ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
1-800-944-7912

PRELIMINARY AUTOPSY REPORT

Name: (b)(6)-4
SSAN: (b)(6)-4
Date of Birth: Unknown
Date of Death: 24 May 2004
Date of Autopsy: 1 June 2004
Date of Report: 1 June 2004

Autopsy No.: ME04-388
AFIP No.: Pending
Rank: Civ
Place of Death: Balad, Iraq
Place of Autopsy: BIAP Morgue

Circumstances of Death: By verbal report, this Iraqi male was shot in a firefight and lived to be transported to a US hospital where he underwent multiple surgeries but died due to complications of his wounds.

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, IAW 10 USC 1471

Identification: By prisoner number only, DNA sample obtained

CAUSE OF DEATH: Gunshot wound of the abdomen

MANNER OF DEATH: Homicide

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

PRELIMINARY AUTOPSY DIAGNOSES:

I. History of remote gunshot wound of the abdomen
- A. No gunshot wound defect or tract evident due to multiple surgical interventions
- B. Direction of wound indeterminate
- C. Status post small bowel resection and anastamosis with sigmoid colostomy, and rectal stump
- D. Feculent peritonitis (300 ml of pus and feces) and fibrinous adhesions
- E. Right pleural adhesions and bilateral purulent pleural effusions, status post chest tube placement
- F. Pulmonary edema and bilateral pneumonia (right lung 1150 grams, left lung 1000 grams)
- G. Purulent pericardial effusion (50 ml)
- H. Minute radiopaque fragments visible on sub optimal radiographs, no projectiles recovered

II. No other significant trauma
III. Toxicology and histology pending

(b)(6)-2

(b)(6)-2 MD
MAJ, MC, USA
Deputy Medical Examiner

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

(b)(6)-4 D (Last, First, Middle) Nom du décédé (Nom et prénoms)	GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation	NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe ☐ MALE Masculin ☐ FEMALE Féminin

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

NAME OF NEXT OF KIN Nom du plus proche parent

RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit

STREET ADDRESS Domicile (Rue)

CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)

MEDICAL STATEMENT Déclaration médicale

CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH[1] Maladie ou condition directement responsable de la mort	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	GSW Abd S/P multiple Ex-lap (B) chest tube	
ANTECEDENT CAUSES — UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS[2] Autres conditions significatives		

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

DATE OF DEATH (Hour, day, month, year) Date du décès (l'heure, le jour, le mois, l'année)

PLACE OF DEATH Lieu du décès

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.

NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)-2 CPT, MC

TITLE OR DEGREE Titre ou diplôme MD

GRADE Grade O3

INSTALLATION OR ADDRESS Installation ou adresse (b)(3)-1 BIAD

DATE Date 24 May 04

SIGNATURE (b)(6)-2

(State disease, injury or complication which caused death, such as heart failure, etc. Maladie, blessure ou complication ayant causé la mort, telle que défaillance cardiaque, etc.)

NEUROLOGICAL ASSESSMENT

		HOURS	24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23
COMA SCALE	EYES OPEN	SPONTANEOUSLY 4			✓					✓	✓															
		TO SPEECH 3				✓	✓	✓	✓			✓														
		TO PAIN 2	✓	✓									✓	✓	✓	✓										
		NO EYE OPENING 1																								
	BEST VERBAL RESPONSE	ORIENTED 5																								
		CONFUSED 4																								
		VERBALIZES 3																								
		VOCALIZES 2																								
		NO VOCALIZATION 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓										
	BEST MOTOR RESPONSE	OBEYS COMMANDS 6			✓						✓															
		LOCALIZES PAIN 5	✓	✓		✓				✓	✓															
		FLEXION WITHDRAWAL 4																								
		ABNORMAL FLEXION 3																								
		EXTENSION TO PAIN 2																								
		NO RESPONSE 1										✓	✓	✓	✓	✓										
LIMB MOVEMENT	ARMS	NORMAL POWER																								
		MILD WEAKNESS																								
		SEVERE WEAKNESS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓										
		ABNORMAL FLEXION																								
		ABNORMAL EXTENSION																								
		NO RESPONSE																								
	LEGS	NORMAL POWER																								
		MILD WEAKNESS																								
		SEVERE WEAKNESS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓										
		ABNORMAL FLEXION																								
		ABNORMAL EXTENSION																								
		NO RESPONSE																								
PUPILS	RIGHT	SIZE	4	4	4	4	4	4	4		4				4											
		REACTION	++	++	++	++	++	++	++		++				++											
	LEFT	SIZE	4	4	4	4	4	4	4		4				4											
		REACTION	++	++	++	++	++	++	++		++				++											
PUPIL SCALE		● 2 ● 3 ● 4 ● 5 ● 6 ● 7 mm																								
ICP																										
CEREBRAL PERFUSION PRESSURE																										

LEGEND

C Closed by swelling

T Trach/Endo
S Slurring
D Dysphasia
R Receptive
E Expressive

R Right
L Left

Record Separately if there is a Difference between the tow sides

++ Brisk
+ Slow
− No Response

+ Intact
− Abnormal

VASCULAR ASSESSMENT

HOURS		00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23
↑ ext	R	++	++	++	++	++	++	++	++	++	++	++	++	++	++										
	L	++	++	++	++	++	++	++	++	++	++	++	++	++	++										
↓ ext	R	++	++	++	++	++	++	++	++	++	++	++	++	++	++										
	L	++	++	++	++	++	++	++	++	++	++	++	++	++	++										
	R																								
	L																								
	R																								
	L																								
	R																								
	L																								

++ Normal
+ Weak
− Absent
D Doppler
R Right
L Left

DAILY PATIENT LAB VALUES

	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	
CHEM	5/30 1350	21 May 08							
TEST	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*REF. RANGE*
ALB		1.6		1.8					3.3-5.5 g/dL
ALP		87							53-128 U/L
ALT		76		65					10-47 U/L
AMY		40							14-97 U/L
AST		99		75					11-38 U/L
Tbil		7.4		7.8					0.2-1.6 mg/dL
BUN		23		26					7-22 mg/dL
Ca		8.3							8.0-10.3 mg/dL
Chol		109		116					100-200 mg/dL
CK									39-380 U/L
CL									98-108 mmol/L
TCO2		13							18-33 mmol/L
Creat		1.0 (istat)							0.6-1.2 mg/dL
GGT				29					5-65 U/L
Glu		87		98					73-118 mg/dL
K		2.4		4.4					3.3-4.7 mmol/L
TProtein		4.2		4.1					6.4-8.1 g/dL
Na		153		153					128-145 mmol/L
	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	
HEME									
TEST	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*REF. RANGE*
WBC		13.4							4.8-10.8 x10(3)/uL
RBC		3.46							4.2-6.1 x10(6)/uL
Hgb		10.2							12.0-18.0 g/dL
Hct		32.3							35.0-60.0%
MCV		93.2							80.0-99.0 fl
MCH		29.4							27.0-31.0 pg
MCHC		31.5							33.0-37.0 g/dL
Plt		119							130-400 x10(3)/uL
LY%		6.9							15.0-50.0%
LY#		0.9							0.7-4.3 x10(3)/uL
	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	
UA									
TEST	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*REF. RANGE*
Color	AMBER	AMB :3							Straw/Yellow
Clarity	HAZY	[illegible]							Clear
Glucose	NEG.	pH: [illegible]							Negative
Bilirubin	2+	PCO2: [illegible]							Negative
Ketone	NEG.	PO2: [illegible]							Negative
SG	1.030	HCO3: 13							1.010-1.025
Blood	3+	Bicarb: 11							Negative
pH	5.0	Sat: 98%							5.0-8.0
Protein	1+								Negative-Trace
Urobili	0.2								Negative
Nitrite	NEG.								Negative
Leuko	NEG.								Negative

WBC- 0-1
RBC 4-6
EPIH 0-1

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
20 May 2004 0900	Surgery POD # 10/19
	Still having ↑ RR throughout night ↑ rate
Zosyn 10	of this a.m.
	Afebrile RR - 30-40's BP - 121/70
	I 4888 O: 4865 NGT - 1980
	Lungs Coarse BS throughout Drain 650
	O_2 SAT - 92-100%
	Cor - 115 - 130's
	Abd - ⊕ drainage - old blood-tinged fluid
	⊕ penrose withdrawn
	LABS
	12.6 > 12.1 / 39.0 < 332
	Ⓐ Respiratory status continues to be borderline with his persistent work of breathing. Oxygenation has improved but I am concerned that his increased effort may be burning calories and delaying healing. Pt did have some improvement with aggressive pulmonary toilet
	H/A - It is not clear why pt is draining blood tinged fluid
	I/D - WBC has remained stable but pt does have bandemia possibly representing pulmonary source of infection
	Ⓟ ① last day of Zosyn
	② T.C.
	③ √ H&G

(b)(6)-2

(b)(6)-4

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

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

21 May 2004
0855

Surg PoD#1/11/20
Bleeding even then went through the night
T=-101.2 HR-128-139 BP-116/23
I: 2740 O: 1165
Lg - ↓ BS (R) base. clear in the fields RR-30's
7.43 (19/98/13) (-11)
Cor - Rg Tchy
Abd - (3) drainage ↓ down fr: ileostomy
Ext - ø edema

LABS

153		23		102	
(2.4)	13	1.0	13.1	32.3	119

(A) Pt is overbreathing vent and is essentially blowing off CO_2. Given possible transport today we will paralyze him for better control
Hemodynamically we appear to be behind given the ↑ base deficit and tachycardia
I/D - Will continue on Zosyn but since we have little bacteriology information a short course should suffice.
(P) (1) Vecuronium
(2) Deep suction
(3) Volume
(4) Stat repeat labs

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

(b)(6)-2

AL RECORD OF MEDICAL CARE
Medical Record
FORM 600 (REV. 6-97)
SA/ICMR
RI 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			↓	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4				21 MAY 24	1150 HOURS	
				D Trundy to 31st OSH		
				20 Bed O		
NURSING UNIT	ROOM NO.	BED NO.				
PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER ____ HOURS	
NURSING UNIT	ROOM NO.	BED NO.				
PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER ____ HOURS	
NURSING UNIT	ROOM NO.	BED NO.				
PATIENT IDENTIFICATION				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.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1986—606-924

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)-4 [redacted]

NURSING UNIT: ICU | ROOM NO.: | BED NO.: 3

DATE OF ORDER: 20 May 2004 **TIME OF ORDER:** 2205 HOURS

LIST TIME ORDER NOTED AND SIGN: (b)(6)-2 [redacted]

Post Op Orders
X Dx: Rectal stump abscess
X Intraabdominal sepsis
X Ileal perforation
X Guarded condition
X IVF - LR @ 200 cc/h
X LABS ABG SMA-7, CBC - Now

PATIENT IDENTIFICATION

(b)(6)-4 [redacted]

NURSING UNIT: ICU | ROOM NO.: | BED NO.: 3

DATE OF ORDER: **TIME OF ORDER:** HOURS

X Versed 5mg IV q 1 hr / Now
X Versed drip 2-4mg/h Titrate to effect
X Demerol 75mg IM q 3° PRN
X Zosyn 3.375g IV q 6°
X Portable CXR Now

PATIENT IDENTIFICATION

(b)(6)-4 [redacted]

NURSING UNIT: ICU | ROOM NO.: | BED NO.: 3

DATE OF ORDER: Vent Settings **TIME OF ORDER:** HOURS

X IMV - 14
X TV - 500
X FiO2 titrate to 50 c O2 SAT ≥ 95%
ABG Now AND in AM labs
Vent [illegible] (b)(6)-2 [redacted]

PATIENT IDENTIFICATION

(b)(6)-4 [redacted]

NURSING UNIT: ICU | ROOM NO.: | BED NO.: 3

DATE OF ORDER: 21 May 2004 **TIME OF ORDER:** 2325 HOURS

AM Labs: @ 0800
CBC
SMA-7
ABG
Portable CXR @ 0800
Bolus 1 L LR now

Noted @ 0500 [illegible] (b)(6)-2 [redacted]

DA FORM 4256, 1 APR 79 — REPLACES EDITION OF 1 JUL 77, WHICH MAY [redacted]

24° CL @ 0830 on 21 May 04 (b)(6)-2 [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)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 18 May 2004 TIME OF ORDER 1100 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Albuterol Neb q 4° PRN
2. ABG Now - Done
3. Port CXR - Done
4. Red Rubber Catheter Suctioning q 4°

(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 18 May 2004 TIME OF ORDER 1510 HOURS

1. Transfuse 2u PRBC's over 4 hrs
   ↓ IVF when running transfusion
2. ✓ CBC 2 hours p transfusion

(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 18 May 2004 TIME OF ORDER 2345 HOURS

1. Transfuse 2u PRBC's over 4 hrs
2. ✓ CBC in AM p transfusion

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 19 May 2004 TIME OF ORDER 1610 HOURS

1. ~~ABG Now - Done~~
2. ~~Portable CXR - Done~~
3. Check
4. ~~Chest PT q 2°~~
5. ✓ ABG @ 1930

(b)(6)-2

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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)-4 [redacted]

DATE OF ORDER: 18-May-04 TIME OF ORDER: 0645 HOURS

LIST TIME ORDER NOTED AND SIGN

① Albuterol neb x 1 Now

(b)(6)-2 [redacted]

Noted @ 0800 on 18 May 04 (b)(6)-2 [redacted]

NURSING UNIT: ICU ROOM NO.: BED NO.: 3

PATIENT IDENTIFICATION
(b)(6)-4 [redacted]

DATE OF ORDER: 18 May 2004 TIME OF ORDER: 0850 HOURS

① Portable CXR this am r/o atelectasis
② Chest Physiotherapy TID
③ see TPN orders
④ Am Labs 19 May 2004:
① SMA-7, Amy, LFTs
② CBC (b)(6)-2 [redacted]
⑤ ~~ALBUMIN~~

Noted @ ... 18 May 04

NURSING UNIT: ICU ROOM NO.: BED NO.: 3

PATIENT IDENTIFICATION
(b)(6)-4 [redacted]

DATE OF ORDER: 18 May 2004 TIME OF ORDER: 0550 HOURS

① ALBUMIN 25% Bolus Now ...

(b)(6)-2 [redacted]

(b)(6)-2 [redacted]

NURSING UNIT: ICU ROOM NO.: BED NO.: 3

PATIENT IDENTIFICATION
(b)(6)-4 [redacted]

DATE OF ORDER: 18 May 2004 TIME OF ORDER: 1010 HOURS

Chest tube placement
① Pleurovac, Chest tube to bedside
② Ativan 1mg IV x1 @ start
③ Lidocaine 1% SQ, 25 gauge needle
④ Betadine solution
⑤ O-silk suture (b)(6)-2 [redacted]
⑥ Sterile gloves

Noted @ 1130 on 18 May 04 (b)(6)-2 [redacted]

NURSING UNIT: ICU ROOM NO.: BED NO.: 3

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

(b)(6)-4

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
ADULT PARENTERAL (TOTAL AND PERIPHERAL) NUTRITION ORDER FORM

OTSG APPROVED (Date)

CHECK (✓) AND COMPLETE APPROPRIATE ORDERS WHERE INDICATED

VOLUME (✓):	50% DEXTROSE (3.4 kcal/g) (✓):	LIPIDS (✓):	8.5% AMINO ACIDS (✓): (4.0 kcal/g)
1 Liter / day = 42 mL/hr (initial rate)	☐ Standard Central = initial dose (150 gm/L; 510 kcal)	☐ 10% at 21mL/hr (550 kcal; standard)	☐ Standard Central (45 gm/L (180 kcal)
2 Liters / day = 83 mL/hr (adult; maintenance)	☑ Standard Central = maintenance (200 gm/L; 680 kcal)	☑ 20% at 21mL/hr (1110 kcal)	☐ Standard Peripheral (30 gm/ (120 kcal)
☑ 3 Liters / day = 125 mL/hr	☐ Standard Peripheral * = maintenance (85 gm/L; 289 kcal)	☐ 20% at 41mL/hr (2016 kcal)	Other = ___ gm/L
Other = _____mL/hr	Other = _____ gm/L	☐ 10% at _____mL/hr ☐ 20% at _____mL/hr	

* May not want to exceed 100 gm/L of dextrose in PPN due to increased risk of phlebitis

ELECTROLYTES (✓):	DAILY REQUIREMENTS	☑ STANDARD	INDIVIDUAL
Sodium Chloride	Sodium: 60 - 160 mEq	40 mEq/L	____mEq/L
Sodium Acetate		0	____mEq/L
Potassium Chloride	Potassium: 60 - 120 mEq	20 mEq/L	____mEq/L
Potassim Acetate		0	____mEq/L
Calcium Gluconate	Calcium: 10 - 15 mEq**	5 mEq/L	____mEq/L
Magnesium Sulfate	Magnesium: 10 - 20 mEq	8 mEq/L	____mEq/L
Potassium Phosphate	Phosphate: 15 - 40 mM **	7.5 mM/L	____mM/L
Trace Elements	2 mL	2 mL/day	____mL/day
MVI - 12	10 mL	10 mL/day	____mL/day
Sterile H20 For Injection	QSAD	QSAD	QSAD

SPECIAL INSTRUCTIONS: TPN must be filtered using a 0.22 micron filter. Lipid infusions must be filtered using the 1.2 micron filter ** Amounts of Calcium Phosphorus will be dependent upon solubility. ***See reverse side for how to calculate a TPN.***

ADDITIONAL MEDS (✓):	ADDITIVES (✓):
Vit K. 5 mg SQ weekly or ____IM now	☐ Insulin: _____U/Day
☑ Folic Acid: 1 mg /day or ____ mg / day	☐ Ranitidine: 150 mg or ____mg/day
Hydrocortisone: 5 mg/L (for PPN only)	☑ Cimetidine: 800 mg or ____mg/day
Heparin:____U/Liter	☐ Other: _____
Other:_____	

Standard Orders To Be Transcribed:

1. If Central (TPN), check for central line placement – STAT CXR.
2. Consult to Registered Dietitian AND Pharmacy; forward copy of TPN orders to Pharmacy
3. Use TPN line (distal port) for TPN only.
4. If TPN interrupted, hang D10W at the *same rate for 4 hours or until TPN is re-started.*
5. Strict I & O's, daily weights. VS a minimum of q 8 hours; call physician if Temp ≥ 101.
6. Fingerstick glucose q 6 hours; call physician if ≥ 200.
7. Triglycerides on day 1; and then q 7 days.
8. Chem 12, P04, Mg ++ on days 1,2,and 3; and then q 7 days; do r draw from tube site.
9. CBC/Diff (automatic), PT/PTT on day 1; and then q 7 days
10. 24-hour UUN on day 7; and then q 7 days
11. Other:

START TIME: New orders or changes to existing orders should be received by 1300 hours. In extreme cases, changes will be made other than on the day shift as practical.

(b)(6)-2

PREPARING OFFICER (Signature and Title)	DEPARTMENT/SERVICE/CLINIC	DATE
(b)(6)-4	Surg	19 May 2004

(Name: Name – last, first, middle initial)

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

DAILY PATIENT LAB VALUES

	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	
CHEM	5/16 1000	5/17 0700	5/18 1115	5/18 2357	5/19 0731	5/19 1940	5/19 1756	5/20 0855	
TEST	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*REF. RANGE*
ALB									3.3-5.5 g/dL
ALP									53-128 U/L
ALT									10-47 U/L
AMY									14-97 U/L
AST									11-38 U/L
Tbil									0.2-1.6 mg/dL
BUN	21	23							7-22 mg/dL
Ca	7.9	7.9	ionCa 1.11			ionCa 1.12	1.14	1.15	8.0-10.3 mg/dL
Chol									100-200 mg/dL
CK									39-380 U/L
CL	99	103							98-106 mmol/L
TCO2	27	25				30	29	28	18-33 mmol/L
Creat	0.5	0.8							0.6-1.2 mg/dL
GGT	[redacted]								5-65 U/L
Glu	221	156							73-118 mg/dL
K	3.3	3.9	3.5			3.4	3.2	3.4	3.3-4.7 mmol/L
TProtein									6.4-8.1 g/dL
Na	145	146	146			148	147	148	128-145 mmol/L
	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	
HEME									
TEST	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*REF. RANGE*
WBC	15.2	13.7		14.1	12.5			12.6	4.8-10.8 x10(3)/uL
RBC	3.08	2.42		3.4	3.31			4.10	4.2-6.1 x10(6)/uL
Hgb	9.1	7.2	17	8.8	10.1	11	12	12.1	12.0-18.0 g/dL
Hct	29.8	23.4	49	28.6	31.4	33	34	38.0	35.0-60.0%
MCV	96.9	96.7	[redacted]	96.1	94.9	pH 7.55	pH 7.57	95.1	80.0-99.0 fl
MCH	29.4	29.7	[redacted] pH 7.57	28.4	30.5	tCa_2 32.2	tCa_2 31.7	29.6	27.0-31.0 pg
MCHC	30.4	30.7	tCa_2 30.5	30.9	32.2	Pa_2 39	Pa_2 47	31.1	33.0-37.0 g/dL
Plt	380	339	Pa_2 85	342	275	HCO_3 29	Hct 28	332	130-400 x10(3)/uL
LY%	6.5	6.4	HCO_3 28	5.8	5.6	BE 6	BE 5	6.5	15.0-50.0%
LY#	0.9	0.9	Sa_2 93	0.8	0.7	Sa_2 61%	Sa_2 88%	0.8	0.7-4.3 x10(3)/uL
	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	
UA			BE- 6						
TEST	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*RESULT*	*REF. RANGE*
Color								SBG 5.9	Straw/Yellow
Clarity								[redacted] 17	Clear
Glucose								[redacted]	Negative
Bilirubin								[redacted]	Negative
Ketone								SBG [redacted]	Negative
SG								[redacted]	1.010-1.025
Blood								ADG	Negative
pH								pH 7.558	5.0-8.0
Protein								PtO_2 34.3	Negative-Trace
Urobili								Pa_2 69	Negative
Nitrite								HCO_3 27	Negative
Leuko								BE 5	Negative

Sa_2 96%

(b)(6)-4

i-STAT EG7+

(b)(6)-4

Pt Name:_____

Na_____149 mmol/L
K_____4.5 mmol/L
TCO2_____29 mmol/L
iCa_____1.17 mmol/L
Hct_____23 %PCV
Hb*_____8 g/dL
*via Hct

At 37C
pH_____7.118
PCO2_____61.4 mmHg
PO2_____76 mmHg
HCO3_____26 mmol/L
BEecf_____-3 mmol/L
sO2*_____89 %
*calculated

Sample Type_:

21FEB04 10:09

Oper: 3771

Physician:_____

Ser# 24520

Ver: JAMS047A
CLEW A94

---

i-STAT EG7+

(b)(6)-4

Pt Name:_____

Na_____148 mmol/L
K_____4.1 mmol/L
TCO2_____28 mmol/L
iCa_____1.13 mmol/L
Hct_____20 %PCV
Hb*_____7 g/dL
*via Hct

At 37C
pH_____7.242
PCO2_____60.4 mmHg
PO2_____79 mmHg
HCO3_____26 mmol/L
BEecf_____-1 mmol/L
sO2*_____93 %
*calculated

Sample Type_:

21FEB04 11:12

Oper: 3771

Physician:_____

Ser# 24520

Ver: JAMS047A
CLEW A94

TEST	RESULT	DATE/TIME
HEMME		
WBC		
RBC		
Hgb		
Hct		
MCV		
MCH		
MCHC		
Plt		
LY%		
LY#		
UA		
TEST	RESULT	DATE/TIME
Color		
Clarity		
Glucose		
Bilirubin		
Ketone		
SG		
Blood		
pH		
Protein		
Urobil		
Nitrite		
Leuko		

	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME	DATE/TIME
128-145 mmol/L								
6.4-8.1 g/dL								
3.3-4.7 mmol/L								
73-118 mg/dL								
5-65 U/L								
GGT								
Glu							83	
K							4.4	
TProtein							7.2	
Na							153	

NSN 7540-01-160-7284

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	WARD/CLINIC	REGISTER NO.
CHEST CT W/IV CONT.	M	125I		
	FILM NO.			PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print) (b)(6)-2			TELEPHONE/PAGE NO.
	SIGNATURE (b)(6)-2			DATE REQUESTED 21 May 04

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

POST SURG.

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
21 MAY 04		

RADIOLOGIC REPORT

PATIENT'S IDENTIFICATION (For typed or written entries give: Name — last, first, middle, Medical Unit(s))	LOCATION OF MEDICAL RECORDS
125I	LOCATION OF RADIOLOGIC FACILITY

DEPARTMENT OF THE ARMY
TASK FORCE ALCATRAZ
PRISON HOSPITAL
ABU-GHRAIB, APO-AE 09342

22 MARCH 2004

SUBJECT: Check-off list for patient transfers

Below is a list of items that MUST be completed in order for the TOC to get a patient transferred. Once these steps have been completed TOC personnel will make the proper arrangements for the transfer to take place.

Patient identification: (b)(6)-4 [redacted]

Discharge or transfer order complete: Dr. signature/date/time (b)(6)-2 [redacted] 5/21 11:45

Doctor-Doctor update complete: Dr. signature/date/time (b)(6)-2 [redacted] 5/21 - 1145

Nurse-Nurse update complete: Nurse signature/date/time ____________

Mode of transportation requested: Air ✓ Ground ________

Priority level of patient: Urgent ✓ Non-urgent ________

MP Guard required: Yes ________ No ✓

****If any item above is not applicable place N/A in the box and initial.****

If any special equipment is needed for the transport please list items required below

Portable Oxygen

Portable ventilator.

(b)(6)-4 [redacted] **

TOC Personnel to complete items below this line:

Patients records copied: signature/date/time: ____________

Transportation requested: signature/date/time: ____________

Time patient left Alcatraz: ________

Central line
Art. line
Ventilator
possible [illegible]

DATE: 21 May 04   DX: Intraabdominal Abscess, Necrotic Rectal Stump   HOSPITAL DAY: 21

VITAL SIGNS

TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial line	101/59	114/60	98/61	101/61	106/66	101/64	107/67	100/60		111/67		134/68	143/81	133/72	134/69			
BP Cuff	101/61	114/71	101/72	100/50	100/73	104/65	100/71	107/62		116/[illegible]	90/51	105/101	147/91	134/79	124/72			
Temperature		101.0				101.2				100.4	–	–	-	97.[illegible]	—			
Pulse	116	122	136	132	139	136	132	128		128	122	122	119	117	113			
Respiratory Rate	30	30	34	36	44	38	36	37		37	10	10	18	20	20			
sat	100	99	96	97	95	97	99	97		98	95	96	96	98	98			

INTAKE

TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
MIV	200	200	200	200	200	200	200	200	1600	200	200	250	250	250	250			
Versed	4	5	5	5	6	5	5	5	40	5	5	5	5	5	5			
Bolus	—	—	1000	—	—	—	—	—	1000	—	—	1000	–	—	—			
Zosyn	50	–	–	—	–	—	50	—	100	—	—	—	—	50	–			
Vecuronium											10	10	10	10	–			
Albumin													100	–	—			
TOTALS	254	205	205	205	206	205	255	205	2740	205	215	1265	365	315	255			

OUTPUT

		24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
URINE	HOUR / TOTAL	60/60	70/130	30/160	110/270	110/380	45/[illegible]	145/[illegible]	90/[illegible]	1018	70	/	105/173	120/295	110/405	130/535	/	/	
	SP gr																		
	S/A																		
NG	OUTPUT							500	500	600					450				
	pH																		
	GUIAC																		
EMESIS																			
STOOL																			
DRAINS	Ileostomy														25				
TOTALS										1165									

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
May 04 0830	NRSG: ↑ in PT agitation from 0730-0800. PT given 75 mg Demerol @ 0800. PT now resting peacefully in bed. PT sedated c̄ versed @ 5ml/hr. PT on vent - SIMV mode. TV @ 500, FiO_2 @ 50%, RR 10. ETT checked @ 24 cm. BS to all lung fields, CTA. ↓ to R base. ~~HR tachy~~ PT breathing against vent - RR mid 30's. HR - tachy ranges 120-135 bpm. Cap refill < 3sec x 4 ext. Pulses +2/4 x 4 ext. PT has artline to L radial artery. Good wave form & pressures coincide c̄ BP cuff. ~~BS~~ edema +1 pitting edema to all extremities. ⊖ BS x4, abd s̄, ND, appropriately tender. Midline abd incision covered c̄ 4x4's & ABD pad. Serosanguinous drng noted to inferior 1/2 of drsg. PT has ileostomy to RLQ. Stoma appears moist & pink, draining small amt bloody fluid into colostomy bag. Colostomy to LLQ. Stoma pink & moist, covered c̄ moist 4x4, mucous drng present. Foley to gravity draining dark amber urine. NGT to L nare ~~[illegible]~~ to LCS draining dark brown fluid. CL to R SC. Patent & good blood return x3. LR @ 200cc/hr infusing s̄ difficulty. Will continue to monitor & assess - (b)(6)-2

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)-4

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

VENT CHECK SHEET

VENT START DATE 21 MAY 04

DATE/TIME	MODE	VT	RR	FIO2	TOTAL RR	PEEP	ALARM	SpO2	PIP	COMMENT	INT
21 MAY @ 2400	SIMV	750	12	40	20	5	50 / 5	100	28	PT ARRIVED FROM EMT c̄ R.DETT @ 22 @ LIP. BBS DIMINISHED —	(b)(6)-2
0015	SIMV	750	12	50	20	5	50 / 5	100	30	FiO2 ↓ [illegible] UNKNOWN TIME —	
0440	SIMV	750	12	50	16	5	50 / 5	100	31	SX SMALL AMOUNT OF MOD THICK YELLOW + WHITE —	
0750	SIMV	750	12	50	22	5	50 / 5	100	31	—	
1200	SIMV	750	12	50	24	5	50 / 5	100	33	SX: frothy small white —	
1505	SIMV	750	12	50	16	5	50 / 5	96	26	sx ↓ mucoid —	
1800	SIMV	—					/		—	BX TX X Q4° started. SX: lg thick pus like —	
2000	SIMV	750	12	50	26	5	50 / 5	98	35	BX TX given SX: Med thick clear —	
0020	SIMV	750	12	50	12	5	50 / 5	95	30	BX TX given SX: small fr. Tube; lg fr mouth —	
0400	SIMV	750	12	60	24	5	50 / 5	95	25	Br. TX given SX: Small. Tube repositioned —	
0810	SIMV	750	12	60	14	5	50 / 5	95	14	TX given Sx: Small white (chest tube placed in)	
1200	SIMV	750	12	60	12	5	50 / 5	97	31	—	
1600	SIMV	750	12	60	12	5	50 / 5	93	2?	—	
2000	SIMV	750	12	60	12	5	60 / 5	92	29	—	
0105	PT	dead					/				
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AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES

DATE	NOTES
~~20 MAY 04~~	
0930	NURSING: Lower 1/2 of incision - sutures intact, edges open, draining serous
	to brown foul smelling fluid. Penrose drain in place. Dressings changed,
	Hollister bag over penrose area. Stoma pink, mucus drainage present
	Tissues at open area of incision pink. (b)(6)-2 RN
1030	Postural drainage/percussion per RT. Breath sounds coarse throughout &
	Albuterol aerosol (b)(6)-2 RN
1200.	Respirations regular, breath sounds less coarse (b)(6)-2 RN
5/20/04	Medicine
	Pt suddenly began bleeding BRB out of Penrose drain
	to abdomen as well as out of rectum for about
	45 min Hb 12.1 this AM.
	P 144 BP 85/54 SpO2 95
	(1) arterial bleeding found no DIC
	P. ⊘ Contact surgeon to consider exploration no
	Transfusion
	(2) Fluid support
	(3) FFP
	(4) Blood typed crossed and on hold
	(b)(6)-2

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.

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 REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTE**

DATE	NOTES
1 May 04 1200	NPSG: Administered 10 mg Vecuronium IVP @ 0900, 1000 & 1100 for PT agitation & ↓ Pt's RR. ↓'d vent RR setting to 18 bpm @ 1030 d/t Pt's ↑ PCO_2. ↑'d RR again @ 1135 d/t ABG. RR now @ 20 bpm on vent. Will draw repeat ABG to r/o effects of vent Δ. TV 500, FiO_2 @ 40%. PT appears relaxed. Will continue to monitor & prepare PT for transfer to 31st CSH- [(b)(6)-2]
1 May 04 1300	NPSG: PT remains sedated. 10 mg Vecuronium given @ 1230 for ↑ RR. 425 cc dumped from NGT drng, dark brown in color. 95 cc drained from colostomy bag - bloody drng. Foley emptied. All meds prepared for transfer. [(b)(6)-2] Noon dose of Zosyn given. ↑'d Tidal Volume on vent to 600. Will continue to monitor- [(b)(6)-2]

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

DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | [redacted] 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[redacted] | WARD NO.

[(b)(6)-4]

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1989)
Issued by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
9 May 04	Received pt alert & orient O2 sat 89-91 on 12lt air concentrater, lungs congested throut fo[illegible] to gravity, amber but clear bloody stool bright red small liquid LR 50cc/hr TPN @ 125cc/hr, Lipid 21cc/hr, NJ dark green drainage; cont suction. see flowsheet for assessment of vitals
9 May 04 2200	Neb given chest pt conducted & nasopharyn suction conducted, scant [redacted] withdrawal O2 sat > 94%.
20 May 04 2200	FS 164 neb treatment given chest pt conducted pt unable to cough up sputum, perform T.S. well [redacted]
20 May 04 2500	Dressing change pt sat up on side of bed & staff assistance perrose drain 550cc blood tinged brownish drainage, bruised & blood noted to rectum [redacted]
20 May 2100	neb treatment given chest pt conducted, blood work drawn see flowsheet for [illegible] & finger stick [redacted]

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

[redacted]

FCV

DEPARTMENT OF THE ARMY
BAGHDAD CENTRAL DETENTION FACILITY HOSPITAL
APO AE 09342

Today's Date: 20 MAY 2004

Transfer Information Sheet

A. PURPOSE: To identify required information needed to facilitate patient transfer into the Baghdad Central Detention Facility Hospital (BCDFH).

B. GENERAL:

1. **TOC/PAD**

a) ISN number: (b)(6)-4 _____

OR

Coalition Provision Authority Apprehension form completed with following information:

- Name of Detainee
- Offense
- Capturing unit's identification number
- Capturing Unit's point of contact with DNVT phone number

AND

- **2 sworn statements from the capturing unit.**

b) Detainee Classification: ☐ High Value Detainee

☒ Security Detainee

FOR BCDFH STAFF USE ONLY	TOC INFORMATION SUFFICIENT: YES ☐ NO ☐

2. **MEDICAL INFORMATION:**

- **Date of Admission** ~~10 MAY~~ 29 APRIL
- **Diagnosis:** R3W ABDOMEN, EXP LAP COLOSTOMY

CLINAMAY

SUBJECT: Transfer Information Sheet

- **Attending Physician's name and contact phone number/ or email:** (b)(2)-1 _____

3. **NURSING INFORMATION:**

- **Patient mobility status:** ☒ Bed bound ☐ Ambulatory

☐ Paralysis: _____ ☐ Other: _____

- **All routine and special treatments:** (wound, tracheostomy, or colostomy care, etc.) Abdominal dressing changes PRN, perirose drain, colostomy.

- **Feeding needs:**

Diet: NPO

Tube feeding via: NA _____ with _____

Assistance needed with meals? NA

- **Bowel and bladder issues:** FOLEY CATHETER/U.O.

- **Visual/hearing/speech impairment:** ØENGLISH.

HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AR 40-2; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL

NAME AND LOCATION OF HOSPITAL

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)*

(b)(6)-4

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)*

· 2208

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, asphyxia, 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) · GSW Abd 9; multiple Ex-laps (B) Chest tube	
	(2)	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.	
	b.	

9. DATE	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE
24 May 04	(b)(6)-2 CPT, MC	(b)(6)-2 MD

SECTION B - ADMINISTRATIVE ACTION

TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER *(Specify)*					
19.					

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED *(If yes, give date and place)*	21. AUTOPSY ORDERED BY *(Signature)*
☐ YES ☒ NO	

22. PROVISIONAL PATHOLOGICAL FINDINGS

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