DATE	NOTES
1030.	(R) STUMP AND MEDICATIONS TO INCLUDE PERCOCETS FOR PAIN. WAITING TRANSLATOR IN ORDER TO INFORM PATIENT. 50 mg OF ATARAX AND MVI GIVEN PO NOW [redacted] BACITRACIN APPLIED TO AREA.
1300	50 mg OF BENADRYL GIVEN IV FOR ITCHING
1330	760 cc OF CLEAR/YELLOW URINE COLLECTED BY URINOC
1400.	STABLE, VSS, TRANSLATOR WILL INFORM PAD (CPT [redacted]) OF ABOUT D/C PLAN, SUPPLY OF DRESSINGS ALREADY AVAILABLE AND READY. PT BRIEFED ABOUT PLAN OF CARE. VERBALIZED UNDERSTANDING THROUGH USE OF TRANSLATOR. [redacted]
1530	PT AOX3, VSS (TMAX 99.2°) Lungs CTA (B), BS active x4, (R) BKA site dressed, clean, dry, & intact, FROM, (L) Plank Shaped wounds are open to air. Skin graft intact, healing well, sutures intact, (-) drainage. IVF of LR infusing into (R) FA @ 50 cc/hr. Graft donor site to (L) thigh is covered by petroleum gauze, which is drying, and peeling off on the edges. Pt c/o constipation, pt on bedside commode, 3 results. Pt washed + linen A'd. [redacted], 91C3H
1730	Pt c/o constipation, abdominal pain. Given enema x small results + Bisacodyl suppository x result. pt c/o abdominal cramping. In bed, resting x BS commode at bedside. [redacted] 91C
1800	Pt ate only local food, brought in. Refuses offered meal except cake and orange (approx 25%). [redacted], 91C3H

FPI LEX Printed on Recycled Paper

STANDARD FORM 509 (REV. 5-99) BACK

DATE	NOTES
2 May 03	0700 Patient alert & oriented lying quietly in bed. Legs elevated. (R) BKA is dressed & self adhesive bandage & Wet/dry cushion is clean & dry. (L) flank presents & multiple bandages & graft site x 3 dsgs. Medication administered for pruritis. Patient ate one small waffle and drank water. Will reinforce (R) stump & clean patient up. [b)(6)-2]
1400	(R) stump dressing changed. Area is pink & red boundary. Wet kerlex applied to raw area and wrapped & dry kerlex then the whole area fit snugly & self adhering kolan. Patient ate a moderate amount of indigenous food & approx 1 cup H2O. No voids on the shift. 10% (L) foot presents & redness & swelling and is positioned & foot placement. Patient washed up & cloths & water. Vitals stable. Flank dressing intact, bencacyl given for pruritis. [b)(6)-2]
2MAY03 1541	Pt A to x3, VSS, IVF LR @ 50 cc/hr, infusing via 20G to (R) FA. (L) Flank dressing C/D/I, although dressing is loose, covering graft site. Skin graft donor site to (L) leg is covered by petroleum gauze, which is drying at the edges, center is still slightly damp, & some old bloody drainage noted. (R) BKA dressing ∆d during a.m. shift is C/D/I. FROM to BKA. Distal Neuro-Vascular intact x 3, [b)(6)-2], 91C3H
1645	Pt c/o urticaria, given 50mg Atarax PO. Performed p.m. care on pt. Pt also ate only cake from Edinburg, followed by a cup of peanuts. Tolerated well, 5 nausea & vomiting. We continue to monitor. [b)(6)-2] 91C3H

FPI LEX Printed on Recycled Paper

STANDARD FORM 509 (REV. 5-99) BACK

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
1MAY03 1758	Pt A+OX3, VSS, NAD, Lungs CTA, BS Active x4. (R) BKA dressed is clean, dry, & intact. End of stump is granulating well, healing S signs or symptoms of infection. (L) side Shrapnel wounds b6-2 [redacted] are ~~foot~~ covered in gauze / tape which is C/D/I. Skin graft ~~site~~ donor site to (L) thigh is covered by petroleum gauze which has drying edges, but slightly wet on the actual donor site. Distal Neuro-vascular intact x3, New IV site established to (L) foot, infusing LR @ TKO. Pt voiding QS clear yellow urine via urinal. Reg diet, pt. does not eat provided meals from hospital, but will eat potatoe chips and local food when provided. Pt refused bath as well. [redacted], 91C3H
1817	Pt c/o itching, and 5/10 pain. Given 50mg Benedryl IV + 2 Percocet PO. Pt also used I.S. c poor results (approx. 1500). Will continue to monitor. [redacted], 91C3H
2238	Pt c/o itching to skin graft site. Given 50mg Benadryl IV. [redacted] 91C3H
1 May 03 2340	Pt alert. States Lt flank graft site itching. Given Benadryl 50mg IV Xeroform Lt thigh peeling slightly. ϕ drainage. Dressing Rt stump intact. Dressing Lt flank dry and intact. IV Lt foot patent. @ 0005 voided 480 cc Clear urine. 0615 - Pt states pain Lt Flank. Med for pain [redacted]

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)*

[redacted]

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 - 3975
509-114

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
03May03 1025	Summary -Shrapnel to L flank; s/p BKA .s/p split thickness skin graft 5 days prior - Needs Follow-up wound care - Needs revision and prosthesis of AKA -Needs physical therapy (b)(6)-2 MD OB/GYN

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

PROGRESS NOTES
Medical Record

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

MEDCOM - 3976
509-114

DATE	NOTES
4MAy03 0700	P + asleep. Responds to verbal stimuli, Assessment pt for D/C to home / Red Crescent. Satisfied RAD. Supplies for home at bedside. Nursing Discharge Translated to Arabic. Will continue to monitor. [redacted] (b)(6)-2 SSG/Source

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
3MAY03 1930	Pt produced large, formed, brown BM. Pt c/o pain, given IV percocet for pain. (b)(6)-2 91C3H
2220	Pt c/o itchy - given 1mg of Atarax. (b)(6)-2 91C3H
3 MAY 2350	assumed care of pt. pt awake & alert. lying on back. pt is able to move all ext. BS CTA, O2 SAT 92% on RA. Ø evidence of distress HR 90's S1 S2 Ø M Ø JVD. Cap refill < 3sec skin color WNL, skin W & D., ABD SOFT NT Hypoactive BS x 4, @ BKA ACE wrap / dsg intact & clean, Prosthesis removed from chest, graft on L flank in good condition, Donor site L leg dry & intact drainage. Pt ayenile c/o itching Ant / Lat Chest wall. (b)(6)-2 mayon b6-2
3 MAY 03	2355 IV D/C pt pending D/C in Am [redacted] msn
4 may 03	0030 pt c/o itching L flank Benadryl given 50mg PO (b)(6)-2 mayon
4 may 03	0230 pt awakened PRN R/T noise level in ICU c/o itching a second dose of PO Benadryl given (b)(6)-2 msn b6-2
4 MAY 03	0400 pt sleeping, Ø scoring noted [redacted] msn

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

2 12

PROGRESS NOTES
Medical Record

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

MEDCOM - 3978
509-114

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
4-11 0630	VS - 93% 2L NC, HR 90, B/P 116/58, T 98.6 fr EMT - (R) BKA dsg, (L) flank dsg, O2 2 L NC sats 90%. foley to gravity. N pers - full strength lungs, VSS, I & D, RAC, (+) BS - MSO4 given for pain.
4-11 1330	Δ'ed (L) flank w/ 100 total 2 mg MSO4 given per DR Tyler. ... 1300 order (b)(6)-2
1400	Foley Drn 1500 cc ACU. SPC (b)(6)-2 91WM6
1625	pt assessment complete he is A+Ox3 he offers no c/o pain @ the time. he s̄ SOB, lungs CTA O2 sats 98% on RA resp 20 pt not using accessory muscles, pt HR tachy @ 124 BPM, he has dressing loosely applied to (L) flank CDI, he has stump dressing on (R) stump below the knee cough deep breath encouraged —— (b)(6)-2 91WM6
2320	c/o pain given 4mg MSO4 @ this time —— (b)(6)-2 91WM6
0300	c/o pain given 4mg MSO4 —— (b)(6)-2 91WM6
0934.	PT AOx3. PERRL. NEURO INTACT. VSS. PT. PSO2 ≥ 95% ON 2L N/C. LUNGS CTA PRODUCTIVE COUGH c̄ THICK MUCUS SECRETIONS. CARDIAC RRR. ACTIVE BS IN ALL 4 QUADS. NON DISTENDED NON TENDER ABD. TOLERATING PO FLUIDS AND CLEAR FLUIDS DIET. FOLEY DRAINING CYU TO GRAVITY. PT HAS SCROTAL EDEMA THAT IS SENSITIVE TO TOUCH. ELEVATED c̄ TOWL BUT PT REPOSITIONS HIMSELF. (R) BKA DRSNG C/D/I. Δ'd AND CLEANED (L) TRICEP WOUND AND (L) CHEST WOUNDS. IRRIGATED c̄ STERILE SALINE AND DRESSED SLOPPY WET TO DRY. PREMEDICATED PT FOR PAIN c̄ MSO4. PT TOLERATED THE DRSNG Δ WELL. WILL CONT TO MONITOR PT AND ABX TX. PT NPO AFTER MIDNIGHT TONIGHT FOR SX ON 13 APRIL03 FOR STUMP CARE AND I/D. —— (b)(6)-2 LT/AN

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)*
	25 y/o Iraqi c̄ shrapnel to (L) flank and
OD2R	(R) leg. S/P Right BKA, (L) flank debridement
	4/9, repeat debridement 4/10. Brought to
	EMT from (b)(3)-1 [redacted] for disposition. Pt
	Alert & oriented x3. CN II-XII grossly intact
	NC/AT PERRL EOMI Neck supple
	Chest - BS ↓ on (L), (R) wide clear Heart RRR
	Drains on (L) flank clean dry.
	Abd soft. Foley in place
	S/P (R) BKA, dressing clean dry
	A/P Stable
	Admit to ICW for rehydration
	✓ CXR, pelvic film
	O2, Ancef, pain control.
	(b)(6)-2 [redacted]
	CXR - no PTX, shrapnel may overly
	pericardial cavity. Marked gastric
	dilatation. Will place NG, observe [illegible]
	(b)(6)-2 [redacted]

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 - 3980

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
4/12/03 1630	PT Resting in bed · O2 4L NC c SAO2 90%, Drsg To (L) flank intact, (R) BKA Drsg
	intact, Foley to BSD · PT c/o discomfort @ Foley - irrigated c 10cc NS, c difficulty
	secretion column noted - IVT to (L) FA noted s S/S infiltration or infection. PT encouraged
	To sit up straighter & C+DB to promote ↑ lung expansion - reinforced pt teaching
	through interpreter. pt voiced understanding - (b)(6)-2 91WM6
1940	C/o pain given 4mg MSO4 (b)(6)-2 91WM6
13 Apr 03	0416 Report recieved, care assumed (b)(6)-2 91WM6
13APR03	Brief Op Note:
	Preop Dx: Scrapnel (L) chest, (R) BKA
	Postop Dx: same
	Procedure: I/D of wounds, washout (R) BKA
	Surgeons: [redacted] 66-2
	Anesthesia: [redacted]
	EBL: ~50cc
	Fluids:
	Findings: ∅ necrosis, ∅ pus, developing granulation
	Drains: Foley
	Disposition: To ICW / stable
	(b)(6)-2 MD
	(b)(6)-2 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.

212

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 - 3981

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	..turned from OR, S/P I/D of (L) flank wound and (R) BKA. Pt alert,
	..RLA, 2-3mm/reactive. Lungs CTA, sating ? 95% c 4L NRB. ST c HR 110's,
	BP 130's/70's, capillary refill < 3 seconds. Foley to gravity c 550ml of dark
	yellow urine post-op. Afebrile c T-max of 98.6. Pt currently s any c/o
	discomfort, will continue to monitor. ——— (b)(6)-2 [redacted] 1LT, AN
.30 APR 03	Pt c c/o pain to (R) BKA and (R) bottom tooth (loose) per translator. Administered
	4mg MSO4 IV push. Will continue to monitor. ——— (b)(6)-2 [redacted] LT, AN
1650	pt assessment completed @ this time he is A+O x 3 he
	c/o pain in (L) flank and abd. 4mg MSO4 given @ this time his lungs
	CTA c good breath sounds HR reg @ 96 (-) edema; AM care completed
	@ this time, IV in (R) arm infusing area CDI, foley to gravity putting out
	7 35cc urine ——— (b)(6)-2 [redacted] 1LT, AN

STANDARD FORM 600 (REV. 6-97) BACK

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

MEDCOM - 3982

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
0430 14 APR 03	Pt had dressing Δ to (R) flank side (wet/dry). Received total of 8mg ~~Vers~~ AM MSO4 and 5mg Versed prior to procedure for pt's comfort. A alert, PERLA. Lung sounds clear ⊼ sats 88-92%. Instructed patient to keep NC on to ↑ oxygen sats. NSR ⊼ HR ~~100~~ AM 90's-100 bpm, BP 114/59, afebrile. Hyperactive BS x 4 quads, no BM @ this time. Voiding large amounts of dark yellow urine via foley. Pt resting @ this time, will continue to monitor. [redacted] ILT, AN
1700	pt c/o pain he was given 4mg MSO4 @ this time pt. ADL's Assessment completed, he attempted a BM but no success, pt lungs CTA ⊼ good breath sounds HR reg rate and no edema, pt stump dressing to (R) BKA CDI foley to gravity @ this time putting out 735cc/hr dressing (R)/flank CDI [redacted] glimmer
1755	⊼ pain given 4mg MSO4 [redacted] 9 Ilmy
2155	⊼ pain given 4mg MSO4 [redacted] glimmer
0300	⊼ pain given 4mg MSO4 [redacted] glimmer
0700	Foley D/C'd @ 0600 ⊼ complications per physicians order. No void @ this time. Pt c/o pain to (R) BKA, administered 4mg MSO4 ⊼ minimal effect. Administered 5MG Versed and total of 12MG MSO4 d/t pain ⊼ dressing Δ this AM ⊼ good effect. Pt afebrile, ST ⊼ HR 100-105 bpm. 2+ pulses x 3 ⊼ (+) capillary refill < 3 seconds. Hyperactive BS x 4 quads. Pt still noncompliant

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.

[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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	with wearing NC, sating 86-88%. Patient resting at this time. Will continue to monitor. (b)(6)-2 LT

STANDARD FORM 600 (REV. 6-97) BACK

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

NSN 7540-00-634-4176 600-108

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
11/9/03	OP NOTE
2100 (7)	Prep: S/P (R) BKA & IED (wide) staple
	c FST
	Pt to OR
	OP: Re IED (R) BKA & (L) flank staple
	wounds
	Dr CHO / Dr SUSMAN
	Fluids IV Findings: large staple wound
	Urine 200 x8 (largest 25x25 cm)
	Ø complx from FST debridement to
	To ICU Ø obvl new penetrator
	(b)(6)-2 CHO MD
	CT SURG

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

(b)(6)-4

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle Initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDCOM - 3985

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

510-112

NSN 7540-00-634-4

MEDICAL RECORD — NURSING NOTES

(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
10 Apr 03	2100	(2)	pt. arrived from OR see post anesthesia care Record for assessment — [(b)(6)-2] CP
	2200		Urine - foley 400cc — [(b)(6)-2] CPP
11 April 03	00	00	98.5°F. O2 sat 94-95% on 5L SFM, (R) BS ↓ left lung - crackles, (L) BS diminished @ bases. BP 135/79, HR-88, RR-40 bpm. Pt [(b)(6)-2] intact. Medicated for (L) LE (S/p SICA) pain - will ambulate with chest PT. — [(b)(6)-2] CP
			(L) thoracic chest tube, (L) Pleural chest tube started with sero-sang drainage. [(b)(6)-2] CP
	01:20		Medicated for pain c good results [(b)(6)-2]
	02:20		134/85, HR-90, O2 sat 95%, 5L NP. started incentive spirometry. — [(b)(6)-2]
			Medicated for pain. — [(b)(6)-2]
	03:00		A/B for further treatment. — [(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.

WARD NO.

[(b)(6)-4]

NURSING NOTES

Medical Record

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

MEDCOM - 3986

MEDICAL RECORD — LRMC **INTRAOPER** **DOCUMENT**

For use of this form, see AR 40-407, the pro... ...gency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM — VIA Gurney — BY May (b)(6)-2

2. PATIENT IDENTIFIED, RE... — VERIFIED BY May (b)(6)-2 ...66L

3. DATE 4-10-03 — TIME PATIENT ARRIVED IN SUITE 1955hrs

4. PATIENT IN ROOM — TIME 1955hrs — NUMBER Emerg.

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: Pt discomfort due to open wounds. Mouth. Debakle juice by mouth for comfort.

6. NURSING PERSONNEL

ASSIGNED SCRUB	556 (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	May (b)(6)-2 66L	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify) Warm sheets provided. Arm Bean Bag.

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

COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☐ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

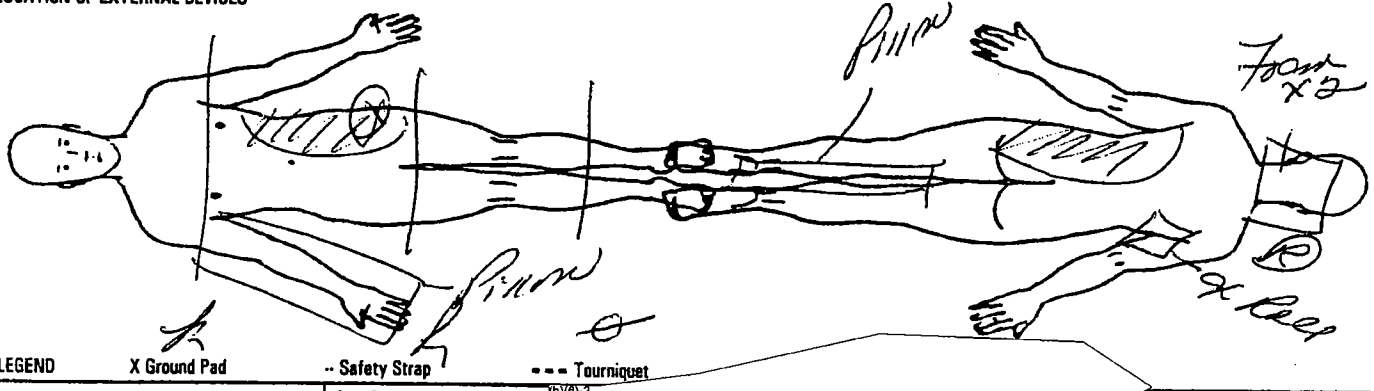
PREP SOLUTION (Specify)

SITE: BY WHOM:

SITE: BY WHOM:

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



C = Correct I = Incorrect (b)(6)-2

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

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

(b)(6)-4

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

☐ ESU NO: Valleylab 082 (30-60)

GROUND PAD: BRAND Valleylab Ken II

LOT NO:

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA F MEDCOM - 3987 MCEUL OP 358, 2 Mar 00 MRRC apprvl - 3 Feb 00 USAPA V1.00

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

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): NS

OTHER ORDERS	TIME	CARRIED OUT BY

(b)(6)-2

PHYSICIAN'S SIGNATURE NP

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

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☑	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☑	NAME	NAME
CULTURE (C) YES ☐ NO ☐	NAME	NAME
NAME	NAME	NAME
NAME	NAME	18. DRESSING/IMMOBILIZATION *(Specify)* Ace Tape

17. TUBES, DRAINS/PACKING YES ☑ NO ☐

TYPE/SIZE	1. Gauze	2.	3.
SITE	(2) Left Side Open Wounds		

19. ADDITIONAL INFORMATION

The medical record (SF 539), the progress note (SF 509), the operative consent (SF 522), and the patient agree that the correct operative site is the _____ side.

Verified by:

Patient/guardian Surgeon Anesthesia Operating Room Nurse

Emergency

20. OPERATION(S) PERFORMED

(1) Debridement (2) BKA
(2) Debridement Left Sharpel Wounds.

21. PATIENT TRANSFERRED TO ICU 3 TIME 2100 METHOD Litter

22. REGISTERED NURSE SIGNAT (b)(6)-2

REVERSE OF DA FORM 5179-1, EUL OP 358, 2 Mar 00 USAPA V1.00
MEDCOM - 3988 AKRC apprvl - 3 Feb 00

MEDICAL RECORD		VITAL SIGNS RECORD
HOSPITAL DAY		
POST-	DAY	
MONTH-YEAR 4	DAY	11 · 12 (1130pm 13Apr) · 14Apr
2003	HOUR	630 · 1700 · 1300 · 1715 · 0835 · 0840 · 0900 · 0930 · 1000 · 1030

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

BLOOD PRESSURE 116/58 · 128/81 · 112/63 · 20 · 26 · 24 · 139/ · 133/75 · 149/93 · 134/94 · 134/73 · 121/66 · 116/71

56 · 93% · 90% · 99% · 85 · 93 · 98 · 93 · 98 · 89 · 98%

P-111 · P 99 · 112 · 110 · 111 · 115 · 114

HEIGHT: | WEIGHT

Record special data only when so ordered

240 H2O 13Apr 2200 · 240 H2O 130Apr03 2200 · 1000 13Apr 2100

out · 11Apr 03 900cc 2000 · 12Apr03 1110 0200 · 13Apr 1600 0300 · 14Apr 1500 0300

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.

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

*U.S.GPO:1998-404-783/40069

(b)(6)-4

MEDCOM - 3989

D'CD 7 PCP

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY				
POST- DAY				
MONTH-YEAR / DAY	14APR	14APR	15 APR	
19 / HOUR	0800	1200	0300	0700

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	114/59	114/58		113/60
	P-121	P-120		105
O2	87%	89%		86%
HEIGHT: WEIGHT →				
I N	4-14-03 more drink			
O / T	4-15-03 1750 cc 0300			

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

(b)(6)-4

REGISTER NO.

WARD NO.

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

*U.S. Government Printing Office: 1995 - 609-626

MEDCOM - 3990

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY
POST- DAY
MONTH-YEAR 19 | DAY | HOUR

DAY	20 APR		21 APR		21 APR 03				22 APR		23 APR			
HOUR	1800	2000	0600	0800	1500		2000	0700	1730		0230	1130	2000	0800
PULSE (O)														
TEMP. F (°)														
RESPIRATION	19	18	20	BP 124/78		115/66	16	118/71	115/54		107/63	112/68	18	114/70
BLOOD PRESSURE	98	100	112	105		105	115	103			94	101	115	101
	56	65	63				67						72	
S_aO_2				92	9	94		92	94		90	90		91
HEIGHT: WEIGHT →														
MAP	74			89		85		79				83		
UOP	1000		750				875			850		1850 800		1200
Input - IV LR NS	400		2400				0		Urine		Nuts	1650		
PO	200		75				800		1950					

TEMP. C: 40.6° · 40.0° · 39.4° · 38.9° · 38.3° · 37.8° · 37.2° · 37.0° · 36.7° · 36.1° · 35.6° · 35.0°

(Centigrade Equivalents, for Reference only)

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)*

(b)(6)-4

REGISTER NO.

WARD NO.

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

MEDCOM - 3991

ACLU-RDI 4742 p.19

DOD 010470

511-119

NSN 7540-00-634-4124

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY		DOS													
POST- DAY				APR				APR							
MONTH-YEAR	DAY	17		17				18						19 APR	
2003	HOUR	0900	0720	1800	2100	0000	0400	0800	1800	2050	0500	1030	1400	2000	1600
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

BLOOD PRESSURE		124/63	110/73	110/61	114/68	112/63	111/61	106/59	106/59	110/59	105/57	118/60	107/56	111/62
HEIGHT:	WEIGHT →	100%?												
SpO2 FEO2		100%	96%	90%		93	90%	92%	92%	90%	94%			
Foley Output			450			425	200	500	1100			700	1300	1700 UOP
IN	LR						300						450	
IN	NS							1000	2400				2000	
PO / Piggyback									200				300	

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.

(b)(6)-4

(b)(3)-1

(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 - 3992

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY																
POST- DAY																
MONTH-YEAR	DAY	28 APR		28 Apr		29 Apr		29 Apr		30 Apr		30 Apr		1 May		
19	HOUR	1420	1425	1530		0900	1400	1530		0600	1430			0800	1430	
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															
		128	126	106/	1	110/60	10/	104/	96/	98/55	18	12		19/	19
BLOOD PRESSURE	B/P	118	82	56			102	76	85		92	141		104/63	106/68
	P	128	123	111		87	62	97	96	96	46	58		80	89
	PAO2	93%	93	94			94	92		92				98	
HEIGHT:	WEIGHT →														
	R	29	29	25				22		20				12	
	Temp			98.0A		97.6				97.4	98.7			97.6(A)	97.8A
Intake -	IV			800			125				700				
	PO										200				
Output -	Urine			900cc		600cc	725	500		450	1100			1100	
								600		550					
								400							

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.

(b)(6)-4

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

MEDCOM - 3993

ACLU-RDI 4742 p.21

DOD 010472

511-119

NSN 7540-00-634-4124

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR	DAY	24 APR 03	25 ARR 03			26 ARR 03	27 APR 03	27 APR 03	28 APR	
19	HOUR	2000	0812	0833	2330	1530 2000	0000	1300	1530 2330	0730 1415

PULSE (0) / TEMP. F (°)

105°, 104°, 103°, 102°, 101°, 100°, 99° 98.6°, 98°, 97°, 96°, 95°

TEMP. C

40.6°, 40.0°, 39.4°, 38.9°, 38.3°, 37.8°, 37.2° 37.0°, 36.7°, 36.1°, 35.6°, 35.0°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

		108/71	8	22 0	114/65	19	2 6	2 0	16	108/60	19	107	173
BLOOD PRESSURE	map	84	126	108 134	84	113	100/69	114	102/62	75	101	70	78
	HR	114	77	66 80	110	74		68	71	80	63	96	129
	RR	20			18		12			20			
HEIGHT:	WEIGHT →				93%	90%	92%	92%	94%	90	92%	92	95
											Temp	97.3	98.6
											Resp		32
In Tolce							350						
out put		850 550 500 575		urine 200 urine 1000 urine 800			urine 800	575		650 500	675		

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.

(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

511–119 NSN 7540–00–634–4124

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR DAY: 01 may 03 | 02 may | 02 may | 03 may | 03 may 03 | 03 MAY

MAY 19 2003 HOUR: 1730 | 06 | 14 | 1530 | 0600 | 1100 | 1401 | 24

PULSE (0) | TEMP. F (°) | TEMP. C

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 RR

RR	12	9	17	12		20	22	18			
BLOOD PRESSURE B/P S/D	112/62	101/57	113/65	96/59		93/51	108/60	119/57	102/62	109/65	
Pulse		91	96			85	87	110			
HEIGHT: WEIGHT →											
O2		90	92	91%		91	90	92%		92%	
Temp		97	97.5	98.2°		97.8(A)	98.9	99.5			
Urine O/P	675 750 650 2075			900			760				

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.

(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 - 3995

ANESTHESIA RECORD

Page 1 of 1

START	IN OR	ANES. END	DATE
1945	1955		13 Apr 03
TOTS	SURG START	DRESSING	OR NO
2010			1

OPERATION PERFORMED: R LE amp w/o / (R) Flank I&D w/

SURGEON(S): OR cht

PREOPERATIVE

- [x] IDENTIFIED
- [ ] ID BAND
- [x] QUESTIONING
- [ ] CHART REVIEWED
- [ ] NPO SINCE
- [ ] PRE-OP MEDICATION:

Drug	Dose	Route	Time
Versed	2mg	IV	0715

Pre-Anesthetic State:

- [x] CALM
- [ ] APPREHENSIVE
- [x] AWAKE
- [ ] SEDATE
- [ ] UNRESPONSIVE

MONITORS AND EQUIPMENT

- [x] ANES. MACHINE # 1919 & EQUIP. CHECKED
- [x] NON-INV. B/P
- [ ] PNS
- [x] CONT. EKG
- [ ] V LEAD EKG
- [ ] ESOPH. STETH.
- [ ] PRECORD STETH.
- [x] PULSE OXIMETER
- [x] O2 ANALYZER
- [x] END TIDAL CO2
- [ ] MASS SPEC.
- [ ] TEMPERATURE Ax
- [ ] WARMING BLANKET
- [ ] FLUID WARMER
- [x] AIRWAY HUMIDIFIER
- [ ] N/G TUBE
- [x] O/G TUBE
- [x] IV(s) 14 g R
- [ ] ARTERIAL LINE
- [ ] CENTRAL LINE
- [ ] SWAN-GANZ
- [x] FOLEY INSERTED:
- [x] O.R.
- [ ] FLOOR
- [x] EYE CARE Taped
- [x] PRESSURE POINTS CHECKED / PADDED

ANESTHETIC TECHNIQUE

- [x] GENERAL
- [ ] LOCAL / MAC
- [ ] REGIONAL
- [ ] NERVE BLOCK

INDUCTION

- [x] PREOXYGENATION
- [ ] INHALATION
- [x] RAPID SEQUENCE
- [ ] INTRAMUSCULAR
- [ ] INTRAVENOUS
- [ ] RECTAL

AIRWAY MANAGEMENT

- [x] INTUBATION
- [x] ORAL
- [ ] NASAL
- [x] DIRECT VISION
- [ ] BLIND
- [ ] AWAKE
- [ ] FIBER OPTIC
- [ ] STYLET USED
- [x] ATTEMPTS x 1
- [ ] BLADE mac 4
- [x] ETT SIZE 8.0
- [ ] DOUBLE LUMEN
- [ ] STRAIGHT
- [ ] RAE
- [ ] ANODE
- [x] CUFFED 7 ML AIR INJECTED
- [ ] UNCUFFED, LEAKS AT ____ CM H2O
- [x] ETT SECURED AT 24 CM
- [ ] BREATH SOUNDS =/b
- [ ] AIRWAY
- [ ] ORAL
- [ ] NASAL
- [ ] NATURAL
- [ ] MASK CASE
- [ ] VIA TRACHEOSTOMY
- [ ] NASAL CANNULA
- [ ] SIMPLE O2 MASK
- [ ] LMA SIZE

AGENTS / FLUIDS / MONITORS

Time marks: x (@) x 30 x (@) x 30 x (@)

AGENTS						TOTALS
Prop mg	200					200
Succ mg	140					140
Fent mcg	<150>	<100>				250
MSO4 mg			<10>			10
Vec mg		5				5
150% ETN						
N2O L/min Air	x	\	\	\	Y	
O2 L/min	4	1	1	1	2	

FLUIDS						TOTALS
NS	500					
LR	→	500	→	1000	→ X	1500
Urine	→	200	→	300	→ 400	400
EBL	→	→	min	→	X	min

MONITORS					
EKG	ST	ST	ST	ST	ST
% O2 Inspired	221	.98	.98	.51	.71
O2 Saturation	100	100	100	100	100
End Tidal CO2	+	37	42	41	41
Temperature	36	35	36	37	36
PNS	→ 3/4	4/4	1/4	—	4/4

VITAL SIGNS

PRE-OP VALUES: B/P 112/62; P 92; R 16; SAT 94%; H/H 56 / 62 cm

RESP				
Tidal Volume	SV	700	700	A/S
Resp Rate		10	10	
Peak Pressure		28	26	

Position: ← Rt lat → → L

SYMBOLS: X ANESTHESIA; ⊙ OPERATION; V Λ B/P CUFF PRESSURE; ⊥ T ARTERIAL LINE PRESSURE; ● PULSE; ○ SPONTANEOUS RESP; Ø ASSISTED RESP; ⊗ CONTROLLED RESP; T TOURNIQUET; F CRYSTALLOID FLUID; B BLOOD

RECOVERY

TIME IN PACU: 2051

CONDITION: VSS

B/P	PULSE	RESP	O2 SAT
141/83	110	24	96

REMARKS

TEMP

REPORT TO: ICU staff PARRS: 7

REMARKS:
- [x] Patient reevaluated. No change from preop plan / evaluation.
- [ ] Significant changes from preop plan / evaluation.

2010

1945 PT examined in ER.
1955 PT to O.R. - All monitors/alarms active
1955 PT induced / Rapid Seq - Cricoid Pressure - 8.0 ETT
2001 PT
2051 PT following commands - 4/4 = sust. tetany - extubated - O2 via fm
2051 PT to ICU. Report given to ICU staff

Tourniquet Time: N/A

FLUIDS TOTALS

IN		OUT	
Crystalloid	1500	EBL	min
		Urine	400
Blood	0	Gastric	0

(b)(6)-2

mad. w. ormt

~~PHYSICIAN~~ / CRNA (b)(3)-1

PATIENT'S IDENTIFICATION

(b)(6)-4

NAME: (b)(6)-4 SURGEON: Dr Cho Planned Surgery Date:

ANESTHESIA PREOPERATIVE EVALUATION

AGE	M / F	HEIGHT	WEIGHT
25	M	est 72"	200 lb

PROPOSED OPERATION (L) LE Amp w/i

PREOPERATIVE VITAL SIGNS: B/P P R

PREVIOUS ANESTHESIA / OPERATIONS ☐ NEGATIVE
(R) BKA FxT?

CURRENT MEDICATIONS ☐ NONE

FAMILY HISTORY OF ANESTHESIA COMPLICATIONS ☐ NEGATIVE

ALLERGIES ☐ NKDA

AIRWAY / TEETH / HEAD & NECK

SYSTEM	WN	COMMENTS	PERTINENT STUDY RESULTS
RESPIRATORY Asthma, Bronchitis, COPD Dyspnea, Pneumonia, Productive Cough Recent cold, SOB, Tuberculosis	☐	Tobacco Use: ☐ No ☐ Yes____ Pack/Day for____ Years	Chest X-ray, Pulmonary Studies
CARDIOVASCULAR Angina, Arrhythmia, CHF Exercise Tolerance, Hypertension, MI Murmur, MVP, Pacemaker Rheumatic fever	☐		EKG
HEPATO/GASTROINTESTINAL Bowel obstruction, Cirrhosis, Hepatitis Hiatal Hernia, Jaundice, N&V Reflux/Heartburn, Ulcers	☐	Ethanol Use : ☐ No ☐ Yes Frequency _____	LFTs
NEURO/MUSCULOSKELETAL Arthritis, Back problems, CVA/Stroke DJD, Headaches, Loss of consciousness Neuromuscular disease, Paralysis, Paresthesia Syncope, Seizures, TIAs Weakness	☐	Unknown - EPW	
RENAL/ENDOCRINE Diabetes, Renal failure/Dialysis, Thyroid disease Urinary retention, Urinary tract infection, Weight loss/gain	☐		Urinalysis, Thyroid, FBS
OTHER Anemia, Bleeding tendancies, Hemophilia Pregnancy, Sickle cell trait, Transfusion history			Hgb / Hct / CBC, Lytes 12.7 / 26.1 / 8.2 / 2.3 PCT : 4 s 7

PROBLEM LIST / DIAGNOSES

ASA
1
2
3
4
5
E

PREOPERATIVE MEDICATIONS ORDERED

COUNSELING STATEMENT

Anesthesia alternatives, benefits and risks from minor to death explained. All questions answered.
Patient / legal guardian voices understanding and gives consent for :
Local / MAC, SAB, Epidural, IVR, General Anes.
Other: _____
Appropriate alternative as backup.
NPO status explained.

_____ _____
PATIENT'S SIGNATURE DATE

EVALUATOR(S) SIGNATURE

CRNA (b)(6)-2 MAJ, AN, CRNA DATE 19 MAR 05

PHYSICIAN _____ DATE

POST ANESTHESIA VISITS

ANESTHESIA RECOVERY COMPLICATED BY THE FOLLOWING PROBLEMS: (IF NONE, SO STATE)

DATE: _____

SIGNED: _____ TIME: _____

MEDCOM - 3997

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - AS A CLINICAL RECORD FORM, IT IS COVERED BY DD 220[illegible]

ANESTHESIA RECORD

Page 1 of

START	IN OR	ANES. END	DATE
[illegible]	1005		4/13/04
TOTS	SURG START	DRESSING	OR NO
1010	1020		

OPERATION PERFORMED: Debride of (L) Trunk, (L) arm, I&D (R) Stump

SURGEON(S): (b)(6)-2

PREOPERATIVE

- [x] IDENTIFIED
- [x] ID BAND
- [x] QUESTIONING
- [x] CHART REVIEWED
- [x] NPO SINCE mn
- [ ] PRE-OP MEDICATION:

Drug Dose Route Time

Pre-Anesthetic State:
- [ ] CALM
- [x] APPREHENSIVE
- [ ] AWAKE
- [ ] SEDATE
- [ ] UNRESPONSIVE

MONITORS AND EQUIPMENT

- [x] ANES. MACHINE # 3 & EQUIP. CHECKED
- [x] NON-INV. B/P
- [x] CONT. EKG
- [ ] ESOPH. STETH.
- [x] PULSE OXIMETER
- [ ] END TIDAL CO2
- [ ] TEMPERATURE
- [ ] WARMING BLANKET
- [ ] AIRWAY HUMIDIFIER
- [ ] N / G TUBE
- [ ] IV(s)
- [ ] PNS
- [ ] V LEAD EKG
- [ ] PRECORD STETH.
- [ ] O2 ANALYZER
- [ ] MASS SPEC.
- [ ] FLUID WARMER
- [ ] O /G TUBE
- [ ] ARTERIAL LINE
- [ ] CENTRAL LINE
- [ ] SWAN-GANZ
- [ ] FOLEY INSERTED: [ ] O.R. [ ] FLOOR
- [ ] EYE CARE
- [ ] PRESSURE POINTS CHECKED / PADDED

ANESTHETIC TECHNIQUE

- [ ] GENERAL
- [ ] REGIONAL
- [ ] LOCAL / MAC
- [ ] NERVE BLOCK

INDUCTION

- [ ] PREOXYGENATION
- [ ] RAPID SEQUENCE
- [ ] INTRAVENOUS
- [ ] INHALATION
- [ ] INTRAMUSCULAR
- [ ] RECTAL

AIRWAY MANAGEMENT

- [ ] INTUBATION
- [ ] DIRECT VISION
- [ ] FIBER OPTIC
- [ ] ATTEMPTS x
- [ ] ETT SIZE
- [ ] STRAIGHT
- [ ] 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
- [ ] ORAL
- [ ] BLIND
- [ ] STYLET USED
- [ ] BLADE
- [ ] DOUBLE LUMEN
- [ ] RAE
- [ ] NASAL
- [ ] AWAKE
- [ ] ANODE

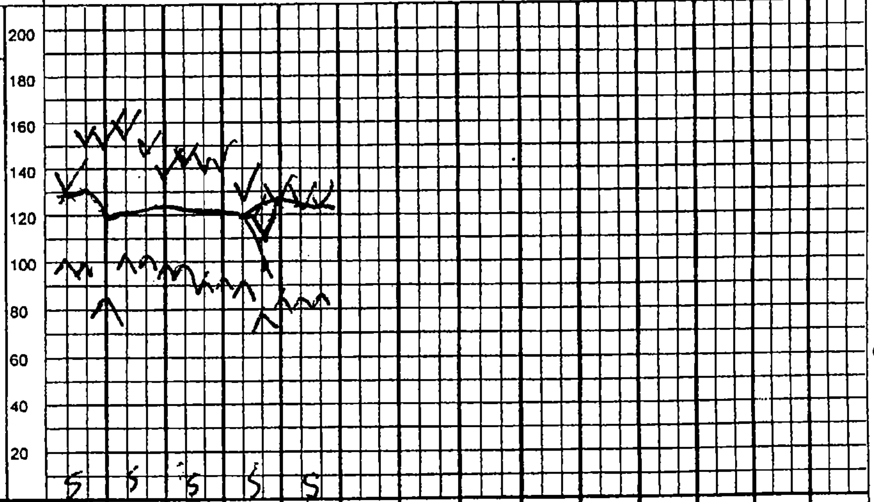
AGENTS / FLUIDS / MONITORS

Time marks: (10) (10) (11) (12)

						TOTAL
Ketamine	100	100 / 30	100 / 20	100 / 50	100	600
Valium	5					5
MSO4			5			5
N2O L/min						
O2 L/min NC	3					
NS 700	→	→	→	→		700
Urine						
EBL						
EKG	ST	ST	ST	ST	ST	
% O2 Inspired	95					
O2 Saturation	94	95	95	96	96	
End Tidal CO2						
Temperature						
PNS						

TIME

PRE-OP VALUES: B / P, P, R, SAT, H / H



Tidal Volume					
Resp Rate	24	30	32	32	26
Peak Pressure					
Symbols for Remarks					
Position	(R) lateral				

SYMBOLS: X ANESTH; ⊙ OPERAT; V Λ B/P CU PRESS; ARTER LINE PRESS; ● PULS; C SPONT-OUS R; ASSIST RES; CONTRO RES; T TOURNI; F CRYST LOID FL; B BLOC

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

Tourniquet Time:

RECOVERY

TIME IN PACU	CONDITION		
1112	Sleeping		
B/P	PULSE	RESP	O2 SAT
	114	20	99
REMARKS			TEMP

REPORT TO: PARRS:

IN	FLUIDS TOTALS	OUT
Crystalloid		EBL
		Urine
		Gastric
Blood		

(b)(6)-2 CRNA

ANESTHESIOLOGIST / PHYSICIAN / CRNA

PATIENT'S IDENTIFICATION

(b)(6)-4

MCEUH OP 100, APR 00(Rev) (MRRC APPROVED: 2[illegible]

MEDCOM - 3998

ACLU-RDI 4742 p.26

DOD 010477

(THIS FORM IS SUBJECT TO THE PRIVACY ACT O . . .S A CLINICAL RECORD FORM, IT IS COVERED BY DD 22(

ANESTHESIA RECORD

Page 1 of

ANES. START	IN OR	ANES. END	DATE
0730	0740	0915	17 Apr 03
TOTS	SURG START	DRESSING	OR NO
0743	0755	0855	

OPERATION PERFORMED: I+D RKA + Skin Traction

SURGEON(S) (b)(6)-2

PREOPERATIVE

☑ IDENTIFIED ☐ ID BAND ☑ QUESTIONING
☐ CHART REVIEWED ☑ NPO SINCE 2402
☐ PRE-OP MEDICATION:

Drug	Dose	Route	Time

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

AGENTS

0730		06						TOTAL
Diazepam	5							5
Robinol	.3							.3
Ketamine	100	100	100 100	100	100 150			750
Propofol	30	30 50	← —	450	— →			600
MSO4	5	5						10
N2O L/min								
O2 L/min								

FLUIDS

RL (R) AC	#1					
Urine						
EBL						

MONITORS

EKG	ST	ST	ST	ST	ST	ST
% O2 Inspired	>.21	>.21	>.21	>.21	>.21	>.21
O2 Saturation	97	98	99	99	100	100
End Tidal CO2	(+)	(+)	(+)	(+)	(+)	(+)
Temperature						
PNS						

ANESTHETIC TECHNIQUE

☑ GENERAL ☐ LOCAL / MAC
☐ REGIONAL ☐ NERVE BLOCK

INDUCTION

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

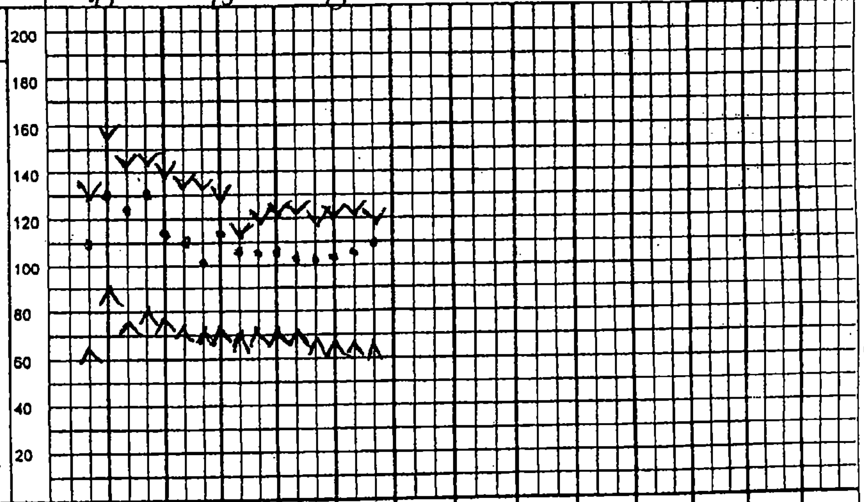
AIRWAY MANAGEMENT

☐ 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

VITAL SIGNS

TIME: 45 | 15 | 45

PRE-OP VALUES: B/P 130/66; P 111; R 20; SAT 97%; H/H



RESP

Tidal Volume	SV	SV	SV	SV	SV	SV
Resp Rate	20	20	26	26	28	26
Peak Pressure	—	—	—	—	—	

Symbols for Remarks

Position: Supine

SYMBOLS: X ANESTH; ⊙ OPERAT; V Λ B/P CUFF PRESSURE; ⊥ T ARTERIAL LINE PRESSURE; ● PULSE; C SPONTANEOUS R; ASSISTED RES; CONTROLLED RES; T TOURN; F CRYSTALLOID; E BLO

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

Tourniquet Time:

RECOVERY

TIME IN PACU	CONDITION		
0902	Sleepy		
B/P	PULSE	RESP	O2 SAT
107/74	111	24	99

REMARKS

TEMP

REPORT TO: LT (b)(6)-2 PARRS:

FLUIDS TOTALS

IN		OUT	
Crystalloid	900	EBL	150
		Urine	Foley
Blood	150	Gastric	0

(b)(6)-2 CRNA

PHYSICIAN / CRNA

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

MEDCOM - 3999

MCFHU OP 100, APR 00(Rev) (MRRC APPROVED: 24 MAR 99) Page 1 of 2

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF ... S A CLINICAL RECORD FORM, IT IS COVERED BY DD 220...

ANESTHESIA RECORD

Page 1 of 1

ANES. START	IN OR	ANES. END	DATE
1200	1225	1410	28 Apr 03
TOTS	SURG START	DRESSING	OR NO
1230	1254	1404	

OPERATION PERFORMED: Split thickness skin graft (L) Thigh → (L) Thorax

SURGEON(S): (b)(6)-2

PREOPERATIVE

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

Drug | Dose | Route | Time

Pre-Anesthetic State:
☒ CALM ☐ AWAKE
☐ APPREHENSIVE ☐ 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) 20g (L) forearm
☐ 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

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

Agent							TOTAL
Diazepam mg	5						5 mg
Robinul mg	.3						.3 mg
Ketamine mg	100/50/50				100		300 ~~200~~ mg
MSO4 mg	5 5				5/5		20 mg
Ancef gm	1						
FORANE							
N2O L/min							
O2 L/min	facemask 5	5	5	5	X		

FLUIDS

NS	500 — 700
Urine	
EBL	100

MONITORS

EKG	ST	ST	ST	ST	ST	ST
% O2 Inspired	RA	>.21	>.21	>.21	RA	RA
O2 Saturation	99	98	98	98	94	94
End Tidal CO2						
Temperature						
PNS						

TIME: 1230 · 1300 · 30 · 1400 · 30 · 1500 · 30 · 1600

VITAL SIGNS

PRE-OP VALUES
- B/P: 113/58
- P: 84
- R:
- SAT: 98
- H/H:

Scale: 200, 180, 160, 140, 120, 100, 80, 60, 40, 20

RESP

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

Symbols for Remarks

Position: ○ → RLD

SYMBOLS: X ANESTH... ⊙ OPERAT... ∨ ∧ B/P CUFF PRESSURE; ⊥ T ARTERIAL LINE PRESSURE; ● PULSE; ○ SPONTANEOUS R...; ASSIST RES...; ⊗ CONTROL RES...; T TOURNI...; F CRYSTALLOID F...; E BLO...

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

Tourniquet Time:

RECOVERY

TIME IN PACU	CONDITION		
1407	STABLE		
B/P	PULSE	RESP	O2 SAT
123/78	136	14	92

REMARKS

TEMP 98.6 (A)

REPORT TO: PARRS:

FLUIDS TOTALS

IN		OUT	
Crystalloid	100	EBL	100
		Urine	—
		Gastric	—
Blood	—		

(b)(6)-2

MAJ CRNA

MEDCOM - 4000

PATIENT'S IDENTIFICATION

(b)(6)-4

NKDA

Iraqi national, no interpreter present.

NAME: SURGEON: Planned Surgery Date:

ANESTHESIA PREOPERATIVE EVALUATION

AGE	M / F	HEIGHT	WEIGHT

PROPOSED OPERATION

PREOPERATIVE VITAL SIGNS: B /P P R

PREVIOUS ANESTHESIA / OPERATIONS ☐ NEGATIVE

CURRENT MEDICATIONS ☐ NONE

FAMILY HISTORY OF ANESTHESIA COMPLICATIONS ☐ NEGATIVE

ALLERGIES ☒ NKDA

AIRWAY / TEETH / HEAD & NECK

SYSTEM			WN	COMMENTS	PERTINENT STUDY RESULTS
RESPIRATORY			☐	Tobacco Use: ☐ No ☐ Yes____ Pack/Day for____ Years	Chest X-ray Pulmonary Studies
Asthma	Bronchitis	COPD			
Dyspnea	Pneumonia	Productive Cough			
Recent cold	SOB	Tuberculosis			
CARDIOVASCULAR			☐		EKG
Angina	Arrhythmia	CHF			
Exercise Tolerance	Hypertension	MI			
Murmur	MVP	Pacemaker			
Rheumatic fever					
HEPATO/GASTROINTESTINAL			☐	Ethanol Use : ☐ No ☐ Yes Frequency _____	LFTs
Bowel obstruction	Cirrhosis	Hepatitis			
Hiatal Hernia	Jaundice	N&V			
Reflux/Heartburn	Ulcers				
NEURO/MUSCULOSKELETAL			☐		
Arthritis	Back problems	CVA/Stroke			
DJD	Headaches	Loss of consciousness			
Neuromuscular disease	Paralysis	Paresthesia			
Syncope	Seizures	TIAs			
Weakness					
RENAL/ENDOCRINE			☐		Urinalysis Thyroid FBS
Diabetes	Renal failure/Dialysis	Thyroid disease			
Urinary retention	Urinary tract infection	Weight loss/gain			
OTHER					Hgb / Hct / CBC Lytes
Anemia	Bleeding tendancies	Hemophilia			
Pregnancy	Sickle cell trait	Transfusion history			

PROBLEM LIST / DIAGNOSES

ASA: 1 2 3 4 5 E

PREOPERATIVE MEDICATIONS ORDERED

COUNSELING STATEMENT

Anesthesia alternatives, benefits and risks from minor to death explained. All questions answered.
Patient / legal guardian voices understanding and gives consent for :

Local / MAC, SAB, Epidural, IVR, General Anes.
Other: _____
Appropriate alternative as backup.
NPO status explained.

_____ _____
PATIENT'S SIGNATURE DATE

EVALUATOR(S) SIGNATURE

CRNA (b)(6)-2 MJ "CRNA" DATE 28 APR 03

PHYSICIAN _____ DATE _____

POST ANESTHESIA VISITS

ANESTHESIA RECOVERY COMPLICATED BY THE FOLLOWING PROBLEMS: (IF NONE, SO STATE)

DATE: _____

SIGNED: _____ TIME: _____

MEDCOM - 4001

MEDICAL RECORD SUPPLEMENTAL MEDICAL

For: (see AR 40-66 for proponent agency of the Office of TH) General

REPORT TITLE:

POST ANESTHESIA CARE RECORD

OTSG APPROVED (Date)

Time In: 2100 | Procedure: | (b)(6)-2 | ASA Grade (I – V):

Physician: | Anesthesia Provider: | Pre-Op Vitals: T= P= R= BP= / SaO2=

ANESTHESIA: General Spinal Epidural Sedation Local Nerve Block:
Intrathecal w/ narcotic: time:
Other:

REVERSALS: Narcotic: No / Yes time:
Muscle Relaxant: No / Yes time:

Allergies:
Latex allergy: N / Y
Medical/Birth Hx:
Complications:
Tourniquet time:

INTAKE: OR / PACU
Crystalloids /
Blood Prod /
Colloids /
Irrigations /
Other /

OUTPUT: OR / PACU
Urine /
EBL /
Drains /
Emesis /
Other /

VITAL SIGNS | **POST ANESTHESIA RECOVERY SCORE** | **PAIN ASSESSMENT** | **OTHER**

Time	BP	T	P	R	SaO2	O2	Act	Resp	Circ	LOC	Skin	Total	0-10	Qual/ Locat	Derm Level	N/V	Nurse action				Init
2105	214/98	98	98	20	93	15L NRB											THOB				
2115	152/80	—	86	26	98	NRB	2	2	2	1	2	9	sleeping								
2130	136/91	—	87	27	96	NRB							c/o pain					Med			
2200	130/90	—	70	24	98																

VITAL SIGNS
BP = blood pressure
P = pulse
R = respirations
T = temperature ax = axillary
SaO2 = oxygen saturation

Activity (Act)
2 = Moves 4 extremities
1 = Moves 2 extremities
0 = Moves 0 extremities

RESPIRATIONS (Resp)
2 = Cough/deep breath
1 = Dyspnea, airway
0 = Apnea

CIRCULATION (Circ)
2 = 20% +/- PRE-OP BP
1 = 20% - 50% +/-
0 = 50% +/-

LEVEL OF CONSCIOUSNESS (LOC)
2 = Fully awake
1 = Verbally aroused
0 = Unresponsive
No nystagmus w/ ketamine

SKIN
2 = Pink
1 = Pale, dusky
0 = Cyanotic

ant = suction IS = incentive spirometry C/DB = cough/deep breath HOB = elevate head of bed EE = elevate extremity ICE = cold compress CDI = clean/dry/intact Init = initials PTT = patient teaching – see notes WB = warm blankets HL = heat lamps IC = ice chips H = hygiene care RA = room air BB = blow-by Other:
Quality Codes: AH = Aching BN = burning CO = complaints of pain CR = crushing DL = dull IR = irritable PE = painful expression PR = pressure RT = restless SH = sharp SL = sleeping SP = splinting ST = stabbing TH = throbbing UD = unable to describe Other:
Location Codes: H = head F = face Fd = fundus Tr = throat N = neck Sd = shoulder B = back Ch = chest ABD = abdomen U = umbilicus UE = upper extremity LE = lower extremity Hd = hand Ft = foot K = knee Vag = Vagina Other:

MEDICATIONS RECEIVED IN PACU

TIME	PROBLEM/COMPLAINT For analgesic include Quality, Intensity (0-10), and Location	MED DOSE/ROUTE	INIT	REASSESSMENT/RESPONSE For analgesic include Quality, Intensity (0 – 10), and Location	TIME	INIT
2130	c/o pain	6mg MSO4, IV	NR			

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

(Continue on reverse)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name – last, first, middle; grade; date; hospital or medical facility)
(b)(6)-4

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

RN ASSESSMENT

	ADMISSION ASSESSMENT TIME: 2105	DISCHARGE ASSESSMENT TIME:
RESP	Airway: patent / unassisted / chin lift / jaw thrust / sniff position Artificial airway: N/A / nasal / oral / endotracheal / other: Respirations: clear / unlabored / spontaneous / other: enc CDB Oxygen by: simple mask / nasal canula / BB / RA / other: NRB	Airway: patent / unassisted / chin lift / jaw thrust / sniff position Artificial airway: N/A / nasal / oral / endotracheal / other: Respirations: clear / unlabored / spontaneous / other: Oxygen by: simple mask / nasal canula / BB / RA / other:
CV	Monitor: sinus rhythm / RRR by pleth / other: Peripheral pulses: palpable / other: 4pp Capillary refill: < 3 seconds / other: Skin: warm / dry / pink nail beds / other:	Monitor: sinus rhythm / RRR by pleth / other: Peripheral pulses: palpable / other: Capillary refill: < 3 seconds / other: Skin: warm / dry / pink nail beds / other:
NEURO	LOC: A V P U Oriented x 3 / other: Movement: grasps & plantar-dorsiflexion strong and equal: Yes / No / N/A Sensation: denies numbness and tingling: Yes / No / N/A Other: Ptable to MAE except (R)Lt d/t BLA	LOC: A V P U Oriented x 3 / other: Movement: grasps & plantar-dorsiflexion strong and equal: Yes No/ N/A Sensation: denies numbness and tingling: Yes / No / N/A Other:
GI/GU	Abdomen: soft / non-distended / other: round Foley catheter: Yes / No Urine clear yellow / other: amber Other:	Abdomen: soft / non-distended / other: Foley catheter: Yes / No Urine clear yellow / other: Other:
PSYCHO-SOCIAL	Affect: calm and appropriate / cooperative / other: Language: English / other: Interpreter present: Y / N / NA "Special Needs": N/A / identified: Other:	Patient informed of present condition: Yes / No Family updated on patient condition: Yes / No Other:
IV	None: Gauge: 14G Location: (L) AC Condition: patent / no redness / no edema Other: Solution: LR Rate: 150 Amount remaining: 1000	None: Gauge: Location: Condition: patent / no redness / no edema Other: Solution: Rate: Amount remaining:
DSG	None: Type: #1 Guaze + ABD pads & tape Location: #1 (L) back #2 guaze & coban wrap Condition: clean / dry / intact Other: #2 - (R) - Stump BKA Drains: N/A / Hemovac / Jackson Pratt / Other: Drainage: none / serous / serosanguenous / bloody / Other:	None: Type: Location: Condition: clean / dry / intact Other: Drains: N/A / Hemovac / Jackson Pratt / Other: Drainage: none / serous / serosanguenous / bloody / Other:
SAFETY	Safety measures taken: side rails up / bed straps on / bed locked Pediatric: staff/parent at bedside at all times / crib sides padded x 4 Other:	Safety measures taken: side rails up / bed straps on / bed locked Pediatric: staff/parent at bedside at all times / crib sides padded x 4 Other:
PEDS	Parent at bedside to comfort child: Yes / No Humidified oxygen: Yes / No / N/A IV on armboard: Yes / No / N/A	Parent at bedside to comfort child: Yes / No Humidified oxygen: Yes / No / N/A IV on armboard: Yes / No / N/A
OTHER		
	RN Signatur (b)(6)-2 CPT	RN Signature:

PATIENT TEACHING IN PACU (circle all that apply)

Topic — Level of Involvement: D=demonstrated V=verbalized

			INIT
Pulmonary Toileting: Importance of / Cough-deep breathing exercises / Incentive spirometer / ABD splinting / Other:		D / V	
Wound care: ice compress / heat application / extremity elevation / signs of compartmental syndrome / Other:		D / V	
Pain management: Medications: type, dose, route, indications, side effects / positioning / activity restrictions / prn Rx requests on ward / Other:		D / V	
Surgeons and Anesthesia post-op orders		D / V	
Pediatric: safety: padded sides, IV armboard / monitoring equipment / staff-parent at BS at all times / pediatric post-op agitation vs pain / Other:		D / V	
Spinal anesthesia: use nursing assistance first time OOB, avoid pressure points while numb / Fundal massage / lochia and pad count / Other:		D / V	
Post cardiac cath: signs of bleeding / apply pressure over site when coughing, sneezing, or vomiting / lie flat with leg straight / use of sandbag / Other:		D / V	
MISC: Elevate HOB / avoid eye strain / wire cutter worn around neck / Oral intake restrictions Other:		D / V	

NURSING NOTES

SCHARGE NOTE: This patient meets criteria for discharge from the PACU or has been cleared by the anesthesia provider indicated on MCEUL OP 501: iesthesia Record.

Nursing Care Plans remain open: #

iport called to: Ward: Via: At: hours

(RN Signature) / Anesthesia Services)

STANDARD FORM 545 (rev. 10-75)
545-108

LABORATORY REPORT DISPLAY

SPECI/ DATE	RESULTS	SPECIMEN TAKEN DATE / RESULTS	TEST(S) TIME A.M. P.M.	REQUESTED (X)
4/11				
	107	107	GLUCOSE	
	7	5	UREA N.	
			CREATININE	
			URIC ACID	
	138	138	SODIUM	
	3.1	3.5	POTASSIUM	
	100	103	CHLORIDE	
	3.	26	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)	
	31	22	HCT	
	11			

CHEMISTRY I 546-107
STANDARD FORM 546 (Rev 8-77)
PRESCRIBED BY GSA ICMR
FIRMR (41 CFR) 201-45.505

REMARKS Dr.
Enter in above space REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 [redacted]
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED (b)(6)-2 [redacted]
ICU #3
MD DATE
TECH 19 APR 03
LAB. ID. NO.

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

(b)(6)-4 [redacted]

REMOVE PROTECTIVE STRIP—PLACE TOP OF 3D REPORT HERE AND SUCCEEDING ONES ON LINES TO THE RIGHT

PRESSURE MUST BE APPLIED TO ATTACH LABORATORY REPORTS

① ② ③ ④ ⑤ ⑥ ⑦

ALIGN ALL LABORATORY REPORTS ALONG THIS BASE LINE

INSTRUCTIONS: This form may be used to display laboratory reports as a flow sheet to be read as a progressive table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

(b)(6)-4 [redacted]

(b)(3)-1 [redacted]

FORMS DISPLAYED ON THIS SHEET ARE (Check one)

MOUNTED ON STRIPS 1 THROUGH 7	MOUNTED ON STRIPS 1, 3, 5, AND 7
☐ CHEMISTRY I (SF 546)	☐ PARASITOLOGY (SF 552)
☐ CHEMISTRY II (SF 547)	☐ IMMUNOHEMATOLOGY (SF 556)
☐ CHEMISTRY III (SF 548)	☐ ASSORTED FORMS
☐ HEMATOLOGY (SF 549)	☐ OTHER (Specify)
	MOUNTED ON STRIPS 1, 4, AND 7
☐ URINALYSIS (SF 550)	☐ MICROBIOLOGY I (SF 553)
☐ SEROLOGY (SF 551)	☐ MICROBIOLOGY II (SF 554)
☐ SPINAL FLUID (SF 555)	☐ MISCELLANEOUS (SF 557)
	☐ ASSORTED FORMS

PRESCRIBE BY GSA/ICMR
FIRMR (41-CFR) 201-45,505

LABORATORY REPORT DISPLAY

☆ U.S. GOVERNMENT PRINTING OFFICE PROG. 1752-2001/2002

MEDCOM - 4004

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 4/10/03 TIME OF ORDER 2045 (Z) HOURS

LIST TIME ORDER NOTED AND SIGN

1 Admit Patient to ICU 3

2 Diagnosis: (R) BKA, REVISION

3 Condition: Stable/Serious/Critical

4 Allergies: NKDA/

5 Vital signs q hr/q2hr/q6hr/q8hr/q shift

6 Cardiac respiratory monitoring

7 Diet: NPO / regular/ soft/ clear liquid

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER WHEN AWAKE 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

PATIENT IDENTIFICATION

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

13 PCXRAY q AM/QOD

14 IVF NS/ LR/ D5NS/ D51/2NS To run @ 150 cc/hr.

15 Ancef 1 GM IV Q 8 hrs D/C IVF WHEN TOL

16 Gentamycin IV Q per Pharm

17 Cefoxitin 2gm IV q8hrs.

18 O2 titrate to keep SPO2 > 92

19 Versed gtt 1-10mg/hr IV titrate to Ramsey Scale of

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

20 Fentanyl gtt start at 50mcg/hr titrate for adequate pain control. MAX DOSE of

21 Vecuronium 1mcg/kg/min

22 MSO4 2-8 MG IV q 1-2 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.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

DATE OF ORDER 4/10/03 TIME OF ORDER 2045(7) HOURS

LIST TI ORDE NOTED SIGN

NURSING UNIT	ROOM NO.	BED NO.

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	DRESSING A qd WND
	STARTING AFTERNOON 4/11

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER

(b)(6)-2

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER

HOURS

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER

HOURS

NURSING UNIT	ROOM NO.	BED NO.

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

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

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

4/11/03
06⁰⁰ hrs

Admit ICU
Dx: Shrapnel (L) flank, S/P BKA
Condition guarded
VS per routine
NKDA
Up in chair (B) left
Clear liquid diet

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER ______ HOURS

D5LR @ 140cc/hr
Foley to gravity
Wet to dry dressing to (L) flank Daily
Do not Δ BKA dressing
MSO4 4mg IV Q1° prn pain
Phenergan 12.5mg IV Q1° prn nausea

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER ______ HOURS

Ancef 1g IV Q8°
O2 4L NC
H/H, Chem 7 now
CXR, Pelvis films in AM

(b)(6)-2 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER ______ HOURS

4/12/03
07³⁰

Regular diet
NPO after MN

(b)(6)-2 [redacted]

Valium 2mg prior to dressing Δ Q Day

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2 [redacted]

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

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

MEDCOM - 4007

CLINICAL RECORD - DOCTOR'S ORDERS

For use of [illegible]orm, see AR 40-66, the proponent agency is [illegible]

THE DOCTOR SHALL RECORD DATE, TIM[illegible] SIGN EACH SET OF ORDERS. IF PROBL[illegible] IENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
13APR03	0800 HOURS	(b)(6)-2 4/13/03
1) Restore Pyxop orders (b)(6)-2 Noted		
2) Reg Diet		
(b)(6)-2		
(b)(6)-2 VSAS, VSO		

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
	HOURS	
VIO per D Tyler	2345 4-13-03	
Ambien 10mg PO HS		
(b)(6)-2 Simm		

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER
	HOURS

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER
	HOURS

NURSING UNIT | ROOM NO. | BED NO.

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994-363-710

"USE BALL POINT PEN—PRESS FIRMLY | NO CARBON PAPER REQUIRED"

MEDCOM - 4008

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: ICU #1 | ROOM NO. | BED NO.: 7

	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	15 Apr 03	1615 HOURS	
1	Transfer to ICU 1-T		
2	Dx: Shrapnel, S/P BKA		
3	Condition: Stable		
4	Vitals: Q6° c pulse ox		
5	Allergies: NKDA		
6	Activity: up in chair TID		
7	Diet: Reg		

PATIENT IDENTIFICATION (b)(6)-4

NURSING UNIT: ICU #1T | ROOM NO. | BED NO.: 7

	DATE OF ORDER	TIME OF ORDER	
	↓	↓ ↓ HOURS	
8	IVF: D5 LR @ 150cc/hr		
9	Meds: Ancef 1.0 g IV Q8°		
	MSO4 4mg IV Q 2° PRN pain		
	Phenergan 12.5mg IV Q2° PRN nausea		
10	Nursing: foley to gravity		
	wet → dry dressing ① flank Q day		
	do not Δ BKA dressing		

PATIENT IDENTIFICATION (b)(6)-4

NURSING UNIT: ICU #1T | ROOM NO. | BED NO.: 7

	DATE OF ORDER	TIME OF ORDER	
	↓	↓ ↓ HOURS	
11	O2: 2L PRN O2 sats < 92%		
	titrate to keep O2 > 92%		

(b)(6)-2

NAME, MD
Internal Medicine

PATIENT IDENTIFICATION (b)(6)-4

NURSING UNIT: ICU #1T | ROOM NO. | BED NO.: 7

	DATE OF ORDER	TIME OF ORDER	
	16 Apr 03	0815 HOURS	16 Apr 0900
1	Versed 2-4 mg IV PRN dressing Δ		
2	MSO4 5mg IV PRN dressing Δ		
3	Vicodin 1-2 PO Q4-6° PRN		
4	D/c IVF, maintain heplock		
5	NPO p MN for right		

(b)(6)-2

(b)(6)-2

(b)(6)-2

(b)(6)-2

Internal Medicine

DA FORM 1 APR 79 4256 REPLA MEDCOM - 4009 :H MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION (b)(6)-4

NURSING UNIT: ICU #1 T | ROOM NO. | BED NO.: 7

DATE OF ORDER: 16 Apr 03 | TIME OF ORDER: 2100 HOURS | LIST TIME ORDER NOTED AND SIGN

Restoril 15-30mg QHS PRN for sleep.

V.D. Dr. (b)(6)-2 CPT (b)(6)-2 T.

1) noted (b)(6)-2 @ 2100 hrs — CPT AN

PATIENT IDENTIFICATION (b)(6)-4

NURSING UNIT: ICU #1 T | ROOM NO. | BED NO.: 7

DATE OF ORDER: 4/17/03 | TIME OF ORDER: 0655 HOURS

Admit to ICU

Dx: (L) Flank Wounds

(R) BKA

Cond: Stable

VS Q4°

Activity: Up on crutches BID

Nursing: 3L NS bag off end of bed for stump skin traction.

PATIENT IDENTIFICATION (b)(6)-4

NURSING UNIT: ICU #1 T | ROOM NO. | BED NO.: 7

DATE OF ORDER | TIME OF ORDER | HOURS

Diet: Reg

IV LR @ 125 cc/hr; Hep lock IV when tol'g PO

Daily wet to dry dressing changes to left flank.

Meds: Ancef 1g IVPB q 8°

Vicodin 1-2 PO Q4-6° prn for pain.

Phenergan 12.5-25 mg IV Q6° prn for nausea

PATIENT IDENTIFICATION (b)(6)-4

NURSING UNIT: ICU #1 T | ROOM NO. | BED NO.: 7

DATE OF ORDER | TIME OF ORDER | HOURS

Restoril 15-30 mg PO QHS prn for sleep.

Foley to gravity for 24° then D/C.

(b)(6)-2 MD

Noted (b)(6)-2 17 Apr 03 1000

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

MEDCOM - 4010

☆ U.S. GOVERNMENT PRINTING OFFICE: 1998—409-924

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	18 Apr 03	0830 HOURS	
(1)	Darvocet - 1/4 strength		✓
	dressing Δ BID		✓
(2)	Morphine sulfate 1-10 mg		✓
	IVP prn dressing Δ		✓
(3)	Cevoflox 500mg PO		QDay
(4)	Δ Foley off	(b)(6)-2	✓ (b)(6)-2
	1st dose Cevoflox		18APR

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

	DATE OF ORDER	TIME OF ORDER	
	18APR03	(b)(6)-2 HOURS	
	1600hrs		OB/Gyn
1)	Colace + gelcap PO BID		
	VO: Dr. (b)(6)-2 / LT (b)(6)-2		
	(b)(6)-2 (b)(6)-2		

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

	DATE OF ORDER	TIME OF ORDER	
	18APR03	1730 HOURS	
1)	Restart Foley		
	VO: Dr (b)(6)-2 / LT (b)(6)-2		Noted (b)(6)-2 4 18APR
	(b)(6)-2 (b)(6)-2		

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

	DATE OF ORDER	TIME OF ORDER	
	18APR03	1830 HOURS	
1)	I Stat 8 and UA in AM		Noted
2)	NS @ 200 cc/hr		LT (b)(6)-2
	VO: DR (b)(6)-2 / LT (b)(6)-2		18APR03
	(b)(6)-2		

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

MEDCOM - 4011

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

19APR 03 | 1500 HOURS | (b)(6)-2

Versed 3mg x 1 Now | 1515

(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

_____ HOURS

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

_____ HOURS

PATIENT IDENTIFICATION

(b)(6)-4

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.

MEDCOM - 4012

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: ICU 3 | ROOM NO. | BED NO.

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

4/20/03 ① Tylenol 650mg T po q 4-6° prn temp. (b)(6)-2

② Incentive Spirometry (b)(6)-2 1120

PATIENT IDENTIFICATION (b)(6)-4

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

DATE OF ORDER 21APR03 | TIME OF ORDER 1100 | HOURS

1) 1-5mg IV PRN Severe Pain q 4-6° Dr. (b)(6)-2 VO: Dr (b)(6)-2 (b)(6)-2 MD (b)(6)-2 (b)(6)-2

21APR03 0730

2mg Versed prior to dressing change done now. VO Dr (b)(6)-2 (b)(6)-2

PATIENT IDENTIFICATION (b)(6)-4

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

DATE OF ORDER | TIME OF ORDER | HOURS

21APR03 1130

100mg Demerol & 2mg Versed now for dressing change VO Dr (b)(6)-2 done (b)(6)-2

4/21/03 ① Tylenol #3 T-TI po q 4-6 prn in place of Vicoden (b)(6)-2

PATIENT IDENTIFICATION (b)(6)-4

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

DATE OF ORDER | TIME OF OR | HOURS

4/22/03 ① 60cc MOM now (b)(6)-2

4/2/03 ① Mag Citrate 10oz bottle ~~with~~ follow with 8oz water (b)(6)-2

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

MEDCOM - 4013

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: 22 April 03 — TIME OF ORDER: ~~0~~ 0850 HOURS — LIST TIME ORDER NOTED AND SIGN

1) ~~Colace~~ error MVI ī tab PO QD.

2) Dulcolax Supp ī PR Q6° until BM. (b)(6)-2

(b)(6)-2

22 April 2003

PATIENT IDENTIFICATION (b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: D/C Foley — TIME OF ORDER: HOURS — done (b)(6)-2

(b)(6)-2

22 April 03 0900

Versed 1-5mg IVP PRN prior to dressing Δ VO (b)(6)-2

PATIENT IDENTIFICATION (b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 25 April 03 — TIME OF ORDER: 0900 HOURS

1) NPO after midnight 27 April 03

2) start LR IV at 125cc/H at that time.

(b)(6)-2

Noted (b)(6)-2 0910 25 APR 03

PATIENT IDENTIFICATION (b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 25 APR 03 — TIME OF ORDER: 1300 HOURS

1 Give Mylanta PO X 1 Now

(b)(6)-2 V.O [redacted] MAYRE

b6-2

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

MEDCOM - 4014

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 28 APR 03 TIME OF ORDER 1410 HOURS

LIST TIME ORDER NOTED AND SIGN

1) Dr call prov. orders
2) admit to ICC-3
3) Dx: SKIN GRAFT
4) Vital: per routine, call MO for F>101
5) activity: STRICT BEDREST
6) Nursing: DO NOT CHANGE DRESSINGS
7) Diet: Regular + T can ensure TID
8) IVF: LR @ at 125cc/H until taking PO then Heplock.
9) Meds: Vicodin 1 tab PO Q4° prn
• Colace 1 cap PO BID

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

prn
MSO4 1-10mg IV Q30min PRN
VERSED 1-5mg IV Q1D PRN
• MVI 1 tab PO QD
Ambien 5mg PO QHS PRN
• Ancef 1 gm IV Q8°

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF

28 Apr 03 0730

1) Δ Ambien from 5mg PO to 10mg PO QHS PRN insomnia
2) Benadryl 25-50mg IV/PO PRN itching

Noted (b)(6)-2 28 APR 03

VO: (b)(6)-2 / CT (b)(6)-2

(b)(6)-2

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 72 WHICH MAY BE USED.

MEDCOM - 4015

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

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
30 APR 03	0830 HOURS	

1) DIC: Kerlex on (L) leg & leave Xeroform in place
2) Allow Xeroform to dry

(b)(6)-2 VO 30 Apr 03

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2 VO MAJ MC

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER | TIME OF ORDER

30 HOURS

1) Clarinex Benadryl pregnancy q 2-3° PRN.
VO: Dr (b)(6)-2 /CT (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

double Chart ✓ 1 | may 03 @ 2330 (b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER | TIME OF ORDER

2 May 2003

atrm 50 po 9a po (b)(6)-2

Noted by (b)(6)-2 2 May 03

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER | TIME OF ORDER

2 May 03 | 0737 HOURS

1) DC Versed
2) Continue Morphine and percocet as previously ordered

VO: Dr. (b)(6)-2 /LC (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 2 May 0

NURSING UNIT | ROOM NO. | BED NO.

double | Chart ✓ | 4 may 03 0110

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

MEDCOM - 4016

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

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

1) Δ order from Vicodin to percocet + - 11 PO q 4-6° PRN Pain
2) D/C Vicodin 25 #
3) Amitriptyline 50 mg PO q HS
VO: Dr. (b)(6)-2 / LCT (b)(6)-2

Noted by A 30 APR 03

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 30 APR 03 | TIME OF ORDER 1400 HOURS (b)(6)-2

1) Daily dressing Δ to sterile
VO: Dr. (b)(6)-2 / (b)(6)-2 (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

Double Check / / May 03 (b)(6)-2 May 1st @ 2330

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER ____ HOURS

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER ____ HOURS

NURSING UNIT | ROOM NO. | BED NO.

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

MEDCOM - 4017

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 3 MAY 03 TIME OF ORDER 1000 HOURS

LIST TIME ORDER NOTED AND SIGN

1) Dressing to skin graft sites BID

2) D/C ANCEF

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 03 May 03 TIME OF ORDER 1005 HOURS

1) Discharge to Red Crescent on 04 May

2) Rx on Chart

(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

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

MEDCOM - 4018

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.

noted

(b)(6)-2

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

5/3/03 | 0705 HOURS

Will sign off. Medically clear for D/C from Ortho perspective.

(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

HOURS

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

HOURS

PATIENT IDENTIFICATION

(b)(6)-4

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: 1994—383-710

MEDCOM - 4019

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
	POST ANESTHESIA CARE UNIT ORDERS		
1	OXYGEN: 3 litres via Mask /Prongs to maintain O2 Sats greater than 94%;		
	Wean to room air.		
2	IVF: NS @ 75 cc/hr, bolus ____ cc x 1		
3	MORPHINE: 2 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 ____ or greater		
9	Call Anesthesia for any questions or concerns		
10	Phenergan 25mg IV PRN N/V may repeat once -		
	SIGNE (b)(6)-2 MD Cons -		

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 00 PREVIOUS EDITIONS ARE OBSOLETE MC V1.00

MEDCOM - 4020

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
	POST ANESTHESIA CARE UNIT ORDERS		(b)(6)-2
1	OXYGEN: 2 litres via Mask /Prongs to maintain O2 Sats greater than 94%;		
	Wean to room air.		
2	IVF: NS @ 125 cc/hr, bolus 250 cc x 1		
3	MORPHINE: 3 mg IV q 5-10 minutes PRN pain. MAX dose of 20 mg		
4	DEMEROL: 12.5 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 _____ or greater		
9	Call Anesthesia for any questions or concerns		
	(b)(6)-2		
	SIGNE		

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) MA[illegible] E OBSOLETE

MEDCOM - 4021

MC V1.00

CLINICAL RECORD

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

Mo. 04 Yr. 3

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 10	11
10 Apr 03	[b)(6)-2	Vital signs q hr / q 2hr / q6h4 / q8hr /	07	/	[b)(6)-2
		q shift	19	[b)(6)-2	
10 Apr 03		Cardiac Respiratory Monitoring	07	/	
			19	[b)(6)-2	
10 Apr 03		Diet: NPO / Regular / Soft / Clear	07	/	
		Liquid When awake	19	[b)(6)-2	
10 Apr 03		Activity: Ad Lib / Strict BR / BR with	07	/	
		BSC / NWB R or L LE	19	[b)(6)-2	
10 Apr 03		HOB up 30 Degrees	07	/	
			19	[b)(6)-2	
10 Apr		Nursing I/O / CDB / NG to LIS / LCS	07	/	
			19	[b)(6)-2	
		Labs: Chem 7 / H&H / PT/PTT /	04		
		CBC q AM / 4 hrs / 8 hrs / BID	08		
			12		
			16		
			20		
			24		
		EKG q AM / QOD	06		
		PCXRAY q AM / QOD	06		
		Neuro checks q 1hr / 2 hr / 4 hr / 6 hr /	07		
		q shift	19		
		Vascular checks nq 1hr / 2 hr / 4 hr /	07		
		6 hr / q shift	19		
10 Apr 03	[b)(6)-2	Dressing A q d w ↻	16	/	
		Starting 11 Apr in afternoon			

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

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

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 PLAN *(NON-MEDICATION)*				Mo _____ Yr _____
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
	.....	Admit Patient to ICU				
10 Apr	.....	Diagnosis: (R) BKA - redebridement, (L) flank wound			(b)(6)-2	
	.....	Condition: (Stable) / Serious / Critical				
	.....	Allergies: NKDA				
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					

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

USAPA V1.00

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (~~MEDICATIONS~~) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 4 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 28	29	30	1	2	3	4	5	6	7	8	9	10	11
28 APR 03	(b)(6)-2	VS per routine call HO	07 15	(b)(6)-2													
	-----	for temp > 101	15 23														
	-----		23 07														
28 APR 03	(b)(6)-2	act: Strict Bedrest	07 15														
	-----		15 23														
	-----		23 07														
28 APR 03	(b)(6)-2	DO NOT CHANGE DRESSING	07 15														
	-----	to (L) Flank	15 23														
	-----		23 07														
28 APR 03	(b)(6)-2	Diet: Regular + 1 can	07 15	(b)(6)-2													
	-----	ensure TID	15 23		Δ c see below												
	-----		23 07														
28 APR 03	(b)(6)-2	Diet: Regular + 1 can	08	(b)(6)-2													
	-----	ensure TID	13														
	-----		16														
30 APR	(b)(6)-2	Allow xeroform to dry	07 19														
	-----	on (L) leg	19 07														
	(b)(6)-2																
30 APR	(b)(6)-2	Daily chesney Δ	10														
	-----	to stump															

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Skin graft

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO.

PATIENT IDENTIFICATION: (b)(6)-4

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 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 4024

Verify by Initialing	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)					Mo. 04 Yr. 03
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
28APR 03	(b)(6)-2	admit to ICU 3	28APR 03	1410	1410	(b)(6)-2
30APR 03		DIC Kedex on (L) leg & leave x perform in place	30APR 03	1000	1000	
3MAY3		Will sign off. Medically Clear for DIC from ortho Perspective	3 MAY	NOW	0730	

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

*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. APR Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 17 18 19 20 21 22 23 24 25 26 27 28
17APR	(b)(6)-2	Vital Signs Q ~~4~~ 8 hr	07 19 15 07	(b)(6)-2
17APR		Activity: UP on Crutches BID	08 18	
17APR		3L NS bag off end of bed for stump skin tx	07 15 19 07	
17APR		Diet Regular QID	07 15 19 07	
17APR		~~Daily~~ Wet to dry dsg Δ tx (L) flank c Dakins 1/4 strength	07 15 19 07	(b)(6)-2 Order Δ d/c'd Order See below
17APR		Foley to gravity for 24° then D/C	07 15 19 07	(b)(6)-2 Restated See below 18APR03
18APR		Dressing Δ BID c Dakins 1/4 strength	08 20	(b)(6)-2
18APR03		Foley to gravity	07 15 19 07	
20APR		Levaquin Sprinkle	07 15 19 07	

ALLERGIES: ☐ YES ☑ NO

PRIMARY DIAGNOSIS: (L) FIANK Wounds (R) BKA

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO PAGE NO. _____

PATIENT IDENTIFICATION: (b)(6)-4 (b)(3)-1 (b)(6)-4

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 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 4026

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
17 APR	(b)(6)-2	Admit to ICU Dx Ⓛ flank wounds, Ⓡ BKA	17APR	0945	0945	(b)(6)-2
		Condition Stable				
18 APR		Δ foley p̄ 1st dose Levoflox	18APR	09	[redacted] 1730	
18APR		I Stat 8 + UA in AM	19APR	06	18APR05 [redacted] 0100	
22APR		DC Foley	22APR	1700	1700	
25 APR		NPO after MN 27 APR 03	27 APR	MN	0000	
25 APR		Mylanta PO 30cc X1 NOW	25 APR	NOW	1300	

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

*U.S. GPO: 1996-454-110/95216

MEDCOM - 4027

MEDS 8

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. 4 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 28	29	30	31	~~29~~	~~30~~	~~31~~	~~1~~	~~2~~	~~3~~	~~4~~	5	6	7	8	9	10	11
28APR03	(b)(6)-2	IV Fluids- LR @ 125cc/hr	07	(b)(6)-2																	
			15																		
		Heplock c good PO	15																		
			23																		
			23																		
			07																		
28APR03		Ancef + 6m IV Q8°	06																		
			14																		
			22																		
28APR03		MVI + tab PO QD	10																		
28APR03		Colace + cap PO BID	06																		
			18																		
30APR		Amitriptyline 25mg PO Qhs Amitriptyline	21																		

ALLERGIES: ☐ YES ☐ NO — PRIMARY DIAGNOSIS: Skin graft

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)					Mo ____ Yr ____
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials	
	.....						
	.....						
	.....						
	.....						
	.....						
	.....						
	.....						
	.....						
	.....						
	.....						
	.....						
	.....						
	.....						
	.....						
	.....						
	.....						

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED
30 APR 03	(b)(6)-2	Vicodin 1 tab PO Q4° Prn	D/C 30 APR 03 EW
28 APR 03		MSO4 1-10mg IV @ 30min Prn	D/C 30 APR 03 EW
28 APR 03		versed 1-5mg IV QID Prn	D/C 2 May 03 E
28 APR 03		Ambien 5mg PO QHS Prn	D/C 28 Apr 03 EW
28 APR 03		Benadryl 25-50mg IV/PO PRN itching q2-3°	
28 APR 03		Ambien 10mg PO qhs PRN	
28 APR 03		MSO4 1-10mg IV q 30 min PRN	See below
30 APR 03		Percocet 1-2 PO q4-6 PRN Pain	
28 APR 03		MSO4 1-10mg Q30min PRN	Transcribed to new sheet

USAPA V1.00

CLINICAL RECORD

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

Mo. May Yr. 03

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 2	3	4	5	6	7
28APR03	(b)(6)-2	LR@125cc/hr (HL when tol Po well)	07 15 23 07						
28APR03		Ancef 1gm IV q8°	06 14 22						
28APR03		MVI ONE tab PO Qd	Po /						
28APR03		Colace 1 cap PO BID	06 18 /						
30APR03		Amitriptyline 25mg po qhs	21						

D/C

D/C

D/C

ALLERGIES: ☐ YES ☑ NO

NKDA

PRIMARY DIAGNOSIS:

Ⓡ BKA / Ⓛ Flank GSW

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

(b)(6)-4

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 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 4030

Verify by Initialing	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)	Mo. May Yr. 03			
Order Date / Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED
2 May 7 May	(b)(6)-2	MSO4 1-10mg IV q 30min PRN	2 May 1330 10mg; 2 May 2310 10mg; 3 May 0150 IV 10mg; 3 May 0420 IV 10mg
28 Apr		Benadryl 25-50mg IV/PO q2-3° PRN - or -	2 May 0910 50mg; 2 May 1410 50mg; 2 May 2030 50mg; 2 May 2345 50mg; 3 May 0330 50mg; 3 May 1300 50mg; 3 MAY 0030 50mg PO; 3 MAY 0230 50mg PO
2 May 03	(b)(6)-2	Atarax 50mg po q 4° prn itching	2 May 0845 (b)(6)-2; 2 May 1630; 2 May 2320 50mg
28 Apr	(b)(6)-2	Ambien 10mg PO q HS PRN	> See below
2 May 7 May		Percocet 1-2 PO q 4° PRN Pain	2 May 0845 (b)(6)-2; 2 May 1413; 2 MAY 1907
28 May	(b)(6)-2	Ambien 10mg PO qhs PRN	3 May 0001 (b)(6)-2

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

Meds

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. 4 Yr. 03

VERIFY BY INITIALING

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 11 12 13 14 15 16 17 18 19 20
4-11	(b)(6)-2	Anaf 1gm IV q8	08	4 ✓ (b)(6)-2
			16	12
			24	20
4-11		O2 4L NC	08	4 DC'd changed to local time
			20	16
15APR03	(b)(6)-2	Ancef 1GM IVq8°	08	02 ✓ ✓ ✓ ✓ (b)(6)-2
			16	17 ✓ ✓ ✓ ✓
			24	✓ ✓ ✓ ✓
15APR03	(b)(6)-2	O2 2L NC PRN	07	✓ ✓ ✓ ✓ ✓ ✓
		sats > 92%	19	✓ ✓ ✓ ✓ (b)(6)-2
15APR03	(b)(6)-2	Heplock IV	07	✓ ✓ ✓ ✓
			19	✓ ✓ ✓ ✓

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION

(b)(6)-4

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 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 4032

Verify by Initialing	...ERAPEUTIC DOCUMENTATION CARE P..AN (MEDICATIONS)	Mo. ______ Yr. ______

Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
4/11	(b)(6)-2	H ̄ H, chem 7 now	4/11	now		(b)(6)-2
4/13		Resume preop orders	4/13	now		
4/13		Ambien 10mg PO now	4/13	0234	234	
4/14		5mg Versed x 1 now for Drsg Δ	(b)(6)-2	0845	0845	
15 Apr 03		Versed 5mg IVP ; MS04 8mg IVP		0930	0930	
16 Apr 03		NPO ̄p MN	4/16/03	2400	4/17/03 0001	

INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	TIME/DATE DISPENSED													
4/11	(b)(6)-2	MS04 4mg IV q1° pain	4/11 [illegible] [redacted] 4/14 [illegible]	11 Apr 2320 [illegible] 0050 [illegible]	2mg 0500 12AM [redacted]	4mg [illegible] 12AM [redacted]	4mg [illegible] 12AM [redacted]	4mg [illegible] 12AM 1600 [illegible]	2mg [illegible]	13 Apr 3mg [illegible] 447	[illegible]	[illegible]	4/14 4mg [illegible]	4/14 4mg [illegible]	4/14 2mg [illegible]	4/14 4mg [redacted]
4/11		Phenergan 12.5 IV q2° prn nausea														
4/15	(b)(6)-2	MS04 4mg IV q2° prn	4mg 4/15 0845	6mg 0230 [illegible] 4/15	10mg 0200 [illegible]	4mg 2000 4/15 [illegible]	4mg 2200 4/15 [illegible]	2mg 2345 4/15 [illegible]	4mg 0230 4/16 [illegible]	4mg 0530 4/16 [illegible]	16 Apr 0730 [illegible] JF	16 Apr 1030 [illegible] JF	17 Apr 0030 4mg [illegible]			
16 Apr		Vicodin ̄i or ̄ii tabs Q4-6hr prn	16 Apr 1100 JF	16 Apr ̄ii 1900 JF												
16 Apr 2003	(b)(6)-2	Restoril 15-30mg QHS PRN for sleep														
16 Apr 2003	(b)(6)-2	MS04 5mg IV PRN for dressing Δ														
16 Apr 2003	(b)(6)-2	Versed 2-4mg IV PRN for dressing Δ														

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

MEDCOM - 4033

Verify by Initialing		[illegible]ERAPEUTIC DOCUMENTATION CARE [illegible]AN *(MEDICATIONS)*				*Mo.* ______ *Yr.* ______
Order Date	**Clerk/ Nurse**	**SINGLE ORDER, PRE-OPERATIVES**	**Date to be Given**	**Time to be Given**	**Time Given**	**Initials**

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	*INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION* TIME/DATE DISPENSED													
21Apr	(b)(6)-2	Tylenol #3 i-ii po	21Apr 0800 ii [redacted]	22Apr 0920 ii [redacted]	22Apr 1430 ii [redacted]	22Apr 1430 ii [redacted]	24 APR 2200 2 tabs [redacted]	25 APR 0?00 2 tabs [redacted]	25APR 2300 ii [redacted]	26 Apr 0300 2 tabs [redacted]	0600 26 APR 2 tabs [redacted]					
		q 4-6° prn in place of Vicoden														
23APR		Versed 1-5mg IVP PRN	23 APR 0900 5mg [redacted]	24 Apr 0830 5mg [redacted]	27Apr 2100 5mg [redacted]											
		Prior to dressing Δ														
23APR		MSO4 1-10mg IV	23APR 2000 10mg [redacted]	24 Apr 0600 10mg IM	24Apr 0830 ?mg [redacted]	24 Apr 2100 10mg [redacted]	25APR 0030 IVW 7mg	25APR 0130 [illegible]	26APR 1900 10mg [redacted]	27Apr 2100 ?mg [redacted]						
		PRN Dressing Δ														

*U.S. GPO: 1996-454-110/95216

MEDCOM - 4034

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. 4 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 11	12	13	14	15	16	17	18	19
4/11	(b)(6)-2	Admit ICU VROA	D	(b)(6)-2								
		Dx: SHRAPNEL @ FLANK, S/P	N									
		BKA, Condition: Guarded										
4/11		VS per Routine, Q6° & P.O.	D	(b)(6)-2								
4/11		Up in chair 0 Shift	N									
			D									
4/11		CL Diet	N									
			D	(b)(6)-2								
4/11		D5LR @ 140/HR	N									
			D	(b)(6)-2								
4/11		foley to gravity	N									
			D	(b)(6)-2								
4/11		Wet to dry dressing	N									
		I's to flank q Shift	D	(b)(6)-2								
4/11		Do not ∆ BKA	N									
		dressing	D									
4/13		Regular Diet	N									
			07	/	/	/						
15 Apr 03	(b)(6)-2	foley to gravity	19	/	/	/						

DC'd 4/13/03

D/Ced

D/C 4/15/03

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

(b)(6)-4

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 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 4035

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. APR Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 17 18 19 20 21 22 23 24 25 26 27 28 29 30
17APR	--TT	LR @125cc/hr (heplock	07 19	(b)(6)-2
	-----	When tol PO well)	13 03	(b)(6)-2
17APR	--TT	Ancef 1 Gm IVPB q8°	06	(b)(6)-2
	-----		14	(b)(6)-2
	-----		22	(b)(6)-2
18APR	--TT	Levaflox 500mg PO/IV	14	
	-----	Q day		
18APR	--TT	Colace + Igelax PO BID	06 18	(b)(6)-2

18APR	--TT	Normal Saline @ 200cc/hr	07 19	(b)(6)-2 D/C 25APR03
	-----		15 07	(b)(6)-2 0915
22APR03	--TT	MVI 1 tab PO QD	10	(b)(6)-2
22APR03	--TT	Dulcolax Supp + PR	04	(b)(6)-2
	-----	Q 6° int. BM	08 10	
	-----		16	(b)(6)-2
	-----		22 20	
25APR03	--TT	Start LR IV @	07	(b)(6)-2
	-----	125cc/hr @ this time	15	
	-----		23	

ALLERGIES: ☐ YES ☑ NO

PRIMARY DIAGNOSIS: (L) FLANK Wounds (R) BKA

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO PAGE NO. ____

PATIENT IDENTIFICATION (b)(3)-1 (b)(6)-4 (b)(6)-2 (b)(3)-1

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 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 4036

[redacted]	[redacted] ATION CARE PLAN [redacted] NS)	Mo. APR Yr. 03

Order Date	Clerk/Nurse	[redacted]	Date to be Given	Time to be Given	Time Given	Initials
[redacted]	[redacted]	3mg XT Now	19 Apr	1515	1515	[redacted]
21 Apr	[redacted]	2mg Versed prior to dressing change	21 Apr	0730	0730	[redacted]
21 Apr	[redacted]	100mg Demerol & 2mg Versed now for dressing change	21 Apr	1130	1130	[redacted]
21 Apr	[redacted]	~~10cc MOM now~~	21 Apr	~~1900~~		[redacted]
21 Apr	[redacted]	Mag Citrate 10oz bottle follow c 8oz of water	21 Apr	1900	22 APR 0430	[redacted]
25 APR	[redacted]	Versed 5mg Now	25 APR	0845	0845	[redacted]

Order/Expir Date	Clerk/Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED
17APR	[redacted]	Vicodin i - ii PO q 4-6° PRN Pain	17APR ii PO 1055 [redacted]; 17APR 2 1600 [redacted]; 17APR 2 tabs 2100; 18APR 1 tabs 0035; 18APR 2 TABS 0330; 18APR 2 tabs 0530 [redacted]; 18APR ii 1420 [redacted]; 18APR 1 Tab 2140 [redacted]; 19APR 2 tabs 0320 [redacted]; 19APR 1 Tab [illegible] [redacted]; 19APR 2 Tabs 2300; 20APR 2 TABS 0420; 21APR 2 TABS 0130 [redacted]; 22APR 2 TABS 0100 [redacted]; 22APR 2 TABS [illegible]; 22APR 3 TABS [illegible]; 26APR 2330; 27APR 2 tabs 0430; 27APR 1610 [redacted]; 29APR 2300 [redacted]
17APR		Phenergan 12.5-25mg IV q 6° PRN N/V	25MG 2330 [redacted]; 25MG 0630 [redacted]; 25MG 1915 [redacted]; 25MG 0030 [redacted]; 17APR; 19APR; 19APR
17APR	[redacted]	Restoril 15-30mg PO QHS PRN Sleep	30MG 2330 17APR; 18APR 2350 30MG [redacted]; 19APR 2300 30MG [redacted]; 21APR 0030 30MG [redacted]; 22APR 0000 30MG [redacted]; 22APR 2300 30MG [redacted]; [illegible] [redacted]; 26APR 2330 30MG; 27APR 2330 30MG [redacted]
17APR	[redacted]	MSO4 1-10mg IVP PRN Dressing Δ	18APR 0800 6MG [redacted]; 18APR 2030 6MG; 18APR 2350 2MG [redacted]; 19APR 0340 2MG [redacted]; 19APR 0800 10MG [redacted]; 19APR 2000 10MG; 19APR 2300 2MG; 20APR 0930 [redacted]; 20APR 1015 [redacted]; 20APR [illegible]; 20APR 10MG 2000; 21APR 5MG 2300; 21Apr 0750 10mg
20APR	[redacted]	Tylenol 650mg PO q 4-6° PRN [illegible]	20APR 1840 [redacted]
21APR	[redacted]	MSO4 1-5mg q 4-6° PRN Severe Pain IV	21APR 2000 5mg [redacted]; 21APR 2300 5MG [redacted]; 22APR 0600 2MG; 22APR 1730 2MG [redacted]; 23APR 0600 10MG [redacted]; 24APR 1720 [redacted]; 25APR 0740 5MG IVP [redacted]; 25APR 0830 5mg [redacted]; 25APR 1330 3MG IVP [redacted]; 25APR 1030 3mg [redacted]; 25APR 0930 3MG [redacted]
21APR	[redacted]	MSO4 1-10MG IVP PRN Dressing Δ	21Apr 1630 10mg [redacted]; 22Apr 0800 10mg [redacted]; 25[illegible] 0700 10mg [redacted]; 27[illegible] 1420 10mg [redacted]

*U.S. GPO: 1996-454-110/95216

MEDCOM - 4037

ACLU-RDI 4742 p.65

DOD 010516

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.	Mo. 04 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 10	11
10 Apr	------	IVF NS/ (LR)/ D5NS D5 1/2NS To run	07	/ (b)(6)-2	
	------	@ 150 cc/hr D/c when tolerating po well	19	(b)(6)-2	
10 Apr	------	Ancef 1 GM IV q 8 HRs	06	/	
	------		14	/	
	------		22	(b)(6)-2	
	------	Gentamycin IV Q			

	------	Cefoxitin 2 gm IV q 8hrs			

	------				
10 Apr 03	------	02 titrate to keep SPO2 > 92%	07	/ (b)(6)-2	
	------		19	(b)(6)-2	
	------	Versed gtt 1-10mg/hr titrate to Ramsey	07		
	------	scale of	19		
	------	Fentanyl gtt start at 50mcg/hr titrate for	07		
	------	adequate pain control MAX Dose of	19		
	------	Vecuronium 1mcg/kg/min	07		
	------		19		

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Soft tissue injury (L) Flank, s/p (R) BKA

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	

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		THER[illegible]UTIC DOCUMENTATION CARE PLA[illegible] (NON-MEDICATION)				Mo 4 Yr 03
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
	-----					

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED															
10 Apr	(b)(6)-2	Morphine Sulfate 2-8mg IV q1-2 hr PRN pain	2315 10 Apr	1140 6mg	1140 6mg	1140 4mg												
-----		~~Phenergan 12.5-25mg IV q 4-6 hrs~~ prn N/V	1245 (b)(6)-2	0020	1:20	2-23												
10 Apr		MOM 30cc PRN Gastric Upset																
-----		NS / LR bolus X ____liters																
-----																		
10 Apr		Phenergan 12.5-25mg																
-----	-----	IV q 4-6 PRN N/V																
-----	-----																	
-----	-----																	
-----	-----																	

USAPA V1.00

(b)(6)-4

1.		3a. STATUS	3b. SERVIC	4. PRECEDENCE			5. GRADE
		EPW		U	P	R	

6. AGE	7. SEX	8.WEIGHT	9. BLOOD TYPE	10. CLASSIFICATION (1A TO 5F)--	11.ACCEPTING MD	12.CITE/AUTH #
27	X MALE / FEMALE			AMBUL / X LITTER		

13.APPT/SURG DATE	14a. ORIGINATING FACILITY (b)(3)-1	15a. DESTINATION F(b)(3)-1	16. # OF ATTENDANTS	
			16a. MED	16b.NON-MED
	14b.ORIGINATING FACILITY PHONE NUMBER 558-(b)(3)-1	15B. DESTINATION FACILITY PHONE NUMBER		

17. DIAGNOSIS

(1) SOFT TISSUE INJURY (L) CHEST & FLANK

18. | BATTLE CASUALTY | DISEASE | 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	
a.			Hypertension	i.			Bowel Problem
b.			Cardiac Hx	j.			Self-care
c.			Diabetes	k.			Ambulatory
d.			Respiratory	l.			Ambulatory Aid
e.			Ears/Sinus	m.			Self-meds
f.			Motion Sick	n.			Adequate Supply of Meds
g.			Vision Impaired	o.			Other:
h.			Voiding Prob.				

20. PHYSICIANS ORDERS

20a. DATE	20b. TIME	20c. ALLERGIES

20d. DIET | REG | 3GM NA | CARDIAC | DIABETIC ___ CALS

RENAL ___ Gm Prot ___ Gm Na ___ MagK ___ mg PO4

TUBE ___ TYPE ___ cc/hr, 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

SUCTION		TRACTION	FOLEY CATH
NG TUBE		IV PUMP	ORTHO BRACES
STRYKER		TRACH	CHEST/HEIMLICH
INCUBATOR		MONITOR	RESTRAINTS
			OTHER *(USE 23)*

OXYGEN: ___ PERCENT or ___ LITERS | ROUTE:

VENT SETTINGS:

20g. ALTITUDE RESTRICTION: Yes / No ___ feet

20h. RECORDS TO ACCOMPANY PATIENT

OUTPATIENT RECORDS		XRAYS	OTHER:
INPATIENT RECORDS		OB	
NARRATIVE SUMMARY		DENTAL	
FINANCIAL			

21. PRE-FLIGHT VITALS

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

22. BRIEF NARRATIVE

2Rlg SEEN @ FJT UNSUITABLE

WOC DEBRIDEMENT (L) FLANK &

(R) BKA.

23. ASSESSMENT / PROGRESS

DATE / TIME	NOTES

24. MEDICATIONS / TREATMENTS

FJT (1 IV)

2125 IV (RE IV)

S/P (R) BKA (FJT)

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

21. STAMP AND SIGNATURE OF ATTENDING PHYSICIAN

AF Form 3899 (433 AES Excel version)

...AL RECORD - SUPLEMENTAL MEDI ...DATA [redacted]

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

OTSG APROVED (Date)

EPORT TITLE: TRAUMA FLOWSHEET

INITIAL ASSESSMENT ☐ IMMEDIATE ☐ DELAYED ☐ MINIMAL

ate: 4 Apr 03 Arrival Time: 0545 Sex: M F Age: ____ Wt: ____

llergies: ____ Tetanus Status: UTD Unknown

MP: Last Meal:

hief Complaint: (R) BKA, (L) chest wound

MH: Medications:

reatments PTA:

ITAL SIGNS: BP: 143/76 P: 96 RR: 24 TEMP: SAO2: 84

CHEST
RAUMA ☒ YES ☐ NO
AIN ☒ YES ☐ NO
OB ☒ YES ☐ NO
UNG SOUNDS
R L
☒ ☒ CLEAR
☐ ☐ WHEEZES
☐ ☐ DECREASED
☐ ☐ ABSENT

SKIN
☒ WARM
☒ DRY
☐ PALE
☐ DUSKY
☐ MOIST

ABDOMEN
☒ SOFT
☐ DISTENDED
☐ TENDER
BOWEL SOUNDS
☐ YES ☐ NO
GUIAC TEST
☐ POS ☐ NEG

NEURO
PERRL ☒ YES ☐ NO R____mm L____mm
GLASCOW SCORE: 15

PUPIL SIZES: 2 3 4 5 6 7 8 9

GLASGOW 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

EXTREMETIES
☒ DISTAL PULSES
☒ RT X 1 ☒ LT X 2
MOVES EXTREMETIES X 4
NO EDEMA
NO DEFORMITIES

EXCEPTIONS TO ABOVE PARAMETERS:

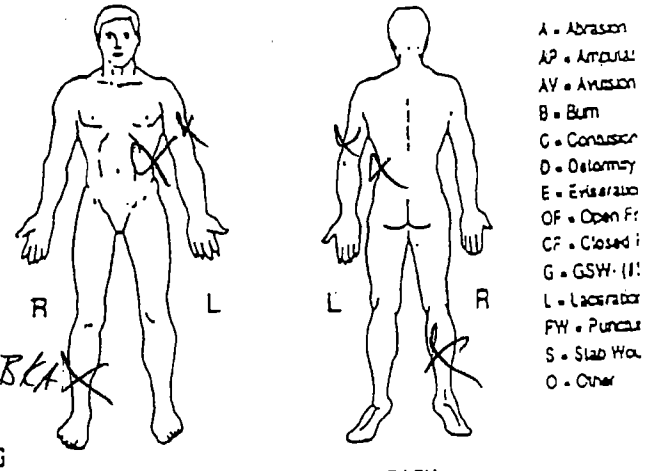
TREATMENTS: BKA

SPLINTS:

2: LPM NC MASK
~~TT~~ # ____ MM
~~MONITOR~~ ☐ Y ☐ N EKG ☐ Y ☐ N
~~NG TUBE~~ #
OLEY: # 16 Fr
~~CHEST TUBE~~ ☐ R ☐ L

ORAL AIRWAY
NASAL AIRWAY

DPL ☐ POS ☐ NEG
CM H20



A = Abrasion
AP = Amputa
AV = Avulsion
B = Burn
C = Contusion
D = Deformity
E = Evisceration
OF = Open Fr
CF = Closed
G = GSW
L = Lacerator
PW = Puncture
S = Stab Wo
O = Other

(Continue on

REPARED BY (Signature & Title) | DEPARTMENT/SERVICE/CLINIC: 399th CSH | DATE

ATIENT'S IDENTIFICATION (For typed or written ...tries give: Name - last; first; middle; grade; date; ...spital or medical facility)

(b)(6)-4

(b)(3)-1

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

MEDCOM - 4041

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	2. LOCATION (State or Country Code.)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
(b)(3)-1		(b)(6)-4	(b)(6)-4		M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19780101	25Y	I		MUSLIM

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
		9920	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
		0602S	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
	K78	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
12		IN	YEAR / NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
1 Direct	ICU 1	

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
(b)(3)-1	TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y Y Y M M D D)
D/C: Home		20030504

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y Y Y M M D D)
ABAA		20030405

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y Y Y M M D D)
12		

FOR LOCAL USE

DX: 8795
8971
E8654
Shrapel L flank 5/8

Trauma
1

Dx: 8622
843 8669
8622 8669
8622
8B

4449

ADMITTING OFFICER (Signature as required)	SIGNATURE OF ADMITTING CLERK
(b)(6)-2	(b)(6)-2

EDITION OF MAR 89 IS OBSOLETE

USAPA V1.00

MEDCOM - 4042