IN...IENT 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
(b)(6)-4	OD (b)(6)-4			—	
4. SEX: M	5. AGE: —	6. RACE: —	7. RELIGION: Muslim	8. LENGTH OF SVC: —	9. ETS: —	10. PREVIOUS ADMISSION: —
11. PMP: 99	12. SSN: (b)(6)-4		13. ORGANIZATION: Iraqi Civilian		14. WARD: ICU
15. FLYING STATUS: —	16. RATING/ DSG: —	17. DEPT./ BEN: —	18. BRANCH/CORPS: —	19. UIC/ZIP: —	20. TYPE CASE: Inj

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
Transfer	1715	ABAA

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
—	TRN	1APR03
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	**27b. TELEPHONE NO.**	**28. DATE OF THIS ADMISSION** / **ADMITTING OFFICER**
—		30 mar03

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
(b)(3)-1 IRAQ		

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

Anoxic encephalopathy. ~~348.3~~ 348.1

s/p GSW To ® Leg s/p Traumatic Amputation

E991

896.0

897.4

84.15

Trauma 9 0

Inj 450

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
3	3				3

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
(b)(6)-2 MD	(b)(6)-2

DA FORM 3647, MAY 79 — MEDCOM - 3773 — MC

(b)(6)-2

ACLU-RDI 4737 p.1

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
(b)(6)-4	OD (b)(6)-4					—	
4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
M	—	—	Muslim	—	—	—	
11. FMP	12. SSN		13. ORGANIZATION			14. WARD	
99	(b)(6)-4		Iraqi Civilian			ICU	
15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE	
—	—	—	—	—		Inj	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION			22. HOURS OF ADMISSION	23. CLINIC SERVICE			
Transfer			1715	ABAA			
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION	26. DATE OF DISPOSITION			
—			~~RT~~ DOW	1APR03			
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION		ADMITTING OFFICER	
—				~~30~~ 1 mar03			
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY				30. DATE OF INTIAL ADMISSION		32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED	
(b)(3)-1 IRAQ							

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

Anoxic encephalopathy - 348.3

S/P GSW To ® Leg S/P Traumatic Amputation

891. E991 84.15

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
3	3				3

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 (b)(6)-2 MH

SIG (b)(6)-2

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

(b)(6)-2

MEDCOM - 3774

ACLU-RDI 4737 p.2

DOD 010253

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
29MAR03 1010Z	BRIEF OP NOTE: TRANSFER PROCEDURE: (R) LE TRAUMATIC AMPUTATION - I&D - MULTIPLE SHRAPNEL INJURIES (R) LE. (R) UE (L) PNEUMOTHORAX → CHEST TUBE PRE-OP DIAGNOSIS: (R) LE DISTAL FEMORAL LEVEL AMPUTATION WITH PROXIMAL COMMINUTED FEMUR FX POST-OP DIAGNOSIS: SAME SURGEON: (b)(6)-2 ASSISTANT: (b)(6)-2 EBL: 500 cc FLUIDS: 5000 cc, 1 UNIT PRBC's UOP: 200 TT: NONE POST-OP PLAN: REPEAT I&D; MAY NEED HIP DISARTICULATION AT NEXT LEVEL OF CARE - BASED ON DEGREE OF INJURY TO HIP LEVEL (UNABLE TO OBTAIN FILMS HERE). EVAC TO BAMC CARE WITH SURGEON (CSH) (b)(6)-2 (b)(3)-1 COR

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		
		CONUS		

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.
LOG#: SSAN#: (b)(6)-4 NAME:		

PROGRESS NOTES
Medical Record

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

MEDCOM - 3775

ACLU-RDI 4737 p.3

DOD 010254

3-29-03

Pt EPW i blood to (R) leg s/p (L) lower limb above the knee Amputation. Patient stable during case. Noted difficulty i oxygenation post op noted (R) pneumothorax. Chest tube placed. 2 units of blood received. 3rd unit given after hypotensive episode. Sudden loss of pulse post unit transfusion? air embolism, coded i appears to expire. Repeat FAST of Abdomen neg. for free fluid. Noted ST changes on monitor. Transport to next echelon care

(b)(6)-2

(b)(6)-2 (b)(6)-2

M.D., FACS

MAJ, MC, USA
General Surgeon

ACLU-RDI 4737 p.4

DOD 010255

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
30 MAR 03 1015	PT TRANSFERED TO ICU 2 FROM [(b)(3)-1] PT SEDATED C ET TUBE IN PLACE. PT SPONTANEOUSLY BREATHING ON HIS OWN. DEEP SUCTIONED THE PT, CLEARING A COPIOUS AMOUNT OF THICK WHITE SPUTUM. PT CONECTED TO VENT AND SETTINGS CONFIRMED C SSG [(b)(6)-2] VSS, SPO2 @ 99% C 10L VIA VENT. LUNGS SOUNDS RHONCHI AND RALES BILATERALLY SINUS TACHY. ABDOMEN LARGE FIRM AND DISTENDED. (L) CHEST TUBE CONNECTED TO 20 cm WALL SUCTION. PLEU-EVAC TURNED IN TRANSPORT THEREFORE TOTAL OUT PUT MARKED IN ALL CHAMBERS. (L) HAND 18g C LR @ 120cc/° LR. (R) FA GSW. 2 cm ENTRY WOUND & 2cm EXIT WOUND, +3 EDEMA IN (R) HAND AND WRIST. DOPPLER RADIAL PULSE, DRSNG Δ AND ARM ELEVATED. (R) SHOULDER SHRAPNAL INJURY DRSNG Δ, FOLEY TO GRAVITY DRAINING CYU. (R) AKA, STUMP DRSNG MODERATELY SATURATED. C SEROSANGUINEOUS DRAINAGE (R) FOOT DOPPLER PULSE. WILL CONTINUE TO MONITOR THE PT [(b)(6)-2]
30 Mar 03 1115	Resp Care Note pt. on mech vent as ordered, all settings checked & set properly All alarms set & working. Ambu bag @ bedside. BBS coarse SXN lg. thick white/yellow secretions. Vent settings SIMV RR 12, V_T 750, Peep 5 cmH_2O, PIP 35, Exhaled V_T 747 mL, FIO_2 1 L/min Bleed in. SpO_2 96% [(b)(6)-2] NG IN (L) NARE NOT CONNECTED TO SUCTION. SGT [(b)(6)-2] 9/MMG
1230	20G HEPLOCK PUT IN (L) UPPER FOREARM. SGT [(b)(6)-2] 9/MMG
~~1300~~	~~Pt. remains on supine~~ MG 1340 - 800cc CLEAR YELLOW URINE OUTPUT. Hct 21%, HB 7g/dL, PH 7.365, PcO_2 37.9 PO_2 93, 140 PT. PULSE TACHYCARDIA 500cc LR BOLUS GIVEN (R) AMPUTATION SITE DRESSING REINFORCED AND DR. NOTIFIED. SGT [(b)(6)-2] 9/MMG

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./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.

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

ACLU-RDI 4737 p.5

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
3/30/03 15:50	Resp Care Note: Vent settings ↓ RR 8, V_T 800 mL, Peep 5 cm H_2O, FIO_2 1/min Bleed in. PIP 38 cm H_2O, BBS Coarse soon small thick yellow secretions SpO_2 98%. (b)(6)-2 RNVSN
3/30/03	1615 - 1ST UNIT OF PRBC's STARTED WILL CONTINUE TO MONITOR PER TRANSFUSION PROTOCOL, SGT (b)(6)-2 RN/MS/LPN 1825 - 1ST UNIT PRBC's FINISHED NO REACTIONS 1835 - 2nd UNIT PRBC's STARTED WILL CONTINUE TO MONITOR. 1845 - OUTPUT TOTAL - 1900 cc FOLEY FOR SHIFT. IV INTAKE 1850 cc TOTAL FOR SHIFT. SGT (b)(6)-2 RN/MS/LPN

STANDARD FORM 600 (REV. 6-97) BACK

*U.S. GPO: 2002 - 491-600/50618

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
3-31	cont → @ 18g started - LR @ 125/hr, NEO at 500cc/40 @ FA decr dry intact. P- monit B/P - Dress L5 Lac'n to eyes [redacted] SSG MD
3/31/02 1000	Resp Care Svc Note. Vent settings SIMV RR 10, Vt 800, Peep 5cm H2O FIO2 1/min Bleed in. HR 133, Ex Vt 791 PIP 29 cm H2O Mean 14 cm H2O. SxN scant white secretions [redacted]
3/31/02 1240	Resp Care Note: Vent settings: Mode SIMV, RR 10, Vt 800ml Peep 5 cm H2O, FIO2 2/min Bleed-in, PIP 29 cm H2O, Mean 14 cm H2O HR 128, SpO2 98%. SxN scant yellow secretions [redacted]
3/31/02 1330	pt care done, changed all dressing, foul smelling odor to stump smells like pseudomonas. IV LR @ 125/HR + NEO @ 110 mic/min MAP SYS between 60-70, MAP between 24-30 [redacted] SSG MD
3/31/02 1520	Respiratory Care Note. Pt vent settings: Vt 800, SIMV RR 10 peep 5cm H2O, FIO2 2% bleed in. PIP 30, Mean 15, [redacted] 298 pt. SxN scant thick white/yellow secretions [redacted]
3-31/03 1535	Currently map between 58-62 - NEO @ 155 mic/min, ST @ 140's HOP gs approx 200/HR, pupils fixed, Reported to ARNP [redacted]
3-3/ 1630	NEO @ 160 mic/min, ST, GCS 1, map 60's, [redacted] LR bolus. ARNP [redacted] aware, Will to effect [redacted]
3/31 1745	↓ B/P 59/33 MAP 44 @ 190 mic/min NEO, Report to ARNP. [redacted]
3/31 1800	MD [redacted], cont aggressive measures per ARNP. Current pt at 190 mic/min @ NEO, map 44's. T 99.5, RR 10 Vent setting, HR 100's [redacted] ST, HOP gs @ 3380 [redacted] 2 L NS @ 500 in. [redacted]
2000	VS T 99.6 54/28 hr 95 No changes in condition, continue to monitor [redacted] 9 NSG

STANDARD FORM 600 (REV. 6-97) BACK

*U.S. GPO: 2002 - 491-600/50618

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
30MAR03	2100 hr 117 104/55 T 99.4
31MAR03	0324 suctioned pt. lt yellow secretions moderate amount. VS and I+O recorded hourly see flowsheet. Continue to monitor [(b)(6)-2] given Co
31 Mar 03 0805	Resp Care Note: pt on mech vent as ordered. All settings checked & set properly. All alarms set & working. [(b)(6)-2] Ambu bag @ bedside. BBS fairly coarse SOU scant white secretions. Current vent settings SIMV RR 10, VT 800 Peep 5, FIO2 2/L. Bleed in, Exhaled Vt 788 PIP 31, Mean 12. [(b)(6)-2] given
3-31 0830	↓ B/P @ 0730 87/60 HR 130, VO DR [(b)(6)-2] 500 CR. Read OT 0810 T B/P 100/52, HR 118, Sats 100% RT SX VO Rate ↓ to 10 and TV up to 800 on vent yesterday. 18g IV started (R) AC [(b)(6)-2]
0836	CT D/C'd by DR [(b)(6)-2] [(b)(6)-2]
0920	↓ B/P 60's sys, VO DR [illegible] T 100 to 100% mitrate map to 70 Rep to Cardiac now sys 80's, also IL creatine given to keep Sys T B/P given could be [illegible] [(b)(6)-2]
1040	V- pupils 3+ fixed, GCS 1, responsive to pain, R-sino ID, pearl TV 800, AC fixed, 2/L FIO2, 8.0 ett @ 23 cm lip Sats 100%. on ST 130's, B/P 102/58 on neo 50 mcg/min, good pulses upper extremities nitro continued to (R) lower. GI absent BS rt to (R) nare to OG good placement, NPO GU good UOP clear yellow about 100/HR, skin warm dry. (R) AK A stump with mild tissue edema dry, (R) shoulder shrapnel wound intact dry, (L) (R) pelvis dressing dry I, IV's (L) AC 20g, (L) Hand 20g Cont

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./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.

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

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
31 MAR 03	2106 VS T 99.8 166/32 hr 95 97% SpO2 IVF 20 cc/hr. NO significant Δ's in condition. Continue to monitor. (b)(6)-2 SW M6
2200	Cefazolin 1GM IV, Clindamycin 900mg IV administered,
31 March 2003	
2354	Post Injury / Visit on Day #2
	Pt S spontaneous movement. has been hypotensive BP 68/34, HR 100 on resuscitation. 6000cc N.S. / 8 hrs
	On Cefazolin / Gentamicin / Clindamycin
	Pupils = 4mm - non reactive
	TMs intact
	lungs - CTA bilaterally
	Abd - soft, non tender
	wound examined - 1900 no evidence of sepsis
	CXR - no source of infection seen
	I.D. pending
	IMP: Hypotension on broad spectrum coverage with cefazolin PRN.
	(b)(6)-2

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./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.
EPW (b)(6)-4		

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1 APR 03	0018 VS 90/45 hr 91 Spo2 99% T 98.8 (b)(6)-2 gwm6
0020	2x10^6 units penicillin given IV (b)(6)-2 gwm6
0100	pitressin 10u IV given. titrated nee down to 47 ml/hr to lower b/p. b/p now running 116/74. 1 unit PRBC being given now per dr. orders. continue to monitor. (b)(6)-2 gwm6
0143	titrated nee up to 57 cc/hr - b/p was down to 84/56. (b)(6)-2 gwm6
0606	no changes in pt. status. continue to monitor. (b)(6)-2 gwm6

STANDARD FORM 600 (REV. 6-97) BACK

*U.S. GPO: 2002 - 491-600/50618

ORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
3/31/02	Resp Care Note. Vent settings: SIMV RR 10, Vt 800, Peep 5 cm H2O FIO2 21% PIP 28 cm H2O, Mean 14 cm H2O. SpO2 98% BBS coarse SSN scant thick yellow secretions: (b)(6)-2 -SWISH
01 April 2003	Labs results
0022	171 / 130 133 - Yellow 2.4 / 35 20 - BLN Hgb 6.0
	will give free fluid for hypernatremia (b)(6)-2
1 April 2003 0826	Neurology note Pt seen, & evaluated. Pt purportedly had episode of pulseless V-tach, p having several missile injuries, (L) pneumothorax, & traumatic amputation of (R) lower ext. Pt, now is on a ventilator — & is ∅ any sedation or paralytic meds Exam - Comatose, pupils 5mm non-reactive bilat, no spontaneous movements, no movement to very deep painful stimulation; ∃ Doll's eyes Impr: Suspect pt is irreversible brain death. Recomm: Stop all paralytics & sedating drugs. ~~Hold vent tube~~ vent tubing off for ± minutes, if no spontaneous movement then place back on vent. Repeat misdx @ 1400 — if no spontaneous breathing ⇒ pt is brain dead

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT (b)(6)-2
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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
01 APR 03	Pt CONNECTED TO VENT @ RESP 12, PEEP 5, FIO2 21%, TIDAL VOL 900, PUPILS
0800.	FIXED @ 6mm. UNRESPONSIVE TO PAINFUL STIMULI. ABSENT GAG REFLEX WITH SUCTIONING.
	VERIFIED @ DR. (b)(6)-2 THAT PT DID NOT SPONTANEOUSLY BREATH FOR 1 MIN WITH
	DISCONNECTED FROM VENT. WILL REPEAT AGAIN @ 1400, IN ORDER TO VERIFY BRAIN
	DEATH. NG. REMAINS @ LOW INT. WALL SUCTION, MODERATE AMOUNT OF BROWN
	DRAINAGE PRESENT. CONTINUE TO DEEP SUCTION Q2° AND PRN. LUNGS SOUNDS R/L
	BILAT. (L) CHEST TUBE D/C'd 31 MAR. DRSNG C/D/I. ABSENT BS IN ALL 4 QUADS.
	SOFT SLIGHTLY DISTENDED ABD, FOLEY TO GRAVITY PRODUCING CYM QS.
	DRSNGS TO (R) AKA, (R) FA, (L) SHOULDER Δ AND C/D/I. CONT. ABX Tx AS
	ORDERED. WILL CONT TO MONITOR PT (b)(6)-2 KT/AN.
1000	NEOSYNEPHRINE DISCONTINUED PER V.O. FROM DR. (b)(6)-2 (b)(6)-2 KT/AN
1030	BLOOD PRESSURE CONTINUES TO FALL S/P D/C OF NEO. DR. (b)(6)-2 NOTIFIED. NO
	INTERVENTION ORDERED AT THIS TIME, ALL DRSNGS C/D/I, NO Δ IN NEURO STATUS
	GI, RESPIRATORY, GU, CONTINUE E ABX Tx AND COMFORT CARE. COMPLETE
	BED BATH GIVEN, LACROLUBE APPLIED, 5mg of MSO4 ADMINISTERED FOR PAIN & COMFORT
	MEASURES. WILL CONTINUE TO MONITOR THE PT. (b)(6)-2 KT/AN
01 April 2003	
1130 Zulu	Expired 11:30 no respirations,
	chaplain (b)(6)-2 at bedside
	(b)(6)-2

STANDARD FORM 600 (REV. 6-97) BACK
*U.S. GPO: 2002 - 491-600/50618

510-112 NSN 7540-00-634-4123

MEDICAL RECORD — NURSING NOTES

(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
29 Mar 03		1900	Pt placed on Impact 754 Ventilator with initial Vent settings ~~BiPAP~~ mode, RR 12 bpm, FIO_2 .40, PEEP 5 cmH_2O, VT 700 ml, PIP 45 ET Tube ~~8.0 cm~~ @ 22 cmH_2O ~~at~~ lips. Pt sedated bilateral B.S. rales scattered rhonchi. Sx moderate amount thick yellow sputum. orders verified per Dr. (b)(6)-2 — (b)(6)-2 Respiratory
29 Mar 03		2200	Started Versed + Sentanyl drip for severe agitation. C/in 30° pt calmed down. BP began to ↓ (MAP) in low 60's. talked c Dr (b)(6)-2 & will give 2U PRBC's for Hct in ER of 22. — (b)(6)-2 — CPT AN. —
30 Mar 03	0130		2nd unit of blood complete — pt doing well — (b)(6)-2 — CPT AN.
29 Mar 03		2030	Late entry: 2030 — advanced ETT by 3cm per Dr (b)(6)-2. replaced OGT c NGT in (L) nare — good placement verified by air bolus. placed on LIS. took lab samples amylase & creatinine. — (b)(6)-2 — CPT AN —

(Continue on reverse side)

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

EPW # (b)(6)-4

REGISTER NO.

WARD NO.

NURSING NOTES

Medical Record

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 3785

MEDICAL RECORD — INTRAOPERATIVE

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
BY
3. DATE
TIME PATIENT ARRIVED IN SUITE

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY (b)(6)-2
4. PATIENT IN ROOM
TIME 1030
NUMBER Somewhere in Iraq

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: ~~B~~ Responsive, [illegible]

6. NURSING PERSONNEL

ASSIGNED SCRUB	Spc (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	CPT (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

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

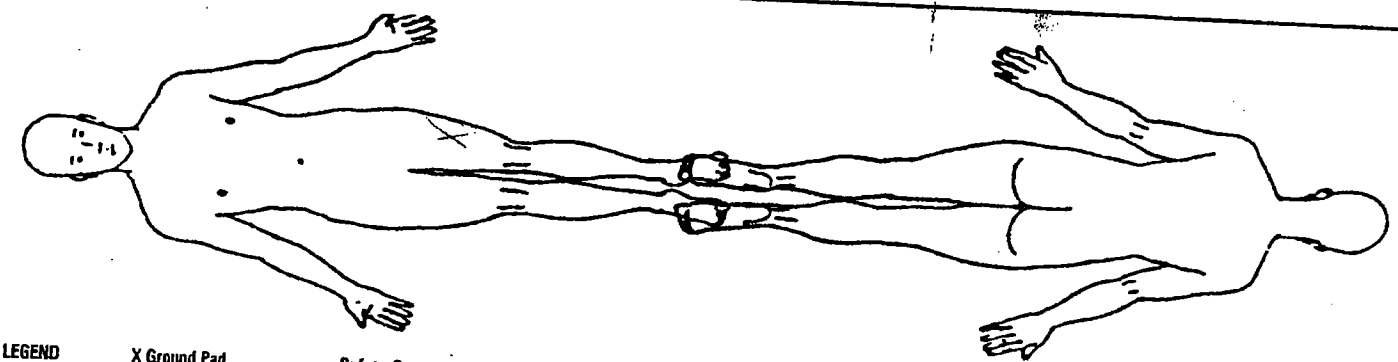
COMMENTS: on mech gurney.

8. SKIN PREPARATION

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

PREP SOLUTION (Specify) Betadine
SITE: [illegible]
SITE: [illegible]
BY WHOM: (b)(6)-2
BY WHOM (b)(6)-2
COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad – Safety Strap = = = Tourniquet

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☐ Yes ☒ No			C	(b)(6)-2	(b)(6)-2
Needle Sharp	☒ Yes ☐ No			C		
Instrument	☐ Yes ☒ No			—	SPC	CPT
Other	☐ Yes ☒ No			—		

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

LOG# (b)(6)-4

SSAN#

NAME:

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

☒ ESU NO: Force 2 Valleylab
GROUND PAD: BRAND [illegible]
LOT NO: 021272

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

A FORM 5179-1, OCT 87 REPLACES DA FORM 5179-

MEDCOM - 3786

13. PROSTHESIS, IMPLANTS ☐ YES ☐ NO IF YES NAME: ID NUMBER; MANU

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 BY

PHYSICIAN'S SIGNATURE (b)(6)-2

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

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☐	NAME Rt. lower extrimity (disposed in burn pit)	NAME
FROZEN SECTION (FS) YES ☐ NO ☐ X	NAME	NAME
CULTURE (C) YES ☐ NO ☐ X	NAME	NAME
NAME	NAME	NAME
NAME	NAME	18. DRESSING/IMMOBILIZATION *(Specify)* Rt. shoulder - 4"x4" silk tape; Rt. forearm - 4x4, silk tape; Rt. leg - Kerlix, Ace wrap; Rt. hip - 4x4

17. TUBES, DRAINS/PACKING YES ☒ NO ☐ X-TS

	1.	2.	3.
TYPE/SIZE	Kerlex Gauze		
SITE	Rt. hip		

19. ADDITIONAL INFORMATION

Surgeons: Dr. (b)(6)-2
Dr. (b)(6)-2
Dr. (b)(6)-2 irrigated Rt arm

LOG # (b)(6)-4
SSAN#
NAME:

20. OPERATION(S) PERFORMED

Above knee Amputation Rt. leg, I + D Rt. hip wound, I + D Rt. arm wounds

21. PATIENT TRANSFERRED TO	TIME	METHOD
(b)(3)-1 Post. op		litter

22. REGISTERED NURSE SIGNATURE (b)(6)-2 Cpt AD

USAPA V1.01

REVERSE OF DA FORM 3179-1, OCT 87

MEDCOM - 3787

NSN 7540-00-634-4124

VITAL SIGNS RECORD

...L RECORD

...OSPITAL DAY | 01 APR 03

... DAY

...-YEAR | DAY | 1600

19 | HOUR | 1600

PULSE (0)	TEMP. F (°)	TEMP. C
	105°	40.6°
180	104°	40.0°
170	103°	39.4°
160	102°	38.9°
150	101°	38.3°
140	100°	37.8°
130	99° / 98.6°	37.2° / 37.0°
120	98°	36.7°
110	97°	36.1°
100	96°	35.6°
90	95°	35.0°
80		
70		
60		
50		
40		

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

~~BLOOD PRESSURE~~ VENT — RR 22

HEIGHT: | WEIGHT →

SAT. — 91% 2L

NG. — 300cc

INTAKE — D5W 125cc/h

OUT PUT Foley to Gravity — 1600 cyu

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

VITAL SIGNS RECORDS

Medical Record

STANDARD FORM 511 (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 3788

MEDICAL RECORD — VITAL SIGNS RECORD

3rd base 1-32

HOSPITAL DAY																							
POST-	DAY																						
MONTH-YEAR	DAY	2500	1330	2345	2400	0100	0210	0230	0400	0800	1200	1315	1345	1600	1800	1935	2000	2100	2300	0000	1400	1445	2100	0330	0345
19	HOUR																								

PULSE (0)	TEMP. F (•)	TEMP. C
	105°	40.6°
180	104°	40.0°
170	103°	39.4°
160	102°	38.9°
150	101°	38.3°
140	100°	37.8°
130	99°	37.2°
	98.6°	37.0°
120	98°	36.7°
110	97°	36.1°
100	96°	35.6°
90	95°	35.0°
80		
70		
60		
50		
40		

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: | WEIGHT →

Record special data only when so ordered

Pulse O2	96	97	99	94	96	95	94	96%	98%				95	97	97	99	99	99	97	97	100		
Input IR	125	125		125	125	125	125	125	500	3L			57 NG	57									
													125 IR	125									
Output	510	510		400	400	800	400	400	400				75	200	100	100							
				700	300				180														
									3300														

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

REGISTER NO.

WARD NO.

I 2,000

03400

STANDARD FORM 511 (REV. 7–95) **BACK**

*U.S.GPO:1996-404-763/40089

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY
POST- DAY
MONTH-YEAR | DAY: 30 MAY
19 | HOUR: NOON 11 12 1 2 1S 1630 1635 1639 1935 1640 1705 1720 1730 1820 1835 1840 1845 1850 1855 1910 1925 1940 2010 2040 2050 2100

PRE TRANSFUSION 107/50 131 98.2
POST TRANSFUSION STARTED (2ND UNIT)
2ND UNIT

PULSE (0)	TEMP. F (°)	TEMP. C
	105°	40.6°
180	104°	40.0°
170	103°	39.4°
160	102°	38.9°
150	101°	38.3°
140	100°	37.8°
130	99°	37.2°
	98.6°	37.0°
120	98°	36.7°
110	97°	36.1°
100	96°	35.6°
90	95°	35.0°
80		
70		
60		
50		
40		

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

~~BLOOD PRESSURE~~ BP: 12/40 | 18 | 18 | 20 | 14/24

Record special data only when so ordered

HEIGHT: | WEIGHT →

SpO2: 98% VENT | 98% VENT | 93% 0545

Urine: 600 600

Output

Input: 125 LR 125

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

REGISTER NO.

WARD NO.

(b)(6)-2

VITAL SIGNS RECORDS

Medical Record

STANDARD FORM 511 (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

Post-Op Nsg Note / Code Summary

INTAKE			OUTPUT		
TIME	TYPE	AMT	TIME	TYPE	AMT
OR	Crystalloid	6250	OR	EBL	400
OR	PRBCs (O+)	400	OR	Urine	200
PACU	Inspan	500	PACU	Urine	250
↓	PRBCs (O-)	400			
↓	Crystalloid	3750			
TOTAL	+	10300	TOTAL	−	9500

PACU NURSING NOTES: NURSING CARE PROBLEM NO.'S _____ IDENTIFIED. Refer to FH MDA OP 39

NURSING CARE PROBLEMS: 1. RESP; 2. CIRC; 3. ACT; 4. LOC; 5. TEMP; 6. PAIN; 7. SAFETY; 8. ANXIETY; 9. EDUC; 10. OTHER

Post Op Nursing Note / Code Summary: ~~3X completed~~ @ c. 1305 (L) pt became difficult to wean / extubate requiring frequent BVM support (c No SpO_2 waveform/rdg avail) pressures remained 90s/50s. Pt then rec'd fluid bolus for ↓ UOP c min response + subsequent fluid boluses for hypotension; S-tach 130s throughout (& ectopy). After no improvement in oxygenation status & rec'd 2nd of 2 units of PRBCs c improvement in BP + SpO_2 (110/60's & SpO_2 as high as 95% on max FiO_2 (70%). Pt precipitously ↓ HR (40s) (approx 10 min p PRBCs completed) c noted ST ↓. Pt then became S-tachy + V-tach'd s pulse. CPR initiated 1 amp Epi + Atropine administered c eventual ~~[illegible]~~ response; pt's rhythm converted to S-tach (130s c bifascemini) + rec'd amb sat to ↑ SpO_2 to ≥90%, BPs 90/20-40s.

Pt MEDICATION GIVEN BY: Dir-evaluator MEDICATION RECEIVED IN PACU DRUG(s) @ c. DOSE 525- EFFECTIVE-

(b)(6)-2

(b)(6)-2

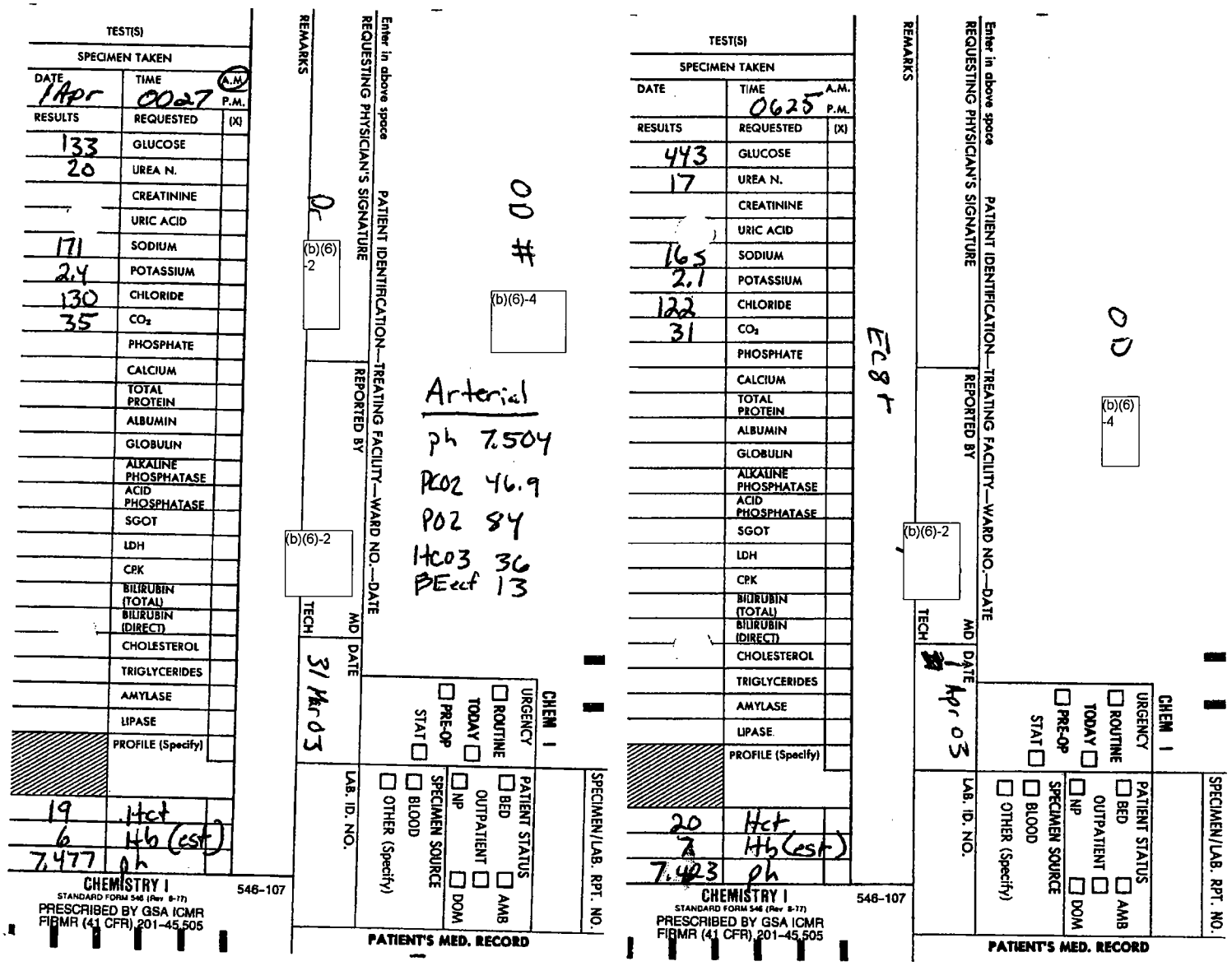
1g Ancef administered @ c. 12 noon Intra-Op

DISPOSITION SUMMARY: Nursing Care Problems No.'s _____ Resolved; No.'s _____ Continue.
Patient was transferred from PACU/ICU recovery room via litter/crib with siderails raised, or held by parent in wheelchair.
Dressing status: _____ PAR Score _____ Safety Straps _____
Report given to _____. Patient released by Anesthesia _____
Time out _____. Nurses Signature: _____

LOC#: PT NA MEDCOM - 3791 PT SSAN#:

(b)(6)-4

ACLU-RDI 4737 p.19

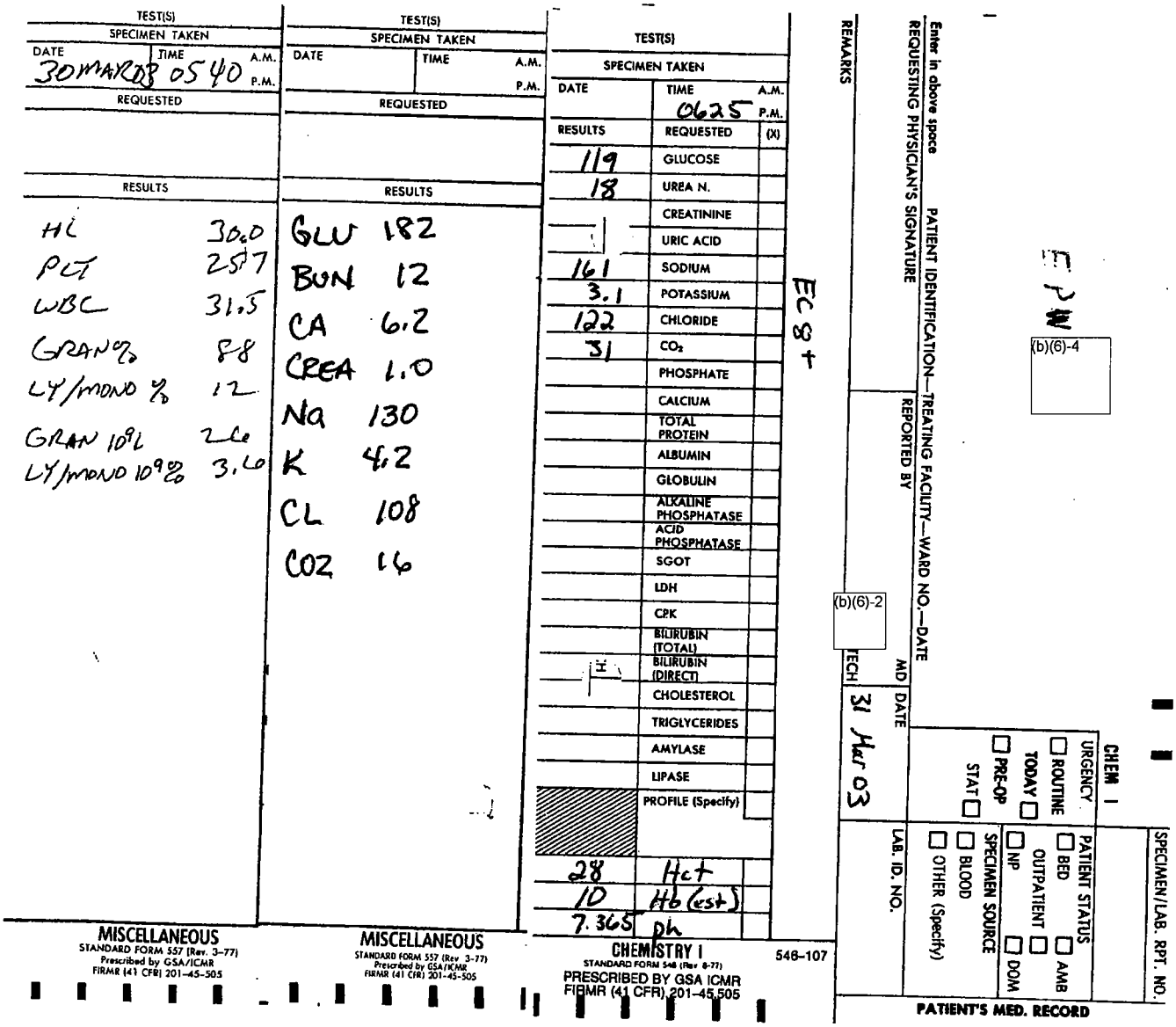


TEST(S)
SPECIMEN TAKEN
DATE 1 Apr
TIME 0027 A.M. P.M.
RESULTS | REQUESTED | (X)
133 GLUCOSE
20 UREA N.
CREATININE
URIC ACID
171 SODIUM
2.4 POTASSIUM
130 CHLORIDE
35 CO_2
PHOSPHATE
CALCIUM
TOTAL PROTEIN
ALBUMIN
GLOBULIN
ALKALINE PHOSPHATASE
ACID PHOSPHATASE
SGOT
LDH
CPK
BILIRUBIN (TOTAL)
BILIRUBIN (DIRECT)
CHOLESTEROL
TRIGLYCERIDES
AMYLASE
LIPASE
PROFILE (Specify)
19 Hct
6 Hb (est)
7.477 ph
CHEMISTRY I
STANDARD FORM 546 (Rev 8-77)
PRESCRIBED BY GSA ICMR
FIRMR (41 CFR) 201-45.505
546-107

REMARKS
Or
Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE
(b)(6)-2
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
OD # (b)(6)-4
Arterial
ph 7.504
PCO2 46.9
PO2 84
Hco3 36
BEecf 13
REPORTED BY
(b)(6)-2
TECH
MD
DATE 31 Mar 03
CHEM I
URGENCY ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT
PATIENT STATUS ☐ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM
SPECIMEN SOURCE ☐ BLOOD ☐ OTHER (Specify)
LAB. ID. NO.
SPECIMEN/LAB. RPT. NO.
PATIENT'S MED. RECORD

TEST(S)
SPECIMEN TAKEN
DATE
TIME 0625 A.M. P.M.
RESULTS | REQUESTED | (X)
443 GLUCOSE
17 UREA N.
CREATININE
URIC ACID
165 SODIUM
2.1 POTASSIUM
122 CHLORIDE
31 CO_2
PHOSPHATE
CALCIUM
TOTAL PROTEIN
ALBUMIN
GLOBULIN
ALKALINE PHOSPHATASE
ACID PHOSPHATASE
SGOT
LDH
CPK
BILIRUBIN (TOTAL)
BILIRUBIN (DIRECT)
CHOLESTEROL
TRIGLYCERIDES
AMYLASE
LIPASE
PROFILE (Specify)
20 Hct
7 Hb (est)
7.423 ph
CHEMISTRY I
STANDARD FORM 546 (Rev 8-77)
PRESCRIBED BY GSA ICMR
FIRMR (41 CFR) 201-45.505
546-107

REMARKS
EC8r
Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE
(b)(6)-2
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
OD (b)(6)-4
REPORTED BY
TECH
MD
DATE 1 Apr 03
CHEM I
URGENCY ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT
PATIENT STATUS ☐ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM
SPECIMEN SOURCE ☐ BLOOD ☐ OTHER (Specify)
LAB. ID. NO.
SPECIMEN/LAB. RPT. NO.
PATIENT'S MED. RECORD



TEST(S)
SPECIMEN TAKEN
DATE 30 MAR 03 TIME 0540 A.M. P.M.
REQUESTED
RESULTS
HC 30.0
PLT 257
WBC 31.5
GRAN% 88
LY/MONO % 12
GRAN 10⁹/L 2.6
LY/MONO 10⁹% 3.60

TEST(S)
SPECIMEN TAKEN
DATE TIME A.M. P.M.
REQUESTED
RESULTS
GLU 182
BUN 12
CA 6.2
CREA 1.0
Na 130
K 4.2
CL 108
CO2 16

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45-505

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45-505

TEST(S)
SPECIMEN TAKEN
DATE TIME 0625 A.M. P.M.

RESULTS	REQUESTED	(X)
119	GLUCOSE	
18	UREA N.	
	CREATININE	
	URIC ACID	
161	SODIUM	
3.1	POTASSIUM	
122	CHLORIDE	
31	CO_2	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
	CPK	
	BILIRUBIN (TOTAL)	
H	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	
28	Hct	
10	Hb (est)	
7.365	ph	

EC 8+

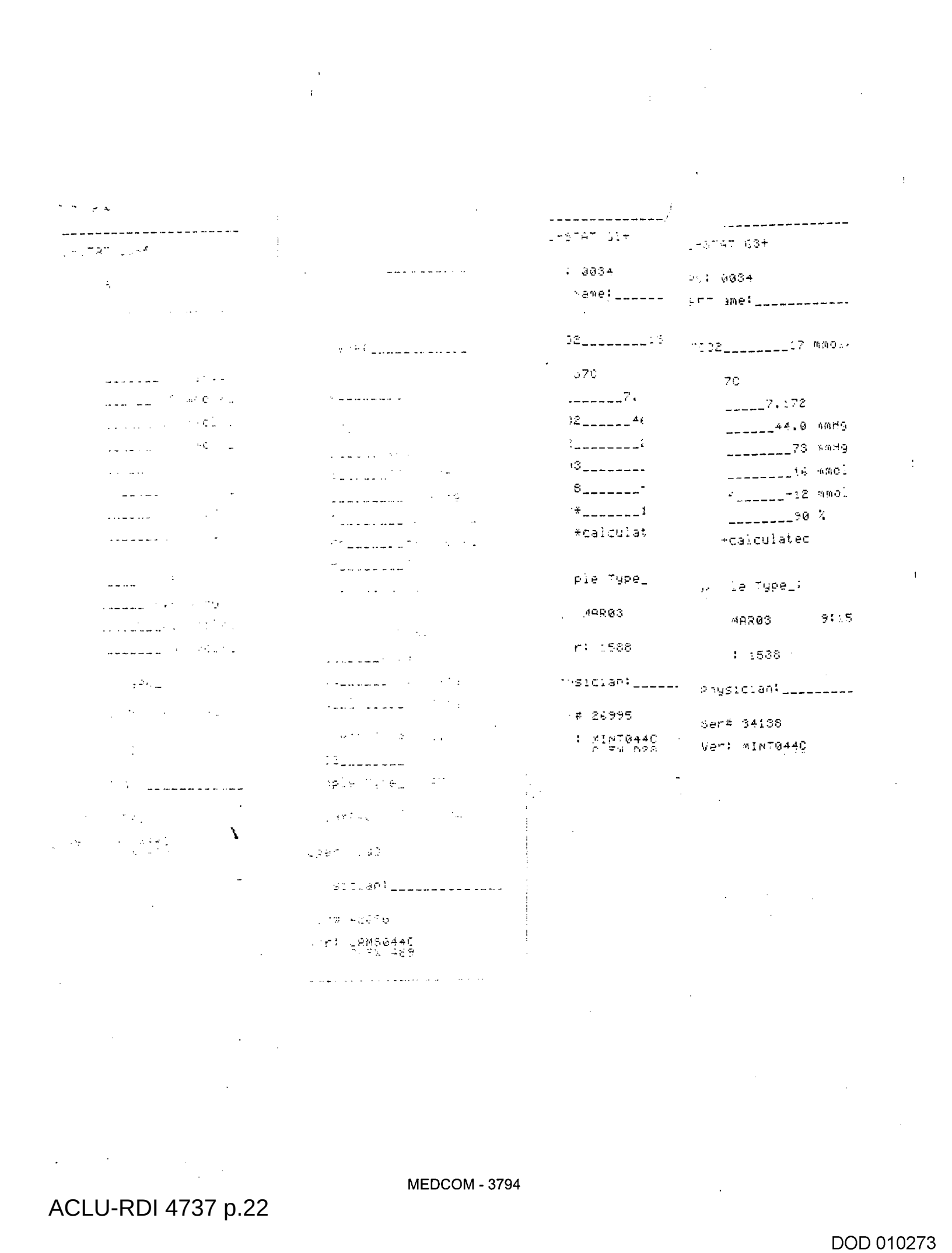
CHEMISTRY I
STANDARD FORM 548 (Rev. 8-77)
PRESCRIBED BY GSA ICMR
FIRMR (41 CFR) 201-45-505
548-107

REMARKS

Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY
(b)(6)-2
TECH
MD
DATE 31 Mar 03

(b)(6)-4

CHEM 1
URGENCY: ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT ☐
PATIENT STATUS: BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM ☐
SPECIMEN SOURCE: BLOOD ☐ OTHER (Specify) ☐
LAB. ID. NO.
SPECIMEN/LAB. RPT. NO.
PATIENT'S MED. RECORD



MEDICAL RECORD - ANESTHESIA

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

ANESTHETIC AGENTS AND DRUGS — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, T=CONSTANT INFUSION

DRUG	(Units)	
SUP	(ml)	125
Fentanyl	(ml)	
SR/Vec	(ml)	120/5
	( )	
	( )	
	( )	
VOLAT AGENT	2% % del	3.5 0.5 0.5
	% e.t.	
AIR	L/Min	Drawover
N20	L/Min	
O2	L/Min	5 5 5 5 5 5 5 5 10 10 5 5

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS →

FLUIDS

LINE site		
18g (L) AC	☐ Warmed	#1 — 1000 — 2000 — 2750
18g (R) AC	☐ Warmed	#1 — 1000 — 2000 — 2600
	☐ Warmed	
	☐ Warmed	

LOSSES — EST BLOOD LOSS; URINE -

TOTALS — TOTAL EBL: 500; TOTAL URINE:

FLUIDS: SUMMARY

CRYSTALLOID-

COLLOID-

BLOOD-

REMARKS — Code drugs with numbers, events with letters

1. To OR, MS-1
IV patent x 2, Hep
RSI; I.

PHYS STATUS 1 2 3 4 5 (E)

BODY WEIGHT ≈ 75 KG LB

HEMATOCRIT 22

INITIAL DATA

BP- 116/44

HR- 112

EQUIP CHECK OK? (Y) N

PATIENT RECHECK

OK for PROCEDURE? ✓

TIME-

SYMBOLS

BP by cuff: V ^

Heart rate: ●

Resp rate:

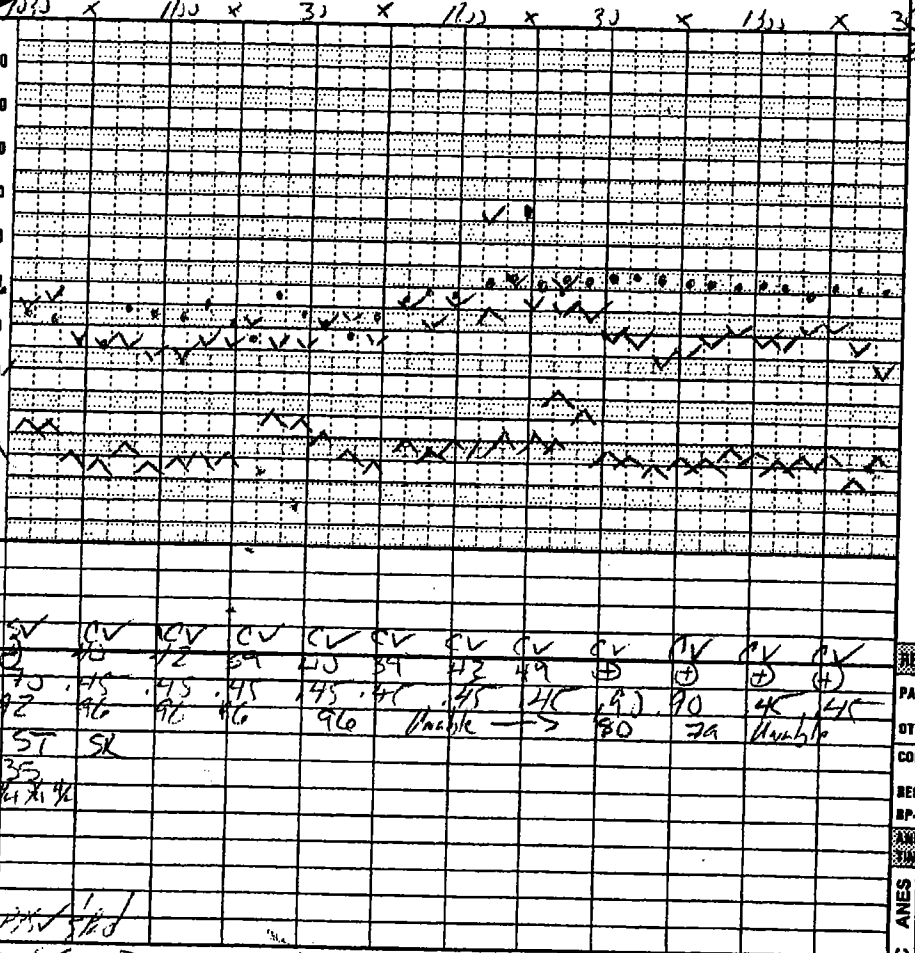
BR (transduced): +

TOURNIQUET: T—T

ANES- X-X

PROC- ⊙-⊙

TIME → 1030 x 1100 x 30 x 1200 x 30 x 1300 x 30



VENTIL

VT - ml	
f - breaths/min	
Peak inf pres / PEEP	
MODE - S(pon), A(ssist), C(on)	SV CV CV CV CV CV CV CV CV CV CV

MONITORS/ACCESSORIES

X	BP/Auto Cuff	X	ET CO2 (torr)
X	BP/oth	X	FIO2 (Frac or %)
X	ART line	X	SpO2 (%)
X	Steth- PC/ES	X	ECG
X	Gas analyzer	X	TEMP-skin
		X	N-M Block (T/4)
X	Warming blkt		
X	Conv warmer		

100	40	42	49	+	+	+	+						
.70	.45	.45	.45	.45	.45	.45	45	40	90	40	40		
92	96	96	96	96	Unable	—	5	80	78	Unable			
5T	SR												
35													
1/4	1/4												

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)*
____ ML

REMARKS:

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

DATE REQUESTED
29 Mar 03

DATE AND HOUR REQUIRED

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)-2

DIAGNOSIS OR OPERATIVE PROCEDURE
R Leg amputation

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)-2

DATE VERIFIED
29 Mar 03

TIME VERIFIED
0650

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.
(b)(6)-4

TRANSFUSION NO.

PATIENT NO.

DONOR
ABO A
Rh POS

RECIPIENT
ABO A
Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH

PREVIOUS RECORD CHECK:
- [ ] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED | DATE

REMARKS:

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*
(b)(6)-2

AT *(Hour)* 2355 ON *(Date)* 29MAR03

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)-2
CPT AN

2nd VERIFIER *(Signature)*
(b)(6)-2
CPT AN

PRE-TRANSFUSION
TEMP. 36.4 PULSE 133 BP 98/56

DATE OF TRANSFUSION
30 Mar 03

TIME STARTED
0001

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

(b)(6)-4

POST-TRANSFUSION DATA

AMOUNT GIVEN
all ML

TIME DATE COMPLETED
0130/30 Mar 03

INTERRUPTED

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)-2
CPT AN

SEX
M

WARD
ICU 3

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

MEDCOM - 3796

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)*
____ ML

REMARKS:

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

DATE REQUESTED: 29 Mar 03

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)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: Rhes opp Hdr

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)-2

DATE VERIFIED: 29 Mar 03

TIME VERIFIED: 1650

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)-4

TRANSFUSION NO.

PATIENT NO.

DONOR	RECIPIENT
ABO A	ABO A
Rh POS	Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	COMP

PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED | DATE

REMARKS:

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: (b)(6)-2

AT *(Hour)* 2225 ON *(Date)* 29 MAR 03

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)-2 CPT AN

(b)(6)-2 CPT/AN

PRE-TRANSFUSION
TEMP. 36.2 PULSE 136 BP 93/49

DATE OF TRANSFUSION: 29 Mar 03

TIME STARTED: 2240

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

EPW # (b)(6)-4

POST-TRANSFUSION DATA

AMOUNT GIVEN: 200 ML

TIME DATE COMPLETED (INTERRUPTED): 0001/30 Mar 03

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)-2

WARD: ICU3

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

MEDCOM - 3797

MEDICAL RECORD COPY

518-124

NSN 7540-00-634-4159

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)*: 450 ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [ ] CROSSMATCH

DATE REQUESTED: 30 Mar 03

DATE AND HOUR REQUIRED: 30 Mar 03 1545

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)*: Dr (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE

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

SECTION II – PRE-TRANSFUSION TESTING

(b)(6)-4 (b)(6)-4

TRANSFUSION NO. 1

PATIENT NO.

DONOR

ABO O

Rh POS

RECIPIENT

ABO

Rh

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	NA

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [X] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST

[X] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED — DATE 30 Mar 03

REMARKS:

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* (b)(6)-2 (b)(6)-2

AT *(Hour)* 1545 ON *(Date)* 30 Mar 03

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)-2 TECHAN

(b)(6)-2 91WMG/LPN

PRE-TRANSFUSION

TEMP. 99.2 PULSE 131 BP 107/50

DATE OF TRANSFUSION: 30 MAR03

TIME STARTED: 1615

POST-TRANSFUSION DATA

AMOUNT GIVEN: 450 ML

TIME/DATE COMPLETED/INTERRUPTED: 1825 3-30-03

REACTION

- [X] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
99.3	110	113/64

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 OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [X] NO
- [ ] YES *(Specify)*

SIGNATURE OF PERSON NOTING ABOVE: (b)(6)-2 CAW

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

SEX: Male

WARD: ICW II

EPW # (b)(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 3798

Medical Record Copy

518-124 NSN 7540-00-634-4159

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)*: 450 ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [ ] CROSSMATCH

DATE REQUESTED: 30 Mar 03

DATE AND HOUR REQUIRED: 30 Mar 03 1845

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)*: Dr (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE

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

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)-4

TRANSFUSION NO.

PATIENT NO.

DONOR	RECIPIENT
ABO: O	ABO
Rh: Pos	Rh

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	NA

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [X] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: (b)(6)-2

- [X] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 30 Mar 03

REMARKS:

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY (Signature): (b)(6)-2

AT *(Hour)*: 1840 ON *(Date)*: 30 Mar 03

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)-2

2nd VERIFIER *(Signature)*: (b)(6)-2 9 WARD CPN

PRE-TRANSFUSION

TEMP. 99.3 PULSE 110 BP 113/64

DATE OF TRANSFUSION: 3-30-03 TIME STARTED: 1835

POST-TRANSFUSION DATA

AMOUNT GIVEN: _____ ML

TIME/DATE COMPLETED/INTERRUPTED

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
[ ] 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 OF REACTION

- [ ] URTICARIA [ ] CHILL [ ] FEVER [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [ ] NO [ ] YES *(Specify)*

SIGNATURE OF PERSON NOTING ABOVE

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

EPW # (b)(6)-4

SEX: Male

WARD: ICW II

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 3799

Medical Record Copy

518–124

NSN 7540–00–634–4159

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)*: 450 ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [ ] CROSSMATCH

DATE REQUESTED: 30 Mar 03

DATE AND HOUR REQUIRED: 30 Mar 03

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)*: Dr (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: S/P Amputee

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: on File

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

(b)(6)-4

TRANSFUSION NO.

PATIENT NO.

DONOR: ABO O; Rh pos

RECIPIENT: ABO; Rh

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	NA

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [X] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST

[X] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED — DATE 30 Mar 03

REMARKS: EXP: 4/09/03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: (b)(6)-2

AT *(Hour)*: 2305 ON *(Date)*: 30 Mar 03

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 (b)(6)-2

2nd VERIFIER *(Signature)*

PRE-TRANSFUSION: TEMP. 99.6; PULSE 120; BP 91/58

DATE OF TRANSFUSION: 30 Mar 03

TIME STARTED: 2340

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

EPW # (b)(6)-4

POST-TRANSFUSION DATA

AMOUNT GIVEN: 340 ML

TIME/DATE COMPLETED/INTERRUPTED: 0150 31 MAR 03

REACTION: [ ] NONE [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
99°	114	101/62

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 OF REACTION

- [ ] URTICARIA [ ] CHILL [ ] FEVER [ ] PAIN
- [ ] OTHER *(Specify)*: N/A

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [X] ~~NO~~
- [ ] YES *(Specify)*

SIGNATURE OF PERSON NOTING ABOVE: (b)(6)-2

SEX: Male

WARD: ICW II

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9–92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201–9.202–1

MEDCOM - 3800

Medical Record Copy

518-124

NSN 7540-00-634-4159

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)*: 450 ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [ ] CROSSMATCH

DATE REQUESTED: 1 Apr 03

DATE AND HOUR REQUIRED: 0100 / 1 Apr 03

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)*: Dr (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE

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

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)-4

TRANSFUSION NO.

PATIENT NO.

DONOR: ABO O; Rh POS

RECIPIENT: ABO; Rh

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	NA

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [X] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST

[X] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED — DATE 1 Apr 03

REMARKS:

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: (b)(6)-2

(b)(6)-2

AT *(Hour)*: 0100 ON *(Date)*: 1 Apr 03

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: (b)(6)-2 1QT/An

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

PRE-TRANSFUSION

TEMP. 98.8 | PULSE 95 | BP 116/76

DATE OF TRANSFUSION | TIME STARTED

POST-TRANSFUSION DATA

AMOUNT GIVEN: 347 ML

TIME/DATE COMPLETED/INTERRUPTED: 0360

REACTION: [ ] NONE [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
99.4	90	78/53

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 OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)* NONE

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [ ] NO
- [ ] YES *(Specify)*

SIGNATURE: (b)(6)-2 20T/An

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

OD (b)(6)-4

SEX: Male

WARD: ICU #2

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

Medical Record Copy

MEDCOM - 3801

519-302

NSN 7540-01-165-7294

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED

CXRAY in AM
0600.

AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
.	M		ICU 3	

FILM NO.

PREGNANT ☐ YES ☒ NO

REQUESTED BY (Print) (b)(6)-2

TELEPHONE/PAGE NO.

SIGNATURE OF REQUESTOR (b)(6)-2 CPT AM

DATE REQUESTED 29 Mar

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

lung - re-x pamion.

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

RADIOLOGIC REPORT

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

EPW ft (b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

MEDCOM - 3802 ULTATION PORT

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

(b)(6)-4

NSN 7540-01-165-7294

519-382

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE / SEX / SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
AP Chest			
	FILM NO.		PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print) (b)(6)-2		TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)-2		DATE REQUESTED 29 March 03

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

S/P chest tube for pneumothorax, R/O placement

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
29 March 03	29 March 03	29 March 03

RADIOLOGIC REPORT

(B) soft tissue ⊘ pneumothorax & (A) chest tube in place & directed apically

ET tube at level T2 (Between clavicle)

⊘ Surgical noted in (B) shoulder.

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

EPW (b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

(b)(3)-1 IRAQ

SIGNATURE (b)(6)-2

...TATION
RT

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

MEDCOM - 3803

ACLU-RDI 4737 p.32

ID:

29-Mar-2003 17:29:14

(b)(3)-1

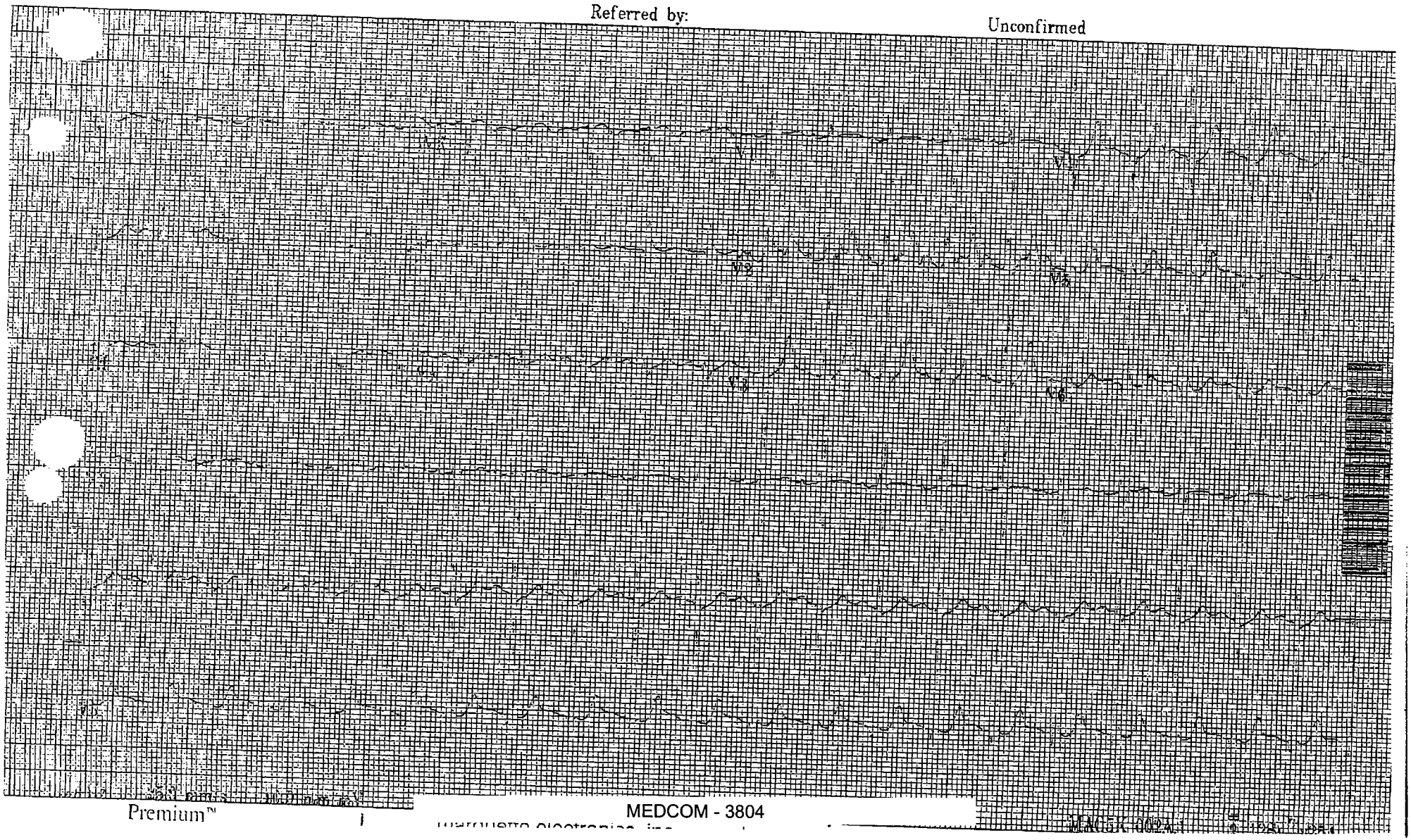
Ventricular rate	126 bpm
PR interval	172 ms
QRS duration	92 ms
QT/QTc	285/417 ms
P-R-T axes	51 -1 49

Sinus tachycardia
Possible Inferior infarct, age undetermined
Abnormal ECG

Technician:
Test ind:

Referred by:

Unconfirmed



Premium™

MEDCOM - 3804

DOD 010283

ACLU-RDI 4737 p.33

ID: (b)(3)-1

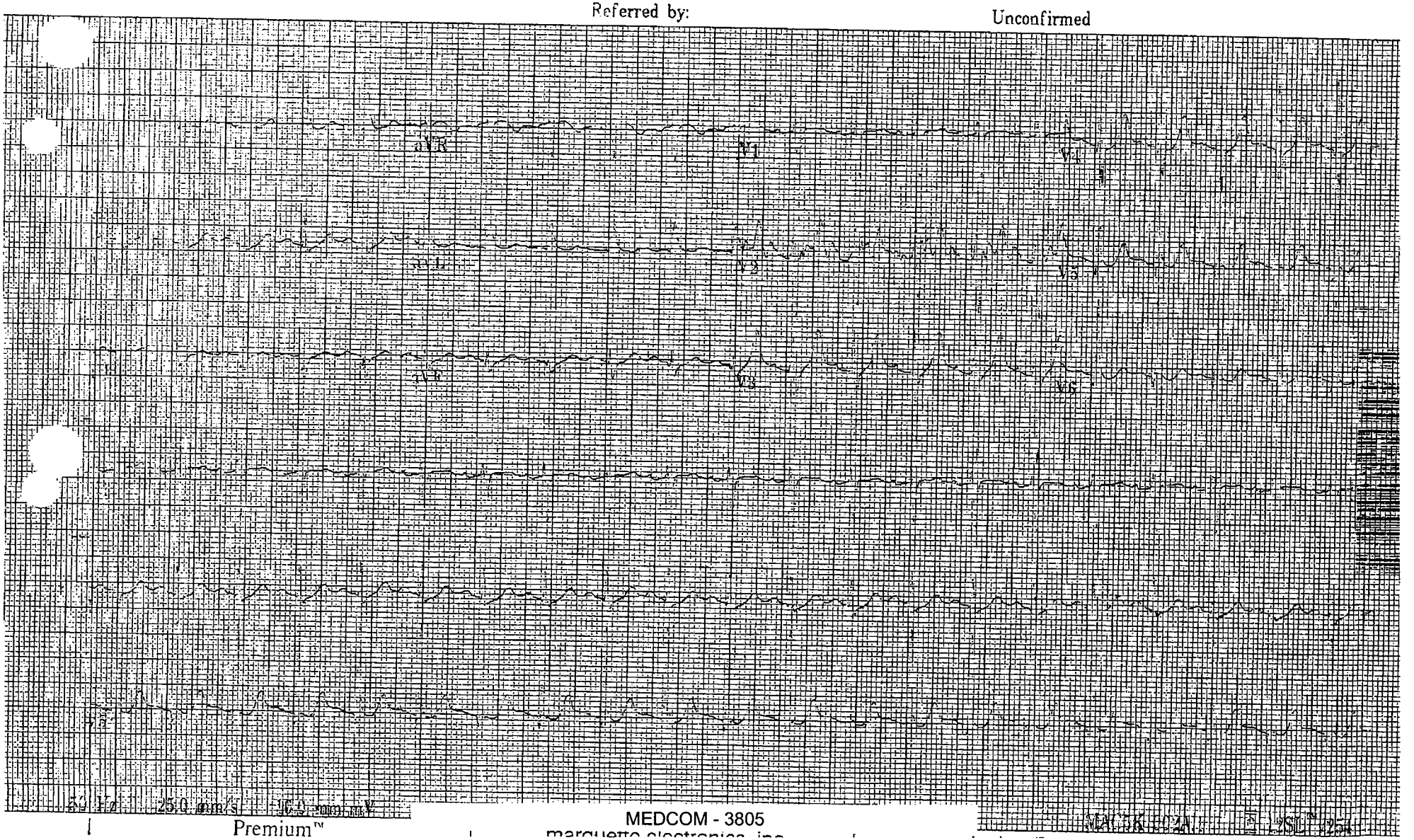
29-Mar-2003 17:31:19

Vent. rate	126 bpm
PR interval	144 ms
QRS duration	92 ms
QT/QTc	286/414 ms
P-R-T axes	52 -3 47

Sinus tachycardia
Possible Inferior infarct, age undetermined
Abnormal ECG

Technician:
Unconfirmed

Referred by:



DOD 010284

Doctor's Orders—Post-OP

(b)(3)-1 OP 4256

Nurse Complete	Dr.'s Select	
	☑	DATE: 29 MAR 03 1010Z TIME: 1010Z
	☑	1. Admit to: ☐ OR ☐ PACU ☑ ICW ☐ Patient Holding
	☑	2. Diagnosis: S/P (R) ER THORACOTOMY
	☑	3. Condition: ☐ Critical ☑ Guarded ☐ Stable ☐ VSI ☐ SI
	☑	4. Allergies: See SF 558
☐	☑	5. Vitals: ☑ Unit SOP ☐ Notify Dr. for SBP < ___ or > ___, DBP < ___ or > ___, HR < ___ or > ___, RR < ___ or > ___, or Temp > ___
☐	☑	6. Activities: ☑ Bed Rest, ☐ BRP, ☐ OOB ASAP w/ assist, ☐ Sit up and dangle when stable ☐ Other:
		7. NRSG:
☐	☑	a. Propaq monitor w/ Pulse-ox
☐	☑	b. O_2 to maintain SAT's above 94%
☐	☐	c. Maintain Vent settings at MODE=_____ Vt=_____ RR=_____ PEEP= FIO_2=
☐	☑	d. ☑ Reinforce or ☐ Change dressing for bleed-through X1 then notify Dr.
☐	☑	e. I's & O's
☐	☑	c. Suction NT ETT PRN (IF REQUIRED)
☐	☑	d. CT to ☐ H_2O seal or ☐ Suction at _____ HIGH VOLUME/LOW PRESSURE
☐	☐	8. Diet: ☑ NPO ☐ Clear fluids as tolerated ☐ Other:
☐	☑	9. IV: ☐ NS or ☑ LR TRA 50 cc/hr ☐ DEXTRAN or ☐ Hespan X 500 cc bolus titrated then _____cc/hr ☐ Albumin 100cc X ____ TRA _____cc/hr ☐ When tolerating PO fluids, complete current fluid then SL.
☐	☐	10. BLOOD: ☐ T&S or ☐ T&C _____units ☐ Transfuse ____ units ☐ PRBCs or ☐ Whole Blood
		11. Medications:
☐	☑	a. Tobramycin 300mg IV Q12hrs X | e ☑ Ceftriaxone 750 mg IV
☐	☐	b. Clindamycin 600mg IV | f ☐ PEN G 2 million Units IV
☐	☐	c. Cefazolin 1 gram IV
☐	☐	d. Phenergan 12-25mg Titrate ☐ IV ☐ IM Q4hrs PRN nausea/vomiting
☐	☑	g. Droperidol 1mg ☐ IV ☐ IM X 1 PRN Nausea/Vomiting
☐	☐	h. MSO_4 1-3mg Titrate ☐ IV ☐ IM Q10min PRN Pain
☐	☐	i. Robinul 0.1mg IV X 1
☐	☐	j. Zantac 50 mg ☐ IV or ☐ IM or ☐ 6.25mg/hr infusion
☐	☐	k. Tetanus Immune Globulin
☐	☐	l. Toradol ☐ IV 30mg or ☐ IM 60 mg
☐	☐	m. Maintain sedation/paralysis w/ Rocuronium and MSO_4 PER SOP
☐	☐	12. LABS: a. iSTAT ☐ Glucose ☐ ABG ☐ BMP ☐ CMP
		13. Additional:
		Signatur (b)(6)-2

LOG# (b)(6)-4 PT NAME: (b)(6)-4 PT SSAN: (b)(6)-4 N/A

ACLU-RDI 4737 p.34

DOD 010285

Doctor's Orders—Post-OP

(b)(3)-1 OP 4256

Nurse Complete	Dr.'s Select	
☐	☑	DATE: TIME:
☐	☑	1. Admit to: ☐ OR ☐ PACU ☑ ICW ☐ Patient Holding
☐	☑	2. Diagnosis:
☐	☑	3. Condition: ☐ Critical ☑ Guarded ☐ Stable ☐ VSI ☐ SI
☐	☑	4. Allergies: See SF 558
☐	☑	5. Vitals: ☑ Unit SOP ☑ Notify Dr. for SBP < ___ or > ___, DBP < ___ or > ___, HR < 50 or > ___, RR < ___ or > ___, or Temp > ___
☐	☐	6. Activities: ☐ Bed Rest, ☐ BRP, ☑ OOB ASAP w/ assist, ☐ Sit up and dangle when stable ☐ Other:
		7. NRSG:
☐	☑	a. Propaq monitor w/ Pulse-ox
☐	☑	b. O_2 to maintain SAT's above 94%
☐	☐	c. Maintain Vent settings at MODE=_____ Vt=_____ RR=_____ PEEP= FIO_2=
☐	☑	d. ☑ Reinforce or ☐ Change dressing for bleed-through X1 then notify Dr.
☐	☐	e. I's & O's
☐	☐	c. Suction NT ETT PRN
☐	☐	d. CT to ☐ H_2O seal or ☐ Suction at _____
☐	☐	8. Diet: ☐ NPO ☑ Clear fluids as tolerated ☐ Other:
☐	☐	9. IV: ☐ NS or ☐ LR TRA ___cc/hr ☐ DEXTRAN or ☐ Hespan X 500 cc bolus titrated then _____cc/hr ☐ Albumin 100cc X ____ TRA _____cc/hr ☐ When tolerating PO fluids, complete current fluid then SL.
☐	☐	10. BLOOD: ☐ T&S or ☐ T&C _____units ☐ Transfuse _____ units ☐ PRBCs or ☐ Whole Blood
		11. Medications:
☐	☐	a. Tobramycin 300mg IV Q12hrs X
☐	☐	b. Clindamycin 600mg IV
☐	☑	c. Cefazolin 1 gram IV
☐	☐	d. Phenergan 12-25mg Titrate ☑ IV ☐ IM Q4hrs PRN nausea/vomiting
☐	☐	g. Droperidol 1mg ☐ IV ☐ IM X 1 PRN Nausea/Vomiting
☐	☐	h. MSO_4 1-3mg Titrate ☐ IV ☐ IM Q10min PRN Pain
☐	☐	i. Robinul 0.1mg IV X 1
☐	☐	j. Zantac 50 mg ☐ IV or ☐ IM or ☐ 6.25mg/hr infusion
☐	☐	k. Tetanus Immune Globulin
☐	☐	l. Toradol ☐ IV 30mg or ☐ IM 60 mg
☐	☐	m. Maintain sedation/paralysis w/ Rocuronium and MSO_4 PER SOP
☐	☐	12. LABS: a. iSTAT ☐ Glucose ☐ ABG ☐ BMP ☐ CMP
		13. Additional:
		Signature: (b)(6)-2

e ☐ Ceftriaxone 750 mg IV

f ☐ PEN G 2 million Units IV

LOG# PT NAME: PT SSAN#: (b)(6)-4 AN03

MEDICAL RECORD - DOCTOR'S ORDERS

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

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

ORDER NUMBER	DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS	ORDER NOTED TIME & INITIALS	COMPLETED TIME & INITIALS
	86 th Combat Support Hospital - EXTREMITY TRAUMA ORDERS		
	1. Diagnosis S/P (R) traumatic amputation, proximal femur, thorax		
	2. Vital signs Q 4 h		
	3. Diet as tolerated NG to intermittent suction		
	4. Lactated Ringers - 125 cc/hr		
	5. Cefazolin 1gm IV Q 8 h		
	6. Morphine sulfate 2 to 5 mg IV Q 1 hr prn pain		
	7. Activity Bedrest		
	Foley to gravity		
	8. Wound care		
	9. Drains Chest tube - wall suction		
	10. Evacuation - circle one		
	Priority Urgent Routine		
	Lilton		
	DATE TIME 0823		
	30 March 03		
	SIGNED (b)(6)-2		
	~~Vecuronium~~ ~~Vecuronium~~ 10mg IV Push Now > 1020 MG		
	Versed 1-2mg IV Push Q1° PRN SEDATION		
	(b)(6)-2		
	I stat (b)(6)-2 > 1340 MB		
	ECG+ / 63+		

PATIENT IDENTIFICATION

(b)(6)-4

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

Diagnosis: _____

Height: _____ Weight: _____ Diet: _____

Allergies: _____

Nursing Unit	Room No.	Bed No.	Page No.

MEDCOM FORM 688-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE MC V1.00

MEDICAL RECORD - DOCTOR'S ORDERS

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

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

ORDER NUMBER	DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS	ORDER NOTED TIME & INITIALS	COMPLETED TIME & INITIALS
	(b)(3)-1 VENTILATOR ORDERS		
	1. Mode SIMV		
	2. FiO2 60%		
	3. Rate 12		
	4. Volume 750		
	5. PEEP 5		
	6. Continuous SaO2 monitor		
	7. Wean O2 to keep SaO2 >94%		
	8. ABG Q AM or any signficant change in status		
	~~9. Weaning parameters Q AM~~		
	DATE TIME 0922		
	30 March 2003		
	SIGNED (b)(6)-2		
	500 cc CR bolus now		
	(b)(6)-2	1410	
1	V.O. 500 cc CR Bolus x 1 now	(b)(6)-2	
	Dr. (b)(6)-2 Sp (b)(6)-2		
	SIGNED		

PATIENT IDENTIFICATION

EPW (b)(6)-4

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

Diagnosis: _____

Height: _____ Weight: _____ Diet: _____

Allergies: _____

Nursing Unit	Room No.	Bed No.	Page No.

CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD D/ ME AND SIGN EACH SET OF ORDERS. IF PROF ORIENTED MEDICAL RECORD
SYSTEM IS USED, WRITE PROBLE. MBER IN COLUMN INDICATED BY ARROW BELO

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
		HOURS	
	25	NS/ LR bolus X liters	
	26	Neuro checks q 1hr/ 2hr/ 4hr/ 6hr/ q shift ✓	
	27	Vascular checks q 1hr/ 2hr/ 4hr/ 6hr/ q shift	
	28	Vent - AC ē TV 700, RR12, PEEP5, ✓ FiO2 40%	
NURSING UNIT / ROOM NO. / BED NO.	29	Lovenox 30mg SQ Q12° ✓	

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
		HOURS	
	30	ABG @ ~1830 hrs. ✓	
NURSING UNIT / ROOM NO. / BED NO.			

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
	29MAR03	1906 HOURS	
		Fentanyl 100mcg PCP yi	
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.

ACLU-RDI 4737 p.38

DOD 010289

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.

PATIENT IDENTIFICATION

(b)(6)-2

29MAR03 CPT

Notified 29Mar03

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

	DATE OF ORDER / TIME OF ORDER / HOURS	LIST TIME ORDER NOTED AND SIGN
	29MAR03 1750	
1	Admit Patient to ICU ✓	
2	Diagnosis: S/P ACCS resusc / S/P (R) AKA for trauma ✓	
3	Condition: Stable/Serious/Critical ✓	
4	Allergies: NKDA/ ✓	
5	Vital signs q ~~hr~~/q2hr/q6hr/q8hr/q shift (Q 15mins x 30mins)	
6	Cardiac respiratory monitoring	
7	Diet: NPO / regular/ soft/ clear liquid	
	DATE OF ORDER / TIME OF ORDER / HOURS	
8	Activity: AD LIB/ Strict BR/ BR with BSC/ NWB R or L LE	
9	HOB up 30 degrees	
10	Nursing I/O; CDB/ NG to LIS/ LCS	
11	Labs: Chem 7/ H/H/ PT/PTT/ CBC q AM/ 4 hrs/ 8 hrs/ BID	
12	EKG q AM	
	DATE OF ORDER / TIME OF ORDER / HOURS	
13	PCXRAY q AM/QOD	
14	IVF NS/ LR/ D5NS/ D51/2NS To run @ 120cc/hr.	
15	Ancef 1 GM IV Q 8 hrs	
16	Gentamycin IV Q	
17	Cefoxitin 2gm IV q8hrs.	
18	O2 titrate to keep SPO2 >	
19	Versed gtt 1-10mg/hr IV titrate to	
	DATE OF ORDER / TIME OF ORDER / HOURS	
	Ramsey Scale of	
20	Fentanyl gtt start at 50mcg/hr titrate for adequate pain control. MAX DOSE of	
21	Vecuronium 1mcg/kg/min	
22	MSO4 MG IV q HR PRN Pain	
23	Phenergan 12.5-25mg IV q 4-6hrs PRN N/V	
24	MOM 30cc PRN Gastric upset	

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

ACLU-RDI 4737 p.39

DOD 010290

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.

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.
(b)(6)-2	(b)(6)-2	(b)(6)-2

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
29MAR03	2032 HOURS	

(b)(6)-2

1. Fentanyl drip 100mcg 50mcg - 150mg/hr. titrate for sedation c!
2. Versed 1-4mg/hr titrate for sedation

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER
29MAR03	2100 HOURS

1. Clarify: fentanyl 1000mcg in 100ml NS run @ 50-150mcg/hr.
2. Versed 40mg in 50ml NS run @ 1-4mg/hr. titrate for sedation

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER TIME OF ORDER HOURS

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER TIME OF ORDER HOURS

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)-2

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS | LIST TIME ORDER NOTED AND SIGN

29 MAR 03 2230

(1) X-Match 2u PRBC each unit over ~ IV.

(2) ~~Albumin over~~

(3) HCT & ABG in a.m.

(4) portCXR in a.m.

(b)(6)-2

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

DA FORM 1 APR 79 4256 REPLACES EDITIO MEDCOM - 3813

ACLU-RDI 4737 p.41

DOD 010292

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 30 MAR03 TIME OF ORDER 1530 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Transfuse 3rd units PRBC's over 2° each
2. V Hold 2° after 3rd unit

(b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 UAJ, MC

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 31 MAR03 TIME OF ORDER 0730 HOURS

1. CXR
2. R Forearm X-Ray
3. R Hip X-Ray
4. R Shoulder
5. NPO ↑ midnight
6. 500 cc LR IV now
7. Gentamicin 320g IVq24

(b)(6)-2 (b)(6)-2 1UTAN

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

1. Neosynephrine 40 mcg/min titrate to MAP = 70
2. CXR @ 1502 done

(b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2

31 MAR03/1545

Clindamycin 900g IVQ8°

(b)(6)-2 (b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 31 MAR03 2355 HOURS

1/4 tsp, BUN, q 4h x 4 doses

ABG

(b)(6)-2 (b)(6)-2

Penicillin 2x10⁶ units IV Q4h

(b)(6)-2

DA FORM 1 APR 79 4256 REPLACES EDITION MEDCOM - 3814 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

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER ____ HOURS | LIST TIME ORDER NOTED AND SIGN

① change IVF to D5W at 125 cc/hour

01 April 03 0027

(b)(6)-2

② Pitressin 10 ~~Int~~ Units IV now

(b)(6)-2

③ 1 Unit PRBC

④ Lytes, BUN, Glucose stat

(b)(6)-2

AM 01 April 03

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER ____ HOURS

1 April 2003 0838

Disconnect vent tube for one minute, if no breathe place back on vent; repeat procedure @ 1400, if no spontaneous breathing pt is brain dead.

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | HOURS

(b)(6)-2

VO per LTC (b)(6)-2 DC 1 April 03 1000

Neosynephrin

(b)(6)-2

(b)(6)-4

Take pt off vent.

Pt is Brain dead

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

DA FORM 1 APR 79 4256 REPLACES EDITION MEDCOM - 3815

CLINICAL RECORD

THERA. ...TIC DOCUMENTATION CARE PLAN *(NON-M. ...CATION)*

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

Mo. 03 Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 29	30
29 Mar	(b)(6)-2	Vital signs q ~~hr / q2hr / q6hr / q8hr /~~	07	/	
		~~q shift~~ q 30 mins	19	(b)(6)-2	
29 Mar		Cardiac Respiratory monitoring	07	/	
			19	(b)(6)-2	
29 Mar		Diet: NPO / Regular / Soft / Clear	07	/	
		Liquid	19		
29 Mar		Activity: Ad Lib / Strict BR / BR with	07	/	
		BSC / NWB R or L LE	19		
		HOB up 30 Degrees	07		
			19		
29 Mar		Nursing I/O, CDB / NG to LIS / LCS	07	/	
			19		
		Labs: Chem 7 / H&H / PT/PTT /	04		
		CBC q AM / 4 hrs / 8 HRS / BID	08		
			12		
			16		
			20		
			24		
29 Mar	(b)(6)-2	EKG q AM / QOD	06	/	
		PCXRAY q AM / QOD	06		
29 May 03		Neuro checks q 1hr / 2 hr / 4 hr / 6 hr /	07	/	
		q shift	19		
		Vascular checks q 1hr / 2 hr / 4 hr /	07		
		6 hr / q shift	19		
29 Mar	(b)(6)-2	Vent ACE TV 700	07	/	
		RR 12 Peep 5 FiO_2 40%	19		

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: (R) AKA

ADDITIONAL PAGES IN USE: ☐ YES ☒ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

EPW # (b)(6)-4

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

Treatment Facility: (b)(3)-1

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLA... (NON-MEDICATION)				Mo ____ Yr ____
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
29 Mar	-----	Admit Patient to ICU				(b)(6)-2
	-----	Diagnosis: S/P ACLS resuse. / S/P @ AKA d/t trauma				
	-----	Condition: Stable (Serious) Critical				
	-----	Allergies: NKDA				
29 Mar	(b)(6)-2	ABG x 1	29 Mar	1830	1900	(b)(6)-2
29 mar		Hct & ABG in Am	30 mar	0600		
29 mar		PCXR in Am	30 MAR	0600		

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

USAPA V1.00

CLINICAL RECORD	THER. TIC DOCUMENTATION CARE PLAN (NON- CATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 03 Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 29	30
29 Mar 03	(b)(6)-2	IVF NS/ (LR) D5NS D5 1/2NS To run	07	/	
		@ 120 cc/hr	19	(b)(6)-2	
29 Mar 03	(b)(6)-2	Ancef 1 GM IV q 8 HRs	04	/	
			12	/	
			20	(b)(6)-2	
		Gentamycin IV Q			
		Cefoxitin 2 gm IV q 8hrs			
		02 titrate to keep SPO2 >	07		
			19		
29	(b)(6)-2	Versed gtt 1-4mg/hr titrate to ~~Ramsey~~	07	/	
		~~scale of~~ 10mg in 50cc NS	19	(b)(6)-2	
		~~Fentanyl gtt start at 50mcg/hr titrate for~~	07		
		~~adequate pain control MAX Dose of~~	19		
		Vecuronium 1mcg/kg/min	07		
			19		
29 Mar 03	(b)(6)-2	Lovenox 30mg SQ	08	/	
		q 12°	20	(b)(6)-2	
		Sentanyl 1000mcg in	07	/	
		100 cc NS @ 50-150	19	(b)(6)-2	
		mcg IV per Hour			

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: (R) AKA + Shrapnel wounds

ADDITIONAL PAGES IN USE: ☐ YES ☒ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

EPW (b)(6)-4

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

Treatment Facility: 212th Mobile Army Surgical Hospital

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PL (NON-MEDICATION)			Mo 03 Yr 03	
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
29 Mar	(b)(6)-2	Fentanyl 100mcg IVP x 1	29 Mar		1840	(b)(6)-2
29	-----	transfuse 2 u PRBC each over	29 Mar	#1	2240	
	-----	10.		#2	0005	
28	(b)(6)-2	(b)(6)-2				

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED													
-----	-----	Morphine Sulfate____mg IV q____hr PRN pain														
-----	-----	Phenergan 12.5-25mg IV q 4-6 hrs prn N/V														
-----	-----	MOM 30cc PRN Gastric Upset														
-----	-----	NS / LR bolus X ____liters														
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															

USAPA V1.00

ACLU-RDI 4737 p.47

DOD 010298

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.____ Yr.____

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 30 31 1 2
30MAR	(b)(6)-2	VS Q4°	06	(b)(6)-2
			10	
			14	
			18	
			22	
			02	
30MAR	(b)(6)-2	NG TO INTERMITTENT	06	
		SUCTION	14	
			22	
30MAR	(b)(6)-2	LR @ 125cc/HR	06	
			14	D/C'd 1 April 0100 (b)(6)-2
			22	
30MAR	(b)(6)-2	CEFAZOLIN 1 GM IV	06	
		Q8°	14	
			22	
30MAR	(b)(6)-2	FOLEY TO GRAVITY	06	
			14	
			22	
30MAR	(b)(6)-2	CHEST TUBE TO WALL	06	
		SUCTION	14	D/C'd
			22	
31MAR03	(b)(6)-2	GENTAMYCIN 320 mg IV @ 24°	10	
31MAR03	(b)(6)-2	Neosynephrine 40 mic/min titrate to map = 70 mm/Hg	06	
			14	D/C'd
			02	
		Cleocin (clyndamycin) 900mg Q8	06	
			14	
			22	

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

USTED

DA FORM 1 FEB 79 4678 EDITION OF

MEDCOM - 3820

Verify by Initialing	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. ____ Yr. ____
Order Date / Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
30 MAR (b)(6)-2	EC8+/63+ ISTAT NOW	3-30-03		1340	(b)(6)-2
30MAR	VECURONIUM 10Mg IV PUSH NOW	3-30-03		1020	
30MAR	500cc LR BOLUS NOW	3-30-03		1410	
30MAR	TRANSFUSE ~~III~~ UNITS PRBCS OVER 2° EACH	3/30/03		STARTED 1615	
30MAR	V H/H 2° AFTER 3RD UNIT	3/30/03	—	(b)(6)-2	
30 MAR	TRANSFUSE ~~III~~ UNITS PRBCS	3/30/03	ASAP	~~ASAP~~ 31 MAR	
30 MAR	POST TRANSFUSION H/H	3/30/03	2° POST TRANS.	30 MAR	
30 MAR	CXR, (R) FA, HIP, SHOULDER X-RAY.	3/30/03	ASAP	(b)(6)-2	
31 MAR	NPO AFTER MIDNIGHT	3/31/03	4/01/03		
31 MAR	500cc LR IV NOW	3/31/03	3/31/03	3/31/03	
31 MAR	Pitress 10 units IV x1 now	3/31/03	—	NONE	
31 MAR	T Unit PRBC	3/31/03	0600	—	
31 MAR	lytes bun glucose Hgb, Hct in am	3/31/03	0600	—	

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED
30 MAR	(b)(6)-2	MORPHINE SULFATE	3/30 1315 2MG; 3/30 1440 3MG; 3/30 2155 5MG; 01 APR 1030 5MG NS.
.....	.....	2-5Mg IV Q1° PRN PAIN	(b)(6)-2
30 MAR	(b)(6)-2	VECURONIUM 10Mg IV	3/30 1020
.....	.....	PUSH NOW	(b)(6)-2
30 MAR	(b)(6)-2	VERSED 1-2Mg IV PUSH	3/30 1020; 3/30 1300; 3-30 1420; 3/31 0038 1M
.....	.....	Q1° PRN SEDATION	(b)(6)-2
.....	.....		
.....	.....		
.....	.....		
.....	.....		
.....	.....		
.....	.....		
.....	.....		

*U.S. GPO: 1998-454-110/95216

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.____ Yr. ____

VERIFY BY INITIALING

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	MAR APR DATE DISPENSED 31 /	
31MAR03	(b)(6)-2	Penicillin 2x10^6 units IV Q4h	06	✓ (b)(6)-2	
			10	✓	
			14	✓	
			18	✓	
			22	✓	
			02		
1Apr03	(b)(6)-2	D5W @ 125cc/hr	06	✓ (b)(6)-2	
			14	✓	
			22	✓	

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 1 FEB 79 4678 EDITION OF 1 DE MEDCOM - 3822

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)		Mo. ____ Yr. ____		
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
31MAR	(b)(6)-2	lytes, Bun, Glucose, ABG	31MAR	2355	2355	(b)(6)-2
1Apr		Pitressin 10 units IV now	31 Apr	100	100	
1Apr		1 unit PRBC Now	1 Apr	0100	0100	
1Apr		lytes Bun glucose Hct Am	1 Apr	0700	0625	
1APR		DISCONNECT VENT FOR 1MIN, IF NOT BREATHING PLACE ON	1APR	—	0800	
		VENT ; REPEAT @ 1400 IF NO SPONTANEOUS BREATHING PT BRAIN DEAD	1APR	1400		

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED

*U.S. GPO: 1996-454-110/85216

ACLU-RDI 4737 p.51

DOD 010302

(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 TRAUMA FLOW SHEET**

OTSG APPROVED (Date)

PREHOSPITAL INFORMATION

TRANSPORT

TIME IN:_____

☐ Scene ☐ Police

☐ Auto ☐ Ambulatory

☐ Ambulance ☑ MEDVAC Unit: EST

☐ CCATT: Report From:_____

☐ Ref Hospital_____

☐ Ref Physician_____

MECAHNISM OF INJURY

☐ MVA: ☐ Driver or ☐ Passenger ☐ Front ☐ Back ☐ Seat Belt on

☐ MCA: ☐ Driver or ☐ Passenger ☐ Helmet worn ☐ Protective Clothing Worn

☐ Speed:_____mph

☐ BCA: ☐ Front ☐ Back ☐ Helmet worn

☐ Pedestrian vs. Auto Speed:_____mph

☐ Fall_____ft ☐ Assault

☐ GSW ☐ Stab ☑ Frag wound ☐ Crush ☐ Burn

☐ Aircraft: Type_____

☐ Other_____

PREHOSPITAL TREATMENT

PROCEDURES PRIOR TO ARRIVAL

☐ Oral Airway ☐ Nasal Airway

☑ ET Tube #_____ ☐ NT Tube #_____

☐ Crico #_____

☐ O2 @_____L/min via_____

☐ Breath Sounds: LT:_____RT:_____

☑ IV #_____: Peripheral Subclavian Femoral
Intraossesous: Site_____

☑ Fluids: ☐ IV 1 2 3 4 (6) (7) ☑ Blood 1 (2) 3 4 5

☐ CPR: Time started_____ Stopped_____

☐ PASG Legs Abd

☑ Urinary Cath : Size_____ ☐ NG Tube ☐ OG Tube

☑ Chest Tube: ☐ RT ☑ LT ☐ Both

☐ Medication_____

☐ C-Collar ☐ Spine Immobilization Device
Time On:_____

☐ Splints:_____ Type:_____

☐ Other:_____

☐ Tourniquet: Time On_____ Location:_____

AMPLE HISTORY

Allergies: Unknown / Intubated

Medications: Fentanyl, Scopolamine Intramuscular, IVC, Versed, Ketamine, Decadron, Ibuprofen

Past Illnesses: Unknown / Intubated

Last Meal: Unknown

Last Tetanus: Unknown

Events: Shrapnel Injuries S/P (12) ATVs, Post op paracentesis with duodenal injuries, colon perforation, Intraperitoneal wound + responded to Epinephrine

Pregnant: ☐ Yes ☐ No ☐ LMP

PREPARED BY (Signature & Title)
(b)(6)-2

DEPARTMENT/SERVICE/CLINIC
(b)(3)-1

DATE: 7 Mar 00

Patient (If other than addressee, typed or written entries give: first, middle; grade; date; hospital or medical facility)

Name – last,

EPW (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

(b)(6)-4 # (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

OTSG APPROVED *(Date)*

TRAUMA RESUSCITATION ORDERS

TIME	LABORATORY	TIME	X-RAYS	TIME	PROCEDURES
16:40	✓ Type/Cross # 4 Units		Lateral C-spine		O2@L/min via:
	Type/Hold		Swimmers		(b)(6)-2 by:
	✓ CBC HCT		Chest: Erect/Supine		NT# by:
	ETOH		Pelvis		Crico# by:
	Drug Screen		Thoracic Spine		Needle Thoracostomy by:
	PT/PTT		Lumbar Spine		Chest Tube# R L
	✓ ABG		Odontoid		RT Return:
	Urinalysis		Skull		LT Return:
	DPL Fluid		Facial Series		ED Thoracotomy by:
	Pregnancy Test + -		Mandible		PIV: Size: Site:
	HIV + -		Abdomen		PIV: Size: Site:
	✓ Chem 7		Extremity: LUE/RUE		PIV: Size: Site:
			Extremity: LLE/RLE		Arterial Line: Size: Site:
	Other:		Other:		Central Line: Size: Site:
			✓ AP Chest		Pericardiocentesis by:
			(3) Info/Hrdcy		ECG: Sinus Tachycardia
			- EF between		NG # Return Color
			clavicular level		Rectal Tone: Guaiac ✓ Reg Catheter Foley
			(T1-2)		Foley # Return Color
					Cath Urine Dip + -
					Spont Void Dip + -
					Suturing By:
					Restraints: UE LE Type:

FLUID INTAKE OUTPUT

INTAKE	OUTPUT
RL NS	Urine _____ml
Total Prehospital _____ml	NG _____ml
ED: 1 2 3 4 5 6 7 8 9 10 _____ml	Blood _____ml
Blood Products	Stool/Diarrhea _____ml
Total Prehosiptal _____ml	
ED: PRBC's 1 2 3 4 5 6 7 8 9 10 _____ml	
FFP: 1 2 3 4 5 6 7 8 9 10 _____ml	Total Intake _____ml
Platelets _____ml	Total Output _____ml

ABG

TIME	pH	PCO2	PO2	O2@LPM
		See Attached Results		

MEDICATIONS

TIME	MED	DOSE	ROUTE	BY
	Tetanus			

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

Epw # (b)(6)-4

- ☐ HISTORY/PHYSICAL
- ☐ FLOW CHART
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ OTHER *(Specify)*
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

(b)(6)-4

NURSING FLOWSHEET

TIME	1640	1730								
CUFF B/P	107/60	143/61								
Pulse	120	123								
Rhythm	ST	ST								
Respiration	Intubated									
Temperature										
A-Line										
O2 Saturation	100 on 70	100%								
End Tidal Co2										
CVP										
Urinary Output										
GLASCOW SCALE										
Eye Opening	Intubated									
Verbal Response										
Motor Response										
TOTAL GSC SCORE										
R Pupil size + react	Separated Nonreactive									
L Pupil size + react										

MEDICATION DRIPS																				
1.																				
2.																				
3.																				
4.																				

Time	Notes
	Hosted: Shrapnel injury to (R) leg & forearm. Incomplete amputation of R foot. S/P BKA @ FSG. Intraoperative hypotension & hypoxemia.
5/6	Cardiothoracic evaluation on Aggrastat (i) dextran started.
5/6	Intraoperative Code 7. Vtach/Pulseless & Epinephrine & Atropine & CPR.
x3	Open, & thoracotomy of L lung. Received 2U RBCs & 6 Cryo.
	Fluids & 2L Ringers. Left Craniotomy & Sedative notes on 11:30
	(R) Shoulder shrapnel injury 5/6 & TBI. (L) eye & stop code, intubated.
AM	(R) s/p (R) AKA, (L) Femur Fx, injuries (R) shoulder shrapnel & TBI, (L) 5/6
	Intraoperative Code (5) Neuro stat - Admit to ICU & transfer to Neuro for further supportive & therapeutic measures. Eyes

(b)(6)-2

Signature and Title: CPT

1 (b)(6)-2	
2	
3	
4	
5	
6	

Disposition: ☒ Alive Time Out: _____ To: ICU 5 Neuro
☐ Dead Time Out: _____
To: _____

Operative Permit Signed: ☐ Yes ☐ No ☐ NA
Valuables/Clothing: _____
Family Notified: ☐ Yes ☐ No ☐ NA
Chaplain Service Notified: ☐ Yes ☐ No ☐ NA

3/29	0700	SIMV	12		710 ml		.40	5	45	1:2		check		(b)(6)-2
3/29	0920	SIMV	12		0		.40	5	31	1:2		✓		
3/29	2305	SIMV	12	32	700		.40	5	32	1:2		✓		
3/30	0345	SIMV	12	28	710		.40	5	28	1:2		✓		
3/30	0600	SIMV	12	46	710		.40	5	26	1:2		✓		

b(6)-2

PREPARED BY (Signature & Title)
SSG [redacted] Respiratory Therapy

(Continue on reverse)

DEPARTMENT/SERVICE/CLINIC
Respiratory Care Service
Department of Medicine

DATE
29 Mar 03

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**

Previous editions are obsolete

*U.S. Government Printing Office: 1992 — 311-830/5

MED FC OP 12-1 (Rev), 1 Mar 95

ACLU-RDI 4737 p.55

DOD 010306

FI (b)(6)-4

(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 TRAUMA FLOW SHEET

OTSG APPROVED *(Date)*

PREHOSPITAL INFORMATION

TRANSPORT

TIME IN:_____

☐ Scene ☐ Police

☐ Auto ☐ Ambulatory

☐ Ambulance ☑ MEDVAC
Unit: FST

☐ CCATT: Report From:_____

☐ Ref Hospital_____

☐ Ref Physician_____

MECAHNISM OF INJURY

☐ MVA: ☐ Driver or ☐ Passenger ☐ Front ☐ Back
☐ Seat Belt on

☐ MCA: ☐ Driver or ☐ Passenger ☐ Helmet worn
☐ Protective Clothing Worn

☐ Speed: _____mph

☐ BCA: ☐ Front ☐ Back ☐ Helmet worn

☐ Pedestrian vs. Auto Speed: _____mph

☐ Fall _____ ft ☐ Assault

☐ GSW ☐ Stab ☑ Frag wound ☐ Crush ☐ Burn

☐ Aircraft: Type _____

☐ Other_____

PREHOSPITAL TREATMENT

PROCEDURES PRIOR TO ARRIVAL

☐ Oral Airway ☐ Nasal Airway

☑ ET Tube # _____ ☐ NT Tube #_____

☐ Crico # _____

☐ O2 @ _____ L/min via_____

☐ Breath Sounds: LT:_____RT:_____

☑ IV #_____: Peripheral Subclavian Femoral
Intraossesous: Site_____

☑ Fluids: ☐ IV 1 2 3 4 5 6 7 ☑ Blood 1 2 3 4 5

☐ CPR: Time started_____ Stopped_____

☐ PASG Legs Abd

☑ Urinary Cath : Size_____ ☐ NG Tube ☐ OG Tube

☑ Chest Tube: ☐ RT ☑ LT ☐ Both

☐ Medication_____

☐ C-Collar ☐ Spine Immobilization Device
Time On:_____

☐ Splints: _____ Type:_____

☐ Other:_____

☐ Tourniquet: Time On_____ Location:_____

AMPLE HISTORY

Allergies: Unknown / Intubated	Last Meal: Unknown
Medications: Fentanyl / Scopolamine Patch Versed, Succinylcholine, Ancef, Ephedrine	Last Tetanus: Unknown Events: Shrapnel Injuries s/p (R) AKA, post op pneumothorax with chest tube placed, codes Pentagon evac to Walter Reed
Past Illnesses: Unknown / Patient Looks	s responded to Epinephrine Pregnant: ☐ Yes ☐ No LMP:

PREPARED BY *(Signature & Title)*
(b)(6)-2 RN

DEPARTMENT/SERVICE/CLINIC
(b)(3)-1 ER

DATE
19 March 05

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

EPW (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER *(Specify)*
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

(b)(6)-4

INITIAL ASSESSMENT

AIRWAY/BREATHING

☑ Patent ☐ Obstructed

☑ Symmetrical ☐ Asymmetrical

☐ Unlabored ☐ Labored Intubated + Bagged

☐ Trachea Midline ☑ Yes ☐ No

Breath Sounds:	R	L
Present	☑	☑
Clear	☐	☐
Decreased	☐	☐
Absent	☐	☐
Rales/Rhonci	☑	☐

Crepitus: ☐ Yes ☑ No

CIRCULATION

Skin/Mucous ☑ Pink ☐ Cyanotic

Membrane Color ☐ Flushed ☐ Ashen ☐ Pale

Pulses: ☐ Normal ☐ Weak ☑ Bounding ☐ Absent

Rate: 170

Rhythm: Tachycardia

Skin Temp: ☐ Warm ☐ Hot ☑ Cool ☐ Cold

Skin Moisture: ☑ Dry ☐ Moist

DISABILITY

Glascow Coma Scale

1. Eye Opening
   - Spontaneous 4
   - To Voice 3
   - To Pain 2
   - None 1

2. Verbal
   - Oriented 5
   - Confused 4
   - Inappropriate Words 3
   - Incomprehensive 2
   - None 1

3. Motor
   - Obeys Command 6
   - Purposeful Movement 5
   - Withdrawn 4
   - Flexion 3
   - Extension 2
   - None 1

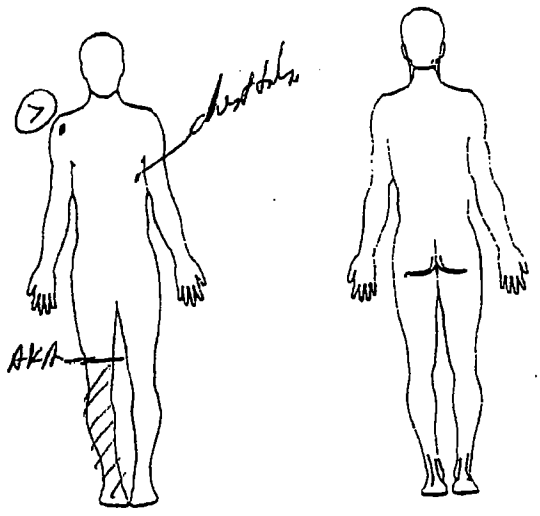
Total Score _____

Fixed + Symmetrical

Pupil Reaction	RT size	LT size
Brisk	☐ ____ mm	☐ ____ mm
Constricted	☐ ____ mm	☐ ____ mm
Sluggish	☐ ____ mm	☐ ____ mm
Dilated	☐ ____ mm	☐ ____ mm
Nonreactive	☐ ____ mm	☐ ____ mm

INDENTIFY INJURY SITE BY NUMBER

1. Laceration	2. Abrasion	3. Hematoma
4. Contusion	5. Deformity	6. Open Fx
7. GSW	8. Stab	9. Burn
10. Cold	11. Edema	12. Amputation
13. Avulsion	14. Frag Wound	15. Pain



HEAD Abrasions

MAXILLOFACIAL Edentulous

C-SPINE/NECK No step off

CHEST (L) chest tube 4-5 ICS MCL @ DIC
Rhonchi (R) chest clear (L)
Wound to (R) Axillary area

ABDOMEN Distended, Soft

PERINEUM Ecchymosis Heme @ Scrotum

MUSCULOSKELETAL
Ex abrasions.

MEDICAL RECORD-SUPPLEMENTAL MEDICAL RECORD

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

REPORT TITLE	OTSG APPROVED DATE
CRITICAL CARE FLOWSHEET	

TIME	NURSING PROGRESS NOTES
0230	pt developed [illegible] developed a (L) sided body twitch - gabt Dr [redacted] who stated it was nothing & since pt is hemodynamically stable not to worry about it. [redacted] CP, N.
0300	changed dressings to (R) thigh.

[redacted]

	DEPARTMENT/SERVICE/CLINIC	DATE
re & Title) CPT ANN	ICU	30 Mar 03

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

EPW # [redacted]

- ☐ HISTORY/ PHYSICAL
- ☐ FLOWSHEET
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ OTHER (Specify)
- ☐ DIAGNOSTIC STUDIES
- Supplement to SF 510
- ☐ TREATMENT

FORM DA 1 MAY 78 4700

MCEUL OP 365 (Rev), 16 July 01
MRRC apprvl - 07 June 01

ACLU-RDI 4737 p.58

DOD 010309

Date	ICU Day	Diagnosis/Surgery								Post Operative Day				
TIME		0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300
VITAL SIGNS														
Temperature		96.7												
Heart Rate		125	119	122										
NBP		103/67	97/63	101/57										
NMAP		81	79	71										
ABP														
AMAP														
SpO2		98%	98	99										
ICP/CPP														
CVP														
PAS/PAD														
PAWP														
PVR														
CO/CI														
SVR														
Cardiac Rhythm/ Ectopy			ST											
Circulation	RUE / LUE													
	RLE / LLE	A	A	A										
CNS	Responsiveness	Sed												
	Best eye opening													
	Best verbal response													
	Best motor response													
	Pupil Size & Reaction R/L													
PAIN ASSESSMENT														
Pain/discomfort scale: Denies 0 (no pain) – 10 (worst pain gets)		Sent												
Location:														
Quality: Sharp Dull Pressure Radiating to _____ Other_____														
Intervention: Medication Hotpack Coldpack Reposition Other_____														
Pain Reassessment: Denies 0 (no pain) – 10 (worst pain gets)														
RESPIRATORY														
Mode		SIMV												
Rate		12												
Tidal Volume		700												
FiO2		40												
Pressure Support/ PEEP		5												
INTAKE														
NS		920												
Versed		10												
Fentanyl														
IRRIGATION		40												
TOTAL INTAKE														
OUTPUT														
Urine														
Stool														
NGT														
TOTAL OUTPUT														
COMMENTS Nurse's Initials		(b)(6)-2												

ACLU-RDI 4737 p.59

DOD 010310

MEDICAL RECORD-SUPPLEMENTAL MEDICAL RECORD

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

REPORT TITLE	OTSG APPROVED DATE
CRITICAL CARE FLOWSHEET	

TIME	NURSING PROGRESS NOTES
0001-0700	pt recd 2nd unit of Blood no reaction noted @ 0130 pt developed a twitch in L side of body mainly & not associated w Ventilating; notified Dr (b)(6)-2 - who stated to monitor O2 & told him if it got worse. @ 0500 - twitching had remained w/o ↑ or ↓. pt possibly by extubated & medevaced this AM. (b)(6)-2 CPT AN.

(b)(6)-2 (b)(6)-2 CPT RN DEPARTMENT/SERVICE/CLINIC ICU 3 DATE 30 Mar 03

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

EPW (b)(6)-4

☐ HISTORY/ PHYSICAL ☐ FLOWSHEET

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES Supplement to SF 510

☐ TREATMENT

FORM DA 1 MAY 78 4700

MCEUL OP 365 (Rev), 16 July 01
MRRC apprvl - 07 June 01

ACLU-RDI 4737 p.60

DOD 010311

Date	ICU Day	Diagnosis/Surgery							Post Operative Day					
TIME		0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300
VITAL SIGNS														
Temperature		96.9		96.9										
Heart Rate		125	119	122	116									
NBP		103/67	97/63	101/51	98/53									
NMAP		81	79	71	68									
ABP														
AMAP														
SpO2		98	99	99	98									
ICP/CPP														
CVP	Resp	22	24	26	24									
PAS/PAD														
PAWP														
PVR														
CO/CI														
SVR														
Cardiac Rhythm/ Ectopy		ST	ST	ST										
Circulation	RUE / LUE	2+ / 2+	2+ / 2+	2+ / 2+										
	RLE / LLE	1+ / 2+	2+	1+ / 2+										
CNS	Responsiveness	Sed	Sed	Sed										
	Best eye opening	—	—	—										
	Best verbal response	Int	—	—										
	Best motor response	—	—	—										
	Pupil Size & Reaction R/L													
PAIN ASSESSMENT														
Pain/discomfort scale: Denies 0 (no pain) – 10 (worst pain gets)		on fentanyl drip												
Location:		—												
Quality: Sharp Dull Pressure Radiating to ____ Other ____		—												
Intervention: Medication Hotpack Coldpack Reposition Other ____		—												
Pain Reassessment: Denies 0 (no pain) – 10 (worst pain gets)		—	—											
RESPIRATORY														
Mode		SIMV	—	—	—	—	—	—						
Rate		14	—	—	—	—	—	—						
Tidal Volume		700	—	—	—	—	—	—						
FiO2		40	—	—	—	—	—	—						
Pressure Support/ PEEP		5	—	—	—	—	—	—						
INTAKE														
LR		120	120	120	120	120	120	120						
Versed		10	10	10	10	10	10	10						
fentanyl		15	15	15	15	15	15	15						
Blood			350											
TOTAL INTAKE		145	640	785	930	1075	1220	1365						
OUTPUT														
Urine	—													
Stool														
Chest tube		13												
NGT		30												
TOTAL OUTPUT		43												
COMMENTS Nurse's Initials		(b)(6)-2												

ACLU-RDI 4737 p.61

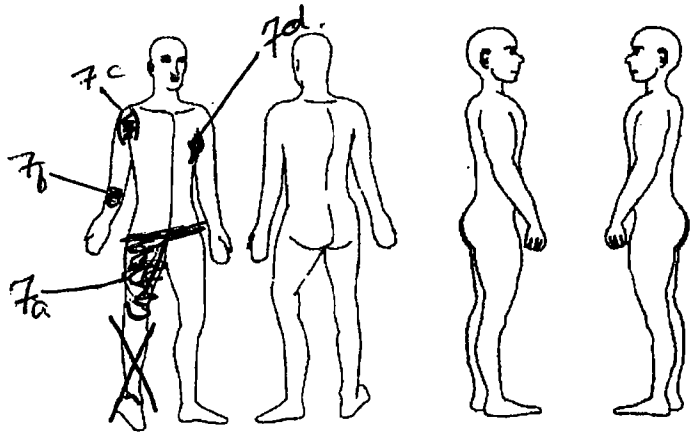
DOD 010312

TIME	0400											
GU/GENITAL NCR I = Initiated C = Ongoing R = Closed Priority # 1 2 3												
Method of Urination: Normal Foley Suprapubic Condom Cath In/Out Cath Ostomy Incontinent	F											
Urine Color: Yellow Amber Hematuria	Y											
Urine Character: Clear Cloudy Sediment Blood clots	CL											
Genital Edema: Y/N	N											
Genital Discharge: White Yellow Green Bloody None Menstruating	—											
SKIN/WOUNDS NCR I = Initiated C = Ongoing R = Closed Priority # 1 2 3												
Color: Pale Pink Mottled Dusky Cyanotic Jaundiced Flushed	NFR											
Temperature: Hot Warm Cool Clammy Diaphoretic	W											
Specialty bed Egg crate Other												

Code (Document by Numbers) with Time and Initials

1. Abrasions
2. Avulsion
3. Burn
4. Cast
5. Contusion
6. Decubitus
7. Dressing
8. Ecchymosis
9. Erythema
10. Incision
11. Laceration
12. Petechiae
13. Rash
14. Retention Sutures
15. Staples
16. Sutures
17. Tear
18. Wound
19. _____
20. _____

[ ] Clear except as otherwise indicated



Wound Location:	7A											
Approximated Sutured Staples Steri-strips Open to air Dsg Dsg Δ Reinforced D.C.I	Dsg Δ											
Drain: JP Malencott Other _____	—											
Drainage: Serous Sanguineous Purulent None Other:_____	San											
Wound Location :	7b											
Approximated Sutured Staples Steri-strips Open to air Dsg Dsg Δ Reinforced D.C.I	D											
Drain: JP Malencott Other _____	—											
Drainage: Serous Sanguineous Purulent None Other:	San											
Wound Location :	7c											
Approximated Sutured Staples Steri-strips Open to air Dsg Dsg Δ Reinforced D.C.I	Dsg Δ											
Drain: JP Malencott Other _____	—											
Drainage: Serous Sanguineous Purulent None Other:	San											
PSYCHOSOCIAL/ACTIVITY NCR I = Initiated C = Ongoing R = Closed Priority # 1 2 3												
Psycho-social: Calm & appropriate Anxious Angry Denial Coping Withdrawn Combative Restless	Sed											
Hygiene: Bath Oral Perineal Eye Cath Linen changed Shave	—											
Activity: Ambulate BR- bedrest BSC Chair ROM Turned (L eft Back Right) HOB Up Repositions Self Dangle	BR											
Call light within reach Side Rails up x____ Y/N												
Patient teaching provided Y/N (See patient teaching flowsheet)												
Nurse's Initials	(b)(6)-2											

TIME	0400											
RESPIRATORY												
AIRWAY: NT-nasalpharyngeal [ ]R nare [ ]L nare Oralpharyngeal Tracheostomy Size____ ETT 2.5 cm @ ~~mouth~~ [ ]R [ ]L side of mouth Size____ cm @ nare [ ]R [ ]L nare Size____	ETT 2S											
RESPIRATIONS: Ventilated Regular Irregular	V											
EFFORT: Unlabored Labored SOB Tachypneic Dyspneic Accessory muscle use	U											
BREATH SOUNDS: Equal Unequal	E											
Clear Diminished Crackles Wheezing Rhonchi Stridor Absent * = Clears with suction/cough — RUL	R											
RML	R											
RLL	R-D											
LUL	R											
LLL	R-D											
COUGH: Productive Nonproductive	N											
SECRETIONS : Oral Nasal ETT Amount: Small Med Large	ETT-S O-S											
Color: Clear White Yellow Green Brown Tan Bloody Pink Cloudy Oral Nasal ETT	C											
Consistency: Thick Thin Oral Nasal ETT	T											
Pulmonary Toileting: IS-Incentive spirometry CPT-Chest PT Cough DB-Deep breath Suctioned	S											
Trach Care: Dsg Δ Inner cannula cleaned Trach ties Δ	—											
CHEST TUBE #1: Location	LMA											
Suction 20 cm H2O Water Seal												
Air leak: +/-	-											
Drainage: Serous Sanguineous SeroSang Purulent	S Sa											
Subcutaneous emphysema: +/- Site:	-											
CHEST TUBE#2 Location	=											
Suction ____ cm H2O Water Seal												
Air leak: +/-												
Drainage: Serous Sanguineous SeroSang Purulent												
Subcutaneous emphysema: +/- Site:												
GI/GU												
ABDOMEN: Soft Firm Flat Round Distended Obese Tender Nontender Ascites	S D N											
BOWEL SOUNDS: Active Hyper Hypo Absent — RUQ LUQ	Ab Ab											
RLQ LLQ	Ab Ab											
TUBE: NG OG Dobhoff Peg	NG											
Tube location: Oral Nare[ ]R [ ]L Other	(L)											
Position checked Patent Feeding infusing Clamped LCS-low continous suction Gravity LIS- low intermittent suction Irrigated	Pa LIS											
RESIDUAL check ____ml	0											
Complains of Nausea Vomiting												
Tube Drainage: Amount Small Med Large												
Tube Drainage Color: Brown Green Yellow Clear Bloody												
STOOL: Continent Incontinent _____ostomy Rectal tube Diaper												
Ostomy Stoma : Pink Dusky Draining												
Stool Color/Consistency: Brown Green Bloody Yellow Black Formed Soft Loose												
DIET: _____ Route: Oral NG -nasogastric OG- oralgastric Dobhoff Peg												
%Amt Consumed: Breakfast Lunch Dinner Supplements												

ACLU-RDI 4737 p.63

DOD 010314

TIME	0400													
NEUROLOGICAL														
PUPIL SIZE/REACTION: R/L Brisk Sluggish Fixed	F / F													
RESPONSIVENESS: Alert Oriented X1 X2 X3 Disoriented Lethargic Sedated Sleeping Arousable Pain only Paralyzed Unresponsive	S													
BEST EYE OPENING: Spontaneously Or to: Speech Pain None	N													
BEST VERBAL RESPONSE: Oriented Confused Inappropriate words Incomplete sounds None Intubated Trach	Int													
BEST MOTOR RESPONSE: Obeys commands Moves all extremities Localizes pain Withdraws from pain Flexes to pain Extends to pain None	W													
MOTOR FUNCTION: Strong Weak UE R/L Purposeful Spontaneous None LE R/L	N N N N													
SENSATION: Intact Tingling UE R/L Numbness Absent LE R/L	A A A A													
MEMORY: Long +/- Short +/-														
NEURO BLOCKADE: Y/N Train of 4 __of 4 __mAMP														
VENTRICULOSTOMY: Monitor Open to drain Clamped														
Vent/drainage level: ___cm above: FOM-Foramen of Monro Other														
Zeroed ICP monitoring system at: FOM-Foramen of Monro Other														
CSF drainage: Serous Sanguineous Clear Purulent														
CARDIOVASCULAR														
RHYTHM: SR SA SB ST SVT VT VF JUNCT AFIB PAC AFL 1HB 2HB 2HB2 3HB PVC	ST													
HEART SOUNDS: S1 S2 S3 S4 Distant Murmur Rub	S1 S2													
PACER: Method														
Transvenous Tv Transcutaneous Tc Permanent (Implant)	Mode													
	Rate													
	Output/ Sensitivity													
EDEMA: +1 Trace General +2 Minimal None +3 Moderate Pitting +4 Severe Pitting	RUE/LUE	+2 +2												
	RLE/LLE	— N												
	Facial	+2												
SCDs/TEDs On/Off														
JVD (+) (-) @ 30 degrees														
Homan's Sign (+) (-)														
CAP REFILL B< 3SEC S>3SEC RUE/LUE		B B												
RLE/LLE		— B												
PULSES: Absent Doppler 1+ Faint 2+ Weak 3+ Normal 4+ Bounding Regular Irregular	Rad R/L	2+ 2+												
	PT R/L	A 2+												
	DP R/L	A 2+												
IV SITE														

Appearance	Line Type	Site	Date Started	Size										
Dry Intact Drainage Edema Erythema Dsg Δ Infiltrated Flushed	(L) PAL	PIV	29 Mar	18G	DI									
	(L) uint	PIV	29 Mar	18G	DI									
Zeroed at Phlebostatic axis: Y/N														
Swan _____ cm @ hub														

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DOD 010315

MEDICAL RECORD-SUPPLEMENTAL MEDICAL RECORD

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

REPORT TITLE	OTSG APPROVED DATE
CRITICAL CARE FLOWSHEET	

TIME	NURSING
2000	See Nursing note for notes. (b)(6)-2 CPT AN

(b)(6)-2

(Signature & Title)	DEPARTMENT/SERVICE/CLINIC	DATE
CPT AN	ICU	29 MAR 03

IFICATION (For typed or written entries, give: Name-last, first, ; hospital or medical facility)

EPW # (b)(6)-4

- ☐ HISTORY/ PHYSICAL
- ☐ FLOWSHEET
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ OTHER (Specify)
- ☐ DIAGNOSTIC STUDIES
- Supplement to SF 510
- ☐ TREATMENT

FORM
DA 1 MAY 78 4700

MCEUL OP 365 (Rev), 16 July 01
MRRC apprvl - 07 June 01

MEDCOM - 3837

ACLU-RDI 4737 p.65

DOD 010316

TIME	2000											
NEURO (CNS)												
PUPIL SIZE/REACTION: R/L Brisk Sluggish Fixed	FHMH HMH											
RESPONSIVENESS: Alert Oriented X1 X2 X3 Disoriented Lethargic Sedated Sleeping Arousable Pain only Paralyzed Unresponsive	P											
BEST EYE OPENING: Spontaneously Or to: Speech Pain None	N											
BEST VERBAL RESPONSE: Oriented Confused Inappropriate words Incomplete sounds None Intubated Trach	Int											
BEST MOTOR RESPONSE: Obeys commands Moves all extremities Localizes pain Withdraws from pain Flexes to pain Extends to pain None	W											
MOTOR FUNCTION: Strong Weak UE R/L Purposeful Spontaneous None LE R/L	SP SP N SP											
SENSATION: Intact Tingling UE R/L Numbness Absent LE R/L	I I A I											
MEMORY: Long +/- Short +/-	/											
NEURO BLOCKADE: Y/N Train of 4 __of 4 __mAMP												
VENTRICULOSTOMY: Monitor Open to drain Clamped												
Vent/drainage level: ___cm above: FOM-Foramen of Monro Other												
Zeroed ICP monitoring system at: FOM-Foramen of Monro Other												
CSF drainage: Serous Sanguineous Clear Purulent												
	/											
CARDIOVASCULAR												
RHYTHM: SR SA SB ST SVT VT VF JUNCT AFIB PAC AFL 1HB 2HB 2HB2 3HB PVC	ST											
HEART SOUNDS: S1 S2 S3 S4 Distant Murmur Rub	S1S2											
PACER: Transvenous Tv Transcutaneous Tc Permanent (Implant)	Method Mode Rate Output/ Sensitivity											
EDEMA: +1 Trace General +2 Minimal None +3 Moderate Pitting +4 Severe Pitting	RUE/LUE +2 +2 RLE/LLE / N Facial +2											
SCDs/TEDs On/Off	off											
JVD (+) (-) @ 30 degrees	—											
Homan's Sign (+) (-)	—											
CAP REFILL B< 3SEC S>3SEC RUE/LUE RLE/LLE	B B — B											
PULSES: Absent Doppler 1+ Faint 2+ Weak 3+ Normal 4+ Bounding Regular Irregular	Rad R/L 2+ 2+ PT R/L A 2+ DP R/L A 2+											
INTRAVENOUS ACCESS												

Appearance	Line Type	Site	Date Started	Size											
Dry Intact Drainage Edema Erythema Dsg Δ Infiltrated Flushed	PIV	(L) AC	29	14G	NSGA										
	PIV	(L) wri	29	18G	DSGD.										
Zeroed at Phlebostatic axis: Y/N															
Swan _____ cm @ hub															

Physician | Allergies | Code status: Full DNI Chemical DNR

	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400
T					36	1				36.4	
HR					123	137	139	144	134	136	133
NBP					130/81	109/52	94/49	97/46	91/46	98/53	164/55
MAP					101	77	66	64	66	70	76
SPO_2					96	98	94	98	98	99	98
	H30	1530	1630	1730	1830	1930	2080	2130	2230	2330	0030
T											
HR					142	135	141	135	134	133	130
NBP					123/68	105/54	93/53	87/48	93/49	95/52	102/55
MAP					90	75	68	63	60	70	75
SPO_2					95	96	98	98	97	98	99
					ST						
LR					200	120	120	120	120	120	120
Sent								10	10	10	10
Vene								5	5	5	5
Blood											350
					200	320	440	575	710	845	1230
									1000		
											1000

Reaction
Brisk
Sluggish
Fixed

Responsiveness
A-Alert
O-Oriented
D-Disoriented
L-Lethargic
P-To pain only
PR-Paralyzed
S-Sedated
U-Unresponsive
SL-Sleeping

Best Eye Opening
4-Spontaneous
3-To speech
2-To pain
1-None

Best Verbal Response
5-Oriented
4-Confused
3-Inappropriate
2-Incomprehensible
1-None, ETT, Trach

Best Motor Response
6-Obeys commands
5-Localized to pain
4-Withdrawl to pain
3-Flexion to pain
2-Extension to pain
1-None

Mode
V-Vent
TC-Trach collar
NC-Nasal Cannula
SM-Simple mask
VM-Venti mask
NRB-Non-rebreather mask
FT-Face tent

Ectopy
P-PVC
PA-PAC
M-Multifocal
N-None
F-Frequent >10/min
O-Occasional
R-Rare

Circulation
1+Faint
2+Weak
3+Normal
4+Bounding
A-Absent
D-Doppler

Cardiac Rhythm
SR-Sinus Rhythm
SA-Sinus Arrhythmia
SB-Sinus Bradycardia
ST- Sinus Tachycardia
SVT-Supra Ventricular Tachycardia
VT-Ventricular Tachycardia
VF-Ventricular Fibrillation
AF-Atrial Fibrillation
AFL-Atrial Flutter
1HB-First Degree Heart Block
2HB-Second Degree Heart Block Type I
2HB2-Second Degree Heart Block Type II
3HB-Third Degree Heart Block
JUN-Junctional
BI-Bigemeny
TRI-Trigemeny

Admission Wt	Ventilator Day
Today's Wt	Central Line Day Site:
Yesterday's Wt ~~1230~~	Arterial Line Day Site:
Difference +/- ~~+123~~	PIV Day Site:
Total Input 1230	PIV Day Site:
Total Output 1000	Foley Day
Difference +/- +230	

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DOD 010318

TIME	2000											
RESPIRATORY												
AIRWAY: NT-nasalpharyngeal [ ]R nare [ ]L nare Oralpharyngeal Tracheostomy Size___ ETT 25 cm @ [Tip]R [ ]L side of mouth Size 8 cm @ nare[ ]R [ ]L nare Size___												
RESPIRATIONS: Ventilated Regular Irregular	V											
EFFORT: Unlabored Labored SOB Tachypneic Dyspneic Accessory muscle use	U											
BREATH SOUNDS: Equal Unequal	E											
Clear Diminished Crackles Wheezing Rhonchi Stridor Absent * = Clears with suction/cough — RUL	R											
RML	R											
RLL	R											
LUL	R											
LLL	R											
COUGH: Productive Nonproductive	N											
SECRETIONS : Oral Nasal ETT Amount: Small Med Large	E-S O-S											
Color: Clear White Yellow Green Brown Tan Bloody Pink Cloudy Oral Nasal ETT	E.T											
Consistency: Thick Thin Oral Nasal ETT	T											
Pulmonary Toileting: IS-Incentive spirometry CPT-Chest PT Cough DB-Deep breath Suctioned	S											
Trach Care: Dsg Δ Inner cannula cleaned Trach ties Δ	✓											
CHEST TUBE #1: Location	(L)mA											
Suction 20 cm H2O Water Seal												
Air leak: +/-	-											
Drainage: Serous Sanguineous SeroSang Purulent	Sm											
Subcutaneous emphysema: +/- Site:	—											
CHEST TUBE#2 Location												
Suction ___ cm H2O Water Seal												
Air leak: +/-												
Drainage: Serous Sanguineous SeroSang Purulent												
Subcutaneous emphysema: +/- Site:												
GASTROINTESTINAL												
ABDOMEN: Soft Firm Flat Round Distended Obese Tender Nontender Ascites	D S N											
BOWEL SOUNDS: Active Hyper Hypo Absent — RUQ LUQ	Ab Ab											
RLQ LLQ	Ab Ab											
TUBE: NG OG Dobhoff Peg	NG											
Tube location: Oral Nare[ ]R [ ]L Other___	(L)											
Position checked Patent Feeding infusing Clamped LCS-low continous suction Gravity LIS- low intermittent suction Irrigated	Pa LIS											
RESIDUAL check ____ml	I											
Complains of Nausea Vomiting	I											
Tube Drainage: Amount Small Med Large	S											
Tube Drainage Color: Brown Green Yellow Clear Bloody	CL											
STOOL: Continent Incontinent _____ostomy Rectal tube Diaper	T											
Ostomy Stoma : Pink Dusky Draining												
Stool Color/Consistency: Brown Green Bloody Yellow Black Formed Soft Loose												
DIET: _____ Route: Oral NG -nasogastric OG- oralgastric Dobhoff Peg												
%Amt Consumed: Breakfast Lunch Dinner Supplements												
	I											

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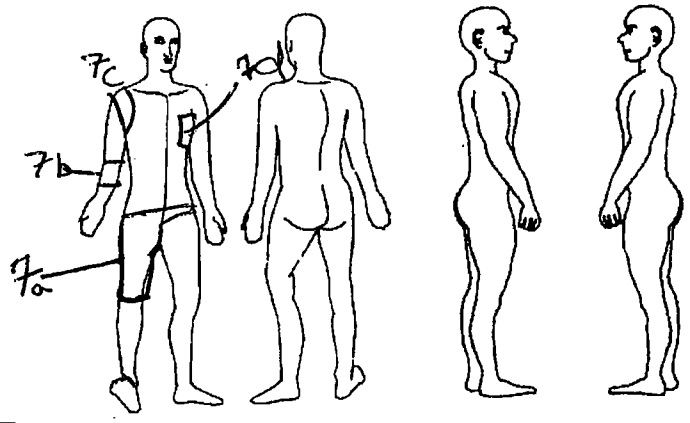
DOD 010319

TIME	2000											
[illegible] Problem: [illegible] Yes/No [illegible] Initiated [illegible] Ongoing [illegible] Closed Priority [illegible]												
Method of Urination: Normal Foley Suprapubic Condom Cath In/Out Cath Ostomy Incontinent	F											
Urine Color: Yellow Amber Hematuria	Y											
Urine Character: Clear Cloudy Sediment Blood clots	CL											
Genital Edema: Y/N	N											
Genital Discharge: White Yellow Green Bloody None Menstruating	—											
SKIN/WOUNDS [illegible] Problem: Yes/No [illegible] Initiated [illegible] Ongoing [illegible] Closed Priority #												
Color: Pale Pink Mottled Dusky Cyanotic Jaundiced Flushed	P											
Temperature: Hot Warm Cool Clammy Diaphoretic	W											
Specialty bed Egg crate Other	—											

Code (Document by Numbers) with Time and Initials

1.	Abrasions	11.	Laceration
2.	Avulsion	12.	Petechiae
3.	Burn	13.	Rash
4.	Cast	14.	Retention Sutures
5.	Contusion	15.	Staples
6.	Decubitus	16.	Sutures
7.	Dressing	17.	Tear
8.	Ecchymosis	18.	Wound
9.	Erythema	19.	_____
10.	Incision	20.	_____

[ ] Clear except as otherwise indicated



(b)(6)-4

Wound Location:	#1											
Approximated Sutured Staples Steri-strips Open to air Dsg Dsg Δ Reinforced D.C.I	DSG											
Drain: JP Malencott Other _____	—											
Drainage: Serous Sanguineous Purulent None Other:_____	San											
Wound Location :	7b											
Approximated Sutured Staples Steri-strips Open to air Dsg Dsg Δ Reinforced D.C.I	DSG											
Drain: JP Malencott Other _____	—											
Drainage: Serous Sanguineous Purulent None Other:	San											
Wound Location :	7c											
Approximated Sutured Staples Steri-strips Open to air Dsg Dsg Δ Reinforced D.C.I	DSG											
Drain: JP Malencott Other _____	—											
Drainage: Serous Sanguineous Purulent None Other:	San											
[illegible] Problem: [illegible] Yes/No [illegible] Initiated [illegible] Ongoing [illegible] Closed Priority #												
Psycho-social: Calm & appropriate Anxious Angry Denial Coping Withdrawn Combative Restless	C											
Hygiene: Bath Oral Perineal Eye Cath Linen changed Shave	—											
Activity: Ambulate BR-bedrest BSC Chair ROM Turned (Left Back Right) HOB Up Repositions Self Dangle	BR											
Call light within reach Side Rails up x— Y/N												
Patient teaching provided Y/N (See patient teaching flowsheet)												
Nurse's Initials	(b)(6)-2											

M[illegible] RECORD - SUPLEMENTAL MEDIC[illegible] DATA

[redacted]

r use of this form, see AR 40-66; the propone[illegible]cy is the Office of the Surgeon General

EPORT TITLE

TRAUMA FLOWSHEET

OTSG APROVED *(Date)*

INITIAL ASSESSMENT ☐ IMMEDIATE ☐ DELAYED ☐ MINIMAL

ate: 30 Mar 2B Arrival Time: 0210 Sex: (M) F Age: _____ Wt: _____

llergies: _____ Tetanus Status: UTD Unknown

MP: Last Meal:

hief Complaint: S/P (R) leg amputee

MH: Medications:

reatments PTA:

ITAL SIGNS: BP: 117/31 P: 127 RR: Assisted Vent @ BVM TEMP: SAO2: 98% @ 10L

HEST **SKIN** **ABDOMEN**

RAUMA ☐YES ☐NO ☐ WARM ☐ SOFT

AIN ☐YES ☐NO ☐ DRY ☐ DISTENDED

OB ☐YES ☐NO ☐ PALE ☐ TENDER

UNG SOUNDS ☐ DUSKY BOWEL SOUNDS

R L ☐ MOIST ☐ YES ☐ NO

] ☐ CLEAR GUIAC TEST

] ☐ WHEEZES ☐ POS ☐NEG

] ☐ DECREASED

] ☐ ABSENT

NEURO BVM

PERRL ☐ YES ☐ NO R_____mm L_____mm

GLASCOW SCORE:_____

PUPIL SIZES: 2 3 4 5 6 7 8 9

GLASCOW COMA SCALE

1. EYE OPENING	2. VERBAL RESPONSE	3. MOTOR RESPONSE
Spontaneous - 4	Oriented - 5	Obedient - 6
To Voice - 3	Confused - 4	Purposeful - 5
To Pain - 2	Inappropriate - 3	Withdrawal - 4
None - 1	Incomprehensible - 2	Flexion - 3
	None - 1	Extension - 2
		None - 1

XTREMETIES

] DISTAL PULSES

] RT X 2 ☐LT X 2

MOVES EXTREMETIES X 4

NO EDEMA

NO DEFORMITIES

XCEPTIONS TO BOVE ARAMETERS:

REATMENTS:

SPLINTS:

2: LPM NC MASK ORAL AIRWAY

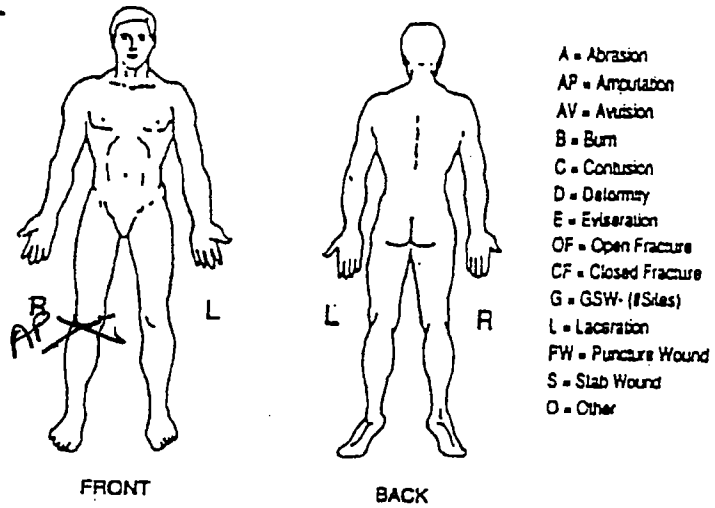
TT # MM NASAL AIRWAY

ONITOR ☐Y ☐N EKG ☐Y ☐N

G TUBE #

OLEY: # DPL ☐ POS ☐ NEG

HEST TUBE ☐R ☐L CM H20



A = Abrasion
AP = Amputation
AV = Avulsion
B = Burn
C = Contusion
D = Deformity
E = Evisceration
OF = Open Fracture
CF = Closed Fracture
G = GSW- (#Sites)
L = Laceration
PW = Puncture Wound
S = Stab Wound
O = Other

(Continue on reverse)

REPARED BY *(Signature & Title)* DEPARTMENT/SERVICE/CLINIC (b)(3)-1 DATE

ATIENT'S IDENTIFICATION *(For typed or written ntries give: Name - last; first; middle; grade; date; ospital or medical facility)*

OD

[redacted]

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

A FORM 4700, MAY 78

MEDCOM - 3842

[redacted]

T[redacted]	IV FLUID/BLOOD	AMOUNT INFUSED	OUTPUT
			CHEST TUBE:
			EMESIS:
			NG TUBE:
			URINE:
			EBL:
			OTHER:

TOTAL IN:_____ OUTPUT:_____

NURSING NOTES

TIME	B/P	P	RR	O2 SAT	NURSING ASSESSMENT

LABS: CBC T&S T & C # UNITS____ PT/PTT LYTES UA
OTHER:_____
XRAYS:

MEDICATIONS

TIME	MED	DOSE	ROUTE	INITIALS
0915	Versed	2mg	IVP	(b)(6)-2
0918	Versed	2mg	IVP	

PROCEDURES/PROGRESS NOTES

10

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DOD 010322

30MAR03 @ 2056 #23

b6-4

(b)(6)-4

(b)(6)-4

AEROMEDICAL EVACUATION PATIENT RECORD

PATIENT IDENTIFICATION

1. NAME (Last, First, Middle Initial)
EPW [redacted]

2. SSN

3a. STATUS

3b. SERVICE

4. PRECEDENCE (U / P / R) R

5. GRADE

6. AGE unk

7. SEX Male / Female

8. WEIGHT

9. BLOOD TYPE

10. CLASSIFICATION (IA-EF) — AMBULATORY / LITTER

11. ACCEPTING PHYSICIAN

12. CITE/AUTHORITY NO.

13. APPT/SURG DATE

14a. ORIGINATING FACILITY PHONE NUMBER (b)(3)-1

15a. DESTINATION FACILITY PHONE NUMBER (b)(3)-1

16. NUMBER OF ATTENDANTS: 16a. MEDICAL 0 — 16b. NON MED 0

17. DIAGNOSIS
3/P RLE traumatic amputation
s/p pulseless V-tach & resuscitation
s/p (L) Pneumothorax & chest tube

18. BATTLE CASUALTY / FRIENDLY FIRE / NON-BATTLE INJURY

19. CLINICAL ISSUES (Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)

	YES	NO	ISSUE		YES	NO	ISSUE		YES	NO	ISSUE
a.		X	HYPERTENSION	f.		X	MOTION SICKNESS	k.	X		AMBULATORY
b.	X		CARDIAC HX	g.		X	VISION IMPAIRED	l.		X	AMBULATORY AID
c.		X	DIABETES	h.		X	VOMITING PROBLEMS	m.		X	SELF-MEDS
d.	X		RESPIRATORY	i.		X	BOWEL PROBLEMS	n.		X	ADMINISTRATIVE SUPPLY OF MEDS
e.		X	CARDIAC/EKG	j.		X	SELF-CARE	o.		X	OTHER

20. PHYSICIANS ORDERS

20a. DATE: 24MAR03 — 20b. TIME: 1900 — 20c. ALLERGIES: NKDA

20d. DIET: REG / SOFT / 2GM NA / CARDIAC / DIABETIC / CALS: NPO

RENAL ____ gm prot ____ Gm Na ____ mEq K ____ mg PO4

TUBE ____ TYPE ____ cal/y, 1/2, 3/4, FULL STRENGTH

PEDIATRIC AGE ____ OTHER (Specify) ____

TPN: Change to D10 at ____ cc/hr for max of ____ days

TUBE FEEDING ____ at ____ strength at ____ cc/hr

20e. IV/BLOOD

20f. SPECIAL EQUIPMENT

X SUCTION		TRACTION	ORTHOPEDIC BRACES
X NG TUBE		IV PUMP	X CHEST TUBE/HEIMLICH
STRYKER FRAME	X	TRACH	RESTRAINTS
INCUBATOR	X	MONITOR	X OTHER (Explain in 23)
		FOLEY	

O2: LITERS: ROUTE:

VENTILATOR SETTINGS TV 700 Rate 12 PEEP 5 FiO2 40%

20g. ALTITUDE RESTRICTION:

20h. RECORDS TO ACCOMPANY PATIENT

X OUTPATIENT RECORDS	X	X-RAYS	FINANCIAL
X INPATIENT RECORDS		OB RECORDS	OTHER (Specify)
NARRATIVE SUMMARY		DENTAL RECORDS	

20i. MEDICATIONS/TREATMENTS
Ancef 1gm IV Q8°
IVF LR @ 120 ml/hr
Fentanyl drip
Versed drip

(b)(6)-2

21. PRE-FLIGHT VITALS

21a. DATE/TIME	21b. TEMP	21c. PULSE	21d. RESP	21e. BP

22. BRIEF NARRATIVE
EPW s/p RLE traumatic amputation, seen @ prior facility, WND washed out, intraop pt. c desaturation @ chest tube placed for presumed PTX, pt then developed pulseless V-tach, treated c atropine & epinephrine + CPR. Pt currently hemodynamically stable. GCS 7. Pt. for evac to EPW MTF.

23. ASSESSMENT/PROGRESS

DATE/TIME	NOTES
Ventilator	

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

A... FORM 3899, MAR 95

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DOD 010323

ADMISSION AND CO[illegible] INFORMATION

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

1. REPORTING MTF: (b)(3)-1
2. [illegible] TION (State or Country Code)
3. REGISTER NUMBER: (b)(6)-4
NAME (Last, First, Middle Initial): [illegible] (b)(6)-4 OD (b)(6)-4
4. PAY GRADE: E4
5. SEX: M
6. DATE OF BIRTH (Y Y Y Y M M D D):
7. AGE AT ADMISSION:
8. RACE: X
9. ETHNIC BACK-GROUND: 9
RELIGION:
10. LENGTH OF SERVICE:
ETS:
11. FMP: 99 20
12. SOCIAL SECURITY NUMBER: (b)(6)-4
ORGANIZATION (Active Duty Only): Iraq Civilian
13. MARITAL STATUS:
ADMISSION: 1715
[illegible] BRANCH / CORPS
14. FLYING STATUS:
15. BENEFICIARY CATEGORY: K 7 8
16. ZIP CODE OF RESIDENCE: 0 9 3 3 0 0 0 0 0
17. UNIT LOCATION (State or Country Code):
18. MOS:
19. TRAUMA: INJ
PREV. ADMISSION: YEAR / NO
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION: 72 R Direct
WARD: ICU 1
NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE:
ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code):
NAME AND LOCATION OF [illegible] (b)(3)-1 MTF / [illegible] ITY IRAQ
TELEPHONE NUMBER OF EMERGENCY ADDRESSEE:
21. TYPE OF DISPOSITION: 30 ~~4435~~ DOW
22. MTF TRANSFERRED TO:
23. DATE OF DISPOSITION (Y Y M M D D): 030401
24. CLINIC SVC - ADMITTING: ATB A D
25. MTF TRANSFERRED FROM:
26. DATE THIS ADMISSION (Y Y M M D D): 030303 30 Mar 03
27. LOCATION OF OCCURRENCE (Battle Casualty Only): I Z Combat Death
28. MTF OF INITIAL ADMISSION:
29. DATE INITIAL ADMISSION (Y Y M M D D): 030319

FOR LOCAL USE

Dx
3481 8600
9971 8911
42789 8910
8972 E9912
82009
81380

S/P R LE Traumatic amputation
S/P pulseless · V-tech ⊂ ressuscitation
(L) Pneumothorax ⊂ chest Tube

Proc: 843 3404 8452
8604 9904 (G)

Ins Trauma

ADMITTING OFFICER (Signature, as required): (b)(6)-2 (b)(6)-2
SIGNATURE: (b)(6)-2

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE

(b)(6)-2

MEDCOM - 3845

ACLU-RDI 4737 p.73

DOD 010324

ADMISSION AND CC ... INFORMATION

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

1. REPORTING MTF: (b)(3)-1
2. (State or Country Code): I Z
3. REGISTER NUMBER: (b)(6)-4
NAME (Last, First, Middle Initial): OD (b)(6)-4
4. PAY GRADE: CIV
5. SEX: M
6. DATE OF BIRTH (YYMMDD):
7. AGE AT ADMISSION:
8. RACE: X
9. ETHNIC BACK-GROUND: 9
RELIGION:
10. LENGTH OF SERVICE:
ETS:
11. FMP: 99
12. SOCIAL SECURITY NUMBER: (b)(6)-4
ORGANIZATION (Active Duty Only): Iraqi Civilian
13. MARITAL STATUS: E
ADMISSION: 1715
BRANCH / CORPS:
14. FLYING STATUS:
15. BENEFICIARY CATEGORY: K91
16. ZIP CODE OF RESIDENCE: 09330000
17. UNIT LOCATION (State or Country Code):
18. MOS:
19. TRAUMA: INJ
PREV. ADMISSION: YEAR / NO
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION: 4 C Direct
WARD: ICU 1
NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE:
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: MTF (b)(3)-1 IRAQ
ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code):
TELEPHONE NUMBER OF EMERGENCY ADDRESSEE:
21. TYPE OF DISPOSITION: 30 1435 DOW
22. MTF TRANSFERRED TO:
23. DATE OF DISPOSITION (YYMMDD): 20030401
24. CLINIC SVC - ADMITTING: ABAA
25. MTF TRANSFERRED FROM: (b)(3)-1
26. DATE THIS ADMISSION (YYMMDD): 20030330 30 mar 03
27. LOCATION OF OCCURRENCE (Battle Casualty Only): I2
28. MTF OF INITIAL ADMISSION: A03K
29. DATE INITIAL ADMISSION (YYMMDD):

FOR LOCAL USE

3481
Dx: 8910
8974
Dx: 8415
Trauma Inj
90 450

S/P RLE Traumatic amputation
S/P pulseless V-tech c resuscitation
(L) Pneumothorax c chest tube

ADMITTING OFFICER (Signature, as required): (b)(6)-2 MD

SIGNATURE OF ADM... (b)(6)-2

DA FORM 2985, MAR 89 (b)(6)-2

EDITION OF MAY 79 IS OBSOLETE

MEDCOM - 3846

ACLU-RDI 4737 p.75

ADMISSION AND CODING INFORMATION

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

30. AGE AT DISP			31. AUTOPSY Y / N	32. UNDERLYING CAUSE OF DEATH / SEP	33. RESIDUAL DISABILITY			34. DO NOT USE - DATA FILLER #1									35. CAUSE OF INJURY		
117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136
			N																

36. FIRST DIAGNOSIS (Principal Diagnosis)							
137	138	139	140	141	142	143	144
		3	4	8		3	

37. SECOND DIAGNOSIS							
145	146	147	148	149	150	151	152
		8	9	7			

38. THIRD DIAGNOSIS							
153	154	155	156	157	158	159	160
	E	9	9	1			

39. FOURTH DIAGNOSIS							
161	162	163	164	165	166	167	168

40. FIFTH DIAGNOSIS							
169	170	171	172	173	174	175	176

41. SIXTH DIAGNOSIS							
177	178	179	180	181	182	183	184

42. SEVENTH DIAGNOSIS							
185	186	187	188	189	190	191	192

43. EIGHTH DIAGNOSIS							
193	194	195	196	197	198	199	200

44. FIRST PROCEDURE (Principal Diagnosis)							
201	202	203	204	205	206	207	208
		8	4		1	5	

45. SECOND PROCEDURE							
209	210	211	212	213	214	215	216

46. THIRD PROCEDURE							
217	218	219	220	221	222	223	224

47. FOURTH PROCEDURE							
225	226	227	228	229	230	231	232

48. FIFTH PROCEDURE							
233	234	235	236	237	238	239	240

49. SIXTH PROCEDURE							
241	242	243	244	245	246	247	248

50. SEVENTH PROCEDURE							
249	250	251	252	253	254	255	256

51. EIGHTH PROCEDURE							
257	258	259	260	261	262	263	264

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES		53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES		54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y/N
265	266	267	268	269	270	271	272
0	3	0	1				

MEDCOM - 3847

DOD 010326

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
(b)(6)-4	CIV	—	—
ORGANIZATION Organisation	**NATION** *(e.g., United States)* Pays	**DATE OF BIRTH** Date de naissance	**SEX** Sexe
	Iraq	—	☒ MALE Masculin ☐ FEMALE Féminin

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

NAME OF NEXT OF KIN Nom du plus proche parent	RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit
STREET ADDRESS Domicile à (Rue)	**CITY OR 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]		anoxic encephalopathy	3 days
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	status post gsw shot wounds to @leg, s/p traumatic amputation	3 days
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	post operative cardiac dysrhythmia	
OTHER SIGNIFICANT CONDITIONS[2] Autres conditions significatives[2]			

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 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 (b)(6)-2	TITLE OR DEGREE Titre ou diplôme
GRADE Grade LTC	INSTALLATION OR ADDRESS (b)(3)-1
DATE Date 01 April 2003	SIGNATURE Signature (b)(6)-2

[1] *State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.*
[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.*

DD FORM 1 APR 77 2064 REPLACES DA FORM 3 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP WHICH ARE OBSOLETE.

MEDCOM - 3848

HOSPITAL REPORT OF DEATH

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

NAME AND LOCATION OF HOS

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

OD

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 Muslim

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)* anoxic encephalopathy	3 days
7b. ANTECEDENT CAUSES *(Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)*	DUE TO *(or as a consequence of)* (1) post op cardiac dysrhythmia	
	(2)	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a. S/P GSW to (R) leg with	
	b. traumatic amputation	

9. DATE 01 April 2003

10. TYPED OR PRINTED NAME AND GRADE OF MEDIC (b)(6)-2

11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)-2

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

*U.S. GPO: 1993-342-027/80481

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
(b)(6)-4	CIV	—	

ORGANIZATION Organisation	NATION *(e.g., United States)* Pays	DATE OF BIRTH Date de naissance	SEX Sexe
Iraqi Civilian			☒ MALE Masculin ☐ FEMALE Féminin

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

NAME OF NEXT OF KIN (b)(6)-4	RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit
	SON

STREET ADDRESS Domicile à (Rue) (b)(6)-4	CITY OR 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]		Pulmonary embolism	
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	Traumatic amputation	
	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[2]			

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	Battle injury c traumatic amputation of right leg and pulmonary embolism
☐ ACCIDENT Mort accidentelle		
☐ SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste	
☐ HOMICIDE Homicide	SIGNATURE Signature / DATE Date	AVIATION ACCIDENT Accident d 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
4/4/03 2006	Iraq

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 (b)(6)-2 ilitaire ou du médicin sanitaire	TITLE OR DEGREE Titre ou diplôme
	MD

GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse
O4	(b)(3)-1

DATE Date	SIGNATURE Sign (b)(6)-2
04/04/03	

[1] State disease, injury or complication which caused death, ure, etc.
[2] State conditions contributing to the death, but not relate h.
[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'a aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

DD FORM 1 APR 77 2064 REPLACES DA FOR 5, 1 JAN 72 AND DA FORM 3565-R(PAS), 75, WHICH ARE OBSOLETE.

HOSPITAL REPORT OF DEATH

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

1. 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)* 2006/4/4/03

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

4. RELIGION Muslim

5. CHAPLAIN NOTIFIED ☒ YES ☐ NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH

(b)(6)-4

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)* Pulmonary embolism	
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) Traumatic amputation	
	(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
4/4/06	(b)(6)-2 MD 04	(b)(6)-2

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

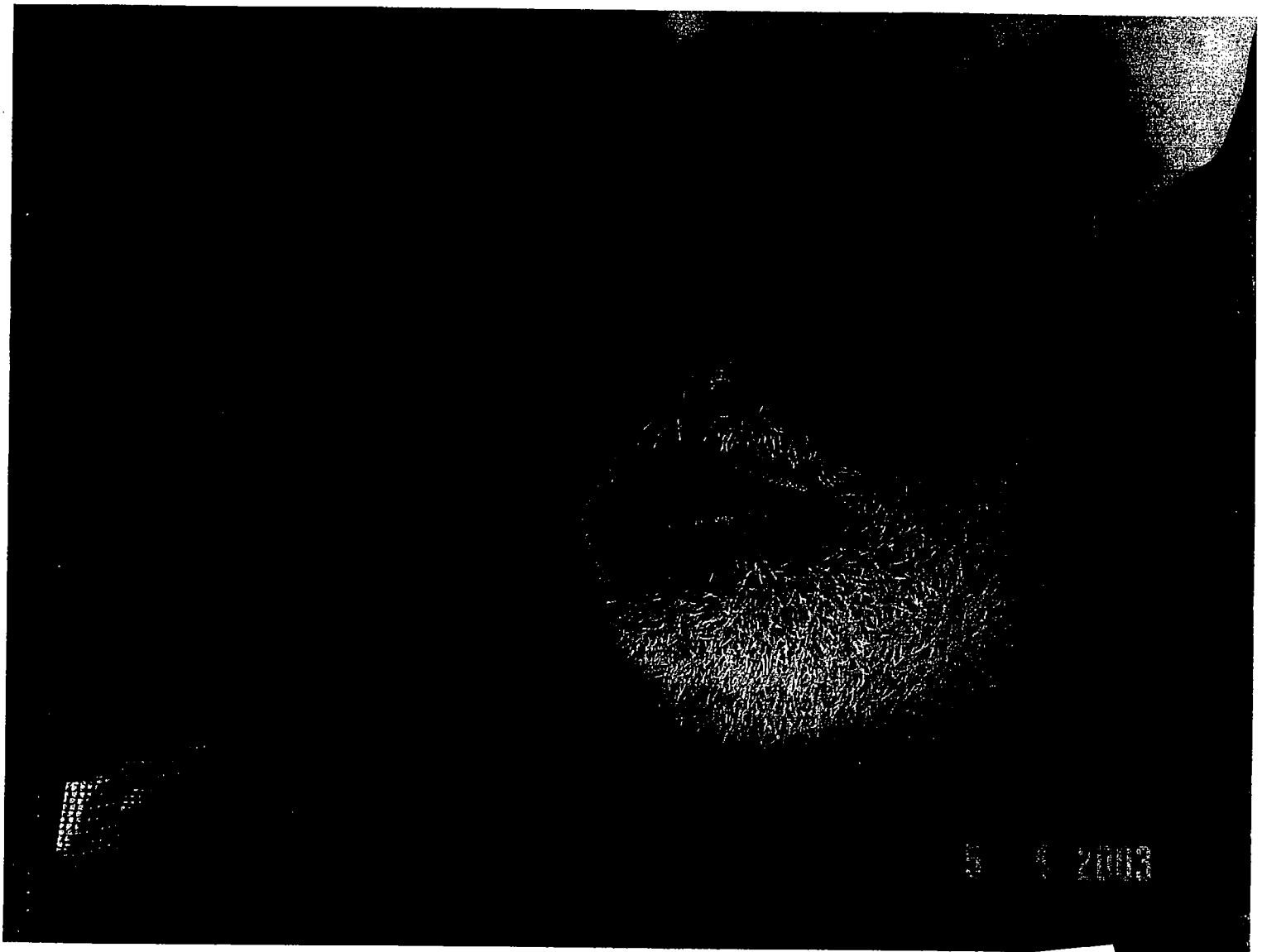
DA FORM 1 OCT 72 3894 REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED.

*U.S. GPO: 1993-342-027/80481

MEDCOM - 3851

ACLU-RDI 4737 p.79

DOD 010330



(b)(6)-4

Born 1940

Positive i.d. by son

(b)(6)-4

Local Phone #

(b)(6)-4

(b)(6)-4

MEDCOM - 3852

PATIENT 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
(b)(6)-4	(b)(6)-4 (b)(6)-4	CW	

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

11. FMP	12. SSN	13. ORGANIZATION	14. WARD
99	—	—	ICU

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

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
Trans	1130	ABAA

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
(b)(6)-4	DOW	4/4/03

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
Tel (b)(6)-4		30 MAR 03	

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
(b)(3)-1		

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

War related

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

(1) S/P

(2) Traumatic Amputation - Knee 897.4

(2) Pulmonary Embolism 415.1

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
					6

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 (b)(6)-2 MAJ, MC

SIGNA (b)(6)-2

(b)(6)-2 MD

AY 79 EDITION OF 1 AUG 76 IS OBSOLETE USAPPC V1.10

MEDCOM - 3853

INPATIENT TREATMENT RECORD COVER SHEET

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

1. REGISTER NUMBER (b)(6)-4	2. NAME (Last, First, MI) (b)(6)-4 (b)(6)-4				3. GRADE CIV	ADMISSION REMARKS	
4. SEX M	5. AGE	6. RACE Iraqi	7. RELIGION OF SVC muslim	8. ETS —	10. PREVIOUS ADMISSION —		
11. EMP 99	12. SSN —		13. ORGANIZATION —		14. WARD ICU		
15. FLYING STATUS —	16. RATING/ DSG —	17. DEPT./ BEN —	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE In)		

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Trans	22. HOURS OF ADMISSION 1130	23. CLINIC SERVICE ABAA		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE (b)(6)-4	25. TYPE DISPOSITION DOW	26. DATE OF DISPOSITION 4/4/03		
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) Tel (b)(6)-4	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION 30MAR03	ADMITTING OFFICER	
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1		30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

War related

34. DIAGNOSES OPERATIONS AND SPECIAL PROCEDURES

(1) s/p Traumatic Amputation - Knee 897.4 — Trauma 9 — Inj. 459

(2) Pulmonary Embolism 415.19

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
	5			5	5

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

37. NAME/TITLE OF ATTENDING MEDICAL OFFICER (b)(6)-2 MD — MAJ, MC — SIGNATURE (b)(6)-2

(b)(6)-2

AY 79 EDITION OF 1 AUG 76 IS OBSOLETE

MEDCOM - 3854

MEDICAL RECORD | PROGRESS NOTES

DATE

ER w/ arrives via transport from Blackhawk

PT MOI GSW @ side of thorax

29 Mar 08 1930 in OR for exlap. Start time 1940 end time: 2213. to ICU. [redacted] for RE

Preop dx: Multiple GSW - Chest (L) ## anterior, lateral lacerat; GSW to abdomen x 2 (+1 c shrapnel); (R) LE GSW x 2 c lat. ent, med. exit c laceration/hematoma, compartment syndrome vs vascular inj.

Procedure: Local exploration of GSW (Chest tube placed in SST; Ex. lap and large hematoma in rectus (small venous bleeding ligated c omentum bleeding vessel), washout. (R) LE soft tissue but when hematoma evacuated, obliteration of arteries/musculature @ site of laceration: ortho consultation c orthopedic surgeon, performed BKA amputation @ site of comminuted tibial fx.

Anesthesia: General.

EBL: 1500 (c hematoma) Surgeon: [redacted]

Irrig: 500

UR: 6000cc

Blood: 2 u PRBC, 2 u FFP

[redacted] 200 280 2

Pt has been hypotensive and is hypothermic, required significant volume and pressors to maintain systolic pressures in 70-80's, but episodes in 60's for transient period of time. Will proceed to ICU intubated for resuscitation and warming.

[redacted] [redacted] [redacted] for me [redacted]

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility) | REGISTER NO. | WARD NO.

[redacted]

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

509-113

NSN 7540-00-634-4122

MEDICAL RECORD | PROGRESS NOTES

DATE

3/30/03 - 0230 : Received from OR; pt sedated on ventilator, see orders + anesthesia records. Abdomen is minimal dressing / soiled; (b)(6)-2 LE stump dsg C/D/I. Infused 1st units PRBC, Pleurevac connected to suction, VSS, UOP adequate, see TPR record — (b)(6)-2 for

3/30/03 - 0245 : Chemo to L/lobe lungs + diminished BS to base L/lobe —

3/30/03 0255 Surgery —

(b)(6)-2

Intubated and sedated c MSO4 / Versed intermittent dosing, VSS hemodynamic stability improves today, may be able to lighten sedation to assess neurologic status. Hypotensive c systolics in 80's - 90's s pressors, but recently hypotensive episode in 60's systolic responded briskly to fluid bolus. Received 4 units total of PRBC's and is not clinically in DIC, only minimal drainage into dressings and tube sites. IVF is being warmed but he remains hypothermic axilla 93°. Will continue IVF @ current rate per perfusion and follow per OS. O2 saturation 94-98% on 30% FDO2. Lungs none x L & R BS in (b)(6)-2 bases - dressings are intact over wounds and CT - CT s output and ↓ AL WM pull CT when out @ pressure. Abd soft, dressings intact, nondistended. Maintain dressings and will reinforce as necessary. (b)(6)-2 UO remains basic, unable to assess chemistries, but will dip to determine if any osmotic diseases exists. Continue warming process and plans per medevac at earliest available and pt's hemodynamic stability.

(b)(6)-2

(Continue on reverse side)

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

REGISTER NO. [redacted] NO

WARD NO. (b)(6)-2

(b)(6)-4

PROGRESS NOTES

Medical Record

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MEDICAL RECORD	NURSING ~~PROGRESS~~ NOTES

DATE	30 MARCH NOTES
0619	Assume care of [b)(6)-4] Pt intubated 8.0 approx 24cm @ lip, SIMV 10, 800, 5 ≈ PIPs of low 20s. LS≈ bilateral rhonchi, O2 sats 93-94% on FiO2 50%. RR 10-12. Return TV 790-820. Neuro wnl Pt is sedated ≈ Valium & MSOL. RBL. ~~NOT to~~ error Nasal temp probe in place to left nares & does correlate ≈ thermometer. Temp 33.2 on initial assessment. Hotline immediately set up, extra blankets placed, temp now 33.8. HR 90-100 ≈ few multifocal PVCs, B/P hypotensive 70/40 ≈ initial assessment, 1000cc LR bolus given, B/P now 100/63. Pulses palpable throughout, minus RLE. Ext cool to touch. Cap refill > 3sec. BS Absent, ABD round. Foley draining clear yellow urine. (L) CT to 20cm sxn ≈ minimal bloody output. Dsg intact. (D) dsg intact ≈ some bloody drainage noted. RLE stump dsg intact. Midline ABD incision ≈ intact dsg & drainage. 18g PIV in (D) AC ≈ LR @ 100cc°. Pt-sp Gsw to (D) chest, sp ex lap for Gsw to ABD, Gsw to RLE sp (P) PKA. Arrived to ICU @ 0555. [b)(6)-2]
0715	Check pt stump notice excessive blood drainage, reinforce with kerlix bandage [b)(6)-2]
0740	Dr. [b)(6)-2] came by check (D) stump reinforce with ace wraps, kerlix bandages [b)(6)-2]
0755	Pt prepared for medevac at this time. Metavin [illegible] given. TOTAL I&O for shift CT 20cc Foley [illegible] IVF 7000 NG to (R) nares 100cc of green gastric contents aimed [b)(6)-2]

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
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DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT		
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PROGRESS NOTES
Medical Record

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

DATE — NOTES — MEDS

3/30/03

0200 - Mefoxin 1 gm IV

0300 - MgSO4 2mg IVP

0510 - MSO4 5mg IVP

0510 - Valium 5mg IVP

0715 - 4mg MORPHINE IVP

0715 - 5mg VALIUM

0829 - 5mg VALIUM

0940 MSO4 3mg

0945 Mefoxin 1gm IV

1245 - ARRIVED AT ICU, VS: B/P 88/52, RR-12 (BBS UNEVEN more than VENTILATOR SETTINGS - SEE NOTE R/T) P-109, T-97.0, SATS 100% (FIO2 - 100%) LUNGS clear, BS on (R) MARE, cleared PERIMENT c LOUD ASD, BOWEL SOUNDS AND BASILAR DIMINISH UPON SUCTIONING c TURKEY SYRINGE, CHEST TUBE (L) CHEST TO PLEURAVAC only c INTERMITT. SUCTION, ASD DRESSING AND (L) UPPER THORAX AREA DRESSINGS c MINIMAL DRAINAGE, AMPUTATION ON (R) HAND NOT SURGICALLY REPAIRED YET, DR. [b](6)-2 AND COL [b](6)-2 SAW WOUND AND DRESSING CHANGE WAS DONE, OTHERWISE GOOD DISTAL PULSES AND CAP. REFILL >2SEC x3, SOFT RESTRAINTS ON UPPER EXTREMITIES PER DR. [b](6)-2 AND VALIUM 2mg IV FOR AGITATION. [b](6)-2

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
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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)-4		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)

DATE	NOTES
30 March 03	15:00 Pt extubated RR 20, SATS 100% c non-rebreather 10L/min, will wean O2 to keep SATS above 94%, P-116 B/P- 95/47 mean 71, Lungs clear in all fields, A&O, able to verbalize, waiting for transport, will continue to monitor -Ab
16:00	Arrived 16m given IV, Pt on face mask 4L/min - SATS 95% stable, see VS flow sheet. (b)(6)-2 4L/min
1700	Given 400mg IV given now stable FM RR 22 SATS 93%
31 March 03	Nursing: 2U of blood hung, Pre-med c 650mg Tylenol PR and
0905	12.5mg benadryl IV. Baseline Vitals T 99.9 AK P 130 R 18 B/P 84/46 SaO_2 93%
	IV infiltrated restarted in (b)(6)-2 Bicep. Blood restarted.
Times	0940: VS T 99.8 P 128 R 13 BP 74/49 SPO_2 98 6L Face mask
	1005 VS T 99.7 P 125 R 19 BP 80/51 SPO_2 98 6L FACE mask
	1030 VS T 99.3 P 104 R 15 BP 82/52 SPO_2 98
	Second unit Hung @ 1105 see SF 518 for VS. (b)(6)-2 Secur
	1145 VS T 99.7 P 112 R 18 BP 88/53 SPO_2 100 6L Face mask
	1225 VS T 99.6 P 112 R 15 BP 84/58 SPO_2 98% 3L Face mask
	1255 VS T 99.2 P 114 R 14 BP 84/51 SPO_2 99% 3L FACE mask
	1325 Blood is finished flushed c 500cc/NS. No adverse reaction VS T 99.3 P 111 R 17 BP 93/54 SaO_2 98% 3L Face mask

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MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
30 mar 2015	PT A&O X3, multiple abrasions on Head & ~~Face~~ Face 20 BPM, sating 99% on 3L O2 via simple mask & O2 concentrator. BS shallow & audible snores & course when auscultated. BS diminished in (L) Lower lobe, cardio/ Normal Sinus tachy, cap ref <3sec, all pulses +3, central line on (L) inf 125cc/hr. Dressing on (R) chest, chest tube removed CDI. Midline incision Dressing CDT. BKA sight has been bleeding Dressing reinforced. BS Hypo-active, no sings of Distention. Foley to Gravity QS. (b)(6)-2 Spc LPN
30 mar 03	0130 PT & sawtooth rythm HR 170-200, called DR Smith, 5mg Labatalol, 1 unit of blood given, blood started @ 0131, no reaction, vitals remained stable, infusion complete @ 0238. Vitals @ Finish BP 102/60 HR 100 Temp 97.5 (b)(6)-2 Spc LPN (b)(6)-2
1 Apr 03 1600	Nursing VSS Active bowels sound, Stump has serous ~~pus~~ drainage. Tolerates sips of water. Dr. advance diet to Clear liquids. NG tube D/C'd. O2 Sats 95% on 3L Face mask. Midline drag is draining through. Will Continue to monitor (b)(6)-2 SSG 9/6/06

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

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PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
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MEDCOM - 3860
509-114

DATE	NOTES
17Apr03	Nursing – 2nd unit of Blood started.
1800	1805 VS T 98.7 P 110 BP 130/75.
	1910 VS T 98.2 P 104 BP 132/80
	1825 VS T 99.2 P 109. BP 128/78
	1840 T 98.8 P 106 BP 130/76
	1850 2nd unit of Blood started. No adverse reaction noted
	O_2 SAT 97 @ 3L Face mask. Brief on Coming shift. [redacted]

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MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
30 March 2003	Pt is 50–60 yo Iraqi ♂ @ D 71 who was wounded ☐ multiple missiles fragments; Hx the following ① (R) BKA ② Exp lap ☐ ligate of bleeding ③ chest wound S/P placement of chest tube ④ Hx of hypothermia Chest – Lungs – some coarse rhonchi throughout all lung fields. Heart – RRR ☐ M Abdm – soft, tender, BS absent, ☐ bandage in place Ext. (R) LL has BKA ☐ flaps (wound not checked) A – as above P – per Dr. [redacted] (b)(6)-2, needs debridement of amputation stump. CXR tomorrow to ✓ lung fields D/C Ancef & gent. (b)(6)-2 from LTC

RELATIONSHIP TO SPONSOR	SPON		SPONSOR'S ID NUMBER (SSN or Other)
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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)-4		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)

MEDCOM - 3862
509-114

DATE	NOTES
30 MAR 03	Received pt resting in bed. Pt is drowsy, easily arousible. ~~Rads~~ dressing on (L) upper chest dressing ~~dsg~~ dressing on goodgen (R) leg amputat. ctd. Reinforced dressing on stump. Pt had an uneventful night.

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MEDICAL RECORD | **PROGRESS NOTES**

DATE | NOTES

31 March 2003
1515

Transfer note

Pt is 40 15th y.o. Iraqi ♂ came ☆ 86CSH, ☆ being operated on 29 March for missile wounds resulting in (R) BKA; abdom wound ☆ exp lap; Pt also had chest tube placed on (L), was intubated & noted to have hypothermia & hypotension. Both conditions improved ☆ treatment. Pt's resp status improved chest tube pulled. H/H @ 20/8 given 2 units of O+ blood.

A- (1) S/P BKA on (R)
(2) S/P GSW ☆ chest & abdom
S/P ex lap. & chest tube placed & removed.

P- Air Evac to definite care facility
Enter MDI's & IV orders
~~Gentamycin 400mg IV bid~~
~~Ancef 2gm~~
Rocephin 1gm IV qd

(b)(6)-2
(b)(6)-2
MD
LTC

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
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(b)(6)-4

PROGRESS NOTES
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MEDICAL RECORD	PROGRESS NOTES

DATE	NOTES
1 April 2003	
0140	Called to see pt in A with complex tachycardia. Pt has cardiomegaly on chest Xray — probably from long standing hypertension. Abd, has fluffy infiltrate RLL. Pt received 2 units of O+ blood yesterday & HCT went from 20 → 22. Pt's urine is very dark. O2 sat 92. Prepare drugs — wide complex tachycardia. A- (1) Wide complex tachycardia, probably SVT (2) Cardiomegaly (3) fluffy infiltrate ? aspiration P- Inderal 2mg IV q2-6H prn. Transfuse 2 units O+ blood.
1 April 2003	
16:57	BP 132/82 SPO2 87 HR 113
01 Apr 03 2015	Pt Transferred from Ward via Sedan O2 @ 2L via mask - Sats 98-100% - (1) CL - CR @ 125 cath - CT D/C 3/30/03 - Chest PA from Aunt SCL (2) Sedation - occlusion Dsg - Tape Compression - D/C, ASD - Mid ventricular wet to Dry Dsg D/C Foley D/C'd, NGT D/C'd SW 4/ →

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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(b)(6)-4		

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
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MEDCOM - 3865
3076-114

DATE	NOTES
(cont)	(R) BKA – Ace wrap – @ dlc – remained, PT wanted SCD Pressure Test Hose 3cm/Hgs? not found / to request for 02 – PT wanted off – stayed around (L) calves upon chart – ext to ch – A/d – SP Notified P-108 R 23 T 99.6 @ [redacted]
4/2 0200	PT drinking / toileting / fluids –
0800	PT AOX3, PERRL, (L) CHEST TUBE D/C'd DI APPLIED, DRSNG A C/D/I. EX-LAP DRSNG D C/D/I MARGINS CLEAN NO ERYTHEMIA NOR DRAINAGE PRESENT, BED BATH GIVEN. PT ADVANCED TO REG DIET PT TOLERATED CRACKERS AND WATER WELL, ACTIVE BS IN ALL 4 QUADS. NON-DIST ENDED ABD SLIGTLY TENDER TO PALPATION, O_2 FACE MASK @ 4L SAT 92-98%. MEDS ADMIN AS ORDERED. LUNGS R/R, FOLEY TO GRAVITY DRAINING CLR. (R) BKA DRSNG C/D/I [redacted] (L) DISTAL PEDAL PULSES +3, WILL CONTINUE TO MONITOR
02APR03	s/p BKA, GSW abdomen + Ex-lap (Resection examined) (surgery on 29MAR03) s/p 2u PRBC → H/H = 8/20 abx = cefoxitin/Gent cont. to ↑ diet [redacted]
02APR03 1800	Assessment completed – CL (L) wrist pulses – Foley patent & DC amber urine, Dsg – MID ASD – (venous) c/d/i – (L) chest Dsg – intact (R) BKA Ace – c/d/i, (R) DP chk +3 Dop, (R) Heel (L) upper + lower Lungs – ↓ (R) Lung Sounds, Pt c/o – Sl gurgle – O_2 @ 6L via mask – Sat 98%. Pt resting – resting around – [redacted]
03APR03 0400	VS T 100.2 BP 87/63 P 140 R 20 POX 94. TP Dr [redacted] ordered NS 125 c/hr P/24 15 min later, SPC [redacted], A 9LW male
0800	VS T 100.5 BP 105/68 P 124 R 24 POX 96 SP C [redacted], A 9LW male
1500	VS T 100.9 BP 120/70 P 124 R 22 POX 95, given morphine 5mg PRN for DSG change, Foley cath DAC. SPC [redacted] 9LW male

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MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
3 Apr	VSS pt has no C/O of SOB cont on O_2 thru @ 5-8 LPM c Sats around 94-98% c O_2 ↓ to 80's. Will cont to monitor [redacted] (b)(6)-2 SS/RN
4 April 03 0539 SP	Nutrition – Patient with minimal intake since 29 March BKA. Will attempt to feed patient ensure, will enlist translators help to explain the need for calories & nutrients Would recommend at a TF if patient does not drink Ensure orally. [redacted] (b)(6)-2 MAT SPRD
0740	pt assessment completed, bio adl dressing Δ @ this time, wound is CDI he has no C/O pain @ this time dressing to (L) chest Δ pt has 2cm wound CDI, his (R) leg stump dressing was Δ by night shift IV fluids @ 125/hr into (L) AC no S&S of infiltration, lung sound ETA c good breath sounds pt states SOB, but sats @ 98% resp @ 20 not using accessory muscles [redacted] (b)(6)-2 9 I WMC sgt
0800	pt tolerated H_2O well advanced to ensure [redacted] (b)(6)-2 9 I WM 6 sgt
0900	pt tolerated sips of ensure will encourage greater consumption, he has no C/O pain or SOB [redacted] (b)(6)-2 9 I WM 6 sgt
1300	Pt O_2 sats @ 79% BP taken 203/177 manual taken 88/68 confirmed by SSG [redacted] (b)(6)-2, Dr. notified no action taken pt dressing on (L) axillary area off and drainage from that wound saturated bed wet to dry applied pt has returned to bed, pt on (R) side lotion & bed bath given [redacted] (b)(6)-2

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
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PROGRESS NOTES
Medical Record

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MEDCOM - 3867

DATE	NOTES
1530	got dent to 72% and in tachy @ 138 Dr. notified O2 applied vent
4-4-03	↑ to 90% on CL [redacted] (b)(6)-2 91 [illegible]

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MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
	Death Summary
4/4/03	40s Iraqi male admitted via [b)(3)-1]
2015	31 Mar 03. SIP (R) BKA to eval and chest tube for (L) PTX. Pt was intubated and sedated on arrival. He was noted with difficulty, had multiple cardiac arrests, then (SVT) during this stay. Pt eventually stabilized 1 April c slow improvement, remained sedated. Thursday he was found unresponsive. No arrest was established and full effort at resuscitation proceeded per ATLS protocol. Despite maximal efforts, the pt remained unresponsive. EKG and expired at 20:06 zulu.
	[b)(6)-2] MD
	May USAR
	[b)(3)-1]
	[b)(6)-2]

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509-114