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

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
M		IRAQI				No

11. FMP	12. SSN	13. ORGANIZATION	14. WARD
	(b)(6)-4		ICW2

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
Direct	0830	ABAN

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
	Trans	5 Apr 03

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
		31 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

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

GSW R Hand ~~882~~

~~III~~ 882.0 11040 E991.2

II 882.0 E991.2

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

SIGNATURE OF ATTENDING MEDICAL OFFICER		SIGN	RECORDS OFFICER
(b)(6)-2	(b)(6)-2 MAJ, MC	(b)(6)-2	

DA FORM 3647, MAY 79 EDITION OF 1 AUG 76 IS OBSOLETE USAPPC V1.10

MEDCOM - 3899

PATIENT TREATMENT RECORD COVER SHEET

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

1. (b)(6)-4	2. (b)(6)-4	(b)(6)-4	3. GRADE	ADMISSION REMARKS
4. SEX: M	5. AGE	6. RACE: IRAQI	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION: NO
11. EMP	12. SSN: 000-42-9901	13. ORGANIZATION	14. WARD: ICW2
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: Direct	22. HOURS OF ADMISSION: 0830	23. CLINIC SERVICE: ABAN
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION: Trans	26. DATE OF DISPOSITION: 5 Apr 03	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION: 31 Mar 03	ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: (b)(3)-1	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

GSW R Hand ~~892~~

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

SIGNATURE OF ATTENDING MEDICAL OFFICER: (b)(6)-2 MD

(b)(6)-2 MAJ, MC

SIG (b)(6)-2 RDS OFFICER

DA FORM 3647, MAY 79 EDITION OF 1 AUG 76 IS OBSOLETE USAPPC V1.10

MEDCOM - 3900

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
3/31/03	Ortho Note
1630	Iraqi ⇒ s/p GSW to ® hand 4d ago c progressive pain + swelling
	O: 2.5cm dirty entrance wound over thenar eminence
	ϕ exit
	diffuse palm swelling + pain c finger ROM
	intact to LT throughout but sl ↓
	pain c passive finger extension, small amt purulence at entrance site
	Xray intact bullet over volar 5th MT
	ϕ fx
	A/P: GSW to ® hand c early infection
	p/w I+D
	(b)(6)-2 MAJ MC

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT		
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) (b)(6)-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 - 3901
509-114

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
31 MAR 03	PT ADMITED TO ICW-2 FOR EXCISION OF BULLET TO (L) HAND ON
1630	01 APR 03, NPO AFTER MIDNIGHT TONIGHT, VSS, LUNGS CTA, RRR, PERRL
	BS PRESENT IN ALL 4 QUAD. NON-TENDER NON DISTENDED ABD. AMBULATES
	WELL W/OUT ASSISTANCE. (L) GSW ENTRY SITE HAS CLEAN MARGINS.
	IRRIGATED c̄ IODINE/NS FLUSH. COVERED c̄ 4X4 AND SAM SPLINT APPLIED.
	(L) HAND WAS SWOLLEN, PALPABLE PULSES (RADIAL) BILAT, —— (b)(6)-2 [redacted] 1LT/AN.
1700	LR 500cc (b)(6)-2 [redacted] ADMIN. —— (b)(6)-2 [redacted] 1LT/AN
31 Mar 03	Assessment completed - Sam splint c̄ Ace to (L) FA - (L) edema (L) Hand
2015	c̄ cap refill to (L) Hand IV LR @ 150cc/h - (R) FA - ↑ 500cc @ 2045.
01 APR 03	Pt c/o [illegible] pain except when (L) Hand-finger palpated - (b)(6)-2 [redacted]
0530	1g [illegible] SVPs, Pt w/d x2 [illegible] during nt. Pt slept soundly. Pt has
	been kept NPO p̄ MN for OR today. —— (b)(6)-2 [redacted] ——
4/1/03	Post op Note
0900	Pre + post op Dx GSW to (L) hand
	Procedure - I+D, FB removal through carpal tunnel incision
	Findings - hamate fx, fragment traversed from thenar
	eminence to ulnar palm through carpal tunnel
	Surg - (b)(6)-2 [redacted]
	Plan - wound care, sutures out 7d.
	(b)(6)-2 [redacted] MAJ MC

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.

(b)(6)-4 [redacted]

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

MEDCOM - 3902

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
1APR03	Ø900 PT. RTN FROM OR S/P I+D/BULLETECTOMY (L) HAND. DRESSING
	(L) HAND DRY AND INTACT, CAP REFILL < 3SEC. BP 135/68 P 107 R 18
	POX 98% ON 8L SIMPLE FACE MASK. T 95.0. SGT (b)(6)-2 [redacted] - 91WM6
	Ø905-25mg DEMEROL GIVEN IV FOR POST OP PAIN. SGT (b)(6)-2 [redacted] 91WM6
1Apr 03 1300	Returned to ward via gurney from OR. Breathing s̄ any
	diff. Bulky drsg to (R) hand dry & intact. < refill < 2 sec
	O_2 at 97%. IV to (R) arm patent s̄ edema or erythema
	noted. (b)(6)-2 [redacted] SSG 91WMC3O
1APR03 1800Z	Awake lying in bed. Denies c/o pain. H/L (R) FA patent s̄ s/s infiltration infect.
	Drsg to (L) Hand D+I, cap refill < 3sec. SAO_2 98-99%. Able to move fingers.
	Pt in NAD, assessment unremarkable. Sgt (b)(6)-2 [redacted] 91WMCH
2 APR 0250Z	Medicated c̄ Vicodin TT Po for c/o pain (b)(6)-2 [redacted] 91WMCH
2APR 0300	Pt slept p̄ medication, assessment remains unchanged. Drsg remains D+I, able to
	move fingers, cap refill < 3sec. (b)(6)-2 [redacted] Sgt 91WMCH
02APR03 0530	A+OX3, (R) HL CDI, NV finger dexterity slow, good circulat.
	Maj Tyler said that OD is ready for Minimal Care Ward
	ASAP & D/C Ancef and Gent 04 APR03. SPC (b)(6)-2 [redacted]
02April03 0600Z	BP 110/78 P-68 T 98.3 R-14 (b)(6)-2 [redacted] SGT 91W30
02Apr03 1845Z	Morphine 4mg SIVP c/o PR — SPC (b)(6)-2 [redacted]
02 APR03 1858Z	Pt c/o pain given Vicodin 2 tabs. V/S BP [illegible]
	T 97.0 HR 86 SPC (b)(6)-2 [redacted] 91W
02APR03 2000Z	Ancef IM (R) deltoid SPC (b)(6)-2 [redacted] 91W
3 APR 03	FPPN POD# 2 s/p GSW (L) hand
0530	(L) hand - CR < 2 sec. Spontaneous ROM all digits
	Imp - Hand fx 2° GSW
Ancef x 7D	Plan → local wound care. Sutures d/c 7D.
MSO4 prn	(b)(6)-2 [redacted] (b)(6)-2 [redacted]
Vicodin 3April03 0002	TT Vicodin for pain (b)(6)-2 [redacted] SGT 91W30 CPT, MC

STANDARD FORM 600 (REV. 6-97) BACK

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

MEDCOM - 3903

MEDICAL RECORD	PROGRESS NOTES
DATE	
1005Z 3Apr03	1gram Ancef. 400mg Gent IV Hung at Bedside
	to be administered over 1 hour. [redacted] SGT 91W20
1534Z 03Apr03	Tylenol 650mg PO c/o minor pain - SGT [redacted] 91W
1630Z 3Apr03	BP 110/60 P 68 T 98.5 R 18 —— [redacted] SGT 91W20M6
2000Z 3Apr03	1 gram Ancef given IM (R) bicep —— [redacted] SGT 91W20M6
4Apr 03	FP PN AF VSS
0600	(L) hand: Thenar eminence: Granulating exit wound FS/SX
	infection
	Hypothenar: sutures c/D/I
	Imp: GSW c (L) hand c fx POD#3
	Plan: Local wound care, splint, prn pain control.
	Once daily dressing Δ [redacted]
	[redacted] CPT, MC
4Apr03 0731Z	136/84 R18 T99.1 P72 [redacted]
4Apr03 1630	Vicodin T PO 1 tab prn — SGT [redacted] 91W
4Apr03 1600	Vicodin PO for ↑ pain [redacted] 2LT AN
4Apr03 2335	~~pt c/o~~ pt c/o pain given 800mg motrin
	[redacted] MS
5Apr03 0443Z	118/88 T96.8 R16 P76 [redacted] AN
5Apr03	AF, VSS. some c/o pain c hand. TTP over thenar eminence & c movement
0600Z	of thumb. Moves all fingers. Wound ØSx inflx. min nec tissue @ distal edge.
	sutured area ØSx inflxn, Cont wound dressings & suture removal / 7Apr
	swelling sig improved. [redacted] ... (Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ...) [redacted]

REGISTER NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR(41CFR)201-45.505
509-111

MEDCOM - 3904

PROGRESS NOTES

DATE	
5 APR 03 2135 Z	C/o pain (L) hand 800 mg Motrin given.
	[redacted]
6 April	no Notes: ∅ complaints.
0930 Z	(L) hand: Sutures c/d/I. Thenar wound (+) Granulation s̄ d/c.
T 96.6	Imp: POD # 5 s/p L hamate fx from GSW
BP 138/68	Plan: local wound care, prn pain control. [redacted]
P 76	6 Apr 03 - 0930 2010 time -
R 19	Dressing Δ done by Dr [redacted]. wound s̄ s/s of
	infection. clean dsg c̄ post splint applied. [redacted]
6 APR 03 1037 Z	800 mg Motrin for c/o pain. to [redacted]
6 APR 03 2005 / 1705 Z	BP 120/70 P 76 T 98.0 pt c/o
	of pain in (L) hand give 800 mg motrin
	[redacted]
2115 / 1815 Z	Tylenol 1000 mg PO [redacted]
0740 / 0440 Z 7 April 03	Tylenol 1000 mg PO [redacted] SGT 91W20
7 April 03	BP 120/80 T-98 P-64 R-12 [redacted] SGT 91W20
7 Apr 03	AFVSS. ∅ complaints
	(L) hand thenar wound good ∅ Sx infxn. Thumb N/V intact.
	swelling improved. Sutures removed from palm. looks good
	may go self care
	[redacted]
7 APR 03 1635 Z	pt c/o pain in (L) hand given 1000 mg
	Tylenol [redacted]
7 APR 03 1815 Z	pt c/o pain given 1000 mg Tylenol [redacted]
7 April 0747 / 0447 Z	BP 116/68 P-92 R-12 T 97.2 [redacted] SGT 91W20

☆U.S. GPO:1995-397-405

STANDARD FORM 509 BACK (Rev. 11-77)

MEDCOM - 3905

ACLU-RDI 4738 p.7

DOD 010384

PROGRESS NOTES

DATE	
8 Apr 03	FI PN: No complaints. (L) hand: Thenar eminence → granulating exit wound s/p infxn Hypothenar → sutures out; wound c/d/I. Strength 4/5 Imp: GSW (L) hand s/p hamate fx. Plan: D/C from HS 4th

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY: 31 MAR | 01 APR | 1 APR 03
POST- DAY: 1630
MONTH-YEAR / DAY: 1 8 02
19 / HOUR: 0400 0800 1200 1600

PULSE (O) / TEMP. F (°)

PULSE (O)	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

Record special data only when so ordered

~~BLOOD PRESSURE~~ RR	19	14	18/10	16/18	18	16	
PSO2 SAT		95%	96%	98%	98%	96	
HEIGHT: WEIGHT →							
INTAKE	100% DINNER TRAY 60SL ORANGE		NPO 6PM 1400				
OUTPUT			voided 100cc				

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)-4

VITAL SIGNS RECORDS

Medical Record

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

MEDCOM - 3907

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - AS A CLINICAL RECORD FORM, IT IS COVERED BY DD 2200

ANESTHESIA RECORD

Page 1

ART 35 | IN OR 0738 | ANES. END | DATE 4APR03

OPERATION PERFORMED: HD (L) Hand | SUR (b)(6)-2 | TOTS 0745 | SURG START 0750 | DRESSING 0858 | OR NO

TOTAL

PREOPERATIVE

☐ IDENTIFIED ☐ ID BAND ☐ QUESTIONING
☐ CHART REVIEWED ☐ NPO SINCE
☐ PRE-OP MEDICATION:

Drug	Dose	Route	Time
Midaz	2.5	IV	0730

Pre-Anesthetic State:
☐ CALM ☐ APPREHENSIVE
☑ AWAKE ☐ SEDATE ☐ UNRESPONSIVE

MONITORS AND EQUIPMENT

☑ ANES. MACHINE # ☑ & EQUIP. CHECKED
☑ NON-INV. B/P ☐ PNS
☑ CONT. EKG ☐ V LEAD EKG
☑ ESOPH. STETH. ☐ PRECORD STETH.
☑ PULSE OXIMETER ☐ O2 ANALYZER
☑ END TIDAL CO2 ☐ MASS SPEC.
☑ TEMPERATURE
☑ WARMING BLANKET ☐ FLUID WARMER
☑ AIRWAY HUMIDIFIER
☑ N / G TUBE ☐ O /G TUBE
☑ IV(s) PIV

☐ ARTERIAL LINE
☐ CENTRAL LINE
☐ SWAN-GANZ
☐ FOLEY INSERTED: ☐ O.R. ☐ FLOOR
☐ EYE CARE
☐ PRESSURE POINTS CHECKED / PADDED

ANESTHETIC TECHNIQUE

☑ GENERAL ☐ LOCAL / MAC
☐ REGIONAL ☐ NERVE BLOCK
☐ MAC

INDUCTION

☐ PREOXYGENATION ☐ INHALATION
☐ RAPID SEQUENCE ☐ INTRAMUSCULAR
☐ INTRAVENOUS ☐ RECTAL

AIRWAY MANAGEMENT

☐ INTUBATION ☐ ORAL ☐ NASAL
☐ DIRECT VISION ☐ BLIND ☐ AWAKE
☐ FIBER OPTIC ☐ STYLET USED
☐ ATTEMPTS x ☐ BLADE
☐ ETT SIZE ☐ DOUBLE LUMEN
☐ STRAIGHT ☐ RAE ☐ ANODE
☐ CUFFED ML AIR INJECTED
☐ UNCUFFED, LEAKS AT CM H2O
☐ ETT SECURED AT CM
☐ BREATH SOUNDS
☐ AIRWAY ☐ ORAL ☐ NASAL ☐ NATURAL
☑ MASK CASE ☐ VIA TRACHEOSTOMY
☐ NASAL CANNULA ☐ SIMPLE O2 MASK
☐ LMA SIZE

AGENTS

0730 x 0800 x 30 x 0900

Ketamine 100 50
MSO4 4
Robinul .2

N2O L/min
O2 L/min 4 4 4 4 4

FLUIDS

LR 500

Urine N
EBL min

MONITORS

EKG ST ST ST ST ST
% O2 Inspired 100 FiO2 100
O2 Saturation
End Tidal CO2
Temperature
PNS

VITAL SIGNS

TIME 0730 x 0800 x 30 x 0900

PRE-OP VALUES

B / P
P
R
SAT
H / H

200 180 160 140 120 100 80 60 40 20

RESP

Tidal Volume SV SV SV SV SV
Resp Rate 16 18 14 18 16
Peak Pressure

Symbols for Remarks

Position OR

SYMBOLS
X ANESTH
◉ OPERAT
V
Λ
B/P CU PRESSI
⊥ T ARTER LINE PRESSI
● PULS
○ SPONT/ OUS RI
ASSIS RES
CONTRO RES
T TOURNI
F CRYS LOID F
B BLOC

RECOVERY

REMARKS : ☐ Patient reevaluated. No change from preop plan / evaluation.
☐ Significant changes from preop plan / evaluation.

TIME IN PACU	CONDITION
0844	Stable

B/P	PULSE	RESP	02 SAT
	122	18	93

REMARKS | TEMP

REPORT TO: PARRS:

Tourniquet Time:

FLUIDS TOTALS

IN		OUT	
Crystalloid	500	EBL	minimal
		Urine	NM
Blood	0	Gastric	

(b)(6)-2

PHYSICIAN / CRNA

PATIENT'S IDENTIFICATION
(b)(6)-4

CLINICAL RECORD - DOCTOR'S ORDERS

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

[TH]E DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD [SY]STEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

[PA]TIENT IDENTIFICATION: (b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

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

3/31/03
Admit - ICW (ORTHO)
Diagnosis - GSW to hand
Condition - stable
Vitals - per routine
Allergies - ?
Nursing - per routine
Diet - NPO ~~until further notice~~ p̄ MN
IVF - 1L LR bolus (500cc) then LR 150cc/hr
Special - clean wound, apply dsg (bulky)
Meds - Ancef 1g IV Q8 } start now
Gentamicin 400mg IV QD
Activity - may ambulate as able
Vicodin I-II po q 4-6° prn pain
[redacted] (b)(6)-2
CPT (b)(3)-1

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

4/1/03 0930
✓ Admit to ward
✓ GSW Ⓛ hand
✓ stable
✓ Vitals routine
✓ Act - elevate Ⓛ hand as tol
up ad lib
✓ Diet - reg

(b)(6)-2

PATIENT IDENTIFICATION

0D429901 / ~~Ancef~~ STARTED 0600 1APR END 2000 3APR

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

✓ IV - 50cc LR/hr, heplock c̄ good po
✓ Meds Vicodin I-II po q4° prn
MSO4 2-4mg IV q2° prn
✓ Ancef 1g IV q8° x 72°
✓ NKDA (b)(6)-2 MAJ MC

1 APR 03 0930

MEDCOM - 3909

...WHICH MAY BE USED.

[DA 4]256 REPLACE[S]

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	1 APR 03 0850 DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS	ORDER NOTED TIME & INITIALS	COMPLETED TIME & INITIALS
	POST ANESTHESIA CARE UNIT ORDERS		
1	OXYGEN: 8 litres via Mask /Prongs to maintain O2 Sats greater than 94%;		
	Wean to room air.		
2	IVF: LR @ 150 cc/hr, bolus _____ cc x 1		
3	MORPHINE: 2-4 mg IV q 5-10 minutes PRN pain. MAX dose of 10 mg		
4	DEMEROL: 25 mg IV q 5-10 minutes PRN pain. MAX dose of 50 mg		
5	~~ZOFRAN: Give 4 mg~~ IV PRN nausea. May repeat after 10 minutes X 1		
6	~~DROPERIDOL: 0.625 mg (1/4 cc) OR~~ 1.25 mg (1/2 cc) IV PRN Nausea X 1		
7	REGLAN: Give 10 mg IV PRN nausea X 1		
8	Release from "PACU" when Aldrete score is 9 or greater		
9	Call Anesthesia for any questions or concerns		
10	Phenergan 12.5 mg IV q 6° PRN nausea		
	SIGNED		

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

MEDCOM - 3910

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	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	02 APR 03	0530 HOURS	
①	Admit to Minimum care ward		
	-tent 3		
②	Maintain Current orders		
③	D/C Ancef + Gent 04 APR 03		

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 EDITION OF 1 JUL 77, WHICH MAY BE USED.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1996—409-924

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

Mo. MAR Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 31	01	02	03
	(b)(6)-2						
31 MAR		ANCEF 1 GM IV Q 8° Z02	06				
		resume 1 April 03 Z10	14				
		X 72° Z18	22				
31 MAR		GENTAMICIN 400mg IV QD	18				D/C'd
31 MAR		LR 150cc/° Δ 1 April 03	07				
		LR @ 50 - then Heplock @ Z15	19				
		↑ PO Intake					
31 Mar		VS q shift Z02	06				
		Z10	14				
		Z18	22				
1 Apr		NPO after MN	24				DC 1 April 03
1 April 03		Diet - Reg	07/13				
			13/07				
1 April		Activity - up ad lib	7/19				
			19/7				
1 April		Elevate L hand as tol	7/19				
			19/7				

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS: GSW @ Hand - Comminute Skaphoid

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

(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

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

MEDCOM - 3912

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo MAR Yr Ø3
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
31MAR	(b)(6)-2	ADMIT TO ICW-2 (ORTHO)	31 MAR	ASAP	16ØØ	(b)(6)-2
31MAR		DX - GSW TO (L) HAND	31 MAR	ASAP	16ØØ	
31MAR		CONDITION STABLE	31 MAR	ASAP	16ØØ	
31MAR		VS Q SHIFT	31 MAR	ASAP	16ØØ	
31MAR		NKDA ?	31 MAR	ASAP	16ØØ	
31MAR		DIET NPO AFTER MIDNIGHT ON Ø1 APR Ø3	31 MAR	31MAR	b6-2 [redacted]	
31MAR		ACTIVITY AD LIB	31 MAR	ASAP	16ØØ	
31MAR		CLEAN WOUND / APPLY BULKY DRSNG/SPLINT	31 MAR	ASAP	163Ø	

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED ([redacted] b6-2)		
31MAR	(b)(6)-2	Δ'd 1 APR VICODIN ii PO (Q4°) PAIN	4/2 2230 TT	02 APR TT Ø600	2 APR TT 1650
		MSO4 2-4mg IV q			
		q 1-2° PRN - Pain			
~~02 APR~~		~~VICODIN TT~~ [redacted] b6-2			

USAPA V1.00

MEDCOM - 3913

1. LAST NAME, FIRST NAME / NOM ET PRÉNOM: IRAQI SOLDIER | RANK / GRADE | ✓ MALE / HOMME | FEMALE / FEMME

SSN / NUMÉRO MATRICULE | SPECIALTY CODE / GPM | RELIGION / RELIGION

2. UNIT / UNITÉ

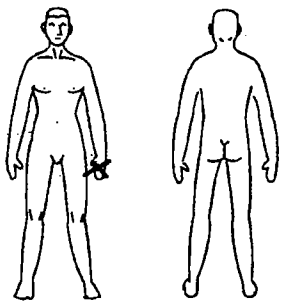
FORCE / ÉLÉMENT: A/T | AF/A | N/M | MC/M

NATIONALITY / NATIONALITÉ

BC / BC | NBI / BNC | DISEASE / MALADIE | PSYCH / PSYCH

3. INJURY / BLESSURE

FRONT / DEVANT | BACK / ARRIÈRE



- AIRWAY / TRACHÉE
- HEAD / TÊTE
- ✓ WOUND / BLESSURE
- NECK/BACK INJURY / BLESSURE AU COU/AU DOS
- BURN / BRÛLURE
- AMPUTATION / AMPUTATION
- STRESS / TENSION
- OTHER (Specify) / AUTRE (Spécifier)

+ SHRAPNEL WOUNDS (L) HAND

4. LEVEL OF CONSCIOUSNESS / NIVEAU DE CONSCIENCE

- ✓ ALERT / ALERTE
- ✓ VERBAL RESPONSE / RÉPONSE VERBALE
- ✓ PAIN RESPONSE / RÉPONSE À LA DOULEUR
- UNRESPONSIVE / SANS RÉPONSE

5. PULSE / POULS	TIME / HEURE	6. TOURNIQUET / GARROT	TIME / HEURE
80	0700	✓ NO / NON ☐ YES / OUI	

7. MORPHINE / MORPHINE	DOSE / DOSE	TIME / HEURE	8. IV / IV	TIME / HEURE
✓ NO / NON ☐ YES / OUI				

9. TREATMENT / OBSERVATIONS / CURRENT MEDICATION / ALLERGIES / NBC (ANTIDOTE)
TRAITEMENT / OBSERVATIONS / PRESENTE MEDICATION / ALLERGIES / ANTIDOTES

+ IRRIGATE & DRSG (L) HAND
+ PERCOCET x 2 PO @ 0715
+ CIPRO 500 MG PO @ 0715
+ MOTRIN 800 MG PO @ 1030

10. DISPOSITION / DISPOSITION		TIME / HEURE
	✓ RETURNED TO DUTY / RETOUR À L'UNITÉ	1030
	EVACUATED / EVACUÉ	
	DECEASED / DÉCÉDÉ	

(b)(6)-2

PA-C

DATE/DATE (YYMMDD): 3/29/03

DEC 91 of DD Form 1380 and DD Form 1380 (TEST), which are obsolete.

U.S. FIELD MEDICAL CARD
FICHE MÉDICALE DE L'AVANT ÉTATS-UNIS

ADMIS[...] AND C[...]NG INFORMATION

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

1. REPORTING MTF — 1 2 3 4 5 6 — (b)(3)-1 [redacted]

MTF LO[...] (State or Country Code) — (b)(3)-1 [redacted]

3. REGISTER NUMBER — 9 10 11 12 13 14 15 — (b)(6)-4 [redacted]

NAME (Last, First, Middle Initial) — (b)(6)-4 [redacted] — (b)(6)-4 [redacted]

4. PAY GRADE — 16 17 — —

5. SEX — 18 — M

6. DATE OF BIRTH (Y Y Y Y M M D D) — 19 20 21 22 23 24 25 26 — 1 9 6 8 0 1 0 1

7. AGE AT ADMISSION — 27 28 29

8. RACE — 30 — [illegible]

9. ETHNIC BACKGROUND — 31 — 9

RELIGION

10. LENGTH OF SERVICE — 32 33 34 — —

ETS

11. FMP — 35 36 — 2 Ø

12. SOCIAL SECURITY NUMBER — 37 38 39 40 41 42 43 44 45 — (b)(6)-4 [redacted]

ORGANIZATION (Active Duty Only)

13. MARITAL STATUS — 46 — 2

HOUR OF ADMISSION — 0830

BRANCH / CORPS

14. FLYING STATUS — 47 48 49 — —

15. BENEFICIARY CATEGORY — 50 51 52 — K 7 8

16. ZIP CODE OF RESIDENCE — 53 54 55 56 57 58 59 60 61 — Ø 9 3 3 Ø Ø Ø Ø Ø

17. UNIT LOCATION (State or Country Code) — 62 63 — —

18. MOS — 64 65 66 67 68 69 70 — —

19. TRAUMA — 71 — 9 — ~~DIS~~ INJ

PREV. ADMISSION — YEAR — [X] NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION — 72 — 1

WARD — ICW 2

NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCAT[...] — (b)(3)-1 [redacted]

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION — 73 74 — Ø 5

22. MTF TRANSFERRED TO — 75 76 77 78 79 80

23. DATE OF DISPOSITION (Y Y M M D D) — 81 82 83 84 85 86 — 2ØØ3 Ø4 Ø5

24. CLINIC SVC - ADMITTING — 87 88 89 90 — A B A A

25. MTF TRANSFERRED FROM — 91 92 93 94 95 96

26. DATE THIS ADMISSION (Y Y M M D D) — 97 98 99 100 101 102 — 2ØØ3 Ø3 31

27. LOCATION OF OCCURRENCE (Battle Casualty Only) — 103 104 — I Z

28. MTF OF INITIAL ADMISSION — 105 106 107 108 109 110

29. DATE INITIAL ADMISSION (Y Y M M D D) — 111 112 113 114 115 116

FOR LOCAL USE

DX: 81510
E9912

Trauma Inj
1 450

~~Shrapnel~~ Wound.
GSW (R) Hand
PX: 7963

(b)(6)-2 [redacted]

ADMITTING OFFICER (Signature, as required) — (b)(6)-2 [redacted] — (b)(6)-2 [redacted] MD MAJ, MC

SIGN[...]

DA FORM 2985, MAR 89 — EDITION OF MAY 79 IS OBS[...]

MEDCOM - 3915

ADMIS..ON A..CODING INFORMATION

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

1. REPORTING MTF ..ATION (State or Country Code): 1 2 3 4 5 6 7 8 — (b)(3)-1

3. REGISTER NUMBER: 9 10 11 12 13 14 15 — (b)(6)-4

NAME (Last First Middle Initial): (b)(6)-4 — (b)(6)-4

4. PAY GRADE: 16 17

5. SEX: 18 — M

6. DATE OF BIRTH (Y Y Y Y M M D D): 19 20 21 22 23 24 25 26

7. AGE AT ADMISSION: 27 28 29

8. RACE: 30 — Hisp

9. ETHNIC BACK-GROUND: 31

RELIGION

10. LENGTH OF SERVICE: 32 33 34

ETS

11. FMP: 35 36

12. SOCIAL SECURITY NUMBER: 37 38 39 40 41 42 43 44 45 — (b)(6)-4

ORGANIZATION (Active Duty Only)

13. MARITAL STATUS: 46

HOUR OF ADMISSION: 0830

BRANCH / CORPS

14. FLYING STATUS: 47 48 49

15. BENEFICIARY CATEGORY: 50 51 52

16. ZIP CODE OF RESIDENCE: 53 54 55 56 57 58 59 60 61

17. UNIT LOCATION (State or Country Code): 62 63

18. MOS: 64 65 66 67 68 69 70

19. TRAUMA: 71 — DIS INJ

PREV. ADMISSION: YEAR — ☒ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION: 72 — D

WARD: DW 2

NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOC (b)(3)-1

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF ...: 73 74 — TRANS

22. MTF TRANSFERRED TO: 75 76 77 78 79 80

23. DATE OF DISPOSITION (Y Y M M D D): 81 82 83 84 85 86 — 0 3 0 4 0 5

24. CLINIC SVC - ADMITTING: 87 88 89 90 — A B A A

25. MTF TRANSFERRED FROM: 91 92 93 94 95 96

26. DATE THIS ADMISSION (Y Y M M D D): 97 98 99 100 101 102 — 0 3 0 3 3 1

27. LOCATION OF OCCURRENCE (Battle Casualty Only): 103 104

28. MTF OF INITIAL ADMISSION: 105 106 107 108 109 110

29. DATE INITIAL ADMISSION (Y Y M M D D): 111 112 113 114 115 116

FOR LOCAL USE

Shrapnel wounds
GSW (R) Hand ...

ADMITTING OFFICER (Signature, as required) (b)(6)-2 — MD MAS, MC

(b)(6)-2

SIGI (b)(6)-2

DA FORM 2965, MAR 89 — EDITION OF MAY 79 IS OBSOLETE

MEDCOM - 3916

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)								37. SECOND DIAGNOSIS								38. THIRD DIAGNOSIS							
137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
		8	8	2																			

39. FOURTH DIAGNOSIS								40. FIFTH DIAGNOSIS								41 SIXTH DIAGNOSIS							
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184

42. SEVENTH DIAGNOSIS								43. EIGHTH DIAGNOSIS							
185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200

44. FIRST PROCEDURE (Principal Diagnosis)								45. SECOND PROCEDURE								46. THIRD PROCEDURE							
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224

47. FOURTH PROCEDURE								48. FIFTH PROCEDURE								49. SIXTH PROCEDURE							
225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	2

50. SEVENTH PROCEDURE								51. EIGHTH PROCEDURE							
249	250	251	252	253	254	255	256	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	1						

MEDCOM - 3917