NSN 7540-00-634-4162 519-218

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

(b)(6)-4

AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
			CasRec	

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)

(R) FEMER/(L) TIBIA (D) FEMER.

REQUESTED BY: D2. (b)(6)-2 | TELEPHONE NO.

LOCATION OF MEDICAL RECORDS | FILM NO. | DATE REQUESTED | PREGNANT ☐ YES ☐ NO

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

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

RADIOLOGIC REPORT

(R) femur - pmx Fx of fem neck
single view

(L) Tib/Fib - shrapnel & ST injury
2 view Ø def cortical interfion

(L) femur single view - Ø Fx

NSN 7540-00-634-4162 519-218

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

(b)(6)-4 LO

AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
41	M	(b)(6)-4	CASREC → WARD 2	

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)

(R) hip, CXR (AP)

REQUESTED BY: WRIGHT | TELEPHONE NO.

LOCATION OF MEDICAL RECORDS | FILM NO. | DATE REQUESTED: 4/6/03 0800 | PREGNANT ☐ YES 0

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

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

RADIOLOGIC REPORT

pmt CXR grossly unremarkable

(R) hip fem neck Fx

(b)(6)-2

SIGNATURE | LOCATION OF RADIOLOGIC FACILITY

1 — MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

☆ U.S GOVERNMENT PRINTING OFFICE : 1987-181-243/40522

STANDARD FORM 519-A (REV. 8-89)
Prescribed by GSA/ICMR
FPMR (41 CFR) 201-45.505

MEDCOM - 4988

NeuroVascular Check List

DATE		4/25/03			
TIME		0940	0955	1010	
NEUROLOGICAL CHECK	EXTREMITY	LLE	LLE		
	PAIN (absent / mild / moderate / severe)	[redacted]	[redacted]		
	SENSATION (normal / numbness / tingling / absent)	[redacted]	[redacted]		
	BLANCHING N = NORMAL S-SLUGGISH	N	N	N	
	ACTIVE MOTOR RESPONSE (normal / limited / absent)	[redacted]			
	SIGN OF COMPARTMENT SYNDROME (pain on passive ROM / pain unrelieved by analgeisa)	No	No	No	
		No			
VASCULAR CHECK	COLOR (red / pink / pale / blue)	[redacted]			
	SKIN TEMPERATURE (hot / warm / cool / cold)	[redacted]			
	PULSE (normal / weak / absent)	[redacted]			
	SITE				
	EDEMA (none / small / moderate / large)	[redacted]			
	SITE				
INITIAL SIGNATURE/TITLE		[redacted]	INITIAL SIGNATURE/TITLE		INITIAL SIGNATURE/TITLE
		[redacted]			
		[redacted]			

patient stamp [redacted]

(pilot 3/03)

MEDCOM - 4989

NNMC 6570/74

NNMC CRANIO-CEREBRAL CHECK SHEET

DATE TIME

PUPILS

PUPIL SIZE SCALE (MM)

1 2 3 4 5 6 7 8

SIZE

REACTION

R L R L R L R L R L R L R L R L R L R L R L R L R L

MOTOR STRENGTH ARMS (MOTOR STRENGTH ARMS) STRONG

WEAK

NONE

MOTOR STRENGTH LEGS (MOTOR STRENGTH LEGS) STRONG

WEAK

NONE

GLASGOW COMA SCALE

EYES OPEN (EYES OPEN) SPONTANEOUSLY 4

TO SPEECH 3

TO PAIN 2

NONE 1

BEST VERBAL RESPONSE (BEST VERBAL RESPONSE) ORIENTED 5

CONFUSED 4

INAPPROPRIATE WORDS 3

INCOMPREHENSIBLE WORDS 2

NONE 1

BEST MOTOR RESPONSE (BEST MOTOR RESPONSE) OBEYS COMMANDS 6

LOCALIZED TO PAIN 5

WITHDRAWS TO PAIN 4

FLEXION TO PAIN 3

EXTENSION TO PAIN 2

NONE 1

RESPIRATORY RATE (RESPIRATORY RATE) REGULAR

IRREGULAR

GAG REFLEX P = PRESENT / A = ABSENT

INITIAL	SIGNATURE / TITLE	INITIAL	SIGNATURE / TITLE	INITIAL	SIGNATURE / TITLE

Patient Identification

MEDCOM - 4990

CASUALTY RECEIVING

CHIEF COMPLAINT: GSW Bil LE

MECHANISM OF INJURY: unk.

VITAL SIGNS: BP- 134/92 P- 97 R- 20 T- a47

HISTORY

Allergies: NKDA

Medications:

Past Illnesses:

Last Meal: Last Tenanus:

Events:

Pregnant? ☐ Yes ☐ LMP_____ ☐ No

Spine protection device removed @ _____

PROCEDURES BEFORE ARRIVAL

☐ Oral airway ☐ Nasal airway ☐ EOA / PTL

☐ ETT # ☐ NTT # ☐ RSI

☐ Crico # ☐ O_2 @_____ L/min via _____

Breath Sounds: L: CL R: CL

☐ Ivs # ☒ Peripheral ☐ Central ☐ Intraosseous

☐ IV Fluids ☐ 1 2 3 4 5 6 ☐ Blood 1 2 3 4 5

☐ CPR ☐ PASG: ☐ Legs ☐ Abdomen

☐ Urinary cath ☐ Gastric tube

☐ Chest tube: ☐ R ☐ L ☐ Both

☐ C-spine protection ☐ Spine protection, Time on:

☐ Splints Type:

☐ Medications:

☐ Other procedures:

INITIAL ASSESSMENT

AIRWAY ☑ Normal ☐ Compromised

C-SPINE ☑ Normal ☐ Suspect Injury

BREATHING

☑ Normal

☐ Tracheal Deviation

☐ Resp. Distress

☐ Tension PTX

☐ Chest Wall trauma

FAST ⊖

CIRCULATION

Skin/mucous: ☐ Pink ☒ Pale

Membrane color: ☐ Flushed ☐ Jaundiced ☒ Ashen ☐ Cyanotic

Pulses: ☒ Normal, Site ☐ Bounding, Site ☐ Weak, Site ☐ Absent, Site

Rate 77 /minute Rhythm_____

Skin temp: ☐ Warm ☐ Hot ☐ Cool/cold

Skin moisture: ☐ WNL ☐ Dry ☐ Moist

DISABILITY

GCS Score: Eye opening score_____/4

Verbal score_____/5

Best motor score_____/6

TOTAL GCS SCORE:_____/15

RTS Score: Respiratory score_____

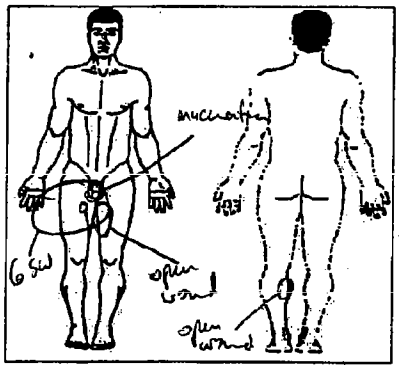
Systolic BP score_____

GCS Score_____

TOTAL GCS SCORE: 15

	Right	Left
Pupil Size:	3 mm	3 mm
Reactive?	☑	☑
Arms move?	☑	☑
Legs move?	☑	☑

IDENTIFY INJURY SITE BY LETTER



A - Abrasion F - Fracture T - Temderness
B - Burn G - GSW
C - Contusion H - Hematoma
D - Deformity L - Laceration
E - Edema S - Slab Wound

Head: WNL

Maxillofacial: WNL

C-spine/neck: WNL

Chest: WNL

Abodomen: ? vol guarding
NT ⊘ mass FAST ⊖

Rectal WNL

Perineum: Maceration penile glans

Musculoskeletal:
(L) thigh - open wound
(R) thigh - entry wound
(L) calf - open wound
Pulses/motor intact distally

PATIENT IDENTIFICATION:
FULL NAME:
FULL SSN:

MEDCOM - 4991

(b)(6)-4

CASREC PROCEDURES

- ☐ Oral airway ☐ Nasal airway ☐ EOA/PTL
- ☐ ETT # ☐ NTT # ☐ **RSI**
- ■ Crico # ☐ O_2 @ _____ L/Min via _____
- Breath Sounds: L: R:
- ☑ IVs # ☐ peripheral ☐ Central ☐ Intraosseous
- ☑ IV Fluids 1 2 3 4 5 6 ☐ Blood 1 2 3 4 5
- ☐ CPR PASG: ☐ Legs ☐ Abdomen
- ☐ Urinary cath ☐ Gastric tube
- ☐ Chest tube: ☐ R ☐ L ☐ Both
- ☐ C-spine protection ☐ Spine protection, Time on:
- ☐ Splints Type: Tetanus IM CASREC 0715
- ☐ Medications: Ancef 1gm IM CASREC @ 0715
  MSO4 5mg IV 0645

TIME	0823			
Cuff BP	129/80	/	/	
Pulse	112			
Resp	14			
Temp				
O_2 Sat	98			
GCS				
Urine Out				
hood Out				
Fluid In	700cc			
Blood In				

NOTES/PLANS: (b)(6)-4

Drsgs (R) Hip & Other Pts

Following XRay Pt to room to ward

Telmon Angel MSN CASREC

ADMISSION ORDERS

■ _ ADMIT TO: [ ] ORIPREP [X] ACW [ ] ICU

2. DIAGNOSIS (print):

3. VITAL SIGNS: [ ] **Q1°** [X] **Q4°**

4. ACTIVITY: [X] **Bedrest** [ ] Up with Assistance

5. ALLERGIES:

6. NURSING: [ ] **I/O** [ ] **Foley** to gravity [ ] NG to LIS
   [ ] **CT** to **-20CM H_2O** Suction [ ] **IS Q1°** while awake

7. **DIET:** [X] **NPO** [ ] Reg [ ] **Clear** Liq [ ] Full **Liq**

8. **IV FLUIDS:** [X] Lactd Rngr @ **250 CC/hr** [ ] Normal Saline @ ____ **CC/hr**

9. LABS: [X] **CBC** [ ] Chem 7 [ ] CAMP [ ] UA
   [ ] PT, **PTT** [ ] **LFT's** [ ] NOW [ ] am [ ] Type & Cross ____ units

10. PARAMETERS: Call MD **T>101, SBP>180<90, DBP>100, Pulse>120,** U.O. cl h r

11. MEDICATIONS:
- [X] MSO4 **5-10 mg, Q 2-3 hr PRN PAIN IV/im**
- [ ] Demerol _____ mg, Q _____ hr PRN PAIN **IV**
- [ ] Percocet 1-2 Q4° PO PRN **PAIN**
- [ ] Zantac **50mg** IV Q8°
- [ ] Phenergen 12.5-25 mg **IV/IM** PRN N N
- [ ] **Oxygen** @ _____ L Per _____ **Titrate** to keep sat > 92%
- [X] Ancef 1 g IV Q8°
- [ ] Rocephin 1 g IV **Q12°**
- [X] Gentarnycin **4 a** mg **IV** load & pharmacy to dose → 400 mg q 8hrs x 72 hours (3 days)
- [ ] Cipro _____ mg **IV Q12°**
- [ ] Clindamycin _____ mg **IV, Q** _____ hr
- [ ] **Unasyn** _____ gram **IV,** Q _____ hr
- [ ] Transfuse _____ units packed cells

12. **CULTURES:** _____ (b)(6)-2

13. **RADIOLOGY:** [X] **Port CXR** [ ] **KUB**

(b)(6)-2 CDR MC USN

(b)(6)-2 STAFF, SIGN

DOCTOR SIGNATURE: (b)(6)-2

PATIENT IDENTIFICATION:
FULL NAME:
FULL SSN:

-111

NSN 7540-00-634-4121

MEDICAL RECORD — DOCTOR'S ORDERS

(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
4/4/03		(1)	Seen by ortho (b)(6)-2		
			NPO (b)(6)-2		
			get Xrays → (R) femur, (L) tibia	DONE (b)(6)-2	
				(b)(6)-2	
4 April 2003			5 mg Morphine I.V. now → done		(b)(6)-2
0905				Thanks!	(b)(6)-2
				(b)(6)-2	
4 April 2003			Wt to drug dressings to commence		(b)(6)-2
0930			9 staples (b)(6)-2		
				Thanks!	
				(b)(6)-2	
			Noted NC (b)(6)-2 04 Apr 03 2035		

(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;

DOCTOR'S ORDERS
Medical Record

STANDARD FORM 508 (Rev. 3–94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201–9.202–1

MEDCOM - 4993

(b)(6)-4

2003

Post-Op Orders

Date 4 APR Time _____

1. ADMIT TO: [X] CCW [ ] ICU
2. DIAGNOSIS/PROCEDURE (print):
GSW BUTT, PEN.I FX R FEMORAL NECK
3. VITAL SIGNS: [X] Per Post-op Routine [ ] Q4hr
4. ACTIVITY: [X] Bedrest ~~[ ] Up with Assistance~~ ROLL SIDE TO SIDE
5. ALLERGIES: UNK
6. NURSING: [ ] I/O [ ] Foley to gravity [ ] NG to LIS
[ ] CT to -20CM H_2O Suction [X] IS Q1° while awake (b)(6)-2
7. DIET: [ ] NPO [X] Reg [ ] Clear Liq [ ] Full Liq
8. IV FLUIDS: [ ] Lactd Rngr @ _____CC/hr [ ] Normal Saline @ _____CC/hr Ø IV
9. LABS: [X] CBC [ ] Chem 7 [ ] CAMP [ ] UA [ ] PT,PTT [ ] LFT's (b)(6)-2
Frequency (such as STAT, Q-AM) _____
10. Type and Cross _____ Units
11. PARAMETERS: Call MD T>101, SBP>180<90, DPB>100, Pulse>120, ~~UOP<CCCC HR RR>24~~ (b)(6)-2
12. MEDICATIONS:
[X] Morphine 2-4 mg IV, Q 1° hr, PRN Pain (b)(6)-2
[ ] Demerol _____mg [ ] IM [ ] IV, Q _____hr, PRN Pain
[X] Tylenol #3, 1-2 PO q4hr PRN Pain (b)(6)-2
[ ] Percocet 1-2 Q4° PO PRN PAIN
[ ] Zantac 50mg IV Q8°
[ ] Phenergen 12.5-25 mg IV/IM PRN N/V
[ ] Oxygen @ _____ L per _____ Titrate to keep sat > 92%
[ ] Ancef 1g IV Q8°
[ ] Rocephin 1g IV Q12°
[ ] Gentamycin _____ mg IV load & pharmacy to dose
[ ] Cipro _____ mg IV Q12°
[ ] Clindamycin _____mg IV, Q _____ hr
[ ] Penicillin G, _____ Million Units IV Q _____ hrs
[ ] Unasyn _____ gram IV, Q _____ hr
[ ] Transfuse _____ units packed cells

13. **DRESSINGS:** A W → D Q8° STARTING AM 5 APR (b)(6)-2
14. DRAINS: Ø
15. RADIOLOGY: Ø
16. OTHER: Noted 04Apr03 @ 1350 (b)(6)-2

(b)(6)-2

(b)(6)-2

DOCTOR SIGNATURE:

PATIENT **IDENTIFICATION:** (b)(6)-4
LL NAME:
LL SSN:

QPW

MEDCOM - 4994

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

NG UNIT	ROOM NO	BED NO.

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
3/4/03	2045 HOURS	
Admit to ICW #3, ORTHO		
DX (1) S/P I.D. (R) open hip FX		
(2) (L) Thigh wounds S/P GSW (3) (R) Peroneal n PALSY		
COND - FAIR		
VS PR		
Activity - Ambulate OOB AD Lib c crutches		

PATIENT IDENTIFICATION

NSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	
	HOURS	
NPO		
IVF @ 75 cc/hr		
Tylenol #3 1-2 po q 3-4 hrs prn pain		
Diet Regular		
T-FER to VIPER ASAP		
Lovenox 30 mg SQ q AM		
(b)(6)-2 MD		

PATIENT IDENTIFICATION

NSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	
Received	(b)(6)-2 05 Mar 03 0300	
	HOURS	

PATIENT IDENTIFICATION

NSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	
	HOURS	

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994 - 550-770

MEDCOM - 4995

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
6 April 2003 1			Transfer to another facility (Medevac) when available		
			✓ CBC Noted (?)	(b)(6)-2 CDR McGUN	
07 Apr 2003 C 0750			1, D ½S Q shift. Noted (b)(6)-2 07 Apr 03 C 1000	(b)(6)-2 (b)(6)-2 CDR McGUN	

(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

MEDCOM - 4996

DOCTOR'S ORDERS

STANDARD FORM 508 (Rev. 10-75)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505
508-111

U.S.G.P.O.: 1985 - 491-248/20237

MEDICAL RECORD — DOCTOR'S ORDERS

(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
9 Jan 03			Admit to Ortho. to OR today		
			Dx. GSW Lt medial thigh		
			GSW Lt LE		
			Rt femoral neck Fx s/p GSW	Rt DeHocks	
			Abrasion vs GSW glans Penis		
			Condition Stable		
			Vitals Q shift		
			Activity bedrest		
			Nursing: Call MO for Temp >101, BP < 90/60, RR >35, P >120		
			Diet: NPO C to OR today		
			Meds: Ancef 1g IV Q8		
			Gentamycin 80 mg IV Q8°		
			Morphine 2g IV Q4° PRN PAIN		
			NKDA		
			LABS ~~CBC, Chem 7~~ AM	(b)(6)-2	(b)(6)-2 LCDR MCDSUP (b)(6)-2

(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**)

(b)(6)-4

REGISTER NO.	WARD NO.

DOCTOR'S ORDERS

STANDARD FORM 508 (Rev. 10-75)
Prescribed by GSA and ICMR
FPMR 101-11. **8068**
508-110 .

MEDCOM - 4997

MEDICAL RECORD | **DOCTOR'S ORDERS** *(Sign all orders)*

DATE AND TIME START	DATE AND TIME STOP	RX	DRUGORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
					(b)(6)-2
4/16/03 1450			CBC & Diff in AM		(b)(6)-2
			Dic daily		
			(b)(6)-2 (b)(6)-2	CT MC USNR	(b)(6)-2
			(b)(6)-2		4/16/03
4/16/03	2240		V.O. per Dr. (b)(6)-2 to CDR	(b)(6)-2	
			Cath now if U. output is less than 200 cc began Pyridium 200mg p.o. t.i.d. x 2 days - If U.O. exceeds 200 cc leave Foley cath intact. No pyridium necessary.	(b)(6)-2	
			(b)(6)-2		CDR NC
4/17/03	0052		24° Chart Verification Completed		
			(b)(6)-2		

(Continue on reverse side)

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

(b)(6)-4

REGISTER NO. | WARD NO.

DOCTOR'S ORDERS

STANDARD FORM 508 (Rev. 10-75)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45-505
508-112

MEDCOM - 4998

506-111

NSN 7540-01-634-4121

MEDICAL RECORD — **DOCTOR'S "DEP"** (Sign all o. . s)

DATE AND TIME START	STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE

ANESTHESIA PACU-ORDERS

4/11/03 1145

1. Admit to PACU.
2. Allergies: NKAB
3. Vital signs per PACU protocol.
4. O2: ___FM @ 10LPM, ___ ___% Blowby, ✓ NP @ 3 LPM.
5. IVF: LR at 100 cc/hr
6. On ward: 02 @ 2-3 LPM via NC: (YES) NO
7. Pain medication:

Ketorolac ___mg IV x1 dose (adults 30 mg max; peds consider 0.2-0.4 mg/kg)

MSO4 2 mg IV q 5 min prn; max dose 15 mg

Fentanyl 25 mcg IV q 10 min pm; max dose 100 mcg

Percocet _____ tab(s) p.o. with sip of water

Other: _____

8. Antiemetics:

Ondansetron _____ mg IVP, may repeat x1 in 5 min (0.1mg/kg; max 4 mg)

Metoclopramide 5 mg IV x1 (0.15 mg/kg; max 10 mg) Repeat x 1 ½ hour

~~Droperidol _____ mg IV x 1 dose (0.01 mg/kg; max 0.625 mg) Must have baseline ECG available before administration.~~

Other _____

9. Clear liquids as tolerated: (YES) NO
10. Notify Anesthesia (pager 1506) for airway issues, pain, nausea/vomiting not responsive to above orders or other patient problems/concerns per PACU protocol:

(rev 3/2002) (OVER)

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name–last, first, ... rate: hospital or medical facility)

WARD NO.

DOCTOR'S ORDERS
Medical Record

STANDARD FORM 508 (Rev. 3-91)
Prescribed by GSA-ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 4999

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
4/11/03			**ANESTHESIA PACU ORDERS -- CONTINUED**		
		11.	Discharge patient from PACU per protocol: YES NO		
		12.	When epidural/spinal patients meet discharge criteria per PACU protocol, discharge to ward. On ward: bedrest pending full recovery of sensory and motor function; progress to ambulation with assistance.		(b)(6)-2
(b)(6)-2 4/11/03			**FOR PACU KEEP PATIENTS ONLY**		
		13.	Release patient from anesthesia care to KEEP status when patient meets anesthesia discharge criteria: YES NO		
		14.	Notify anesthesia (1506) for airway management and: (circle if applicable)		(b)(6)-2
			a. Pain management		
			b. Fluid management		
			c. Other _____		
		15.	TOW patient to ward in a.m. if patient meets discharge criteria: YES NO		
			Signature (b)(6)-2		Beepe (b)(6)-2
			(b)(6)-2 CDR MC USN O-CA (b)(6)-2		

STANDARD FORM 508 (Rev. 3-94) BAC

MEDCOM - 5000

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDER
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE

ANESTHESIA PACU ORDERS

4/8/13

1. Admit to PACU.
2. Allergies: NKDA
3. Vital signs per PACU protocol.
4. O2: ___FM @ 10LPM, ____% Blowby, ___NP @ 4 LPM.
5. IVF: LR at 125 cc/hr
6. On ward: 02 @ 2-3 LPM via NC: YES NO
7. Pain medication:

Ketorolac ____mg IV x1 dose (adults 30 mg max; peds consider 0.2-0.4 mg/kg)

MSO_4 1-2 mg IV q 5-10 min prn; max dose 10 mg

Fentanyl 25 mcg IV q 5-10 min prn; max dose 100 mcg

Percocet _____ tab(s) p.o. with sip of water

Other: Demerol 25mg IVP now for shivers

8. Antiemetics:

Ondansetron 4 mg IVP, may repeat x1 in 15 min (0.1mg/kg; max 4 mg)

Metoclopramide 10 mg IV x1 (0.15 mg/kg; max 10 mg)

~~Droperidol 0.625 mg IV x 1 dose (0.01 mg/kg; max 0.625 mg) Must have baseline ECG available before administration.~~

Other _____

9. Clear liquids as tolerated: YES NO
10. Notify Anesthesia (page (b)(3)-1 for airway issues, pain, nausea/vomiting not responsive to above orders or other patient problems/concerns per PACU protocol.

(b)(6)-2

(b)(6)-2

(b)(6)-2

(b)(6)-2

(Rev. 3/2002) CBC, CHEM-7, PT & PTT (OVER) Now

(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.

WAR

(b)(6)-2

Q8APR02

(b)(6)-4

DOCTOR'S ORDERS
Medical Record

STANDARD FORM 508 (Rev. 3-94)
Prescribed by GSA ICMR FIRMR 41 CFR) 201-9.202-1

MEDCOM - 5001

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE

ANESTHESIA PACU ORDERS -- CONTINUED

11. Discharge patient from PACU per protocol: YES NO

12. When epidural/spinal patients meet discharge criteria per PACU protocol, discharge to ward. On ward: bedrest pending full recovery of sensory and motor function; progress to ambulation with assistance.

FOR PACU KEEP PATIENTS ONLY

13. Release patient from anesthesia care to KEEP status when patient meets anesthesia discharge criteria: YES NO

14. Notify anesthesia (1506) for airway management and: (circle if applicable)

a. Pain management

b. Fluid management

c. Other _____

15. TOW patient to ward in a.m. if patient meets discharge criteria:

YES NO

Signature (b)(6)-2 eeper

(b)(6)-2

(b)(6)-2
LCDR USN
ANESTHESIA

(b)(6)-2

4/8/03

STANDARD FORM 508 (Rev. 3-94)

MEDCOM - 5002

MEDICAL RECORD			DOCTOR'S ORDERS (ORTHOPEDIC IT/POST OP) (Sign all orders)		
DATE AND TIME START	DATE AND TIME STOP	Rx	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
4/8/03 2020		1.	ADMIT TO: ORTHO STAFF: (b)(6)-2 WARD: E PW		(b)(6)-2
		2.	DX: Rt open hip fx, complex wounds (b) thigh/leg		
		3.	CONDITION: STABLE		
		4.	ALLERGIES: None known		
		5.	VITAL SIGNS: Q 1 hr X 4 THRU Q 4 hr X 24 hr THEN Q 8 hr		
		6.	NURSING: - **N/V CHECKS W/ VITALS** - I & O's q 8 hr **x 48** hrs - - Foley to gravity ~~(remove 6 A.M. on)~~. - drain to self suction JP on Rt - ~~Remove wound dressing and replace w/ sterile dressing on POD #2~~		
		7.	Diet: Clears, advance as tolerated		
		8.	Activity: Skeletal traction ~~8#~~ 8 lbs If any problems try pager (b)(3)-1		
		9	LABS: CHEM 7, CBC in AM; CBC q AM POD # 2 & #3		
		~~10.~~	~~IV: D5LR@100cc/hr~~ NS @ 100cc/hr		
		11.	MEDS: - Ancef 1g IV q 8 hr x 48 hr last dose 8 Apr 2003 @1700 - ~~Gentamicin 80 mg~~ IV q **8 hr x 48** hr OR - ~~Gentamycin (5-7.5mg/kg) ___ mg~~ IV **x** 48 hrs - ~~Heparin 5000 U SQ q 8 hr~~ - Lovenox 30mg SQ BID - MSO4 F mg IM or IV q 4hr prn pain significant - Phenergan 25 mg IM or IV q 4 hr prn - Percocet 1 - 2 tabs po q 3 hr ~~prn~~ pain moderate Around the clock (may refuse) (b)(6)-2 - Tylenol 650 mg po q 4 hr prn - MOM 30cc po q 4 hr prn - Benadryl 25mg po q 4 hr prn - Surfak 240mg po bid prn	(b)(6)-2	
		12.	Other Meds: Valium 5mg po q 8° PRN Muscle spasm in traction	(b)(6)-2	
		13.	Call Ortho tech for casts, splints, traction X-rays ent or cast bivalving (b)(3)-1		(b)(6)-2
		14.	AP/LAT Rt hip in traction in Recovery Room		(b)(6)-2
		15.	~~Transfuse 2 units PRBC if HCT less than ___~~ ~~Type and Hold for ___ units~~ Type and Screen for ___ units		

Verified 0347 4/10/03 (b)(6)-2 (b)(6)-2 4/9/03 @145 (b)(6)-2 Ens, MD

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

(verse side)

PATIENT'S IDENTIFICATION

(b)(6)-4

(b)(3)-1

MEDCOM - 5003

25 MC USNR

8 Apr 03

DATE AND TIME START	DATE AND TIME STOP	Rx	DOCTOR'S ORDERS (ORTHOPEDICS ADMIT/POST) (Sign *all orders*)	Doctor's Signature	Nurse's Signature
		16.	~~Pin care - ½ strength H2O2 q~~ 8 hr ~~to all~~ exposed ~~pins~~		
		17.	Dressing changes Start wet to dry on (b) thigh & leg wounds		(b)(6)-2
		18.	Traction - ~~pin care to exposed pins~~ call Ortho on call 191 if excessive drainage from pin sites		
		19.	Misc:		
		20.	**If N / V changes occur, call Charge Nurse / Ward Medical Officer to assess and bivalve cast if present**		(b)(6)-2
		21.	**If UOP < 30 cc/hr, bolus 500 cc NS and assess results. Call Ward Medical Officer if no improvement.**		
		22.	**Oxygen:** if needed		
		23.	Physical Therapy: None for now		
		24.	Transfer 2w PRN in Recovery Room		(b)(6)-2

(b)(6)-2

SICIAN SIGNATURE)

(b)(6)-2

LT

MC USNR

Verified 4/9/2003 0145

(b)(6)-2 ENS, NC

PATIENT'S IDENTIFICATION

(b)(6)-4

MEDCOM - 5004

MEDICAL RECORD		DOCTOR'S ORDERS (ORTHOPEDIC. T/POST OP) *(Sign all orders)*		
DATE AND TIME START	DATE AND TIME STOP	Rx	DRUG ORDERS	DOCTOR'S SIGNATURE / NURSE'S SIGNATURE
4/W/03 1315		1.	ADMIT TO: ORTHO STAFF (b)(6)-2 WARD: 5 Ground Flr	
		2.	DX: hip fx · wounds (L) thigh/leg	
		3.	CONDITION: STABLE	
		4.	ALLERGIES: None	
		5.	VITAL *SIGNS*: Q 1 hr X 4 THRU Q 4 hr X 24 hr .THEN Q 8 hr	
		3	**NURSING**: - N/V **CHECKS** W/ VITALS - I & O's q 8 hr **x 48** hrs - Foley to gravity ~~(remove 6 A.M. on _____)~~, - drain to self. suction - Remove wound dressing and replace w/ sterile dressing on POD #2	
		7.	Diet: Clears, advance as tolerated	
		8.	Activity: Non weight bearing to Rt leg.	
		9.	LABS: CHEM 7, CBC in AM; CBC q AM POD # 2 & #3	
		10.	1 D5LR@100cc/hr	
		11.	MEDS: Next dose @ 1730 - Ancef 1g IV q 8 hr **x 48** hr - ~~Gentamicin 80 mg IV q 8 hr x 48 hr OR~~ - Gentamycin (5-7.5mg/kg) 320 mg IV x 48 hrs - ~~Heparin 5000 U SQ q 8 hr~~ - Lovenox 30mg SQ BID - MSO4 6 mg IM or IV q 4hr prn pain significant - Phenergan 25 mg IM or IV q 4 hr prn - Percocet 1 - 2 tabs po q 3 hr ~~prn~~ pain moderate - Tylenol 650 mg po q 4 hr prn - MOM 30cc pa q 4 hr prn - Benadryl 25mg po q 4 hr prn - Surfak 240mg do bid prn	
		12.	Other Meds:	
		13.	Call Ortho **tech** for casts, splints, traction equipment or cast bivalving	
			X-rays: AP/LAT Rt hip done in PACU	
		15.	~~Transfuse ____ units PRBC~~ if **HCT** less than ____ Type and Hold for ____ units Type and **Screen** for ____ units	

(b)(6)-2

(b)(6)-2

(b)(6)-2

DATE AND TIME START	DATE AND TIME STOP	Rx	DOC S ORDERS (ORTHOPEDICS ADMIT/POS ...) (sign all orders)	Doctor's Signature	Nurse's Signature
		16.	~~Pin care ½ strength H2O2 q 8 hr to all exposed pins~~		
		17.	Dressing changes BID to (b) thigh/leg wet→dry		
		18.	~~Traction - pin care to exposed pins~~		
		19.	Misc: Call ortho tech → posterior mold on Rt leg to hold foot in neutral position Dx foot drop/Nerve palsy	done in PACU	
		20.	If N / V changes occur, call Charge Nurse / Ward Medical Officer to assess and bivalve cast if present		
		21.	If UOP < 30 cc/hr, bolus 500 cc NS and assess results. Call Ward Medical Officer if no improvement.		
		22.	Oxygen: As needed		
		23.	Physical Therapy:		

(b)(6)-2

LT MC USNR

11APR2003 2220 (b)(6)-2 ENS/MC/USN

Verified 0144 4/12/03 (b)(6)-2 SN

PATIENT'S IDENTIFICATION

(b)(6)-4

MEDCOM - 5006

ACLU-RDI 1258 p.19

DOD 12218

MEDICAL RECORD | **DOCTOR'S ORDERS** *(Sign all orders)*

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
12 APR 03 1430		(1)	clexane - gentamicin 13 q24°		(b)(6)-2
		(3)	Coumadin 5 mg po qHS x 2d starting today	✓	(b)(6)-2
		(3)	d/c Coumadin po 1st dose tomorrow AM		(b)(6)-2
		(4)	PT/INR Mon 4/14/03 AM		(b)(6)-2
			(b)(6)-2		
			(b)(6)-2 COR,MC 4/12/03 1800		
			Verified 0232 4/13/03 (b)(6)-2		
13APR03 1300			PT. for (3) foot AFO to wear in shoe: (foot drop AFO)		
			(b)(6)-2		
			13APR2003 1735 (b)(6)-2		CDS/MC
	4/14/03 0045	(2)	Verified (b)(6)-2 (Conti		

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

DOCTOR'S ORDERS

STANDARD FORM 508 (Rev 10-75)
Prescribed by GSA and ICMR
FPMR 101 11 806-8
508-110

MEDCOM - 5007

MEDICAL RECORD | **DOCTOR'S ORDERS** *(Sign all orders)*

DATE AND TIME START	STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
14 Apr 03 0942		✓	Reposition q2° to prevent decubitus sores	(b)(6)-2	
				(b)(6)-2	
				(b)(6)-2	
04/14/03 1130		✓	NPO p MN for ~~EGD~~ Dx (L) leg wound.	(b)(6)-2	
				(b)(6)-2	
			Noted ENS	(b)(6)-2	14 March 03 1216
15 Apr 03 0230			24° Chart correction	(b)(6)-2	ENS WC
4/16/03 0945		✓	Draw blood for HIV, RPR, CBC, Chem 7, PT/INR		
			error — see entry on later page	(b)(6)-2	
				(b)(6)-2	4/16/03

(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

DOCTOR'S ORDERS

STANDARD FORM 508 (Rev. 10-75)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45-505
508-112

MEDCOM - 5008

506–11 NSN 7540-00-634-4132

MEDICAL RECORD

DOCTOR'S ORDE
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE

ANESTHESIA PACU ORDERS

15 Apr 03 1234

1. Admit to PACU.
2. Allergies: NKA
3. Vital signs per PACU protocol.
4. O2: ~~RA~~ FM @ 10LPM, ___ ___% Blowby, ___ NP @ _____ LPM.
5. IVF: LR at KVO cc/hr
6. On ward: 02 @ 2-3 LPM via NC: YES NO
7. Pain medication:

Ketorolac ___mg IV x1 dose (adults 30 mg max; peds consider 0.2-0.4 mg/kg)

MSO_4 1-2 mg IV q 2-4 min pm; max dose 10 mg

Fentanyl _____mcg IV q ____ min pm; max dose _____mcg

Percocet _____ tab(s) p.o. with sip of **water**

Other:

Antiemetics:

Ondansetron _____ **mg** IVP, **may** repeat **x**1 in 15 min (0.1mg/kg; max 4 mg)

Metoclopramide 10 mg IV x1 (0.15 mg/kg; max 10 mg)

Droperidol _____mg IV x 1 dose ~~(0.01 mg/kg; max 0.625 mg) Must have baseline ECG~~ available before administration.

Other

9. Clear liquids as tolerated: YES (NO)
10. Notify Anesthesia (b)(3)-1 for airway issued, pain, nausea/vomiting not responsive to above orders or other patient problems/concerns per PACU protocol..

(rev 3/2002) (OVER)

(Continue on reverse side)

PATIENTS IDENTIFICATION *(For typed or written entries grve: Name–last, first. middle: grade: rank: rate: hospital or medical facility)*

REGISTER NO.

WARD NO.

(b)(6)-4

(b)(6)-2

noted 15 Apr 03 12 36

DOCTOR'S ORDERS
Medical Record

STANDARD FORM 506 (Rev. 3-91)
Prescribed by GSA-ICMR FIRMR 14 1 CFR) 201-9.202-1

MEDCOM - 5009

MEDICAL RECORD

DOCTOR'S **ORDERS**
(Sign **all** *orders)*

DATE AND TIME START / STOP	RX	DRUGORDERS	DOCTOR S SIGNATURE	NURSE S SIGNATURE
		ANESTHESIA PACU ORDERS -- CONTINUED		
	11.	Discharge patient from PACU per protocol: YES NO		(b)(6)-2
	12	When epidural/spinal patients meet discharge criteria per PACU protocol, discharge to ward. On ward: bedrest pending full recovery of sensory and motor function; progress to ambulation with assistance.		
		FOR PACU KEEP PATIENTS ONLY		
	13.	Release patient from anesthesia care to KEEP status when patient meets anesthesia discharge criteria: **YES** NO		
	14.	Notify anesthesia (1506) for airway management and: (circle if applicable)		
		a. Pain management		
		b. Fluid management		
		c. Other _____		
	15.	TOW patient *to* ward in a.m. if patient meets discharge criteria: YES NO		

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

Signature (b)(6)-2 LCDR MC USN (b)(6)-2 Beeper 15 Apr 03

(b)(6)-2 15 Apr 03

STANDARD FORM 508 (Rev. 3-94) BACK

MEDCOM - 5010

MEDICAL RECORD — **DOCTOR'S ORDERS** *(Sign all orders)*

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	SIGNATURE
4/15/03			Adult Ortho	(b)(6)-2	(b)(6)-2
1240			Sp I&D of (L) Leg / Rt hip fx		
			c Sciatic n. palsy		
			Guarded condition		
			Regular diet		
			Act- NWB on Rt leg		
			c crutches.		
			DVT-ppx		
			Wound team Wet to dry		
			on (L) thigh & leg wounds		
			NS @ 100 cc/hr		
			Percocet 1 TP po q 6° prn pain		
			MS 8mg q 4° IV PRN		
			Celebrex 100 mg PO BID		
			Atrovent inh 2 puffs q 2° PRN		
			Aggressive pulmonary toilet	(b)(6)-2	
			Studies.		
			Duplex of RLE to DVT.		
			(b)(6)-2		Lt Ale USN
					Noted 15 Apr 03 1430 MO

(Continue on reverse side)

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

(b)(6)-4

REGISTER NO. (b)(6)-2

DOCTOR'S ORDERS

STANDARD FORM 508 (Rev. 10-75)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505
508-111
☆U.S. GPO: 1988—201-760/80076

MEDCOM - 5011

MEDICAL RECORD | **DOCTOR'S ORDERS** (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUGORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
4/15/03 1920			D/C foley encourage P.O. 6-8 QTY X Dup AP & LAT (R) Hip - May shower - remove bandages, use soap & water		(b)(6)-2
			(b)(6)-2 (b)(6)-2 CT MC USNR		
			(b)(6)-2 Noted @ 2200 4/19/03		
4/20/03 @0130			24° chart verification		(b)(6)-2
4/20/03 1930			Consult PT for gait training: strict NWB RLE		(b)(6)-2
			(b)(6)-2 Noted @ 4/20 @ 1950		25 MC USNR
4/21/03	0057		24° Chart Verification	(b)(6)-2	LTobe

(Continue on reverse side)

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

(b)(6)-4

REGISTER NO.

WARD NO.

DOCTOR'S ORDERS

STANDARD FORM 508 (Rev. 10-75)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45-505
508-112

MEDCOM - 5012

MEDICAL RECORD | **DOCTOR'S ORDERS** (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
16 APR 03 0927		(1)	Send blood for: RPR, HIV, CBC, PT/INR		
			(b)(6)-2		
16 APR 03 0927		(2)	PT consult for crutches + crutch training		
		(3)	Consult Dietary for NPO		
			(b)(6)-2		
			(b)(6)-2		
16 APR 03 1557		(1)	Send crush slide for Trmcle + slide for Gram Stain (packed in CHCS/printed)		
			(b)(6)-2		
			(b)(6)-2 CDR, NC 4/16/03		
4/17/03	0005	1	24° Chart Verification Completed (continue on reverse side)	(b)(6)-2	

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

(b)(6)-4

REGISTER NO.

WARD NO.

DOCTOR'S ORDERS

STANDARD FORM 508 (Rev. 10-75)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45-505
508-112

MEDCOM - 5013

MEDICAL RECORD | **DOCTOR'S ORDERS** *(Sign all orders)*

DATE AND TIME START	DATE AND TIME STOP	RX	DRUGORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
4/17/03 1614		(1)	Consult PT gentle ROM Ex of ~~legs~~ Knee on Rt side		(b)(6)-2 Called PT 4/17/03 1800
		(2)	Transfuse 1 UPRBC		(b)(6)-2
		(3)	OOB to Chair standby tomorrow c assistance		(b)(6)-2
			(b)(6)-2	(b)(6)-2	IT ME USING
				(b)(6)-2	
Apr 17 03 2030		(1)	PT/INR in AM - And CBC of 4/18 - in CHCS/pyxis		(b)(6)-2
			(b)(6)-2		
			(b)(6)-2	4/17/03	
			24° chart verification completed 4/18/03 0126		

(Continue on reverse side)

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

(b)(6)-4

REGISTER NO. | WARD NO.

DOCTOR'S ORDERS

STANDARD FORM 508 (Rev. 10-75)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45-505
508-112

[redacted] MEDCOM - 5014

MEDICAL RECORD | **DOCTOR'S ORDERS** (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
4/18/03 1855			V.O. Dr (b)(6)-2 / LTJG Reh Lovenox 30mg PO BID Start Now	(b)(6)-2	LTJG RC
			(b)(6)-2 (b)(6)-2		
4/19/03 1910			Consult PT - gait training / ~~Bed~~ TTWB RLE - Rom (R) knee.		(b)(6)-2
			(b)(6)-2 (b)(6)-2	LT MC USNR Noted @ 0030	(b)(6)-2 NC 4/19/03
4/19/03 @ 0030			24° chart verification		(b)(6)-2
4/19/03	0900	1	CBC + BMP in AM		
		2	MVI		
		3	Fe 80 325mg PO TID c meals	(b)(6)-2	RNP
			(b)(6)-2	EMS, NC @0915 19APR03	

(Continue on reverse side)

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

b)(6)-4

REGISTER NO.

WARD NO.

DOCTOR'S ORDERS

STANDARD FORM 508 (Rev. 10-75)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45-505
508-112

[redacted]

MEDCOM - 5015

MEDICAL RECORD — **DOCTOR'S ORDERS** *(Sign all orders)*

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
22APR03	0140	–	NO NEW ORDERS SINCE 20APR03 @ 1930 –	(b)(6)-2	LT/
4/23/03			No New Orders		
0150			24° Chart Verification –	(b)(6)-2	LT/RN
4/23/03	0820	(1)	4th Percocet tx PRN. q4-6° –	(b)(6)-2	
			(b)(6)-2 LCDR 4/23/03 0830	(b)(6)-2	
4/23/03	1140	(1)	Septra DS BID x 3 days –	FAXED	(b)(6)-2
			6 DOSES.	(b)(6)-2	
			(b)(6)-2 LCDR 4/23/03 1140		
4/23/03			Discharge		
1850					
			(b)(6)-2 MD		
			(b)(6)-2 25 INCUSIVE		
			(b)(6)-2 DNSIC @ 2000 23APR03 –		
4/24/03	0057		24° Chart Verification –	(b)(6)-2	LT/RN

(Continue on reverse side)

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

(b)(6)-4

REGISTER NO. | WARD NO

DOCTOR'S ORDERS

STANDARD FORM 608 (Rev. 10–75)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201–45–505
508–112

MEDCOM - 5016

Standard Form 508

CLINICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	Rx	DRUG ORDERS (Another brand of a generically equivalent product, identical in dosage form and content of active ingredient(s), may be administered UNLESS checked here)	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
24 APR 03 0600		①	MUI Htn PO q d. #30		
			$FeSO_4$ 325 mg PO BID. #30		
			Colace 100 mg PO BID PRN #30		
			Percocet tabs PO 1/1-1½ q 4-6° PRN for pain #30		
		②	if patient transfers prior to Completion of Septra, give him enough to complete his course of therapy!! Thank you.		
			(b)(6)-2	(b)(6)-2	
			(b)(6)-2 KPR		
4/24/03 1100		✓	NPO p MN for OR 4/24		
			Hold Coreg. noted @ 1115 4/24	(b)(6)-2	
4/25/03 0108			24° Chart Notification		

(Continue on reverse side)

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

(b)(6)-4

REGISTER NO.

WARD NO.

DOCTOR'S ORDERS
Standard Form 508
508–109

General Services Administration and
Interagency Committee on Medical Records
FPMR 101–11.806–8
October 1975

MEDCOM - 5017

508-111

NSN 7540-00-634-4121

MEDICAL RECORD — **DOCTOR'S ORDERS** (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			ANESTHESIA PACU ORDERS		
25APR2003	0900	(1)	Admit to PACU.		
		(2)	Allergies: NKDA.	[b)(6)-2]	
		(3)	Vital signs per PACU protocol.		
		(4)	O2: ✓ FM @ 10LPM, ____% Blowby, ___ NP @ _____ LPM.		
		(5)	IVF: RL at 150 cc/hr		[b)(6)-2]
		(6)	On ward: 02 @ 2-3 LPM via NC: YES NO Rm 2951		
		(7)	Pain medication:		
			Ketorolac ____mg IV x1 dose (adults 30 mg max; peds consider 0.2-0.4 mg/kg)		
			MSO_4 2 mg IV q 5 min prn; max dose 12 mg		[b)(6)-2]
			Fentanyl _____mcg IV q ____ min prn; max dose _____mcg		
			Percocet _____ tab(s) p.o. with sip of water		
			Other: _____		
		(8)	Antiemetics:		
			Ondansetron 4 mg IVP, may repeat x1 in 15 min (0.1mg/kg; max 4 mg)		
			Metoclopramide _____ mg IV x1 (0.15 mg/kg; max 10 mg)		[b)(6)-2]
			~~Droperidol _____mg IV x 1 dose (0.01 mg/kg; max 0.625 mg) Must have baseline ECG available before administration.~~		
			Other _____		
		(9)	Clear liquids as tolerated: YES NO	[b)(6)-2]	
		(10)	Notify Anesthesia (page [b)(3)-1]) for airway issues, pain, nausea/vomiting not responsive to above orders or other patient problems/concerns per PACU protocol		[b)(6)-2]
			(rev 3/2002) [b)(6)-2]		(OVER)

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

REGISTER NO. [b)(6)-2]

WARD NO. LCH 4E

25apr 03 0940

DOCTOR'S ORDERS
Medical Record

STANDARD FORM [illegible]

MEDCOM - 5018

MEDICAL RECORD

DOCTOR'S ORDERS
*(Sign **all orders**)*

DATE AND TIME START	DATE AND TIME STOP	RX	DRUGORDERS	DOCTORS SIGNATURE	NURSE'S SIGNATURE
			ANESTHESIA PACU ORDERS -- CONTINUED		
25 APR 2003 0900		11.	Discharge patient from PACU per protocol: YES NO	(b)(6)-2	
		12.	When epidural/spinal patients meet discharge criteria per PACU protocol, discharge to ward. On ward: bedrest pending full recovery of sensory and motor function; progress to ambulation with assistance.		
			F O R KEEP PATIENTS ONLY		
		3.	Release **patient** from anesthesia **care to KEEP** status **when patient meet**,; anesthesia **discharge criteria:** **YES NO**		
		14.	Notify anesthesia (b)(3) 1 **for airway rnanagemen and:** (circle if applicable)		
			a. Pain management		
			b. Fluid management		
			c. Other _____		
		15.	**TOW patient to ward in a.m. if patient meets dis**charge **criteria:** YES NO		
			Sign (b)(6)-2 Beeper (b)(3)-1 (b)(6)-2 LCDR NC 25 Apr 03 0940		

STANDARD FORM 508 (Rev 3-94) BACK

MEDICAL RECORD — DOCTOR'S ORDERS

(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
25 April 03			Post op Orders ...		
0950			Admit (b)(6)-2 Ortho here) I (one) care — Rt hip fx, Lt thigh/calf GSW — Stable — Regular diet — NWB to RLE c/w Activity Ad Lib — Please have sleep on stomach to help c developing hip flexion contracture — No pillows under knees — Remove post op dressing in 72° — Percocet 1 PO q 6° PRN — Septra DS 1 PO BID X 24° — FeSO4 325mg PO TID c Meals — Multivitain 1 PO q Day —		
25 April 03	2320		24° chart Verification		

(b)(6)-2 (b)(6)-2 25 Apr 0948 FAXED

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

(b)(6)-4

REGISTER NO.

(b)(3)-1

DOCTOR'S ORDERS

STANDARD FORM 598 (Rev. 10-75)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505
508-111
☆U.S. GPO: 1988—201.786/80076

MEDCOM - 5020

MEDICAL RECORD | **DOCTOR'S ORDERS** *(Sign all orders)*

DATE AND TIME START	STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
4/26/03	0645	①	UA this AM. ~ clean catch	(b)(6)-2	(b)(6)-2
			(b)(6)-2 4/26/03 0740		
4/26/03	0815	①	Transfer to 5FP		(b)(6)-2
		②	Hep lock		(b)(6)-2
		③	Ambien 5mg PO q HS PRN	FAXED.	(b)(6)-2
Done		④	UA, C+S 4/28	(b)(6)-2 FNP	
		⑤	PT for hip extension rehab. called		
			(b)(6)-2 4/26/03 0840		
4/26/03			X Rays RO		
1040			AP/LAT (R) hip	(b)(6)-2	
			post op films	(b)(6)-2	
			(b)(6)-2		
			(b)(6)-2		
			(b)(6)-2		
			(b)(6)-2 GT ME (& MR 6B1		
			(b)(6)-2 4/26/03 1711		
4/26/03		①	d/c Ambien	(b)(6)-2	(b)(6)-2
1500		③	CBC in AM		(b)(6)-2
			Chest (Continue on reverse side)		

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

(b)(6)-4

REGISTER NO. 4/26/03 1545 (b)(6)-2

DOCTOR'S ORDERS

STANDARD FORM 508 (Rev. 10-75)
Prescribed by GSA and ICMR
FPMR 101-11. 806-8
508-110

MEDCOM - 5021

508-112

7540-01-044-5515

MEDICAL RECORD

DOCTOR'S ORDERS

INSTRUCTIONS: Place form on firm surface; use pressure on ball point pen. Sign all orders.
Nurse: Remove one copy and send to Pharmacy after each order is written.

DATE AND TIME START	DATE AND TIME STOP	Rx	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
27 Apr 03 0035			24° Chart Check EWS	(b)(6)-2	
28 APR @ 0330			Chart verified	(b)(6)-2	
Apr 27 '03 1345			Ramex 30 mg SR po BID	(b)(6)-2	(b)(6)-2
			(b)(6)-2	(b)(6)-2 4/28/03 1355	
				Noted/A (b)(6)-2	
4/28/03 2000			600 complete / Meds in Computer		
			(b)(6)-2 (b)(6)-2	(b)(6)-2 MC USNR	
4/28/03 2000			D/C Percocet		(b)(6)-2
			Tylenol #3 ii PO q6° PRN		(b)(6)-2
			(b)(6)-2 (b)(6)-2	LT MC USNR	
			(b)(6)-2	CDR, MC 4/28/03	
29 Apr 03 0035			24° Chart Check EWS	(b)(6)-2	
29 Apr 03			Daily dressing change (b)(6)-2 dry kerlix		(b)(6)-2
			(b)(6)-2	(b)(6)-2	

(Continued on reverse side)

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

(b)(6)-4

DOCTOR'S ORDER
MEDICAL RECORD

STANDARD FORM

MEDCOM - 5022

508-112 7540-01-044-5515

MEDICAL RECORD — DOCTOR'S ORDERS

INSTRUCTIONS: Place form on firm surface; use pressure on ball point pen. Sign all orders.
Nurse: Remove one copy and send to Pharmacy after each order is written.

DATE AND TIME START	DATE AND TIME STOP	Rx	DRUGORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
30 Apr 0200 07			24° Chart Check ..EWS	(b)(6)-2	
30 April 03		(1)	CBC } in A.M.		
			SMA-7 }	(b)(6)-2	
			noted 30 Apr 03 1500	(b)(6)-2	
1 May 0200 1411			24° Chart Check EWS	(b)(6)-2	
2 May 03 0200 22			24° Chart Check EWS	(b)(6)-2	
3 May 03 0200 hrs			24° Chart Check EWS	(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)*

(b)(6)-4

REGISTER NO.

WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 508 (REV. 2-84)

MEDCOM - 5023

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. ____ Yr. ____

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 4 5 6 7 8
4may03	(b)(6)-2	VS – PR	07	(b)(6)-2
			15	(b)(6)-2
			20	(b)(6)-2
4may03	(b)(6)-2	tcm7y – ambulate QOB	07	(b)(6)-2
		cell16 & crutches	15	(b)(6)-2
			23	(b)(6)
4may03	(b)(6)-2	Diet – Regular	07	(b)(6)-2
			12	(b)(6)-2
			17	(b)(6)-2

ALLERGIES ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P I&D (R) open lwb FX, LL thigh wounds; S/P GSW 2 (R) Femoral fx, LL

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

MEDCOM - 5024

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initial's
4 May 03	(b)(6)-2	Admit to ICW 3 Ortho	4 May 03	ASAP	2230	(b)(6)-2
		cardiac surv				
4 May 03		T-fer to (b)(3)-1 HSAP	4 May 03	ASAP		

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

USAPA V1

MEDCOM - 5025

Verify by Initialing

THERAPEUTIC DOCUMENTATION CA[illegible]N
(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
4 mos 03	(b)(6)-2	MSO4 2-5mg IVP3-	0450 SMITH CHRIS 5 Ma 0910 5mg IV (b)(6)-2 (b)(6)-2
		6° prn	
4 mos 03	(b)(6)-2	Tylenol #3 1-11 po	0800 SMITH 11 10 0028 0600 (b)(6)-2
		q 4-6° prn	

CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | Mo.____ Yr.__

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

VERIFY BY INITIALING | INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 4 5 6
4 May 03	(b)(6)-2	Levaquin 750mg SQ Bid	10	(b)(6)-2
			22	(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW (B) (R) open hip FX (L) thigh wounds

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 - 5027