on Patient [(b)(6), (b)(7)(C)] (see medical documents for details).

AGENT'S COMMENT: It is still undetermined if Mr. FAWZZI is Patient [(b)(6), (b)(7)(C)] however, from the description provided and the coordination's conducted of the hospital staff, it appears that Patient [(b)(6), (b)(7)(C)] meets the description of Mr. FAWZZI.

About 0930, 7 Feb 04, SA [(b)(6), (b)(7)(C)] telephonically coordinated with SA [(b)(6), (b)(7)(C)] and briefed him on this investigation. SA [(b)(6), (b)(7)(C)] stated no further investigative efforts were needed at this time.

/// LAST ENTRY///

TYPED AGENT'S NAME AND SECURITY NUMBER	ORGANIZATION	
SA [(b)(6),(b)(7)(C),(b)(7)(F)] [(b)(6), (b)(7)(C)]	11th MP BN 48th MP Det CID (FWD) APO AE 09342	
S [redacted]	DATE 7 Feb 05	EXHIBIT b

CID FORM 94
1 FEB 77

FOR OFFICIAL USE ONLY

ACLU-RDI 5870 p.101

10-L-0126 ACLU DD III (CID ROI) 2756

0559

RECEIPT FOR INMATE OR DETAINED PERSON

1. RECEIVED FROM *(Unit or Agency and Station)* C CO 1-151 FA (86th CSH)	2. TIME	3. DATE *(YYYYMMD* 28 Jan 05
4. INMATE NAME *(Last, First, Middle)* paitent # [redacted] (b)(6), (b)(7)(c)	5. SSN	6. GRADE
7. ORGANIZATION	8. STATION	

9. OFFENSE

10. PERSONAL PROPERTY

11. REMARKS no paper work, not interviewed

12. NAME AND TITLE OF PERSON RECEIVING ABOVE INDIVIDUAL [redacted] (b)(6), (b)(7)(c) MP AND STATION Hospital	13. SSN [redacted] (b)(6), (b)(7)(c)	14. GRADE E-4

DD FORM 2708, NOV 1999 USAPA V1

0017-05-CID789-3925
0027-05-CID259

10-L-0126 ACLU DD III (CID ROI) 2757

Exhibit(s) 8

Page(s) 122 thru 129 referred to:

CDR USAMEDCOM
ATTN: FOIA Office, STOP 76
1216 Stanley RD 2D FL
FT. Sam Houston, TX 78234-5049

(b)(6)

86th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq

(b)(6)

DATE OF SUMMARY: 27 January, 2005

Discharge Summary/Aeromedical Evacuation Summary

NAME: (b)(6)
SSN:
DOB: Unknown
STATUS: Security Interest
SERVICE/COUNTRY: Iraqi
UNIT/EMPLOYER:

Date of Admission: 25 JAN 05
Date of Discharge/Transfer: 27 JAN 2005 awaiting transfer to prison

NARRATIVE SUMMARY OF HISTORY OF PRESENT ILLNESS & HOSPITAL COURSE

This middle aged male is admitted (b)(6) with gunshot wounds to the thighs. He was tachycardic on admission. He was taken to the Operating Room and was found to have a large left posterior, medial and anterior thigh defect, with a loss of 15 cm of SFA and nerve. He was treated with a left Above Knee Amputation and a lateral flap was fashioned. He had a tension pneumothorax following line placement which was treated with a chest tube. This was removed on 27 Jan 2005. His wound was washed out on 27 Jan 2005.
He will require a closure of his stump and eventual prosthesis in the future..

DISCHARGE DIAGNOSES:

1) Right pneumothorax
2) Left traumatic near amputation (completed.)
3) Right Lower Extremity trauma

PROCEDURES DURING ADMISSION

1) Left AKA
2) Wound washout
3) Chest tube

FINDINGS/LABS/RADIOLOGY

Films show no left femur fracture

MEDICATIONS ON TRANSFER/DISCHARGE

1) IV of LR at 100 ml/hour
2) Fentanyl drip or morphine for pain control
3) Zantac 50 mg IV tid
4) Levaquin 500 mg IV qd
5) Lovenox 30 mg SQ bid

CONDITION: Good and Stable for Transfer

0027-05-CID259

(b)(6)

86th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq

(b)(6)

Plan/Recommendations:

1) Transfer to prison hospital for wound closure and rehabilitation.
2) Please contact (b)(6) with any further questions. (b)(6)

(b)(6)

Ibn Sina Hospital
86th Combat Support Hospital
Baghdad, Iraq

002705-CID259

MEDICAL RECORD — **INTRAOPERA[illegible] DOCUMENT**

For use of this form, see AR 40-66, the prop[illegible] agen[illegible] the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERAT[illegible] ROOM
VIA Icu Bed. BY Anthesia

2. PATIENT ID[illegible] (b)(6)
VERIFIED BY

3. DATE 27 Jan 05 TIME PATIENT ARRIVED IN SUITE 1245

4. PATIENT IN ROOM
TIME 1245 NUMBER 1R

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:
ALLERGIES: Rubber Latex
Unknown

6. NURSING PERSONNEL

ASSIGNED SCRUB	(b)(6)	RELIEF SCRUB	
ASSIGNED CIRCULATOR	(b)(6)	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS:

8. SKIN PREPARATION

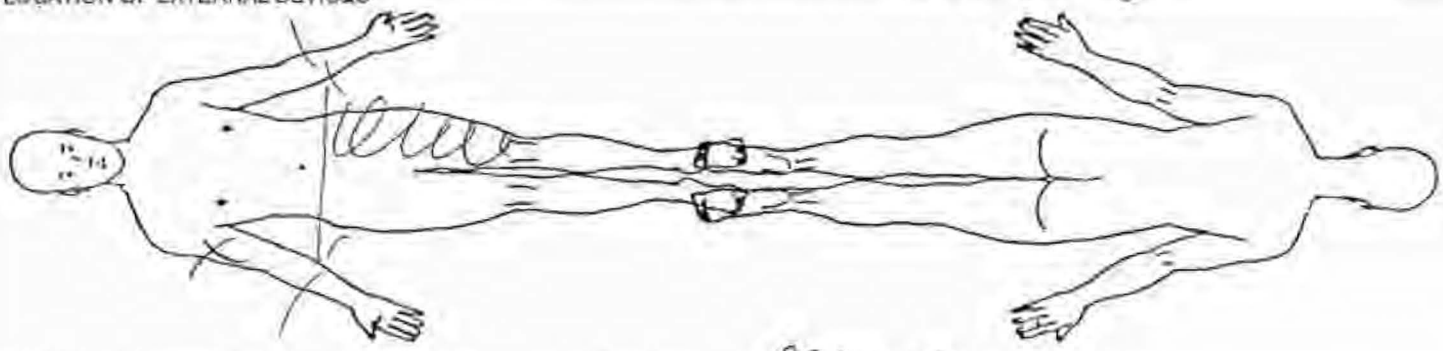
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION (Specify) Betad (b)(6)
SITE: Left leg AKA BY WHOM:
SITE: BY WHOM:

COMMENTS: Ø Pooling

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad – Safety Strap ═══ Tourniquet Cell Prep area

C = Correct I = Incorrect

10. COUNTS			Other**	First Closing Count	Final Closing Count	SCRUB (b)(6)	CIRCULATOR (b)(6)
Sponge	☒ Yes	☐ No	[illegible]	C	C		
Needle Sharp	☒ Yes	☐ No					
Instrument	☐ Yes	☒ No					
Other	☐ Yes	☒ No					

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

NAME: (b)(6)

SSN:

PATIENT NUMBER:

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

☒ ESU NO: FOE 000411
GROUND PAD: BRAND Valley Lab
LOT NO: 85528 Exp 200608

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. 124 PA V1.01

10-L-0126 ACLU DD III (CID ROI) 2761

13. PROSTHESIS, IMPLANTS ... S. ☒ NO IF YES NAME: ID NO ... R; MANUFACTURER ... -05-CID254

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S): 0-9% NaCl

OTHER ORDERS	TIME	CARRIED OUT

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

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

18. DRESSING/IMMOBILIZATION (Specify)
Stuff Soaked in Kerlex 1/4% Dakin's Solution
Abds
Ace

19. ADDITIONAL INFORMATION
SURGEON: (b)(6)
ASSISTANT: Ø
ANESTHESIA: (b)(6)

TOURNIQUET: TYPE N/A UP@ DOWN @

GROUNDING PAD SITE: PRE-OP Clean POST-OP Clean

20. OPERATION(S) PERFORMED

D+D left AKA

21. PATIENT TRANSFERRED TO PCU 2 TIME 1810 METHOD PCU Red.

22. (b)(6)

RE

USAPA V1.0

125

10-L-0126 ACLU DD III (CID ROI) 2762

0027-05-CID159

MEDICAL RECORD — INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA EMT Bed BY EMT

2. PATIENT IDENTIFICATION NUMBER (b)(6) VERIFIED BY PROCEDURE

3. DATE 25 Jan 05 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME 1655 NUMBER 1

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:
ALLERGIES: Sulfa

6. NURSING PERSONNEL

ASSIGNED SCRUB	(b)(6)	RELIEF SCRUB	
ASSIGNED CIRCULATOR	(b)(6)	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS:

8. SKIN PREPARATION Betadine Scrub/Sol/Alc

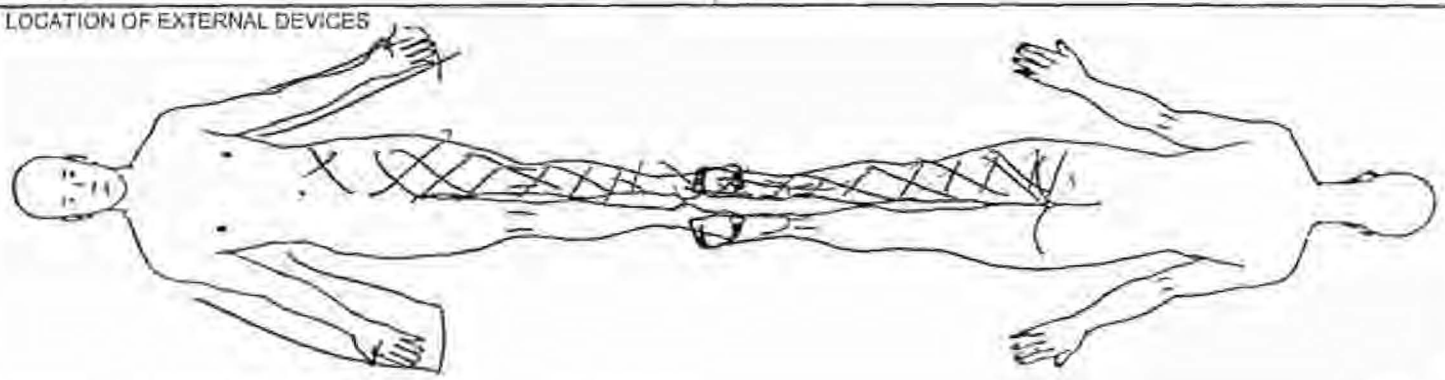
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION (Specify)
SITE: BY WHOM:
SITE: BY WHOM:

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad – Safety Strap ═ Tourniquet

(b)(6)

10. COUNTS (C = Correct I = Incorrect)

		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☐ Yes ☒ No					
Needle Sharp	☐ Yes ☒ No					
Instrument	☐ Yes ☒ No					
Other	☐ Yes ☒ No					

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

NAME:

SSN:

PATIENT NUMBER: (b)(6)

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

☒ ESU NO: 000411
GROUND PAD: BRAND Valley Lab
LOT NO: 35528 exp 2006-01

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. 126 USAPA V1.01

13. PROSTHESIS, IMPLANTS [illegible] NO IF YES NAME, ID NU[illegible] MANUFACTURER

0017-05-CID789-392
0027-05-CID259

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☑ YES ☐ NO, TYPE(S):

0.9% NACL

OTHER ORDERS	TIME	CARRIED OUT B

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☐ NO ☑

TYPE/SIZE	1. DALONS	2.	3.
SITE Lt	1. Flight	2.	3.

18. DRESSING/IMMOBILIZATION (Specify)

Acland Kerlix
Bluff
Ace

19. ADDITIONAL INFORMATION

SURGEON: (b)(6) MD

ASSISTAN[illegible] (b)(6) MD

ANESTHE[illegible] (b)(6) MD

TOURNIQUET: ~~TYPE~~ UP@ DOWN @

GROUNDING PAD SITE: PRE-OP clear & intact POST-OP

20. OPERATION(S) PERFORMED

Lt above the Knee amputation ICU 2

21. PATIENT TRANSFERRED TO ICU 2 TIME 1400 METHOD ICU Bed

22. REGISTERED NURSE SIGNATURE (b)(6)

REVERSE OF DA FORM 5179-1, OCT 87 127 USAPA V1.01

10-L-0126 ACLU DD III (CID ROI) 2764 Encl 3

0027-05-CID259

JOINT THEATER TRAUMA REGISTRY RECORD

ARRIVAL STATUS	TRIAGE CATEGORY	WOUNDED BY	MODE OF ARRIVAL	PATIENT CATEGORY
Date: 20 Jan 05	☒ Immediate	☐ Unknown	☐ Walked	Nation:
Time of arrival: 1120	☐ Delayed	☐ Enemy	☒ Carried	☐ US
Time of injury:	☐ Minimal	☐ Friendly	☐ USMC CASEVAC	☒ Host nation
Transit time:	☐ Expectant	☐ Civ (Host nation)	☐ Non-med ground	☐ Coalition:
C-spine immob: YES / NO (circled NO)		☐ Training	☐ Ground Ambulance	☐ Enemy:
Intubated: YES / NO		☐ Self accident	☒ Air Ambulance	Service:
T: ___ BP: ___/___ HR: ___ RR: ___ O_2Sat: ___		☐ Self non-accident	☐ Ship EVAC	☐ USA
PAIN: 0 1 2 3 4 5 6 7 8 9 10		☐ Sports recreation	☐ Other:	☐ USN
Last Tetanus:	GCS:	☐ Other:		☐ USMC
				☐ USAF
				☐ SOF

TOURNIQUET	CPR IN PROGRESS	GENDER	EXPOSURE	
☒ Yes ☐ No	☐ Yes ☒ No	☒ Male	☒ Remove clothes	☒ Civilian
Time on:	Time started:	☐ Female	☒ Warm blanket	☐ Combatants
Time off:	Time ended:		☐ Cooling blanket	☐ Contractor
			☐ Bear hugger	☐ Non-gov't org
			☐ Radiant warmer	☐ Other:
			☐ IV bag warmer	
			☐ Other:	

PROTECTION	☒ Unknown		
☐ Helmet Kevlar or ACH (circle one)	☐ Worn	☐ Struck	☐ Penetrated
☐ Flak vest	☐ Worn	☐ Struck	☐ Penetrated
☐ Ceramic plate	☐ Worn	☐ Struck	☐ Penetrated
☐ Eye protection	☐ Worn	☐ Struck	☐ Penetrated
☐ Deltoid/axilla	☐ Worn	☐ Struck	☐ Penetrated
☐ Groin/leg	☐ Worn	☐ Struck	☐ Penetrated

PRIMARY SURVEY

AIRWAY	BREATHING	Breath Sounds (Right / Left)	CIRCULATION	DEFICIT
☐ Patent	☒ Unlabored	☒ Clear / ☒	Skin:	☐ Alert
☐ Stridor	☐ Labored	☐ Rales / ☐	☐ Warm ☒ Cool ☐ Hot	☐ Responds to verbal
☐ Drooling	☐ Absent	☐ Flail / ☐	☐ Pink ☐ Pale ☐ Cyanotic	☐ Responds to pain
☐ Obstructed	☐ Retraction	☐ Wheeze / ☐	☒ Dry ☐ Moist ☐ Diaph	☐ Unresponsive
☐ Oral/Nasal Airway	☐ Flaring	☐ Absent / ☐	Heart Sounds:	GCS: 7
☐ BVM			☐ Clear ☐ Muffled	Eyes 4 Verbal 2
☐ Chest tube(s)	Trachea: ☐ Midline ☐ Deviated		Capillary Refill:	Motor 6
☐ Intubated	Chest symmetry: (circle one)		☐ <2 seconds (normal)	Sphincter Tone:
☐ Other:	Left> Equal <Right		☐ >2 seconds (delayed)	☐ WNL ☐ Weak ☐ None

SECONDARY SURVEY

HEAD/NECK EENT	HEART	ABDOMINAL/GU		EXTREMITIES
Drainage:	Rhythm:	☒ Flat	Pelvis stable:	ROM: ☐ YES ☐ NO
Nose (color):	☐ NSR	☒ Distended	☒ YES ☐ NO	Fracture/dislocation:
CSF: Halo sign	☐ Sinus tachycardia	☐ Obese		☐ RUE
Glucose	☐ Sinus bradycardia	☐ Non-tender	Hemorrhage:	☒ RLE
Eyes: Equal R / L	☐ Asystole	☐ Tender	☐ YES ☐ NO	☐ LUE
Fixed R / L	☐ Other	☐ Rigid		☒ LLE TRC 7 g 4
Reactive R / L	Pulses:	☐ Guarding	Blood at meatus/vagina:	
Dilated R / L	S = Strong D = Doppler	☐ Rebound tenderness	☐ YES ☐ NO	Motor / Sensation
Other:	P = Palpable A = Absent	☐ Unable to assess		RUE + / +
C-Spine tender:	Carotid S Right S Left		Prostate:	LUE + / +
☐ Yes ☐ No	Femoral S Right S Left		☐ WNL	RLE + / +
Dental injury:	Brachial S Right S Left		☐ Abnormal	LLE + / +
☐ Yes ☐ No	Radial S Right S Left	Bowel sounds:		Back Exam:
Tympanic Membrane:	Pedal S Right A Left	☐ YES ☐ NO		☐ WNL ☐ ABNL
☐ Clear R L	JVD Distension:			
☐ Blood R L	☐ Right	Last Meal @		Time logrolled: 1627
	☐ Left			

PATIENT IDENTIFICATION	ALLERGIES	PAST MED HX	CURRENT MEDICATIONS
Name/Rank: (b)(6)	☒ Unknown	☒ Unknown	☒ UNKNOWN
SSN/Patient Id #	☐ NKDA	☐ None	☐ NONE
DOB (ddmmyy)	☐ PCN	☐ Respiratory hx	☐ OTHER
	☐ Sulfa	☐ Seizure hx	
Deployed unit:	☐ Morphine	☐ Cardiac hx	LAST MED GIVEN @:
	☐ Codeine	☐ HTN	☐ Morphine
MTF transferred from:	☐ Other	☐ DM	☐ Fentanyl
		☐ Ulcers	☐ Antibiotic
		☐ Other:	☐ Other:

0017-05-CID787-37257
0027-05-CID259

OXYGENATION				INTAKE & OUTPUT			
O2 on:	O2 off:	Delivery Method:		INTAKE	Amount	OUTPUT	Amount
		Nasal Canula		IVF:		Urine:	
[illegible]		[illegible]	[illegible]	NGT:		NGT:	
		BVM:		Blood:		Blood:	
		Other:				Chest tube (R):	
						Chest tube (L):	
				Other:		Other:	
				TOTAL		TOTAL	

IV ACCESSES					MEDICATIONS				
Date	Time	Gauge	Site	Initials	Medication	Time	Dose	Route	Initials
25 Jan 05		18G	IU AC	(b)(6)	Tetanus (If needed)	1636	0.5	IM	(b)(6)
	1640	16G	[illegible]		Ancef	1633	1GM	IV	
25 Jan 05	1640	[illegible]	[illegible]		Morphine	1625	5mg	IV	
					Verzell	1640	2mg	IV	
					Etomidate	1647	6cc	IV	
					Sux		100mg	IV	

IV FLUIDS					
Time	Fluid	Rate	Amt UP	Amt IN	Initials
	NS	TKO	1000		
	NS	TKO	1000		

BLOOD PRODUCTS						DISPOSITION
Time beg/end	Type	Unit #	Time UP	Total In	Initials	☐ RTD
/	W0017 04	005127	1649			☐ Evacuated to:
/						Evac priority: ☐ Routine ☐ Priority ☐ Urgent
/						Report called to:
/						Time Transferred:
/						Accompanied by:
/						Via: ☐ Stretcher ☐ Wheelchair
/						☐ Deceased

VALUABLES AND CLOTHING		DEATH INFORMATION
☐ None Found	☐ Weapon Disposition:	Time of Death:
☐ Given to Patient		Time to Morgue:
☐ Secured by PAD	☐ Other:	Time Services Notified:

TIME	NOTES

PATIENT IDENTIFICATION		Nurse Name (b)(6)
Name:	(b)(6)	Signature:
Patient Id./SSN:		Date: 25 JAN 05
		Time: 1633

MEDCOM Test Form 1381, DEC 2004 | Subject to the Privacy Act of 1974 | Page 3 of 129

86th CSH/Baghdad, Iraq **10-L-0126 ACLU DD III (CID ROI) 2766**

Exhibit(s) 11

Page(s) 131 thru 137 referred to:

CDR USAMEDCOM
ATTN: FOIA Office, STOP 76
1216 Stanley RD 2D FL
FT. Sam Houston, TX 78234-5049

INTERNAL DOB 1/1/51

CASE #

PROSECTOR:

ASSISTANT: (b)(6)

NAME: Fawzi, Abdullah

SKIN:

BRAIN: 1501 gm

NECK ORGANS: ✓

THYROID: ✓

PERICARDIAL SAC: ✓

HEART: 454 gm

CORONARY ARTERIES: ✓

AORTA: ✓

PLEURAL CAVITIES: RIGHT 6&7 ICS ~~CT tube~~ two **LEFT**

RIGHT LUNG: 1179 gm 100cc serosanguous / (R) FB Adhesions

LEFT LUNG: 997 gm

PERITONEAL CAVITY: ✓

LIVER: 2216 gm

GALLBLADDER: 30ml

PANCREAS: ✓

STOMACH: 50mls of gel tan fluid

APPENDIX: (+)

INTESTINES: ✓

SPLEEN: 260 gm

ADRENALS: ✓

RIGHT KIDNEY: 188 gm (R) kidney stone bottom half.

LEFT KIDNEY: 212 gm

BLADDER: focal ~~marker~~ ~~hemorrhagic~~ hemorrhagic cystitis

PROSTATE/TESTES: ✓

UTERUS/OVARIES: N/A

MUSCULOSKELETAL / VERTEBRAL COLUMN:

0027-05-CID259

OFFICE OF THE ARMED FORCES MEDICAL EXAMINER

ME: _____ DATE: _____ AUTOPSY NO. _____

X _____ RACE: _____ Case No. _____

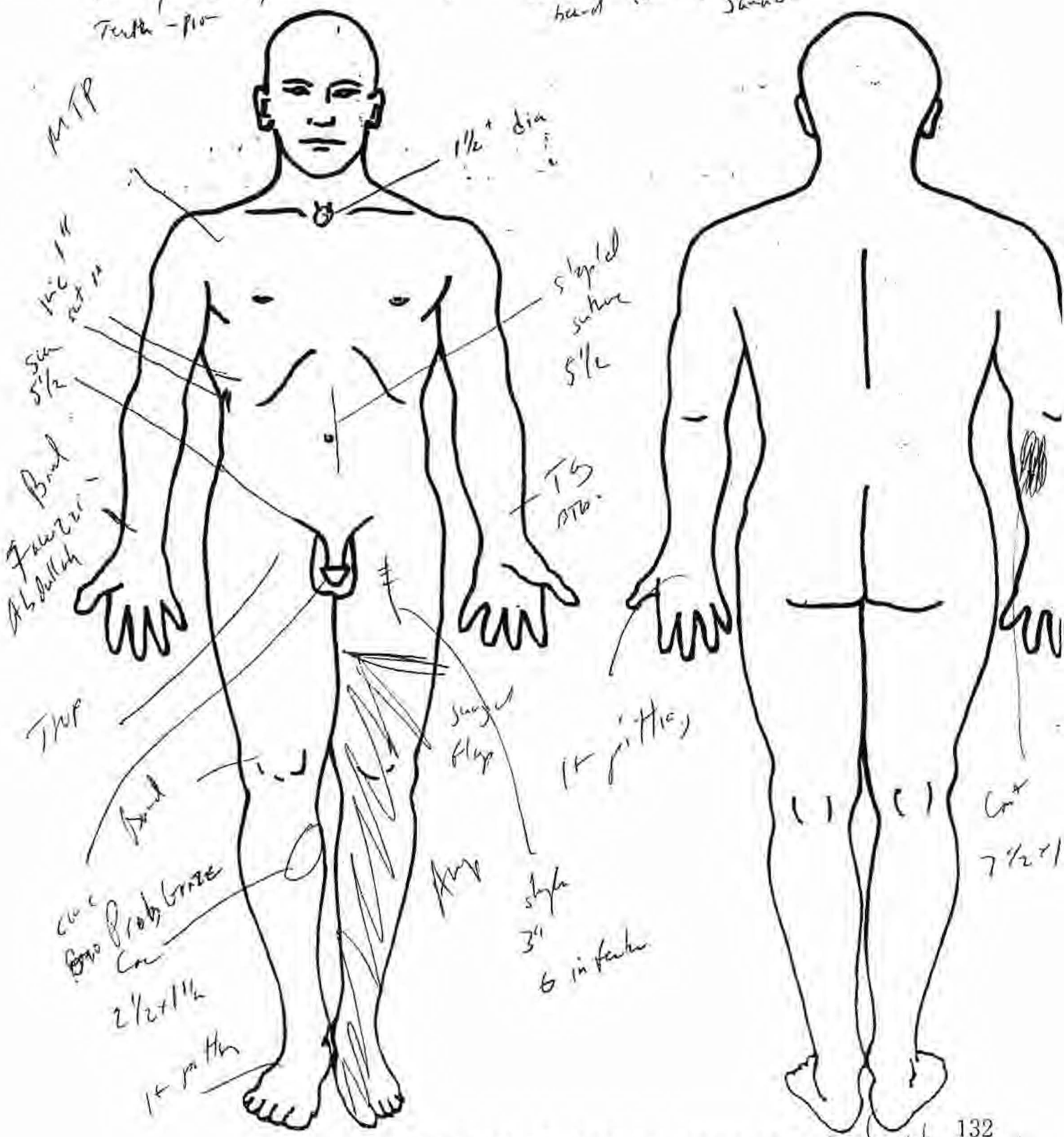
IGHT 67 WEIGHT 18 EYE ___ HAIR blk/grey

Nose ϕ Ears ϕ 120

Teeth - pro

must + beard 100 Eyes dk/cloudy Jamadia

05-126



0027-05-CID259

1. LAST NAME-FIRST NAME-MIDDLE INITIAL		3. SOCIAL SECURITY NO.
Fawzi, Abdulla		(b)(6)
4. ORGANIZATION		5. WARD
		ICU

6. DEATH OCCURRED				7. PLACE WHERE DEATH OCCURRED
HOUR	DAY	MO.	YEAR	
(b)(6)			2005	ICU

AUTHORIZED SIGNATURE
(b)(6)

DA FORM 1 AUG 70 3910 REPLACES DA FORM 8-219, 1 MAR 63, WHICH WILL BE USED. DEATH TAG

0027-05-CID259

RECORD OF IDENTIFICATION PROCESSING
(Effects and Physical Data)

DATE: 2005(b)(6)

LAST NAME - FIRST NAME - MIDDLE INITIAL *(Or unknown number)*	GRADE	SERVICE NO. SSAN	CIL CASE NUMBER *(If applicable)*
BTB:Fawzzi, Abdulla	CIV	(b)(6)	N/A

NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER	PLOT	ROW	GRAVE
(b)(6)	N/A	N/A	N/A

RECEIVED FROM
306th MP, Baghdad, Iraq

OFFICIAL IDENTIFICATION FOUND WITH REMAINS *(Include personal effects aiding identification)*
1 ea Medical Identification Bracelet (b)(6)
Nothing Follows

IMPRINT OF IDENTIFICATION TAG

None Found

ITEMS OF CLOTHING AND EQUIPMENT FOUND WITH REMAINS *(Indicate type, color, size, markings, service, etc. If laundry marks are indistinct, follow procedures outlined in TM10-286)*

None Found

FINGERPRINTS TAKEN	X-RAYS MADE	FLUOROSCOPE STATEMENT ATTACHED
☐ YES ☒ NO	☐ YES ☒ NO	☐ YES ☒ NO
PHOTOGRAPHS TAKEN	**ANTHROPOLOGICAL STATEMENT MADE**	**CHEMICAL STATEMENT ATTACHED**
☐ YES ☒ NO	☐ YES ☒ NO	☐ YES ☒ NO

PHYSICAL DESCRIPTION

ESTIMATED HEIGHT	MUSCULARITY	COLOR OF HAIR	RACE OR NATIVITY
66"	Medium	Black	Mongoloid

TATTOOS, SCARS OR MARKS ON BODY

Medical bandages on chest and the right knee

EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N/D

WOUNDS OR INJURIES

Medical stiches on upper left leg
Surgically amputated, lower left leg with medical strap

I HAVE PERSONALLY VIEWED THE REMAINS OF THIS DECEASED AND ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE.

NAME, GRADE, AND ORGANIZATION: (b)(6)

SIGNATURE: (b)(6)

DD FORM 890, JAN 58 PREVIOUS EDITION OF THIS FORM IS

0027-05-CID259

Certificate Of Death For use of this form, see AR 180-8, the Proponent agency is DCSOPS	Internment Serial Number (b)(6)
'rom: 'YTNAAAPO AE 09342 BU GHRAIB AGHDAD	To:

ame(Last, First, MI)	Grade	Service Number
AWZZI,ABDULLAH		

ıtionality	Power Served	Place of Capture/Internment and Date
:-Iraq	IZ-Iraq	2005(b)(6)

me, Relationship, Address of Next of Kin	Father's First Name
PO AE 09342 U GHRAIB GHDAD	Place Of Birth:
	Date Of Birth: 1951/01/01

ce of Death	Date Of Death	Cause Of Death
CASH,	2005(b)(6)	CARDIAC ARREST
ce Of Burial	Date Of Burial	Identification Of Grave
	2005(b)(6)	

sonal Effects: Please See Attached Page

f Details Of Death And Burial: Please See Attached Page

lot Write In This Space	Date
1 of the Office of The Provost Marshal ral)APO AE 09342 GHRAIB DAD	2005(b)(6) Signature of Commanding Officer (b)(6) Wit (b)(6) Signature ... s (b)(6) Signature Address

1354

0027-05-CID259

Personal Effects And Money		Internment Serial Number US9IZ-168699CI	
roperty Tag	Description	Qty	Dispostition

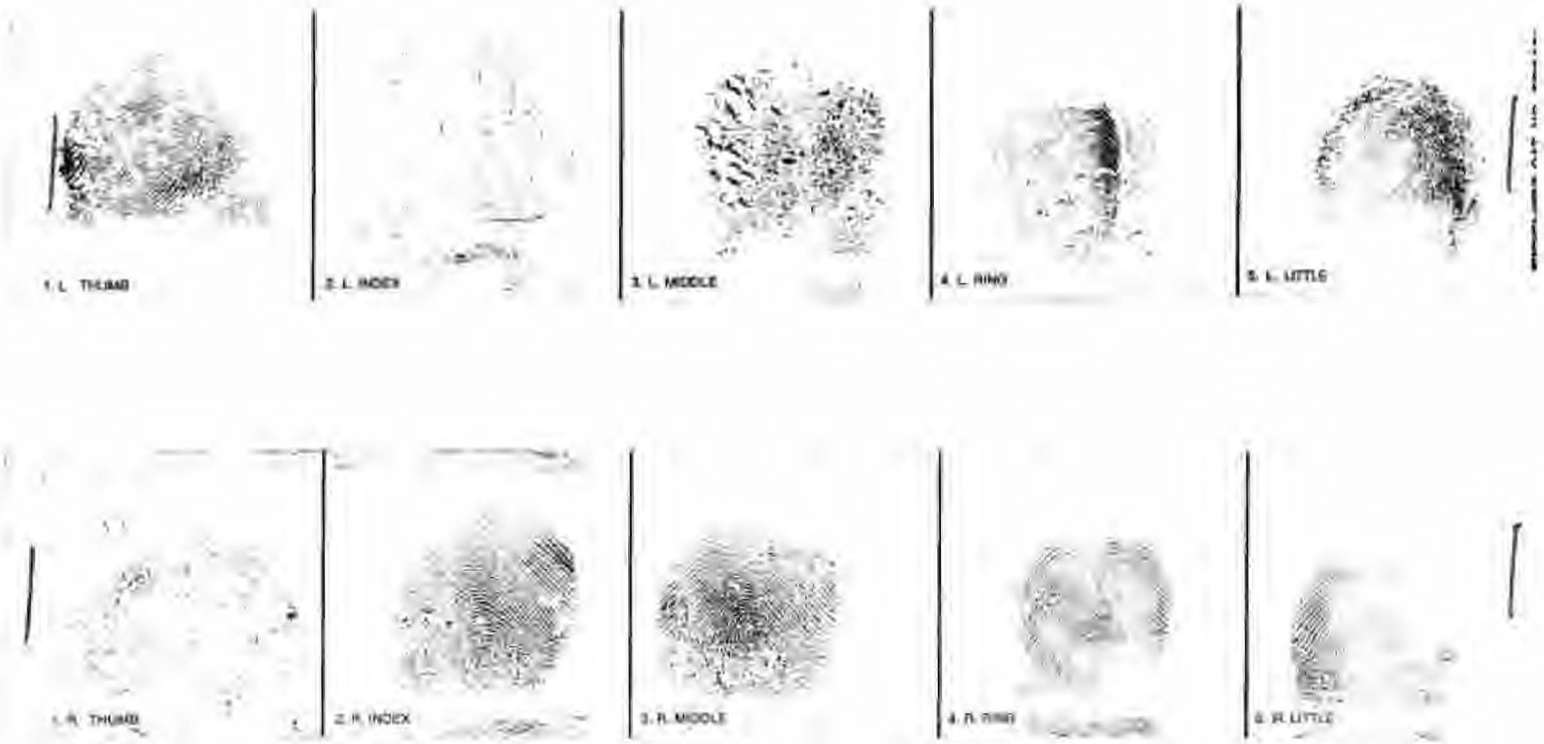
he Above List Of Items Is Correct _____

Signature Of Detainee

rief Details Of Death/Burial By Person Who Cared For The DeceasedDuring Illness Or During Last oments (Doctor, Nurse, Minister of Religion, Fellow Internee). Death/Cremation Details.

I DIED DUE TO CARDIAC ARREST. ANTECEDENT CAUSES HEPATORENAL SYNDROME AND SHOCK. OTHER IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO DISEASE OR CONDITION CAUSING DEATH IATROGENIC PNEUNMOTHORAX. PRONOUNCED DEAD BY (b)(6) PRIMARY CARE PHYSICIAN, F MED 115

136



FAWZZI, Abdulla

(b)(6)

(b)(6)

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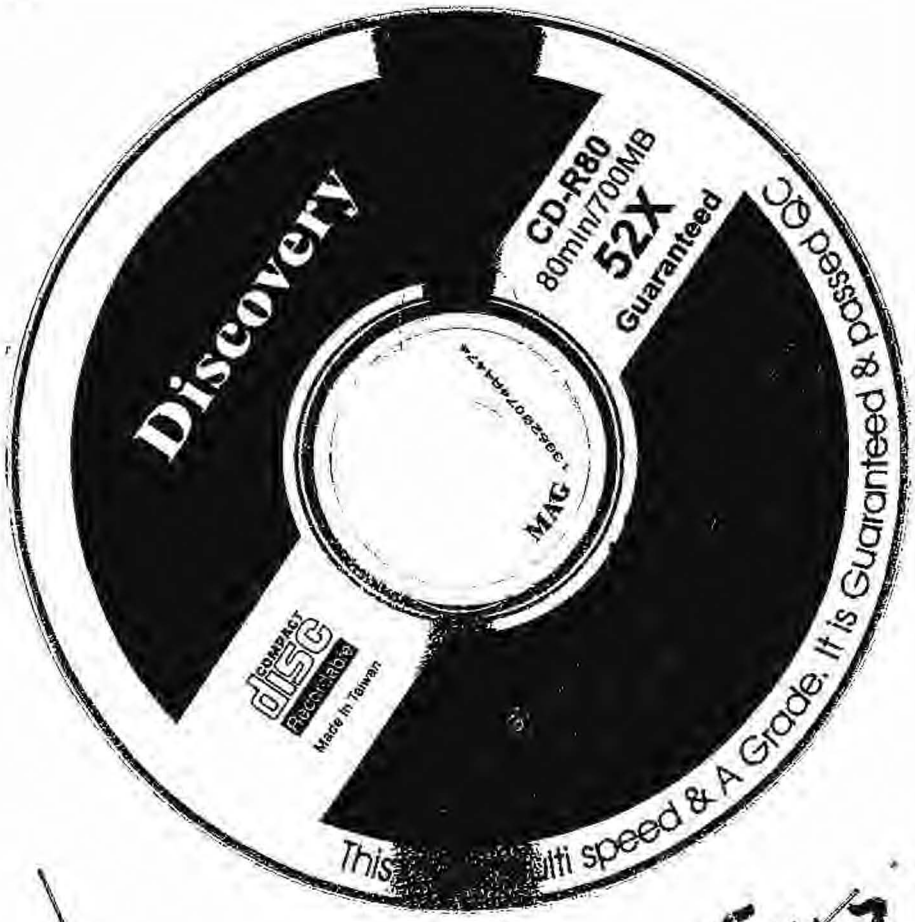
(b)(6) 05 (b)(6)

137

Exhibit 12:

Page 138 referred to:

CDR USAMEDCOM
ATTN: FOIA Office, STOP 76
1216 Stanley RD 2D FL
FT. Sam Houston, TX 78234-5049


Discovery
CD-R80
80min/700MB
52X
Guaranteed
MAG
COMPACT disc Recordable
Made in Taiwan
This
lti speed & A Grade. It is Guaranteed & passed QC

Encl 7

Exhibit(s) 13

Page(s) 139 thru 144 referred to:

CDR USAMEDCOM
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FT. Sam Houston, TX 78234-5049

ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
1-800-944-7912

FINAL AUTOPSY EXAMINATION REPORT

Name: BTB Fawzzi, Abdulla
(b)(6)
Date of Birth: 01 January 1951
Date of Death: (b)(6) 2005
Date of Autopsy: 4 February 2005
Date of Report: 15 April 2005

Autopsy No.: (b)(6)
AFIP No. (b)(6)
Rank: Civilian
Place of Death: Iraq
Place of Autopsy: Army Mortuary
Camp Victory, Iraq

Circumstances of Death: This 54-year-old male was a civilian detainee who died while hospitalized.

Note: In some documents the first name is spelled Abdullah

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, IAW 10 USC 1471.

Identification: Identification is established by means of the attached identification tags.

CAUSE OF DEATH: Complications of gunshot wound of the left leg.

MANNER OF DEATH: Homicide.

FINAL AUTOPSY DIAGNOSES

I. Evidence of injury:
   A. Gunshot wound of the left leg (per report).
      1. Status post above-the-knee amputation of the left leg.
   B. Laceration of the right knee compatible with a grazing type gunshot wound.
   C. Contusion of the right forearm.

II. Additional findings:
   A. Acute bronchitis with early bronchopneumonia.
   B. Bilateral pulmonary congestion (right 1179 gm, left 997 gm).
   C. Right-sided pleural effusion (approximately 100 ml) and adhesions.
   D. Jaundice.
   E. Pitting edema (1+) of hands and feet.
   F. Right renal calculus.
   G. Focal hemorrhagic cystitis.

H. Soft tissue mass of upper chest consistent with lipoma.

III. Toxicology: Morphine blood level of 0.27 mg/L.

EXTERNAL EXAMINATION

The body is that of a well-developed male that weighs approximately 130 pounds, is 67 inches in length and appears compatible with the reported age of 54 years. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure. Rigor is complete. The scalp hair is gray-black. Facial hair consists of a gray-black beard and mustache. The irides are dark. The corneae are cloudy. The conjunctivae are unremarkable. The sclerae are icteric. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The teeth are natural and in poor condition. The nasal skeleton is palpably intact. The lips are without evident injury. The neck is straight and the trachea is midline and mobile. A 1 ½ inch circular soft tissue mass is present on the upper mid chest. The abdomen is flat. A 10 inch scar is present on the right lower abdomen and right flank. The extremities show evidence of injury to be further described below. There is 1+ pitting edema of the hands and feet. The fingernails are intact. A plastic wristband is present on the right wrist with (b)(6) (b)(6) Fawzzi, Abdullah". A tag is present on the left wrist with "BTB Fawzzi, Abdullah". A 1 ¼ x 1 ½ friction blister is present on the posterior surface (heel) of the right foot. The genitalia are those of a normal adult male. The buttocks and anus are unremarkable.

EVIDENCE OF MEDICAL THERAPY

1. Therapeutic needle puncture sites in the right subclavicular region, right inguinal region and left antecubital fossa.
2. A horizontal sutured 1 inch surgical incision in the right lateral chest.
3. A vertical 1 inch surgical incision in the right lateral chest.
4. A vertical 5½ inch stapled incision in the mid abdomen.
5. A vertical 3½ inch stapled surgical incision on the anterior surface of the left thigh.
6. Left above-the-knee amputation, the skin flap is sutured closed and covered with a bandage
7. A bandage on the right knee.

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.

Laceration of the right leg compatible with a grazing type gunshot wound:

A bandage covers a gaping laceration situated on the medial surface of the right knee located 13 inches above the bottom of the foot. The wound measures 2 ½ x 1¼ inches. No evidence of soot or gunpowder stippling is present on the skin around the wound. The injury involves the skin and subcutaneous tissue of the medial surface of the right knee.

Additional injury:

There is 5 ½ x 1 ½ inch contusion on the anterior surface of the right forearm.

INTERNAL EXAMINATION

HEAD:

The scalp is reflected. The calvarium of the skull is removed. The leptomeninges are thin and delicate. Coronal sections demonstrate sharp demarcation between the uninjured white and grey matter. The ventricles are of normal size. The brain weighs 1501 gm. The atlanto-occipital joint is stable.

NECK:

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

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The sternum is visibly and palpably intact. Fibrinous pleural adhesions and approximately 100 ml of serosanguinous fluid are present in the right chest cavity. No excess fluid is present in the pericardial or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 1179 gm and 997 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 454 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries arise normally, follow the usual distribution and are widely patent without evidence of significant atherosclerosis or thrombosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The endocardium is smooth and glistening. The ascending aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 2216 gm liver has an intact, smooth capsule. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions are seen. The gallbladder contains approximately 30 ml of green-black bile. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent without evidence of calculi.

SPLEEN:

The 260 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

The pancreas is soft and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

ADRENAL GLANDS:

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

GENITOURINARY SYSTEM:

The right kidney weighs 188 gm; the left 212 gm. The external surfaces are intact and smooth. The cut surfaces of the right kidney reveal a 1.5 cm tan-brown calculus in the inferior pole. The pelves are unremarkable and the ureters are normal in course and caliber. The urinary bladder contains approximately 10 ml of blood tinged urine; the mucosa is focally hemorrhagic. The lumen is empty. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is lined by smooth, grey-white mucosa. The stomach contains approximately 50 ml of tan liquid. The gastric wall is intact. The duodenum, loops of small bowel, colon, and appendix are unremarkable.

MICROSCOPIC EXAMINATION

1. Heart (slide 1): No significant microscopic abnormalities.
2. Lungs (slides 1-left, 3-right): Acute bronchitis with early acute bronchial pneumonia (3); pulmonary alveolar congestion.
3. Liver (slide 2): Congestion; patchy cholestasis.
4. Spleen (slide 2): Congestion.
5. Kidneys (slide 4): No significant microscopic abnormalities.

6. Brain (pons, slide 5): No significant microscopic abnormalities.
7. Anterior upper chest wall mass (slide 3): Mature adipose tissue consistent with lipoma.

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by OAFME staff photographer (b)(6) (b)(6)
- Specimens retained for toxicologic testing and/or DNA identification are: blood, vitreous, bile, urine, gastric contents, spleen and liver.
- The dissected organs are forwarded with the body.
- Personal effects are released to the appropriate mortuary operations representatives.

OPINION

According to available reports, the decedent was admitted to the 86th CSH for treatment of gunshot wounds to the lower extremities. Approximately 5 days later, he reportedly experienced multi-system organ failure and cardiac arrest. He was pronounced dead later that same day. No medical records were available for review.

Autopsy examination showed a jaundiced male with a laceration of the right leg compatible with a grazing type gunshot wound. Additional findings included a right pleural effusion, bilateral pulmonary congestion and evidence of surgical intervention that included a left above-the-knee amputation. No gross evidence of infection was identified at any wound site. Microscopic examination of the lungs revealed an acute bronchitis and early acute bronchopneumonia. Postmortem analysis of the body fluids showed a blood morphine level of 0.27 mg/L.

After review of the available information, the cause of this individual's demise is most likely due to medical complications arising as the result a gunshot wound of the left leg. The morphine level was consistent with medical therapy and was not felt to be contributory to this individual's demise. The manner of death, in my opinion, is homicide.

(b)(6)

(b)(6) Medical Examiner (b)(6)