

PATIENT TREATMENT RECORD COVER SHEET
 For use of this form, see AR 40-400; the proponent agency is **CTSG**

1. (b)(3)-1		5. NAME (Last, First, MI) (b)(6)-4			3. GRADE		ADMISSION REMARKS
4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
11. FMP 99		12. SSN (b)(6)-4		13. ORGANIZATION		14. WARD ICW2	
15. FLYING STATUS NO	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE INS		
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct				22. ADMISSION 2100	23. CLINIC SERVICE AR2AN		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION	26. DATE OF DISPOSITION 12 MAY 03			
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION 4 MAY 03			ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1				30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD COMPONENT TRANSFUSED		

31. SELECTED ADMINISTRATIVE DATA

Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

*GSU R Kuo 89T
EAT*

35. Total Days This Facility						
a. ABSENT SICK DAYS 8	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS 8	f. TOTAL SICK DAYS 8	
36. Total Days All Facilities						
a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS	
(b)(6)-2			SIGNATURE (b)(6)-2	OFFICER		

INPATIENT TREATMENT RECORD COVER SHEET

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

1. (b)(3)-1		2. NAME (Last, First, MI) (b)(6)-4			3. GRADE		ADMISSION REMARKS	
4. SEX	5. AGE	6. RACE IRAGI	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION		
11. FMP 99		12. SSN (b)(6)-4		13. ORGANIZATION		14. WARD ICW 2		
15. FLYING STATUS NO	16. RATING/DSG	17. DEPT/BEN	18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE INS		
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct				22. HOURS OF ADMISSION 2100	23. CLINIC SERVICE AREA			
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION	26. DATE OF DISPOSITION				
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.	28. ADMITTING OFFICER 2 MAY 03				
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY b(3)-1				30. DATE OF INITIAL ADMISSION 4 MAY 03		32. DISPOSITION/WH/TRANS/SC/OL/		
31. SELECTED ADMINISTRATIVE DATA								

Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

GSU R Kao 89T

89T

III ②

869.0

959.01

780.39

790.7

891.0

112.5

780.6

899.2

III ③

869.0

899.2

35. Total Days This Facility

a. ABSENT SICK DAYS 8	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. RED DAYS 8	f. TOTAL SICK DAYS 8
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36. Total Days All Facilities

a. ABSENT SICK DAYS (b)(6)-2	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
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SIGNATURE OF ADMITTING OFFICER: (b)(6)-2

DA FORM 3647, MAY 79

MEDCOM - 5373

EDITION OF 1 AUG 76 IS OBSOLETE

USDA/AFM 6

PATIENT TREATMENT RECORD COVER SHEET
 For use of this form, see AR 40-400; the proponent agency is OTSG

1. OCCIDENTAL NUMBER (b)(3)-1		2. NAME (Last, First, MI) (b)(6)-4		3. GRADE (b)(6)-4		ADMISSION REMARKS	
4. SEX	5. AGE	6. RACE IRAGI	7. RELIGION	8. LENGTH OF SVC	9. EDS		10. PREVIOUS ADMISSION
11. FMP 99	12. SSN (b)(6)-4	13. ORGANIZATION		14. WARD ICW 2			
16. FLYING STATUS NO	15. DSG	BEN	18. BRANCH/CORPS	19. UNC/ZIP	20. TYPE CASE INS		
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct			22. HOURS OF ADMISSION 2300	23. CLINIC SERVICE AR 2A			
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION	26. DATE OF DISPOSITION 12 MAY 03			
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION 4 MAY 03		ADMITTING OFFICER	
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1				30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD COMPONENT TRANSFUSED		

Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES, OPERATIONS AND SPECIAL PROCEDURES

GSU R Kao 891
891

35. Total Days in Facility					
a. ABSENT SICK DAYS 8	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS 8	f. TOTAL SICK DAYS 8

36. Total Days at Facilities					
a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

Signature: (b)(6)-2 Signature: sig (b)(6)-2 OFFICER

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
4 May 2022 11:5	AOX3 Pupils PERRLA membranes intact resps equal (B) labored on exhalation. Breath sounds exhalatory wheezing heard throughout (B) Abdomen soft non tender Foley inserted 200 cc of dark amber blood tinged urine urine in tubing clear yellow 2 decubitus ulcers midline back on sacrum and coccyx pulses +3 radial 3 pedal (B) incision on (R) knee with granu (b)(6)-2 no drainage noted sutures intact A cp pu cth sacral (b)(6)-2 incision site will continue to monitor. VSS (b)(6)-2
5 May 03 @ 0130	pt c/o pain. medicated c Tylenol #.3. Foley to bedside drainage c dark brown urine. pt c (B) heel protectors c skin break at this time. Quatern present to sacral area + coccyx area c pink tissue exposed c good healing. Quarter sized old wound to (L) occipital area of head s drainage. Suture present to (L) knee edges well approximated. s/s of infection (L) pedal (L) sensation (L) cap refill. pt restless. NAD will cont to monitor. V (b)(6)-2
5 May 03 @ 0545	pt resting quietly @ this time. pt restless most of the night. Total urine output from Foley 450 cc dark yellow. Foley draining ^{cloudy} clear yellow urine. pt appears to be comfortable language barrier present. interpreters present x1 This shift explain purpose of Foley nurse @ bedside. no other significant changes. NAD. (b)(6)-2 ZLT/AN

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME		SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	M ₁
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.

(b)(6)-4

PROGRESS NOTES
Medical Record

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

MEDCOM - 5375

DATE	NOTES
5 May 03 @ 0600	pt restless throughout the night. pt has (B) Stage I pressure ulcers to heels L > R. Heel protectors in place. pt verbalized of discomfort at this time.
	(B) heels & skin breakage will cont to monitor. (b)(6)-2 2/1/02
5 MAY 03 @ 0800	Nursing assessment: Alert, follows commands appropriately. Flat affect noted. Lungs clear in all fields. Heart S, S2 to Auscultation - rate 105, Regular. ABD exam. ve
	Bowel sound x4 quads, soft, nontender. Foley to gravity, bedside drain, clear yellow urine. (C) knee & blue sutures subject to surgical site no openings noted. peripheral pulses intact to 4/5 radial/dorsalis pedis, cap refill < 3 sec.
	Decub to Sacrum/Coxx covered & disoden, breakdown exposed to R, left heels (blister) heel protectors in place. - IV saline lock to (C) FA
	No other complications/complaints noted @ this time. Will continue to assess/monitor, pending transfer to UICU today. (b)(6)-2
5 MAY 03 1400 hrs	I/O: Foley & Amber urine 240cc but this shift. (b)(6)-2 556
05 May 03 2200	Pt got up to bedside commode. Bmx1. legs very weak, can't support body weight. Blister to heel x2, heel protector on. Sutures to (B) knee CD 4, Foley draining clear yellow urine. Comped to sacrum intact. (b)(6)-2 556
06 May 03 @ VSS.	Pt displays decreased restlessness from previous night. foley to bedside drainage amber colored urine. IV to (L) forearm patent + flushed well & NS. Heel protectors to (B) heel protectors in place. no other significant changes since 5 May 03 @ assessment pt NAD. will cont to monitor. (b)(6)-2 2/1/02
06 May 03 @ 0555	Foley to BSD emptied & 450cc yellow urine. (b)(6)-2 2/1/02
6 May 03 0900	P6 A:O x 3 % LBP, foley cath → gravity drainage. Medicated & T3 it tabs for % pain. (b)(6)-2 556 9/1/02
1100 hrs.	Pt 1008 → Chair x 40 mins. AM care performed. Back message given return line (B) knee intact. (b)(6)-2 556 9/1/02

MEDICAL RECORD **NURSING** PROGRESS NOTES

DATE	NOTES
6 May 03 1140 hrs.	Foley cath ^{o/c} 5 complaint. Translator informed Pt must void ^{SSG} in 6 hrs. 9/16/06
1230 hrs.	Medicated ^o T3 ii tabs PO for ^o pain & self void ^o present SSG 9/16/06
2200	Pt got up to bedside commode, Bmx 1. Pt voided ^o 1745. ^o Vertigo while sitting up in chair. Heel protectors applied to ^o heel ^o blistered heel x 2. No other ^o complaint noted. ^{SSG} 9/16/06
7 May 03 @ 0130	Pt morning out states no pain at this time. Heel protectors repositioned; loosened by ^o movement. Wound ^o bedside. sutures present ^o to ^o knee edema well approx no S/S of infection. No increase in ^o Stage I decubitus to ^o heels. Sacrum Coccyx area pink ^o no drainage noted. ^o repositions self consistently during the night. no other significant changes noted. 20/1/06
7 May 03 @ 0530	Pt void 370 cc amber urine ^o assistance. Pt repositioned self throughout the night. Medicated ^o 0210 for pain ^o Tylenol #3; effective. Will cont to monitor. 20/1/06
4 May 03	Pt A/D x3, AM care ^o staff assist ^o 75% AM meal consumed ^o 5% N/V ^o chair x 45 mins suture line ^o knee intact ^o pain ^o chair ^o bed transfer. Encouraged to not lay supine. Medicated ^o T3 ii tabs for ^o pain. Assist, Monitor PRN SSG 9/16/06

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME LAST FIRST MI		SPONSOR'S ID NUMBER ISSN or Other
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 - 5377

DATE	NOTES
7 May 03 1330hrs	Sutures (R) knee removed a mild pt. discomfort refused pain med. (L) leg tied Pt encourage to rotate from side to side and not lay supine. No other deficit noted. (b)(6)-2 [redacted] ESG/AN
7 May @ 2115	Pt sleeping VSS had IBM large void w/ difficulty complained of An given 2 T3 @ 2145 Pt ambulated to assist to chair & bedside commode. Pt sometimes becomes very agitated, but is resting comfortably now. (b)(6)-2 [redacted] aww/SG
8 May 03 @ 0625	pt rested quietly throughout the night. medicated x 1 this shift for pain. no other significant changes will continue to monitor. (b)(6)-2 [redacted] 24/AN
8 May 03 0910	A&DUG All care performed All meal 5% N/V output (R) knee intact, Encouraged to turn side to side releasing pressure to back TDR → PT → crutch walk only 1-3 steps. Pt to return later today. (b)(6)-2 [redacted] ESG/AN
8 May 03 2108	Pt Alert on arrival to shift. Pt had two visitors today. Changed pt's heel protectors; washed old pair. sutures to (R) knee intact & s/s infection. VSS. Pt requested pain med for leg pain. Pt has removed (L) bootie; is laying from side to side and on abdomen. VSS. No distress noted @ present. Will continue to monitor. (b)(6)-2 [redacted] CAI/AN
8 May 03 @ 2345	pt VSS. pt moaning @ 2300. pt quietly resting @ 2345 in position of comfort on (L) side. Heel protectors in place. no other significant changes at this time. (b)(6)-2 [redacted] 25/AN
9 May 03 @ 0640	pt void 750cc dark urin. (b)(6)-2 [redacted] 26/AN

MEDICAL RECORD

PROGRESS NOTES

DATE	PT Note	NOTES
1345	① Pw An	(b)(6)-2 put seen for Rom of (R) LG and ambulation
	② (R) knee ROM 15-60	
	③ (I) Bad mobility	site edge of bed is good Balance - dizzy stands in crutches PWB (R) LG
		stands edge of Bed is fair balance unable to ambulate beyond bed 2' to dress
	④ deconditioned,	vertigo, hypotensive is good potential
	⑤ BCD to see for above Rom and ambulation	do to ↑ as tol. to PT Nursing teamwork (b)(6)-2 PT
9 May 03	PT Note:	Pnt amb in crutches. 0% pain to (R) Knee / dizziness. cont rehab as tol. - (b)(6)-2 PT

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

(b)(6)-4

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

MEDCOM - 5379

FORM 114

MEDICAL RECORD NURSING PROGRESS NOTES

DATE NOTES

9 May 03 0830 Rgt O/S c/o mild discomfort peral area small edema & discoloration, suture line (R) knee remains intact. VS well. All care per self. Continue to assist Monitor Medication (b)(6)-2 SSG P/W/ML

9 May 03 @ 1600 Nursing Assessment: VSS, Alert, able to change position on bed and sit up. Drowsy when standing, lungs clear small crackles, heart rate 105 while sitting, S2 to auscultation. Active bowel sounds x4 quadrants, soft, non tender voiding per urinal & difficulty. Unable to circumferentially and to heels bilat. heel protectors in place bilat. peripheral pulses intact radial/dorsalis pedis - approx. 11 < 3 sec. No complications noted request pain med for (R) knee, two at 3 given. Will continue to assess and monitor. (b)(6)-2 SSG L/R

10 May 03 @ 0400 pt VSS NAD noting quietly & periodic moaning. no c/o pain at this time. no other significant changes noted - will continue to monitor. (b)(6)-2 LTI/HRO

10 May 03 1230 - nsq note: VSS - afebrile. Egg crate to bilat heels. Crutches @ bedside. Pt able to roll from side to side & sit on edge of bed ad lib. @ PO intake. @ other sig Δ's. Will continue to monitor. (b)(6)-2 LCT/AN

10 May 03 1830 Nursing Note: VSS. Tolerated reg diet well. heel protectors on bilaterally. wound to (R) leg above knee closed & redness mild swelling noted. Pt turning from side to side through shift. Pedal pulses present →

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

DEPART./SERVICE HOSPITAL OR MEDICAL FACILITY RECORDS MAINTAINED AT

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

PROGRESS NOTES Medical Record

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

MEDCOM - 5380

DATE	NOTES
	X 2: SKIN warm; dry. No distress voiced @ present _____ (b)(6)-2 _____
11 May 03 0830hrs	A/Dx 3 50% of AM meal consumed 5% N/V @ ROK (R) KNEE, heel protectors present. Encourage to Rotate (R) & (L) + pressure on back. ↑ → BSC @ results. _____ (b)(6)-2 _____ 91W/116
1402hrs	Transferred to ICU 2 via critical ambulance & personal items/chart _____ (b)(6)-2 _____
1432	Received pt. Initial assessment: Pt alert and oriented. No s/p's Pressure sores bilateral heels, VS stable. Continue to monitor _____ (b)(6)-2
2201	Pt cont stable. Catch-walked length of ward, poor gait technique Rt knee wound intact. No % refused dinner. Ate only sun- flower seeds. Rotates Side to side herself. Keep off heels. _____ (b)(6)-2
11 May 03 2340	Report received, initial assessment complete redness & swelling to (R) knee VSS no % of pain will continue monitor of _____ (b)(6)-2 _____ 115/110
0900	Pt AXO - C/o pain on standing. Assessment benign healing decub on sacrum on (R) clu minor. no at issues. To depart Pt in custody of MP's. _____ (b)(6)-2 _____
12 May 03	Discharge note S/P 65W (R) thigh, wound closed needs ROM, strengthening _____ (b)(6)-2 _____

MEDICAL RECORD **VITAL SIGNS RECORD**

HOSPITAL DAY													
POST-	DAY												
MONTH-YEAR	DAY	4	5	6	6	7	7	8					
19	HOUR	23	07	15	23	200	23	23	08	16	23		

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°
120	98.6°	●	●		●		●						37.0°
110	98°												36.7°
100	97°												36.1°
90	96°												35.6°
80	95°												35.0°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD	20	20	20	18	20	18	6	19	18	6	18	18
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BLOOD PRESSURE	120/82	109/55	109/75	127/92	118/82	122/82	105/55	105/55	110/82	95/60	110/78	103/64	
	127	105	105	99	100/55	95	89		81	80	104/71	94	91
	118.6	98.6	99.1	98.4	98.3	97.6			98.8	98.3	99.0	97.5	

HEIGHT:	WEIGHT →												

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

VKAL SIGNS RECORDS

Medical Record

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

MEDCOM - 5382

Compensated

(b)(6)-4

MEDICAL RECORD **VITAL SIGNS RECORD**

HOSPITAL DAY														
POST-MONTH-YEAR	DAY	9	9	10	10	11	11	12	12	12	12	12	12	
	DAY	MAY	MAY	MAY	MAY									
19	HOUR	0700	1600	2300	0800	1500	2200	0500						
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"
120	98°													37.0"
110	97°													36.7°
100	96°													36.1°
90	95°													35.6"
80														35.0"
70														
60														
50														
40														

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD		6	16	18	16	16	6	16	18
BLOOD PRESSURE		112/72	129/67	117/75	119/82	112/72	112/72	110/65	119/69
		105	91	88	90	110/67	96	96	84
		99.2	97.9	97.8	97.1	99.0	98.8	98.5	97.9
HEIGHT:	WEIGHT →								

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

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 PROBLEM ORIENTED MEDICAL RECORD FORM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARAOW BELOW.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME NOTED AND SIGN
(b)(6)-4			↓ Alt to ICU	HOURS	
			USC		
			Per J's		
			Diffusion for		
			Typh & 3 mg 4 h q 4		
			Foley to junk & change		
			insp for 4 days in A		
			24r chest & complete 0110 5 May 03	(b)(6)-2	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME NOTED AND SIGN
			6 MAY 03	1030 HOURS	
			1) DIC policy, if no		
			output by		
			6-4 then start		
			DIC QID		
			2) all known urinary		
			then between X 15m PO B&B		
				(b)(6)-2	6 MAY 03 KHD/MS
PATIENT IDENTIFICATION			DATE OF ORDER	TIME	LIST TIME NOTED AND SIGN
			7 May 03		
			1. apply edwin account of but looks pro		
			2. CP → ROM + analgesic		
				(b)(6)-2	(b)(6)-2
			24r chest & complete 0915 8 May 03	(b)(6)-2	
					7 MAY 03 1330ms
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME NOTED AND SIGN
			5/2/03	0730 HOURS	
			① It General Surgery		
			done to PT DIC		
			to EDW camp		
				(b)(6)-2	8/MAY/03 0730
				(b)(6)-2	

FORM 4256 1 APR 79

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			08 May 03	0912	
			D/C to facility for rehab		
			(b)(6)-2		

WING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			2003 05 11	0732	HOURS
			- Physical Therapy to see + work on low extremity contractures.		

WING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	(b)(6)-2
			faculty when available		
			- Restored I caps his priv		

WING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			17 12 03		HOURS
			D/C to MP custody		

WING UNIT	ROOM NO.	BED NO.

4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

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								
6 May 03	(b)(6)-2	D/C Foley cath, IF NO VORS by 6:45	6 May 03	1140	1140	(b)(6)-2								
6 May 03	(b)(6)-2	START CIC QTD IF URGENT START DITROPAN XL 5mg P.O. QDPM (IF NEEDED WRITE ORDER ON REVERSE)												
8 MAY 03	(b)(6)-2	IF General Surgery done pt D/C to EPW CAMP				(b)(6)-2								
8 MAY 03	(b)(6)-2	D/C to EPW CAMP				(b)(6)-2								
8 MAY 03	(b)(6)-2	D/C to Facility for Rehab	8 MAY 03			(b)(6)-2								
Order/Expir. Date	Clerk/Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION											
			TIME/DATE DISPENSED											
5/11/03	(b)(6)-2	Tylenol #3 PRN Q4hrs PRN	4 May 03 0330	5 May 03 0700	6 May 03 1130	6 May 03 2230	7 May 03 0210	7 May 03 0800	7 May 03 1535	7 May 03 2145	8 May 03 0235	8 May 03 1100	8 May 03 2035	9 May 03 0015
7 May	(b)(6)-2	EUCERIN CREAM to Buttock PRN												
4 MAY 03	(b)(6)-2	Tylenol #3 PRN Q4hrs PRN	4 MAY 03 1400	4 MAY 03 1700	10 MAY 03 0145	10 MAY 03 0330								
11 May 03	(b)(6)-2	Restbed 1 HS PRN												

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

Mo. 05 Yr. 03

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	4	5	6	7	8	9	10	11	12		
5/4	-----	VS routine	07	(b)(6)-2										
	-----		15											
	-----		23	(b)(6)-2										
5/4	-----	Foley to gravity	07	(b)(6)-2										
	-----		15											
	-----		23	(b)(6)-2										
5/4	-----	REG DIET	07											
	-----		12											
	-----		19	(b)(6)-2										
5/4	227	PT → ROM & Ambulation	07	(b)(6)-2										
	-----		15											
	-----		21											

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:
 @ Knee GSW
 Concussion

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

24 01 02 03 04 05 06

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF						MTF LOCATION		ADMISSION AND CODING INFORMATION											
(b)(3)-1						JLZ		(State or Country Code.)											
3. REGISTER NUMBER						NAME (Last, First, Middle Initial)						4. PAY GRADE		5. SEX					
(b)(6)-4						EPW						16		17		18 M			
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION			8. RACE		9. ETHNIC		RELIGION						
19630101						40 Y			X		9								
10. LENGTH OF SERVICE				ETS		11. FMP		12. SOCIAL SECURITY NUMBER											
32						20		(b)(6)-4											
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS		ADMISSION											
						E		2100											
14. FLYING STATUS			15. BENEFICIARY CATEGORY			16. ZIP CODE OF RESIDENCE													
47			K78			09330000													
17. UNIT LOCATION (State or Country Code)			18. MOS				19. TRAUMA		PREV. ADMISSION										
62							IN		YEAR										
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION						WARD		NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE											
Direct						ICW2		ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)											
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY						TELEPHONE NUMBER OF EMERGENCY ADDRESSEE													
(b)(3)-1																			
21. TYPE OF DISPOSITION				22. MTF TRANSFERRED TO				23. DATE OF DISPOSITION (YYYYMMDD)											
05				75				20030512											
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYYYMMDD)											
AEAF				93				20030504											
27. LOCATION OF OCCURRENCE (Battle Casualty Only)				28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION (YYYYMMDD)											
JLZ				109				115											
FOR LOCAL USE DX: 0505 GOW R knee DX 9973 99662 EB799 5070 03019 E993 4020 78039 E992 40202 8911 40283 80110 5185 9221 5119 1123 2762 2059 Px: 960F, 9671, 0331 Trauma Inj 459																			
ADMITTING OFFICER (Signature)						SIGNATURE OF ADMITTING CLERK													
(b)(6)-2						(b)(6)-2													

1. REPORTING MTF										2. MTF LOCATION		ADMISSION AND CODING INFORMATION									
(b)(3)-1										J G		For use of this form, see AR 40-400; the proponent agency is OTSG									
3. REGISTER NUMBER										NAME (Last, First, Middle Initial)					4. PAY GRADE		5. SEX				
(b)(6)-4										(b)(6)-4					F		16 17 18				
6. DATE OF BIRTH (YYYYMMDD)							7. AGE AT ADMISSION			8. RACE		9. ETHNIC		RELIGION							
19 20 21 22 23 24 25 26							27 28 29			30		31		BACK-GROUND							
										I											
10. LENGTH OF SERVICE				ETS			11. FMP			12. SOCIAL SECURITY NUMBER											
32 33 34							35 36			37 38 39 40 41 42 43 44 45											
							9 9			(b)(6)-4											
ORGANIZATION (Active Duty Only)							13. MARITAL STATUS			HOUR OF ADMISSION		BRANCH / CORPS									
							46			2100											
14. FLYING STATUS			15. BENEFICIARY CATEGORY						16. ZIP CODE OF RESIDENCE												
47 48 49			50 51 52						53 54 55 56 57 58 59 60 61												
MO																					
17. UNIT LOCATION (State or Country Code)			18. MOS				19. TRAUMA			PREV. ADMISSION YEAR											
62 63			64 65 66 67 68 69 70 71				I W			YEAR <input type="checkbox"/> NO											
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION				WARD			NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE														
Direct				ICW2																	
							ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)														
							TELEPHONE NUMBER OF EMERGENCY ADDRESSEE														
21. TYPE OF DISPOSITION		22. MTF TRANSFERRED TO					23. DATE OF DISPOSITION (YYYYMMDD)														
73 74		75 76 77 78 79 80					81 82 83 84 85 86 87 88														
							20030512														
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYYYMMDD)													
89 90 91 92				93 94 95 96 97 98				99 100 101 102 103 104 105 106													
A E A F								20030504													
27. LOCATION OF OCCURRENCE (Battle Casualty Only)		28. MTF OF INITIAL ADMISSION					29. DATE INITIAL ADMISSION (YYYYMMDD)														
107 108		109 110 111 112 113 114					115 116 117 118 119 120 121 122														
FOR LOCAL USE																					
GOW R Kone																					
ADMITTING OFFICER (Signature, as required)						SIGNATURE OF ADMITTING CLERK															
(b)(6)-2						(b)(6)-2															

DA FORM 2985, MAR 2000

EDITION OF MAR 89 IS OBSOLETE

USAPA V1.00

MEDCOM - 5389

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF LOCATION						7. MTF LOCATION		(b)(3)-1 I 6 (b)(6)-4															
1	2	3	4	5	6	7	8													(State or Country Code.)			
3. REGISTER NUMBER						NAME (Last, First, Middle Initial)						4. PAY GRADE		5. SEX									
9	10	11	12	13	14	15	"b)(6)-4"						16	17	18								
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION			8. RACE	RELIGION													
19	20	21	22	23	24	25	26	27	28	29	30	I											
10. LENGTH OF SERVICE						11. FMP			9. ETHNIC														
32	33	34	ETS			35	36	31 GROUND BACK GROU															
13. MARITAL STATUS						12. SOCIAL SECURITY NUMBER																	
46						37 38 39 40 41 42 43 44 45																	
15. BENEFICIARY CATEGORY						16. ZIP CODE OF RESIDENCE																	
50 51 52						53 54 55 56 57 58 59 60 61																	
17. UNIT LOCATION (State or Country Code)						18. MOS						19. TRAUMA						PREV ADMISSION					
62	63	64	65	66	67	68	69	70	71	IN						YEAR							
72. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION						WARD						NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE											
Direct						ICW2						ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)											
73. TYPE OF DISPOSITION						22. MTF TRANSFERRED TO						23. DATE OF DISPOSITION (YYYYMMDD)											
73	74	75	76	77	78	79	80	20030512															
74. CLINIC SVC - ADMITTING						25. MTF TRANSFERRED FROM						26. DATE THIS ADMISSION (YYYYMMDD)											
89	90	91	92	93	94	95	96	97	98	20030504													
75. LOCATION OF OCCURRENCE (Battle Casualty Only)						28. MTF OF INITIAL ADMISSION						29. DATE INITIAL ADMISSION (YYYYMMDD)											
107	108	109	110	111	112	113	114	115 116 117 118 119 120 121 122															
FOR LOCAL USE																							
G3WR Kane																							
ADMITTING OFFICER (b)(6)-2												SIGNATURE OF ADMITTING CLERK (b)(6)-2											

(b)(6)-4

PW) ~ ~

(b)(3)-1

Ⓜ Knee GSW ; (povs 1 + D ^{done} at some point)

~~Evaluated 4/19/03~~

Confirmed EPW!

Can't be released to local
Hospitals.

Can be released to another
Military Hospital.

~~_____~~
~~_____~~
~~_____~~
~~_____~~

(b)(6)-4

(b)(6)-4

MEDCOM - 5391

Red 14

(b)(3)-1

Name: ,

CHCS Name (b)(6)-4

(b)(6)-4

Date of Admission: 4/18/2003

Date of Transfer:

Prognosis: Good

History: 40's something year old Iraqi Man admitted from Field Hospital with poor records, but at best as with the diagnosis as below, admitted to (b)(3)-1 Patient admitted intubated. apparently injury, unconscious and incoherent.

Hospital Course:

Admitted to ICU 2. Extubated. Abx as above. Transferred out of icu 4/21/03 to 4 For STB. Continues c Candida rash. Signed out to medicine, for primary care. Cont PT **NEUROLOGY** :EVAL 4123: exam mc diffuse axonal injury. Priorities are mobilizati

Diagnoses:

- 1. Right knee gsw: soft tissues only, presumptively on 4/9/03; I & D'd at some point and now skin closed fracture; Sutures due out any time, week of 4/28/03.; Right arm small skin defect: dry gauze only need
- 2. Concussion: CT scan Brain: negative here (no prior ct done) , flat affect, probably has rue weakness All other fine. PT working with pt.
- 3. Pneumonia vs pulm. contusion : patient admitted intubated; extuba
- 4. F.U.O: febrile on admit: unclear source: pancultured; started on Rocephin and tobramycin, dlc'd 412 Extensive Intercrural Candidiasis Dermatitis with extension to perianal area, upper LE and mid back, c

Surgeries/Treatment

I&D Right knee, skin closed; date unknown

Recommendations:

- 1. Continue Diflucan and Nystatin for Candida dermatitis.
 - 2. Will need PT for strengthening, probably weakness, needs rehab facility.
- Neurology: Priorities are mobilization, PT, rehab

SpecialNeeds: **Rehab facility**

Physicia

(b)(6)-2

CDR Dept of FAMILY PRACTICE

MEDCOM - 5392

Name: ,

CHCS Name (b)(6)-4

SSN: (b)(6)-4

Date of Admission: 4/18/2003

Date of Transfer:

Prognosis: Good

History: 40's something year old Iraqi Man admitted from Field Hospital with poor records, but at best as with the diagnosis as below, admitted to (b)(3)-1 Patient admitted intubated, apparently injury, unconscious and incoherent.

Hospital Course:

Admitted to ICU 2. Extubated. Abx as above. Transferred out of ICU 4/21/03 to 4 For STB. Continues c Candida rash. Signed out to medicine, for primary care. Cont PT NEUROLOGY: EVAL 4/23: exam mc diffuse axonal injury. Priorities are mobilization

Diagnoses:

1. Right knee gsw: soft tissues only, presumptively on 4/9/03; I & D'd at some point and now skin closed; no fracture; Sutures due out any time, week of 4/28/03.; Right arm small skin defect: dry gauze only ne
 2. Concussion: CT scan Brain: negative here (no prior ct done) , flat affect, probably has RUE weakness All other fine. PT working with pt.
 3. Pneumonia vs pulm. contusion : patient admitted intubated; extuba
 4. FUO: febrile on admit: unclear source: pancultured; started on Rocephin and tobramycin, d/c'd 4/2
- Extensive Intercrural Candidiasis Dermatitis with extension to perianal area, upper LE and mid back, c

Surgeries/Treatment

I&D Right knee, skin closed; date unknown

Recommendations:

1. Continue Diflucan and Nystatin for Candida dermatitis.
2. Will need PT for strengthening, probably weakness, needs rehab facility. Neurology: Priorities are mobilization, PT, rehab

SpecialNeeds: Rehab facility

Physician: I

T

LCDR Dept of FAMILY PRACTICE

MEDCOM - 5393

b(3)-1

CHCS Name: b(6)-4

Date of Admission: 411812003

Date of Transfer:

b(6)-4

EPW

Age:

Gender: M

History:

40's something year old Iraqi Man admitted from Field Hospital with poor records, but at best as gathered: with the diagnosis as below, admitted to b(3)-1 Patient admitted intubated, apparently since day of injury, unconscious and incoherent.

Hospital Course:

Admitted to ICU 2. Extubated. Abx as above. Transferred out of icu 4/21/03 to 4 For STB. Continues care to Candida rash. Signed out to medicine, for primary care. Cont PT NEUROLOGY: EVAL 4123: exam most C/W diffuse axonal injury. Priorities are mobilizati

Diaanoses:

1. Right knee gsw: soft tissues only, presumptively on 4/9/03; I & D'd at some point and now skin closed; Xray here no fracture; Sutures due out any time, week of 4/28/03.; Right arm small skin defect: dry gauze only needed qd as of 4/22/03..
2. Concussion: CT scan Brain: negative here (no prior ct done), flat affect, probably has rue weakness, but moves it. All other fine. PT working with pt. 3. Pneumonia vs pulm. contusion: patient admitted intubated; extubated 4119103; off abx 4121103, 4. F.U.O: febrile on admit: unclear source: pancultured; started on Rocephin and tobramycin, d/c'd 4/21/03 5. Extensive Intercrural Candidiasis Dermatitis with extension to perianal area, upper LE and mid back, on Nystatin powder and Diflucan oral

Surgeries/Treatment:

I&D Right knee, skin closed; date unknown, ,

Recommendations:

1. Continue Diflucan and Nystatin for Candida dermatitis. 2. Will need PT for strengthening, probably has RUE weakness, needs rehab facility. Neurology: Priorities are mobilization, PT, rehab

Special Needs:

Rehab facility

Prognosis: Good

Physician: b(6)-2 LCDR Dept of FAMILY PRACTICE

4/24/2003

MEDCOM - 5394

(b)(6)-2

Name: ,

CHCS Name:

(b)(6)-4

(b)(6)-4

Iraqi civilian

Date of Admission: 4/18/2003

Date of Transfer:

Prognosis: Good

History:

40's something year old Iraqi Man admitted from Field Hospital with poor records, but at best as gathered: with the diagnosis as below, admitted to (b)(6)-1. Patient admitted intubated, apparently since day of injury, unconscious and incoherent.

Hospital Course:

Admitted to ICU 2:Extubated. Abx as above. Transferred out of icu 4/21/03 to 4 For STB. Continues care to Candida rash. Signed out to medicine, for primary care. Cont PT NEUROLOGY: EVAL 4/23: exam most C/W diffuse axonal injury. Priorities are mobilizati,

Diaanoses:

1.Right knee gsw: soft tissues only, presumptively on 4/9/03; I &D'd at some point and now skin closed; Xray here no fracture; Sutures due out any time, week of 4/28/03.; Right arm small skin defect: dry gauze only needed qd as of 4/22/03.; 2.Concussion: CT scan Brain: negative here (no prior ct done) , flat affect, probably has rue weakness, but moves it. All other fine.. PT working with pt. 3.Pneumonia vs pulm. contusion : patient admitted intubated; extubated 4/19/03; off abx 4/21/03; 4. FUO: febrile on admit: unclear source: pancultured; started on Rocephin and tobramvcin, d/c'd

Surgeries/Treatmen

I&D Right knee, skin closed; date unknown; ;

Recommendations:

1. Continue Diflucan and Nystatin for Candida dermatitis. 2. Will need PT for strengthening, probably has RUE weakness, needs rehab facility. Neurology: Priorities are mobilization, PT, rehab

SpecialNeeds:

Rehab facility

Physician:

(b)(6)-2

LCDR Dept of INTMED/CARD

5/3/2003

MEDCOM - 5395

(b)(3)-1

CASUALTY RECEIVING

CLINICAL RECORD

ABBREVIATED MEDICAL RECORD
(Sign all notes)

TRIAGE CATEGORY (Circle one)

DATE: 16 APR 03 Time: 1548 arrived on board USNS Comfort

Immediate

Transported by: Helo Boat Pier Other

Delayed

(Circle one) LITTER AMBULATORY

Minimal

AGE: ? 40's HEIGHT (#" in"): _____ Weight (lbs): _____

Expectant

INJURY: GSW to (R) Knee - ~~severe~~ 1st Dof (R) Knee

ALLERGIES: ? unknown

CURRENT MEDS: was on Percophene

PREVIOUS ILLNESSES: _____

LAST MEAL: (Date) ? (Time) _____

Events Preceding Injury: _____

VITAL SIGNS	TIME	TEMP	PULSE	B/P	RESP RATE	GCS	CAP REFILL (pres/abs)
ADMISSION	<u>1548</u>		<u>144</u>	<u>174/102</u>	<u>22</u>	<u>3</u>	<u>pres</u>
DISCHARGE							

Capillary Refill: = OR ≠

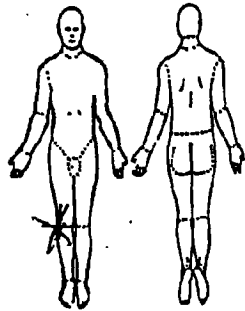
L reactive / sluggish / fixed (Circle one)

R reactive / sluggish / fixed (Circle one)

Glasgow Coma Score (GCS)

Points	Total "A"
A. Eye Opening	
Spontaneous 4	<u>1</u> (Total "A")
To voice 3	
To pain 4	
None 1	
B. Verbal Responses	
Oriented 5	<u>1</u> Total "B"
Confused 4	
Inappropriate words 3	
Incomprehensible words 2	
None 1	
C. Motor Responses	
Obeys command 6	<u>1</u> Total "C"
Localize pain 5	
Withdraw (pain) 4	
Flexion (pain) 3	
Extension (pain) 2	
None 1	

- INJURIES**
- Airway Obstruction Yes No
 - Breath Sounds (+ ↓ -)
 - Hemorrhage
 - Laceration
 - Puncture
 - Wound
 - Trauma, Amputation
 - Concussion
 - Fracture
 - Dislocation
 - Burn



LAB Trauma Panel

Hb/Hct

Lytes/BUN/Gluc

ABG

UA

T&C _____ units

Blood serum

urine

XRAY KUB

C-spine Cross-table lateral

CXR

Abdominal

RLE

IVP

Extremity

Head CT

BURN

1°	%
2°	%
3°	%

DIAGNOSIS:

- Level of Consciousness (LOC) (Circle one)
- A - Alert
 - V - Responds to Vocal Stimuli
 - P - Responds to Painful Stimuli
 - U - Unresponsiveness

Continue on reverse side

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

REGISTER NO. _____ WARD NO. _____

(b)(6)-4

(b)(6)-4

ABBREVIATED MEDICAL RECORD
STANDARD FORM 539
Prescribed by USAF/AFM

MEDCOM - 5396

FORM (41 CFR) 201-45, 505
510-110

IRWAY nasal (oral) Incubate nasal (oral) 8.5 mm lube @ 200 lock cm teeth / nares
 OXYGEN Room Air Face Mask @ 12 L / min OTHER _____

USES CHEST TUBE: size / site _____
 N/G: guaiac neg/pos NG tube (R) nares iced a tube (L) nares
 FOLEY: dipstick blood neg / pos _____

✓ SITES
PA (name line)
AC (name line)
 SIZE? H/L
10 G

✓ SOLUTION AMT INFUSED
 #1 LR @ KVO
 #2 1000cc
 #3 _____
 #4 _____

BLOOD PRODUCTS AMT INFUSED

TREATMENTS

- Oxygen
- Criethrotomy
- Tracheotomy
- IV Sites
- Pressure Dressings
- MAST
- Apply Hemostat
- Sutures
- Tourniquet
- Bandage
- Spilit
- Cast
- _____
- _____

PERITONEAL LAVAGE
 Comments _____

Results: **POSITIVE** **NEGATIVE**
(Circle one)

OUTPUT
 Chest Tube _____ cc
 Gastric _____ cc
Foley 1000 + 1000 cc

TOTAL INTAKE _____ cc TOTAL OUTPUT _____ cc

MEDICATIONS	Dose	Route	Time	Initials	MEDICATIONS	Dose	Route	Time	Initials
Morphine					Fentanyl	1000ug	IVP	1736	RC
					Propofol	120mg	IVP	1804	RC
Mefoxin									
Ancel									
Tet Tox									
Hypertet									

DATE	HOUR		TRANSFERRED TIME _____ to OR ICU	BURN ICU	WARD: _____
	AM.	P.M.			
2 APR 02	1642		PT to CT for head CT.		
	1716		PT return from CT. Will inspect posterior + get rectal temp. N/G tube to LWS.		
	1739		Rectal temp 101.4		
	1755		Report called to ICU. LCDR (b)(6)-2		