MEDICAL RECORD		DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START	STOP	RX DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
4/18/03 1650		(1) Transfer to ICU: Team 1: #171: or room #7144. Consults: — Unresponsive; S/P. — ~~Neurosurgery~~	(b)(6)-2	(b)(6)-2
		(2) Dx: S/P — (R) knee GSW. — Intraoral candida * TO BACK candida dermatitis. — ICU Team		
		(3) Condition: Guarded.		
		(4) Vital: ICU routine		
		(5) Allergy: Unknown		
		(6) Activity: Bed rest; turn Q 2 HRS.		
		(7) Nursing: STRICT I & O's NGT TO LIS; vent settings: Foley to gravity.	IV 750 mL 50% FIO2 rr: 12 PEEP: 5	
		(8) Diet: NPO for now.		
		(9) IVF: D5 1/2 NSS ē 20 meq/L KCl @ 125 cc/HR. CASREC: LABS: (P)		
		(10) LABS: Q AM: CBC ē diff; BMP, Mg, PHOS. If febrile TO ≥101°F = panculture: BCx (aerobic, anaerobic II → FUNGAL). UCx; sputum culture.		
		(11) Meds: Rocephin 2gm IV Q8° Tobramycin 100 mg IV Q8°, Diflucan 400 mg IV Q24° Nystatin powder: Apply to intertrigo folds and on affected skin areas in BACK.		

(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 Prescribed FPMR 10 508-110 1608 (Rev 10-75) and ICMR 8

MEDCOM - 5630

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
4-18-03			Nafcillin 2gram IVPB q4°		
21 PS			(b)(6)-2		
				(b)(6)-2	
					(b)(6)-2
19 Apr 03			Chest Vest	(b)(6)-2	(b)(6)-2
19APR03			D/C NG, feeding tube		
			D/C propofol		
			Extubate pt		
			Get pt OOB to chair		
			V.O. Dr. (b)(6)-2 (b)(6)-2	LTJG/NC	

(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. ICU #2

DOCTOR'S ORDERS

STANDARD FORM 508 (Rev. 10-75)
Prescribed by GSA and ICMR
3 (41 CFR) 201-45.505
111
☆U.S. GPO: 1988—201-760/80076

MEDCOM - 5631

MEDICAL RECORD		DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START	STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE / NURSE'S SIGNATURE
4/18/03. 1655			(12) Other meds:	
			ZANTAC 50 mg IV qd°.	
			(13) q AM portable CXR: ETT position	
			(14) Neuro checks q 4°	
			(15) Sedation per ICU team	
			(16) SCD's to LE	(b)(6)-2
4/18/03. 1834			(1) D5G Δ's: BID	
			(2) Forearm: iodoform wet to dry dry Δ → iodoform + cover dry gauze.	
			(2) Forearm scars: xenoform to scars + then cover dry gauze or bandage.	(b)(6)-2

Transcribed

(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 - 5632

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
19 APR 03	0930		UO [redacted] / Hu 2 [redacted]		
			(1) 100 Atrovent / 2.5mg Albuterol / ccc 2070 [illegible]		
			NEBS [redacted]		CRC
4/19/03 1200		(1)	Advance diet to clear liquids as tol dietary aware		
		(2)	pulm toilet / cough etc q 2-4 h PRN		
		(3)	CXR & CBC in AM	[redacted]	MD/CAR
			[redacted]		
19 APR 03 1500			D/C IV Maintenance Fluids		
			V.O. D. [redacted]	[redacted]	UTG/NC
4/20/03 1340		(1)	D/C iv Zantac	[redacted]	
		(2)	[redacted]	[redacted]	
		(2)	d/c atrovent / albuterol	[redacted]	[redacted]
		(3)	d/c chest PT - continue routine deep breath		
		(4)	Advance diet as tolerated	[redacted]	[redacted]
		(5)	Zantac 150 mg po BID	[redacted]	[redacted]
		(6)	Keep on (R) or (L) side most of the time		[redacted]
			attention to scrapes / wounds on back	[redacted]	
		(7)	Lovenox 30mg SC BID	[redacted]	[redacted] MD/CAR

(Continue on reverse side)

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

[redacted]

REGISTER NO.

WARD NO. ICU #2

Erved Pharmacy Noted HN [redacted] 1400 20/APR/03 [redacted]

[redacted]

DOCTOR'S ORDERS

MR (41 CFR) 201-45.505 8-111

☆U.S. GPO: 1988—201-760/80076

4/20/03 @ 2040 24hr Chart Check [redacted] Leave me

MEDCOM - 5633

MEDICAL RECORD		DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START	STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
4/21/03 ~~0830~~ 1230		(1)	May transfer TDW	(b)(6)-2	
		(2)	Please ask IM ward doctor to come see pt & write transfer orders. Am available for questions	(b)(6)-2 (b)(6)-2 MA/COR	
			noted (b)(6)-2 LTC/NC 21 APR 03 1206		
April 21 03 1330hrs			TRANSFER TO WARD - 4F (S)	(b)(6)-2	
			Dx - POSSIBLE CHEST CONTUSION TO CHEST		
			- GSW TO R FOREARM + R KNEE		
			- SUTURE WOUND ON R KNEE.		
			- R FOREARM WOUND PACK DAILY WET +	(b)(6)-2	
			- NAFCILLIN 2G Q6H. IV.		
			- DIET REGULAR - WILL NEED HELP.	(b)(6)-2	
			ACTIVITY - EN CONTINUE OOB → CHAIR.		
			- PT OR STAFF FOR AMBULATION.		
			- FLULON ALONE 200g BID		
			LOVENOX 30mg BID.		
			- LIDOX OINT TO REAR OR RAUK BID.		
			- VITALS Q SHIFT -	(b)(6)-2	
4/21/03 1400			D/S. QAM (Continue on reverse side)		

Faxed 4/21/03 @ 1500

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. Gen #2

DOCTOR'S ORDERS

ST Pt Ft 508b

D FORM 508 (Rev. 10-75) , GSA and ICMR 1. 806-8

MEDCOM - 5634

MEDICAL RECORD	DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START / STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE / NURSE'S SIGNATURE
April 21 03		[illegible]	(b)(6)-2
4p 2 [illegible]		[illegible]	(b)(6)-2
4/21/03 1600			
April 22 03		PLEASE DO O SHIFT BLOOD PRESSURES	(b)(6)-2
29 OT [illegible]		x [illegible]	(b)(6)-2
4/22/03 1000			(b)(6)-2
4/22/03 0930		① Δ drg Δ order in ② Arm. TD: Apply dry gauze over small skin defect Ø iodoform. Ø packing to defect.	(b)(6)-2
4/22/03 1000			(b)(6)-2
23 April 2003		0220 24° Chest/Left [illegible]	(b)(6)-2
24 April 2003		0522 24° Chest/Left [illegible]	(b)(6)-2
24 Apr 03 0806		1. CXR PA/LAT ASAP 2. CBC c diff 3. UA + culture 4. BC cultures X1 c 2 Bottles	(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

REGISTRAR (b)(6)-2

4-29-03 0845

DOCTOR'S ORDERS

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

MEDCOM - 5635

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
					(b)(6)-2
4/24/03		1	blood cult x2		
1500		2	urine culture		
		3	sputum if possible		
		4	imipenem 500 q8° IVPB 1500		
		5	fluconazole 200 qd po qd		
		6	NG tube		
		7	lidex to back/rash bid		
		8	bolus LR 1 liter ~1500		
		9	hand D5 1/2 NSS @ 125 cc/hr (in addition to current NSS)		
		10	pull TLC and send tip to lab for culture		
		11	vancomycin 1 gram IVP 1530		
		12	vancomycin level in AM 4/25		
		13	Chem-7 @ 2000		

(b)(6)-2 (b)(6)-2 CAPT/MC/USN

(b)(6)-2 (b)(6)-2 4/24/03 1600

(Continue on reverse side)

REGISTER NO. | WARD NO. CU2

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

(b)(6)-4

DOCTOR'S ORDERS

STANDARD FORM 508 (Rev. 10-75)
prescribed by GSA and ICMR
AMR 101-11, 808-8
508-110

MEDCOM - 5636

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
4/24/03 2200		(1)	Please send LP fluid for the following	(b)(6)-2
			(1) & (2) - cell cnt & differential	
			(2) Gram stain, Culture	(b)(6)-2
			(3) protein glucose	(b)(6)-2
			- please ask lab to save any	
		(2)	extra fluid x1	
		(3)	flat in bed for 2 hrs x1	
				(b)(6)-2
			CADT/	
			NOTED 4/24 2230	(b)(6)-2 RNS, RC
4/24/03 2300			V.O. DR (b)(6)-2 / RNS (b)(6)-2	(b)(6)-2
		(1)	Δ IVF to D5/½NS @ 200 cc/h	
		(2)	SST q6h ~~SoB~~ SQ PRN	(b)(6)-2
			insulin Protocol	RNS, RC
4/24/03 2305			V.O. DR (b)(6)-2 / (b)(6)-2	(b)(6)-2
		(1)	HGT OKAY to use	RNS, RC
4/24/03 0200			Verified	(b)(6)-2 RNS, RC

(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. 8W #2

DOCTOR'S ORDERS

DARD FORM 508 (Rev. 10-75)
ed by GSA and ICMR
101-11. 806-8
110

MEDCOM - 5637

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

TE AND TIME T	STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
25	03	1	Thiamine 100 mg iv/p qd x 3 d		(b)(6)-2
1815		2	folate (folic acid) 1 mg po QD		
		3	B12 (vitamin) 1 mg subcut x 1		
		4	TSH & FT4 ≈ next labs (Thyroid panel)	(b)(6)-2	(b)(6)-2
ERED TCS					

(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. EW#2

DOCTOR'S ORDERS

STANDARD FORM 508 (Rev. 10-75)
Prescribed by GSA and ICMR
PMR 101-11, 808-8
808-110

MEDCOM - 5638

MEDICAL RECORD		DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START	STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
25 Apr 03 1030		(1)	Dilantin 1gm IV load over 1° then 100mg IV TID	(b)(6)-2	
		(2)	Amp to NS 100cc/°	(b)(6)-2	
		(3)	OOB to chair BID	(b)(6)-2	
		(4)	Nebs (Albuterol, Atrovent, Mucomyst)	(b)(6)-2	(b)(6)-2
		(5)	ICS + PH		
		(6)	Pull NG PH		
		(7)	ABAT	(b)(6)-2	
		(8)	Lovenox 30mg SQ BID		
		(9)	Zantac 50mg IV Q8°		(b)(6)-2
		(10)	Td if not given, give 0.5cc IM		
		(11)	TON to floor		
		(12)	Dilantin QAM	(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.

WARD NO. ICU

DOCTOR'S ORDERS

STANDARD FORM 508 (Rev. 10-75)
prescribed by GSA and ICMR
FPMR 101-11.8205-6
508-110

MEDCOM - 5639

MEDICAL RECORD		DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START	STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE / NURSE'S SIGNATURE
4/25/03 1300		1)	TOW to floor	
		2)	Hx possible chest contusion, GSW to (R) knee / (R) FA	(b)(6)-2
		3)	condition: fair	(b)(6)-2
		4)	allergies: unknown	
		5)	contact precautions (acinetobacter)	
		6)	VS per ward routine (c̄ O2 sats)	
		7)	I/O per ward routine	(b)(6)-2
		8)	neuro VS	
		9)	TEDS/SCDS	
		10)	foley to gravity	
		11)	diet: advance as tolerated	(b)(6)-2
		12)	activity: 1 in chair BID	(b)(6)-2
		13)	NS @ 900cc/o x24°	
		14)	prn nasal cannula or FM to keep sats ≥ 93%	(b)(6)-2 (b)(6)-2
		15)	QAM CBC, chem 7, dilantin	
		16)	unipenem 500mg IVPB Q8° (NEXT DOSE @ 1600)	(b)(6)-2
		17)	fluconazole 200mg PO QD (NEXT DOSE 4/25 2100)	(b)(6)-2
		18)	lidex to back/rash BID (NEXT 2100)	(b)(6)-2
		19)	thiamine 100mg IVPB 4/26 and 4/27 (1000)	(b)(6)-2
		20)	folate 1mg PO 4/26 @ 1000	(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. (b)(6)-2

D NO.

(b)(6)-4

~~FWD~~ 4FWD PT

(b)(6)-4

DOCTOR'S ORDERS

DD FORM 506 (Rev. 10-75)
by GSA and ICMR
-11, 806-8

MEDCOM - 5640

MEDICAL RECORD	DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START / STOP / RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
Continued			
	21) SSRI SQ c̄ BG q̄ 6°		(b)(6)-2
	0-75 give one amp D50 and call MO		
	76-150 no action		(b)(6)-2
	151-250 2 units		
	251-350 4 units		
	351-450 6 units		
	>450 8 units and call MO		
	22) Dilantin 100 mg IV TID (NEXT @ 2000)		
	23) albuterol/atrovent/mucomyst		(b)(6)-2
	nebs c̄ CPT QID (NEXT @ 1800)		
	24) LOVENOX 30 MG SQ BID (NEXT @ 2100)		(b)(6)-2
	25) ZANTAC 50 MG IV Q8° (NEXT @ 2100)		(b)(6)-2
	26) incentive spirometry Q1° WX		
	(b)(6)-2		
	H 24-03 1600		
1-25-03 1925	1. Diet → Full Liquid with ensure between meals and hs.		(b)(6)-2
	2. Give ALL FLUIDS with patient sitting up.		
	3. good oral hygiene am + pm.		(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.

1/28/03 noted CDR (b)(6)-2

4 AND POR

(b)(6)-4

STANDARD FORM 508 (Rev. 10-75) Prescribed by GSA and ICMR FPMR 101-11. 808-8 5-110

MEDCOM - 5641

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
4-25-03		4.	Needs help with all liquids.		(b)(6)-2
Continued		5.	TURN frequently & encouragement to cough and deep breath q2h.		(b)(6)-2
		6.	Decubitus care BID		
		7.	Tylenol 4 tsp q4h pm temp > 100 (R). May use supp if elixir not tolerated.	(b)(6)-2	HPC
4/25/03			ordered (b)(6)-2 CDRS	(b)(6)-2	(b)(6)-2
4/26/03			0200 24° chest vent freeing	(b)(6)-2	
4/26/03		1	May substitute Fosphenytoin 100 PE (150 mg) for Dilantin 100 mg	(b)(6)-2	HA
				(b)(6)-2	(b)(6)-2
1041		1	D/C Lidex	(b)(6)-2	
		2	D/C Fluconazole	(b)(6)-2	
		3	D/C Nystatin		
		4	Vancomycin 1 gm IVPB q8hr	(b)(6)-2	
		5	Clotrimazole 1% cream bid to back & groin		(b)(6)-2
		6	Chest percussions PT q day		(b)(6)-2 HA

(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

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

WARD NO.

DOCTOR'S ORDERS

4-26-03

STANDARD FORM 509 (Rev. 10-75)
Prescribed by GSA and ICMR
FPMR (41 CFR) 201-45.505
-111

☆U.S. GPO: 1988—201-760/80076

MEDCOM - 5642

MEDICAL RECORD		DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START	STOP	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
26 Apr 03		(1) Blood cx x2	(b)(6)-2	
1252		(2) Fun O_2, titrate to pOx 90-92%		
		(3) Blood cx x2		
		(4) Bolus LR 1/2 NS flush 100		
		(5) D5W 2bo @ 100 cc/o x 24°		
		(6) BMP @ 1800 today, And 0600 tomorrow AM		
		(7) Dilantin + CBC 2bo tomorrow AM		
		(8) PA/LAT CXR in AM		
		~~(9) portable CXR now~~		
			(b)(6)-2	
			26 Apr 03 @ 1430	

(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 888 (Rev. 10-75)
Prescribed by GSA and ICMR
41 CFR) 201-45.505

MEDCOM - 5643

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START	STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
Apr 26 '03 1420		(2)	Send sputum for culture (i 1800 RT)		(b)(6)-2
		(3)	tobramycin 400 mg iv q 24° 1st dose now		
		(3)	tylenol 650 mg po/pr now + q 4° prn	(b)(6)-2	
			— [illegible]	(b)(3)-1 (b)(6)-2	CDR, NC USN
Apr 26 '03 1430		(2)	A Fluids to: no 1/2 NS 140 D5W @ [illegible] w/o (hyplock the second iv site)	(b)(6)-2	(b)(6)-2
				(b)(6)-2	
				4/26/03	

(Continue on reverse side)

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

b)(6)-4

REGISTER NO.

WARD NO.

DOCTOR'S ORDERS

STANDARD FORM 569 (Rev. 10-78) Prescribed by GSA and ICMR
ICMR (41 CFR) 201-45.505
JS-111
☆U.S. GPO: 1988—201-760/80076

4 FLUID PER

MEDCOM - 5644

MEDICAL RECORD		DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START	STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
4/26	1855		verbal order [redacted] Tobramycin dose ordered above to be scheduled Q24°	[redacted]
4/26/03	1900		Chart verified [redacted]	[redacted]
4/07/03		(1)	Dilantin level now and - [redacted]	
1025		(2)	9 AM ↑ INF (D5/½ NSS to 150 cc/hr	[redacted]
		(3)	begin tube feeds - Osmolyte HN @ 20 cc/hr via NG increase 9.4° to target 80 cc/hr as tolerated - [redacted]	
		(4)	PT consult - [redacted]	[redacted]
		(5)	CXR NOW/9AM [redacted]	[redacted]
			CAPI/hr [redacted]	
			NOTED [redacted]	
			[redacted]	

PATIENT'S IDENTIFICATION (For typed o
middle; grade; rank; rate; hospital or medical f

WARD NO.

DOCTOR'S ORDERS

TANDARD FORM 508 (Rev. 10-75)
escribed by GSA and ICMR
PMR 101-11. 808-8
1110

[redacted]

MEDCOM - 5645

MEDICAL RECORD		DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START	STOP	RX	DRUGORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
4/27/03 1200		1	D/C Tobramycin - (b)(6)-2		
		2	Amikacin 15 mg/kg/day IVPB once daily dose - (b)(6)-2		
		3	Clotrimazole 1% cream to groin + back bid - (b)(6)-2		
			(b)(6)-2	(b)(6)-2 COR, MC, USNR (UNDOSS) INFECTIOUS DISEASE (b)(6)-2	
			Noted HM3 (b)(6)-2		
4/27/03 1425			Dilantin 300mg IVPB NMW		
			(b)(6)-2		
			Noted HM	(b)(6)-2	

(b)(6)-4 ...ue on reverse side)

PATIENT'S ... me - last, first, middle: grad

REGISTER NO.	WARD NO.

DOCTOR'S ORDERS

(b)(3)-1

PERSONAL DATA PRIVACY ACT 1974

STANDARD FORM 508 (Rev. 10-75)
Prescribed by GSA and ICMR
FPMR 101-11. 806-8
108-110

MEDCOM - 5646

MEDICAL RECORD		DOCTOR'S ORDERS (Sign all orders)			
DATE AND TIME					
START	STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
28 Apr 03 1100		(1)	OOB to chair		(b)(6)-2
		(2)	n/c NG + TF		
		(3)	Regular diet		
		(4)	Weiss (Albuterol, Mucinex, 25% Mucc) Q6°		
		(5)	n/c MR		
		(6)	Q4° vitals		
		(7)	SSRI and call [redacted] every 6° & [illegible] results	(b)(6)-2 [redacted]	
		(8)	Cute protocol		
			noted 1100 28 Apr 03 [redacted]	(b)(6)-2 [redacted]	
29 Apr 03		(1)	Regular diet ordered yesterday. Already in Profile		(b)(6)-2
		(2)	OOB to chair all day		
		(3)	Flagyl 500 mg po/IV Q8° first [illegible]		
		(4)	Albendazole 400 mg po + 1		
		(5)	Dilaudid 500 mg IV over 1° then 1 200 mg IV TID		
		(6)	Imodium 1 po prn BM		
			noted 0930 29 Apr 03 [redacted]	(b)(6)-2 [redacted]	

(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 [redacted]

REGISTER NO.

WARD NO.

DOCTOR'S ORDERS

DARD FORM 508 (Rev. 10-75)
ed by GSA and ICMR
101-11. 508-8
.10

MEDCOM - 5647

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START	STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
1840 Apr 29, 03			TO from Dr. [redacted] / ENS	[redacted]	[redacted]
			1) D/C IV Dilantin Δ to Dilantin PO 200mg TID		
			2) Tylenol 650mg PO prn		[redacted]
			[redacted] ENS, NC		
			[redacted] ~~ENS, NC 4/29/03~~		
30 Apr 03 0207			24° Chart Check ENS	[redacted]	NC
30 Apr 03 0210			V.O. Dr [redacted] / ENS	[redacted]	
			1) Percocet ½ tabs po q4° PRN		
			Noted ENS [redacted]		
1 May 03 0140			24° Chart Check ENS	[redacted]	NC
2 May 03 0141			24° Chart Check ENS	[redacted]	NC
~~2 May 03~~			VO: Dr. [redacted] / ENS	[redacted]	
	1140		DPT Consult, ROM exercises		
				[redacted]	
			1830 2 May 03		
3 May 03 0419			24° Chart Check ENS	[redacted]	

(Continue on reverse side)

PATIENT'S [redacted] me - last, first, middle; grad

REGISTER NO. | WARD NO.

DOCTOR'S ORDERS

[redacted]

PERSONAL DATA PRIV T

MEDCOM - 5648

DARD FORM 508 (Rev. 10-75)
ed by GSA and ICMR
101-11.506-8
110

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
5/3/03		1	D/C ~~[illegible]~~ Zantac (b)(6)-2		
1025		2	D/C Vancomycin (b)(6)-2		
		3	Δ albuterol nebs to MDI 2 pf q 6hr		D/C on D/C (b)(6)-2
		4	D/C flagyl (b)(6)-2		(b)(6)-2
		5	D/C Gurney - may place in normal bed		(b)(6)-2
		6.	D/C daily CBC (b)(6)-2		
		7.	OOB to Chair for 1 hour bid (b)(6)-2		
		8.	Pt consult - attempt ambulate (b)(6)-2		
			c assist. (b)(6)-2		
		9	5 more days Imipenem + Amikacin (b)(6)-2		
			in computer (b)(6)-2		
		10	D/C central line (b)(6)-2 (b)(6)-2		
			& peripheral placed (b)(6)-2		
				03 May 03 C 1430 (b)(6)-2	NS NC

(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

...ral Services Administration and
...ergency Committee on Medical Records
...R 101-11.806-8
...tober 1975

MEDCOM - 5649

NAVMED 655018 (REV. 4-74) S/N 0105-LF-216-5581

MEDICAL RECORD | **MEDICATION ADMINISTRATION RECORD**

SCHEDULED DRUGS — MONTH APR 19 2003 — DATES GIVEN

ORDER DATE	MEDICATION-DOSAGE-FREQUENCY ROUTE OF ADMINISTRATION	HOURS	4/20	4/21	4/22	4/23	4/24	4/25	4/26
4/20	ZANTAC 150 mg PO BID	0600	X	(b)(6)-2					
		1800	(b)(6)-2						
4/20	LOVENOX 30 mg SQ BID	0600	X	(b)(6)-2					
		1800	(b)(6)-2						

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE

ADDRESSOGRAPH PLATE

(b)(6)-4

WARD NO. ICU #2

Injection Site Code

① = Left Buttock ⑤ = Left Leg
② = Right Buttock ⑥ = Right Leg
③ = Left Deltoid ⑦ = Left Arm
④ = Right Delt[illegible] [illegible] = Right Arm
⑨ = [illegible]

SINGLE DOSE, PRE-OP PRN & VARIABLE DOSE ORDERS SEE REVERSE

MEDCOM - 5650

NAVMED 6550/8 (REV. 4-74) S/N 0105-LF-216-5581

MEDICAL RECORD	MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS — MONTH Apr 19 07 — DATES GIVEN

ORDER DATE	MEDICATION- DOSAGE- FREQUENCY ROUTE OF ADMINISTRATION	HOURS	21	22	23	24	25	26	27
4/21	Nafcillin 2 gram Q6 IVPB	0600	X		(b)(6)-2				
		1200		(b)(6)-2					
		1800	(b)(6)-2						
		2400							
4/21	Fluconazole 200mg BID	0900	X	(b)(6)-2					
		2100	(b)(6)-2						
4/21	Lovenox 30mg SQ BID	0900	X	(b)(6)-2					
		2100	(b)(6)-2						
4/21	Lidex ointment to rash	0900	X	(b)(6)-2					
	to back BID	2100	(b)(6)-2						
4/21	Fosdyl tab PO T.I.D	0700	X		(b)(6)-2				
		1100	X	(b)(6)-2					
		1700	(b)(6)-2						
4/21	MVI tab po qd	0700	X		(b)(6)-2				
4/21	Folic Acid 1mg po qd	0700	X						
4/21	Triple lumen IV flush	0600	X						
	q D	1400	X	(b)(6)-2					
		2200	(b)(6)-2						

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(6)-2	(b)(6)-2			(b)(6)-2	(b)(6)-2

(b)(6)-4

Injection Site Code

① = Left Buttock
② = Right Buttock
③ = Left Deltoid
④ = Right Delt
⑤ = Left Leg
⑥ = Right Leg
⑦ = Left Arm
⑧ = Right Arm
Abdomen

WARD NO.

SINGLE DOSE, PRE-OP PRN & VARIABLE DOSE ORDERS SEE RNERSE

rack # 13

MEDCOM - 5651

MEDICATION ADMINISTRATION RECOR :k) S/N 0105-LF-216-5581

SINGLE ORDERS - PRE-OPERATIVE

MEDICATION-DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	TIME	INITIAL	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	TIME	INITIAL
Tylenol PR 650 mg	4/24	0335	(b)(6)-2				
Tylenol 650mg	4/24	0645					

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																

MEDCOM - 5652

NAVMED 6550/8 (REV. 4-74) S/N 0105-LF-216-5581 WKDA PE 10b2

MEDICAL RECORD	MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS — MONTH Apr 2003 — DATES GIVEN

ORDER DATE	MEDICATION-DOSAGE-FREQUENCY ROUTE OF ADMINISTRATION	HOURS	24	25	26	27	28	29	30
4/24	Imipenem 500mg IVPB q8°	0700 ~~0800~~	X	(b)(6)-2					
		1500 ~~1600~~	(b)(6)-2						
		2300 ~~2400~~	(b)(6)-2						
4/24	Fluconazole 200mg PO QD	2100	(b)(6)-2	Refuse	7 D'ced 4/26				
4/24	Lidex to Back/Rash BID	0900	X	(b)(6)-2					
		2100	(b)(6)-2			DC 4/26			
4/24	SSI BG q6°	0500	X	(b)(6)-2					
	Glucose 0-75 — Action: Give ½ Amp D50/Call MD	1100	X	(b)(6)-2					
	76-150 — No Action	1700	X	(b)(6)-2					
	151-250 — 2 units Reg. insulin SQ	2300	(b)(6)-2						
	251-350 — 4 units Reg. insulin SQ								
	351-450 — 6 units Reg. insulin SQ								
	>450 — 8 units Reg. insulin SQ/Call MD								
4/25	Thiamine 100mg IVPB qd x 3d	1000	X	(b)(6)-2		X	X	X	X
4/25	Folate (folic acid) - mg po 2d	1000	X			X	X	X	X
4/25	DILANTIN 100mg IV TID	0400	X	X	(b)(6)-2				
	* TIME F LOAD DOSE ENE	1200							
		2000		(b)(6)-2		changed 4/26			
4/25	albuterol/atrovent/	0600		X	(b)(6)-2				
	mucomyst NEBS &	1200		(b)(6)-2					
	CPT QID (RT AWAKE)	1800		(b)(6)-2					
		2400							

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(6)-2	(b)(6)-2			(b)(6)-2	(b)(6)-2

HWRS

ADDRESSOGRAPH PLATE

(b)(6)-4

Rock 1#

WARD NO.

Injection Site Code

① = Left Buttock ⑤ = Left Leg
② = Right Buttock ⑥ = Right Leg
③ = Left Deltoid ⑦ = Left Arm
④ = Right Delto' ⑧ = Right Arm
⑨ = en

SINGLE DOSE, PRE-OP PRN & VARIABLE DOSE ORDERS SEE REVERSE

MEDCOM - 5653

NKDA

MEDICATION ADMINISTRATION RE D (Back) S/N 0105-LF-216-5581

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION-DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL
Ringer LR Bolus	4/24	1500	(b)(6)-2	DILANTIN 100 mg IV ONS	4/25	1200	(b)(6)-2
Vancomycin 1 gm IVPB Now	4/24	1600		1° X ⊤	X	X	X
Reglan 10 mg IVP	4/24	2200		Td 0.5cc IM if	4/25	1200	(b)(6)-2
B/2 (vitamin) 1 mg	4/25	1000		not already given	X	X	X
subcut ✓ ⊤							

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE - FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN															
4/25	Tylenol (650 mg)	DATE	(b)(6)-2		4/26	4/26	4/26										
63	Lollipop Lozh	TIME	~~0210~~		0210	0600	1221										
	PRN Temp	DOSE	2			650	650										
	> 101 (63) mg	INIT.	(b)(6)-2			(b)(6)-2											
	Use suppos	DATE															
	elsewhere	TIME															
		DOSE															
		INIT.															
		DATE															
		TIME															
		DOSE															
		INIT.															
		DATE															
		TIME															
		DOSE															
		INIT.															
		DATE															
		TIME															
		DOSE															
		INIT.															
		DATE															
		TIME															
		DOSE															
		INIT.															
		DATE															
		TIME															
		DOSE															
		INIT.															

MEDCOM - 5654

PG 2 of 2

NAVMED 6550/8 (REV. 4-74) S/N 0105-LF-216.5581

MEDICAL RECORD	MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS — MONTH Apr 19 2003 — DATES GIVEN

ORDER DATE	MEDICATION-DOSAGE-FREQUENCY ROUTE OF ADMINISTRATION	HOURS	4/25	4/26	4/27	4/28	4/29	4/30	5/1
4/25	lovenox 30mg SQ BID	0900	(b)(6)-2						
		2100	(b)(6)-2						
4/25	Zantac 50mg IV q8°	0500	(b)(6)-2						
		1300							
		2100	(b)(6)-2						
4/25	Tylenol 4 tsp q4h PRN temp > 101(R) May use suppos. Elevate pt's head								
4/26	Fosphenytoin								
4/26	Dilantin 100mg IV TID	0400							
	*May substitute	1200		(b)(6)-2					
	Fosphenytoin 100 PE (150) mg.	2000							
4/26	Vancomycin 1gm IVPB q8h	0400							
		1400		(b)(6)-2					
		2200							
4/26	Clotrimazole 1% cream BID to back & groin	0900							
		2100							
4/26	Tobramycin 400mg IVPB q24°	1100							
		1700							

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
				(b)(6)-2	(b)(6)-2

ADDRESSOGRAPH PLATE

WARD NO.

Injection Site Code

① = Left Buttock ⑤ = Left Leg
② = Right Buttock ⑥ = Right Leg
③ = Left Deltoid ⑦ = Left Arm
④ = Right Deltoid ⑧ = Right Arm
⑨ = Left Thigh

SINGLE DOSE, PRE-OP PRN & VARIABLE DOSE ORDERS SEE REVERSE

b)(6)-4

MEDCOM - 5655

Electrolyte Protocol

MEDICATION ADMINISTRATION RECORD (Back) S/N 0105-LF-216-5581

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION-DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	TIME	INITIAL	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	TIME	INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE - FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN															
	KOUR 40meq po	DATE															
	(if K<4.0 meq/dL)	TIME															
	if taking po	DOSE															
		INIT.															
	KCL 40meq IV	DATE															
	over 4hrs, if	TIME															
	NPO or enteral	DOSE															
	Feed for K<4.0	INIT.															
	Calcium Gluconate	DATE															
	1amp IV over	TIME															
	15min if Ionized	DOSE															
	Ca^{++} <1.15	INIT.															
	Magnesium Sulfate	DATE															
	2gm IV over 30	TIME															
	min, if Mg	DOSE															
	< 2.0	INIT.															
	KPO_4 30mmol	DATE															
	in 250cc D_5W	TIME															
	or NS IV over	DOSE															
	4° if P<2.0	INIT.															
		DATE															
		TIME															
		DOSE															
		INIT.															
		DATE															
		TIME															
		DOSE															
		INIT.															

(b)(6)-4

MEDCOM - 5656

NAVMED 6550/8 (REV. 4-74) S/N 0105-LF-216-5581

MEDICAL RECORD | **MEDICATION ADMINISTRATION RECORD**

SCHEDULED DRUGS — MONTH MAY 15 2003 — DATES GIVEN

ORDER DATE	MEDICATION- DOSAGE- FREQUENCY ROUTE OF ADMINISTRATION	HOURS	3	4	5	6			
4/26	LOVENOX 30mg SQ BID	0900	(b)(6)-2						
		2100	(b)(6)-2						
4/26	ZANTAC 50mg IV Q8	0500							
		1300							
		2100							
4/26	VANCOMYCIN 1 GM NPB Q12	0200	(b)(6)-2						
		1400							
4/26	IMPINEM 500mg IV Q8	0700	(b)(6)-2						
5/3	X5 more days	1500	(b)(6)-2						
		2300							
4/28	ALBUTEROL 2.5% NaCL Q6	0600							
5/3/03	Δ'd to 2pf Q4'	1200							
		1800							
		2400							
4/27	AMIKACIN 15mg/kg Q24	0900	(b)(6)-2						
	CLOTRIMAZOLIZ 1% CREAM TO	0900							
	GROIN & BACK BID	2100	(b)(6)-2						
5/3	X5 more days								

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE

ADDRESSOGRAPHPLATE

(b)(6)-4

Injection Site Code

① = Leh Buttock
② = Right Buttock
③ = Left Deltoid
④ = Right Deltoid
⑤ = Lett Leg
⑥ = Right Leg
⑦ = Left Arm
⑧ = Right Arm
abdomen

WARD NO.

SINGLE DOSE, PRE- OP PRN & VARIABLE DOSE ORDERS SEE REVERSE

MEDCOM - 5657

NAVMED 6550/8 (REV. 4-74) S/N 0105-LF-216-5581

pg. 1 of 2

MEDICAL RECORD	MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS — MONTH 19____ — DATES GIVEN

ORDER DATE	MEDICATION-DOSAGE-FREQUENCY ROUTE OF ADMINISTRATION	HOURS	26	27	28	29	30	01	02
4/26	Lovenox 30mg SQ BID	09	X	(b)(6)-2					
		21	(b)(6)-2						
4/26	Zantac 50mg IV Q8	05	X						
		13	X						
		21	(b)(6)-2						
4/26	Vancomycin 1gm IVPB Q12	02	X						
		14	X						
4/26	Imipenem 500mg IV Q8	07	X						
		15	X						
		23	(b)(6)-2						
~~4/26~~	~~Tobramycin 5mg/kg Q24~~	~~17~~	(b)(6)-2						
4/26	Dilantin 100mg IV TID	04	X	(b)(6)-2			D/C	Δ dosage	
		12	X						
		20	(b)(6)-2						
4/26	Albuterol (Proventil) 2.5 & NaCl	06	X	(b)(6)-2				(b)(6)-2	
4/28 (renewed)	Q6	12	X	(b)(6)-2					
		18	X	(b)(6)-2		(b)(6)-2			
		24	(b)(6)-2			(b)(6)-2			
4/27	AMIKACIN 15 mg/kg Q24°	0900	X	(b)(6)-2					
	CLOTRIMAZOLE 1% cream to GROIN	0900	X	X	(b)(6)-2				
	+ BACK BID	2100	X	(b)(6)-2					

INITIAL CODE

INITIAL		INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(6)-2	(b)(6)-2	(b)(6)-2	(b)(6)-2		

(b)(6)-4

(b)(6)-4

(b)(6)-4

1 of 3

Injection Site Code

① = Left Buttock ■ = Left Leg
② = Right Buttock ⑥ = Right Leg
③ = Left Deltoid ⑦ = Left Arm
④ = Right Deltoid ⑦ = Right Arm
@ = [illegible]

WARD NO.

SINGLE DOSE, PRE-OP PRN & VARIABLE DOSE ORDERS SEE REVERSE

PERSONAL DATA PRIV ACT 1974

MEDCOM - 5658

(b)(3)-1

Electrolyte Protocol

ORD (Back) S/N 0105-LF-216-5581

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION-DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL
(b)(6)-4							
~~500 ml NS DDHSKT~~	~~4/26~~						
DILANTIN 800mg IVPB	4/27	1530	(b)(6)-2				
Dilantin 500MG BVPB x1	4/29	1050					
Albendazole 400MG PO x1	4/29	1100					

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN															
4/26	KOUR 40meq PO	DATE															
	(IF K<4.0 meq/dl.)	TIME															
	IF taking PO	DOSE															
		INIT.															
4/26	KCL 40meq IV	DATE	4/26	4/27	4/28	4/28	4/29	4/29									
	over 4 hrs, IF	TIME	2140	0020	0620	1200	1600	0725									
	NPO or enteral	DOSE	20mg	20mg	2mg	20mg	20mg	20mg									
	Feed for K<4.0	INIT.	(b)(6)-2														
4/26	Calcium Gluconate	DATE															
	1amp IV over	TIME															
	15 min. if Ionized	DOSE															
	Ca^{++} <1.15	INIT.															
4/26	Magnesium Sulfate	DATE															
	2gm IV over 30	TIME															
	min, if Mg.	DOSE															
	< 2.0	INIT.															
4/26	KPO4 30mmol	DATE															
	in 250cc D5W	TIME															
	or NS IV over	DOSE															
	4° if P<2.0	INIT.															
4/26	Tylenol 650mg	DATE	9/68														
	Supp PR ~~PO~~ Q6PRN	TIME	2000														
	T>101	DOSE	1														
		INIT.	(b)(6)-2														
4/26	Phenergan	DATE															
	12.5-25mg PO/IV	TIME															
	Q4PRN nausea	DOSE															
		INIT.															

MEDCOM - 5659

NAVMED 6550/8 (REV. 4-74) S/N 0105-LF-216-5581

.MEDICAL RECORD | **MEDICATION ADMINISTRATION RECORD**

SCHEDULED DRUGS			MONTH ____ 19 ____ DATES GIVEN						
ORDER DATE	MEDICATION- DOSAGE- FREQUENCY ROUTE OF ADMINISTRATION	HOURS	4/28	4/29	4/30	5/1	5/2	5/3	5/4
4/28/03	SSRI - Insulin Protocol SQ	0600	240 2u	104			112 Ø		
	0-75 give lamp D50 call MD/76-150:	1200	207 2u	110 Ø	110 Ø	98 Ø	154 2u		
	0action/151-250: 2 units regular insulin SQ/	1800	119 0action	103 Ø	104 Ø	101 Ø	110 Ø	Ø	
	251-350: 4 units reg. SQ /351-450: 6 units SQ/	2400	102 Ø	70	210		140 Ø	192 Ø	
	>450: 8 units SQ, call MD								
4/29/03	Flagyl 500MG PO/IV Q8°	0200							
		1000							
		1800							
4/29/03	Dilantin 200MG IV TID	0400							
		1200							
		2000							
4/29/03	Dilantin 200mg PO TID	0400							
		1200							
		2000							
4/30/03	ALBUTEROL UD QID	0800							
		1100							
		1500							
		1800							

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
	KLIAT				
	HAL/				

ADDRESSOGRAPH PLATE

WARD NO.

2 of 3

Injection Site Code

① = Left Buttock
② = Right Buttock
③ = Left Deltoid
④ = Right Deltoid
⑤ = Left Leg
⑥ = Right Leg
⑦ = Left Arm
⑧ = Right Arm
(domen

SINGLE DOSE, PRE- OP PRN & VARIABLE DOSE ORDERS SEE REVERSE

MEDCOM - 5660

MEDICATION ADMINISTRATION RECORD S/N 0105-LF-216-5581

SINGLE ORDERS - PRE-OPERATIVE

MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN																
4/29/03	Imodium + PO	DATE																
	prn BM	TIME																
		DOSE																
		INIT.																
4/29/03	Tylenol 650mg	DATE	4/29															
	Prn	TIME	1930															
		DOSE	650mg															
		INIT.	(b)(6)-2															
	AMBIAN 5mg	DATE	4/29															
	PO QHS	TIME	2224															
		DOSE	5															
		INIT.	(b)(6)-2															
	PERCOCETS II	DATE	4/30	5/1	5/2	5/3	5/4											
	PO Q4	TIME	0234	2015	2001	2445	0346											
		DOSE	II	II	2	II	II											
		INIT.	(b)(6)-2															
4/30	Meclizine 25mg	DATE																
	PO QD PRN	TIME																
	motionsickness	DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																

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