

MEDICAL RECORD - CHRONOLOGICAL RECORD OF MEDICAL CARE

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

~~28 Oct 03~~ ~~cc: # (b)(6)-4~~ ~~refuses to eat or drink, I.V. given 6-Bags~~

~~29 Oct 03~~ ~~cc: # (b)(6)-4~~ ~~refuses to eat or drink, I.V. given 6-Bags~~

29 Oct 03 cc: # (b)(6)-4 refuses to eat or drink I.V. given 6-Bags

30 Oct 03 cc: # (b)(6)-4 refuses to eat or drink I.V. given 6-Bags

31 Oct 03 cc: # (b)(6)-4 refuses to eat or drink, I.V. given 3-Bags

1 Nov. 02 cc: # (b)(6)-4 refuses to eat or drink, I.V. given 3-Bags

2 Nov. 02 cc: # (b)(6)-4 refuses to eat or drink, I.V. given. <sup>NO</sup>

Laying down B/P: - 120/84 P: - 79 <sup>Rectal</sup> temp: 97.8 SpO2: 99

Sitting B/P: - 114/80 P: - 97 SpO2: 98

Standing B/P - 110/80 P - 107 SpO2 - 98

2 NOV 03 1820 - Went to check on pt. Initially very lethargic, mucous membranes still moist however. Considering cause of weakness/lethargy as starvation vs. dehydration, but pt- requested time for urination, proceeded to get up & ambulate (with mild difficulty) to his toilet & passed est. 300cc of clear urine by my direct observation. Then returned on his own power to his bed. Decided pt. with good u/o is not signif. dehydrated will consider need for more I.V. fluids in AM.

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPT. LOCATION
SPONSOR'S NAME	SSAN# NO.	RELATIONSHIP TO PATIENT

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

ISI: (b)(6)-4

REGISTER NO. WARD NO.

compound/cell: 1A - 57

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

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

1 Nov 03  
1700

at 1030 hrs.  
 I saw pt. in cell block, has refused food for ~ 7 days.  
 states he wants to die, will not take anything from enemies.  
 O: Pt. unable to stand, oral mucous membranes dry, eyes dry. Hydration = 4 L LR → less weakness. Pt has been hydrated daily ~ 4-6 L LR for several days.  
 Pt. alert, sl. tachycardic. B4 hydration, loss tachycardic after. Today ribs are normal to be sl. prominent whereas yesterday I could not see rib outlines.  
 A: Pt. refusing food → starvation. Req. daily hydration due to refusing water.

P: Called Dr. (b)(6)-2 of Prison Hospital facility in for consultation. After speaking to pt., Dr. (b)(6)-2 felt that he would eat & drink if admitted to the Prison Hospital. Pt. initially agreed, but on beginning transfer, stated he must go to a Baghdad Hospital. Dr. (b)(6)-2 suggested allowing pt. to believe he was going to Baghdad but bringing him to Prison Hospital so prisoner/pr. would save face and feel it was OK to eat, though once in Prison facility, would know he was not in Baghdad. Dr. (b)(6)-2 then told pt. this. Pt. transferred by PLA, but apparently became abusive @ Prison Hospital, was therefore denied admission by Dr. (b)(6)-2 there, also denied because pt. had been told he was

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART. SERVICE	REGISTRATION NUMBER 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; Hand/Grade.)	REGISTERED NO.	WARD NO.
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ISN: (b)(6)-4  
 compound/cell: 1 B

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 Medical Record  
 STANDARD FORM 600 (REV. 5-97)  
 Prescribed by GSA/ICMR  
 FIRM (41 CFR) 201-9.202-1  
 USAPA V2.00

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	26 Oct: Pt. Was taking Gabapentin 5mg BID + Aspirin 50 mg QD - Pt. Will receive same Meds + Boses. - Spc (b)(6)-2 9/12
P:	
BP:	27 Oct - Pt. rec MGOS - PMH
R:	28 Oct: Pt. rec. Meds of
T:	29 Oct: Pt. he had...
SPO2:	30 Oct PT Done w/ meds
All:	
Previous meds:	
Current Meds:	
PMHX:	

HOSPITAL OR MEDICAL FACILITY	STAFF NO.	DEPT./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SERIAL 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.
ISN	(b)(6)-4		

Comound/cell #: 1A 144

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 Medical Record  
 STANDARD FORM 800 (REV. 6-97)  
 Prescribed by GSA/ICMR  
 FIRM (41 CFR) 201-9.202-1  
 USAPA 42.00

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
6 NOV 03	Pt. has chronic stuffy nose & needs one 120mg CD Allegra
7 NOV	pt rec meds (b)(6)-2
8 NOV	pt rec meds
9 NOV	pt rec meds (b)(6)-2
10 NOV	pt rec meds
11 NOV	pt rec meds
12 NOV	pt rec meds
13 NOV	pt rec meds (b)(6)-2
14 NOV	pt rec meds
15 NOV	pt rec meds
16 NOV	pt rec. meds
17 NOV	(b)(6)-2 (b)(6)-2
19 NOV	(b)(6)-2
20 NOV	(b)(6)-2
20 NOV	Pt with stent 3-Pak on NOV 21 (b)(6)-2
21 NOV	prn @
22 NOV	prn @

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPT/SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SERIAL 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; Race; Grade)	REGISTER NO.	WARD NO.
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ISN: (b)(6)-4

Compoun/cell: 1A-42

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1

USAPA V2.00