NSN 7540-01-075-3786

MEDICAL RECORD

EMERGENCY CARE AND TREATMENT *(Patient)*

LOG NUMBER | TRE[redacted] b(2)-2

RECORDS MAINTAINED AT

PATIENT'S HOME ADDRESS OR DUTY STATION

STREET ADDRESS: IRAQ

CITY | STATE | ZIP CODE

ARRIVAL

DATE *(Day, Month, Year)*: 29AUG03 | TIME: 1600

TRANSPORTATION TO FACILITY: MEDEVAC

SEX	DUTY/LOCAL PHONE		MILITARY STATUS				THIRD PARTY INSURANCE		
M	AREA CODE	NUMBER	ITEM	YES	NO	N/A	ITEM	YES	NO
			PRP				ADDITIONAL INSURANCE		
AGE	HOME PHONE		FLYING STATUS				DD 2568 IN CHART		
	AREA CODE	NUMBER	MEDICAL HISTORY OBTAINED FROM				NAME OF INSURANCE COMPANY		

CURRENT MEDICATIONS: ?

ALLERGIES: ?

INJURY OR OCCUPATIONAL ILLNESS

ITEM	YES	NO	WHEN *(Date)*
IS THIS AN INJURY?			WHERE
INJURY/SAFETY FORMS			
HOW			

EMERGENCY ROOM VISIT

DATE LAST VISIT | 24 HOUR RETURN ☐ YES ☐ NO

TETANUS

DATE LAST SHOT | COMPLETED INTITIAL SERIES ☐ YES ☐ NO

CHIEF COMPLAINT: (SW) (R) CHEST

CATEGORY OF TREATMENT

☐ EMERGENT

☒ URGENT

☐ NON-URGENT

TIME: 1600

I[redacted] b(6)-2

VITAL SIGNS

TIME	1600	1625		
BP	138/62	134/60		
PULSE	72	88		
RESP	24	16		
TEMP		100.0		
WT	100kg	100kg		

LAB ORDERS

☒ CBC/DIFF	☒ ABG	☒ PT/PTT	BHCG/URINE/BLOOD/QUANT
URINE C&S	☒ UA MSCC/CATH		☒ CHEM: Met 8
☒ BLOOD C&S X			

X-RAY ORDERS

☐	CXR PA & LAT/PORTABLE	☐	C-SPINE
☐	ACUTE ABDOMEN	☐	LS SPINE
☐	SINUS	☐	HEAD CT
☐	ANKLE R/L		

ORDERS

☒ PULSE OX ☐ MONITOR ☐ ECG

TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE

DISPOSITION: ☐ HOME ☐ FULL DUTY

DISPOSITION QUARTERS /OFF DUTY: ☐ 24 HRS. ☐ 48 HRS. ☐ 78 HRS.

MODIFIED DUTY UNTIL | RETURN TO DUTY

PATIENT/DISCHARGE INSTRUCTIONS

CONDITION UPON RELEASE: ☐ IMPROVED ☐ UNCHANGED ☐ DETERIORATED

ADMIT TO UNIT/SERVICE | TIME OF RELEASE

REFERRED ▶ | TO | WHEN

I have received and understand these instructions.

PATIENT'S SIGNATURE

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

[redacted] b(6)-4

EMERGENCY CARE AND TREATMENT *(Patient)*
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

NSN 7540-01-075-3786

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT *(Doctor)*	TIME SEEN BY PROVIDER

TEST RESULTS

CBC: WBC	SMAC		ABG/PULSE OX			RADIOLOGY	Check if read by radiologist ☐
CBC: H/H	SMAC		SUP 02	PH	PO2	RESULTS	
CBC: PLT	SMAC		PCO2	SAT	OTHER		
PT			U/A: DIP			EKG INTERPRETATION	
APTT	BHCG	ETOH / GLU	U/A: MICRO				

PROVIDER HISTORY/PHYSICAL

S: 28 y. Iraqi ♂ c GSW to ® chest. Seen @ ER. Chest tube placed ®; liver lac packed, diaphragm ® repaired, x-lap performed.

O: Paralyzed on vent
Lungs - Bilat breath sounds c wheeze.
Heart - RRR
Abd - soft, nondistended
® chest entrance wound (ant); ® post thorax exit wound.

CXR
Re-exp ant ®
Tube ok ®

KUB
⊖ fb

P: Surgery admit
ET tube advanced 2cm per Dr. [redacted] (c initial CXR)
b(6)-2

CONSULT WITH	TIME	ACTION

DIAGNOSIS

GSW chest, diaphragm, liver injuries

RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP

[redacted] b(6)-2
MASMC
b(2)-2

CODES

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

[redacted] b(6)-4

EMERGENCY CARE AND TREATMENT *(Doctor)*
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circ[illegible] 5

SECTION I - PATIENT ASSESSME[illegible]

DATE: 2 NOV 03 | PATIENT ACUITY LEVEL: III | POST-OP DAY: | HOSPITAL DAY:

TRANSFER

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:

Time 0912 To ICU2 From ICU1 ☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☒ STRETCHER

Total ER/RR/PACU time _____ Physician _____ Anesthesia (Specify): _____

Procedure/Diagnosis paraplegic / sacral ulcer B/P 119/62 P 72 R 16 T 97.4

LOC _____ Neurovascular checks _____

Dressing/cast _____ Tubes cdc stent

Intake (IV, po) _____ Output (EBL, other) _____ Voided ☒ No ☐ Yes Amount: _____

Medication _____

Other _____

Report From LT [redacted] b(6)-2 Received By LT [redacted] b(6)-2

VITAL SIGNS

TIME:	1010	2000	[illegible]													
BP ARTERIAL LINE	/															
BP CUFF	129/64	116/66	116/58													
TEMPERATURE	96.3	98.3	99.1													
PULSE	78	84	81													
RESPIRATORY RATE	14	16	16													
OXYGEN (L/%)	/															
PULSE OXIMETER	100	99%	97%													
O2 METHOD	RA	RA	RA													

Oxygen Method Key: NC = Nasal cannula; MT = Mist tent; NR = Non rebreather; PR = Partial rebreather; FM = Face mask; A = Aerosol; VM = Venturi mask; TC = Trach collar

PAIN

TIME:	2000									
PAIN INTENSITY (10 / 5 / 0)										
MED ADMINISTERED (Y/N)										
RELIEF ACCEPTABLE (Y/N)										

OTHER

TIME:										
FINGER STICK GLUCOSE										
INSULIN (Y/N)										

SPECIAL NEEDS

TIME: 1330

- *Skin breakdown prevention: NA
- *Falls prevention protocol: NA
- *Restraint protocol: NA
- *Seizure precautions: NA
- *Isolation precautions: NA

YESTERDAY'S WEIGHT: _____

TODAY'S WEIGHT: _____

WEIGHT CHANGE: _____

*Per hospital policy.

24 HOUR TOTALS	PO	IV #1	IV #2					TOTAL IN	Urine		Stool			TOTAL OUT

PATIENT IDENTIFICATION

C [redacted] b(6)-4

DIAGNOSIS: _____

DRG: _____ ADMISSION DATE: _____

LOS: _____ EXPECTED RELEASE: _____

CASE MANAGER: _____

PRIMARY CARE MANAGER: _____

ISOLATION REQUIRED (Specify): _____

All b(6)-2

SECTION ATIENT ASSESSMENT - REVIEW OF SYSTEM

DIRECTIONS: A check ✓ in the small box indicates patient assessment criteria have been MET. If one stated criteria are not met, a brief explanation of abnormal findings will be noted in the appropriate column.

	TIME: 1330 INITIALS: [redacted]	TIME: 1910 INITIALS: [redacted]	TIME: 2200 INITIALS: [redacted]
1. NEUROLOGICAL: Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light.	☑	☑	☑
2. CARDIOVASCULAR: Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)*	☑	☑	☑
3. PULMONARY: Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds.	☑	☑	☑
4. G.I.: Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/ swallowing. Denies constipation, diarrhea or rectal bleeding.	☐ Colostomy – Stoma pink/red. Poor appetite	☐ Colostomy leaking – Changed.	☐ colostomy Irrigant loose brown stool Stoma pink
5. G.U.: Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge.	☐ Foley	☐ Foley draining QS n/s yellow urine	☐ Foley to Clear yellow urine
6. MUSCULOSKELETAL: Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia.	☐ Paraplegic Total care	☐ Total care	☐ Paraplegia
7. SKIN: Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist.	☐ Sacral decub	☐ Sacral decub	☐ Stage III Sacral decub
8. PAIN: No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)*	☑	☑	☑
9. PSYCHOSOCIAL: Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others.	☑	☑	☑

10. IV SITE ASSESSMENT: (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness * - Central line)

TIME: 1330 INITIALS: [redacted]	TIME: 1910 INITIALS: [redacted]	TIME: 2200 INITIALS: [redacted]
IV patency ✓ q ___ hr:	IV patency ✓ q ___ hr:	IV patency ✓ q ___ hr:
IV site care provided:	IV site care provided:	IV site care provided:
IV tubing changed:	IV tubing changed:	IV tubing changed:
LOCATION CONDITION	LOCATION CONDITION	LOCATION CONDITION
IV Site #1: R forearm WNL	IV Site #1: R forearm WNL	IV Site #1: R forearm OK
IV Site #2:	IV Site #2:	IV Site #2:
Comments:	Comments:	Comments:

All b(6)-2

SECTION III - PATIENT INTERVENTIONS & TEA[illegible]

NEUROVASCULAR

SITE:	TIME:						
COLOR							
CAPILLARY REFILL							
TEMPERATURE							
EDEMA							
SENSATION							
MOTION							
PASSIVE FLEXION							
PERIPHERAL PULSE							

LEGEND

Color: P-pink (normal); C-cyanotic; W-pale, white
Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(>5 secs)
Temperature: C-cool; W-warm; H-hot
Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting
Sensation: A-absent; N-numb; T-tingling; S-sensation (present)
Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM
Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain
Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding; D-doppler, P-palpable

SAFETY

	TIME:	1330	1960	0700
ID band visible/legible		[redacted]		
Orient to environment prn				
Side rails (2/4) up		NA	NA	
Bed position low		[redacted]		
Call light within reach				

OTHER

Review & post lab results			
Notify MD abnormal labs			
Incontinent urine/stool			
Linen change prn			
Turn/reposition q2h			
ROM q2h if immobile			
Antiembolic hose			

DIET

	BREAKFAST	LUNCH	DINNER
TYPE:		Regular	regular
PERCENT CONSUMED:		30%	45%
HOW TOLERATED:		well	well
	☐ SELF ☑ ASSIST ☐ COMPLETE	☒ SELF ☐ ASSIST ☒ COMPLETE	☐ SELF ☐ ASSIST ☒ COMPLETE

ADLs

	0700-1500	1500-2300	2300-0700
BATH/ORAL CARE	☐ SELF ☒ COMPLETE ☐ ASSIST ☐ TOTAL	☐ SELF ☒ COMPLETE ☐ ASSIST ☐ TOTAL	☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL
TYPE OF ACTIVITY (Circle all that apply)	BEDREST (circled) AMBULATE BSC BRP CHAIR ☐ SELF ☐ ASSIST # TIMES/SHIFT	BEDREST (circled) AMBULATE BSC BRP CHAIR ☐ SELF ☐ ASSIST # TIMES/SHIFT	BEDREST AMBULATE BSC BRP CHAIR ☐ SELF ☐ ASSIST # TIMES/SHIFT

TEACHING

TIME: INITIALS:	TIME: INITIALS:	TIME: INITIALS:
CONTENT:	CONTENT:	CONTENT:
☐ Patient/Family Verbalizes Understanding	☐ Patient/Family Verbalizes Understanding	☐ Patient/Family Verbalizes Understanding

PATIENT IDENTIFICATION	INITIALS	SIGNATURE	SHIFT
[redacted]	CPT AN	[redacted]	D
	CPT AN		E
	LCC/AN		N

MEDCOM FORM 689-R (TEST) (MCHO) MAR 99

Page 3 of 4 pages

SECTION III - INTERVENTIONS & TEACHING (Cont)

WOUND CARE	TIME	LOCATION OF WOUND	APPEARANCE	TREATMENTS AND DRESSING CHANGE
	1945	Sacral decub	3.5 diameter - Beefy red.	Wet → dry

SECTION IV - NOTES

2NOV03) 1930: Sacral decub dressing changed, area is approx 3.5 inches in diameter mostly beefy red w/ some areas of gray discoloration towards the middle. Edema noted to left foot. Turned Q2 throughout shift

[redacted]

b(6)-2

MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circ)-5

SECTION I - PATIENT ASSESSME

DATE 8 Nov 03 | PATIENT ACUITY LEVEL : III | POST-OP DAY: | HOSPITAL DAY:

TRANSFER

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:

Time _____ To _____ From _____ ☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER

Total ER/RR/PACU time _____ Physician _____ Anesthesia *(Specify)*: _____

Procedure/Diagnosis _____ B/P _____ P _____ R _____ T _____

LOC _____ Neurovascular checks _____

Dressing/cast _____ Tubes _____

Intake (IV, po) _____ Output (EBL, other) _____ Voided ☐ No ☐ Yes Amount: _____

Medication _____

Other _____

Report From _____ Received By _____

VITAL SIGNS

	TIME:	1200															
	BP ARTERIAL LINE																
	BP CUFF	110/60															
	TEMPERATURE	98.8															
	PULSE	80															
	RESPIRATORY RATE	16															
	OXYGEN (L/%)																
	PULSE OXIMETER	98															
	O_2 METHOD																

Oxygen Method Key: NC = Nasal cannula; NR = Non rebreather; FM = Face mask; VM = Venturi mask; MT = Mist tent; PR = Partial rebreather; A = Aerosol; TC = Trach collar

PAIN

	TIME:	0830	1300							
	PAIN INTENSITY (10 / 5 / 0)	10 / 0	5 / 0							
	MED ADMINISTERED (Y/N)	Y	Y							
	RELIEF ACCEPTABLE (Y/N)	Y	Y							

OTHER

	TIME:									
	FINGER STICK GLUCOSE									
	INSULIN (Y/N)									

SPECIAL NEEDS

TIME: 0830

- *Skin breakdown prevention
- *Falls prevention protocol
- *Restraint protocol
- *Seizure precautions
- *Isolation precautions

YESTERDAY'S WEIGHT: _____

TODAY'S WEIGHT: _____

WEIGHT CHANGE: _____

*Per hospital policy.

24 HOUR TOTALS	PO	IV #1	IV #2					TOTAL IN	Urine		Stool			TOTAL OUT

PATIENT IDENTIFICATION

[redacted] b(6)-4

DIAGNOSIS: S/P end Sigmoid Colostomy

DRG: _____ ADMISSION DATE: 29 Sep

LOS: _____ EXPECTED RELEASE: _____

CASE MANAGER: _____

PRIMARY CARE MANAGER: [redacted] b(6)-2

ISOLATION REQUIRED *(Specify)*: _____

SECTION II PATIENT ASSESSMENT - REVIEW OF SYSTEMS

DIRECTIONS: A check ✓ in the small box indicates patient assessment criteria have been MET. If stated criteria are not met, a brief explanation of abnormal findings will be noted in the appropriate column.

	TIME: 0830 INITIALS: [redacted]	TIME: INITIALS:	TIME: INITIALS:
1. NEUROLOGICAL: Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light.	☑	☐	☐
2. CARDIOVASCULAR: Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)*	☑	☐	☐
3. PULMONARY: Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds.	☑	☐	☐
4. G.I.: Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/ swallowing. Denies constipation, diarrhea or rectal bleeding.	☐ colostomy c loose brown stool	☐	☐
5. G.U.: Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge.	☐ foley c cl yellow urine	☐	☐
6. MUSCULOSKELETAL: Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia.	☐ paraplegic, total care ~~able to move~~	☐	☐
7. SKIN: Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist.	☐ sacral decub ~~drsg~~ to midline-RDI	☐	☐
8. PAIN: No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)*	☐ see pg 1	☐	☐
9. PSYCHOSOCIAL: Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others.	☑	☐	☐

10. IV SITE ASSESSMENT: (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness * - Central line)

TIME: 0830 INITIALS: [redacted]	TIME: INITIALS:	TIME: INITIALS:
IV patency ✓ q ___ hr:	IV patency ✓ q ___ hr:	IV patency ✓ q ___ hr:
IV site care provided:	IV site care provided:	IV site care provided:
IV tubing changed:	IV tubing changed:	IV tubing changed:
LOCATION CONDITION	LOCATION CONDITION	LOCATION CONDITION
IV Site #1: (R) forearm OK	IV Site #1:	IV Site #1:
IV Site #2:	IV Site #2:	IV Site #2:
Comments: [redacted]	Comments:	Comments:

SECTION III - PATIENT INTERVENTIONS & TEACHING

NEUROVASCULAR

SITE:	TIME:					
COLOR						
CAPILLARY REFILL						
TEMPERATURE						
EDEMA						
SENSATION						
MOTION						
PASSIVE FLEXION						
PERIPHERAL PULSE						

LEGEND

Color: P-pink (normal); C-cyanotic; W-pale, white
Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(>5 secs)
Temperature: C-cool; W-warm; H-hot
Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting
Sensation: A-absent; N-numb; T-tingling; S-sensation (present)
Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM
Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain
Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding; D-doppler, P-palpable

SAFETY

	TIME: 0830					
band visible/legible	[redacted] b(6)-2					
Orient to environment prn						
Side rails (2/4) up						
Bed position low						
Call light within reach						

OTHER

Review & post lab results						
Notify MD abnormal labs						
Incontinent urine/stool						
Linen change prn						
Turn/reposition q2h						
ROM q2h if immobile						
Antiembolic hose						

DIET

BREAKFAST	LUNCH	DINNER
TYPE: Reg	TYPE: Reg	TYPE:
PERCENT CONSUMED: 25%	PERCENT CONSUMED: 25%	PERCENT CONSUMED:
HOW TOLERATED: well	HOW TOLERATED: well	HOW TOLERATED:
☒ SELF ☐ ASSIST ☐ COMPLETE	☒ SELF ☐ ASSIST ☐ COMPLETE	☐ SELF ☐ ASSIST ☐ COMPLETE

ADLs

	0700-1500	1500-2300	2300-0700
BATH/ORAL CARE	☐ SELF ☒ COMPLETE ☐ ASSIST ☐ TOTAL	☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL	☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL
TYPE OF ACTIVITY (Circle all that apply)	BEDREST, AMBULATE, BSC, BRP, CHAIR — ☐ SELF ☒ ASSIST — # TIMES/SHIFT:	BEDREST, AMBULATE, BSC, BRP, CHAIR — ☐ SELF ☐ ASSIST — # TIMES/SHIFT:	BEDREST, AMBULATE, BSC, BRP, CHAIR — ☐ SELF ☐ ASSIST — # TIMES/SHIFT:

TEACHING

TIME: 1300 INITIALS: ACB	TIME: INITIALS:	TIME: INITIALS:
CONTENT: encouraged to drink more fluids	CONTENT:	CONTENT:
☒ Patient/Family Verbalizes Understanding	☐ Patient/Family Verbalizes Understanding	☐ Patient/Family Verbalizes Understanding

PATIENT IDENTIFICATION	INITIALS	SIGNATURE	SHIFT
[redacted] b(6)-4	[redacted] b(6)-2	[redacted] b(6)-2 2LT/MN	1

SECTION III - INTERVENTIONS & TEACHING (Cont)

WOUND CARE	TIME	LOCATION OF WOUND	APPEARANCE	TREATMENTS AND DRESSING CHANGE
	0830	Sacral decub	3.5 diameter - beefy red	wet → dry → T ID

SECTION IV - NOTES

1500: Transferred to Iraqi hospital via stretcher. VSS. Foley to gravity. No % pain @ this time. [redacted] Sgt A

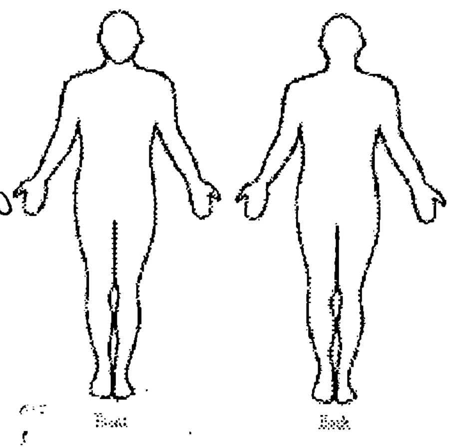
b(6)-2

624TH FORWARD SURGICAL TEAM
PATIENT RECORD

DTG IN: 29 AUG 03
TO OR: 1435
NAME: 28 [redacted] Iraqi
SSN:
UNIT:
WT LBS: 140
WT KG:
ALLERGIES: UNKNOWN

TIME OF INJURY:
DETAILS OF INJURY EVENT: Shot At American Soldiers - fire returned

GCS PRIOR TO ARRIVAL=



AIRWAY: FM 5L — PATENT / ETT / ORAL / NASAL

CHEST: Absent (R) side Bilat wheezing, wheezing ̄p intubation

RIGHT BS= LEFT BS=

NEURO: Alert — GCS=

HEAD, FACE, & NECK: clean

ABDOMEN: (R) T Quad GS - drsg firm, tender to touch Ø distend Ø BS

PELVIS: clean

UPPER LEGS: clean

LOWER LEGS: Clean

ARMS: clean

POSTERIOR: (R) side GS Small

TIME	IV	SZ	SITE
	1		~~field~~ Blown
~~1415~~	~~2~~	~~18~~	~~(L) FA~~ - Blown
1415	3	18	(R) FA
1420	4	18	(L) T Arm

LITERS OF FLUID IN: 1415 #1, 1420 #2, 1430 #3, 1432 #4

UNITS OF BLOOD IN:

TIME	MED & DOSE	INIT.
1420	Ancef 1gm Succ - 100	
1420	Fentyl 200	
	Amidiate 20mg	

TIME	INTERVENTION
1410	OXYGEN ON & RATE: 5L FM
	ETT SIZE:
	SURG. AIRWAY
1425	CT #1 & SITE: #36 (R) T
	CT #2 & SITE:
1430	FOLEY 16 F
	GASTRIC

ANESTHESIA / OR

TIMES	
IN:	1435
INCISION:	1441
PROC. END:	1540
TO ACW:	1540
ANESTESIA TECH:	
MAC:	
REGIONAL:	b(6)-2
GENERAL:	[redacted]

MEDICATIONS:
MIDAZOAM
PENTOTHAL
ETOMIDATE PROP
FENTANYL 250mcg
MSO4
SUCCINYL
ROCURONIUM
VECURONIUM 10mg
AGENTS: FORANE 1.5%
ANTIBIOTIC: 1gm (PRE)
REVERSAL: Ø
OTHER: SCOPALAMINE 0.4mg

FLUID TOTALS	
CRYSTAL:	4L
COLLOID:	300
EBV:	
EBL:	300
NG ~~U.O.~~	20
DRAINS:	
CHEST	450
FOLEY	250

VITAL SIGNS		
TIME:	1445	1535
BP:	125/68	98/42
HR:	70	68
RR:	10	10
SpO2:	100	100
TEMP:	98	98

PROC: EXP LAP

RECOVERY

TIME IN: O2 VIA & RATE:
SURGEON(S):
PROCEURE:
DRESSINGS:
TUBES:
DRAINS:

IV SITE RE-EVALUATION

IV	SZ	SITE	RATE	AMT IN BAG

POST-OP MEDICATIONS

TIME	MED & DOSE	ROUTE

CUMULATIVE I & O

INTAKE SOURCE	INTAKE AMT	OUTPUT SOURCE	OUTPUT AMT
TOTAL=		TOTAL=	

POST-ANESTHESIA RECOVERY SCORE
ADMIT=
30 MIN=
D/C=

VITAL SIGNS	ADMIT	D/C
BP:		
HR:		
RR:		
TEMP:		

MEDCOM - 18051

ACLU-RDI 1645 p.11

DOD-031625

PLAN OF CARE FOR SKIN BREAKDOWN AND WOUND MANAGEMENT

MEDICAL RECORD — **PROGRESS NOTES**

Admission Date: 19 Oct 03 **Diagnosis:** Paralysis c [redacted] **HD:** _____ **POD:** X 1

Date: 19Oct03 Time: 1700 RN Signature [redacted]

Skin breakdown as evidenced by (immobility), friction, [redacted], surgical wound, skin tear.

b(6)-2

Wound type: Surgical wound (s) Location: abd - 35cm In Size: _____ Drainage: X

Diabetic ulcer Tubes: _____ Pins: _____ Appearance: _____

Venous stasis ulcer Dressing change: _____

Other ✓ Describe: Thigh Donor site healed - L leg multiple abrasions healed.

Burn wound (s): % BSA _____ Partial _____ Full _____

Location: _____ Size _____

Appearance: _____

Dressing change: _____

Pressure Ulcer (s):

occipital Stage I, II, III, IV (Circle the one that applies and describe below) unable to stage due to wound covered c blood scab.

Location: Coccyx region Size: 10cm in diameter-irregular 1cm deep

Wound character: Pink ___ Moist ✓ Dry ___ Granulation tissue ___ Yellow slough ___

Tunneling ✓ Undermining ✓ Odor ___ Purulent discharge ___ Eschar ___ Exudates ___

7 o'clock to 11 o'clock position 8cm deep. c undermining 2½ deep 11° to 1° clock area

Refer to SOP for Dressing Change Instrucitons.

Please check the appropriate dressing Change:

- ☑ Wet to Dry Dressing Sacral
- ☐ Carrasyn-V GelDressing
- ☐ Alginate Dressing
- ☑ Comfeel Dressing occipital
- ☐ Pin Site Care
- ☐ J-Tube Care
- ☐ Colostomy Care
- ☐ Chest Tube Care
- ☐ Burn Care

NOTE: Document daily wound and dressing change on Progress Note or Nursing Note.

Select the appropriate products used:

- ☐ Sterile 4x4 gauze dressing
- ☐ Sterile 2x2 gauze dressing
- ☐ Sterile gloves
- ☑ Kerlix (super sponge)
- ☐ Gauze bandage
- ☑ Sterile Normal Saline
- ☑ Sterile Water
- ☐ 8 x 4 Sponge gauze
- ☐ Op-site
- ☑ Tegaderm clear dressing Sacral
- ☐ Alkare skin prep
- ☐ Comfeel clear
- ☑ Comfeel pressure ulcer drsg occipital
- ☐ Carrasyn-V Gel
- ☐ Alginate
- ☐ Bacitracin
- ☐ Silvadene Cream

Note: Be sure to pack loosely and pack all Tunneling & undermin

- ☐ Petrolatum gauze
- ☐ Hibicleanse
- ☐ Non-adhesive dressing
- ☐ Telpha Pad
- ☐ Carra-smart film
- ☐ Sterile Q-tip applicator
- ☐ Xeroform 5 x 9.
- ☐ Moisture barrier cream
- ☐ 0.125% Dakins sol
- ☐ Betadine Swab sticks
- ☐ ½ Hydrogen Peroxide & ½ Sterile Normal Saline

Select the frequency of dressing change:

- ☑ b.i.d.
- ☐ t.i.d

MD Signature and Date: Dr [redacted]

[redacted] b(6)-2

Patient's Identification (For typed or written entries give: Name-last, first, middle: Grade; rank; hospital or medical facility)

Medical Record, SF 509

[redacted] b(6)-4

MEDCOM - 18052

SKIN AND WOUND ASSESSMENT

MEDICAL RECORD — **PROGRESS NOTES**

Admission Date: **Diagnosis:** **HD:** **POD:**

Skin assessment must be done initially and every 7 days.

Braden Scale Evaluation (See Braden Evaluation Table for Details)

Sensory Perception	No impairment	4		**Mobility**	No limitations	4
	Slightly limited	(3)			Slightly limited	3
	Very limited	2			Very limited	2
	Completed	1			Completely immobile	(1)
Moisture	Rarely moist	(4)		**Nutrition**	Excellent	4
	Occasionally moist	3			Adequate (Eats >50%)	3
	Moist	2			Adequate (Rarely eats)	2
	Constantly moist	1			Very poor	(1)
Activity	Walks frequently	4		**Friction and Shear**	No apparent problem	(3)
	Walks occasionally	3			Potential problems	2
	Chairfast	2			Problems	1
	Bedfast	(1)	8			5

Add the total score **Total Score:** 13

- Above 20 — Low Risk
- Between 16 and 20 — Medium Risk
- Between 11 and 15 — (High Risk)
- Below 10 — Very High Risk

Note: A Braden Scale Score of less than 15 indicates **HIGH RISK**-requires immediate Ulcer Prevention program.

Surgical wound (s): Yes ✓ No__ Location: abd. Size: 35cm incision Drainage: Ø
Tubes: Ø Pins: Ø Appearance: Sutures intact/intact
Dressing change: Wash c Soap & H2O.

Burn wound (s): Yes__ No__ % BSA_____ Partial_____ Full_____
Location:_____ Size_____
Appearance:_____
Dressing change:_____

Pressure Ulcer (s): Yes ✓ No__
Stage I, II, III, (IV) (Circle the one that applies and describe below)
Location: Coccyx, occipital region Size: 8cm diameter
Wound character: Pink__ Moist ✓ Dry__ Granulation tissue__ Yellow slough_____ Tunneling ✓
Undermining ✓ Odor__ Purulent discharge Blood Eschar_____ Exudates_____
Type of dressing change: Wet-to-dry ✓ Comfeel dressing_____ Carrasyn-V Gel_____ Alginate_____

Physician notified/consulted for wound debridement: Yes__ No__ Date/time MD notified SIP wound debridement
CNS notified/consulted for Stage II and greater: Yes ✓ No__ D aware.
Nutrition Referral: Yes_____ No ✓ Dr [redacted] b(6)-2 consulted
Physical Therapy Referral: Yes_____ No ✓
Action taken:_____ Date & Time_____
Need dietary/PT tomorrow 21/oct/03
b(6)-2 [redacted]

REGISTER NO.	WARD NO.
	ICU 2

Patient's Identification (For typed or written entries give: Name-last, first, middle: Grade; rank; hospital or medical facility)

PROGRESS NOTES
Medical Record
STANDARD FORM 509

[redacted] b(6)-4

MEDICAL RECORD

PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

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

1. AGE:
HEIGHT:
WEIGHT:

2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): Unknown

3. PREVIOUS SURGERY [ ] NO [X] YES (type): Ex Lap

4. PROPOSED SURGICAL PROCEDURE: S/P GSW (R) Chest x Liver
Pt. on vent, CT x 2. Foley cath, A-Line,

5. ADDITIONAL INFORMATION: Last PO: NPO Medical Hx: ? Implants: Ø Medications: Versed Fentanyl Propofol Zantac Vecuronium
Jewelry removed: (yes)/no Family waiting: yes/(no)

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL ✓ Potential for anxiety related to traumatic injury; language barrier; family separation; surgical environment	Ø Pt. verbalizes any specific anxiety. Ø Pt. exhibits relaxed body posture.	Ø Allow pt. to verbalize freely. Ø Explain OR environment and answer questions regarding surgery. Ø Offer comfort measures, (e.g., warm blanket, touch) Ø Explain all nursing procedures before they are done. Ø Remain with pt. whenever possible. Ø Maintain family interface.
B. AERATION ✓ Potential for respiratory dysfunction due to sedation; positioning; injury	Ø PT. will be able to breathe without difficulty during immediate intra-operative phase.	Ø Offer to elevate head of litter or offer pillow. Ø Observe pt. while awaiting surgery for signs of distress Ø Assist anesthesia during intubation and extubation
C. INTEGUMENT ✓ Potential impairment of skin integuity due to bovie pad; position; fluid shift	Ø PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas.	Ø Utilize pressure preventing devices on OR table and accessories. Ø Check for proper positioning and support to maintain good body alignment. Ø Pad pressure points. Ø Place ESU ground pad on non compromised skin surface area. Ø Keep prep fluids from pooling.

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

EPW
[redacted] b(6)-4

DA FORM 5179, JUN 91 Previous editions are obsolete. USAPA V1.01

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION ✓ Potential for inadequate tissue perfusion due to anesthesia; traumatic injury; position; shock; previous surgery	ø Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).	ø Check for support stockings or ace wraps. If none, check with doctors. ø Check that safety straps are correctly applied. ø Offer pillow for under knees. o Place and take down legs from stirrups with slow bilateral motion. ø Check that rings have been removed.
E. NEUROMUSCULAR CONTROL E.1. ✓ Potential impairment of mobility due to sedation; pain; injury E.2. ✓ Potential discomfort due to injury; pain	ø Pt. will be transferred to OR table without difficulty. ø Pt. will not experience unnecessary physical discomfort.	ø Have sufficient people available for transfer. ø Insure proper body alignment. ø Allow patient to lie in position of comfort while waiting for surgery. ø Offer support (i.e., pillows, bathtowels, etc.) for positioning.
F. NEUROMUSCULAR CONTROL F.1. ✓ Disminished visual perception due to being injury; sedation; F.2. ✓ Potential for decreased communictaion due to language barrier; sedation F.3. Potential injury due to dentures.	ø Pt. will be made aware of surroundings prior to anesthesia induction. ø Pt. will be transferred safely to OR table. ø Pt. will be able to understand instructions. ø Minimize danger of injury during intraop period.	ø Introduce self. Keep pt. informed as to where he/she is and what is happening. ø Inform pt. in which direction to move and assist if necessary. ø Speak clearly and slowly. ø Address pt. from either side. ø Validate pt.'s understanding of verbal communications. ø Verify removal of dentures.
G. OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs.	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.	OTHER NURSING INTERVENTIONS. Or continuation of above interventions.

b(6)-2

10. [redacted] ENTIONS COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.
N/A 30 Aug 03 DATE

11. POSTOPERATIVE EVALUATION:
· No s/s of distress noted.

b(6)-2

12. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title [redacted] AS
DATE: 30 Aug 03 TIME: 1645

b(6)-2

13. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title [redacted] RN
DATE: 30 Aug 03 TIME: 1845

MEDICAL RECORD

PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

FOR Use this form. See AR 40-407: the Propone.. ..ency is The Office of the Surgeon General.

1. AGE 35

HEIGHT:

WEIGHT:

2. KNOWN ALLERGIC SENSITIVITIES (e.g.. Iodin, Tape, Medication)
☒ NKDA ☐ PCN ☐ LATEX ☐ IODINE ☐ TAPE ☐ FOOD
REACTION:

3. PREVIOUS SURGERY [ ] NO [X] YES (type):
s/p GSW (multiple sx's)

4. PROPOSED SURGICAL PROCEDURE:
Decubitus ulcer debridement

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition Decubitus
Tobacco ppd X vrs Body Piercing Diabetes (Y) (N) ROM ASA/Motrin W 72hrs (Y) (N)
ETOH Implants Respiratory Disease (Asthma COPD) (Y) (N) Anticoagulants (Y) (N)
Glasses/Contact (Y) (N) Dentures Hypertension (Y) (N) Herbal Medicines (Y) (N) MEDS: see chart

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL potential for anxiety related to: 1) Surgical Procedure& Operating Room Environment 2) Separation Anxiety (Child) 3) Surgical Outcomes	O Pt. verbalizes any specific anxiety. O Pt. Exhibits relaxed body posture.	O. Allow pt. to verbalize freely. O. Explain Or environment and answer questions regarding surgery. O. Offer comfort measures. (e.g. warm blanket. touch). O. Explain all nursing procedures before they are done. O. Remain with pt. Whenever possible. O. Maintain family interface. Parents to stay with pt.
B. AERATION Potential for respiratory dysfunction due to: 1) Positioning 2) Effects of Anesthesia 3) Medical/Smoking History	O Pt. will be able to breath without difficulty during immediate intraoperative phase.	O. Offer to elevate head of litter or offer pillow. O. Observe pt. While awaiting surgery for signs of distress. O. Assist anesthesia during intubatior and extubation.
C. INTEGUMENT Potential Impairment of Skin Integrity due to: 1) Intraoperative Immobility 2) ESU Pad Placement 3) Positional Aids 4) Prosthesis 5) Pooling of Prep Solutions	O Pt. will exhibit signs of impairment of skin integrity (e.g., reddened areas).	O. Utilize pressure preventing devices on OR table and accessories. O. Check for proper positioning and support to maintain good body alignment. O. Pad pressure points. O. Place ESU ground pad on non compromised skin surface area. O. Keep prep fluids form pooling.

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

4[redacted] b(6)-4

20Oct08

[redacted] b(2)-2

VERIFICATIONS AT HOLDING AREA:

! ID/Allergy Band ! Dentures Removed
! H & P ! Contacts Removed
! NPO Since 0700 ! Jewelry Removed
! ~~UHCG/LMP~~ ! Body Pierce Removed
! Consent/Blood Transfusion Signed/Witnessed/Dated N/A
! Surgical Site/Consent verified by N/A Pt./Anesthesia/Surgeon
! Contact precautions (Y) (N)
! Family/Friend: O

DA FORM 5179, JUN 91 Previous editions are obsolete. USAPA V1.0

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION C Potential for inadequate tissue perfusion due to: 1) Intraoperative Mobility 2) Positioning 3) Existing Disease 4) Safety Devices 5) Hypothermia	O Pt. will exhibit signs of adequate tissue perfusion (e.g. color, warmth. pedal pulse.	O Check foe support stocking or ace warps. if none, check with doctors. O Check that safety straps are correctly applied. O Offer pillow for under knees. O Place and take down legs from stirrups with slow bilateral motion. O Check that rings and all body piercing has been removed.
E. NEUROMUSCULAR CONTROL E.I. Potential Impairment of Mobility due to: 1) Pain 2) Intra operative Hazzards 3) prosthesis 4) Positioning 5) Transfer pt. To/form OR table E.2. Potential Discomfort Due to: 1) Length of Surgery 2) Positioning 3) Arthritis	O pt. will be transferred to OR table without difficultly. O pt. will be not experience unnecessary physical discomfort.	O Have sufficient people available for transfer. O Insure proper body alignment. O Allow patient to lie in position of comfort while waiting for surgery. O Offer support (i,e..pillows. Bath towel. etc) for positioning.
F. Special Senses F.I. Diminished visual perception due to being: 1) pre-medicated 2) W O GLASSES F.2. Potential for Decreased Communication due to: 1) Diminished Hearing 2) Language Barrier F.3. Potential Injury due to Dentures: 1) Upper 4) Caps 2) Lower 5) Crowns 3) Bridges	O pt. will be made aware of surroundings prior to anesthesia induction. O pt. will be transferred safely to OR table. O pt. will be able to understand instructions. O Minimize danger of injury during intraop period.	O Introduce self. keep pt informed as to where he. she is and what is happening. O Inform pt. in which direction to move and assist if necessary. Speak clearly and slowly. O Address pt. from L side. O Validate pt.'s understanding of verbal communication. O Verify removal of dentures.
G. OTHER PATIENT PROBLEMS NEEDS OR Continuation of Above problems/needs.	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.	OTHER NURSING INTERVENTIONS **OR continuation of above interventions.**

b(6)-2

10. OR NURSING INTERVENTION COMPLETE D/ADDITIONAL INTRAOPERATIVE INTERVENTIONS NOTED.

[redacted] CRTN 20040103 DATE

11. POSTOPERATIVE EVALUATION : SKIN INTEGRITY: Bovie Pad Site: ☒ Clean and Dry ☐ Red ☐ N/A DRESSING DRY & INTACT: (Y) (N)

LEVEL OF CONSCIOUSNESS: ☐ A&O ☒ Drowsy ☐ Sleepy ☐ Intubated

LEVEL OF ACTIVITY: ☐ MOVES ALL EXTREMITIES ☒ Moves Upper Extremities ☐ Transferred to Litter With roller due to spinal

BREATHING EASY: (Y) (N)

12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title) [redacted] CRTN

13. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title [redacted] CRTN

DATE: 20040103 TIME: 1500 b(6)-2 MEDCOM - 18057 TIME: 1620 b(6)-2

All b(6)-2 except last

MEDICAL RECORD — **INTRAOPERA[illegible] OCUMENT**

For use of this form, see AR 40-407, the propo[illegible] gency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA Litter BY Anesthesia

2. PATIENT IDENTIFIED [illegible] AND PROCEDURE
VERIFIED BY ILT [redacted]

3. DATE 30 Aug 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME 1635 NUMBER 2

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☒ OTHER *(Specify)*

COMMENTS: s/p GSW ® chest & Liver
Pt. intubated on vent, CT X2, A-Line, Foley cath.

6. NURSING PERSONNEL

ASSIGNED SCRUB	SPC [redacted] 91D	RELIEF SCRUB	
ASSIGNED CIRCULATOR	ILT [redacted] Nolet	RELIEF CIRCULATOR	CPT [redacted] 1750-1820

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

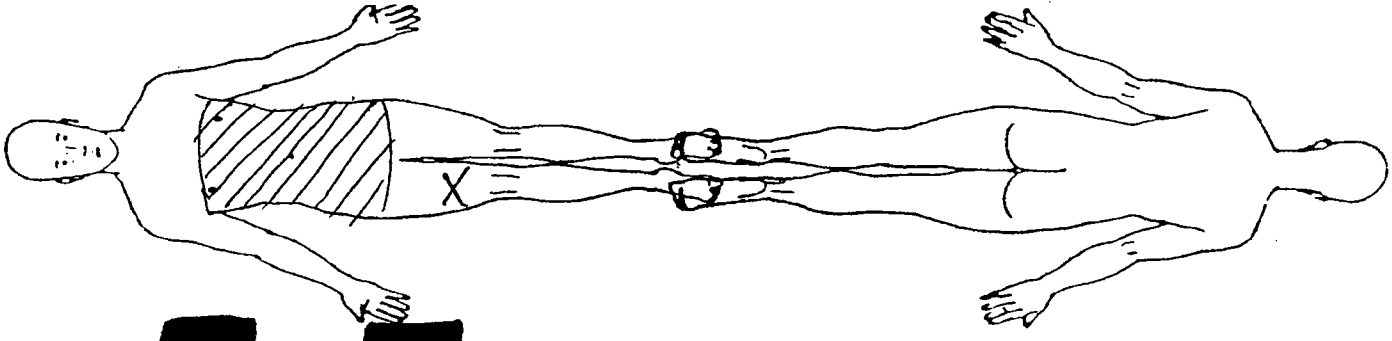
COMMENTS: Normal anatomic body alignment maintained.

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP
COMMENTS: N/A

PREP SOLUTION *(Specify)* Betadine / Betadine
SITE: Abdomen - nippleline BY WHOM: ILT [redacted]
SITE: to pubis - BY WHOM:
COMMENTS: No pooling or adverse reaction

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

Initial : SPC [redacted] ILT

10. COUNTS			C = Correct I = Incorrect Initial Other**	First Closing Count	Final Closing Count
Sponge	☒ Yes	☐ No	C	C	C [redacted]
Needle Sharp	☒ Yes	☐ No	C	C	C [redacted]
Instrument	☒ Yes	☐ No	C	C	C [redacted]
Other	☒ Yes	☐ No	C	C	C [redacted]

SCRUB	CIRCULATOR
SPC [redacted]	LT [redacted]
SPC [redacted]	CPT [redacted]

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

EPW
[redacted] b(6)-4

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

☒ ESU NO: R8E 10530S cut: 30 coag: 30, 50, 60, 150
GROUND PAD: BRAND VL Rem Adhesive II
LOT NO: 68936 Exp 2005-03

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA MEDCOM - 18058 H IS OBSOLETE. USAPA V1.00

ACLU-RDI 1645 p.18

DOD-031632

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

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☒ NO ☐

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
Surgicel Lot 13302164 Exp 2011c-09	Q.S.	intra-op	local application	MFR: [redacted]	Dr. [redacted] b(6)-2

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):
0.9% NaCl · Q.S.

OTHER ORDERS

	TIME	CARRIED OUT BY
[redacted]		

PH[redacted] b(6)-2

15. [redacted]ERATING ROOM YES ☒ NO ☐ IF YES, SITE Abdomen

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☒	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☒	NAME	NAME
CULTURE (C) YES ☐ NO ☒	NAME	NAME
NAME	NAME	NAME
NAME	NAME	18. DRESSING/IMMOBILIZATION *(Specify)* 4x8

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

TYPE/SIZE	1. 10mm JP x 2	2.	3.
SITE	1. Surgical ABD wound	2.	3.

19. ADDITIONAL INFORMATION b(6)-2
Surgeon: Dr [redacted] Dr. [redacted]
Anesthesia: CPT [redacted] b(6)-2

Portable X-ray of Abdomen done - no unintentional retained objects noted. [redacted] b(6)-2
DA 5179 initiated

20. OPERATION(S) PERFORMED
Exp Laparotomy c debridement + liver resection

21. PATIENT TRANSFERRED TO ICU3 b(6)-2 TIME 1845 METHOD Litter c O2

22. REGISTERED NURSE SIGNATURE [redacted] LT/N

REVERSE OF DA FORM 5179-1, OCT 8[redacted]

USAPA V1.00

MEDCOM - 18059

MEDICAL RECORD | **INTRAOPERATIVE DOCUMENT**

For use of this form, see AR 40-66, the proponent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERAT' ROOM: VIA Wheeled litter bed BY / Chest 9
2. PATIENT IDENTIF VERIFIED BY CPT, [redacted] b(6)-2 — RECORD REVIEWED AND PROCEDURE
3. DATE: 11SEP03 — TIME PATIENT ARRIVED IN SUITE: 1015
4. PATIENT IN ROOM TIME: 1015 — NUMBER: 2/1/3

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☒ OTHER (Specify) intubated.

COMMENTS: Allergies: NKA

6. NURSING PERSONNEL

ASSIGNED SCRUB	SPC [redacted] 91D b(6)-2	RELIEF SCRUB	SPC [redacted] 91D 1200 - EOC b(6)-2
ASSIGNED CIRCULATOR	CPT [redacted] 66E	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify) Pt on padded OR bed, Head on foam doughnut. Arms extended out to sides < 90° in CAP secured to padded armboards & safety straps, folded towels under heels

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

COMMENTS: Arms moved to tucked at sides & rolled sheets, towel in hands, foam doughnuts under heals. Correct Body Alignment maintained

8. SKIN PREPARATION

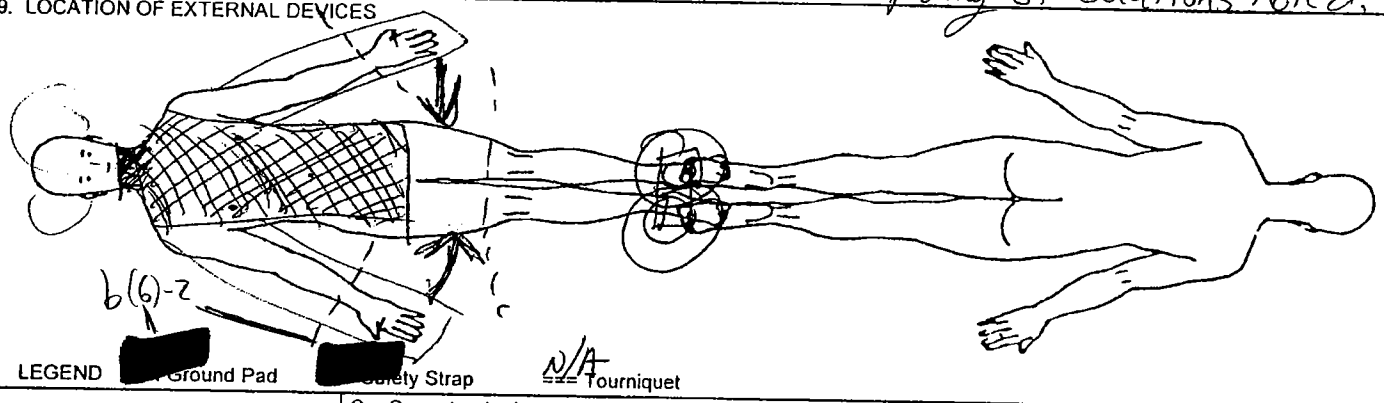
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION (Specify) Beta/Beta b(6)-2
SITE: abdominal BY WHOM: CPT [redacted]
SITE: (as below) neck. BY WHOM: CPT [redacted]

COMMENTS: no pooling of solutions noted.

9. LOCATION OF EXTERNAL DEVICES



10. COUNTS

C = Correct I = Incorrect

		Initial	First Closing Count	Final Closing Count
Sponge	☒ Yes ☐ No	C	C	C
Needle Sharp	☒ Yes ☐ No	C	C	C
Instrument	☒ Yes ☐ No	C	C	
Other	☐ Yes ☒ No			

SCRUB: SPC [redacted] b(6)-2 / SPC [redacted]
CIRCULATOR: CPT [redacted] b(6)-2 / "

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

[redacted] b(6)-4

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

☒ ESU NO: ASE 105305
GROUND PAD: BRAND Valleylab Polyhesive II REM
LOT NO: 68936 / 2005-03

☐ ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____

☐ BIPOLAR NO: _____

DA FORM 5179-1, OCT 87 — REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. — USAPA V1.01

All b(6)-2

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

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☒

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):
0.9% NaCl - QS.

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☒	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☒	NAME	NAME
CULTURE (C) YES ☐ NO ☒	NAME	NAME
NAME	NAME	NAME
NAME	NAME	18. DRESSING/IMMOBILIZATION (Specify) [redacted] 4x8 sponges + ABD + Silk tape.

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

TYPE/SIZE	1. 16F Malecot catheter	2. wet Kerlex packing	3. #8 CPC trach tube	4. 7Fr triple lumen catheter
SITE	1. G-tube stomach	2. abdominal incision	3. tracheostomy	L Subclavian

19. ADDITIONAL INFORMATION
WCTH
Surgeons: Dr [redacted] Anesthesia: MD [redacted] CRNA Anesthesia Type: Gen/Endo
Dr [redacted]

Bovie Pad site intact pre-op CDI; post-op CDI Bovie Settings: Coag/Cut 30/30 Blend 1
Tourniquet Site intact pre-op N/A; post-op ____
Tourniquet Time: Up N/A Down ____
pt redraped + prepped at neck + repositioned prior to trach placement.
5179 previously completed

20. OPERATION(S) PERFORMED
Gastrostomy Tube Placement, Triple Lumen Catheter Placement.
- Tracheostomy Placement

21. PATIENT TRANSFERRED TO ICU TIME 1225 METHOD wh [redacted] ICU Bed

22. REGISTERED NURSE [redacted] MEDCOM - 18061 PT/ITM

MEDICAL RECORD | **INTRAOPERATIVE DOCUMENT**

For use of this form, see AR 40-66, the proponent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERAT[ING] ROOM VIA Gurney BY esthesia

2. PATIENT IDENTIF[IED] RECORD REVIEWED AND PROCEDURE VERIFIED BY [redacted] CPT/A

3. DATE 21 Sep 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN RO[OM] TIME 0836 b(6)-2 NUMBER 2-1 (2)

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: Allergies: NKDA
Spanish Speaker

6. NURSING PERSONNEL

ASSIGNED SCRUB	SSG [redacted] 91D b(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	CPT [redacted] 66E	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

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

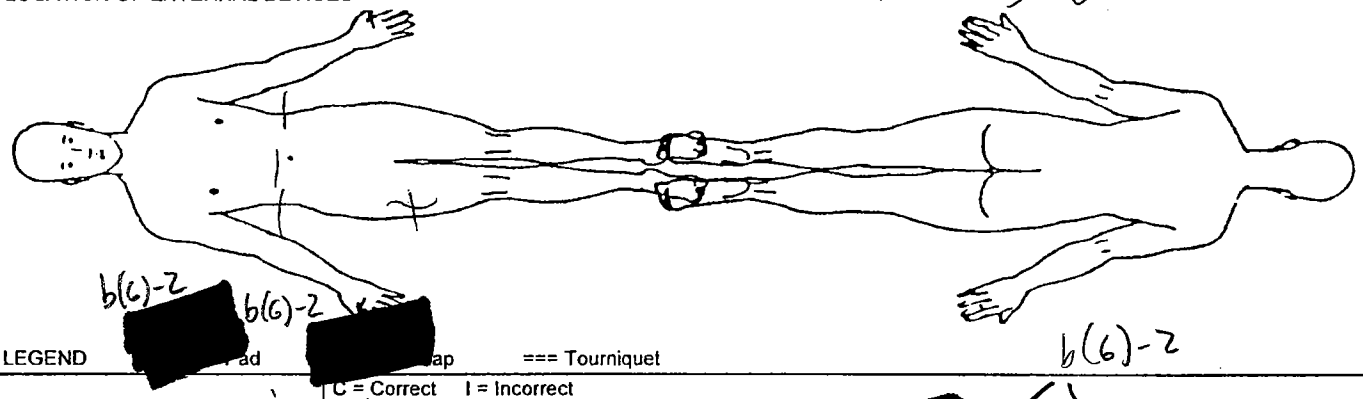
COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP
COMMENTS:

PREP SOLUTION (Specify) Betadine/Betadine BY WHOM: CPT [redacted] b(6)-2
SITE: (L) leg
SITE: BY WHOM:
COMMENTS: no pooling of prep noted.

9. LOCATION OF EXTERNAL DEVICES



LEGEND [illegible]ad [illegible]ap === Tourniquet

C = Correct I = Incorrect

10. COUNTS		Initial Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☒ Yes ☐ No	C		C		
Needle Sharp	☒ Yes ☐ No	C		C	SSG [redacted]	CPT [redacted]
Instrument	☐ Yes ☒ No	✓		✓		
Other	☐ Yes ☒ No	✓		✓		

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

#[redacted] b(6)-4

[redacted] b(2)-2

21 Sep 03

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

☒ ESU NO: CUT Valleylab 30 COAG 30
GROUND PAD: BRAND Valleylab E7507
LOT NO: 68936 2005-03

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.01

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

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☒

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):
0.9% NACL

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

- fluffs mepore
- Kerlix
- 448

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

TYPE/SIZE	1.	2.	3.
SITE	1.	2.	3.

19. ADDITIONAL INFORMATION
WC
Surgeons: [redacted] b(6)-2 Anesthesia: MAJ [redacted] b(6)-2 Anesthesia Type:

Bovie Pad site intact pre-op N/A; post-op N/A Bovie Settings: Coag/Cut 30/30
Tourniquet Site intact pre-op ____: post-op ____
Tourniquet Time: Up____ Down____

20. OPERATION(S) PERFORMED
I & D Left leg.

21. PATIENT TRANSFERRED TO ICU 3 b(6)-2 TIME 1025 METHOD gurney

22. REGISTERED NURSE SIGNATURE [redacted]

MEDICAL RECORD — **INTRAOPERATIVE DOCUMENT**

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Wheeled litter BY Anesthesia

2. PATIENT IDENTIFIED AND VERIFIED BY CPT [redacted] REVIEWED AND PROCEDURE b(6)-2

3. DATE 04OCT03. TIME PATIENT ARRIVED IN SUITE 0815

4. PATIENT IN ROOM TIME 0815 NUMBER 1-1

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: NKA

6. NURSING PERSONNEL

ASSIGNED SCRUB	PFC [redacted] 91D b(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	CPT [redacted] 66E	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify) Pt on padded OR Bed, Head on foam doughnut. B/lateral Arms extended out to sides <90° in CAP secured to padded arm boards c safety straps, LLE prepped into sterile field. foam doughnut under (R) heel.

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

COMMENTS: Correct Body Alignment maintained

8. SKIN PREPARATION

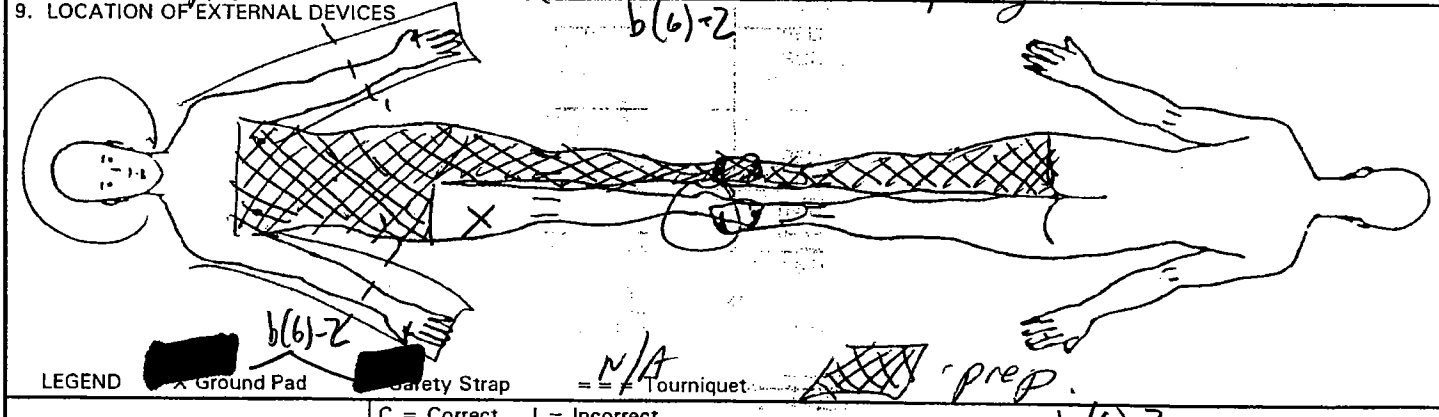
HAIR REMOVAL ☒ YES ☐ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☒ RAZOR LLE by Dr [redacted] b(6)-2 ☐ CLIP

COMMENTS: no nicks or cuts noted

PREP SOLUTION (Specify) Beta/Beta
SITE: LLE + Abdomen BY WHOM: CPT [redacted]
SITE: (as below) BY WHOM:

COMMENTS: no pooling of solutions noted b(6)-2

9. LOCATION OF EXTERNAL DEVICES b(6)-2



LEGEND [redacted] b(6)-2 X Ground Pad Safety Strap = = = Tourniquet N/A prep.

10. COUNTS

C = Correct I = Incorrect

			Initial	First Closing Count	Final Closing Count
Sponge	☑ Yes	☐ No	C		C
Needle Sharp	☑ Yes	☐ No	C		C
Instrument	☐ Yes	☑ No			
Other	☐ Yes	☑ No			

SCRUB PFC [redacted] b(6)-2 CIRCULATOR CPT [redacted]

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

[redacted] b(6)-4

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

☒ ESU NO: R8E 105305
GROUND PAD: BRAND Valleylab Polyhesive II REM
LOT NO: 68245/2005-02

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

MEDCOM - 18064

All b(6)-2

13. PROSTHESIS, IMPLANTS ☐ YES ☑ NO IF YES NAME: ID NUMBEF . TURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☑ NO ☐

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
Mineral Oil	QS	intra-op	topical	[redacted]	[redacted]

WOUND IRRIGATION ☑ YES ☐ NO, TYPE(S):
0.9% NaCl - QS.

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE [redacted]

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

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☒	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☒	NAME	NAME
CULTURE (C) YES ☐ NO ☒	NAME	NAME
NAME	NAME	NAME
NAME	NAME	18. DRESSING/IMMOBILIZATION (Specify)

(L) lower leg - Zeroform Gauze Kerlex Fluffs Kerlex Roll
(L) Thigh - Opsite
Abdomen - 4x8 Plain Sponges, Silk Tape.

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

TYPE/SIZE	1.	2.	3.
SITE	1.	2.	3.

19. ADDITIONAL INFORMATION
WC III
Surgeon: Dr [redacted]
Dr [redacted] Anesthesia: MAJ [redacted] CRNA. - Gen/Endo.
Bovie pad site pre-op CDI post-op CDI Bovie Set. 30/30 Blend 1

DA Form 5179 previously initiated ∅ Δ's noted.

20. OPERATION(S) PERFORMED
STSG - to (L) lower leg from (L) thigh
Closure of Abdominal wound.
Removal of G tube

21. PATIENT TRANSFERRED TO ICU 3 TIME 1005 METHOD Wheeled litter

22. [redacted] OT/AN

MEDCOM - 18065 USAPA V1.00

MEDICAL RECORD — INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA litter BY Anesthesia

2. PATIENT IDENTIFICATION RECORD REVIEWED AND PROCEDURE VERIFIED BY CPT [redacted] b(6)-2

3. DATE 200405 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME 1525 NUMBER 9

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	SP [redacted] b(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	CPT [redacted]	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS: correct body alignment maintained, pillows under chest, thighs + lower legs, arms on padded armboards above head, position approved by surgeon + anesthesia

8. SKIN PREPARATION

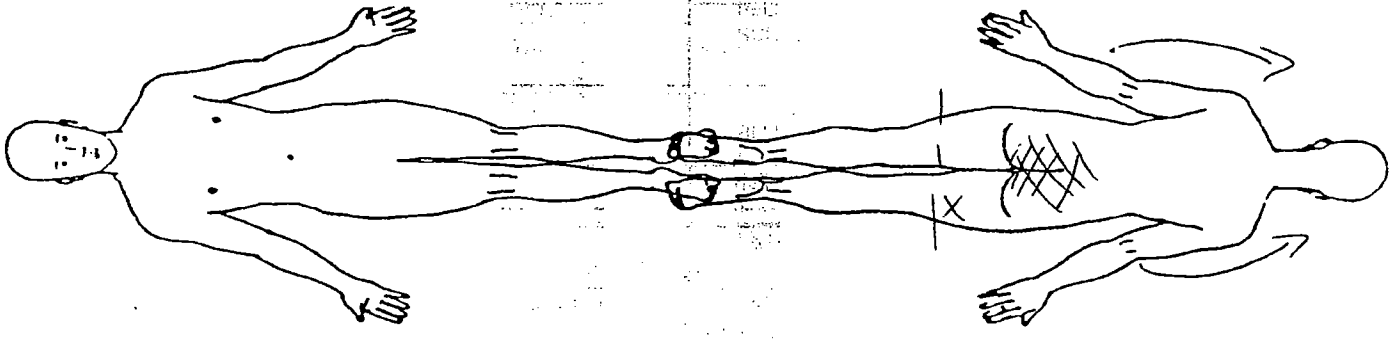
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine Scrub / Betadine Paint
SITE: Lower Back to coccyx BY WHOM [redacted] b(6)-2
SITE: BY WHOM:

COMMENTS: no pooling or skin d's noted

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap = = = Tourniquet [redacted] prep area

C = Correct I = Incorrect

10. COUNTS			Other**	First Closing Count	Final Closing Count
Sponge	☒ Yes	☐ No		C	C
Needle Sharp	☒ Yes	☐ No			
Instrument	☐ Yes	☒ No			
Other	☐ Yes	☒ No			

SCRUB [redacted] b(6)-2 CIRCULATOR [redacted] b(6)-2

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

[redacted] b(6)-4
[redacted] b(2)-2
18200405

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

40140
☒ ESU NO: Valleylab Force 40 R&B 102395
GROUND PAD: BRAND VL Rem Polyhesive II
LOT NO: 68245 2005-02

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

MEDCOM - 18066

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

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☒

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S): 0.9% Nacl

OTHER ORDERS	TIME	CARRIED OUT BY
none		

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

TYPE/SIZE	1. 14F (already in place) Foley	2.	3.
SITE	1. Bladder	2.	3.

19. ADDITIONAL INFORMATION

Surgeon: [redacted] b(6)-2

Anesthesia: [redacted] b(6)-2

20. OPERATION(S) PERFORMED

Decubitus ulcer debridement

b(6)-2

21. PATIENT TRANSFERRED TO	TIME	METHOD
~~PACU (EC#2)~~ ICU2	see DA7289	Litter

22. REGISTERED NURSE SIGNATURE [redacted] OPTION

b(6)-2

MEDICAL RECORD

INTRAOPERATIVE D[illegible]CUMENT

For use of this form, see AR 40-407, the propo[illegible] is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATIN[illegible]M
VIA Litter BY Anesthesia

2. PATIENT IDENTIF[illegible]ECORD REVIEWED, AND PROCEDURE
VERIFIED BY CPT [redacted] b(6)-2

3. DATE 29Oct03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM
TIME 1815 NUMBER 13

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS: ø Concerns voiced

6. NURSING PERSONNEL

ASSIGNED SCRUB	Pf [redacted] b(6)-2	RELIEF SCRUB	Pf [redacted] (1915-EOC) b(6)-2
ASSIGNED CIRCULATOR	CPT [redacted]	RELIEF CIRCULATOR INT:	CPT [redacted] (1910-EOC)

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS: Correct body alignment maintained, arms on padded armboards at less than 90°, position approved by surgeon + anesthesia

8. SKIN PREPARATION

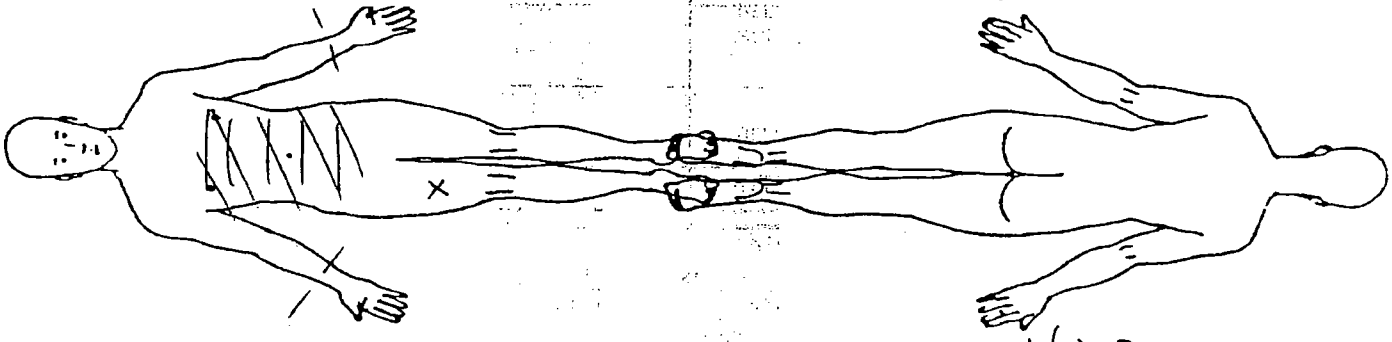
HAIR REMOVAL ☒ YES ☐ NO
DONE BY: ☒ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☒ RAZOR ☐ CLIP

COMMENTS: no nicks or cuts noted

PREP SOLUTION *(Specify)* Beta Scrub | Beta Paint
SITE: Abdomen BY WHOM [redacted] b(6)-2
SITE: BY WHOM

COMMENTS: no pooling or skin d's noted

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

b(6)-2

C = Correct I = Incorrect Initial: [redacted]

10. COUNTS			Other**	First Closing Count	Final Closing Count
Sponge	☒ Yes	☐ No		C	C
Needle Sharp	☒ Yes	☐ No		C	C
Instrument	☒ Yes	☐ No		C	C
Other	☐ Yes	☒ No			

SCRUB [redacted] b(6)-2

CIRCULATOR [redacted] b(6)-2

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

[redacted] b(6)-4
[redacted] b(6)-2
29Oct03

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

30130
☒ ESU NO: Valleylab Force R8B 102395
GROUND PAD: BRAND VL Rem Polyhesive II
LOT NO: 70011 2005-04

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

MEDCOM - 18068

13. PROSTHESIS, IMPLANTS ☐ NO IF YES NAME: ID NUME JFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☒

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S): 0.9% NaCl

OTHER ORDERS	TIME	CARRIED OUT BY
none		

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☒	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☒	NAME	NAME
CULTURE (C) YES ☐ NO ☒	NAME	NAME
NAME	NAME	NAME
NAME	NAME	18. DRESSING/IMMOBILIZATION *(Specify)* 4x8 Tape Colostomy Bag

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

	1.	2.	3.
TYPE/SIZE	16 FIC *	3/8 in Penrose	
SITE	Bladder	Abdomen	

19. ADDITIONAL INFORMATION

Surgeon [redacted] b(6)-2

Anesthesia: [redacted]

-DA5179 on chart, Ø Δ's noted

* already in place prior to surgery

20. OPERATION(S) PERFORMED

Diverting Colostomy

21. PATIENT TRANSFERRED TO	TIME	METHOD
ICU2 b(6)-2	See DA7389	Litter

22. [redacted] CAPTAIN

REVERSE OF DA FORM [redacted]

MEDCOM - 18069

USAPA V1.00

DATE | DX | HOSPITAL DAY

VITAL SIGNS

TIME	24	08	07	10	04	02	08	07	15	08	09	10	11	20	23	22	23	24
~~BP Arterial line~~			120/80				124/82				118/61	TO OR @ 1820		RETURN FROM OR @ 2010	129/64			111/63
BP Cuff																		
Temperature			98.4				98.6				98.6				98°			99
Pulse			90				89				71				89			97
Respiratory Rate			16				17				19				15			19
SaO2															100			99
FiO2															2L			RA
Source															NC			

INTAKE

TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
[redacted]	75	75	75	75	75	75	75	15	75	75	75				75	75	75	75
IVPB																		100
TOTALS																		

OUTPUT

	HOUR / TOTAL	100/100	30/130	100/230	100/330	100/430	100/530	100/630	100/730	100/830	100/930	75/1005			400/1405				405/1810
URINE	SP gr																		
	S/A																		
NG	OUTPUT																		
	PH																		
	GUIAC																		
EMESIS																			
STOOL																			
DRAINS																			
TOTALS																			

b(2)-2 [redacted] Q6

VENTILATOR FLOW SHEET

ICU #3 7.0 ETT
Pt [redacted] 26 cm a teeth
b(6)-4

DATE	Time	Mode	AR	Tv	FiO2	PEEP	PIP	Pt RR	THR	SpO2	B/P	PaO2	PCO2	HCO3	PH	BE	SaO2	CXR ETC
29 Aug	1730	SIMV	16	750	50	5	36	16	62	100	121/52							
	2000	SIMV	16	750	50	5	32	16	53	100	128/57							
	2204	SIMV	16	750	50	5	36	16	81	100	112/59	156	346	22	7.41	+2	99	↓FiO2 90% Jet
30 Aug	0015	SIMV	14	750	40	5	37	14	78	100	154/60							
	0200	SIMV	14	750	40	5	41	14	87	100	126/58	84	366	24	7.42	+1	97	no A's
	0415	SIMV	14	750	40	5	38	14	91	99	127/58							
	0600	SIMV	14	750	40	5	40	14	97	98	100/48	64	355	23	7.42	-1	93	↑FiO2 45, SX
	0820	SIMV	16	↑650	↑45	5	35	16	102	98	145/34	69	45	25	7.34	-1	93	
	1000	SIMV	16	650	45	7	45	16										
	1200	SIMV	22	↓490	↑50	7	50	16	84	97	134/75							
	1400	SIMV	22	490	50	7	30	22	83	98	134/72							
30 Aug	1934	SIMV	22	530	50	7	42	24	87	100	115/62	66	41.5	21	7.308	-5	91	ART 24 ABG 30min
	0137	SIMV	22	530	50	9	39	22	88	100	112/57							
	2328	SIMV	22	530	50	9	39	22	97	100	131/57							Alb/Atro
31 Aug	0134	SIMV	22	530	50	8	37	22	115	98	113/44							
	0352	SIMV	22	530	50	8	38	22	110	99	104/46							
	0529	SIMV	22	530	60	8	39	22	109	97	132/52							Alb/Atro
	0800	SIMV	22	530	60	7	36	22	114	99	126/57							
	1000	SIMV	22	530	50	7	43	22	113	97	125/50							
	1200	SIMV	22	530	50	7	39	22	110	98	144/59							Alb/Atro
	1400	SIMV	22	530	50	7	40	22	108	98	132/50							
	1600	SIMV	22	530	50	7	42	22	101	97	137/57							
	1810	SIMV	22	530	50	7	38	21	100	98	144/65							Alb/Atro/Skin Sec
	2010	SIMV	22	500	50	7	36	22	89	99	119/58							
	2230	SIMV	22	500	50	7	34	22	88	100	126/55							
1 Sep	0001	SIMV	22	500	50	7	34	22	93	99	131/56							Alb Atro / Sx
	0543	SIMV	22	500	50	7	33	22	112	98	150/66	7.36	45	26	7.37	1	99	Alb/Atro/Sx
	0800	SIMV	22	500	45	7	53	22	111	98	123/61							
	1000	SIMV	20	500	40	5	36	22	110	95	135/57							
	1200	SIMV	20	500	40	5	34	22	108	97	130/57							Alb/Atro/Skin
	1400	SIMV	22	500	50	5	30	22	116	94	149/55							
	1600	SIMV	22	500	50	5	31	22	121	94	131/62							Skin 5cc out
	1800	SIMV	22	500	50	5	32	22	110	94	151/71							Skin 5cc
	1949	SIMV	22	500	50	5	24	25	112	94	163/76							
	2235	SIMV	22	500	50	5	27	25	105	96	149/45							

b(6)-2

b(2)-2 [redacted] Alb/Atro Q6 ICU #3

7.0 ETT
Pt [redacted] b(6)-4
26cm teeth

VENTILATOR FLOW SHEET

DNR ORDERS

DATE	TIME	MODE	RATE	VOLUME	FIO2	PEEP	PIP	PT RATE	HR	SO2	BP	Ph	Pco2	Po2	BE	HCO3	SaO2	REMARKS	INT
28sept	0000	Simv	22	500	50	5	31	24	109	93	176/69							Alb/Atro Sx	
	0206	Simv	22	500	50	5	29	24	114	92	159/68								
	0350	Simv	22	500	50	5	32	24	114	94	135/68								
	0540	Simv	22	500	50	5	30	28	113	93	114/76							Alb/Atro Sx	
	0800	Simv	22	500	50	5	31	26	95	95	1								
	1000	Simv	22	500	100	5	34	23	80	99	153/3							Δ vent Sx	
	1200	Simv	22	500	50	5	34	24	107	96	103/81							Alb/Atr Sx	
	1410	Simv	22	500	50	5	31	22	100	94	134/61								
	1600	Simv	22	500	50	5	38	22	101	92	99/69								
	1835	Simv	22	500	50	6	31	22	93	95	155/61							↑ Vt to 550 per Nesa	
	2016	Simv	22	↑ 550	50	6	36	22	98	97	139/61							SP	
	2140	Simv	22	550	50	6	38	22	101	97	159/72								
	2358	Simv	22	550	50	6	44	23	119	92	187/76	7.37	46	65	1	27	89	Alb/Atro/Sx	
	0157	Simv	22	550	↑55	↑10	39	27	129	89	132/67	7.						packed/Sx!	
	0340	Simv	22	550	50	6	38	25	124	95	107/49	7.43	38	66	1	25	93	No Alb	
	0500	Simv	22	550	↑60	8	35	26	143	95	110/40							Sx/Alb/Atro	
	0800	Simv	22	560	60	8	40	22	129	90	102/59								
	1000	Simv	22	560	90	14	43	23	127	100	114/54								
	1200	Simv	22	560	100	15	40	28	125	94	84/40							Sx/Alb/Atro	
	1400	Simv	22	560	80	15	47	30	114	100	109/55								
	1600	Simv	22	560	60	15	47	23	104	100	96/35								
	1800	Simv	22	560	50	15	45	29	109	100	97/59							Sx/Alb/Atro	
	1940	Simv	22	560	50	15	45	23	109	100	91/50								
	2159	Simv	22	560	50	15	46	22	112	100	58/41								
	2343	Simv	22	560	50	15	46	22	118	100	91/49							Alb/Atro/Sx	
45ept	0200	Simv	22	560	50	15	46	23	124	94	98/45								
	0926	Simv	22	560	50	15	46	30	122	98	96/54	7.327	40.9	100	-5	21	97	Alb/Atro/Sx	
	0800	Simv	22	560	50	15	45	22	124	97	110/66								
	1020	Simv	22	560	50	↓10	38	35	127	95	123/66								
	1200	Simv	22	560	50	10	44	37	125	98	114/68							Alb/Atro	
	1430	Simv	22	560	50	10	47	48	121	96	115/54								
	1600	Simv	22	560	50	10	40	43	117	96	135/72								
	1810	Simv	22	560	50	10	38	44	119	96	134/71								
	1940	Simv	22	560	50	16	43	44	120	97	130/63								
	2145	Simv	22	560	50	10	44	28	117	99	128/69								

All b(6)-2

↑ FiO2 100%

b(2)-2

[redacted] VENTILATOR FLOW SHEET

b(6)-4

PACU

DATE	TIME	MODE	RATE	VOLUME	FiO_2	PEEP	PIP	PT RATE	HR	SO_2	BP	PH	PCO_2	PO_2	BE	HCO_3	SaO_2	REMARKS	[redacted]
4 Sep	2338	SIMV	22	550	50%	+10	55	32	115	99	122/69							Sx/Alb/Atrv/desat 88	
5 Sep	0310	SIMV	22	550	50	10	46	36	107	98	138/66								
5 Sep	0440	SIMV	22	550	50	10	38	42	110	98	142/71	7.33	48	81	0	25	94		
	0550	SIMV	22	550	50	10	43	26	96	96	150/73								
	0800	SIMV	22	550	50	10	47	31	111	96	118/60								
	1000	SIMV	22	550	50	10	41	26	98	99	105/55								
	1200	SIMV	22	550	50	10	45	22	100	97	121/63								
	1400	SIMV	22	550	50	10	43	24	103	98	115/60								
	1600	SIMV	22	550	50	10	41	25	110	99	118/61								
	1800	SIMV	22	550	45	8	46	22	99	97	130/70								
	2050	SIMV	22	550	50	6	41	34	87	96	125/63								
	2332	SIMV	22	550	50	6	46	37	94	98	138/72							Alb/Atrv/sx	
6 Sept	0226	SIMV	22	550	50	6	47	34	102	96	144/77								
	0412	SIMV	22	550	50	6	42	23	92	100	120/62							SX Blood tinged	
	0800	SIMV	22	550	50	6	35	25	80	98	127/74								
	1030	SIMV	22	550	50	6	36	28	83	100	113/61								
	1200	SIMV	22	550	50	6	28	25	82	100	120/69								
	1400	SIMV	22	550	50	6	40	27	74	99	129/68								
	1600	SIMV	22	550	50	6	43	24	73	99	134/60								
	1800	SIMV	22	550	50	6	30	22	70	99	129/67								
	1948	SIMV	22	550	45	6	43	34	75	97	141/72								
	2140	SIMV	22	550	45	6	41	37	90	95	176/86							Sx per nurse	
7 Sept	0055	SIMV	22	550	45	6	37	27	87	94	146/88								
	0224	SIMV	22	550	45	6	36	28	87	93	131/70								
	0412	SIMV	22	550	45	6	42	33	77	94	132/69	7.38	41	65	0	25	92		
	0630	SIMV	22	550	45	6	32	23	87	95	118/63								
	0800	SIMV	22	550	45	6	28	29	83	99	146/81								
	1000	SIMV	22	550	50	6	31	24	85	97	118/64								
	1200	SIMV	22	550	50	6	37	28	83	97	137/75								
	1400	SIMV	22	550	50	6	31	27	89	98	153/87								
	1600	SIMV	22	550	50	6	33	26	87	99	152/88								
	1800	SIMV	18	550	50	6	37	25	85	99	152/66								
	1950	SIMV	14	550	50	6	34	25	76	95	149/64								
	2134	SIMV	18	550	50	6	38	23	82	96	129/62								
	0126	SIMV	14	550	50	6	45	28	93	95	142/74							Alb/atrv/sx	

b(6)-2

MEDCOM - 18073

b(2)-2 * * ** Icu#3

[redacted] **VENTILATOR FLOW SHEET**

A16/Atro Q6

Pt [redacted] b(6)-4

7.0 ETT

26cm @ teeth

DATE	TIME	MODE	RATE	VOLUME	FI02	PEEP	PIP	PT RATE	HR	SO2	BP	Ph	Pco2	Po2	BE	HCO3	SaO2	REMARKS
8 Sept 03	0415	Simv	18	550	50	6	37	28	72	94	146/64	7.371	42.2	70	-1	24	93%	Sx
	0543	Simv	18	550	50	6	40	22	106	94	124/61							A16/Atro
	0830	Simv	22	550	50	6	33	22	79	94	145/69							
	1020	Simv	22	550	50	6	39	25	84	96	139/67							
	1200	Simv	22	550	70	6	41											
	1900	CT																
	1600	Simv	22	550	75	10	50	32	76	95	162/67							
	1800	Simv	22	550	70	10	46	22	86	96	121/66							
	1936	Simv	22	550	60	8	41	22	77	94	131/67							
	2046	Simv	22	550	60	8	43	26	93	99	161/88							Sx-A bradyd Sx
	2350	Simv	22	550	60	8	36	26	82	99	141/75							
9 Sept 03	0140	Simv	22	550	60	8	45	22	69	100	148/76							
	0350	Simv	22	550	60	8	46	22	86	99	125/51	7.41	36.4	98	2	23	98	
	0600	Simv	22	550	60	8	45	22	81	98	132/71							
	0800	Simv	22	550	60	8	41	38	94	106	120/73							
	1000	Simv	22	550	60	6	42	38	94	100	111/47							
	1200	Simv	22	550	60	6	43	31	103	99	138/72							
	1400	Simv	22	550	50	6	47	48	91	100	131/64							
	1600	Simv	22	550	50	6	36	39	97	97	145/68							
	1800	Simv	22	550	50	6	37	49	103	96	144/64							
	1959	Simv	22	550	50	8	42	42	107	99	136/66							
	2136	Simv	22	550	50	8	38	30	115	99	137/64							
	2339	Simv	22	550	50	8	41	25	108	100	131/72							
	0027	Simv	22	550	50	8	38	27	94	96	134/72							A16 tx / Sx
	0345	Simv	22	550	50	8	39	22	71	96	171/72							
	0533	Simv	24	550	50	8	49	24	82	99	114/51	7.33	44.5	102	+2	24	97	A16/Atro/Sx
	0800	Simv	24	550	50	8	44	24	87	98	129/57							
	1000	Simv	24	550	50	8	49	24	88	98	128/60							
	1200	Simv	24	550	50	8	50	24	96	98	127/61							
	1400	Simv	24	550	50	8	44	24	80	99	144/71							
	1600	Simv	24	550	50	8	50	24	78	99	154/72							
	1800	Simv	24	550	50	8	38	24	81	95	147/71							
	1935	Simv	24	550	50	8	47	24	75	97	146/65							
	2300	Simv	24	550	70	8	65	24	104	95	127/58							
	0040	Simv	24	550	45	8	46	24	88	96	141/65							A16/Sx/Atro

b(6)-2

MEDCOM - 18074

ACLU-RDI 1645 p.34

DOD-031648

[redacted] b(2)-2

VENTILATOR FLOW SHEET

ICU 3/PACU

Pt [redacted] b(6)-4

~~[illegible]~~
~~[illegible]~~

10 Sep 03 → Alb + Atro Q6

DATE	TIME	MODE	RATE	VOLUME	FI02	PEEP	PIP	PT RATE	HR	SO2	BP	Ph	Pco2	Po2	BE	HCO3	SaO2	REMARKS	INT
11 Sep 03	0400	Simv	24	550	50	8	41	24	90	95	128/60								[redacted]
	0550	Simv	24	550	50	8	44	24	89	96	126/57							Sx	
	0800	Simv	24	550	50	8	45	24	88	96	131/59							Alb/Atro	
	1000	Simv	24	550	100	8	55	26	78	92	158/70								
	1200	Simv	24	550	100	8	41	24	103	100	133/70								
	1400	Simv	24	550	100	8	42	21	111	100	113/49							Alb/Atro	
	1600	Simv	24	550	100	8	37	15	101	97	122/54								
	1800	Simv	24	550	70	8	37	23	98	98	128/60								
	2018	Simv	24	550	70	8	41	24	96	95	137/51							Alb/Atro	
	2144	Simv	24	550	50	8	37	24	96	97	129/50								
	2340	Simv	24	550	50	8	35	24	112	99	124/61							Alb/Atro	
[illegible]	0148	Simv	24	550	50	8	34	24	99	97	119/59								
	0416	Simv	24	550	50	8	36	24	97	97	124/61	7.48	34.9	67	3	27	95%	Sx ↑ 60%	
	0534	Simv	24	550	60	8	33	24	97	94	119/57								
	0800	Simv	24	550	↓50	8	34	24	95	97	117/58								
	1000	Simv	24	550	60	8	34	30	99	99	125/58								
	1200																		
	1400																	Alb/Atr	
	1600																		
	1800	Simv	24	550	50	8	37	25	93	99	129/58							Alb/Atr	
	2000	Simv	24	550	50	8	33	25	111	98	149/71								
	2145	Simv	24	550	50	8	43	26	103	95	140/71								
13 Sep	0055	Simv	24	550	50	8	38	29	102	97	134/63								
	0550	Simv	24	550	50	8	35	37	93	99	121/58								
	0800	Simv	20	550	50	8	21	22	94	99	126/58								
	1000	Simv	20	550	40	8	41	26	87	99	134/61								
	1200	Simv	20	560	40	8	29	24	87	100	139/66								
	1400	Simv	20	560	40	8	29	25	97	100	124/57								
	1600	Simv	20	560	40	8	25	24	87	99	134/68								
	1817	Simv	20	560	40	8	21	24	86	95	137/43								
	2105	Simv	20	560	40	8	35	20	94	99	147/67							Alb/Atro	
14 Sept	0115	Simv	20	560	40	8	37	22	92	100	134/60								
	0403	Simv	20	560	40	8	36	20	91	100	134/67								
	0547	Simv	20	560	40	8	34	20	101	96	125/57								
	0800	Simv	20	560	40	8	35	25	101	98	126/57								

[redacted]

b(6)-2

MEDCOM - 18075

b(2)-2 [redacted] b(6)-4

[redacted] # VENTILATOR FLOW SHEET

trach 8 [redacted]

alb

DATE	TIME	MODE	RATE	VOLUME	FI02	PEEP	PIP	PT RATE	HR	SO2	BP	Ph	Pco2	Po2	BE	HCO3	SaO2	REMARKS
14 Sept	1006	Simv	20	560	40	8	34	26	105	98	127/58							[redacted]
	1010	TRACH Collar /					40%											
	1845	T-collar			40%			24		100		7.46	40.5	78	5	24	96	101.7
	2135	SIMV	12	700	40	5	36	36	115	99	138/60	↑ RR [illegible]		↓ Vt 600				
15 Sept	0040	Simv	20	600	40	5	29	25	105	98	143/71							
	0300	SIMV	20	600	40	5	31	21	94	98	140/60							
	0410	SIMV	20	600	40	5	28	23	97	100	130/77							
	0540	SIMV	20	600	40	5	35	31	109	99	168/85							- alb
	0630	—	T-collar		50%	—		26	115	100	146/60							
	0800	-	Trach Collar 50%															
	1200		Trach Collar 50%					24	120	100	150/58							Alb tx
	1800				40%			32	90	100%	[illegible]							Tx
16 Sept	1850	T-collar	—		50%			27	88	95	154/72							[illegible] Alb tx - wheezing
	0200	T collar	—		40%			18	94	97	155/80							Alb tx
	0415	T collar	—		40%			23	81	98	158/78	7.48	46	82	11	35	97%	[redacted] b(6)-2

b(6)-2

MEDCOM - 18076

511-119

NSN 7540-00-634-4124

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR Sept 2003 | DAY | HOUR

29 30 OCT 1 OCT 02 3 Octo3 4 OCT 4/

PULSE (O) | TEMP. F (°)

105° 180 104° 170 103° 160 102° 150 101° 140 100° 130 99° 98.6° 120 98° 110 97° 100 96° 90 95° 80 70 60 50 40

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

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: | WEIGHT →

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

#[redacted] b(6)-4

VITAL SIGNS RECORDS

Medical Record

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

MEDCOM - 18077

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY | POST-DAY | MONTH-YEAR | DAY | HOUR | PULSE (O) | TEMP. F (°) | TEMP. C

5 Oct 6 7 Oct 8 9 10 11

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° / 98.6°	37.2° / 37.0°
120	98°	36.7°
110	97°	36.1°
100	96°	35.6°
90	95°	35.0°
80		
70		
60		
50		
40		

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: | WEIGHT →

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

[redacted] b(6)-4

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

[redacted] b(6)-4

DATE: 20 Oct 03

1750
800
60
0.1 0

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	* 02	03	04	05	06
BP INV														105/55	91/41	104/48				116/60				115/an
BP NIBP														98										98
TEMP														98	98	102				86				8
PULSE														21	23	20				20				21
RESP														99		98				100				100
SP02														RA		RA				RA				RA
2																								
INPUT																								
IV																								
													75	75	75	75	75	75	75	75	75	75	75	77
PO																								
NGT																								
O.R. IN																								
SUB TOTAL																								
TOTAL																								900
OUTPUT																								
URINE																								
NGT														100		80				105	100	100	100	100
STOOL																								
O.R. OUT																								
SUBTOTAL																								
TOTAL																180				285	385	485	585	685
BALANCE																								

MEDCOM - 18079

ACLU-RDI 1645 p.39

DOD-031653

b(6)-4 [redacted]

DATE: 21 Oct 03

Begin Q1° VS c temp

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
BP INV																								
BP NIBP				113/03				105/63	103/46	107/51	123/60	91/41	121/69	94/49	104/57	104/46	101/49	116/60	107/60	109/57	104/54	110/61	112/60	104/5
TEMP				99.?				98.5	98.5	98.3	98.5	97.2	96.9				96.4				96.4			97.
PULSE				85				85	85	82	80	83	73	69	76	71	74	69	71	70	70	66	71	7
RESP				20				25	24	27	20	23	17	17	21	16	18	18	14	17	12	14	15	14
?				100				100	100	100	98	98	100	98	96	100	100	100	98	100	100	100	100	100
?				[redacted] b(6)-2			b(6)-2	[redacted]																
INPUT																								
IV	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75
PO	100	200	—	100	—	—	200	40	20	~~100~~ 40	60	240												
NGT																								
O.R. IN																								
SUB TOTAL												315									675			
TOTAL								1240			1510	1825									2500			
OUTPUT																								
URINE				160				160	50	34	30	25	30	6	36	80	16	110	10	0	50	180	30	100
NGT																								
STOOL																								
O.R. OUT																								
SUBTOTAL																								
TOTAL								320		404	434	25	30	6	36	80	16	110	10	0	50	180		
BALANCE										(+) 1080														

MEDCOM - 18080

#

PT'S NAME [redacted] b(6)-4

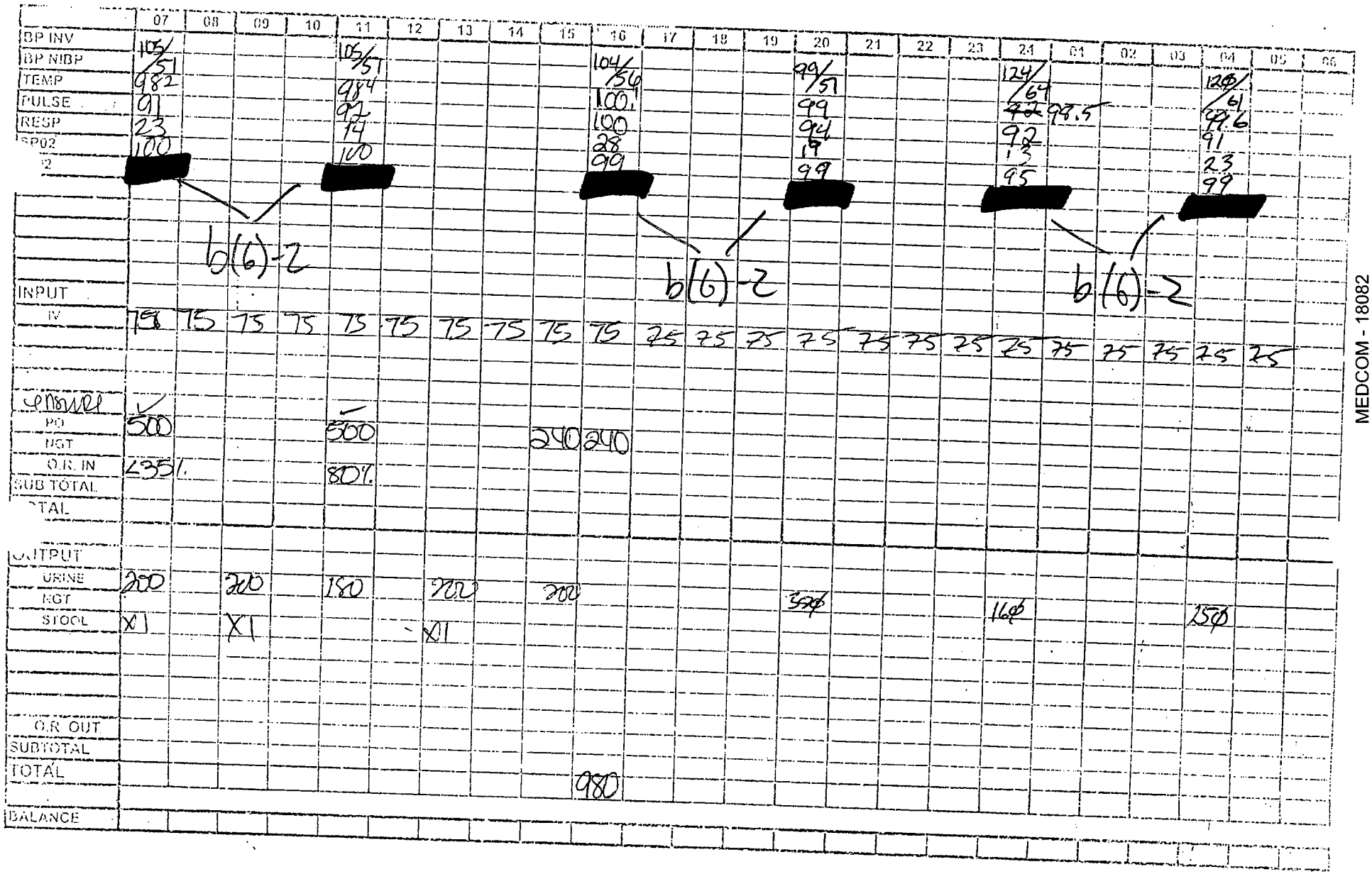
DATE 22 OCT 03

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
BP INV	105/64				94/42				113/50				119/56				112/54				109/52			
BP NIBP																								
TEMP	97.0				97				98.3				98.2											
PULSE	67				77				76				96				80				87			
RESP	14				16				18				20				18				16			
[illegible]2	100				97				98				96				97				95			
	[redacted]				[redacted]				[redacted]				[redacted]				[redacted]				[redacted]			
INPUT					450																			
IV LR	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75
ENSURE		1 can		1 can					1 can				1 can											
PO		480	60	360		100	400		500				1 can											
NGT													500											
Meds		<35%				80%																		
SUB TOTAL																								
AL									2010															
OUTPUT																								
URINE	60				200		110		100				180				120				200			
NGT																								
STOOL																								
O.R. OUT																								
SUBTOTAL																								
TOTAL					260		370		470															
BALANCE																								

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

NAME: EPW [redacted] b(6)-4

DATE: 23 OCT 03



	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
BP INV	105/51				105/51					104/56				99/51				124/69				120/61		
BP NIBP																			98.5					
TEMP	98.2				98.4					100.1				99				92				99.6		
PULSE	91				97					100				94				18				91		
RESP	23				14					28				19				13				23		
SP02	100				100					99				99				95				99		
2	[redacted]				[redacted]					[redacted]				[redacted]				[redacted]				[redacted]		
INPUT																								
IV	75	75	75	75	75	75	75	75	75	75	25	25	25	75	75	75	25	25	75	25	75	75	25	
PO	500				500				240	240														
NGT																								
O.R. IN	235				80																			
SUB TOTAL																								
TAL																								
OUTPUT																								
URINE	200		200		180		200		200					350				160				250		
NGT																								
STOOL	X1		X1				X1																	
O.R. OUT																								
SUBTOTAL																								
TOTAL										980														
BALANCE																								

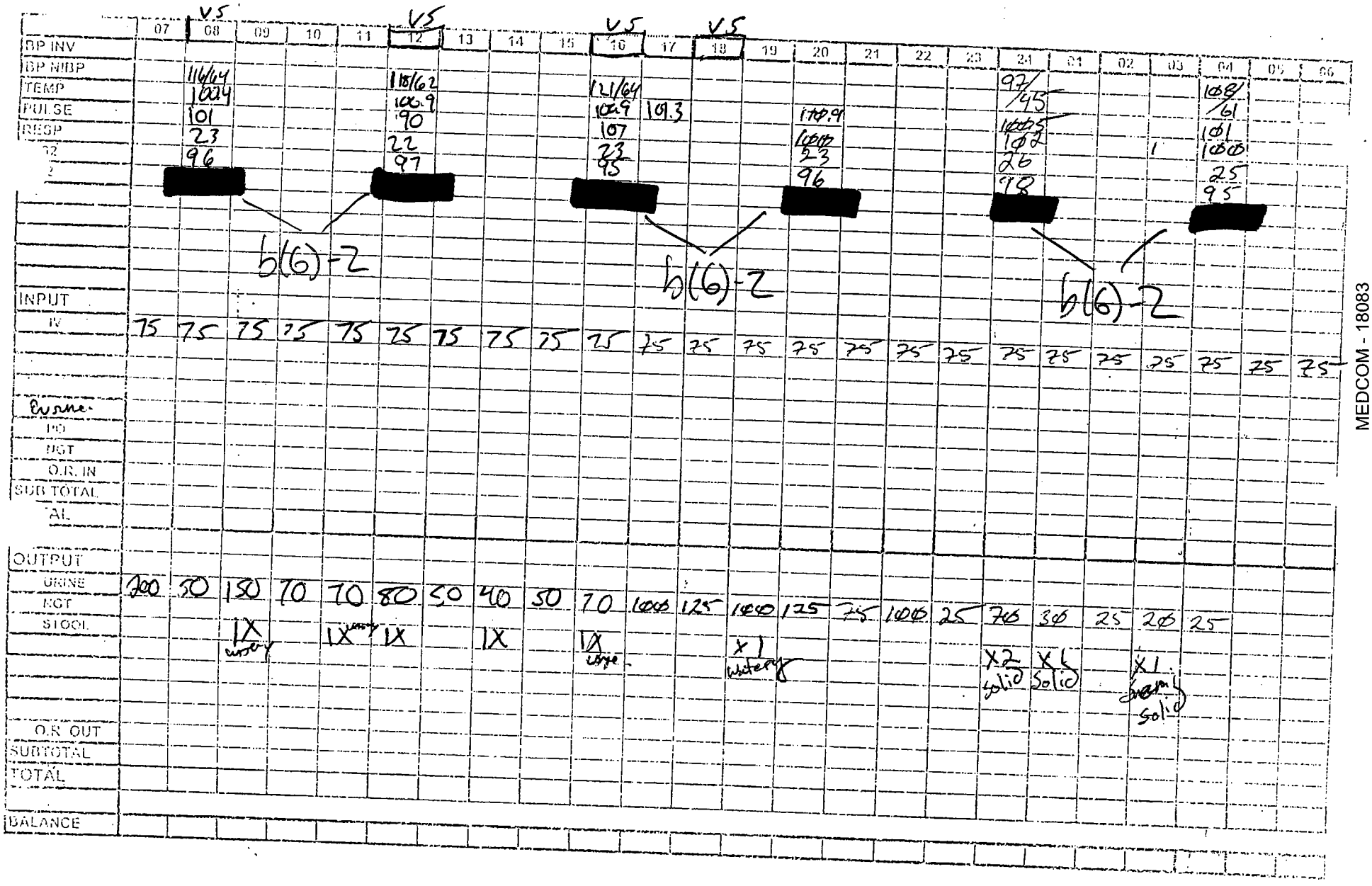
b(6)-2

b(6)-2

b(6)-2

PATIENT NAME: #[redacted] b(6)-4

DATE: 24 OCT 03



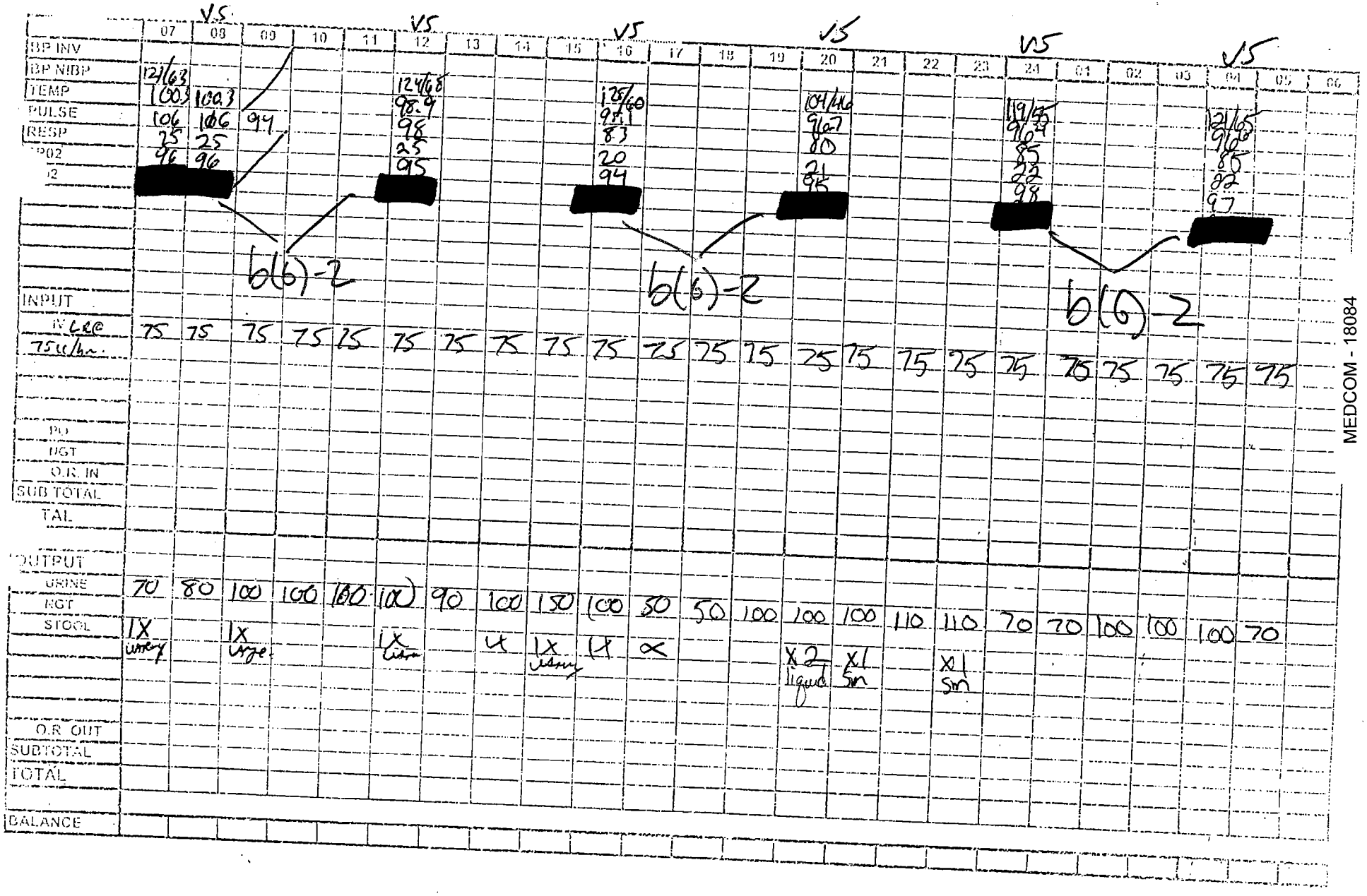
MEDCOM - 18083

ACLU-RDI 1645 p.43

DOD-031657

PATIENT # [redacted]

DATE 25 Oct 05



	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
BP INV																								
BP NIBP	121/63					124/66				125/60				104/46				119/55				121/65		
TEMP	100.3	100.3				98.4				98.1				96.7				96.4				96.8		
PULSE	106	106	94			98				83				80				85				85		
RESP	25	25				25				20				21				22				82		
SP02	96	96				95				94				95				98				97		
02	[redacted]					[redacted]				[redacted]				[redacted]				[redacted]				[redacted]		
INPUT																								
IV Rate 75 cc/hr.	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75
PO																								
IVGT																								
O.R. IN																								
SUB TOTAL																								
TAL																								
OUTPUT																								
URINE	70	80	100	100	100	100	90	100	150	100	50	50	100	100	100	110	110	70	70	100	100	100	70	
NGT																								
STOOL	1X watery		1X large			1X clear		4	1X watery	4	∝			X2 liquid	X1 sm		X1 sm							
O.R. OUT																								
SUBTOTAL																								
TOTAL																								
BALANCE																								

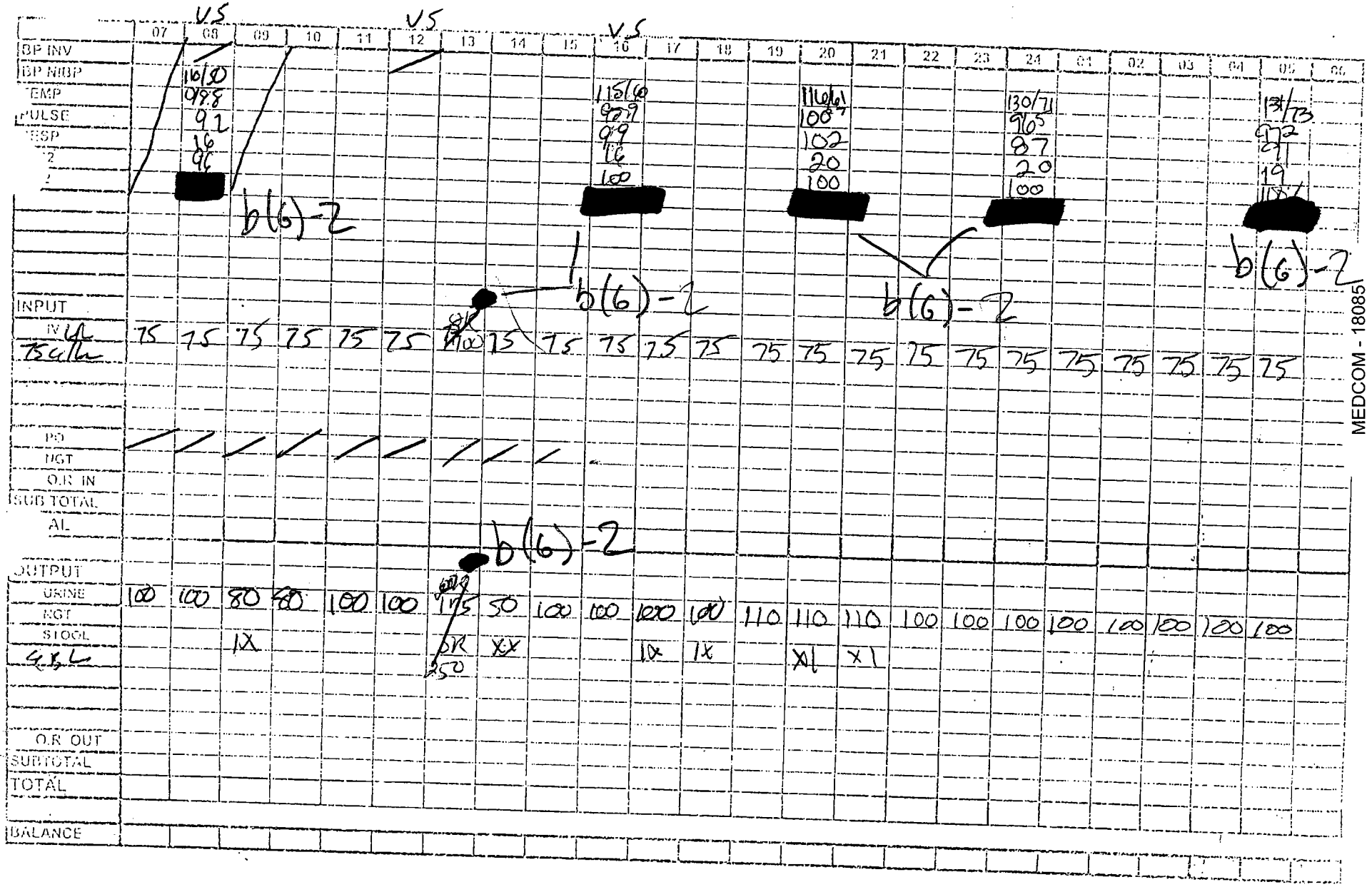
VS VS VS VS VS VS

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

[redacted] b(6)-4

12 FS
10 WS MSICU

DATE 26 OCT 03



MEDCOM - 18085

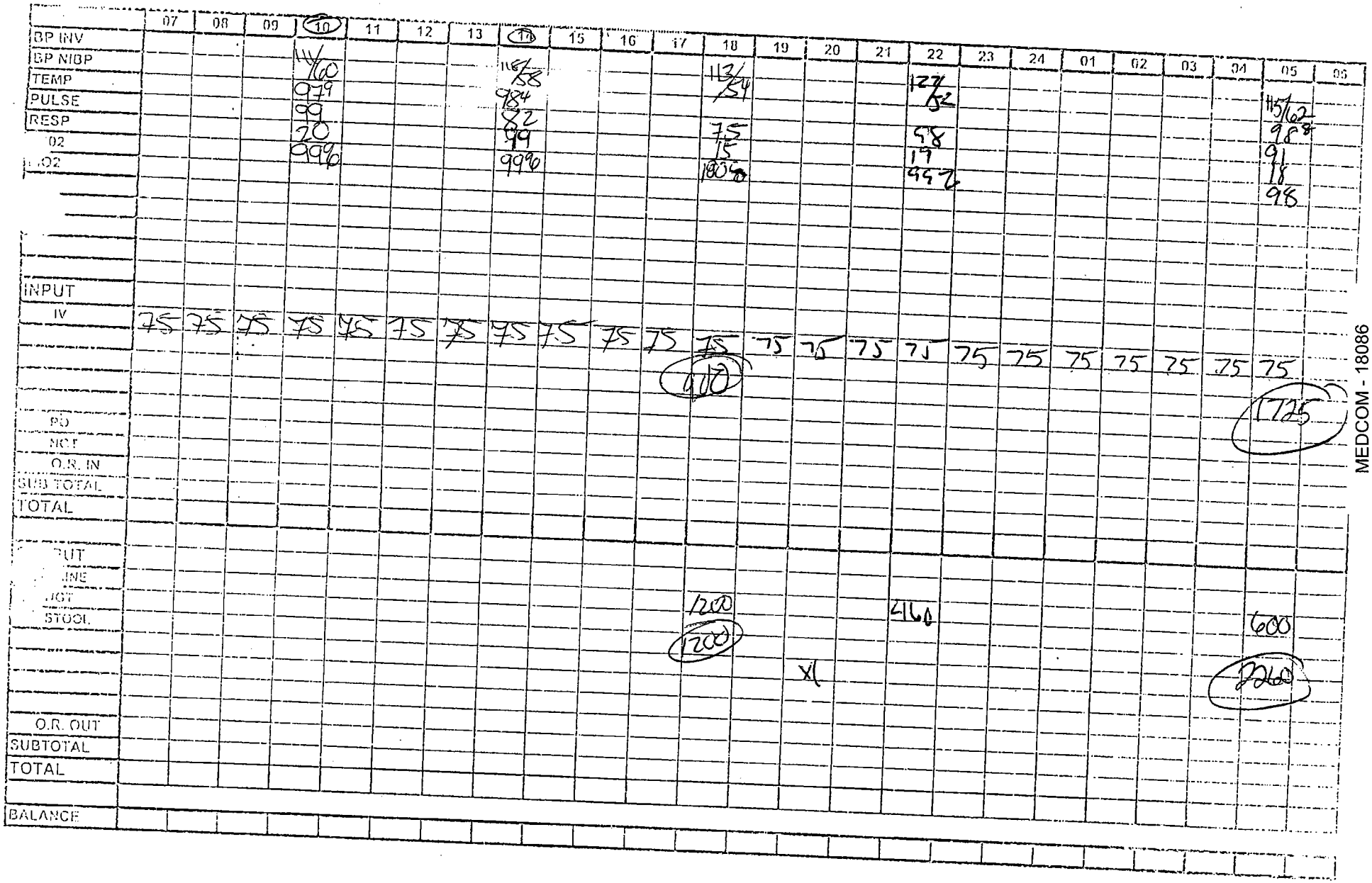
ACLU-RDI 1645 p.45

DOD-031659

PT'S NAME:

DATE:

[redacted] b(6)-4



	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
BP INV				114/60				116/58				113/54				127/52							115/62	
BP NIBP				97				98															98	
TEMP				99				98.2				75				98							91	
PULSE				20				99				15				19							18	
RESP				99%				99%				100%				99%							98	
02																								
..02																								
INPUT																								
IV	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	
												400											725	
PO																								
NGT																								
O.R. IN																								
SUB TOTAL																								
TOTAL																								
..PUT																								
..INE																								
..IGT												200				2160							600	
STOOL												200											260	
														X										
O.R. OUT																								
SUBTOTAL																								
TOTAL																								
BALANCE																								

MEDCOM - 18086

511-119

NSN 7540-00-634-4124

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR Oct/Nov 2003 | DAY 31 1 2 3 | HOUR

PULSE (0)	TEMP. F (°)	TEMP. C
	105°	40.6°
180	104°	40.0°
170	103°	39.4°
160	102°	38.9°
150	101°	38.3°
140	100°	37.8°
130	99°	37.2°
	98.6°	37.0°
120	98°	36.7°
110	97°	36.1°
100	96°	35.6°
90	95°	35.0°
80		
70		
60		
50		
40		

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD R

BLOOD PRESSURE 4/0 124/61 116/64

P 92

T 99²

HEIGHT: WEIGHT → 96?

SAT 97%10 RA

96%0 RA

Record special data only when so ordered

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

#[redacted] b(6)-4

REGISTER NO.

WARD NO. ICU 2

VITAL SIGNS RECORDS

Medical Record

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

C 14 Blood Donated

b(6)-4

MEDICAL RECORD — PROGRESS NOTES

DATE	HR	BP	RR	SPO2	T	Time
#2 [redacted]	94	133/65	31	100	100'	1045
"	101	137/66	29	100		1050
"	94	134/66	34	94	100.3	1055
"	94	134/65	32	97		1100
"	92	146/74	31	95		1115
Completed 2nd unit	90	149/75	31	96		1130
	96	156/83	31	99	99.2	1145
#3 [redacted]	92	160/82	30	99	99.4	1230
"	93	160/83	32	99		1235
"	95	160/85	30	99	99.6	1240
"	98	154/85	31	100		1245
	99	159/88	29	100	99.1	1300
	98	160/87	32	99	99	1315
	99	168/78	31	99	99.1	1330
	99	168/69	28	99		1400
completed 3rd unit						[redacted]

b(6)-2

(Continue on reverse side)

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

REGISTER NO. | WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR)
USAPPC V1.00

RPW [redacted] b(6)-4

[redacted] RN Verified VS.

b(6)-2

MEDCOM - 18088

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET

FROM ____ HOURS TO ____ HOURS | TOTAL HOURS COVERED | DATE 29 30 Sep

INTAKE

ORAL

TIME	TYPE	AMOUNT	ACCUM TOTAL
29 Sep 1730	water	100	100
1730	juice	240	340
1830	water	100	
2000	water	100	
0000	water	100	640
30 Sep 0730	water	300	300
0730	juice	200	500
1845	juice	200	700
1845	H2O	100	800
2100	H2O	100	900
2345	H2O	100	1000
0545	H2O	100	1100

INTRAVENOUS

TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
2200	100	BL flush	100		100

IRRIGATIONS (N/G, Bladder, etc.)

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

BLOOD/BLOOD DERIVATIVES

TIME STARTED	PRODUCT (i.e. Bl, Alb, P. cells etc.)	TIME COMPL	AMOUNT	ACCUM TOTAL

OTHER INTAKE

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

GRAND TOTAL INTAKE

DD FORM 792, JAN 74 (EG) EDITION OF 1 SEP 54 IS OBSOLETE. Designed using Perform Pro, WHS/DIOR, Jun 94

[redacted] b(6)-4

OUTPUT

URINE

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
29 Sep 1800	800	800			
30 Sep 0515	1200	2000			
1710	1000	1000			
0015	500	1500			
0600	600	2100			

NASOGASTRIC

TIME	AMOUNT	TYPE	ACCUM TOTAL

CHEST

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL

EMESIS

TIME	AMOUNT	TYPE	ACCUM TOTAL

STOOLS

TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL

OTHER OUTPUT

TIME	AMOUNT	TYPE	ACCUM TOTAL

GRAND TOTAL OUTPUT

REMARKS

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

[redacted] b(6)-4

INTAKE EQUIVALENTS *(Serving levels cc)*

MEDICINE GLASS (1 oz)	30	HALF PINT MILK	240
	120	LARGE SOUP BOWL	240
SMALL FRUIT CUP	160	LARGE WATER GLASS	240
COFFEE MUG	180	PLASTIC OR PAPER JUICE CONTAINER	180

DD FORM 792, JAN 74

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET	FROM ____ HOURS TO ____ HOURS	TOTAL HOURS COVERED	DATE 10 OCT 83

INTAKE

ORAL

TIME	TYPE	AMOUNT	ACCUM TOTAL
0700	Water	1000cc	1000
0700	Juice	1000cc	2000
1200	Juice	1000cc	3000
1700	Water	2000cc	5000
1800	Juice	100	6000
1800	Water	250	8500
2300	H20	100	9500cc

BLOOD/BLOOD DERIVATIVES

TIME STARTED	PRODUCT *(i.e. Bl, Alb, P. cells etc.)*	TIME COMPL	AMOUNT	ACCUM TOTAL

INTRAVENOUS

TIME STARTED	AMOUNT	TYPE *(Include Medications)*	AMOUNT RECD	TIME COMPL	ACCUM TOTAL

IRRIGATIONS *(N/G, Bladder, etc.)*

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

OTHER INTAKE

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

GRAND TOTAL INTAKE

DD FORM 792, JAN 74 (EG) EDITION OF 1 SEP 54 IS OBSOLETE. Designed using Perform Pro, WHS/DIOR, Jun 94

OUTPUT

URINE

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
0922	180	180			
1238	240	420			
1510	490	910			
1800	80	990			
2330	350	1340			

NASOGASTRIC

TIME	AMOUNT	TYPE	ACCUM TOTAL
		Ø	

CHEST

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL

EMESIS

TIME	AMOUNT	TYPE	ACCUM TOTAL

STOOLS

TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL

OTHER OUTPUT

TIME	AMOUNT	TYPE	ACCUM TOTAL

GRAND TOTAL OUTPUT

REMARKS

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

(10CT03)

[redacted] b(6)-4

INTAKE EQUIVALENTS *(Serving levels cc)*

MEDICINE GLASS (1 oz)	30	HALF PINT MILK	240
	120	LARGE SOUP BOWL	240
SMALL FRUIT CUP	160	LARGE WATER GLASS	240
COFFEE MUG	180	PLASTIC OR PAPER JUICE CONTAINER	180

DD FORM 792, JAN 74

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET

FROM 0001 HOURS TO 2359 HOURS | TOTAL HOURS COVERED 24 | DATE 20CT03

INTAKE

ORAL

TIME	TYPE	AMOUNT	ACCUM TOTAL
0600	50 cc (H2O)	50cc	
0900	400 H_2O	450	
1300	200 Juice	650	
1800	100 H_2O	750cc	

INTRAVENOUS

TIME STARTED	AMOUNT	TYPE *(Include Medications)*	AMOUNT RECD	TIME COMPL	ACCUM TOTAL

IRRIGATIONS *(N/G, Bladder, etc.)*

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

BLOOD/BLOOD DERIVATIVES

TIME STARTED	PRODUCT *(i.e. Bl, Alb, P. cells etc.)*	TIME COMPL	AMOUNT	ACCUM TOTAL

OTHER INTAKE

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

GRAND TOTAL INTAKE

DD FORM 792, JAN 74 (EG) EDITION OF 1 SEP 54 IS OBSOLETE. Designed using Perform Pro, WHS/DIOR, Jun 94

[redacted] b(6)-4

MEDCOM - 18093

OUTPUT

URINE

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
0515	200(@4U)	200cc			
1800	1000	1200cc			
2000	300	1500			

NASOGASTRIC

TIME	AMOUNT	TYPE	ACCUM TOTAL

CHEST

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL

EMESIS

TIME	AMOUNT	TYPE	ACCUM TOTAL

STOOLS

TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL

OTHER OUTPUT

TIME	AMOUNT	TYPE	ACCUM TOTAL

GRAND TOTAL OUTPUT

REMARKS

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

[redacted] b(6)-4

INTAKE EQUIVALENTS *(Serving levels cc)*

MEDICINE GLASS (1 oz)	30	HALF PINT MILK	240
	120	LARGE SOUP BOWL	240
SMALL FRUIT CUP	160	LARGE WATER GLASS	240
COFFEE MUG	180	PLASTIC OR PAPER JUICE CONTAINER	180

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET

FROM 0001 HOURS TO 2359 HOURS | TOTAL HOURS COVERED | DATE 30 OCT 03

INTAKE

ORAL

TIME	TYPE	AMOUNT	ACCUM TOTAL
0500	H2O	200	200cc

BLOOD/BLOOD DERIVATIVES

TIME STARTED	PRODUCT *(i.e. B1, A1b, P. cells etc.)*	TIME COMPL	AMOUNT	ACCUM TOTAL

INTRAVENOUS

TIME STARTED	AMOUNT	TYPE *(Include Medications)*	AMOUNT RECD	TIME COMPL	ACCUM TOTAL

IRRIGATIONS *(N/G, Bladder, etc.)*

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

OTHER INTAKE

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

GRAND TOTAL INTAKE

DD FORM 792, JAN 74 (EG) EDITION OF 1 SEP 54 IS OBSOLETE. Designed using Perform Pro, WHS/DIOR, Jun 94

OUTPUT

URINE

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
0530	800	(1)800cc			
	~~1630~~	~~600cc~~			
05 OCT					
1630	600	600			

NASOGASTRIC

TIME	AMOUNT	TYPE	ACCUM TOTAL

CHEST

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL

EMESIS

TIME	AMOUNT	TYPE	ACCUM TOTAL

STOOLS

TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL
0200				
~~0000~~	brn.	semi-liq (APPROX)	300cc	
0445	brn.	semi-liq (APPROX)	200cc	
05 OCT				
1340	Brn	Yellowbrn Liquical	Approx	400cc

OTHER OUTPUT

TIME	AMOUNT	TYPE	ACCUM TOTAL

GRAND TOTAL OUTPUT

REMARKS

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)* 30 OCT 03

[redacted] b(6)-4

INTAKE EQUIVALENTS *(Serving levels cc)*

MEDICINE GLASS (1 oz)	30	HALF PINT MILK	240
	120	LARGE SOUP BOWL	240
SMALL FRUIT CUP	160	LARGE WATER GLASS	240
COFFEE MUG	180	PLASTIC OR PAPER JUICE CONTAINER	180

1-SIHI G3+

[redacted] b(6)-4

Name:_____

TC02_____24 mmo -

°C

_____7.337

_____42.1 mmHg

_____88 mmHg

_____23 mmol/L

_____-3 mmol/L

_____96 %

calculated

ple Type_:

1AUG03 04:17

[redacted]

sician:_____

[redacted]

JAMS046A
CLEW A93

[redacted]

Ward/Section:	REQUESTING PHYSICIAN:	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI.	DATE / TIME	SSN/PSEUDO SSN:

(Hematology) CBC

TEST	~~RESULT~~	REF. RANGE
WBC		4.8 10.8

[redacted] b(6)-4

08-29-03
08:52
Patient Limits

WBC	17.7 H	x10^3/uL	4.5	10.5
RBC	5.29 L	x10^6/uL	6.00	6.00
Hgb	9.5 L	g/dL	11.0	16.0
Hct	30.5 L	%	35.0	60.0
MCV	92.6	fL	80.0	99.7
MCH	29.0	pg	27.0	31.0
MCHC	31.3 L	g/dL	33.0	37.0
Plt	220.	x10^3/uL	150.	450.
Lym%	10.9 *L	%	20.5	51.1
Lym#	1.9	x10^3/uL	1.2	3.4

Atyp | Imm

Urinalysis

TEST	~~RESULT~~	REF. RANGE
Color	yellow	N/A
App	Hazy	N/A
Glu	Neg	Negative
Bili	Neg	Negative
Ket	Neg	Negative
SG	1.025	N/A
Bld	Mod	Negative
pH	6.5	N/A
Prot	3+	Negative SSA (3+)
Urob	0.2	0.2-1.0
Nit	Neg	Negative
Luk	Neg	Negative
SG		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source		
Gram Stain		
Occ Bld		Negative
H. pylori		Negative
Micro Parasites		
Malaria		
O & P		
Other		

Microscopic Urinalysis

3-5 RBC
1-3 WBC
Mod EPI
2+ Mucous

CSF

Cell Count		
Diff		
Agglutigen		Negative

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh

Blood Bank Unit Crossmatch
(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

UNIT	TYPE	CROSSMATCH

LAB ID NO.:

DPOINT COAG ANALYZER V4.54
AL #000485 08/29/03 04:53 PM

ient ID: [redacted] b(6)-4
est Name: APTT
est Result: 19.6 sec.
*RESULT NOT RANGE CHECKED***
atio = 1.6
alculated INR = 2.19
mple type:citrated wh. blood
st Date :08/29/03
st Time :04:51 PM
rd Lot :080201
erator : [redacted] b(6)-2

DPOINT COAG ANALYZER V4.54
AL #000485 08/29/03 04:56 PM

ent ID: [redacted] b(6)-4
t Name: APTT
est Result: 45.6 sec.
*RESULT NOT RANGE CHECKED***
mple type:citrated wh. blood
st Date :08/29/03
st Time :04:53 PM
rd Lot :010301
erator : [redacted] b(6)-2

b(6)-2

[redacted]

Ward/Section: EMT | REQ [redacted] | **CHEMISTRY RESULT FORM** (Subject to the Privacy Act of 1974)

LAST, FIRST, MI: b(6)-4 [redacted] | DATE: 29Aug | TIME: 1600 | SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l

======= PICCOLO =======
29/08/03 16:52
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	142*	73-118	MG/DL
BUN	9	7-22	MG/DL
CRE	0.6	0.6-1.2	MG/DL
CK	534*	39-380	U/L
NA+	129	128-145	MMOL
K+	4.1	3.3-4.7	MMOL
CL-	107	98-108	MMOL
tCO2	20	18-33	MMOL

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA^+		128-145 mmol/l
[illegible]		3.3-4.7 mmol/l
[illegible]L⁻		98-108 mmol/l
CO_2		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
[illegible]LB		3.3-5.5 g/dl
[illegible]P		26-84 u/l
[illegible]LT		10-47 u/l
[illegible]MY		14-97 u/l
[illegible]ST		11-38 u/l
[illegible]BIL		0.2-1.6 mg/dl
[illegible]GT		5-65 u/l
[illegible]P		6.4-8.1 g/dl

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
[illegible]A⁺		128-145 mmol/l
[illegible]⁺		3.3-4.7 mmol/l
[illegible]L⁻		98-108 mmol/l
[illegible]CO_2		18-33 mmol/l

REMARKS:

REPORTED BY:

Ward/Section: ICU3	REQUESTING PHYSICIAN: [redacted] b(6)-4	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. EPW [redacted]	DATE 29 Aug 03	TIME 0000
		SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10^3
RBC		
Hgb		
Hct		
MCV		
Plt		
Lym		
(E		
Segs		
Ban		
Lym		
Atyp		
RBC Morph		
Spun Hematocrit		
Sed Rate		
Other		

Coag

TEST	RESU
PT	
APTT	
D dimer	
FDP	

REMARKS:

REPORTED B

Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Prot		Negative
Urob		0.2-1.0
Nit		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

======= PICCOLO =======
29/08/03 22:20
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3204AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	3.0*	3.3-5.5	G/DL
ALP	43	26-84	U/L
ALT	508*	10-47	U/L
AMY	40	14-97	U/L
AST	405*	11-38	U/L
TBIL	1.5	0.2-1.6	MG/DL
BUN	11	7-22	MG/DL
CA++	8.6	8.0-10.3	MG/DL
CHOL	35*	100-200	MG/DL
CRE	1.1	0.6-1.2	MG/DL
GLU	131*	73-118	MG/DL
TP	4.6*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

DUPONT COAG ANALYZER V4.54
IAL #005485 08/29/03 10:22 PM

ient ID: [redacted] b(6)-4
est Name
est Result:= 20.4 sec.
RESULT NOT RANGE CHECKED*
atio = 1.8
alculated INR = 1.77
ample Type:citrated wh. blood
est Date :08/29/03
est Time :10:21 PM
ard Lot :110201
perator : [redacted] b(6)-2

DUPONT COAG ANALYZER V4.54
IAL #005485 08/29/03 10:25 PM

ient ID: [redacted] b(6)-4
est Name :APTT
est Result:= 42.7 sec.
RESULT NOT RANGE CHECKED*
ample Type:citrated wh. blood
est Date :08/29/03
est Time :10:22 PM
ard Lot :010301
perator : [redacted] b(6)-2

ood Ba
SF 518
RE

B ID NO.:

↓ to 40% ↓ 14

----

i-STAT G3+

: 675

Name:____________

O2________23 mmol/L

37C

________7.415

O2______34.6 mmHg

PO2________156 mmHg

O3________22 mmol/L

ecf_______-2 mmol/L

2*________99 %

*calculated

Patient Temp

_______7.436

O2______32.6 mmHg

O2________149 mmHg

tient Temp: 96.1F

O2________: 50

mple Type_: ART

29AUG03 22:09

Oper: [redacted]

Physician:______________

er# [redacted]

r: JAMS046A
CLEW A93

i-STAT G3+

Pt: [redacted] b(6)-4

Pt Name:____________

_______23 mmol/L

At 37C

pH_______7.200

PCO2______54.2 mmHg

PO2_________80 mmHg

HCO3________21 mmol/L

BEecf_______-7 mmol/L

sO2*________92 %

*calculated

At Patient Temp

pH_______7.219

PCO2______50.9 mmHg

_________73 mmHg

Patient Temp: 96.0F

FIO2________: 50

Sample Type_:

30AUG03 12:27

Oper: [redacted]

i-STAT G3+

↑ FiO2 45%

Pt Name:____________

↓ RR 14

O2________24 mmol/L

pH_______7.420

PCO2______35.5 mmHg

PO2_________64 mmHg

HCO3________23 mmol/L

BEecf_______-1 mmol/L

sO2*________93 %

*calculated

Patient Temp

_______7.405

O2______37.1 mmHg

_________69 mmHg

tient Temp: 100.4F

O2________: 40

mple Type_: ART

30AUG03 06:12

er: [redacted]

ysician:____________

er# [redacted]

r: JAMS046A
CLEW A93

[redacted]

O2__________23 mmol/L

37C

pH_______7.314

PCO2______42.0 mmHg

PO2_________86 mmHg

HCO3________21 mmol/L

BEecf_______-5 mmol/L

sO2*________96 %

*calculated

Sample Type_: ART

30AUG03 14:18

Oper: [redacted]

Physician:____________

Ser# [redacted]

Ver: JAMS046A
CLEW A93

SPECIMEN/LAB. RPT. NO.

CHEM.

URGENCY: ☒ ROUTINE ☐ TODAY ☐ ☐ PRE-OP ☐ STAT

PATIENT STATUS: ☒ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

PATIENT'S MED. RECORD

ICU 3

[redacted] b(6)-4

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

Dr [redacted] b(6)-2

REPORTED BY MD TECH

DATE 30 Aug 03

LAB. ID. NO.

REMARKS

CBC, Chem 7 PTT+PT

TEST(S)	SPECIMEN TAKEN	REQUESTED (X)	RESULTS
	A.M. (X)		
	TIME 1926		
	DATE 30Aug03		
GLUCOSE			
UREA N.			
CREATININE			
URIC ACID			1
SODIUM			
POTASSIUM			
CHLORIDE			
CO_2			
PHOSPHATE			
CALCIUM			
TOTAL PROTEIN			
ALBUMIN			
GLOBULIN			
ALKALINE PHOSPHATASE			
ACID PHOSPHATASE			
SGOT			
LDH			
CPK			
BILIRUBIN (TOTAL)			
BILIRUBIN (DIRECT)			
CHOLESTEROL			
TRIGLYCERIDES			
AMYLASE			
LIPASE			
PROFILE (Specify)			

546-107

CHEMISTRY I

STANDARD FORM 546 (Rev. 8-77)
PRESCRIBED BY GSA ICMR
AR (41 CFR) 201-45.505

:DPOINT COAG ANALYZER V4.54
TAL #0005485 08/30/03 07:42 PM

ent ID: [redacted] b(6)-4
st Name :APTT
st Result:= 35.9 sec.
RESULT NOT RANGE CHECKED*
mple Type:citrated wh. blood
st Date :08/30/03
t Time :07:39 PM
t :010301
: [redacted] b(6)-2

*POINT COAG ANALYZER V4.54
. #0005485 08/30/03 07:44 PM

nt ID [redacted] b(6)-4
t Name :PT
t Result:= 17.1 sec.
RESULT NOT RANGE CHECKED***
io = 1.4
culated INR = 1.75
ple Type:citrated wh. blood
t Date :08/30/03
t Time :07:42 PM
t :010301
tor [redacted] b(6)-2

b(6)-4

Ward/Section: CU #3 | RE[redacted]CIAN: | **LABORATORY RESULT FORM** (Subject to the Privacy Act of 1974)

LAST, FIRST, MI: CPW [redacted] b(6)-2 | DATE: 30 Aug 03 | TIME: 0200 | SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WB[illegible]		
RB[illegible]		
Hgb		
Hct		
MC[illegible]		
Plt		
Lym[illegible]		
(H[illegible]		
Segs		
Band		
Lymp		
Atyp		
RBC Morp		
Spun Hema		
Sed R		
Other		
TES		
PT		
APTT		
D dim		
FDP		
REM		
REPC		

Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Prot		Negative
Urob		0.2-1.0
Nit		Negative
		Negative
		Negative
CSF		
		Neg
Blood		
SUBMIT SF		

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source	

[illegible] gative
[illegible] gative
[illegible] sis
[illegible] VITH [illegible] ED
[illegible] OD
[illegible] TCH

[illegible] LDPOINT COAG ANALYZER V4.54
[illegible]AT #005485 08/30/03 02:32 AM

[illegible]ient ID: [redacted] b(6)-4
[illegible]st Name :PT
[illegible]st Result := 14.5 sec.
~~***RESULT NOT RANGE CHECKED***~~
[illegible]tio = 1.2
[illegible]culated INR = 1.32
[illegible]mple Type:citrated wh. blood
[illegible] Date :08/30/03
[illegible]st Time :02:30 AM
[illegible]rd Lot :080201
[illegible]perator : [redacted] b(6)-2

[illegible] LDPOINT COAG ANALYZER V4.54
[illegible]AT #005485 08/30/03 02:35 AM

[illegible]ient ID: [redacted] b(6)-4
[illegible]st Name :APTT
[illegible]st Result := 37.7 sec.
~~***RESULT NOT RANGE CHECKED***~~
[illegible]mple Type:citrated wh. blood
[illegible]est Date :08/30/03
[illegible]est Time :02:32 AM
[illegible]ard Lot :010301
[illegible]perator : [redacted] b(6)-2

======= PICCOLO =======
30/08/03 02:30
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3151AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	109	73-118	MG/DL
BUN	12	7-22	MG/DL
CRE	1.6*	0.6-1.2	MG/DL
CK	986*	39-380	U/L
NA+	131	128-145	MMOL
K+	4.3	3.3-4.7	MMOL
CL-	105	98-108	MMOL
tCO2	22	18-33	MMOL

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

LAB ID NO.:

b(6)-2

Ward/Section: ICU 3 b(6)-4 | PHYSICIAN: [redacted]

LABORATORY RESULT FORM
(Subject to the Privacy Act of 1974)

LAST, FIRST, M: EPW [redacted] | DATE: 30Aug03 | TIME: 0600 | SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
W		
RE		
Hg		
Hc		
MC		
Plt		
Lyı		
(		
Seg		
Bar		
Lymph		Baso

Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Prot		Negative
Urob		0.2-1.0
Nit		

TE	
RPI	
Mor	
Sour	
Grar Stai	
Occ	
H. p:	
Micr	
Para:	
Mala	

======= PICCOLO =======
30/08/03 . 06:14
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3151AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	92	73-118	MG/DL
BUN	14	7-22	MG/DL
CRE	1.4*	0.6-1.2	MG/DL
CK	1195*	39-380	U/L
NA+	130	128-145	MMOL/L
K+	4.4	3.3-4.7	MMOL/L
CL-	103	98-108	MMOL/L
tCO2	21	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

IDPOINT COAG ANALYZER V4.54
IAL #005486 08/30/03 06:18 AM

ient ID: [redacted] b(6)-4
est Name :PT
est Result:= 16.2 sec.
RESULT NOT RANGE CHECKED*
atio = 1.3
alculated INR = 1.58
ample Type:citrated wh. blood
est Date :08/30/03
est Time :06:16 AM
ard Lot :080201
perator : [redacted] b(6)-2

IDPOINT COAG ANALYZER V4.54
IAL #005485 08/30/03 06:21 AM

ient ID: [redacted] b(6)-4
est Name :APTT
est Result:= 41.2 sec.
RESULT NOT RANGE CHECKED*
ample Type:citrated wh. blood
est Date :08/30/03
est Time :06:18 AM
ard Lot :010301
perator : [redacted] b(6)-2

i-STAT G3+ b(6)-4 AUZ ATS
ID: [redacted]
Name:_____ b(6)-2

TCO2_____25 mmol/L

T 37C
H_____7.423
PCO2_____36.6 mmHg
PO2_____84 mmHg
HCO3_____24 mmol/L
BEecf_____-1 mmol/L
sO2*_____97 %
*calculated

Sample Type_:

30AUG03 02:25

Oper: [redacted]

Physician:_____

ber# [redacted]
ber: JPM5046A
LEW 093

CROSSMATCH

b(6)-2

Ward/Section: ICU 3 | REQUES[redacted] | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI: [redacted] b(6)-4 | DATE: 30Aug03 | TIME: 1400 | [redacted] b(6)-4

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
AL		
A		
A		
A		
T		
B		
C		
C		
C		
G		
T		
G		
B		
C		
C		
N		
K		
C		
1(		

30/08/03 14:19
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3204AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	2.7*	3.3-5.5	G/DL
ALP	48	26-84	U/L
ALT	529*	10-47	U/L
AMY	43	14-97	U/L
AST	476*	11-38	U/L
TBIL	1.8*	0.2-1.6	MG/DL
BUN	14	7-22	MG/DL
CA++	8.0	8.0-10.3	MG/DL
CHOL	65*	100-200	MG/DL
CRE	1.4*	0.6-1.2	MG/DL
GLU	100	73-118	MG/DL
TP	4.7*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

(Piccolo) Metabolic Panel

RESULT	REF. RANGE
	73-118 mg/dl
	7-22 mg/dl
	8.0-10.3 mg/dl
	0.6-1.2 mg/dl
	128-145 mmol/l
	3.3-4.7 mmol/l
	98-108 mmol/l
	18-33 mmol/l

(Piccolo) Liver Panel Plus

RESULT	REF. RANGE
	3.3-5.5 g/dl
	26-84 u/l
	10-47 u/l
	14-97 u/l
	11-38 u/l
	0.2-1.6 mg/dl
	5-65 u/l
	6.4-8.1 g/dl

(Piccolo) Electrolyte

RESULT	REF. RANGE
	128-145 mmol/l
	3.3-4.7 mmol/l
	98-108 mmol/l
	18-33 mmol/l

REMARKS:

b(6)-2

REPORTED BY: [redacted] | **DATE:** 30Aug03 | **LAB ID NO.:**

Chem 12

b(6)-2

Ward/Section: ICU 3	[redacted]:	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: b(6)-4 [redacted]	DATE: 30 Aug 03	TIME: 1400
		SSN/PSEUDO SSN: [redacted] b(6)-4

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10^3
RBC		
Hgb		
Hct		
MCV		
Plt		
Lymph		
(illegible)		
Seg		
Band		
Lymph		
Atyp	1mm	
RBC Morph		
Spun Hematocrit		42-52% (M) 37-47% (F)
Sed Rate		
Other		

Coagulation Studies

TEST	RESULT	REF. RANGE
PT		9.8-13.6 secs
APTT		21-34 secs
D dimer		<20 ug/ml
FDP		<10 ug/ml

Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Prot		Negative

IDPOINT COAG ANALYZER V4.54
IAL #005485 08/30/03 02:22 PM

ient ID: [redacted] b(6)-4
Test Name :PT_1
Test Result:= 18.6 sec.
RESULT NOT RANGE CHECKED
atio = 1.6
alculated INR = 1.62
mple Type:citrated wh. blood
st Date :08/30/03
st Time :02:21 PM
rd Lot :110201 b(6)-2
erator : [redacted]

IDPOINT COAG ANALYZER V4.54
IAL #005485 08/30/03 02:28 PM

ient ID [redacted] b(6)-4
est Name :APTT
est Result:= 58.1 sec.
RESULT NOT RANGE CHECKED*
mple Type:citrated wh. blood
st Date :08/30/03
st Time :02:25 PM
rd Lot :010301 b(6)-2
erator : [redacted]

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source		
Gram Stain		
Occ Bld		Negative
H. pylori		Negative
Micro Parasites		
Malaria		

scopic Urinalysis

lood Bank

MIT SF 518 WITH IT REQUESTED

h
NIT OF BLOOD
CROSSMATCH

REMARKS:

REPORTED BY: b(6)-2 [redacted] **DATE:** 30 Aug 03 **LAB ID NO.:**

Ward/Section:	[redacted]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted] b(6)-4	DATE: b(6)-2 30 Aug 08	TIME: 1655
		SSN/PSEUDO SSN:

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	*RESULT*	*REF. RANGE*	*TEST*	*RESULT*	*REF. RANGE*	*TEST*	*RESULT*	*REF. RANGE*
WBC		4.8-10.8 x 10^3	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10^9	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	**Microbiology**		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt		130-500 x 10^3 verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	**Microscopic Urinalysis**		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	**CSF**			**Blood Bank**		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		

Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)		
TEST	*RESULT*	*REF. RANGE*	*UNIT*	*TYPE*	*CROSSMATCH*
PT		9.8-13.6 secs			
APTT		21-34 secs			
D dimer		<20 ug/ml			
FDP		<10 ug/ml			

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

ABG
HCT

Ward/Section:	REQUESTING PHYSICIAN:	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI.	DATE / TIME	SSN/PSEUDO SSN:

i-STAT EG7+

Pt: [redacted] b(6)-4

Pt Name:_____

Na_____141 mmol/L
K_____4.6 mmol/L
TCO2_____23 mmol/L
iCa_____1.22 mmol/L
Hct_____30 %PCV
Hb*_____10 g/dL
*via Hct

At 37C
pH_____7.402
PCO2_____35.4 mmHg
PO2_____217 mmHg
HCO3_____22 mmol/L
BEecf_____-3 mmol/L
sO2*_____100 %
*calculated

Sample Type_:

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
BIL		0.2-1.6 mg/dl
BUN		7-22 mg/dl
CA++		8.0-10.3mg/dl
CHOL		100-200 mg/dl
CRE		0.6-1.2 mg/dl
GLU		73-118 mg/dl
TP		6.4-8.1 g/dl

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA++		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA+		128-145 mmol/l
K+		3.3-4.7 mmol/l
CL-		98-108 mmol/l
tCO2		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
GGT		5-65 u/l
TP		6.4-8.1 g/dl

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CRE		0.6-1.2 mg/dl
		39-380 u/l (M) 30-190 u/l (F)
NA+		128-145 mmol/l
K+		3.3-4.7 mmol/l
CL-		98-108 mmol/l
tCO2		18-33 mmol/l

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA+		128-145 mmol/l
K+		3.3-4.7 mmol/l
CL-		98-108 mmol/l
tCO2		18-33 mmol/l

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:
[redacted] b(6)-2	8-30-03	

EPH

b(6)-4 [redacted]

F102 50
temp 97.5
ABG

SPECIMEN/LAB RPT. NO.

MISC

URGENCY: ROUTINE ☒ TODAY ☐ PRE-OP ☐ STAT ☐

PATIENT STATUS: BED ☒ AMB ☐ OUTPATIENT ☐ NP ☐ DOM ☐

SPECIMEN SOURCE (Specify): ABG

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE [redacted] b(6)-2

REPORTED BY

MD

DATE

TECH BAg

LAB ID NO.

REMARKS

TEST(S)
WHEN TAKEN
TIME A.M. P.M.
REQUESTED
RESULTS

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FPMR (41 CFR) 201-45.505
557-107

DPOINT COAG ANALYZER V4.5-
AL #005485 08/31/03 02:2.

ent ID: [redacted] b(6)-4
~~t Name :APTT~~
st Result:= 40.9 sec.
~~RESULT NOT RANGE CHECKED~~**
mple Type:citrated wh. bloo
st Date :08/31/03
st Time :02:24 AM
rd Lot :030201
perator [redacted] b(6)-2

DPOINT COAG ANALYZER V4.54
AL #005485 08/31/03 02:28

ent ID: [redacted] b(6)-4
t Name :PT
st Result:= 17.9 sec.
~~RESULT NOT RANGE CHECKED~~**
10 = 1.5
culated INR = 1.86
ple Type:citrated wh. blood
t Date :08/31/03
t Time :02:27 AM
d Lot :060201
rator : [redacted] b(6)-2

DEEP 8
RR 12
FiO_2 50%

i-STAT EC8+

Pt: [redacted] b(6)-4

Pt Name:_____

Glu_____88 mg/dL

BUN_____17 mg/dL

Na_____138 mmol/L

K_____5.0 mmol/L

Cl_____111 mmol/L

TCO2_____22 mmol/L

AnGap_____12 mmol/L

Hct_____34 %PCV

Hb*_____12 g/dL

*via Hct

pH_____7.297

PCO2_____42.2 mmHg

HCO3_____21 mmol/L

BEecf_____-6 mmol/L

Sample Type_:

30AUG03 19:36

Oper: [redacted]

Physician:_____

User# [redacted]

Ver: JAMS046A
CLEW A93

i-STAT EC8+

Pt: [redacted] b(6)-4

Pt Name:_____

TCO2_____26 mmol/L

STAT CREA

Pt: [redacted] b(6)-4

Pt Name:_____

Crea_____1.2 mg/dL

Sample Type_:

31AUG03 02:14

Oper: [redacted]

Physician:_____

User# [redacted]

Ver: JAMS046A
CLEW A93

i-STAT CREA

Pt: [redacted] b(6)-4

Pt Name:_____

Crea_____1.2 mg/dL

Sample Type_:

30AUG03 19:35

Oper: [redacted]

Physician:_____

User# [redacted]

Ver: JAMS046A
CLEW A93

i-STAT G3+

Pt: [redacted] b(6)-4

Pt Name:_____

TCO2_____26 mmol/L

At 37C

pH_____7.349

PCO2_____45.1 mmHg

PO2_____69 mmHg

HCO3_____25 mmol/L

BEecf_____-1 mmol/L

sO2*_____93 %

*calculated

Sample Type_:

30AUG03 08:2[illegible]

Oper: [redacted]

Physician:_____

User# [redacted]

Ver: JAMS046A
CLEW A93

CBC, Chem 7, PT

EPW [redacted] b(6)-4
ICU # 3

SPECIMEN/LAB RPT. NO

'SC

L ..NCY
☐ ROUTINE
TODAY ☐
☐ PRE-OP
STAT ☒

PATIEN. STATUS
☐ BED ☐ AMB
OUTPATIENT ☐
☐ NP ☐ DOM

SPECIMEN SOURCE (Specify)
A line

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE [redacted] CPT/AW b(6)-2

REPORTED BY MD TECH

DATE 31 Aug 03

LAB ID NO.

A.M. P.M.

STAT ECS+

[redacted] b(6)-4

Name:_____

Glu_____86 mg/dL
SUN_____19 mg/dL
Na_____140 mmol/L
K_____4.5 mmol/L
Cl_____109 mmol/L
TCO2_____25 mmol/L
AnGap_____11 mmol/L
nct_____33 %PCV
Hb*_____11 g/dL
*via Hct

pH_____7.347
PCO2_____43.8 mmHg
HCO3_____24 mmol/L
BEecf_____-2 mmol/L

Sample Type_:

31AUG03 02:14

Oper: [redacted]

Physician:_____

Ser-# [redacted]

Ver: JAM5046A
CLEW A93

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

557-107

Ward/Section:	REQUESTING PHYSICIAN:	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted] b(6)-4	DATE: 1 Sep 03	TIME: 0400
		SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10^3
RBC		
Hgb		
Hct		
MCV		
Plt		
Lymph		
Seg		
Bands		
Lymphs		
Atyp		Imm
RBC Morph		
Spun Hematocrit		42-52% (M) 37-47% (F)
Sed Rate		
Other		

b(6)-4

ID: [redacted] 08-31-03
WB 2044
Patient Limits

WBC	5.2	x10^3/uL	4.5	10.5
RBC	3.35 L	x10^6/uL	4.20	5.00
Hgb	9.7 L	g/dL	11.0	18.0
Hct	30.2 L	%	35.0	60.0
MCV	90.1	fL	90.0	99.9
MCH	29.0	pg	27.0	31.0
MCHC	32.2 L	g/dL	33.0	37.0
Plt	131. L	x10^3/uL	150.	450.
LYM%	16.8 ^L	%	20.5	51.1
LYM#	0.9 ^L	x10^3/uL	1.2	3.4

Coagulation Studies

TEST	RESULT	REF. RANGE
PT		9.8-13.6 secs
APTT		21-34 secs
D dimer		<20 ug/ml
FDP		<10 ug/ml

REMARKS:

REPORTED BY: DAT

Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		
Pr		
Ur		
Ni		
Le		
He		

POINT COAG ANALYZER V4.54
L #005485 09/01/03 04:45 AM

nt ID: [redacted] b(6)-4
t Name :PT_1
t Result:= 18.1 sec.
RESULT NOT RANGE CHECKED***
io = 1.6
culated INR = 1.57
ple Type:citrated wh. blood
t Date :09/01/03
t Time :04:44 AM
d Lot :110201
perator : [redacted] b(6)-2

POINT COAG ANALYZER V4.54
t #005485 09/01/03 04:49 AM

nt ID: [redacted] b(6)-4
t Name :APTT
t Result:= 31.8 sec.
RESULT NOT RANGE CHECKED***
ple Type:citrated wh. blood
t Date :09/[illegible]03
t Time :04:46 AM
d Lot :030201
rator : [redacted] b(6)-2

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source		
Gram Stain		
Occ Bld		Negative
[illegible]		Negative

opic Urinalysis

od Bank

IT SF 518 WITH
REQUESTED

T OF BLOOD

CROSSMATCH

Ward/Section: ICU | REQUESTING PHYSICIAN: b(6)-6

CHEMISTRY RESULT FORM
(Subject to the Privacy Act of 1974)

LAST, FIRST, MI. [redacted] | DATE 01/09/03 | TIME 0430 | SSN/PSEUDO SSN:

i-STAT G3+

Pt: 675

Pt Name: [redacted]

TCO2 28 mmol/L

@ 37C

PH 7.371

PCO2 45.5 mmHg

PO2 136 mmHg

HCO3 26 mmol/L

BEecf 1 mmol/L

sO2* 99 %

*calculated

Sample Type: Art

01SEP03 04:36

Oper: 8835

Physician:

Ser# 42011

Ver: JAMS046A
CLEW A93

FIO2 ↓ to 45% from 50%

FIO2 45%

Chemistry 12 TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
BUN		7-22 mg/dl
CA++		5-65 u/l
CHOL		6.4-8.1 g/dl
CRE		
GLU		
TP		

(Piccolo) Metabolic Panel TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA++		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA+		128-145 mmol/l
K+		3.3-4.7 mmol/l
CL-		98-108 mmol/l
tCO2		18-33 mmol/l

TEST	RESULT	REF. RANGE
GLU		
BUN		
CRE		
CK		
NA+		
K+		
CL-		
tCO2		

======= PICCOLO =======
01/09/03 04:42
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3152AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	81	73-118	MG/DL
BUN	14	7-22	MG/DL
CRE	1.0	0.6-1.2	MG/DL
CK	1194*	39-380	U/L
NA+	~~150*~~ 140	128-145	MMOL
K+	4.2	3.3-4.7	MMOL
CL-	108	98-108	MMOL
tCO2	25	18-33	MMOL

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

Liver Panel Plus TEST	RESULT	REF. RANGE
		3.3-5.5 g/dl
		26-84 u/l
		10-47 u/l
		14-97 u/l
		11-38 u/l
		0.2-1.6 mg/dl
		5-65 u/l
		6.4-8.1 g/dl

(Piccolo) Electrolyte TEST	RESULT	REF. RANGE
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

Abuse			

REMARKS:

REPORTED BY: DATE

Ward/Section: ICU #3 | QUESTNG DIVISION: [redacted] b(6)-2 | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST [redacted] b(6)-4 | DATE: [redacted] | TIME: 0900 | SSN/PSEUDO SSN: [redacted] b(6)-4

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3mg/dl
CHOL		100-200 mg/dl
CRE		0.6-1.2 mg/dl
GLU		73-118 mg/dl
TP		6.4-8.1 g/dl

(Piccolo) Methyte 8

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CRE		0.6-1.2 mg/dl
CK		39-380 u/l (M) 30-190 u/l (F)
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
GGT		5-65 u/l
TP		6.4-8.1 g/dl

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

REMARKS:

REPORTED BY: | **DATE:** 2 Sep | **LAB ID NO.:** 1920

ABG

pH 7.33
CO2 51.3
PO2 69

be 1
HCO3 27
TCO2 28
SaO2 90

Ward/Section: ICU 3	REQUESTING PHYSICIAN: DR [redacted] b(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted] b(6)-4	DATE 9/2/03	TIME	SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10^3
RBC		
Hgb		
Hct		
MCV		
Plt		
Lym		
(		
Seg		
Bar		
Lymph		Basc
Atyp		Imm
RBC Morph		
Spun Hematoc		
Sed Rate		
Other		

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 09/02/03 04:37 AM

Patient ID: [redacted] b(6)-4
Test Name :APTT
Test Result:= 28.7 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :09/02/03
Test Time :04:34 AM
Card Lot :030201
Operator [redacted] b(6)-2

TEST	
PT	
APTT	
D dimer	
FDP	
REMARK	
REPORT	

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 09/02/03 04:40 AM

Patient ID: [redacted] b(6)-4
Test Name :PT_1
Test Result:= 14.7 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.3
Calculated INR = 1.28
Sample Type:citrated wh. blood
Test Date :09/02/03
Test Time :04:36 AM
Card Lot :110201
Operator : [redacted] b(6)-2

Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Prot		Negative
Urob		0.2-1.0
Nit		Negative
Leuk		Negative
		Negative

CSF

	Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source		
Gram Stain		
Occ Bld		Negative
H. pylori		Negative
Micro Parasites		
Malaria		
O & P		
Other		

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Blood Bank Unit Crossmatch
(SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

	TYPE	CROSSMATCH

LAB ID NO.:

Ward/Section: ICU 3 | [redacted] | AN: b(6)-2 | (Sul

LAST, FIRS[redacted] b(6)-4 | DATE 9/2/03 | TIME

(STAT)

---

i-STAT EC8+

Pt: [redacted] b(6)-4

Pt Name:_____

Glu_____59 mg/dL
BUN_____11 mg/dL
Na_____140 mmol/L
K_____3.8 mmol/L
Cl_____107 mmol/L
TCO2_____26 mmol/L
AnGap_____12 mmol/L
Hct_____27 %PCV
Hb*_____9 g/dL
*via Hct
pH_____7.360
PCO2_____44.2 mmHg
HCO3_____25 mmol/L
BEecf_____0 mmol/L

Sample Type_:

02SEP03 04:16

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAMS046A
CLEW A93

REPORTED BY:

ABG FiO2 50% 10D
Chem 7

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE	TES
ALB		3.5-5.5 g/dl	GLU
ALP		26-84 u/l	BUN
ALT		10-47 u/l	CA^{++}
AMY		14-97 u/l	CRE
AST		11-38 u/l	NA^{+}
TBIL		0.2-1.6 mg/dl	K^{+}
BUN		7-22 mg/dl	CL^{-}

---

i-STAT G3+

Pt: [redacted] b(6)-4

Pt Name:_____

TCO2_____27 mmol/L

At 37C

pH_____7.377
PCO2_____43.6 mmHg
PO2_____65 mmHg
HCO3_____26 mmol/L
BEecf_____0 mmol/L
sO2*_____92 %
*calculated

At Patient Temp

pH_____7.361
PCO2_____45.6 mmHg
PO2_____70 mmHg

Patient Temp: 100.5F
FIO2_____: 50
Sample Type_: ART

02SEP03 04:09

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAMS046A
CLEW A93

---

i-STAT CREA

Pt: [redacted] b(6)-4

Pt Name:_____

Crea_____1.1 mg/dL

Sample Type_:

02SEP03 04:17

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAMS046A
CLEW A93

		11-38 u/l
		0.2-1.6 mg/dl
		5-65 u/l
		6.4-8.1 g/dl

(Piccolo) Electrolyte

T	RESULT	REF. RANGE
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

b(6)-2

Ward/Section: 1W3 | QUEST [redacted] | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI: EPW [redacted] b(6)-4 | DATE: 3Sep03 | TIME: 0400 | SSN: [redacted] b(6)-4

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		Negative
Drug of Abuse		Negative
		Negative
		Negative
		Negative

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
A/G		3.5-5.5 g/dl

======= PICCOLO =======
03/09/03 03:59
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3204AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	1.5*	3.3-5.5	G/DL
ALP	♦♦♦	26-84	U/L
ALT	154*	10-47	U/L
AMY	17	14-97	U/L
AST	83*	11-38	U/L
TBIL	1.4	0.2-1.6	MG/DL
BUN	~~15~~	7-22	MG/DL
CA++	7.8*	8.0-10.3	MG/DL
CHOL	31*	100-200	MG/DL
CRE	~~1.2~~	0.6-1.2	MG/DL
GLU	135*	73-118	MG/DL
TP	4.5*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 0

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
[illegible]		7-22 mg/dl
[illegible]		8.0-10.3 mg/dl
[illegible]		0.6-1.2 mg/dl
[illegible]		128-145 mmol/l
[illegible]		3.3-4.7 mmol/l
[illegible]		98-108 mmol/l
CO_2		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
GGT		5-65 u/l
TP		6.4-8.1 g/dl

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA+		128-145 mmol/l
K+		3.3-4.7 mmol/l
CL-		98-108 mmol/l
tCO_2		18-33 mmol/l

REMARKS:

b(6)-2

R[redacted] | DATE: | LAB ID NO.:

[redacted] b(2)-2
Baghdad, Iraq

Microbiology Request Form

Last Name: #[redacted] b(6)-4 | Ward: ICU #3
First Name: | Room:
Patient # or SSN: [redacted] b(6)-4 | Bed:
Physician: DR. [redacted] b(6)-2
Collected by: LT [redacted] b(6)-2
Date: 03 Sep 03 | Source: Foley
Time: 0905 | Site: UA Cx.

[redacted]

Received by [redacted] b(6)-2 | Specimen #: [redacted]
Date: 3 Sep 03
Time: 1000

Laboratory Results

No growth at 24 hrs

Reported
Date: 4Sep03
Time: 0914
Tech: [redacted] b(6)-2
Reviewer: [redacted] b(6)-2 | Number of attached sheets:

ICU3 Requested by [redacted] b(6)-2

EPW# [redacted] b(6)-4 Time 0805 Date 3 Sep 03

(Hematology) CBC		
TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10^3
RBC		4.7-6.1 x 10^9
Hgb		14-18 g/dl (M) 12-16 g/dl (F)
Hct		42-52% (M) 37-47% (F)
MCV		80-94 fl (M) 81-99 fl (F)
Plt		130-500 x 10^3 verified
Lymph %		20.5-51.1%

(Hematology) Manual Differential			
Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			
Spun Hematocrit		42-52% (M) 37-47% (F)	
Sed Rate			
Other			

Coagulation Studies		
TEST	RESULT	REF. RANGE
PT		9.8-13.6 secs
APTT		21-34 secs
D dimer		<20 ug/ml
FDP		<10 ug/ml

Urinalysis		
TEST	RESULT	REF. RANGE
Color	Amber	N/A
App	cloudy	N/A
Glu	Neg	Negative
Bili	small	Negative
Ket	Neg	Negative
SG	1.025	N/A
Bld	small	Negative
pH	6.0	N/A
Prot	30+	Negative
Urob	1	0.2-1.0
Nit	Neg	Negative
Leuk	Neg	Negative
HCG		Negative

CSF		
Cell Count		
Directigen		Negative

Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)		
UNIT	TYPE	CROSSMATCH

Misc. Serology		
TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology	
Source	
Gram Stain	
Occ Bld	Negative
H. pylori	Negative
Micro Parasites	
Malaria	
O & P	
Other	

Microscopic Urinalysis
SSA - Neg Epi - 1-5 Ecto - Pos granular cast ~~0-1 hpf~~ 1 LpF mucous - light rbc - 10-15

Blood Bank
MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED
ABO/Rh

REMARKS:

REPORTED BY: [redacted] b(6)-2 DATE: 2 Sep 03 LAB ID NO.:

MEDCOM - 18119

940 1220 1800

ICU 3 b(6)-4 [redacted] b(6)-2

EPW [redacted] 3Sep03 0400 [redacted] b(6)-4

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		
RBC		
Hgb		
Hct		
MCV		
Plt		
Lymph		
Seg		
Bands		
Baso		
Atyp		
Imm		
RBC Morph		
Spun Hematocrit		42-5 37-4
Sed Rate		
Other		

Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Prot		Negative
Urob		0.2-1.0
Nit		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source		
Gram Stain		
Occ Bld		Negative
H. pylori		Negative
Micro Parasites		
Malaria		
O & P		
Other		

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Unit Crossmatch
(WITH EVERY UNIT OF BLOOD REQUESTED)

TYPE	CROSSMATCH

Coagulation Stud

TEST	RESULT	REF.
PT		9.8-13
APTT		21-34
D dimer		<20 u
FDP		<10 u

DPOINT COAG ANALYZER V4.54
AL #005485 09/03/03 03:49 AM

ent ID: [redacted] b(6)-4
st Name :APTT
st Result:= 40.5 sec.
*RESULT NOT RANGE CHECKED***
mple Type:citrated wh. blood
st Date :09/03/03
st Time :03:46 AM
rd Lot :030201
erator : [redacted] b(6)-2

DPOINT COAG ANALYZER V4.54
AL #005485 09/03/03 03:51 AM

nt ID: [redacted] b(6)-4
t Name :PT
t Result:= 13.6 sec.
RESULT NOT RANGE CHECKED***
[redacted] 1.19
[redacted] b(6)-2

REMARKS:

REPORTED BY: | **DATE:** | **LAB ID NO.:**

b(6)-2

Ward/Section: 1103 | QUESTING PHYSICIAN [redacted] | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. [redacted] b(6)-4 | DATE 9/3/03 | TIME 0836 | SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE

i-STAT EC8+

Pt: [redacted] b(6)-4

Pt Name:_____

Glu_____118 mg/dL
BUN_____17 mg/dL
Na_____140 mmol/L
K_____3.6 mmol/L
Cl_____106 mmol/L
TCO2_____23 mmol/L
AnGap_____16 mmol/L
Hct_____37 %PCV
Hb*_____13 g/dL
*via Hct
pH_____7.342
PCO2_____ mmHg
HCO3_____ mmol/L
BEecf_____ mmol/L

Sample Type:

035EP03 07:50

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAM5046A
CLEW A93

(Piccolo) Chemistry 12

======= PICCOLO =======
03/09/03 07:47
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3204AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	1.3*	3.3-5.5	G/DL
ALP	154*	26-84	U/L
ALT	♦♦♦	10-47	U/L
AMY	19	14-97	U/L
AST	80*	11-38	U/L
TBIL	1.4	0.2-1.6	MG/DL
BUN	♦♦♦	7-22	MG/DL
CA++	7.5*	8.0-10.3	MG/DL
CHOL	61*	100-200	MG/DL
CRE	0.7	0.6-1.2	MG/DL
GLU	126*	73-118	MG/DL
TP	4.0*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 0

(Piccolo) Metabolic Panel

ST	RESULT	REF. RANGE
		73-118 mg/dl
		7-22 mg/dl
		8.0-10.3 mg/dl
		0.6-1.2 mg/dl
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

(Piccolo) Liver Panel Plus

ST	RESULT	REF. RANGE
		3.3-5.5 g/dl
		26-84 u/l
		10-47 u/l
		14-97 u/l
		11-38 u/l
		0.2-1.6 mg/dl
		5-65 u/l
		6.4-8.1 g/dl

(Piccolo) Electrolyte

ST	RESULT	REF. RANGE
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

%

[redacted] | DATE: 3Sep03 | LAB ID NO.:

b(6)-2

Epw [redacted] b(6)-4

ICU 3

SPECIMEN/LAB. RPT. NO.

URGENCY: ☒ ROUTINE ☐ TODAY ☐ ☐ PRE-OP STAT ☐

PATIENT STATUS: ☐ BED ☐ AMB ☐ OUTPATIENT ☐ ☐ NP ☐ DOM

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE [redacted] b(6)-2 | REPORTED BY MD TECH | DATE 9 04 03 | LAB. ID. NO.

REMARKS Chem 7

546-107

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

PHOSPHATE	CALCIUM	TOTAL PROTEIN	ALBUMIN	GLOBULIN	ALKALINE PHOSPHATASE	ACID PHOSPHATASE	SGOT	LDH	CPK	BILIRUBIN (TOTAL)	BILIRUBIN (DIRECT)	CHOLESTEROL	TRIGLYCERIDES	AMYLASE	LIPASE	PROFILE (Specify)

======= PICCOLO =======
04/09/03 14:21
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3151AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	122*	73-118	MG/DL
BUN	23*	7-22	MG/DL
CRE	1.8*	0.6-1.2	MG/DL
CK	764*	39-380	U/L
NA+	117*	128-145	MMOL/L
K+	4.3	3.3-4.7	MMOL/L
CL-	104	98-108	MMOL/L
tCO2	22	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

b(6)-2

Ward/Section: ICU — JEST[redacted]

ORATORY RESULT FORM
(Subject to the Privacy Act of 1974)

LAST, FIRST, MI. EPW[redacted] | DATE 9.4.03 | TIME 1400 | SSN/PSEUDO SSN EPW[redacted] b(6)-4

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
			Color		N/A	RPR		Negative
			App	b(6)-4	N/A	Mono		Negative
			Glu		Negative	**Microbiology**		
			Bili		Negative	Source		
			Ket		Negative	Gram Stain		
			SG		N/A	Occ Bld		Negative
			Bld		Negative	H. pylori		Negative
			pH		N/A	Micro Parasites		
			Prot		Negative	Malaria		
			Urob		0.2-1.0	O & P		
			Nit		Negative	Other		
			Leuk		Negative	**Microscopic Urinalysis**		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	**CSF**			**Blood Bank**		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		

ID: [redacted] b(6)-4 04-09-03
14:00
Patient Limits
WBC 47.5 H x10^3/uL 4.5 10.5
RBC 3.54 L x10^6/uL 4.00 6.00
Hgb 10.2 L g/dL 11.0 18.0
Hct 32.6 L % 35.0 60.0
MCV 94.9 fL 80.0 99.9
MCH 28.8 pg 27.0 31.0
MCHC 30.3 L g/dL 33.0 37.0
Plt 38. *L x10^3/uL 150. 450.
L% 0.5 *L % 20.5 51.1
L# 0.3 *L x10^3/uL 1.2 3.4

Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)		
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
PT		9.8-13.6 secs			
APTT		21-34 secs			
D dimer		<20 ug/ml			
FDP		<10 ug/ml			

REMARKS:

REPORTED BY: [redacted] b(6)-2 | **DATE:** 6-4-03 | **LAB ID NO.:**

Ward/Section:	REQUESTING PHYSICIAN: DR [redacted] b(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. EPW [redacted] b(6)-4	DATE 04Sep03	TIME 0415	SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		
[redacted]		
[redacted] b(6)-4		Patient Limits
[illegible]	36.0 H	x10^3/uL 4.5 10.5
[illegible]	2.71 L	x10^6/uL 4.00 6.00
[illegible]	8.1 L	g/dL 11.0 18.0
[illegible]	26.9 L	% 35.0 60.0
[illegible]	93.1	fL 80.6 94.9
[illegible]	29.9	pg 27.0 31.0
[illegible]	32.2 L	g/dL 33.0 37.0
[illegible]	485. L	x10^3/uL 150. 450.
[illegible]	6.9	fL 20.5 51.1
[illegible]	0.3 L	x10^3/uL 1.2 3.4

Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Prot		Negative
Urob		0.2-1.0
		Negative
		Negative
		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source		
Gram Stain		
Occ Bld		Negative
H. pylori		Negative
Micro Parasites		
Malaria		
O & P		
Other		

Microscopic Urinalysis

CSF

en		Negative

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Blood Bank Unit Crossmatch
(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

UNIT	TYPE	CROSSMATCH

LAB ID NO.:

POINT COAG ANALYZER V4.54
L #005485 09/04/03 04:43 AM

nt ID: [redacted] b(6)-4
t Name :APTT
t Result:= 46.1 sec.
RESULT NOT RANGE CHECKED***
ample Type:citrated wh. blood
est Date :09/04/03
est Time :04:40 AM
ard Lot :030201
perator : [redacted] b(6)-4

IDPOINT COAG ANALYZER V4.54
IAL #005485 09/04/03 04:44 AM

ient ID: [redacted] b(6)-4
est Name :PT_1
est Result:= 17.8 sec.
RESULT NOT RANGE CHECKED*
atio = 1.5
alculated INR = 1.55
ample Type:citrated wh. blood
est Date :09/04/03
est Time :04:43 AM
ard Lot :110201
perator : [redacted] b(6)-4

b(6)-2

Ward/Section: ICU3 | TESTING PHYSICIAN: DR [redacted] | CL[illegible]Y RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI.: EPW [redacted] b(6)-4 | TIME: 04Sep03 0415 | SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-14[illegible]
K		
Cl		
pH		7.
PCO2		35- 41-5
PO2		80-1[illegible] N/A (
TCO2		23-27 24-29
HCO3		22-26 n 23-28 m
sO2		95-98%
BEecf		(-2) – (+3 mmol/L
AnGap		10-20 mmc
Ca		1.12-1.32 m
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST		REF. RANGE
		[illegible]5.5 g/dl
		[illegible]u/l
		[illegible]u/l
		[illegible]
		[illegible]/dl
		[illegible]
		[illegible]
K		
CL		
tCO_2		

======= PICCOLO =======
04/09/03 04:34
REFERENCE RANGE: MALE b(6)-4
PATIENT #: [redacted]
GENERAL CHEMISTRY 12
DISC LOT #: 3204AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	1.5*	3.3-5.5	G/DL
ALP	95*	26-84	U/L
ALT	133*	10-47	U/L
AMY	41	14-97	U/L
AST	82*	11-38	U/L
TBIL	2.0*	0.2-1.6	MG/DL
BUN	20	7-22	MG/DL
CA++	7.7*	8.0-10.3	MG/DL
CHOL	36*	100-200	MG/DL
CRE	1.3*	0.6-1.2	MG/DL
GLU	87	73-118	MG/DL
TP	3.9*	6.4-8.1	G/DL

K INST QC: OK CHEM QC: OK
HEM 1+, LIP 0, ICT 0

Chem 17
Na
Cl
Co2
K

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA^{+}		128-145 mmol/l
K^{+}		3.3-4.7 mmol/l
CL^{-}		98-108 mmol/l
tCO_2		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
MY		14-97 u/l
T		11-38 u/l
L		0.2-1.6 mg/dl
		5-65 u/l
		6.4-8.1 g/dl

(Piccolo) Electrolyte

RESULT	REF. RANGE
	128-145 mmol/l
	3.3-4.7 mmol/l
	98-108 mmol/l
	18-33 mmol/l

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU 3	REQUESTING PHYSICIAN: [redacted] b(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. EDW# [redacted] b(6)-4	DATE 9/5/03	TIME	SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT	FLAG	UNITS	REFERENCE RANGE
[redacted] b(6)-4				
				Patient Limits
WBC	14.5	H	K/UL	4.5 10.5
RBC	4.41	L	M/UL	4.60 6.00
HGB	13.1	L	G/DL	12.0 18.0
HCT	38.1	L	%	35.0 60.0
MCV	85.7		FL	80.0 99.0
MCH	29.7		PG	27.0 31.0
MCHC	34.3	L	G/DL	33.0 37.0
PLT	381		K/UL	150. 450.
LYM%	24.6		%	20.5 51.1
LYM#	3.9	*	K/UL	1.2 3.4

Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Prot		Negative
Urob		0.2-1.0
		Negative
		Negative
		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source		
Gram Stain		
Occ Bld		Negative
H. pylori		Negative
Micro Parasites		
Malaria		
O & P		
Other		

Microscopic Urinalysis

CSF

[illegible]		Negative

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Blood Bank Unit Crossmatch
(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

UNIT	TYPE	CROSSMATCH

LAB ID NO.:

COAGULATION ENDPOINT COAG ANALYZER V4.54
SERIAL #0005485 09/05/03 04:21 AM

Patient ID: [redacted] b(6)-4
Test Name :PT
Test Result:= 13.9 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.1
Calculated INR = 1.24
Sample Type:citrated wh. blood
Test Date :09/05/03
Test Time :04:19 AM
Card Lot :010301
Operator : [redacted] b(6)-2

COAGULATION ENDPOINT COAG ANALYZER V4.54
SERIAL #0005485 09/05/03 04:27 AM

Patient ID: [redacted] b(6)-4
Test Name :APTT
Test Result:= 42.1 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :09/05/03
Test Time :04:22 AM
Card Lot :030201
Operator : [redacted] b(6)-2

Ward/Section:	ESTING PHYSICIAN:	CH. .Y RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI.	DATE	TIME	SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mm 23-28 mm
sO2		95-98%
BEecf		(-2) – (+ mmol/L
AnGap		10-20 m
Ca		1.12-1.3
BUN		8-26 mg
GLU		70-105 r
Creat		0.7-1.5 r
Hct		38-51%
Hgb		12-17 g/

Misc. Chemistry

TEST	RESULT	REF. I
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
BUN		7-22 mg/dl

======= PICCOLO =======
05/09/03 04:27
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3151AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	108	73-118	MG/DL
BUN	29*	7-22	MG/DL
CRE	1.9*	0.6-1.2	MG/DL
CK	473*	39-380	U/L
NA+	125*	128-145	MMOL/L
K+	4.3	3.3-4.7	MMOL/L
CL-	112*	98-108	MMOL/L
tCO2	25	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICI 1+

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA^{+}		128-145 mmol/l
K^{+}		3.3-4.7 mmol/l
CL^{-}		98-108 mmol/l
tCO_2		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
GGT		5-65 u/l
TP		6.4-8.1 g/dl

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA^{+}		128-145 mmol/l
K^{+}		3.3-4.7 mmol/l
CL^{-}		98-108 mmol/l
tCO_2		18-33 mmol/l

REMARKS:

REPORTED BY: NO.:

Ward/Section: ICU 3

REQUESTING PHYSICIAN: [redacted] b(6)-2

LABORATORY RESULT FORM
(Subject to the Privacy Act of 1974)

LAST, FIRST, MI: [redacted] b(6)-4

DATE: 6 Sep 03

TIME: 0430

SSN: [redacted] b(6)-4

(Hematology) CBC

TEST	RESULT	REF. RANGE
[redacted]		

DPOINT COAG ANALYZER
AL #005485 09/06/03 06:13 AM

ient ID: [redacted] b(6)-4
est Name :PT
est Result:= 12.4 sec.
RESULT NOT RANGE CHECKED*
itio = 1.0
lculated INR = 1.03
mple Type:citrated wh. blood
st Date :09/06/03
st Time :06:11 AM
rd Lot :010301
erator : [redacted] b(6)-2

DPOINT COAG ANALYZER V4.54
AL #005485 09/06/03 06:17 AM

nt ID: [redacted] b(6)-4
t Name :APTT
t Result:= 38.1 sec.
RESULT NOT RANGE CHECKED***
ple Type:citrated wh. blood
t Date :09/06/03
t Time :06:13 AM
d Lot :030201
rator : [redacted] b(6)-2

Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Prot		Negative
Urob		0.2-1.0
		Negative
		Negative
		Negative
		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source		
Gram Stain		
Occ Bld		Negative
H. pylori		Negative
Micro Parasites		
Malaria		
O & P		
Other		

Microscopic Urinalysis

CSF

		Negative

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh:

Blood Bank Unit Crossmatch

(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

UNIT	TYPE	CROSSMATCH

LAB ID NO.:

6 Sep 03

[redacted] b(6)-2

Ward/Section:	ESTING PHYSICIAN:	Ch..Y RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI.	DATE / TIME	SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
P		
A		
A		
A		
T		
E		
C		
C		
C		
C		
T		
G		
B		
C		
C		
N		
K		
C		
tC		

======= PICCOLO =======
06/09/03 06:18
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3151AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	92	73-118	MG/DL
BUN	17	7-22	MG/DL
CRE	1.2	0.6-1.2	MG/DL
CK	202	39-380	U/L
NA+	122*	128-145	MMOL/L
K+	4.1	3.3-4.7	MMOL/L
CL-	108	98-108	MMOL/L
tCO2	26	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 1+

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
		73-118 mg/dl
		7-22 mg/dl
		8.0-10.3 mg/dl
		0.6-1.2 mg/dl
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

(Piccolo) Liver Panel Plus

RESULT	REF. RANGE
	3.3-5.5 g/dl
	26-84 u/l
	10-47 u/l
	14-97 u/l
	11-38 u/l
	0.2-1.6 mg/dl
	5-65 u/l
	6.4-8.1 g/dl

(Piccolo) Electrolyte

RESULT	REF. RANGE
	128-145 mmol/l
	3.3-4.7 mmol/l
	98-108 mmol/l
	18-33 mmol/l

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

[redacted] b(2)-2
Baghdad, Iraq

Microbiology Request Form

Last Name: #[redacted] b(6)-4
First Name:
Patient # or SSN: [redacted] b(6)-4
Collected by: Lt [redacted] b(6)-2
Date: 03 Sep 03
Time: 0845.

Ward: ICU #3
Room:
Bed:
Physician: [redacted]
Source: (R) AC
Site: Blood Cx

[redacted]

Received by: [redacted] b(6)-2
Date: 3 Sep 03
Time: 0900

Specimen #: [redacted]

Laboratory Results

K. pneumoniae

Reported
Date: 7 Sep 03
Time: 0900
Tech: [redacted]
Reviewer: [redacted]
b(6)-2

Number of attached sheets:

Ward/Section: CU 3 | QUESTING PHYSICIAN: [redacted] b(6)-2

CHEMISTRY RESULT FORM
(Subject to the Privacy Act of 1974)

LAST, FIRST, MI. [redacted] b(6)-4 | DATE 9/7/3 | TIME 800 | SSN/PSEUDO SSN [redacted] b(6)-4

i-STAT

TEST	RESULT	REF. RANGE

---

i-STAT EG7+

Pt: [redacted] b(6)-4

Pt Name:_____

Na_____147 mmol/L
K_____4.0 mmol/L
TCO2_____24 mmol/L
iCa_____1.24 mmol/L
Hct_____32 %PCV
Hb*_____11 g/dL
*via Hct

At 37C
PH_____7.273
PCO2_____49.1 mmHg
PO2_____75 mmHg
HCO3_____23 mmol/L
BEecf_____-4 mmol/L
sO2*_____92 %
*calculated

At Patient Temp
PH_____7.273
PCO2_____49.1 mmHg
PO2_____75 mmHg

Patient Temp: 98.6F
FIO2_____: 45
Sample Type_: ART

07SEP03 18:02

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAM5046A
CLEW A93

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3mg/dl
CHOL		100-200 mg/dl
CRE		0.6-1.2 mg/dl
GLU		73-118 mg/dl
TP		6.4-8.1 g/dl

(Piccolo) Methyte 8

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CRE		0.6-1.2 mg/dl
CK		39-380 u/l (M) 30-190 u/l (F)
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
GGT		5-65 u/l
TP		6.4-8.1 g/dl

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

DATE:	LAB ID NO.:

Ward/Section: ICU 3	REQUESTING PHYSICIAN: [redacted] b(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI.	DATE 9/7/03	TIME 0410	SSN/PSEUDO SSN:

[redacted] b(6)-4

(Hematology) Manual Differential

IDPOINT COAG ANALYZER V4.54
RIAL #005485 09/07/03 05:01 AM

Client ID: [redacted] b(6)-4
Test Name :PT
Test Result:= 13.7 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.1
Calculated INR = 1.21
Sample Type:citrated wh. blood
Test Date :09/07/03
Test Time :04:59 AM
Card Lot :010301
Operator : [redacted] b(6)-2

IDPOINT COAG ANALYZER V4.54
IAL #005485 09/07/03 05:05 AM

Client ID [redacted] b(6)-4
Test Name :APTT
Test Result:= 40.8 sec.
RESULT NOT RANGE CHECKED*
mple Type:citrated wh. blood
st Date :09/07/03
st Time :05:02 AM
ard Lot :030201
perator : [redacted] b(6)-2

GE	TEST	RESULT	REF. RANGE
	Urinalysis		
	Color		N/A
	App		N/A
	Glu		Negative
	Bili		Negative
	Ket		Negative
	SG		N/A
	Bld		Negative
	pH		N/A
			Negative
			0.2-1.0
			Negative
			Negative
			Negative

TEST	RESULT	REF. RANGE
Misc. Serology		
RPR		Negative
Mono		Negative
Microbiology		
Source		
Gram Stain		
Occ Bld		Negative
H. pylori		Negative
Micro Parasites		
Malaria		
O & P		
Other		
Microscopic Urinalysis		

CSF		
		Negative

Blood Bank	
MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED	
ABO/Rh	

Blood Bank Unit Crossmatch
(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

UNIT	TYPE	CROSSMATCH

FDP		<10 ug/ml			

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU 3

ESTING PHYSICIAN: [redacted] b(6)-2

CL .Y RESULT FORM
(Subject to the Privacy Act of 1974)

LAST, FIRST, MI. EPW [redacted] b(6)-4

DATE 9/7/03

TIME 0440

SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BBecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
T		
B		
C		
(		

======= PICCOLO =======
07/09/03 04:46
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	109	73-118	MG/DL
BUN	14	7-22	MG/DL
CRE	0.5*	0.6-1.2	MG/DL
CK	130	39-380	U/L
NA+	135	128-145	MMOL
K+	4.0	3.3-4.7	MMOL
CL-	112*	98-108	MMOL
tCO2	24	18-33	MMOL

INST QC: OK CHEM QC: OK
HEM 0 , LIP 1+, ICT 1+

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA^+		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

(Piccolo) Liver Panel Plus

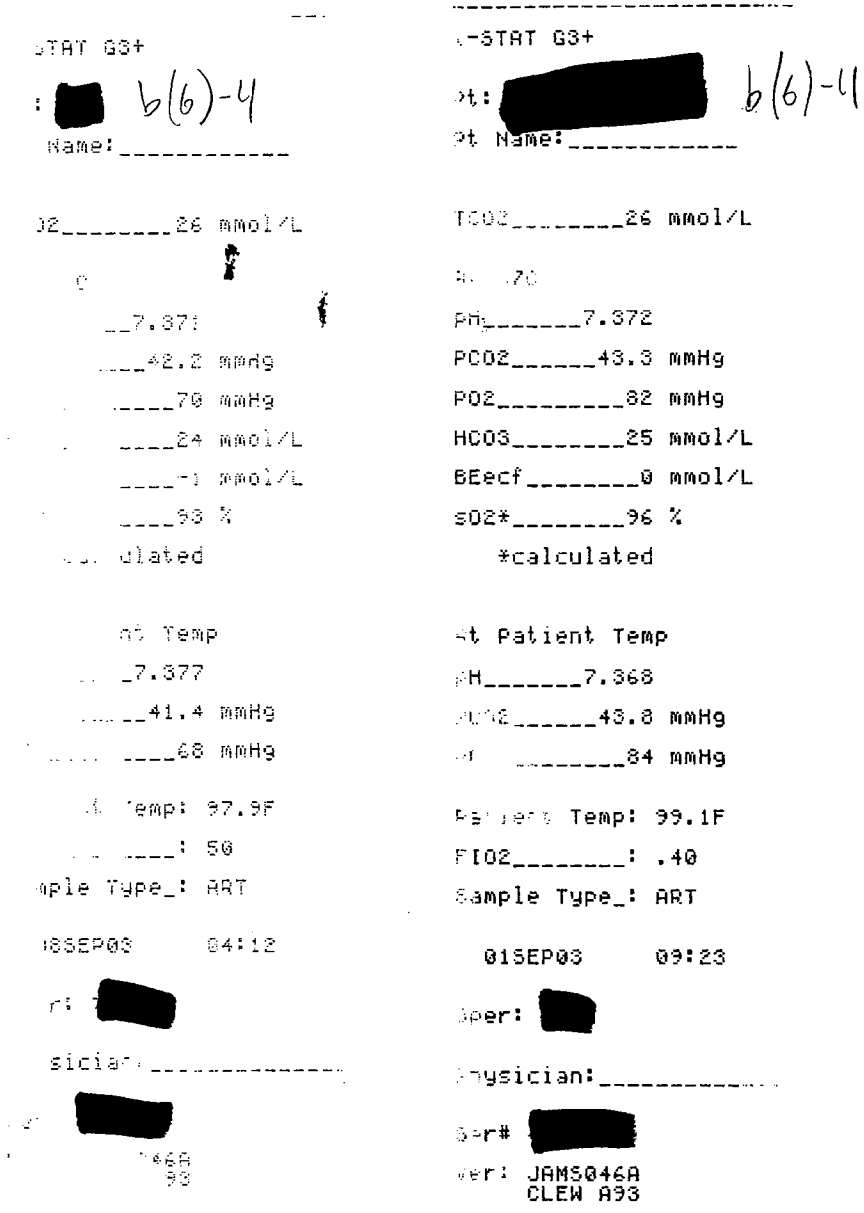
T	RESULT	REF. RANGE
		3.3-5.5 g/dl
		26-84 u/l
		10-47 u/l
Y		14-97 u/l
[		11-38 u/l
IL		0.2-1.6 mg/dl
T		5-65 u/l
		6.4-8.1 g/dl

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
A^+		128-145 mmol/l
+		3.3-4.7 mmol/l
CL-		98-108 mmol/l
tCO_2		18-33 mmol/l

REMARKS:

REPORTED BY:



STAT G3+

[redacted] b(6)-4

Name:_____

O2_____26 mmol/L

7.37

42.2 mmHg

79 mmHg

24 mmol/L

-1 mmol/L

93 %

ulated

Temp

7.377

41.4 mmHg

68 mmHg

Temp: 97.9F

: 50

mple Type_: ART

18SEP03 04:12

r: [redacted]

sician:_____

[redacted]

468
93

STAT G3+

t: [redacted] b(6)-4

t Name:_____

TCO2_____26 mmol/L

.70

PH_____7.372

PCO2_____43.3 mmHg

PO2_____82 mmHg

HCO3_____25 mmol/L

BEecf_____0 mmol/L

sO2*_____96 %

*calculated

t Patient Temp

pH_____7.368

PCO2_____43.8 mmHg

PO2_____84 mmHg

Patient Temp: 99.1F

FIO2_____: .40

Sample Type_: ART

01SEP03 09:23

per: [redacted]

hysician:_____

per# [redacted]

ver: JAMS046A
CLEW A93

Ward/Section: 1103 | QUESTING PHYSICIAN: [redacted] b(6)-2 | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. [redacted] | DATE 0830 | TIME 9-7-03 | SSN/PSEUDO SSN:

(i-STAT) | (Piccolo) Chemistry 12 | (Piccolo) Metabolic Panel

b(6)-4

---

i-STAT EG7+

Pt: [redacted] b(6)-4

Pt Name:_____

Na_____149 mmol/L
K_____3.9 mmol/L
TCO2_____24 mmol/L
iCa_____1.14 mmol/L
Hct_____31 %PCV
Hb*_____11 g/dL
*via Hct

At 37C
pH_____7.415
PCO2_____35.7 mmHg
PO2_____84 mmHg
HCO3_____23 mmol/L
BEecf_____-2 mmol/L
sO2*_____97 %
*calculated

At Patient Temp
pH_____7.435
PCO2_____33.6 mmHg
PO2_____77 mmHg

Patient Temp: 96.2F
FIO2_____: 50
Sample Type_: ART

075EP03 08:38

Oper: [redacted]

Physician:_____

Oper# [redacted]

Ver: JAM5046A
CLEW A93

======= PICCOLO =======
07/09/03 08:39
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3142AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	1.3*	3.3-5.5	G/DL
ALP	108*	26-84	U/L
ALT	72*	10-47	U/L
AMY	171*	14-97	U/L
AST	77*	11-38	U/L
TBIL	4.4*	0.2-1.6	MG/DL
BUN	♦♦♦	7-22	MG/DL
CA++	8.0	8.0-10.3	MG/DL
CHOL	124	100-200	MG/DL
CRE	0.6	0.6-1.2	MG/DL
GLU	110	73-118	MG/DL
TP	3.9*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 2+, LIP 1+, ICT 1+

======= PICCOLO =======
07/09/03 08:56
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3141AA4
OPER # [redacted] DR #: 000
SERIAL #: [redacted]

GLU	113	73-118	MG/DL
BUN	15	7-22	MG/DL
CRE	0.5*	0.6-1.2	MG/DL
CK	83	39-380	U/L
NA+	137	128-145	MMOL
K+	4.0	3.3-4.7	MMOL
CL-	114*	98-108	MMOL
tCO2	25	18-33	MMOL

INST QC: OK CHEM QC: OK
HEM 1+, LIP 1+, ICT 1+

DATE:	LAB ID NO.:
7 Sep 03	

b(6)-2
[redacted]

0730 9-8-03

Ward/Section: ICU3 | TESTING PHYSICIAN: [redacted] b(6)-2 | ISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI: [redacted] b(6)-4 | DATE | TIME | SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl

PICCOLO
08/09/03 07:55
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3082AA
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	1.3*	3.3-5.5	G/DL
ALP	110*	26-84	U/L
ALT	70*	10-47	U/L
AMY	142*	14-97	U/L
AST	69*	11-38	U/L
TBIL	3.9*	0.2-1.6	MG/DL
BUN	♦♦♦	7-22	MG/DL
CA++	8.3	8.0-10.3	MG/DL
CHOL	111	100-200	MG/DL
CRE	0.8	0.6-1.2	MG/DL
GLU	108	73-118	MG/DL
TP	4.4*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 2+, LIP 0 , ICT 1+

ISTAT
BUN - 19

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
		7-22 mg/dl
		8.0-10.3 mg/dl
		0.6-1.2 mg/dl
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

(Piccolo) Liver Panel Plus

T	RESULT	REF. RANGE
		3.3-5.5 g/dl
		26-84 u/l
		10-47 u/l
		14-97 u/l
		11-38 u/l
		0.2-1.6 mg/dl
		5-65 u/l
		6.4-8.1 g/dl

(Piccolo) Electrolyte

T	RESULT	REF. RANGE
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

REMARKS:

REPORTED BY: [redacted] b(6)-2 | **DATE:** 5-8-03 | **LAB ID NO.:**

LABORATORY RESULT FORM
(Subject to the Privacy Act of 1974)

Ward/Section: [redacted] ICU3 b(6)-4

REQUESTING PHYSICIAN: [redacted] b(6)-2

LAST, FIRST: b(6)-4 [redacted] ERW

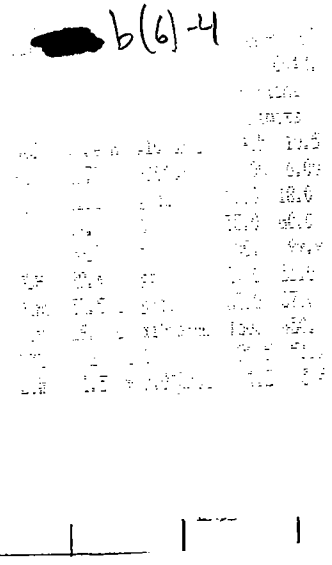
DATE: 8Sep

TIME: 0400

SSN: [redacted] b(6)-4

(Hematology) CBC

[redacted] b(6)-4



Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App		N/A
Glu		Negative
Bili		
Ket		
SG		
Bld		
pH		
Prot		
Urob		

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Negative

Negative

CSF

IDPOINT COAG ANALYZER V4.54
IAL #005485 09/08/03 04:52 AM

ient ID: [redacted] b(6)-4
est Name :PT
est Result:= 12.0 sec.
RESULT NOT RANGE CHECKED*
atio = 1.0
alculated INR = 0.97
ample Type:citrated wh. blood
est Date :09/08/03
est Time :04:51 AM
ard Lot :010301
perator : [redacted] b(6)-2

IDPOINT COAG ANALYZER V4.54
IAL #005485 09/08/03 04:56 AM

ient ID: [redacted] b(6)-4
est Name :APTT
est Result:= 42.5 sec.
RESULT NOT RANGE CHECKED
ample Type:citrated wh. blood
est Date :09/08/03
est Time :04:52 AM
ard Lot :100212
perator : [redacted] b(6)-2

PICCOLO
08/09/03 04:25
REFERENCE RANGE: MALE
PATIENT #: [redacted]
METLYTE 8 b(6)-2
DISC LOT #: 3151AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	112	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CRE	0.9	0.6-1.2	MG/DL
CK	71	39-380	U/L
NA+	127*	128-145	MMOL
K+	4.7	3.3-4.7	MMOL
CL-	107	98-108	MMOL
tCO2	22	18-33	MMOL

INST QC: OK CHEM QC: OK
HEM 0 , LIP 1+, ICT 1+

UST SUBM

UNIT

BLOOD

SSMATCH

518 WITH
QUESTED

LAB ID NO.:

[redacted] b(6)-2

MEDCOM - 18137

Ward/Section: 10W

QUESTING PHYSICIAN: [redacted] b(6)-2

CHEMISTRY RESULT FORM
(Subject to the Privacy Act of 1974)

LAST, FIRST, MI.: EPW [redacted] b(6)-4

DATE: 9Sep TIME: 0400 SSN/PSEUDO SSN: [redacted] b(6)-4

i-STAT		
TEST	RESULT	REF. RANGE

(Piccolo) Chemistry 12		
TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3mg/dl
CHOL		100-200 mg/dl
CRE		0.6-1.2 mg/dl
GLU		73-118 mg/dl
TP		6.4-8.1 g/dl

(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl

PICCOLO
09/09/03 04:23
REFERENCE RANGE: MALE
PATIENT #: [redacted]
METHYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	97	73-118	MG/DL
BUN	16	7-22	MG/DL
CRE	0.8	0.6-1.2	MG/DL
CK	55	39-308	U/L
NA+	132	128-145	MMOL/L
K+	4.6	3.3-4.7	MMOL/L
CL-	112*	98-108	MMOL/L
tCO2	24	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 1+, LIP 1+, ICT 1+

(Piccolo) Methyte 8		
TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CRE		0.6-1.2 mg/dl
CK		39-380 u/l (M) 30-190 u/l (F)
NA+		128-145 mmol/l
K+		3.3-4.7 mmol/l
CL-		98-108 mmol/l
tCO2		18-33 mmol/l

IDPOINT COAG ANALYZER V4.54
IAL #005485 09/09/03 04:39 AM

ent ID: [redacted] b(6)-4
st Name :PT
st Result:= 13.9 sec.
RESULT NOT RANGE CHECKED*
atio = 1.1
alculated INR = 1.24
ample Type:citrated wh. blood
est Date :09/09/03
est Time :04:38 AM
ard Lot :010301
perator [redacted] b(6)-2

IDPOINT COAG ANALYZER V4.54
IAL #005485 09/09/03 04:43 AM

ient ID: [redacted] b(6)-4
est Name :APTT
est Result:= 41.0 sec.
RESULT NOT RANGE CHECKED*
Sample Type:citrated wh. blood
Test Date :09/09/03
Test Time :04:41 AM
Card Lot :100212
Operator [redacted] b(6)-2

LAB ID NO.:

[redacted] b(6)-2

b(6)-2

Ward/Section: TCC #3 | [redacted] AN: | ...ISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, M: [redacted] b(6)-4 | DATE: 9 Sept | TIME: 0800 | SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

======= PICCOLO =======
09/09/03 08:20
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3142AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	1.4*	3.3-5.5	G/DL
ALP	127*	26-84	U/L
ALT	♦♦♦	10-47	U/L
AMY	108*	14-97	U/L
AST	84*	11-38	U/L
TBIL	2.9*	0.2-1.6	MG/DL
BUN	♦♦♦	7-22	MG/DL
CA++	8.5	8.0-10.3	MG/DL
CHOL	85*	100-200	MG/DL
CRE	0.6	0.6-1.2	MG/DL
GLU	106	73-118	MG/DL
TP	4.5*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 1+, LIP 2+, ICT 0
unable to calculate due to Lip-Hem

(Piccolo) Metabolic Panel

ST	RESULT	REF. RANGE
		73-118 mg/dl
		7-22 mg/dl
		8.0-10.3 mg/dl
		0.6-1.2 mg/dl
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

(Piccolo) Liver Panel Plus

ST	RESULT	REF. RANGE
		3.3-5.5 g/dl
		26-84 u/l
		10-47 u/l
Y		14-97 u/l
		11-38 u/l
L		0.2-1.6 mg/dl
		5-65 u/l
		6.4-8.1 g/dl

(Piccolo) Electrolyte

ST	RESULT	REF. RANGE
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
2		18-33 mmol/l

REMARKS:

REPORTED BY: [redacted] | **DATE:** 9 Sept 03 | **LAB ID NO.:**

b(6)-2

b(6)-4

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____26 mmol/L

At 37C

pH_____7.279

pCO2_____52.0 mmHg

pO2_____75 mmHg

HCO3_____24 mmol/L

BEecf_____-2 mmol/L

sO2*_____93 %

*calculated

At Patient Temp

pH_____7.271

pCO2_____53.3 mmHg

pO2_____77 mmHg

Patient Temp: 99.6F

FIO2_____: 50

Sample Type_: ART

09SEP03 16:39

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAM5046A
CLEW A93

---

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____27 mmol/L

At 37C

pH _____7.259

pCO2_____55.9 mmHg

pO2_____112 mmHg

HCO3_____25 mmol/L

BEecf_____-2 mmol/L

sO2*_____97 %

*calculated

At Patient Temp

pH _____7.259

pCO2_____55.9 mmHg

pO2_____112 mmHg

Patient Temp: 98.6F

FI _____: 50

Sample Type_: ART

09SEP03 12:28

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAM5046A
CLEW A93

---

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____26 mmol/L

At 37C

pH_____7.417

pCO2_____39.3 mmHg

pO2_____120 mmHg

HCO3_____25 mmol/L

BEecf_____1 mmol/L

sO2*_____99 %

*calculated

Sample Type_:

11SEP03 06:23

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAM5046A
CLEW A93

Ward/Section: ICU 3 | REQUESTING PHYSICIAN: [redacted] b(6)-2

LABORATORY RESULT FORM
(Subject to the Privacy Act of 1974)

LAST, FIRST, M: EPW [redacted] b(6)-4 | DATE: 10 Sep | TIME: 0400 | SSN/PSEUDO SSN: [redacted] b(6)-4

(Hematology) CBC

TEST	RESULT	REF. RANGE
[redacted] b(6)-4		

Urinalysis

TEST	RESULT	REF. RANGE
Color		
App		
Glu		
Bili		
Ket		
SG		
Bld		
pH		
Prot		
Urob		
Nit		

Misc. Serology

TEST	RESULT	REF. RANGE
		Negative

Pap 6
b(6)-4 [redacted] PR 24
Name: FOR 50

_____25 mmol/L

_____7.382
_____44.5 mmHg
_____160 mmHg
_____24 mmol/L
_____-2 mmol/L
_____97 %

Patient Temp
_____7.325
_____45.5 mmHg
_____105 mmHg

Patient Temp: 99.5F
_____: 50
Sample Type: ART

08SEP03 05:44

_____

40745

_____

POINT COAG ANALYZER V4.54
AL #005485 09/10/03 04:15 AM

ent ID: [redacted] b(6)-4
st Name :PT
st Result:= 14.1 sec.
*RESULT NOT RANGE CHECKED***
tio = 1.2
lculated INR = 1.26
mple Type:citrated wh. blood
st Date :09/10/03
st Time :04:12 AM
d Lot :010301
rator: [redacted] b(6)-2

POINT COAG ANALYZER V4.54
L #005485 09/10/03 04:18 AM

nt ID: [redacted] b(6)-4
t Name :APTT
t Result:= 42.5 sec.
RESULT NOT RANGE CHECKED***
ple Type:citrated wh. blood
t Date :09/10/03
t Time :04:15 AM
l Lot :100212
rator: [redacted] b(6)-2

======= PICCOLO =======
10/09/03 04:26
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3204AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	1.3*	3.3-5.5	G/DL
ALP	133*	26-84	U/L
ALT	♦♦♦	10-47	U/L
AMY	161*	14-97	U/L
AST	60*	11-38	U/L
TBIL	2.0*	0.2-1.6	MG/DL
BUN	+++16	7-22	MG/DL
CA++	8.2	8.0-10.3	MG/DL
CHOL	143	100-200	MG/DL
CRE	0.8	0.6-1.2	MG/DL
GLU	107	73-118	MG/DL
TP	4.9*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 1+, LIP 1+, ICT 0

LAB ID NO.:

[redacted] b(6)-2

MEDCOM - 18141

Ward/Section: ICU #3	REQUESTING PHYSICIAN:	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: EPW [redacted] b(6)-4	DATE: 11 Sep 03	TIME: 0400
		SSN/PSEUDO SSN:

(Hematology) CBC

[redacted] b(6)-4

Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Pr		
Ur		

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source	
Gram Sta	
Oc	
H.	
Mi	
Pa	

DPOINT COAG ANALYZER V4.54
AL #005485 09/11/03 03:58 AM

ent ID: [redacted] b(6)-4
est Name :PT
est Result:= 12.8 sec.
RESULT NOT RANGE CHECKED*
atio = 1.0
alculated INR = 1.08
mple Type:citrated wh. blood
est Date :09/11/03
est Time :03:57 AM
rd Lot :010301
perator [redacted] b(6)-2

DPOINT COAG ANALYZER V4.54
AL #005485 09/11/03 04:01 AM

ent ID [redacted] b(6)-2
st Name :APTT
st Result:= 38.3 sec.
NGE: NOT RANGE CHECKED***
mple Type:citrated wh. blood
st Date :09/11/03
st Time :03:58 AM
d Lot :100212
perator [redacted] b(6)-2

======= PICCOLO =======
11/09/03 03:54
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	125*	73-118	MG/DL
BUN	[redacted]	7-22	MG/DL
CRE	0.7	0.6-1.2	MG/DL
CK	70	39-380	U/L
NA+	[redacted]	128-145	MMOL
K+	4.5	3.3-4.7	MMOL
CL-	108	98-108	MMOL
tCO2	26	18-33	MMOL

INST QC: OK CHEM QC: OK
HEM 0 , LIP 2+, ICT 0

======= PICCOLO =======
11/09/03 03:54
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3204AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	1.1*	3.3-5.5	G/DL
ALP	149*	26-84	U/L
ALT	27	10-47	U/L
AMY	96	14-97	U/L
AST	♦♦♦	11-38	U/L
TBIL	1.8*	0.2-1.6	MG/DL
BUN	[redacted]	7-22	MG/DL
CA++	8.6	8.0-10.3	MG/DL
CHOL	114	100-200	MG/DL
CRE	1.0	0.6-1.2	MG/DL
GLU	129*	73-118	MG/DL
TP	4.8*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 1+, LIP 2+, ICT 0

[redacted] b(6)-7

Ward/Section:	STING PHYSICIAN:	CH. …RY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI.	DATE / TIME	SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3mg/dl
CHOL		100-200 mg/dl
CRE		0.6-1.2 mg/dl
GLU		73-118 mg/dl
TP		6.4-8.1 g/dl

(Piccolo) Methyte 8

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CRE		0.6-1.2 mg/dl
CK		39-380 u/l (M) 30-190 u/l (F)
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
GGT		5-65 u/l
TP		6.4-8.1 g/dl

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

misc. ABG

Ward/Section: ICU 3 | TESTING PHYSICIAN: [redacted] b(6)-2 | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI: [redacted] b(6)-4 | DATE | TIME | SSN/DOD ID SSN: [redacted] b(6)-4

(Hematology) CBC

TEST	RESULT	REF. RANGE

TEST	
Color	
App	
Glu	
Bili	
Ket	
SG	
Bld	
pH	
Prot	
Urob	
Nit	

IDPOINT COAG ANALYZER V4.54
IAL #005485 09/12/03 04:25 AM

Patient ID: [redacted] b(6)-4
Test Name :PT
Test Result:= 13.3 sec.
RESULT NOT RANGE CHECKED*
Ratio = 1.1
Calculated INR = 1.15
Sample Type:citrated wh. blood
Test Date :09/12/03
Test Time :04:23 AM
Card Lot :010301
Operator: [redacted] b(6)-2

IDPOINT COAG ANALYZER V4.54
IAL #005485 09/12/03 04:29 AM

Patient ID: [redacted] b(6)-4
Test Name :APTT
Test Result:= 35.4 sec.
RESULT NOT RANGE CHECKED*
Sample Type:citrated wh. blood
Test Date :09/12/03
Test Time :04:25 AM
Card Lot :100212
Operator: [redacted] b(6)-2

[redacted]

** PRINT CANCELLED **

[redacted]

i-STAT EC8+

Pt: [redacted]
Pt Name:_____

Glu_____89 mg/dL
BUN_____16 mg/dL
Na_____136 mmol/L
K_____4.3 mmol/L
Cl_____107 mmol/L
TCO2_____27 mmol/L
AnGap_____6 mmol/L
Hct_____24 %PCV
Hb*_____8 g/dL
*via Hct
pH_____7.510
PCO2_____32.6 mmHg
HCO3_____26 mmol/L
BEecf_____3 mmol/L

Sample Type_:

12SEP03 05:03

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAM5046A
CLEW A93

======= PICCOLO =======
12/09/03 04:50
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3142AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	1.1*	3.3-5.5	G/DL
ALP	132*	26-84	U/L
ALT	11	10-47	U/L
AMY	75	14-97	U/L
AST	69*	11-38	U/L
TBIL	1.4	0.2-1.6	MG/DL
BUN	[redacted] b(6)	7-22	MG/DL
CA++	8.2	8.0-10.3	MG/DL
CHOL	172	100-200	MG/DL
CRE	0.9	0.6-1.2	MG/DL
GLU	94	73-118	MG/DL
TP	5.3*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 1+, LIP 1+, ICT 0

b(2)-2 [redacted]
Baghdad, Iraq

Urine Cx

Microbiology Request Form

Last Name: [redacted] b(6)-4
First Name:
Patient # or SSN:
Collected by [redacted] b(6)-2
Date: 9-12-03
Time: 0730

Ward: ICU #3
Room:
Bed: #2
Physician [redacted] b(6)-2
Source: Urine
Site:

[redacted]

Received by [redacted] b(6)-2
Date: 12 Sep 03
Time: 830

Specimen #: [redacted]

Laboratory Results

No Growth at 24 hrs

Reported
Date: 13 Sep 03
Time: 1100
Tech: [redacted] b(6)-2
Reviewer: [redacted] b(6)-2

Number of attached sheets:

ICU3

Ward/Sectio [redacted] b(6)-2

LA ORY RESULT FORM
(Subject to the Privacy Act of 1974)

LAST, FI [redacted] b(6)-4

DATE 13 Sep 03 TIME 0420

SSN/PSEUDO SSN: [redacted] b(6)-4

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.5-10.8 - 10

Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Prot		Negative
Urob		0.2-1.0
Nit		Negative
Leuk		Negative
		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source		
Gram Stain		
Occ Bld		Negative
H. pylori		Negative
Micro Parasites		
Malaria		
O & P		
Other		

Microscopic Urinalysis

CSF

	Negative

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Blood Bank Unit Crossmatch
(SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

T	TYPE	CROSSMATCH

LAB ID NO.:

DPOINT COAG ANALYZER
AL #005485 09/13/03 04:15 AM

ent ID: [redacted] b(6)-4
st Name :PT
st Result:= 13.3 sec.
*RESULT NOT RANGE CHECKED***
tio = 1.1
lculated INR = 1.15
mple Type:citrated wh. blood
est Date :09/13/03
est Time :04:13 AM
ard Lot :010301
perator [redacted] b(6)-2

DPOINT COAG ANALYZER V4.54
AL #005485 09/13/03 04:19 AM

ent ID [redacted] b(6)-4
st Name :APTT
st Result:= 31.6 sec.
*RESULT NOT RANGE CHECKED***
mple Type:citrated wh. blood
st Date :09/13/03
st Time :04:16 AM
rd Lot :100212
erator [redacted] b(6)-2

EPW [redacted] b(6)-4
Chem-7 / FCU3

MISC

URGENCY	PATIENT STATUS	SPECIMEN/LAB RPT. NO.
☒ ROUTINE	☐ BED ☐ AMB	
☐ TODAY	OUTPATIENT ☐	
☐ PRE-OP	☐ NP ☐ DOM	SPECIMEN SOURCE (Specify)
STAT ☐		

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUES[redacted]	REPORTED BY MD / TECH	DATE 9.13.03	LAB ID NO.

REMARKS b(6)-2

7-107

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. / P.M.	REQUESTED	RESULTS
Chem 7	9.13	1600		

======= PICCOLO =======
13/09/03 16:15
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
BASIC METABOLIC
DISC LOT #: 3145AA4
C R #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	118	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CA++	8.4	8.0-10.3	MG/DL
CRE	0.9	0.6-1.2	MG/DL
NA+	♦♦♦	128-145	MMOL
K+	4.7	3.3-4.7	MMOL
CL-	103	98-108	MMOL
tCO2	27	18-33	MMOL

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

IStat
BUN-13
, 12-136

[redacted] b(6)-4

ICU3

SPECIMEN/LAB RPT. NO.

MISC

URGENCY: ☐ ROUTINE ☐ TODAY ☐ ☐ PRE-OP STAT ☐

PATIENT STATUS: ☒ BED ☐ AMB ☐ OUTPATIENT ☐ ☐ NP ☐ DOM

SPECIMEN SOURCE (Specify): Aline

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: [redacted] b(6)-2

REPORTED BY

MD

DATE: 13 Sep 03

TECH

LAB ID NO.

REMARKS

ABG

FIO2 50
temp 99.5

TEST(S) | SPECIMEN TAKEN: DATE, TIME (A.M. / P.M.) | REQUESTED | RESULTS

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

557-107

EPW # [redacted] b(6)-4

SPECIMEN/LAB RPT. NO.

MISC

URGENCY: ☐ ROUTINE ☐ TODAY ☐ ☐ PRE-OP STAT ☐

PATIENT STATUS: ☐ BED ☐ AMB ☐ OUTPATIENT ☐ ☐ NP ☐ DOM

SPECIMEN SOURCE (Specify)

PHYSICIAN'S COPY

ICU#3

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: [redacted]

REPORTED BY

MD

DATE

TECH: 14 Sep 03

LAB ID NO.

REMARKS

Chem 7

TEST(S) | SPECIMEN TAKEN: DATE 14 Sep 03, TIME 0705 (A.M. / P.M.) | REQUESTED

557-107

Pt: [redacted] b(6)-4

Pt Name: _____

TCO2 _____ 29 mmol/L

At 37C

PH _____ 7.418

PCO2 _____ 42.4 mmHg

PO2 _____ 114 mmHg

HCO3 _____ 27 mmol/L

BEecf _____ 3 mmol/L

sO2* _____ 99 %

*calculated

Sample Type_:

05EP03 04:14

Oper: [redacted]

Physician: _____

Ser# [redacted]

Ver: JAMS0468
CLEW A98

[redacted] b(6)-4

ICU 3

MISC

SPECIMEN/LAB RPT. NO.

URGENCY
☐ ROUTINE
TODAY ☐
☐ PRE-OP
STAT ☒

PATIENT STATUS
☒ BED ☐ AMB
OUTPATIENT ☐
☐ NP ☐ DOM

SPECIMEN SOURCE (Specify)
Aline

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUE[redacted] SIGNATURE | REPORTED BY | MD | DATE 13 Sep 03 | TECH | LAB ID NO.

REMA[redacted]

Chem 12 b(6)-2

TEST(S) | TIMEN TAKEN | TIME | A.M. | P.M. | QUESTED | ISULTS

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

557-107

PICCOLO

13/09/03 04:11

REFERENCE RANGE: MALE

PA[redacted] INT #: [redacted] b(6)-11

GENERAL CHEMISTRY 12

DISC LOT #: 3204AA4

OPER #: [redacted] DR #: 000

SERIAL #: [redacted]

ALB	1.2*	3.3-5.5	G/DL
ALP	161*	26-84	U/L
ALT	♦♦♦	10-47	U/L
AMY	87	14-97	U/L
AST	88*	11-38	U/L
TBIL	1.3	0.2-1.6	MG/DL
BUN	♦♦♦ 14	7-22	MG/DL
CA++	8.3	8.0-10.3	MG/DL
CHOL	123	100-200	MG/DL
CRE	0.9	0.6-1.2	MG/DL
GLU	97	73-118	MG/DL
T[redacted]	5.6*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK

HEM 1+, LIP 0 , ICT 0

[redacted] b(2)-2
Baghdad, Iraq

Microbiology Request Form

Last Name: EPW [redacted] b(6)-4 b(6)-2
First Name: [redacted]
Patient # or SSN: EPW 675
Collected by: [redacted] b(6)-2
Date: 11 Sept
Time: 1420

Ward: ICU 3
Room: —
Bed: —
Physician: [redacted] b(6)-2
Source: sputum
Site:

Initial Stain
GPC P+C

[redacted]

Received by: [redacted] b(6)-2
Date: 11 Sep 05
Time: 1430

Specimen #: [redacted]

Laboratory Results

Acinetobacter baumannii/haemolyticus

Reported
Date: 14 Sep 05
Time: [redacted]
Tech: [redacted] b(6)-2
Reviewer: [redacted] b(6)-2

Number of attached sheets:

MEDCOM - 18150

DOD-031724

ACLU-RDI 1645 p.110

Microbiology Report

[redacted] Laboratory

Name: [redacted] b(6)-4	Specimen: [redacted]	Status:	Final
Patient ID: [redacted]	Source: Sputum	Collected:	
Ward/Rm: /	Ward of Iso:	Attd. Phys:	

1 Acinetobacter baumannii/haemolyticus Status: Final

1 Ac baumann/haem

Drug	MIC	Interps	Drug	MIC	Interps
Amox/K Clav (c)	>16/8				
Amp/Sulbactam (c)	>16/8	R			
Ampicillin	>16				
Aztreonam	>16	R			
Cefazolin	>16				
Cefepime	>16	R			
Cefotaxime (c)	>32	R			
Cefotetan	>32				
Cefoxitin	>16				
Ceftazidime (a)	>16	R			
Ceftriaxone (c)	>32	R			
Cefuroxime (b)	>16				
Cephalothin	>16				
Chloramphenicol	>16	R			
Ciprofloxacin	>2	R			
ESBL-a Scrn	>4				
ESBL-b Scrn	>1				
Gatifloxacin	>4				
Gentamicin	>8	R			
Imipenem (c)	<=4	S			
Levofloxacin	>4	R			
Meropenem (c)	<=4	S			
Moxifloxacin	>4				
Nitrofurantoin	>64				
Norfloxacin	>8				
Piperacillin (a)	>64	R			
Tetracycline	>8	R			
Ticar/K Clav (a)	>64	R			
Tobramycin	>8	R			
Trimeth/Sulfa	>2/38	R			

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
— = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available, or drug not advisable or tested
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.
IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF Isolates, a beta-lactamase test is recommended for Enterococcus species.

(a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
(b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
(c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
(d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.
For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name: [redacted] b(6)-4	Specimen: [redacted]	Status:	Final
Patient ID: [redacted]	Source: Sputum	Collected:	
Ward/Rm: /	Ward of Iso:	Req. Phys:	[redacted] b(6)-2

Printed 14-Sep-03 08:04:04

Tech: [redacted] b(6)-2

b(6)-4

---

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____29 mmol/L

At 37C

pH_____7.424

PCO2_____42.1 mmHg

PO2_____71 mmHg

HCO3_____28 mmol/L

BEecf_____3 mmol/L

sO2*_____94 %

*calculated

At Patient Temp

pH_____7.415

PCO2_____43.3 mmHg

PO2_____74 mmHg

Patient Temp: 99.7F

FIO2_____: 50

Sample Type_: ART

14SEP03 10:57

Oper: [redacted]

Physician:_____

Oper# [redacted]

Ver: JAM5046A
CLEW A93

---

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____27 mmol/L

At 37C

pH_____7.434

PCO2_____39.2 mmHg

PO2_____69 mmHg

HCO3_____26 mmol/L

BEecf_____2 mmol/L

sO2*_____94 %

*calculated

At Patient Temp

pH_____7.433

PCO2_____39.4 mmHg

PO2_____69 mmHg

Patient Temp: 98.8F

FIO2_____: 50

Sample Type_:

11SEP03 15:44

Oper: [redacted]

Physician:_____

Oper# [redacted]

Ver: JAM5046A
CLEW A93

---

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____28 mmol/L

At 37C

pH_____7.366

PCO2_____47.0 mmHg

PO2_____119 mmHg

HCO3_____27 mmol/L

BEecf_____2 mmol/L

sO2*_____98 %

*calculated

At Patient Temp

pH_____7.358

PCO2_____48.2 mmHg

PO2_____123 mmHg

Patient Temp: 99.7F

FIO2_____: 50

Sample Type_: ART

13SEP03 08:35

Oper: [redacted]

Physician:_____

Oper# [redacted]

Ver: JAM5046A
CLEW A93

EPW# [redacted] b(6)-4

ICU #3

SPECIMEN/LAB RPT. NO.

MISC

URGENCY
☐ ROUTINE
TODAY ☐
☐ PRE-OP
STAT ☐

PATIENT STATUS
☐ BED ☐ AMB
OUTPATIENT ☐
☐ NP ☐ DOM

SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE REPORTED BY

14/09/03 PICCOLO
REFERENCE RANGE: 04:41
PATIENT #: [redacted] MALE
METLYTE 8 b(6)-4
DISC LOT #: [redacted] 314
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	102	73-118	MG/DL
BUN	10	7-22	MG/DL
CRE	0.7	0.6-1.2	MG/DL
CK	39	39-380	U/L
NA+	135	128-145	MMOL/L
K+	4.5	3.3-4.7	MMOL/L
CL-	101	98-108	MMOL/L
tCO2	23	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 0 , LIP 1+, ICT 0

[redacted] b(6)-4

SPECIMEN/LAB RPT. NO.

MISC

URGENCY
☐ ROUTINE
TODAY ☐
☐ PRE-OP
STAT ☐

PATIENT STATUS
☐ BED ☐ AMB
OUTPATIENT ☐
☐ NP ☐ DOM

SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PH[redacted] REPORTED BY b(6)-2 MD DATE 14 Sep 03 LAB ID NO.

Dr [redacted] TECH

REMARKS Chem 7 ABG

557-107

TEST(S) SPECIMEN TAKEN DATE TIME A.M. P.M.

I-Stat Na- 135

14/09/03 PICCOLO
REFERENCE RANGE: 11:00
PATIENT #: [redacted] MALE
BASIC METABOLIC b(6)-4
ISC LOT #: 3145AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	127*	73-118	MG/DL
BUN	12	7-22	MG/DL
CA++	8.4	8.0-10.3	MG/DL
CRE	0.7	0.6-1.2	MG/DL
NA+	[redacted]	128-145	MMOL/L
K+	4.3*	3.3-4.7	MMOL/L
CL-	99	98-108	MMOL/L
tCO2	24	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

b(6)-2

i-STAT G3+

Pt: [redacted] b(6)-4

Pt Name:_____

TCO2_____30 mmol/L

At 37C

pH_____7.462

PCO2_____40.5 mmHg

PO2_____78 mmHg

HCO3_____29 mmol/L

Bdecf_____5 mmol/L

sO2*_____96 %

*calculated

At Patient Temp

pH_____7.441

PCO2_____42.9 mmHg

PO2_____85 mmHg

Patient Temp: 101.0F

FIO2_____: 100

Sample Type_:

14SEP03 21:21

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAMS046A
CLEW A93

STING PHYSICIAN: [redacted]

CHEMISTRY RESULT FORM
(Subject to the Privacy Act of 1974)

DATE: 14Sep03 | TIME: 2120 | SSN/PSEUDO SSN:

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3mg/dl
CHOL		100-200 mg/dl
CRE		0.6-1.2 mg/dl
GLU		73-118 mg/dl
TP		6.4-8.1 g/dl

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CRE		0.6-1.2 mg/dl
CK		39-380 u/l (M) 30-190 u/l (F)
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
GGT		5-65 u/l
TP		6.4-8.1 g/dl

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

RC 20
F102 yc
Resp 8

b(6)-4

---

i-STAT G3+

[redacted] b(6)-4

Name:_____

_____88 mmo

37C

_____7.458

_____38.8 mm

_____75 mm

_____27 mm

cf_____3 mm

%___ %

___ C

Patient Temp

_____7.

_____38.6 m

2_____76 m

Unit Temp: 3

02_____ %2

Sample Type_: AR

14SEP03 04:14

Oper: [redacted]

Physician:_____

[redacted]

er: JAM5046A
CLEW A93

---

b(6)-4

---

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____28 mmol/L

At 37C

pH _____7.441

PC_ _____39.9 mmHg

PO2_____103 mmHg

HCO3_____27 mmol

BEecf_____3 mmol/L

sO2*_____98 %

*calculated

At Patient Temp

PH_____7.441

PCO2_____39.9 mmHg

PO2_____104 mmHg

Patient Temp: 98.7F

F _____: 40

Sample Type_:

13SEP03 15:58

Oper: 0

Physician:_____

er# [redacted]

'er: JAM5046A
CLEW A93

---

i-STAT EG7+

[redacted]

Pt Name:_____

Na_____136 mmol/L

K_____4.2 mmol/L

tCO2_____29 mmol/L

iCa_____1.17 mmol/L

Hct_____20 %PCV

tHb*_____7 g/dL

*via Hct

At 37C

pH_____7.459

PCO2_____38.8 mmHg

PO2_____149 mmHg

HCO3_____28 mmol/L

BEecf_____4 mmol/L

sO2*_____99 %

*calculated

Sample Type_:

14SEP03 04:43

Oper: [redacted]

Physician:_____

Opr# [redacted]

: JAM5046A
CLEW A93

Ward/Section: ICU #3 | ATTENDING PHYSICIAN: [redacted] b(6)-2 | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI: EPW # [redacted] b(6)-4 | DATE: 14 Sep 03 | TIME: 0414 05 | SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE

b(6)-4

ID: [redacted] 14-09-03 04:22

			Patient Limits	
WBC	10.6 H	x10^3/uL	4.5	10.5
RBC	2.53 L	x10^6/uL	4.00	6.00
Hgb	7.2 L	g/dL	11.0	18.0
Hct	22.9 L	%	35.0	60.0
MCV	90.6	fL	80.0	99.9
MCH	28.5	pg	27.0	31.0
MCHC	31.5 L	g/dL	33.0	37.0
Plt	624. H	x10^3/uL	150.	450.
LYZ	17.9 *	%	20.5	51.1
LYM	1.9 *	x10^3/uL	1.2	3.4

Atyp		Imm	
RBC Morph			
Spun Hematocrit		42-52% (M) 37-47% (F)	
Sed Rate			
Other			

Coagulation Studies

TEST	RESULT	REF. RANGE
PT		9.8-13.6 secs
APTT		21-34 secs
D dimer		<20 ug/ml
FDP		<10 ug/ml

Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Prot		Negative
Urob		0.2-1.0
Nit		Negative
Leuk		Negative
HCG		Negative

CSF

Cell Count		
Directigen		Negative

Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

UNIT	TYPE	CROSSMATCH

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source		
Gram Stain		
Occ Bld		Negative
H. pylori		Negative
Micro Parasites		
Malaria		
O & P		
Other		

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh

REMARKS:

REPORTED BY: | DATE: | LAB ID NO.:

b(6)-2

Ward/Section: ICU 3 | TINC PHYSICI[redacted] | ...RY RESULT FORM

LAST, FIRST, M[redacted] b(6)-4 | ...o the Privacy Act of 1974) | ...N/PSEUDOSSN:

(Hem...PCBC)

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10³

[redacted] b(6)-4 15-09-03 14:21

Patient Limits

WBC	20.0 H	x10^3/uL	4.5	10.5
RBC	2.90 L	x10^6/uL	4.00	6.00
Hgb	8.5 L	g/dL	11.0	18.0
Hct	26.6 L	%	35.0	60.0
MCV	91.6	fL	80.0	99.9
MCH	29.3	pg	27.0	31.0
MCHC	32.0 L	g/dL	33.0	37.0
Plt	733. H	x10^3/uL	150.	450.
LY%	9.7 *L	%	20.5	51.1
LY#	1.9 *	x10^3/uL	1.2	3.4

Atyp		Imm	
RBC Morph			
Spun Hematocrit		42-52% (M) 37-47% (F)	
Sed Rate			
Other			

Coagulation Studies

TEST	RESULT	REF. RANGE
PT		9.8-13.6 secs
APTT		21-34 secs
D dimer		<20 ug/ml
FDP		<10 ug/ml

REMARKS:

REPORTED BY: [redacted] D[redacted]

b(6)-2

Urinalysis

TEST	RESULT	REF. RANGE

** PRINT CANCELLED **

[redacted]

i-STAT G3+

Pt: [redacted] b(6)-4

Pt Name:_____

[redacted]

[redacted]002_____33 mmol/L

At 37C

[redacted]_____7.469

[redacted]002_____4. mmHg

[redacted]_____15[illegible] mmHg

[redacted]3_____32 mmol/L

Adef_____8 mmol/L

[redacted]2*_____99 %

*calculated

At Patient Temp

pH_____7.463

pCO2_____44.5 mmHg

[redacted]2_____153 mmHg

[redacted]ent Temp: 99.4F

[redacted]_____: 50

Sample Type_: ART

19SEP03 09:22

Oper: [redacted]

Physician:_____

[redacted] Ser# [redacted]

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

ource		
iram tain		
)cc Bld		Negative
. pylori		Negative
licro arasites		
lalaria		
& P		
ther		

Microscopic Urinalysis

Blood Bank

UST SUBMIT SF 518 WITH VERY UNIT REQUESTED

3O/Rh	

rossmatch VERY UNIT OF BLOOD ED)

	CROSSMATCH

Ward/Section: ICU 3	REQUESTING PHYSICIAN: [redacted] b(6)-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI: EPW [redacted] b(6)-4	DATE: 15 Sep 03	TIME: 0400	SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT		REF. RANGE
Na			
K			
Cl			
pH			
PCO			
PO2			
TCO			
HCO			
sO2			
BE			
AnG			
Ca			
BUN			

ID: [redacted] b(6)-4 15-09-03
WB 07:18
Patient Limits

WBC	11.4 H	x10^3/uL	4.5	10.5
RBC	2.30 L	x10^6/uL	4.00	6.00
Hgb	6.7 L	g/dL	11.0	18.0
Hct	20.7 L	%	35.0	60.0
MCV	90.1	fL	80.0	99.9
MCH	29.0	pg	27.0	31.0
MCHC	32.2 L	g/dL	33.0	37.0
Plt	714. H	x10^3/uL	150.	450.
LYX	15.7 *L	%	20.5	51.1
LYM	1.8 *	x10^3/uL	1.2	3.4

TEST	RESULT	REF. RANGE
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT
GLU	
BUN	
CRE	
CK	
NA^+	
K^+	
CL^-	
tCO_2	

======= PICCOLO =======
15/09/03 08:21
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	108	73-118	MG/DL
BUN	12	7-22	MG/DL
CRE	0.6	0.6-1.2	MG/DL
CK	47	39-380	U/L
NA+	133	128-145	MMOL/L
K+	4.5	3.3-4.7	MMOL/L
CL-	106	98-108	MMOL/L
tCO2	24	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 0 , LIP 1+, ICT 0

(Piccolo) Metabolic Panel

T	REF. RANGE
	73-118 mg/dl
	7-22 mg/dl
	8.0-10.3 mg/dl
	0.6-1.2 mg/dl
	128-145 mmol/l
	3.3-4.7 mmol/l
	98-108 mmol/l
	18-33 mmol/l

er Panel Plus

T	REF. RANGE
	3.3-5.5 g/dl
	26-84 u/l
	10-47 u/l
	14-97 u/l
	11-38 u/l
	0.2-1.6 mg/dl
	5-65 u/l
	6.4-8.1 g/dl

Electrolyte

T	REF. RANGE
	128-145 mmol/l
	3.3-4.7 mmol/l
	98-108 mmol/l
	18-33 mmol/l

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

misc: CBC

CHEMISTRY RESULT FORM
(Subject to the Privacy Act of 1974)

Ward/Section: ICU3 | REQUESTING PHYSICIAN: [redacted] b(6)-2 | DATE 16Sep03 | TIME 0428 | SSN/PSEUDO SSN:

LAST, FIRST, MI. EPW [redacted] b(6)-4

(i-STAT)

TEST	RESULT	REF. RANGE

ID: [redacted] b(6)-4 16-09-03 04:53
WB

				Patient Limits
WBC	11.4 H	x10^3/uL		4.5 10.5
RBC	3.00 L	x10^6/uL		4.00 6.00
Hgb	8.6 L	g/dL		11.0 18.0
Hct	27.0 L	%		35.0 60.0
MCV	89.9	fL		80.0 99.9
MCH	28.7	pg		27.0 31.0
MCHC	31.9 L	g/dL		33.0 37.0
Plt	795. H	x10^3/uL		150. 450.
LY%	18.8 *L	%		20.5 51.1
LY#	2.1 *	x10^3/uL		1.2 3.4

i-STAT EG7+

Pt: [redacted] b(6)-4

Pt Name:_____

Na_____136 mmol/L
K_____4.3 mmol/L
TCO2_____34 mmol/L
iCa_____1.07 mmol/L
Hct_____26 %PCV
Hb*_____9 g/dL
*via Hct

At 37C
pH_____7.550
PCO2_____37.8 mmHg
PO2_____175 mmHg
HCO3_____33 mmol/L
BEecf_____11 mmol/L
sO2*_____100 %
*calculated

At Patient Temp
pH_____7.553
PCO2_____37.6 mmHg
PO2_____174 mmHg

Patient Temp: 98.3F
FIO2_____: 50
Sample Type_:

16SEP03 05:12

Oper: [redacted]

Physician:_____

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

REMARKS: CBC

REPORTED BY:

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
GGT		5-65 u/l
TP		6.4-8.1 g/dl

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

↑ Temp 98.3

Ward/Section: ICU #3	REQUESTING PHYSICIAN: [redacted] b(6)-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: # [redacted] b(6)-4	DATE: 17Sep03	TIME: 0412Z

(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	*RESULT*	*REF. RANGE*	*TEST*	*RESULT*	*REF. RANGE*	*TEST*	*RESULT*	*REF. RANGE*
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA^{++}		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA^{+}		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K^{+}		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl			98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)				H_2		18-33 mmol/l
sO2		95-98%						
BEecf		(-2) – (+3) mmol/L						
AnGap		10-20 mmol/L						
Ca		1.12-1.32 mmol/L						
BUN		8-26 mg/dl						
GLU		70-105 mg/dl						
Creat		0.7-1.5 mg/dl						
Hct		38-51% PCV						
Hgb		12-17 g/dl						

Misc. Chemistry		
TEST	*RESULT*	*REF. RANGE*
Troponin-I		
Drug of Abuse		

======= PICCOLO =======
17/09/03 06:12
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3152AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	98	73-118	MG/DL
BUN	14	7-22	MG/DL
CRE	1.0	0.6-1.2	MG/DL
CK	33*	39-380	U/L
NA+	[redacted] 135	128-145	MMOL/L
K+	4.5	3.3-4.7	MMOL/L
CL-	98	98-108	MMOL/L
tCO2	22	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

(Piccolo) Liver Panel Plus		
ST	*RESULT*	*REF. RANGE*
B		3.3-5.5 g/dl
		26-84 u/l
T		10-47 u/l
Y		14-97 u/l
		11-38 u/l
L		0.2-1.6 mg/dl
T		5-65 u/l
		6.4-8.1 g/dl

(Piccolo) Electrolyte		
ST	*RESULT*	*REF. RANGE*
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

REMARKS:

REPORTED BY:

SPECIMEN/LAB RPT. NO.

[redacted] b(6)-4

MISC

ICU #3

URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

PATIENT STATUS: ☐ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM

SPECIMEN SOURCE (Specify)

PHYSICIAN'S COPY

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE [redacted] b(6)-2

REPORTED BY MD TECH

DATE 17 Sep 03

LAB ID NO.

REMARKS CBC

557-107

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. / P.M.	REQUESTED	RESULTS
	17 Sep 03	0428		

b(6)-4

ID: [redacted]
WB

17-09-03
05:12

				Patient Limits	
WBC	11.4 H	x10^3/uL		4.5	10.5
RBC	3.02 L	x10^6/uL		4.00	6.00
Hgb	8.6 L	g/dL		11.0	18.0
Hct	27.1 L	%		35.0	60.0
MCV	89.6	fL		80.0	99.9
MCH	28.6	pg		27.0	31.0
MCHC	31.9 L	g/dL		33.0	37.0
Plt	870. H	x10^3/uL		150.	450.
LY%	16.8 *L	%		20.5	51.1
LY#	1.9 *	x10^3/uL		1.2	3.4

[redacted] b(6)-4

EPW

ICU3

SPECIMEN/LAB RPT. NO.

MISC

URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

PATIENT STATUS: ☐ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM

SPECIMEN SOURCE (Specify)

LABORATORY FILE

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING [redacted]

REPORTED BY SGT [redacted] MD TECH

DATE 9/18/03

LAB ID NO.

REMARKS

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

557-107

TEST(S) | SPECIMEN TAKEN DATE | TIME A.M. P.M. | REQUESTED | RESULTS

CBC

b(6)-4

ID: [redacted] 18-09-03

WB 04:38

				Patient Limits	
WBC	10.7	H	x10^3/uL	4.5	10.5
RBC	3.01	L	x10^6/uL	4.00	6.00
Hgb	8.7	L	g/dL	11.0	18.0
Hct	27.1	L	%	35.0	60.0
MCV	90.1		fL	80.0	99.9
MCH	28.8		pg	27.0	31.0
MCHC	31.9	L	g/dL	33.0	37.0
Plt	921.	H	x10^3/uL	150.	450.
LY%	17.1	*L	%	20.5	51.1
LY#	1.8	*	x10^3/uL	1.2	3.4

b(6)-4

EPW [redacted]

ICU3

SPECIMEN/LAB RPT. NO.

MISC

URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

PATIENT STATUS: ☐ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM

SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING [redacted]

REPORTED BY SGT [redacted] MD TECH

DATE 9.19.03

LAB ID NO.

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

TEST(S) | SPECIMEN TAKEN DATE | TIME A.M. P.M. | REQUESTED | RESULTS

CBC

ID: [redacted] b(6)-4 19-09-03

WB 04:20

				Patient Limits	
WBC	11.0	H	x10^3/uL	4.5	10.5
RBC	3.05	L	x10^6/uL	4.00	6.00
Hgb	8.7	L	g/dL	11.0	18.0
Hct	27.1	L	%	35.0	60.0
MCV	88.8		fL	80.0	99.9
MCH	28.6		pg	27.0	31.0
MCHC	32.2	L	g/dL	33.0	37.0
Plt	921.	H	x10^3/uL	150.	450.
LY%	20.0	*L	%	20.5	51.1
LY#	2.2	*	x10^3/uL	1.2	3.4

Ward/Section: ICU3	REQUESTING PHYSICIAN: [redacted] b(6)-2		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted] b(6)-4	DATE: 9/18/03	TIME:	SSN/PSEUDO SSN:

i-STAT

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		
HCO3		
sO2		
BBec		
AnG		
Ca		
BUN		
GLU		
Cre		
Hct		
Hgl		
I		
Tr		
Di		
Al		

======= PICCOLO =======
18/09/03 04:36
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3152AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	113	73-118	MG/DL
BUN	10	7-22	MG/DL
CRE	0.7	0.6-1.2	MG/DL
CK	47	39-380	U/L
NA+	~~134~~	128-145	MMOL
K+	4.5	3.3-4.7	MMOL
CL-	97*	98-108	MMOL
tCO2	22	18-33	MMOL

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
[illegible]		7-22 mg/dl
[illegible]		8.0-10.3mg/dl
[illegible]		100-200 mg/dl
[illegible]		0.6-1.2 mg/dl
[illegible]		73-118 mg/dl
[illegible]		6.4-8.1 g/dl

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
[illegible]		73-118 mg/dl
[illegible]		7-22 mg/dl
[illegible]		0.6-1.2 mg/dl
[illegible]		39-380 u/l (M) 30-190 u/l (F)
[illegible]		128-145 mmol/l
[illegible]		3.3-4.7 mmol/l
[illegible]		98-108 mmol/l
[illegible]		18-33 mmol/l

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA^{+}		128-145 mmol/l
K^{+}		3.3-4.7 mmol/l
CL^{-}		98-108 mmol/l
tCO_2		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
GGT		5-65 u/l
TP		6.4-8.1 g/dl

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA^{+}		128-145 mmol/l
K^{+}		3.3-4.7 mmol/l
CL^{-}		98-108 mmol/l
tCO_2		18-33 mmol/l

I		
	ATE:	LAB ID NO.:

Ward/Section: ICU3	[redacted] b(6)-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: EPW [redacted] b(6)-4	DATE: 9.19.03	TIME	SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		
Cl		
pH		
PC		
PO		
TC		
HC		
sO		
BE		
An		
Ca		
BU		
GI		
Cr		
Hc		
Hg		
Tr		
Di		
Al		
R		

PICCOLO
19/09/03 04:18
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	97	73-118	MG/DL
BUN	15	7-22	MG/DL
CRE	0.5*	0.6-1.2	MG/DL
CK	35*	39-380	U/L
NA+	133	128-145	MMOL/L
K+	4.7	3.3-4.7	MMOL/L
CL-	100	98-108	MMOL/L
tCO2	26	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICI 0

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
		26-84 u/l
		10-47 u/l
		14-97 u/l
		11-38 u/l
		0.2-1.6 mg/dl
		7-22 mg/dl
		8.0-10.3mg/dl
		100-200 mg/dl
		0.6-1.2 mg/dl
		73-118 mg/dl
		6.4-8.1 g/dl

(Piccolo) Metlyte 8

T	RESULT	REF. RANGE
		73-118 mg/dl
		7-22 mg/dl
		0.6-1.2 mg/dl
		39-380 u/l (M) 30-190 u/l (F)
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
GGT		5-65 u/l
TP		6.4-8.1 g/dl

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

REPORTED BY:	DATE:	LAB ID NO.:

[redacted]
Baghdad, Iraq b(2)-2

ICU1

Bed 9A

Microbiology Request Form

Last Name: # [redacted] b(6)-4
First Name:
Patient # or SSN:

Collected by: [redacted] b(6)-2
Date: 12 Sep 03
Time: 0730

Ward: ICU # 3
Room:
Bed: # 2
Physician: [redacted] b(6)-2
B013 ← (P) Femoral A-LINE ; (L) SC CVL → B014
Source:
Site:

[redacted]

Received by [redacted] b(6)-2
Date: 12 Sep 03
Time: 0746

Specimen #: [redacted]

Laboratory Results

Staphylococcus, epidermidis

Reported
Date: 19 Sep 03
Time: 1050
Tech: [redacted] b(6)-2
Reviewer: [redacted] b(6)-2

Number of attached sheets:

Microbiology Report [redacted] (b)(2)-2

Name:	[redacted] b(6)-4	Specimen:	[redacted]	Status:	**Final**
Patient ID:	[redacted]	Source:	Blood	Collected:	
Ward/Rm:	/	Ward of Iso:		Attd. Phys:	

1 Staphylococcus epidermidis Status: Final

1 **S. epidermidis**

Drug	MIC	Interps	Drug	MIC	Interps
Amox/K Clav (c)	>4/2	R			
Amp/Sulbactam (c)	<=8/4	R			
Ampicillin	>8	BLAC			
Azithromycin	>4	R			
Cefazolin	>16	R			
Cefepime	>16	R			
Cefotaxime (c)	>32	R			
Ceftriaxone (c)	>32	R			
Cephalothin	<=8	R			
Chloramphenicol	<=8	S			
Ciprofloxacin	>2	R			
Clindamycin	>2	R			
Erythromycin	>4	R			
Gatifloxacin	>4	R			
Gentamicin	<=4	S			
Imipenem (c)	>8	R			
Levofloxacin	>4	R			
Linezolid	<=2	S			
Moxifloxacin	4	I			
Nitrofurantoin	<=32				
Norfloxacin	>8				
Ofloxacin	>4	R			
Oxacillin	>2	R			
Penicillin	>8	BLAC			
Rifampin	<=1	S			
Synercid	<=1	S			
Tetracycline	<=4	S			
Trimeth/Sulfa	>2/38	R			
Vancomycin	<=2	S			

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
--- = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available, or drug not advisable or tested
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.
IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a beta-lactamase test is recommended for Enterococcus species.

(a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
(b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
(c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
(d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.
For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name:	[redacted] b(6)-4	Specimen:	[redacted]	Status:	**Final**
Patient ID:	[redacted]	Source:	Blood	Collected:	[redacted] b(6)-2
Ward/Rm:	/	Ward of Iso:		Req. Phys:	[redacted]

Printed 9/19/2003 10:48:05 AM

Tech: [redacted] b(6)-2

Ward/Section: ICU | REQUESTING PHYSICIAN: [redacted] b(6)-2 | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

b(6)-4 L [redacted] | DATE 20 Sep | TIME 0500 | SSN/PEEUDO SSN:

(Hematology) CBC

b(6)-4

ID: [redacted] 20-09-03
WB 05:18

				Patient Limits	
WBC	11.3	H	x10^3/uL	4.5	10.5
RBC	2.88	L	x10^6/uL	4.00	6.00
Hgb	8.3	L	g/dL	11.0	18.0
Hct	25.7	L	%	35.0	60.0
MCV	89.1		fL	80.0	99.9
MCH	29.0		pg	27.0	31.0
MCHC	32.5	L	g/dL	33.0	37.0
Plt	869.	H	x10^3/uL	150.	450.
LY%	17.8	#L	%	20.5	51.1
LY#	2.0	*	x10^3/uL	1.2	3.4

Atyp		Imm	
RBC Morph			
Spun Hematocrit		42-52%(M) 37-47%(F)	
Set Rate			
Other			

Coagulation Studies

TEST	RESULT	REF. RANGE
PT		9.8-13.6 secs
APTT		21-34 SESS
D dimer		<20 ug/ml
FDP		< 10 ug /ml

Urinalysis

i-STAT CG+

Pt: [redacted] b(6)-4

Pt Name:_____

TCO2_____32 mmol/L

At 37C
pH_____7.470
pCO2_____42.6 mmHg
pO2_____96 mmHg
HCO3_____31 mmol/L
BEecf_____7 mmol/L
sO2*_____98 %
*calculated

At Patient Temp
pH_____7.454
pCO2_____44.6 mmHg
pO2_____103 mmHg

Patient Temp: 100.5F
FIO2_____: 35
Sample Type_: ART

20SEP03 05:11

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAMS046A
CLEW A93

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source		
Gram Stain		
Occ Bld		Negative
H. pylori		Negative
Micro Parasites		
Malaria		
O & P		
Other		

Macroscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

nit Crossmatch
THE EVERY UNIT OF BLOOD ESTED)

YPE	CROSSMATCH

REMARKS:

REPORTED BY: | DATE: | LAB ID NO.:

MSC
Chem 7
ABC

MEDCOM - 18167

100-5 F10235

Ward/Section:	REQUESTING PHYSICAN:	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST,MI.		DATE	TIME		SSN/PEEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL
K		3.5-4.9 mmol/L
CI		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)
SO2		95-98%
BEecf		(-2) - (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Tropoin-1		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALI		
ALT		
AM		
AST		
TBI		
BU		
CA		
CH		
CR		
GL		
TP		
T		
GL		
BU		
CR		
CK		
NA		
K+		
CI		
tC		

======= PICCOLO =======
20/09/03 05:55
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
BASIC METABOLIC
DISC LOT #: 3145AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	127*	73-118	MG/DL
BUN	17	7-22	MG/DL
CA++	8.4	8.0-10.3	MG/DL
CRE	0.6	0.6-1.2	MG/DL
NA+	♦♦♦	128-145	MMOL
K+	4.5	3.3-4.7	MMOL
CL-	97*	98-108	MMOL
tCO2	24	18-33	MMOL

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

Na-132

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
CL.U		73-118 mg/dl
N		7-22 mg/dl
++		8.0-10.3 mg/dl
E		0.6-1.2 mg/dl
+		128-145 mmol/dl
		3.3-4.7 mmol/l
-		98-108 mmol/l
)2		18-33 mmol/l

(Piccolo) Liver Panel Plus

ST	RESULT	REF. RANGE
		3.3-5.5 g/dl
		26-84 u/l
		10-47 u/l
		14-97 u/l
Y		11-38 u/l
L		0.2-1.6 mg/dl
T		5-65 u/l
		6.4-8.1 g/dl

(Piccolo) Electrolyte

ST	RESULT	REF. RANGE
+		128-145 mmol/l
		3.3-4.7 mmol/l
-		98-108 mmol/l
)2		18-33 mmol/l

REMARKS:

REPORTED BY:	DATE:	LAB ID NO

MEDCOM - 18168

Ward/Section: ICU3 | TESTING PHYSICAN: [redacted] b(6)-2 | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST: [redacted] b(6)-4 | DATE: 21SEP03 | TIME: 0400 | SSN/PEEUDO SSN:

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)
SO2		95-98%
BEecf		(-2) - (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Tropoin-I		
Drug of Abuse		

======= PICCOLO =======
21/09/03 04:30
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	100	73-118	MG/DL
BUN	14	7-22	MG/DL
CRE	0.5*	0.6-1.2	MG/DL
CK	155	39-380	U/L
NA+	+++ 133	128-145	MMOL/L
K+	4.7	3.3-4.7	MMOL/L
CL-	102	98-108	MMOL/L
tCO2	25	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 0 , LIP 1+, ICT 0

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA^{+}		128-145 mmol/dl
K^{+}		3.3-4.7 mmol/l
CL^{-}		98-108 mmol/l
tCO2		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AST		14-97 u/l
AMY		11-38 u/l
TBIL		0.2-1.6 mg/dl
GGT		5-65 u/l
TP		6.4-8.1 g/dl

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA^{+}		128-145 mmol/l
K^{+}		3.3-4.7 mmol/l
CL^{-}		98-108 mmol/l
tCO2		18-33 mmol/l

REMARKS:

REPORTED BY: | DATE: | LAB ID NO.:

MEDCOM - 18169

Ward/Section:	REQUESTING PHYSICAN:	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI:	DATE	TIME	SSN/PEEUDO SSN:

b(6)-4

[redacted]

(Hematology) CBC

TEST	RESULT	REF. RANGE
[redacted]		
Atyp		
Imm		
RBC Morph		
Spun Hematocrit		42-52%(M) 37-47%(F)
Set Rate		
Other		

Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Prot		Negative
Urob		0.2-1.0
Nit		Negative
Leuk		Negative
HCG		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source		
Gram Stain		
Occ Bld		Negative
H. pylori		Negative
Micro Parasites		
Malaria		
O & P		
Other		

Macroscopic Urinalysis

CSF

Cell Count		
Directigen		Negative

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

TEST	RESULT	REF. RANGE
PT		9.8-13.6 secs
APTT		21-34 SESS
D dimer		<20 ug/ml
FDP		< 10 ug /ml

Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITHE EVERY UNIT OF BLOOD REQUESTED)

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

MEDCOM - 18170

Ward/Section: ICU #3 | QUESTING PHYSICAN: [redacted] b(6)-2 |)RATORY RESULT FORM (bject to the Privacy Act of 1974)

LAST, FIRST,MI: [redacted] b(6)-4 | DATE: 22 Sep 03 | TIME: 0430 | SSN/PEEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RAN

b(6)-4

ID [redacted] 22-09-03
WB 04:47

			Patient Limits	
WBC	11.8 H	x10^3/uL	4.5	10.5
RBC	3.24 L	x10^6/uL	4.00	6.00
Hgb	9.3 L	g/dL	11.0	18.0
Hct	29.0 L	%	35.0	60.0
MCV	89.4	fL	80.0	99.9
MCH	28.8	pg	27.0	31.0
MCHC	32.2 L	g/dL	33.0	37.0
Plt	1016. +H	x10^3/uL	150.	450.
LY%	20.2 *L	%	20.5	51.1
LY#	2.4 *	x10^3/uL	1.2	3.4

======= PICCOLO =======

22/09/03 04:54
REFERENCE RANGE: ---- MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	95	73-118	MG/DL
BUN	14	7-22	MG/DL
CRE	<0.2*	0.6-1.2	MG/DL
CK	64	39-380	U/L
NA+	~~124*~~ 133	128-145	MMOL/L
K+	4.5	3.3-4.7	MMOL/L
CL-	99	98-108	MMOL/L
tCO2	25	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

RBC Morph		
Spun Hematocrit		42-52%(M 37-47%(
Set Rate		
Other		

Coagulation Studies

TEST	RESULT	REF. RANG
PT		9.8-13.6 secs
APTT		21-34 SESS
D dimer		<20 ug/ml
FDP		< 10 ug /ml

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source		
Gram Stain		
Occ Bld		Negative
H. pylori		Negative
Micro Parasites		
Malaria		
O & P		
Other		

Macroscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

k Unit Crossmatch
WITHE EVERY UNIT OF BLOOD QUESTED)

TYPE	CROSSMATCH

REMARKS:

REPORTED BY: | DATE: | LAB ID NO.:

b(6)-4

[redacted]

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____28 mmol/L

At 37C

pH_____7.399

PCO2_____43.0 mmHg

PO2_____65 mmHg

HCO3_____27 mmol/L

BEecf_____2 mmol/L

sO2*_____92 %

*calculated

At Patient Temp

pH_____7.390

PCO2_____44.2 mmHg

PO2_____68 mmHg

Patient Temp: 99.7F

FIO2_____: 50

Sample Type_:

02SEP03 06:53

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAM5046A
CLEW A93

---

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____28 mmol/L

At 37C

pH_____7.413

PCO2_____42.3 mmHg

PO2_____57 mmHg

HCO3_____27 mmol/L

BEecf_____2 mmol/L

sO2*_____90 %

*calculated

At Patient Temp

pH_____7.410

PCO2_____42.6 mmHg

PO2_____58 mmHg

Patient Temp: 98.9F

FIO2_____: 50

Sample Type_: ART

02SEP03 11:44

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAM5046A
CLEW A93

---

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____35 mmol/L

At 37C

pH_____7.523

PCO2_____40.9 mmHg

PO2_____70 mmHg

HCO3_____34 mmol/L

BEecf_____11 mmol/L

sO2*_____95 %

*calculated

FIO2_____: 31

Sample Type_: ART

02SEP03 04:40

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAM5046A
CLEW A93

[redacted] b(2)-2
Baghdad, Iraq

Microbiology Request Form

ICU #3

Last Name: EPW
First Name:
Patient # or SSN: [redacted] b(6)-4
Collected by: [redacted] b(6)-2
Date: 23 SEP 03
Time: 1555

Ward:
Room:
Bed:
Physician: [redacted] b(6)-2
Source: URINE
Site: FOLEY

[redacted]

Received by: [redacted] b(6)-2
Date: 23 SEP 03
Time: 1700

Specimen #: [redacted]

Laboratory Results

ACINETOBACTER BAUMANNII/ HAEMOLTICUS

Reported
Date: **25 SEP 03**
Time: 958
Tech: [redacted] b(6)-2
Reviewer: [redacted] b(6)-2

Microbiology Report

[redacted] Laboratory (b)(2)-2

Name: [redacted] >b(6)-4
Patient ID:
Ward/Rm: /

Specimen: [redacted]
Source: Blood
Ward of Iso:

Status: **Final**
Collected:
Attd. Phys:

1 Staphylococcus epidermidis Status: Final

1 S. epidermidis

Drug	MIC	Interps	Drug	MIC	Interps
Amox/K Clav (c)	>4/2	R			
Amp/Sulbactam (c)	<=8/4	R			
Ampicillin	>8	BLAC			
Azithromycin	>4	R			
Cefazolin	>16	R			
Cefepime	>16	R			
Cefotaxime (c)	>32	R			
Ceftriaxone (c)	>32	R			
Cephalothin	<=8	R			
Chloramphenicol	<=8	S			
Ciprofloxacin	>2	R			
Clindamycin	>2	R			
Erythromycin	>4	R			
Gatifloxacin	>4	R			
Gentamicin	<=4	S			
Imipenem (c)	>8	R			
Levofloxacin	>4	R			
Linezolid	<=2	S			
Moxifloxacin	4	I			
Nitrofurantoin	<=32				
Norfloxacin	>8				
Ofloxacin	>4	R			
Oxacillin	>2	R			
Penicillin	>8	BLAC			
Rifampin	<=1	S			
Synercid	<=1	S			
Tetracycline	<=4	S			
Trimeth/Sulfa	>2/38	R			
Vancomycin	<=2	S			

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
--- = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available, or drug not advisable or tested
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.
IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

b(6)-2

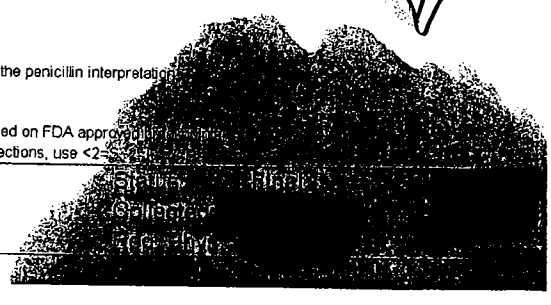
For blood and CSF Isolates, a beta-lactamase test is recommended for Enterococcus species.

(a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
(b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
(c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation
(d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA appro
For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=

Name: [redacted] >b(6)-4
Patient ID:
Ward/Rm: /

Specimen: [redacted]
Source: Blood



Microbiology Report

[redacted] Laboratory (b)(2)-2

Name: [redacted] > b(6)-4
Patient ID:
Ward/Rm: /

Specimen: [redacted]
Source: Blood
Ward of Iso:

Status: Final
Collected:
Attd. Phys:

1 Staphylococcus epidermidis Status: Final

1 S. epidermidis

Drug	MIC	Interps	Drug	MIC	Interps
Amox/K Clav (c)	>4/2	R			
Amp/Sulbactam (c)	<=8/4	R			
Ampicillin	>8	BLAC			
Azithromycin	>4	R			
Cefazolin	>16	R			
Cefepime	>16	R			
Cefotaxime (c)	>32	R			
Ceftriaxone (c)	>32	R			
Cephalothin	<=8	R			
Chloramphenicol	<=8	S			
Ciprofloxacin	>2	R			
Clindamycin	>2	R			
Erythromycin	>4	R			
Gatifloxacin	>4	R			
Gentamicin	<=4	S			
Imipenem (c)	>8	R			
Levofloxacin	>4	R			
Linezolid	<=2	S			
Moxifloxacin	4	I			
Nitrofurantoin	<=32				
Norfloxacin	>8				
Ofloxacin	>4	R			
Oxacillin	>2	R			
Penicillin	>8	BLAC			
Rifampin	<=1	S			
Synercid	<=1	S			
Tetracycline	<=4	S			
Trimeth/Sulfa	>2/38	R			
Vancomycin	<=2	S			

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
— = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available, or drug not advisable or tested
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.
IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a beta-lactamase test is recommended for Enterococcus species.

(a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
(b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
(c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
(d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints. For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I

b(6)-2

Name: [redacted] > b(6)-4
Patient ID:
Ward/Rm: /

Specimen: [redacted]
Source: Blood
Ward of Iso:

Microbiology Report

[redacted] Laboratory (b)(2)-2

Name: [redacted] > b(6)-4
Patient ID: [redacted]
Ward/Rm: /

Specimen: [redacted]
Source: Urine
Ward of Iso:

Status: **Final**
Collected:
Attd. Phys:

1 Acinetobacter baumannii/haemolyticus Status: Final

1 **Ac baumann/haem**

Drug	MIC	Interps	Drug	MIC	Interps
Amox/K Clav (c)	>16/8				
Amp/Sulbactam (c)	>16/8	R			
Ampicillin	>16				
Aztreonam	16	I			
Cefazolin	>16				
Cefepime	>16	R			
Cefotaxime (c)	>32	R			
Cefotetan	>32				
Cefoxitin	>16				
Ceftazidime (a)	>16	R			
Ceftriaxone (c)	>32	R			
Cefuroxime (b)	>16				
Cephalothin	>16				
Chloramphenicol	>16	R			
Ciprofloxacin	>2	R			
ESBL-a Scrn	>4				
ESBL-b Scrn	>1				
Gatifloxacin	>4				
Gentamicin	>8	R			
Imipenem (c)	<=4	S			
Levofloxacin	>4	R			
Meropenem (c)	<=4	S			
Moxifloxacin	>4				
Nitrofurantoin	>64				
Norfloxacin	>8				
Piperacillin (a)	>64	R			
Tetracycline	>8	R			
Ticar/K Clav (a)	>64	R			
Tobramycin	>8	R			
Trimeth/Sulfa	>2/38	R			

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
-- = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available, or drug not advisable or tested
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.
IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF Isolates, a beta-lactamase test is recommended for Enterococcus species.

(a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
(b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
(c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
(d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.
For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name: [redacted] > b(6)-4
Patient ID: [redacted]
Ward/Rm: /

Specimen: [redacted]
Source: Urine
Ward of Iso:

Status: **Final**
Collected:
Req. Phys: [redacted]

Printed 9/25/2003 9:58:49 AM

Tech: [redacted] b(6)-2

[redacted] b(2)-2
Baghdad, Iraq

Microbiology Request Form

Last Name: #[redacted] b(6)-4
First Name:
Patient # or SSN: [redacted] b(6)-4
Collected by: LT [redacted] b(6)-2
Date: 03 Sep 03
Time: 0845

Ward: ICU #3
Room:
Bed:
Physician: [redacted] b(6)-2
Source: R AC
Site: Blood Cx

[redacted]

Received by: [redacted] b(6)-2
Date: 3 Sep 03
Time: 0900

Specimen #: [redacted]

Laboratory Results

K. pneumoniae

Reported
Date: 7 Sep 03
Time: 0900
Tech: [redacted] b(6)-2
Reviewer: [redacted] b(6)-2

Number of attached sheets:

DOD-031751
MEDCOM - 18177
ACLU-RDI 1645 p.137

[redacted]
Baghdad, Iraq

Microbiology Request Form

Last Name: [redacted] b(6)-4
First Name: EPW
Patient # or SSN: EPW [redacted] b(6)-4
Collected by: SGT [redacted] b(6)-2
Date: 26 SEPT 03
Time: 0710

Ward: ICU #3
Room: ROOM 1
Bed: BED # 7
Physician: [redacted] b(6)-2

Source: Blood culture
Site: (L) femoral (triple lumen)

[redacted]

Received by: [redacted] b(6)-2
Date: 26 Sep 03
Time: 0730

Specimen #: [redacted]

Laboratory Results

No growth after 5 days

Reported
Date: 10-1-03
Time: 1300
Tech: [redacted] b(6)-2
Reviewer: [redacted] b(6)-2

Number of attached sheets:

MEDCOM - 18178

DOD-031752

ACLU-RDI 1645 p.138

Microbiology Report

[redacted] Laboratory b(2)-2

Name: [redacted] b(6)-4	Specimen: [redacted]	Status:	**Final**
Patient ID: [redacted]	Source: Sputum	Collected:	
Ward/Rm: ICU3/Rm1/Bed 2	Ward of Iso:	Attd. Phys:	

1 Staphylococcus epidermidis Status: Final

1 S. epidermidis

Drug	MIC	Interps	Drug	MIC	Interps
Amox/K Clav (c)	>4/2	R			
Amp/Sulbactam (c)	<=8/4	R			
Ampicillin	>8	BLAC			
Azithromycin	>4	R			
Cefazolin	>16	R			
Cefepime	>16	R			
Cefotaxime (c)	>32	R			
Ceftriaxone (c)	>32	R			
Cephalothin	>16	R			
Chloramphenicol	>16	R			
Ciprofloxacin	>2	R			
Clindamycin	>2	R			
Erythromycin	<=0.5	S			
Gatifloxacin	>4	R			
Gentamicin	>8	R			
Imipenem (c)	<=4	R			
Levofloxacin	>4	R			
Linezolid	>4				
Moxifloxacin	>4	R			
Nitrofurantoin	>64				
Norfloxacin	>8				
Ofloxacin	>4	R			
Oxacillin	>2	R			
Penicillin	>8	BLAC			
Rifampin	<=1	S			
Synercid	>2	R			
Tetracycline	>8	R			
Trimeth/Sulfa	>2/38	R			
Vancomycin	>16	R			

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
--- = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available, or drug not advisable or tested
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.
IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs

For blood and CSF Isolates, a beta-lactamase test is recommended for Enterococcus species.

(a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
(b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
(c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
(d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.
For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with [redacted]. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name: [redacted] b(6)-4	Specimen: [redacted]	Status:	**Final**
Patient ID: [redacted]	Source: Sputum	Collected:	
Ward/Rm:	Ward of Iso:	Req. Phys: [redacted]	b(6)-2

[redacted] b(2)-2
Baghdad, Iraq

Microbiology Request Form

Last Name: EPW	Ward: ICU3
First Name:	Room: 1
Patient # or SSN: [redacted] b(6)-4	Bed: 2
	Physician: [redacted] b(6)-2
Collected by: [redacted] b(6)-2	
Date: 23 SEP 03	Source: SPUTUM
Time: 1555	Site:
[redacted]	
Received by [redacted] b(6)-2	Specimen # [redacted]
Date: 23 SEP 03	
Time: 1700	

Laboratory Results

STAPHYLOCOCCU EPIDERMIDIS, ACINETOBACTR BAUMANNII/ HAEMOLYTICUS

Reported Date: **27 SEP 03**	
Time: 9:00	
Tech [redacted] b(6)-2	
Reviewer:	Number of attached sheets:

[redacted] b(2)-2
Baghdad, Iraq

Microbiology Request Form

Last Name: EPW
First Name:
Patient # or SSN: [redacted] b(6)-4
Collected by: [redacted] b(6)-2
Date: 26 SEP 03
Time: 0710

Ward: ICU3
Room: 1
Bed: 2
Physician: [redacted] b(6)-2
Source: NASAL
Site: NARE

[redacted]

Received by: [redacted] b(6)-2
Date: 26 SEP 03
Time: 0730

Specimen #: [redacted]

Laboratory Results

NORMAL FLORA

Reported
Date: **27 SEP 03**
Time: 9:00
Tech: [redacted] b(6)-2
Reviewer: [redacted] b(6)-2

Number of attached sheets:

Microbiology Report

[redacted] Laboratory

Name: [redacted]	Specimen: [redacted]	Status:	**Final**
Patient ID: [redacted]	Source: Sputum	Collected:	
Ward/Rm: /	Ward of Iso:	Attd. Phys:	

b(6)-4

1	Staphylococcus epidermidis	Status: Final
2	Acinetobacter baumannii/haemolyticus	Status: Final

1 S. epidermidis

Drug	MIC	Interps
Amox/K Clav (c)	>4/2	R
Amp/Sulbactam (c)	<=8/4	R
Ampicillin	>8	BLAC
Azithromycin	>4	R
Cefazolin	>16	R
Cefepime	>16	R
Cefotaxime (c)	>32	R
Ceftriaxone (c)	>32	R
Cephalothin	>16	R
Chloramphenicol	>16	R
Ciprofloxacin	>2	R
Clindamycin	>2	R
Erythromycin	<=0.5	S
Gatifloxacin	>4	R
Gentamicin	>8	R
Imipenem (c)	<=4	R
Levofloxacin	>4	R
Linezolid	>4	
Moxifloxacin	>4	R
Nitrofurantoin	>64	
Norfloxacin	>8	
Ofloxacin	>4	R
Oxacillin	>2	R
Penicillin	>8	BLAC
Rifampin	<=1	S
Synercid	>2	R
Tetracycline	>8	R
Trimeth/Sulfa	>2/38	R
Vancomycin	>16	R

2 Ac baumann/haem

Drug	MIC	Interps
Amox/K Clav (c)	16/8	
Amp/Sulbactam (c)	<=8/4	S
Ampicillin	>16	
Aztreonam	>16	R
Cefazolin	>16	
Cefepime	>16	R
Cefotaxime (c)	>32	R
Cefotetan	>32	
Cefoxitin	>16	
Ceftazidime (a)	>16	R
Ceftriaxone (c)	>32	R
Cefuroxime (b)	>16	
Cephalothin	>16	
Chloramphenicol	>16	R
Ciprofloxacin	>2	R
ESBL-a Scrn	>4	
ESBL-b Scrn	>1	
Gatifloxacin	>4	
Gentamicin	>8	R
Imipenem (c)	<=4	S
Levofloxacin	>4	R
Meropenem (c)	<=4	S
Moxifloxacin	>4	
Nitrofurantoin	>64	
Norfloxacin	>8	
Piperacillin (a)	>64	R
Tetracycline	>8	R
Ticar/K Clav (a)	64	I
Tobramycin	>8	R
Trimeth/Sulfa	>2/38	R

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
— = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available, or drug not advisable or tested
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.
IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a beta-lactamase test is recommended for Enterococcus species.

(a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
(b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
(c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
(d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.
For S. pneumoniae [redacted]ime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name: [redacted]	Specimen: [redacted]	Status:	**Final**
Patient ID: [redacted]	Source: Sputum	Collected:	
Ward/Rm: /	Ward of Iso:	Req. Phys:	[redacted]

b(6)-4

Tech: [redacted]

b(6)-2

[redacted] b(2)-2
Baghdad, Iraq

Microbiology Request Form

Bed 9A

Last Name:	Ward: ICU3
First Name:	Room: 1
Patient # or SSN: [redacted] b(6)-4	Bed: 2
	Physician [redacted] b(6)-2
Collected by: [redacted] b(6)-2	
Date: 23 SEP 03	Source: BLOOD
Time: 1555	Site: L HAND
[redacted]	
Received by: [redacted] b(6)-2	Specimen #: [redacted]
Date: 23 SEP 03	
Time: 1700	

Laboratory Results

NO GROWTH

Reported
Date: **28 SEP 03**
Time: 0850
Tech: [redacted] b(6)-2
Reviewer: [redacted] b(6)-2 Number of attached sheets:

IDEAS

- 2U ✓

	WBC	RBC	Hg	Hct	MCV	MCH
9.5	17,7	3,29	9.5	345	92,6	29

MCHC	Ur	Lymph
31.3	220	10.9

Plt - 9
Creat 0.6
GLU 142
CK 534
UA 12.9
K 4.1
Cl 107
TCO2 20

ANESTHESIA PLAN OF CARE PRE-PROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 28 DAYS MOS (YRS) Sex (X) MALE ( ) FEMALE

ASA Physical State 1 2 3 4 5 E
WT: ____ KG/LB HT: ____ IN.
ALLERGIES: NKDA

PROPOSED PROCEDURE: Exploratory Laparotomy
SURGICAL SERVICE: General Surgery
NPO SINCE: Intubated

HABITS:
TOBACCO: ____
ETOH: ____
DRUGS: ____

CURRENT MEDICATIONS:
( ) = ordered as premed
( ) Vecuronium
( ) fentanyl 50mg/hr
( ) Versed 2mg/hr
( ) Zantac
( ) dopamine
( ) ____

PREMEDICATIONS:
None Yes (@ ____ Hrs) /CC
____ . ____ mg IV IM PO
____ . ____ mg IV IM PO
____ . ____ mg IV IM PO

LABORATORY STUDIES:
HB/HCT: 9 / 29
U/A: ____
OTHER: Plts 126,000
PT 18 sec
INR 1.6
PTT 58 sec
ABG @ 1418 HRS
7.31/42/86/21/-5/92%

PREOPERATIVE

PAST MEDICAL HISTORY/SYSTEMS REVIEW

Cardiovascular:			
Hypertension	N	Y	Unknown
Angina	N	Y	
MI	N	Y	
CVA	N	Y	
Other	N	Y	
Pulmonary System:			
Asthma	N	Y	Chest tubes x2
Bronchitis/URI	N	Y	on Right
COPD	N	Y	
Other	N	(Y)	
Renal System:			
Acute/Chronic RF	N	Y	?
Gastrointestinal:			
Hepatitis	N	Y	? Liver
Hiatal Hernia	N	Y	Injury
PUD/GERD	N	Y	
Endocrine System:			
Diabetes	N	Y	?
Steriods	N	Y	
Thyroid	N	Y	
Neurological:			
Seizures	N	Y	? T-11 foreign
Neuropathy	N	Y	body on Xray
Other	N	Y	Facial Plegia
Gynecological :			
Pregnancy	N	Y	
Other Significant Hx:			
	N	(Y)	GSW to (R) chest & Abdomen (RUQ)
	N	Y	
Familial HX	N	Y	Unknown

ASSESSMENT
PAST SURGICAL/ANESTHETIC
Exp Lap Last PM
C Fist

PHYSICAL EXAMINATION
BP 132/74 HR 81 R ___ T ___
Pain Scale 0-10 ____
HEENT - Teeth Intubated
Trachea with
TMJ/Neck IV 600 ml
Oropharnyx
Nares FiO_2 50%
CHEST: R 22
PEEP 7 cm H_2O
CARDIAC: ____
EXTREMITIES: (R) forearm TI
IV Access: Right IJ Triple
Ulnar Filling (L) radial A-line
BACK: ____
OTHER: Foley

NPO Since Intubated

ANESTHETIC PLAN: { } LOCAL { } MAC { } Regional (Specify): ____ (X) General: Mask (Intubation)

INFORMED CONSENT/COUNSELING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained to and discussed with the patient/legal guardian.

The patient/[redacted] b(6)-2 and agrees. Questions answered.
Signed: [redacted] M.D. Date: 30 AUG 03 Time: 1605 Hrs

POST-ANE[redacted]ATION AND NOTE (NON ASU)
{ } NO APPARENT ANESTHETIC COMPLICATIONS { } OTHER

Signed: ____ Date: ____ Time: ____ Hrs

Patient Identification: (Ward) ICU #3

#[redacted] b(6)-4

SEDATION KEY:

1. **MINIMAL** (Anxiolysis) Patient responds normally to verbal commands
2. **MODERATE** (conscious sedation) Patient responds purposefully to verbal commands alone or accompanied by light tactile stimulation. Airway assistance is not necessary.
3. **DEEP SEDATION/ANALGESIA.** Patient responds purposefully following repeated or painful stimulation. Airway assistance may be necessary.
4. **ANESTHESIA.** Patient does not respond to painful stimulation.

11 Sept — 8.5/25.6/243 7.4/139.3/70/25/+1/98% 12.8/32.5

ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 28 DAYS MOS YRS Sex ( ) MALE ( ) FEMALE

ASA Physical State 1 2 3 4 5 E
WT: 75 KG/LB HT: ___ IN.
ALLERGIES: NKDA

PROPOSED PROCEDURE: Jejunostomy, G-tube, Liver drain
SURGICAL SERVICE: general
NPO SINCE: bolus via NG stop @ MN S/p GJW to chest cord damage

HABITS:
TOBACCO: (-)
ETOH: (-)
DRUGS: (-)

CURRENT MEDICATIONS:
( ) = ordered as premed

( ) Fent 50mg/hr
( ) prop 60mg/kg/min
( ) triple antibx
( )
( )
( )

PREMEDICATIONS:
None Yes (@ ____ Hrs) /CC
____. ____ mg IV IM PO
____. ____ mg IV IM PO
____. ____ mg IV IM PO

LABORATORY STUDIES:

HB/HCT: ____/____
U/A: ____
OTHER: ____

137 | 114 | 15 / 113
4.0 | 25 | 0.5
Albumin 1.3
ABGs 39% 8 Sep
7.37, 42.2, 70, 24, -1

PREOPERATIVE
PAST MEDICAL HISTORY/SYSTEMS REVIEW

Cardiovascular:			
Hypertension	N	Y	
Angina	N	Y	
MI	N	Y	
CVA	N	Y	
Other	N	Y	
Pulmonary System:			
Asthma	N	Y	SIMV 22 F
Bronchitis/URI	N	Y	560
COPD	N	Y	60%
Other	N	Y	8 PEEP
Renal System:			
Acute/Chronic RF	N	Y	
Gastrointestinal:			
Hepatitis	N	Y	r/o ileus
Hiatal Hernia	N	Y	
PUD/GERD	N	Y	
Endocrine System:			
Diabetes	N	Y	
Steriods	N	Y	
Thyroid	N	Y	
Neurological:			
Seizures	N	Y	S/P
Neuropathy	N	Y	
Other	N	Y	Anoxic brain injury
Gynecological :			
Pregnancy	N	Y	
Other Significant Hx:			
	N	Y	
	N	Y	
Familial HX	N	Y	

ASSESSMENT
PAST SURGICAL/ANESTHETIC
31 Aug ex lap

PHYSICAL EXAMINATION
BP 128/64 HR 77 R 22 T ___
Pain Scale 0-10 Sedated
HEENT - Teeth ETT in
Trachea place
TMJ/Neck
Oropharnyx
Nares
CHEST: CTAB
CARDIAC: RRR
EXTREMITIES:
IV Access: R+ IJ
Ulnar Filling: *
BACK: N/A
OTHER: N/A

NPO Since AJ above

ANESTHETIC PLAN: { } LOCAL { } MAC { } Regional (Specify): ____ ~~{ }~~ General: Mask Intubation existing ETT

INFORMED CONSENT/COUNSELING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained to and discussed with the patient/legal guardian. pt sedated & intubated

The patient [redacted] agrees. Questions answered: N/A
Signed: [redacted] CRNA Date: 9/8/03 Time: 1930 Hrs

POST-A[redacted]ASU)
{ } NO APPAREN[redacted] { } OTHER

Signed: ____ Date: ____ Time: ____ Hrs

* CVP to IJ
R+ Femoral a-line

Patient Identification: (Ward) IW3

EPW #[redacted] b(6)-4

Rev plts (CBC draw AM)

SEDATION KEY:

1. **MINIMAL** (Anxiolysis) Patient responds normally to verbal commands
2. **MODERATE** (conscious sedation) Patient responds purposefully to verbal commands alone or accompanied by light tactile stimulation. Airway assistance is not necessary.
3. **DEEP SEDATION/ANALGESIA.** Patient responds purposefully following repeated or painful stimulation. Airway assistance may be necessary.
4. **ANESTHESIA.** Patient does not respond to painful stimulation.

ANESTHESIA PLAN OF CAR[E] PROCEDURAL ASSESSMENT (Sedatir esthesia)

Age ___ DAYS MOS YRS Sex ( ) MALE ( ) FEMALE

PROPOSED PROCEDURE: I+D L calf wound
SURGICAL SERVICE: general
NPO SINCE: MN

ASA Physical State 1 2 (3) 4 5 E
WT: 65 (KG/LB) HT: ___ IN.
ALLERGIES: NKDA

HABITS:
TOBACCO: (+)
ETOH: 0
DRUGS: 0

CURRENT MEDICATIONS:
( ) = ordered as premed

( ) Cipro IVPB
( ) Albuterol HHN
( ) Zantac
( ) Reglan
( ) SQ Heparin
( )

PREMEDICATIONS:
None Yes (@ ___ Hrs) /CC
___ mg IV IM PO
___ mg IV IM PO
___ mg IV IM PO

LABORATORY STUDIES:
HB/HCT: 12.6%
U/A:
OTHER:

133 | 102 | 14 / 100
4.7 | 25 | 0.5

PREOPERATIVE
PAST MEDICAL HISTORY/SYSTEMS REVIEW

Cardiovascular:		
Hypertension	N Y	
Angina	N Y	
MI	N Y	
CVA	N Y	
Other	N Y	
Pulmonary System:		
Asthma	N Y	
Bronchitis/URI	N Y	
COPD	N Y	
Other	N Y	
Renal System:		
Acute/Chronic RF	N Y	
Gastrointestinal:		
Hepatitis	N Y	PEG tube
Hiatal Hernia	N Y	
PUD/GERD	N Y	
Endocrine System:		
Diabetes	N Y	
Steriods	N Y	
Thyroid	N Y	
Neurological:		S/P? anoxic brain injury
Seizures	N Y	
Neuropathy	N Y	
Other	N (Y)	T11 cord transection
Gynecological :		
Pregnancy	N Y	
Other Significant Hx:	N Y	
	N Y	
Familial HX	N Y	

ASSESSMENT
PAST SURGICAL/ANESTHETIC
multiple GA c Ø probs

PHYSICAL EXAMINATION
135/67 HR 123 R 20 T ___
Pain Scale 0-10 ___
HEENT - Teeth Trach c
Trachea 30%
TMJ/Neck
Oropharnyx blow by
Nares
CHEST: CTAB
CARDIAC: RRR
EXTREMITIES:
IV Access: Lt SCL 3 lumen
Ulnar Filling: A-line
BACK: N/A
OTHER: N/A

NPO Since MN

ANESTHETIC PLAN: { } LOCAL { } MAC { } Regional (Specify): ___ (X) General: Mask Intubation via trach

INFORMED CONSENT/COUNSELING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained to and discussed with the patient/legal guardian.

The patient/[redacted] b(6)-2 understand and agrees. Questions answered.
Signed: ___ CRNA Date: 9/21/03 Time: 0915 Hrs

POST-ANES[redacted]VALUATION [redacted]ON ASU)
{ } NO APPARENT ANESTHETIC [redacted]S { } OTHER

Signed: ___ Date: ___ Time: ___ Hrs

S/P GSW through back abdomen

Patient Identification: (Ward) ICU3
EPW [redacted] b(6)-4

SEDATION KEY:

1. **MINIMAL** (Anxiolysis) Patient responds normally to verbal commands
2. **MODERATE** (conscious sedation) Patient responds purposefully to verbal commands alone or accompanied by light tactile stimulation. Airway assistance is not necessary.
3. **DEEP SEDATION/ANALGESIA.** Patient responds purposefully following repeated or painful stimulation. Airway assistance may be necessary.
4. **ANESTHESIA.** Patient does not respond to painful stimulation.

NKDA

procedure verified

MEDICAL RECORD - ANESTHESIA

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

ANESTHETIC AGENTS AND DRUGS — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

DRUG (Units)										TOTALS
fentanyl (UG)	250									250ug
MSO4 (MG)		10	10							20mg
vec (MG)	10		10					10		30mg
( )										
( )										
( )										
VOLAT AGENT 150 % del	1.5	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	
% e.t.										
AIR L/Min										
N2O L/Min										
O2 L/Min	2	3	3	3	2	2	2	2	2	

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS

TOTAL EBL: min

TOTAL URINE: 200

FLUIDS - SUMMARY

CRYSTALLOID- LR - 1000

COLLOID- ——

BLOOD- ——

FLUIDS

LINE site: Stenner (R) PJ — ☐ Warmed — LR
☐ Warmed
☐ Warmed
☐ Warmed

LOSSES

EST BLOOD LOSS

URINE - 100

PHYS STATUS: 1 2 (3) 4 5 E

BODY WEIGHT: 75 (KG) LB

HEMATOCRIT: 25.6

INITIAL DATA: BP- 150/76 HR- 97

EQUIP CHECK OK?- (Y) N

PATIENT RECHECK OK for PROCEDURE? (+) TIME- 1100

TIME → 105 30 x (1100) x 30 x 15 x 30 x

SYMBOLS: BP by cuff V Λ; Heart rate ●; Resp rate; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø

Scale: 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20

REMARKS

Code drugs with numbers, events with letters

1000 - Pt to OR
in ICU
labs used
TCx2 units
TO OR ETT
LVS - OR
↑ peak pressures
suctioned → alb.
x 10 puffs b(6)-2
Peak pressure ↓
1140 Break CPT [redacted]
1150 Prep for Trach
Start procedure @ 115
ET D/C
1220 - TO ICU VSS

VENTIL

VT - ml	220	210	240	240	260	250	250	280	280
f - breaths/min	20	25	30	30	30	30	30	30	30
Peak Inf pres / PEEP	35/8	32/8	37/8	35/8	34/8	34/8	35/8	28/8	28/8
MODE - S(pon), A(ssist), C(on)	CV	CV	CV	CV	CV	CV	CV	CV	CV

MONITORS/ACCESSORIES

~~BP/Auto Cuff~~	~~ET CO2 (torr)~~	62	56	56	57	56	52	54	48	48
BP/oth	~~FIO2 (Frac or %)~~	.80	.80	.80	.80	.73	.77	.77	.77	.77
~~ART line~~	~~SpO2 (%)~~	89	94	95	95	96	93	92	88	92
~~Steth- PC/ES~~	~~ECG~~	ST	ST	ST	ST	ST	ST	ST	ST	ST
~~Gas analyzer~~ CO2	~~TEMP-site~~	skin	35	35	35	35	34	34	34	34
	~~N-M Block (T/4)~~		0/4	4/4	0/4	0/4	0/4	0/4	4/4	4/4
~~Warming blkt~~	drapes									
Conv warmer										

Mark with letters & symbols, explain under REMARKS EVENTS Position → (1) arms padded tucked

RECOVERY AT: PACU (ICU) (Specify)

OTHER stable

CONDITION: CV

RESP- 20 SpO2-

BP- 130/60 HR- 101

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1100	1015	1230

	Ready	Begin	End
PROC	1030	1045	1215

PROCEDURES and CPT Codes: G tube placement / trach / liver drained

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks* Intubated → BBS+ - coarse / ETCO2+

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* b(6)-2 b(6)-2

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

[redacted] b(6)-4

EPW [redacted]

SURGEONS: [redacted]

ANESTHETISTS: [redacted] b(6)-2

PROCEDURE LOCATION: #2-1

DATE: 11 Sep 03

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MEDCOM 18188

ACLU-RDI 1645 p.148

DOD-031762

MEDICAL RECORD - ANESTHESIA

...e of this form, see AR 40-66; the proponent ager... OTSG

ANESTHETIC AGENTS AND DRUGS — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML. "I" = CONSTANT INFUSION

DRUG (Units)												
Fentanyl (mcg)			50	50			150					
CaCl (mg)						100						
Vecuronium (mg)							4					
( )												
( )												
( )												
VOLAT AGENT 150 % del	.4	.6	0.4	1.6	.4	.4	.4	1.5	1.5	1.8		
% e.t.												
AIR L/Min												
N2O L/Min												
O2 L/Min	2	1	1	1	1	1	1	1	1	2		

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS →

FLUIDS

LINE site ☐ Warmed ☐ Warmed ☐ Warmed ☐ Warmed — 1000, 1500, (1700), 300

LOSSES: EST BLOOD LOSS; URINE - 100

TOTALS — TOTAL EBL: 400; TOTAL URINE: 165

FLUIDS - SUMMARY: CRYSTALLOID- 1700; COLLOID- Ø; BLOOD- 2u PRBC

REMARKS — *Code drugs with numbers, events with letters*

1714 PRBC's [redacted]

1736 PRBC's [redacted]

1815 Break [redacted]

b(6)-2

PHYS STATUS: 1 2 ~~3~~ 4 5 E

BODY WEIGHT: 70 KG

HEMATOCRIT:

INITIAL DATA: BP- 129/68; HR- 97

EQUIP CHECK: OK?- (Y) N

PATIENT RECHECK: OK for PROCEDURE? yes; TIME-

TIME → 1630 • 1700 • 30 • 1800 • 30 • 1900 • 30

SYMBOLS: BP by cuff V Λ; Heart rate •; Resp rate; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø

Scale: 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20

Time	Na	K	TCO2	iCa	Hct	Hb	Ph	PO2	HCO3	BE	SO2
1645	141	4.6	23	1.22	30	10	7.402	217	-3		100

VENTIL

VT - ml	560	570	560	540	520	490	560	620	600
f - breaths/min	20	20	20	18	18	18	15	15	15
Peak inf pres / PEEP	34/5	34/5	34/4	31/5	32/5	33/4	35/4	34/6	34/6
MODE - S(pon), A(ssist), C(on)	C	C	C	C	C	C	C	C	C

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)	(4)	31	28	27	27	26	27	30	30	30
BP/oth	FIO2 (Frac or %)	.62	.62	.62	.70	.79	.79	.79	.80	.80	.80
ART line	SpO2 (%)	Not available	Not available		100	100	100	100	100	100	
Steth- PC/ES	ECG	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
Gas analyzer	TEMP-site Nasal		35.1	35.1	35.1	35.0	34.9	34.9	35	35+	35
	N-M Block (T/4)										
Warming blkt											
Conv warmer											

Mark with letters & symbols, explain under REMARKS — EVENTS Position →

RECOVERY AT: PACU ICU ____ (Specify); OTHER ____

CONDITION: RESP- SpO2- BP- HR-

ANESTHESIA / PROCEDURE TIMES

ANES	Start 1600	Room 1630	End 1900
PROC	Ready 1648	Begin 1700	End 1840

PROCEDURES and CPT Codes: EX - LAP

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

PATIENT IDENTIFICATION: *Typed* [redacted] *ten entries: Name, Grade/Rate,*

[redacted] b(6)-4

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*

SURGEONS: [redacted] b(6)-2

ANESTH[redacted] STA[redacted]

PROCEDURE LOCATION:

DATE:

PAGE OF

DA FORM 7389, FEB 1998 COPY [redacted] CAL RECORD USAPA V1.00

b(6)-2

MEDCOM - 18189

ACLU-RDI 1645 p.149

DOD-031763

0925 ceftazidime ms hanging from .

MEDICAL RECORD — ANESTHESIA

ANESTHETIC AGENTS AND DRUGS		
DRUG	(Units)	
phenergan	(mg)	25
morphine	(mg)	<10> 5/5
propofol	(mg)	100
VOLAT AGENT	% del / % e.t.	1.5 1.5 1.0 X
AIR	L/Min	
N2O	L/Min	
O2	L/Min	2 — 2 — 2 X

CONTINUOUS / REPEATED DRUGS SPECIFY UNITS – MG / MCG / ML, "I" = CONSTANT INFUSION

SINGLE DOSE DRUGS – MARK ON GRID WITH NUMBERS & ENTER IN REMARKS: (1) (2) (3)

FLUIDS		
LINE site Lt SCL	☐ Warmed	800 — 200
	☐ Warmed	
	☐ Warmed	D5½ c 20mEq KCl
	☐ Warmed	

LOSSES		
EST BLOOD LOSS		
URINE –		40 100

TOTALS	
TOTAL SURG.	20 min
TOTAL URINE	100
FLUIDS - SUMMARY	
CRYSTALLOID –	200
COLLOID –	Ø
BLOOD –	Ø

REMARKS-

Code drugs with numbers, events with letters

(1) To room via litter, SOC mons circuit to trach
(2) Smooth IV ind
(3) Returned to ICU stable. Report given.

PHYS STATUS: 1 2 (3) 5 E

BODY WEIGHT: 65 (KG) LB

HEMATOCRIT: 26

INITIAL DATA: BP – 115/66 HR – 110

SCRIP CHECK: OK? – (Y) N

PATIENT RECHECK: OK for PROCEDURE? ✓ TIME – 0925

SYMBOLS: BP by cuff V ^ | Heart rate ● | Resp rate | BP (transduced) ⊥ T | TOURNIQUET T – ✗ | ANES – X-X | PROC – ⊙-Ø

TIME → 30 × 10 × 30 × 11 × 30 × 12

220 200 180 160 140 120 100 80 60 40 20

VENTIL					
VT – ml		250	250	280	360
f – breaths/min		24	24	26	20
Peak Inf pres / PEEP		—	—	—	—
MODE – S(pon), A(ssist), C(on)		S	S	S	S

MONITORS & ACCESSORIES					
BP/Auto Cuff	ET CO2 (torr)	44	45	44	
BP / oth	FIO2 (Frac or %)	0.7	0.7	0.7	0.7
ART line	SpO2 (%)	100	100	100	100
Steth- PC/ES	ECG	ST	ST	SR	SR
Gas analyzer	TEMP- site	available			
	N-M Block (T/4)				
Warming blkt					
Conv warmer					

Mark with letters & symbols, explain under REMARKS — EVENTS Position → 0 →

RECOVERY AT: PACU (ICU) 3 (Specify) OTHER

CONDITION:

RESP – 20 SpO2 – 100 BP – (22/63) HR – 95

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	0925	0935	1025
	Ready	Begin	End
PROC	0940	0955	1010

PROCEDURES and CPT Codes: I & D Lt calf wound

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: GETA via existing tracheostomy

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: ⊕ETCO2, BSES, eyes taped

PATIENT IDENTIFICATION – Typed or written entries: Name, Grade/Rate, Medical facility

EPW # b(6)-4 [redacted]

SURGEONS: [redacted] b(6)-2

ANE[redacted] MAJ, CRNA b(6)-2

PROCEDURE LOCATION: 2-1

DATE: 9/21/03

PAGE 1 OF 1

MEDCOM - 18190 [illegible] REVISED 1 Jan 99

heparin 5000 SQ   NKDA   " triple surgical hx

GSW ...   ... site ...

MEDICAL RECORD — ANESTHESIA

ANESTHETIC AGENTS AND DRUGS

CONTINUOUS / REPEATED DRUGS SPECIFY UNITS – MG / MCG / ML, "I" = CONSTANT INFUSION

DRUG	(Units)		TOTALS
fentanyl	(UG)	250	250ug
lidocaine	(MG)	50	
propofol	(MG)	200	
... /VEC	(MG)	10	10
MSO4	(M)	2/4/4	10 MG

VOLAT AGENT	ISO	% del	1.5 1.5 1.5 1.5 1.5 1.5
		% e.t.	
AIR		L/Min	
N2O		L/Min	
O2		L/Min	6 - 2 - 2 - 2 - 2 - 2 - 2 - 8

SINGLE DOSE DRUGS – MARK ON GRID WITH NUMBERS & ENTER IN REMARKS: X ... infusion

TOTAL EBL: MIN

TOTAL URINE: 600

FLUIDS

LINE site		
3 lumen	☐ Warmed	LR ... X
(L) ...	☐ Warmed	
...	☐ Warmed	NS ...
...	☐ Warmed	

FLUIDS – SUMMARY

CRYSTALLOID– LR NS ~700

COLLOID–

BLOOD–

LOSSES: EST BLOOD LOSS; URINE–

PHYS STATUS: 1 (2) 3 4 5 E

BODY WEIGHT: 80 (KG) LB

HEMATOCRIT:

INITIAL DATA: BP– 116/62; HR– 92

EQUIP CHECK: OK?– (Y) N

PATIENT RECHECK: OK for PROCEDURE? (+)

TIME– 0800

TIME: 0815 30 X (0900) X 30 X (1000) X 30 X (1100)

SYMBOLS: BP by cuff ∨ ∧; Heart rate •; Resp rate; BP (transduced); TOURNIQUET T – ✗; ANES– X-X; PROC– ⊙-Ø

Scale: 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20

VENTS

VT – ml	560	570	560	570	550	560	410	
f – breaths/min	8	8	8	8	8	8	23	
Peak inf pres / PEEP	25	25	25	25	25	26		
MODE– S(pon), A(ssist), C(on)	SV	CV	CV	CV	CV	CV	CV	SV

MONITORS / ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)	31	31	31	31	31	32	39	
BP / oth	FIO2 (Frac or %)	.62	.62	.62	.62	.62	.62	.68	.41
ART line	SpO2 (%)	100	100	100	100	100	100	100	100
Steth- PC/ES	ECG	NS	NS	NS	NS	NS	NS	NS	NS
Gas analyzer	TEMP- site: skin		35	35	35	35	35		
	N-M Block (T/4)							4/4	
Warming blkt	... sheet/draped/head wrap								
Conv warmer									

Mark with letters & symbols, explain under REMARKS. EVENTS; Position → supine; arms <90° abducted/padded

REMARKS-

Code drugs with numbers, events with letters

0800: Met c 10 ... pre op ... done. Triple lumen in place

0815 – In room – Monitors on – Pre oxygenation

0955 – Neostig 5, ... Robinul .8, ...

1005 – Spont resp. Opened eyes. Suctioned extubated TO PACU 1015

RECOVERY AT: 75 ... (PACU) ICU (Specify) OTHER: Stable

CONDITION: RESP– 21; SpO2– 99%; BP– 112/57; HR– 88

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	0800	0815	1015

	Ready	Begin	End
PROC	0825	0910	1000

PROCEDURES and CPT Codes: STSG/remove G tube/close abdominal wound

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: GETA – 7.0 cuffed ETT → #2 Miller → taped 22 cm teeth. Eyes taped. OGT ↓ c (+) return soft bite block

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: heavy – DL x 1, gr. 1 view. ETT easily passed. BBS = ETCO2 + Atraumatic. Teeth OK

PATIENT IDENTIFICATION– Typed or written entries: Name, Grade/Rate; Medical facility

b(6)-4

#[redacted]

SURGEONS: [redacted] b(6)-2

ANESTHETIST: [redacted]

b(6)-2

PROCEDURE LOCATION: 1-2

DATE: 4 Oct 03

PAGE 1 OF 1

WA[redacted]OP 376 REVISED 1 Jan 99

MEDCOM - 18191

HL / Foley / Flagyl / Colace / HepSQ

S/p GSW Paraplegia
124/63, 86, 16, 98.4
NKDA

MPI
ORd / 3FB
-M 3FB
coordentation

MEDICAL RECORD - ANESTHESIA

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

ANESTHETIC AGENTS AND DRUGS — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

DRUG (Units)	
Versed 1mg/cc ( )	5mg
Fentanyl 50µ/cc ( )	50 100
( )	
( )	
( )	
VOLAT AGENT % del	
% e.t.	
AIR L/Min	
N2O L/Min	
O2 5 L/Min	

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS →

FLUIDS

LINE site	
NS-850	☐ Warmed
	☐ Warmed
	☐ Warmed
	☐ Warmed

300

LOSSES — EST BLOOD LOSS / URINE -

TOTALS	TOTAL EBL
	TOTAL URINE

FLUIDS - SUMMARY

CRYSTALLOID- 300

COLLOID-

BLOOD-

REMARKS

Code drugs with numbers, events with letters.

(1) V/S Taken
(2) Versed 5mg Fentanyl 50µgm
(3) Procedure began
(4) Procedure ended
(5) O2, awake breathing well TO ICU for recovery

PHYS STATUS 1 2 3 4 5 E

BODY WEIGHT: 80 KG / LB

HEMATOCRIT:

INITIAL DATA:

BP- 116 / 59

HR- 87 / 96

EQUIP CHECK

OK?- Y N

PATIENT RECHECK

OK for PROCEDURE?

TIME-

TIME → 1530 45 1600 15 30 45

SYMBOLS:

BP by cuff V Λ

Heart rate ●

Resp rate

BR (transduced) ╪

TOURNIQUET T—T

ANES- X-X

PROC- ⊙-⊙

220 200 180 160 140 120 100 80 60 40 20

VENTIL

VT - ml					
f - breaths/min	14	13	13	20	
Peak inf pres / PEEP					
MODE - S(pon), A(ssist), C(on)	S	S	S	S	

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)				
BP/oth	FIO2 (Frac or %)	77%	78%	77%	
ART line	SpO2 (%)	99	100	100	100
Steth- PC/ES	ECG	SR	SR	SR	SR
Gas analyzer	TEMP-site				
	N-M Block (T/4)				
Warming blkt					
Conv warmer					

Mark with letters & symbols, explain under REMARKS — EVENTS Position (1) (2) (3) (4) (5)

RECOVERY AT

PACU ICU _____ (Specify)

OTHER _____

CONDITION: 97% Good

RESP- 24 SpO2- 100

BP- 118/60 HR- 92

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1512	1528	1626
PROC	Ready	Begin	End
	1538	1543	1608

PROCEDURES and CPT Codes:

I&D decubitus (4) hip

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

IV sedation

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

[redacted] ICW2 5A

b(6)-4

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*

Natural

SURGEONS: [redacted] b(6)-2

AR [redacted] b(6)-2

PROCEDURE LOCATION: OR

DATE: 20 Oct '03

PAGE 1 OF

DA FORM 7389, FEB 1999 — MEDCOM - 18192 — COPY 2 - ANESTHESIA PROVIDER

MEDICAL RECORD - ANESTHESI[A]

For this form, see AR 40-66; the proponent agen[cy is OT]SG

ANESTHETIC AGENTS AND DRUGS — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML. "I" = CONSTANT INFUSION

DRUG (Units)								TOTALS
PROPOFOL (mg)	200							200
VEC (mg)	10		5					15
FENTANYL (cc)	3		2					5
MORPHINE (mg)					5 5			10
NEOSTIGMINE (mg)						4.0		4.0
ROBINUL (mg)						0.7		0.7
VOLAT AGENT Forane % del	4	3	2	2	1.5	1.5	X	
% e.t.								
AIR L/Min								
N2O L/Min								
O2 L/Min	8	3	2	1	1	1	1 — 8	

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS

TIME: 1830 × 1900 × 1930 × 2000

TOTAL EBL: 50

TOTAL URINE: 375

FLUIDS SUMMARY

CRYSTALLOID- 1600

COLLOID-

BLOOD-

FLUIDS

LINE site LR 20g RFA ☐ Warmed (600↑) —— #1 (1000↑) —— #2

☐ Warmed

☐ Warmed

☐ Warmed

LOSSES

EST BLOOD LOSS

URINE - 300 ... 75/375

REMARKS

Code drugs with numbers, events with letters

To OR #2. Monitor Pre O2. Smooth IV induction. Eyes taped shut

Sx. Extubated (+) mask to 100% NC.

1957 To ICU c O2 NC uneventful transport

PHYS STATUS 1 (2) 3 4 5 E

BODY WEIGHT: 70 (KG) LB

HEMATOCRIT:

INITIAL DATA:

BP- 130/60

HR- 90

EQUIP CHECK

OK? (Y) N

PATIENT RECHECK

OK for PROCEDURE? ✓

TIME-

TIME →

SYMBOLS: BP by cuff V Λ; Heart rate ●; Resp rate; BP (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø

Scale: 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20

VENTIL

VT - ml	950	870	870	880	910	790	
f - breaths/min	10	8	8	8	8	8	
Peak inf pres / PEEP	29	24	24	26	25	25	16
MODE - S(pon), A(ssist), C(on)	S/A/CV	CV	CV	CV	CV	CV	SV

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)	40	33	34	34	35	36	50
BP/oth	FIO2 (Frac or %)	.85	.84	.85	.84	.84	.84	.84
ART line	SpO2 (%)	100	100	100	100	100	100	100
Steth- PC/ES	ECG	SR	ST	ST	SR	SR/ST	SR	SR
Gas analyzer	TEMP-site None		37.8	37.8	37.7	37.4	37.4	37.4
	N-M Block (T/4)		1/4		0/4	1/4		4/4 sustained
Warming blkt								
Conv warmer								

Mark with letters & symbols, explain under REMARKS EVENTS → Position → supine

RECOVERY AT 1957

PACU (ICU) (Specify)

OTHER

CONDITION:

RESP- 18 SpO2- 100%

BP- 127/65 HR- 101

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1810	1845	2007
	Ready	Begin	End
PROC	1825	1853	1953

PROCEDURES and CPT Codes:

Diverting colostomy

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

GA

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

[redacted] b(6)-4

ICU #2

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*

#7.5 ETT - DL x1 (+) VC (+) ETCO2 (+) B=BS @ 23 cm teeth

SURGEONS: [redacted]

ANESTHETISTS: [redacted] b(6)-2

PROCEDURE LOCATION: OR #2

DATE: 29 Oct 03

PAGE 1 OF 1

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- ☐ RED BLOOD CELLS
- ☒ FRESH FROZEN PLASMA
- ☐ PLATELETS *(Pool of _____ units)*
- ☐ CRYOPRECIPITATE *(Pool of _____ units)*
- ☐ Rh IMMUNE GLOBULIN
- ☐ OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)*

_____ ML

REMARKS: b(6)-4

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- ☐ TYPE AND SCREEN
- ☐ CROSSMATCH

DATE REQUESTED 29 Aug 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE

GSW chest

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER [redacted] b(6)-2

DATE 29 Aug 03

TIME VERIFIED 1440

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted] (b)(6)-4

TRANSFUSION NO. [redacted]

PATIENT NO. [redacted] b(6)-2

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	CMV R

☐ CROSSMATCH NOT REQUIRED FOR THE COMPONENT

REMARKS: ex 30 Aug 03 2136

PREVIOUS RECORD CHECK:

☒ RECORD ☐ NO RECORD

SIGNATURE OF [redacted] TEST [redacted] b(6)-2

DATE 29 Aug 03

DONOR	RECIPIENT
ABO A	ABO O
Rh pos	Rh Pos

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTION [redacted]

AT *(Hour)* [redacted] ON *(Date)* 29 Aug 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood [redacted] Transfusion Form and on the patient identification tag.

1st VERIFIER *(Signature)* [redacted] CPT/AW

b(6)-2

b(6)-2

PRE-TRANSFUSION

TEMP. 97.9 PULSE 65 BP 123/53

DATE OF TRANSFUSION 29 Aug 03

TIME STARTED 1050 hrs

POST-TRANSFUSION DATA

AMOUNT GIVEN 291 ML

TIME/DATE COMPLETED/INTERRUPTED 2305 / 29 Aug 03

REACTION ☒ NONE ☐ SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
97.5	72	128/61

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

☐ URTICARIA ☐ CHILL ☐ FEVER ☐ PAIN

☐ OTHER *(Specify)* NONE

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

☒ NO ☐ YES *(Specify)*

SIGNATURE OF PERSON NOTING [redacted] CPT/AW b(6)-2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; rank; rate; hospital service)

EPW [redacted] b(6)-4

ICU 3

SEX M

WARD ICU #3

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 18194

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- ☐ RED BLOOD CELLS
- ☒ FRESH FROZEN PLASMA
- ☐ PLATELETS *(Pool of _____ units)*
- ☑ CRYOPRECIPITATE *(Pool of _____ units)*
- ☐ Rh IMMUNE GLOBULIN
- ☐ OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)*

_____ ML

REMARKS:

(b)(6)-4

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- ☐ TYPE AND SCREEN
- ☐ CROSSMATCH

DATE REQUESTED 29 Aug 03

DATE AND HOUR REQUIRED 29 Aug 03 ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE

GSW chest

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER [redacted]

DATE VERIFIED 29 Aug 03

TIME VERIFIED 1440

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR
ABO A
Rh POS

RECIPIENT
ABO O
Rh Pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	CMNR

☐ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUE[redacted]

REMARKS: ex 29 30 Aug 03 2136 b(6)-2

PREVIOUS RECORD CHECK:

☒ RECORD ☐ NO RECORD

[redacted]RFORMING TEST

DATE 29 Aug 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSP[redacted]

AT *(Hour)* 2[redacted] ON *(Date)* 29 Aug 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIF[redacted] b(6)-2

VERIFIER [redacted]ure) b(6)-2

PRE-TR[redacted]

TEMP 98.3 PULSE 57 BP 114/56

DATE OF TRANSFUSION 29 Aug 03 TIME STARTED 2215

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Las[redacted] grade; rank; rate; hospital or medical facility)

EPW [redacted] b(6)-4

IOM3

POST-TRANSFUSION DATA

AMOUNT GIVEN 277 ML

TIME/DATE COMPLETED/INTERRUPTED 2245 | 29 Aug 03

REACTION ☒ NONE ☐ SUSPECTED

TEMPERATURE 97.9 PULSE 65 BLOOD PRESSURE 123/53

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

☐ URTICARIA ☐ CHILL ☐ FEVER ☐ PAIN

☐ OTHER *(Specify)* NONE

OTHER DIFFICULTIES *(Equipment, clots, etc)*

☒ NO ☐ YES *(Specify)* [redacted] b(6)-2

SEX M WARD ICU3

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR. FIRMR (41 CFR) 201-9.202-1

MEDCOM - 18195

Medical Record Copy

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [X] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)*: 1 UNIT ML

REMARKS: b(6)-4

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [X] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED: 29 Aug 03

DATE AND HOUR REQUIRED:

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*: [redacted]

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)*: [redacted]

DIAGNOSIS OR OPERATIVE PROC: GSW

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

DATE VERIFIED: 29 Aug 03

TIME VERIFIED: 1610

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR	RECIPIENT
ABO: O	ABO: O
Rh: POS	Rh: POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [X] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 29 Aug 03

REMARKS: Exp 08Sep03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: [redacted]

AT *(Hour)*: 0830 ON *(Date)*: 30 Aug 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the [redacted] recipient matches item by item. The recipient is the same person named [redacted] mponent Transfusion Form and on the [redacted]

[redacted] b(6)-2

TEMP. b(6)-2 PULSE 103 BP 103/42

DATE OF TRANSFUSION: 30 Aug 03

TIME STARTED: 0844

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; hospital or [redacted]

b(6)-4

POST-TRANSFUSION DATA

AMOUNT GIVEN: 450 ML

TIME/DATE COMPLETED/INTERRUPTED: 0923 30 Aug 03

REACTION

- [X] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
98.7	97	111/48

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [X] NO
- [ ] YES *(Specify)*

b(6)-2

SIGNATURE: [redacted]

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR. FIRMR (41 CFR) 201-9.202-1

MEDCOM - 18196

Medical Record Copy

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [X] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)*: 1 UNIT ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [X] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED: 29 Aug 03

DATE AND HOUR REQUIRED:

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*: [redacted] 1LT/AN

IF PATIENT IS FEMALE. IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)*: [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE: GSW J

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

DATE VERIFIED: 29 Aug 03

TIME VERIFIED: 1810

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: [redacted]

TRANSFUSION NO.:

PATIENT NO.:

DONOR: ABO O, Rh POS

RECIPIENT: ABO O, Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [X] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 29 Aug 03

REMARKS: Exp 08Sep03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: [redacted] b(6)-2

AT *(Hour)*: 0945 ON *(Date)*: 30 Aug 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and [redacted] identification tag. b(6)-2 CPT/AN

[redacted]

SFUSION: 98.7 PULSE: 93 b(6)-2 BP: 121/54

DATE OF TRANSFUSION: 30 Aug 03

TIME STARTED: 0945

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, [redacted] or medical facility)

[redacted] b(6)-4

POST-TRANSFUSION DATA

AMOUNT GIVEN: 450 ML

TIME/DATE COMPLETED/INTERRUPTED: 1030 30 Aug 3

REACTION: [X] NONE [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
98.2	92	118/53

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [X] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [X] NO
- [ ] YES *(Specify)*

SI[redacted]OTING ABOVE b(6)-2

SEX [redacted] ARD EMT

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 18197

Medical Record Copy

ACLU-RDI 1645 p.157

DOD-031771

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*
- ☐ RED BLOOD CELLS
- ☒ FRESH FROZEN PLASMA
- ☐ PLATELETS *(Pool of _____ units)*
- ☐ CRYOPRECIPITATE *(Pool of _____ units)*
- ☐ Rh IMMUNE GLOBULIN
- ☐ OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)*
_____ ML

REMARKS:
2 Units

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- ☐ TYPE AND SCREEN
- ☒ CROSSMATCH

DATE REQUESTED 30 Aug 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:
RhIG TREATMENT? DATE GIVEN: _____
HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE
GSW chest

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER [redacted] b(6)-2

RIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH

PREVIOUS RECORD CHECK:
☒ RECORD ☐ NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted] b(6)-2

DONOR	RECIPIENT
ABO A	ABO O
Rh POS	Rh POS

☒ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Aug 03

REMARKS:
Exp: 31 Aug 03 @ 0900

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted] b(6)-2

AT *(Hour)* [redacted] ON [redacted] 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER *(Signature)* [redacted] b(6)-2 LCT RN

b(6)-2 spl/mv

TEMP. 97.4 | 98 | BP 120/57

DATE OF TRANSFUSION 30 Aug 03

TIME STARTED 1145

POST-TRANSFUSION DATA

AMOUNT GIVEN 2 Units ML

TIME/DATE COMPLETED/INTERRUPTED 1155 30 Aug 3

REACTION ☒ NONE ☐ SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
96.3	84	114/57

If reaction is suspected—IMMEDIATELY:
1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION
☐ URTICARIA ☐ CHILL ☐ FEVER ☐ PAIN
☐ OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*
☒ NO ☐ YES *(Specify)*

SIG[redacted] PERSON NOTING ABOVE [redacted] b(6)-2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rate; hospital or medical facility)

WARD ICU 3

EPW [redacted] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION
Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 18198

Medical Record Copy

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- ☐ RED BLOOD CELLS
- ☒ FRESH FROZEN PLASMA
- ☐ PLATELETS *(Pool of _____ units)*
- ☐ CRYOPRECIPITATE *(Pool of _____ units)*
- ☐ Rh IMMUNE GLOBULIN
- ☐ OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)*

_____ ML

REMARKS:

258 ml

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- ☐ TYPE AND SCREEN
- ☒ CROSSMATCH

DATE REQUESTED: 30 Aug 03

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted] b(6)-2

GSW Chest

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER [redacted] b(6)-2

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION	
ANTIBODY SCREEN	CROSSMATCH

PREVIOUS RECORD CHECK:

☒ RECORD ☐ NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

DONOR	RECIPIENT
ABO A	ABO O
Rh pos	Rh pos

☒ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED — DATE 30 Aug 03

REMARKS:

LTF: 31 Aug @ 0900

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted] b(6)-2

AT *(Hour)* ON *(Date)*

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER *(Signature)* [redacted] CTRN b(6)-2

TEMP. 97.4 PULSE 86 BP 114/54 b(6)-2

DATE OF TRANSFUSION 30 Aug 03

TIME STARTED 1130

POST-TRANSFUSION DATA

AMOUNT GIVEN 258 ML

TIME/DATE COMPLETED/INTERRUPTED 1140 30 Aug 03

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
☒ NONE ☐ SUSPECTED	97.4	85	117/55

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

☐ URTICARIA ☐ CHILL ☐ FEVER ☐ PAIN

☐ OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

☒ NO ☐ YES *(Specify)* b(6)-2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)

[redacted] SPT RN

SEX

WARD ICU3

TPN [redacted] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 18199

Medical Record Copy

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- ☐ RED BLOOD CELLS
- ☒ FRESH FROZEN PLASMA
- ☐ PLATELETS *(Pool of _____ units)*
- ☐ CRYOPRECIPITATE *(Pool of _____ units)*
- ☐ Rh IMMUNE GLOBULIN
- ☐ OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)*

_____ ML

REMARKS:

305 ml

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- ☐ TYPE AND SCREEN
- ☒ CROSSMATCH

DATE REQUESTED: 30 Aug 03

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)*

[redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE

GSW chest

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER

[redacted] b(6)-2

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION	
ANTIBODY SCREEN	CROSSMATCH

PREVIOUS RECORD CHECK:

☒ RECORD ☐ NO RECORD

SIGNATURE OF PERSON PERFORMING TEST

[redacted] b(6)-2

DONOR

ABO A

Rh POS

RECIPIENT

ABO O

Rh POS

☒ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Aug 03

REMARKS:

EXP: 31 Aug 03 @ 0500

(rapid transfusion).

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY (Signature)

[redacted] b(6)-2

AT (Hour) 1200 ON (Date) 30 Aug 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The [redacted] the same person named on this Blood Component Transfusion Form and [redacted] ification tag.

[redacted] ture) b(6)-2

2nd [redacted] gnature) b(6)-2

PRE[redacted]

TEMP: [redacted] 94 BP 87/47

DATE OF TRANSFUSION: 30 Aug 03

TIME STARTED: 1215

POST-TRANSFUSION DATA

AMOUNT GIVEN	TIME/DATE COMPLETED/INTERRUPTED		
305 ML	1220 30 Aug 03		
REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
☒ NONE ☐ SUSPECTED	97.5	95	87/47

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

☐ URTICARIA ☐ CHILL ☐ FEVER ☐ PAIN

☐ OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

☐ [redacted] *(Specify)*

[redacted] b(6)-2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)

SEX [redacted] WARD ICU 3

EPW [redacted] b(6)-2

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 18200

Medical Record Copy

518–124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*
- ☐ RED BLOOD CELLS
- ☒ FRESH FROZEN PLASMA
- ☐ PLATELETS *(Pool of _____ units)*
- ☐ CRYOPRECIPITATE *(Pool of _____ units)*
- ☐ Rh IMMUNE GLOBULIN
- ☐ OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)*: _____ ML

REMARKS: 287 ml

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- ☐ TYPE AND SCREEN
- ☒ CROSSMATCH

DATE REQUESTED: 30 Aug 03

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:
RhIG TREATMENT? DATE GIVEN: _____
HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)*: [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: GSW chest

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER: [redacted] b(6)-2

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR: ABO A; Rh pos

RECIPIENT: ABO O; Rh pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH

PREVIOUS RECORD CHECK:
- ☒ RECORD
- ☐ NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted] b(6)-2

☒ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED — DATE 30 Aug 03

REMARKS: EXP: 31 Aug 03 @ 0900

SECTION III – RECORD OF TRANSFUSION

(rapid transfusion)

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: [redacted] b(6)-2

ON *(Date)*: 30 Aug 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The same person named on this Blood Component Transfusion Form and identification tag.

[redacted] b(6)-2

2nd VERIFIER *(Signature)*: [redacted] b(6)-2

PRE-TRANSFUSION
TEMP. 97.1 PULSE [redacted] BP 87/47

DATE OF TRANSFUSION: 30 Aug 03

TIME STARTED: 1220

POST-TRANSFUSION DATA

AMOUNT GIVEN: 287 ML

TIME/DATE COMPLETED/INTERRUPTED: 1227 30 Aug 3

REACTION ☐ NONE ☐ SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
97.5	94	87/47

If reaction is suspected—IMMEDIATELY:
1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION
- ☐ URTICARIA ☐ CHILL ☐ FEVER ☐ PAIN
- ☐ OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*: [redacted] b(6)-2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)

SEX [redacted]

WARD ICU 3

EPW [redacted] b(6)-2

BLOOD OR BLOOD COMPONENT TRANSFUSION
Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 18201

Medical Record Copy

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [X] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)*

1 u ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED: 30 Aug 03

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)*: [redacted] b(6)-2

GSW Chest

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER: [redacted] b(6)-2

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR: ABO O; Rh pos

RECIPIENT: ABO O; Rh pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: Exp: 9 Sep 03

PREVIOUS RECORD CHECK: [X] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted] b(6)-2

DATE 30 Aug 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: [redacted]

[redacted] 30 Aug 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and [redacted] b(6)-2 MD

[redacted] b(6)-2

PRE-T[redacted]

TEMP[redacted] | PULSE 91 | BP 97/57

DATE OF TRANSFUSION: 30 AUG 03

TIME STARTED: 1715 HRS

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle initial; grade; hospital or medical facility)

EPW [redacted] b(6)-4

POST-TRANSFUSION DATA

AMOUNT GIVEN: all ML

TIME/DATE COMPLETED/INTERRUPTED: 1730 30 AUG 03

REACTION: [X] NONE [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
35.1	97	110/75

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

[ ] URTICARIA [X] CHILL [ ] FEVER [ ] PAIN

[ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)* b(6)-2

[redacted] MD

[redacted] 03

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 18202

Medical Record Copy

518–124 NSN 7540–00–634–4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*
- [X] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED 30 Aug 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE GSW Chest

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER [redacted] b(6)-2

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR
ABO O
Rh pos

RECIPIENT
ABO O
Rh pos

TEST INTERPRETATION
ANTIBODY SCREEN
CROSSMATCH Comp

PREVIOUS RECORD CHECK:
- [X] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted] b(6)-2

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Aug 03

REMARKS: Exp: 9 Sep 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted] b(6)-2

on (Date) 30 Aug 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

[redacted] b(6)-2

[redacted] b(6)-2

PRE

TEMP PULSE 96 b(6)-2 BP 116/77

DATE OF TRANSFUSION 30 AUG 03

TIME STARTED 1736

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, rate; hospital or medical facility)

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 UNIT ML

TIME/DATE COMPLETED/INTERRUPTED 1750 30 AUG 03

REACTION
- [X] NONE
- [ ] SUSPECTED

TEMPERATURE 35.0

PULSE 88

BLOOD PRESSURE 97/65

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION
- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

[redacted] b(6)-2

S *(Equipment, clots, etc.)*

YES *(Specify)*

RSON NOTING ABOVE

CPT, AMC, CAMT

SEX M

WARD ICU 3

EPW [redacted] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION
Medical Record

STANDARD FORM 518 (REV. 9–92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201–9.202–1

MEDCOM - 18203

Medical Record Copy

518–124 NSN 7540–00–634–4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*
- [X] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)*: 1U ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED: 9.4.03

DATE AND HOUR REQUIRED: 9.4.03 ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)*: Dr. [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: S/P Exlap r/t GSW

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER: [redacted] b(6)-2

9.4.03

TIME VERIFIED: 1030

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO. b(6)-4 [redacted]

DONOR	RECIPIENT
ABO O	ABO O
Rh Neg	Rh pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

PREVIOUS RECORD CHECK:
- [X] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted] b(6)-2

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 4 Sep 03

REMARKS: Exp 04 Sep 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: [redacted] b(6)-2

AT *(Hour)*: [redacted]

ON *(Date)*: 4 Sep 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st V[redacted] b(6)-2 ICTAN

[redacted] b(6)-2

PRE-T[redacted]

TEMP[redacted] PULSE 108 BP 123/67

DATE OF TRANSFUSION: 9.4.03

TIME STARTED: 1105

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, rate; hospital or medical facility)

EPW [redacted] b(6)-4

POST-TRANSFUSION DATA

AMOUNT GIVEN: 350 ML

TIME/DATE COMPLETED/INTERRUPTED: 1245/9.4.03

REACTION
- [X] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
100.3	124	133/76

If reaction is suspected—IMMEDIATELY:
1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION
- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*
- [X] NO
- [ ] YES *(Specify)*

SIG[redacted] OTING ABOVE ICTAN

b(6)-2

SEX: M

WARD: ICU 3

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9–92)
Prescribed by GSA/ICMR. FIRMR (41 CFR) 201–9.202–1

MEDCOM - 18204

Medical Record Copy

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*
- [X] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of ____ units)*
- [ ] CRYOPRECIPITATE *(Pool of ____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* ____

VOLUME REQUESTED *(If applicable)*: 1U ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED: 9.4.03

DATE AND HOUR REQUIRED: 9.4.03 1500

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN *(Print)*: Dr. [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: SP Esclap K/t GSW

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER: [redacted] b(6)-2

DATE: 9.4.03

TIME VERIFIED: 1000

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: [redacted]

TRANSFUSION NO.:

PATIENT NO.: [redacted]

DONOR	RECIPIENT b(6)-4
ABO O	ABO O
Rh pos	Rh pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

PREVIOUS RECORD CHECK: [X] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted] b(6)-2

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 4 Sep 03

REMARKS: Exp 4 Sep 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: [redacted] b(6)-2

AT *(Hour)*: 1216 ON *(Date)*: 4 Sep 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Tr[redacted]ion Form and on the patient identification tag.

1st VERIFIE[redacted]ture) b(6)-2

2n[redacted]

[redacted] LT AN

PRE-TR[redacted] b(6)-2

TEMP. [redacted] BP 158/69

DATE O[redacted] ME STARTED 1248

PATIENT IDENTIFICATION - USE EMBOSSER *(For typed or written entries give NAME - Last, first, middle; rank/rate; hospital number and name of facility.)*

EPW [redacted] b(6)-4

2

11.3

X8

584

POST-TRANSFUSION DATA

AMOUNT GIVEN	TIME DATE COMPLETED	INTERRUPTED
380 ML	1355 / 9 4 03	

REACTION [X] NONE [ ] SUSPECTED VS: 99, 130, 122/67

If reaction is suspected – IMMEDIATELY:
1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION
- [ ] URTICARIA [ ] CHILL [ ] FEVER [ ] PAIN
- [ ] OTHER ____

OTHER DIFFICULTIES *(Equipment, clots, etc.)*
- [X] NO [ ] YES *(Specify)* ____

[redacted] ON NOTING ABOVE: CTRW

[redacted] b(6)-2

SEX: M WARD: IW3

BLOOD OR BLOOD COMPONENT TRANSFUSION
STANDARD FORM 518 (REV. 8-86)
General Services Administration
Interagency Committee on Medical Records
FIRMR (41CFR) 201-45.505
518-122

MEDCOM - 18205

MEDICAL RECORD COPY

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*
- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 1 unit ML

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED ASAP

DATE AND HOUR REQUIRED 1000

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* DR [redacted] b(6)-2

DIAGNOSIS S/P GSW

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE [redacted] b(6)-2 RN

TIME VERIFIED 15 Sep 03 0906

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
	Comp

PREVIOUS RECORD CHECK:
- [x] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted] b(6)-2

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 15 Sep 03

REMARKS: EDD: 22 Sep 03

DONOR	RECIPIENT
ABO O	ABO O
Rh POS	Rh POS

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted] b(6)-2

AT *(Hour)* 1036 ON *(Date)* 15 Sep 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st [redacted] b(6)-2 RN

2 [redacted] (LT/AN

PRE [redacted] b(6)-2 BP 133/63

TEMP. 100 [redacted]

DATE OF TRAN [redacted] E STARTED 15 Sep 03 1045

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—[redacted] rate; hospital or medical facility)

RPW [redacted] b(6)-4

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 unit ML

TIME/DATE COMPLETED/INTERRUPTED 15 Sep 03 1045

REACTION
- [x] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
99.2	96	154/83

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION
- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*
- [x] NO
- [ ] YES *(Specify)*

[redacted] b(6)-2 RN

SEX M WARD 7W3

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 18206

Medical Record Copy

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

b(6)-2

COMPONENT REQUESTED *(Check one)*

- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 1 unit ML

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 15 JAN 03

DATE AND HOUR REQUIRED 1000

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN [redacted]

DIAGNOSIS S/P GSW

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

b(6)-2

SIGNATURE OF VERIFIER [redacted]

DATE VERIFIED 15 JAN 03

TIME VERIFIED 0906

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.	TRANSFUSION NO. / PATIENT NO.	TEST INTERPRETATION: ANTIBODY SCREEN	TEST INTERPRETATION: CROSSMATCH	PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD; SIGNATURE OF PERSON PERFORMING TEST
DONOR: ABO / Rh	RECIPIENT: ABO / Rh			

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED — DATE

REMARKS:

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*

AT *(Hour)* | ON *(Date)*

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER *(Signature)*

2nd VERIFIER *(Signature)*

PRE-TRANSFUSION

TEMP. | PULSE | BP

DATE OF TRANSFUSION | TIME STARTED

POST-TRANSFUSION DATA

AMOUNT GIVEN ML	TIME/DATE COMPLETED/INTERRUPTED		
REACTION [ ] NONE [ ] SUSPECTED	TEMPERATURE	PULSE	BLOOD PRESSURE

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

[ ] URTICARIA [ ] CHILL [ ] FEVER [ ] PAIN

[ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

[ ] NO [ ] YES *(Specify)*

SIGNATURE OF PERSON NOTING ABOVE

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)

[redacted] b(6)-4

SEX | WARD

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 18207

Medical Record Copy

518–124 NSN 7540–00–634–4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*
- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 1 unit ML

REMARKS: b(6)-4

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 15 SEP 03

DATE AND HOUR REQUIRED 1000

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted] b(6)-2

DIAGNOSIS S/P GSW

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct. b(6)-2

[redacted] 15 SEP 03

TIME VERIFIED 0906

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted] b(6)-4

TRANSFUSION NO.

PATIENT NO.

DONOR
ABO O
Rh POS

RECIPIENT
ABO O
Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
	Comp

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

PREVIOUS RECORD CHECK:
- [x] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted] b(6)-2

DATE 15 SEP 03

REMARKS: Exp: 22 SEP 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted] b(6)-2

AT *(Hour)* 1321 ON *(Date)* 15 SEP 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st [redacted] b(6)-2

[redacted] b(6)-2

TEMP. 99 PULSE 99 BP 159/85

DATE OF TRANSFUSION 15 SEP 03 TIME STARTED 1430

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, First, Middle Initial; Rank or Grade; Service Number; Organization; hospital or medical facility)

[redacted] b(6)-4

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 unit ML

TIME/DATE COMPLETED/INTERRUPTED 15 SEP 03 / 1350

REACTION
- [x] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
99	104	160/99

If reaction is suspected—IMMEDIATELY:
1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION
- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [x] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*
- [x] NO
- [ ] YES *(Specify)*

[redacted] b(6)-2

BLOOD OR BLOOD COMPONENT TRANSFUSION
Medical Record

STANDARD FORM 518 (REV. 9–92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201–9.202–1

MEDCOM - 18208

Medical Record Copy

NSN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
Portable CXR	M		EPW [redacted] b(6)-4	ICU 3	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print)				TELEPHONE/PAGE NO.
	[redacted] QUESTOR b(6)-2				DATE REQUESTED 30 AUG 03

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

Chest tube placement

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

RADIOLOGIC REPORT

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*	LOCATION OF MEDICAL RECORDS
EPW# [redacted] b(6)-4	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

MEDCOM - 18209 LTATION IRT

1 — MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.8C6-8

NSN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE / SEX / SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
CXR - portable EPW [redacted] b(6)-4	EPW [redacted] b(6)-4	ICU3	
	FILM NO.		PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print) [redacted] b(6)-2		TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR [redacted] b(6)-2		DATE REQUESTED 31AUG03

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

CT x2 in place (R) lat chest
assess lung j. ETT placement

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

RADIOLOGIC REPORT

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*	LOCATION OF MEDICAL RECORDS
[redacted] b(6)-4 ICU #3	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

MEDCOM - 18210 LTATION RT

1 — MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

NSN 7540-01-165-7284 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED: Portable CXR

AGE: / SEX: M SSN (Sponsor): EPW [redacted] b(6)-4 WARD/CLINIC: ICU3 REGISTER NO.: —

FILM NO.: PREGNANT: ☐ YES ☒ NO

REQUESTED BY (Print): [redacted] b(6)-2 TELEPHONE/PAGE NO.: —

DATE REQUESTED: 1 Sep 03

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*: CT x 2 (R) chest [redacted] b(6)-2

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

RADIOLOGIC REPORT

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*: EPW [redacted] b(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

MEDCOM - 18211 TATION T

1 — MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

All b(6)-4

NSN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE / SEX / SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
~~Chest X-Ray + KUB~~ EPW [redacted]	EPW [redacted]	TC43	
	FILM NO.		PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)*		TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR		DATE REQUESTED

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

Part. T-spine PA.
s/p trauma to t-spine

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

RADIOLOGIC REPORT

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*	LOCATION OF MEDICAL RECORDS
EPW [redacted]	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

MEDCOM - 18212 TATION IT

1 — MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

NSN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
Chest Xray	28	M	EPW [redacted] b(6)-4	ICU 3	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY DR [redacted] b(6)-2				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR [redacted] b(6)-2 for DR [redacted] b(6)-2				DATE REQUESTED 9/3/03

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

am follow up

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

RADIOLOGIC REPORT

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

[redacted] (EPW)

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

MEDCOM - 18213 TATION IT

1 — MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

NSN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED

CXR

AGE | SEX | SSN *(Sponsor)* | WARD/CLINIC: 1CW3 | REGISTER NO.

FILM NO. | PREGNANT ☐ YES ☐ NO

REQUESTED BY (Print): [redacted] b(6)-2 | TELEPHONE/PAGE NO.

S[redacted] | DATE REQUESTED: 13 Sep 03

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

F/U.

b(6)-2

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

RADIOLOGIC REPORT

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

EPW[redacted]

b(6)-2

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

MEDCOM - 18214 TATION IT

1 — MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

NSN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN *(Sponsor)*	WARD/CLINIC	REGISTER NO.
CXRAY (portable)				4W3	
	FILM NO.				PREGNANT ☐ YES ☒ NO
	REQUESTED BY *(Print)* Dr [redacted]				TELEPHONE/PAGE NO.
	SIGNATURE [redacted] b(6)-2				DATE REQUESTED 9.13.03

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

R/O pneumothorax. b(6)-2

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

RADIOLOGIC REPORT

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*	LOCATION OF MEDICAL RECORDS
EPW [redacted] b(6)-4	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

MEDCOM - 18215 ATION T

1 — MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

SN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
Nutrition Consult		M	EPW [redacted] b(6)-4	ICU2	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUE		[redacted] b(6)-2		TELEPHONE/PAGE NO.
	SIGNA		[redacted] b(6)-2		DATE REQUESTED 21Oct03

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

(1) Stg IV Decub
(2) Poor appetite c VE WEAKNESS + DRY SKIN
(3) ordered by MD - @

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

RADIOLOGIC REPORT

S: Pt appears thin c decubitus ulcers, poorly healing wounds. Hx of poor appetite, refusing to eat. Per nsg, pt currently eating approx. 1/3 tray + 1 ensure per meal. Pt seems to prefer bread, pasta, bland foods.

O: 35 yo M s/p GSW, decubitus ulcer debridement; paraplegia current diet order: Reg c Ensure. No labs available. Wt: 80 kg (anesthesia record) Ht: est 5'10" (per nsg)

A: Pt at moderate - high nutrition risk 2° poor po intake/appetite as evidenced by decubitus + poorly healing wounds. Questionable height + weight measurements. DBW according to ?Ht: 166-183 (HANWI). ENN: 2400-2800 kcal/day (30-35 kcal/kg) + 112-120g Pro/day (1.4-1.5 g/kg)

P/R: ① Provide pt c Ensure Plus (2/meal), experiment c pt's preferred flavors to Ensure Plus provide 2100 kcals + 78g Pro.

② Recommend lab draw for albumin, Hgb, Hct.

③ Recommend getting accurate ht + wt to better assess nutrition status and track ht/wt Δ.

④ Will recommend TF if pt unable to consume to Ensure Plus + 1/3 tray per day 2° prolonged poor po intake.

[redacted] RD/LD
CPT, SP
b(6)-2

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*	LOCATION OF MEDICAL RECORDS
EPW [redacted] b(6)-4	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

MEDCOM - 18216 [illegible]ATION
[illegible]T
1 — MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

MEDICAL RECORD - DOCTOR'S OR.

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

ORDER NUMBER	DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS	ORDER NOTED TIME & INITIALS	COMPLETED TIME & INITIALS
	POST ANESTHESIA ORDERS (circled Items)		
1	VS q 5 min X 15 min, then q 15 min until discharge.		
2	Supplemental oxygen. SATS > 90 %		
3	Morphine / Meperidine 2 mg IV now and 2 mg q 3-5 min prn pain for a max dose of 10 mg.		
4	Zofran____mg IV prn N/V q 15 min, may repeat x ____.		
5	Metoclopramide____mg IV prn N/V x 1.		
6	Droperidol____mg IV prn N/V x 1.		
7	Phenergan____mg IV prn N/V x 1.		
8	Benadryl 25-50mg IVP q1 hr prn, itching while in PACU.		
9	IVF:_____@_____cc/hr.		
10	Discharge from recovery status when PACU discharge criteria met.		
	[redacted] b(6)-2 4 Oct 03 1615		

PATIENT IDENTIFICATION

[redacted] b(6)-4

1 CW 1

Complete the following information on page 1 only. Note any changes on subsequent pages.

Diagnosis: _____

Height: N/A Weight: _____ Diet: _____

Allergies: N/A

Nursing Unit	Room No.	Bed No.	Page No.
PACU [redacted]	b(2)-2		1 of 1

MEDCOM FORM 688-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE MC V1.00

MEDCOM - 18217

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION [redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 29 Aug 03 TIME OF ORDER 1640 HOURS

1- ADMIT TO ICU
2- NPO
3- VS q 1° b(6)-2
4- I/O q 1°
5- BED REST - LOG ROLL - MAINTAIN C-SPINE SPINE PRECAUTIONS
6- Delay TO GRAVITY

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

7 NG TO LOW, INT SUCTION
8- CT TO 20cm H2O SUCTION
9- Propofol 30 mg/kg/min TITRATE TO SEDATION
10- FENTANYL 50 µg/hr TITRATE FOR ADEQUATE PAIN CONTROL
11- ZANTAC 50 mg IVPB q 8°

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. E | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

12- CBC, Chem 7, PT/PTT & ABG q 4°
13- call FOR HR >110 SBP <90 >140 RR >30 TEMP > b(6)-2
14- T-SPINE PA

PATIENT IDENTIFICATION [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 29 Aug 03 TIME OF ORDER HOURS

1- Cont 4U FFP
2- ~~Give~~ ✓ CBC & ~~chem~~ PT & PTT TRANSFUSION

24 hr cc Done 29 Aug 03 @ 2100 hrs [redacted] b(6)-2

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

MEDCOM - 18218

b(6)-2 [redacted]

CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD DAT… …E AND SIGN EACH SET OF ORDERS. IF … …M ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM … …ER IN COLUMN INDICATED BY ARROW BE…

PATIENT IDENTIFICATION	↓	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# [redacted] b(6)-4		30 AUG 03	1605 HOURS	
	(1)	Type and Cross for Two additional units pRBCs and 4 U of FFP.		
		[redacted] MD		
		b(6)-2		
NURSING UNIT / ROOM NO. / BED NO.				

PATIENT IDENTIFICATION		DATE OF ORDER	TIME OF ORDER	
			HOURS	
NURSING UNIT / ROOM NO. / BED NO.				

PATIENT IDENTIFICATION		DATE OF ORDER	TIME OF ORDER	
			HOURS	
NURSING UNIT / ROOM NO. / BED NO.				

PATIENT IDENTIFICATION		DATE OF ORDER	TIME OF ORDER	
			HOURS	
NURSING UNIT / ROOM NO. / BED NO.				

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

MEDCOM - 18219

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

b(6)-2

PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
30 Aug 03	0111 HOURS	
1 - 4u FFP		✓
2 - 2u PRBCs		✓
3 - Vent PIO2 45% Resp 5 TV 650cc RR 16		
4 - ✓ ABG in 30 minutes		✓
5 - ✓ CBC + PT/PTT ∅ transfusion		
6. Vit K 10mg SQ. x 1 now		

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	
30 Aug 03	0400 HOURS	
① CXR ∅ AM.		
V.O. [redacted]		

b(6)-2

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	
30 Aug 03	1800 HOURS	
① LR 500 cc bolus ∅ PRN [redacted]		
b(6)-2		

b(6)-2

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	
30 Aug 03	HOURS	
1 - STAT PA & Lat CXR		✓
2 - 2L LR Bolus		✓
3 - CBC, PT/PTT/ABG & Chem 7		
4 - Dopamine 5 mg/kg/min		✓
V.O. Reg [redacted]		

b(6)-2

b(6)-2

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

24 hr cc Done 30 Aug 03 @ 2240 hrs [redacted]

b(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 30AUG03 TIME OF ORDER: 1800 HOURS

LIST TIME ORDER NOTED AND SIGN: noted 30Aug03 @ 1950 [redacted] b(6)-2

1- ADMIT TO ICU.
2- NPO
3- VS q1°
4- LR @ 100cc/hr
5- CT TO 20 cm H_2O SUCTION
6- Foley TO GRAVITY
7- CHART JP DRAINAGE q SHIFT

PATIENT IDENTIFICATION

EPW #[redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

8- NG TO LOW INT SUCTION
9- VENT: FIO_2 50% RR 22 TV 500 PEEP 7 SIMV
10- ✓ ABG, CBC, CHEM 7 & PT/PTT now & q A.M
11- Versed 2mg/hr TITRATE
12- FENTANYL 100 mcg/hr TITRATE

PATIENT IDENTIFICATION

EPW #[redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

13- ZANTAC 50mg IVPB q8°
14- VECURONIUM 4mg/hr
15- ATROVENT/ALB NEBS q6°
16- PORT CXR STAT & q A.M [redacted]

✓ check chart 1650/31Aug03 [redacted] b(6)-2

24 hr cc Done 30Aug03 @ 2245 hrs [redacted]

PATIENT IDENTIFICATION

EPW #[redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 1Sep03 TIME OF ORDER: [redacted] HOURS

1- D5 ½ NS c 20KCl @ 125cc/hr
2- Jevity 100cc q6° hr
b(6)-2

b(6)-2

(1) V/O per Dr. [illegible] check residual [redacted]
hold Jevity if residual > 100cc
(2) ↑ Peep to 7 if ABG PO_2 < 65 and/or SpO2 [redacted]

b(6)-2

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

MEDCOM - 18221

CLINICAL RECORD - DOCTOR'S ORDERS

For [illegible] of this form, see AR 40-66, the proponent ager[illegible] OTSG

THE DOCTOR SHALL RECORD DAT[illegible] AND SIGN EACH SET OF ORDERS. IF [illegible]EM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM N[illegible]BER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

EPW [redacted] b(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
3 Sep 03			
1- STOP [illegible]			
2 - Hold [illegible]			
3 - C[illegible] TO [illegible]			

[redacted] b(6)-2

PATIENT IDENTIFICATION

EPW [redacted] b(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	HOURS
1 Sep 03	1400	
Restart [illegible]		
V.O. Dr [redacted]		
Noted [redacted] 1530 3 Sep 03		

b(6)-2 [redacted] b(6)-2 [redacted] b(6)-2 [redacted] b(6)-2

PATIENT IDENTIFICATION

EPW [redacted] b(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	HOURS
3 Sep 03	0001	
(1) Start propofol [illegible]		
sedation		
V.O. [redacted] / [redacted]		

b(6)-2 [redacted] b(6)-2 [redacted] b(6)-2 [redacted] b(6)-2

PATIENT IDENTIFICATION

EPW [redacted] b(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	HOURS
3 Sep 03		
Lunesta 3gm PUDB 7 PM First dose) NOW		
2 - Restart propofol - done		
3 - Keep TF goal - Restart as [illegible] for > 150		
4- UA & C		
5- Blood C & sputum C		

[redacted] b(6)-2 [redacted] b(6)-2 [redacted] b(6)-2

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

24 hr cc Dore + Sep 03 @ 0000 hrs

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
03Sep03	____ HOURS	
1 – ONR – NO CHEST compressions		
No VASOACTIVE DRUGS		
[redacted]		b(6)-2

PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	
3 Sept 03	0900 HOURS	
(1) DC Unasyn – done.		
(2) Cpm 400mg NPB q12° 1400 | 1000		
(3) Zosyn 3.375g IVPB q6° |		
(4) 7 PEEP-10 Wean FiO_2 for sats > 92%		b(6)-2
[redacted]		b(6)-2

PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	
____ HOURS		
IVTS 3 Sep 03		
T.O. (1) LR 1 Liter bolus #1 Now		
[redacted]		b(6)-2
[redacted]		b(6)-2

PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	
____ HOURS		
3 Sep 03 1525		
T.O.:		
(1) LR BOLUS #1 – done		
(2) ALBUM 25g 1 ON #1 ONLY		[redacted] b(6)-2
(3) TRANS DUCE CVP		[redacted] b(6)-2
[redacted]		b(6)-2

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

24 hrs above 4 Sep 03 @ 0000 hrs

[redacted] b(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD DATE AND SIGN EACH SET OF ORDERS. IF P M ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM R IN COLUMN INDICATED BY ARROW BE.

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER HOURS	LIST TIME ORDER NOTED AND SIGN
[redacted] b(6)-4	T.U. 3 Sep 03	17hrs	
	① Lasix 20mg x 1 now		
	② Dopamine @ 3c /h		
	DR [redacted] b(6)-2		b(6)-2

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER HOURS	
EPW [redacted] b(6)-4	3 Sep 03	2230	
	① Heparin 500 cc x 1 now		
	② LR 1 L bolus x 1 now		
	③ D5 1/2 NS + 20 KCL @ 150 cc/hr		
	V.O. Dr [redacted] KPT [redacted] b(6)-2		
	b(6)-2 b(6)-2		
	2 + hr cc Dore + Sep 03 @ 0000 hrs [redacted]		

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER HOURS	
EPW [redacted] b(6)-4	4 Sep 03	0600	
	① Lasix 80 mg IVP now		
	V.O. Dr [redacted] CPT [redacted] b(6)-2 b(6)-2		
	b(6)-2		

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER HOURS	
[redacted] b(6)-4	4 Sep	0740	0745
	① Per Dr. [redacted] V/O 1000cc LR bolus. order given to Cpt [redacted]		b(6)-2
			b(6)-2

NURSING UNIT	ROOM NO.	BED NO.

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

CLINICAL RECORD - DOCTOR'S ORDERS

For [illegible] of this form, see AR 40-66, the proponent agen[illegible] OTSG

THE DOCTOR SHALL RECORD DAT[illegible] AND SIGN EACH SET OF ORDERS. IF P[illegible]M ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM N[illegible]BER IN COLUMN INDICATED BY ARROW BEL[illegible]

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

NURSING UNIT: ICU3 | ROOM NO.: | BED NO.:

DATE OF ORDER: 4 Sep 03 | TIME OF ORDER: 0930 HOURS | LIST TIME ORDER NOTED AND SIGN: 0930 [redacted] b(6)-2

- ✓ 1- Transfuse 2u PRBC
- ✓ 2- Start Vanc [illegible] IVPB bid first dose now
- ✓ 3- DC Zinac
- ✓ 4- [illegible] Heparin
- ✓ 5- ✓ ABG, CBC, [illegible] 7 [redacted]
- ✓ 6- [illegible]
- ✓ 7- [illegible] q 8

b(6)-2

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

NURSING UNIT: ICU 3 | ROOM NO.: 240 | BED NO.:

DATE OF ORDER: | TIME OF ORDER: HOURS

1. Per V/O Dr. [redacted] [illegible] D/C [redacted]
2. Per V/O Dr. [redacted] NG [illegible]

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

Chart ✓ 5 Sept 03

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

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

DATE OF ORDER: 5 Sep 03 | TIME OF ORDER: HOURS

1. Fentanyl 25 [illegible]/hr - [illegible]
2- IV to 50 cc/hr - [illegible]
3- TF [illegible] 100cc q 4° [redacted]
4- PEEP to 8

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

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

NURSING UNIT: 240 Chart ✓ | ROOM NO.: | BED NO.: [redacted]

DATE OF ORDER: 5 Sep 03 | TIME OF [redacted] HOURS

[illegible] DNR [illegible] Supervisor [illegible]
NO chest compression/ [redacted] [illegible] [redacted]

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

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

b(6)-2

MEDCOM - 18225

ACLU-RDI 1645 p.185

DOD-031799

CLINICAL RECORD - DOCTOR'S ORDERS

For [illegible] f this form, see AR 40-66, the proponent agenc[illegible] OTSG

THE DOCTOR SHALL RECORD DATE AND SIGN EACH SET OF ORDERS. IF P[illegible] ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM N[illegible]ER IN COLUMN INDICATED BY ARROW BEL[illegible]

PATIENT IDENTIFICATION	↓	DATE OF ORDER / TIME OF ORDER ___ HOURS	LIST TIME ORDER NOTED AND SIGN
# [redacted] b(6)-4		06Sep03 0730:	
		1- IVF ↑ to 100 cc/hr	
		2- Δ IVF to D5NS with 20 KCl.	b(6)-2
		[redacted] DR	[redacted]
NURSING UNIT / ROOM NO. / BED NO.			

PATIENT IDENTIFICATION		DATE OF ORDER / TIME OF ORDER ___ HOURS	
# [redacted] b(6)-4		06 Sep 03 1330 T.O.	
		① LR 500 cc bolus x1 now	
		② ↑ IVF to 125 cc/hr.	b(6)-2
		[redacted]	
		[redacted] / DR	[redacted]
NURSING UNIT / ROOM NO. / BED NO.		24° ✓ [redacted] / RN 07Sep03 @0600	

PATIENT IDENTIFICATION		DATE OF ORDER / TIME OF ORDER ___ HOURS	
# [redacted] b(6)-4		7 Sep 03	
		1- TF Jevity 200cc q4°	noted
		2- DC 20	[redacted] b(6)-2
NURSING UNIT / ROOM NO. / BED NO.			

PATIENT IDENTIFICATION		DATE OF ORDER / TIME OF ORDER ___ HOURS	
# [redacted] b(6)-4		T.O. 1646	done
		① ABG x1 in 30min ↑ next change	[redacted]
		② 1L LR Bolus x1 now.	1646
		[redacted]	
NURSING UNIT / ROOM NO. / BED NO.		b(6)-2	

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

MEDCOM - 18226

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION	↓	ORDERS	LIST TIME ORDER NOTED AND SIGN
[redacted] b(6)-4		DATE OF ORDER 8 Sep 03 TIME OF ORDER 1636 HOURS	1636 b(6)-2 [redacted] ICRN
		1- 1 Amp calcium - done	
		2 - 2 gm MAG over 4 hours - done	
		3 - 1 mL Naphos [illegible] over 4 hours	
		4- Ceftaz 2 gm q8° [illegible] first dose now [redacted]	
NURSING UNIT: ICU 3 / ROOM NO. / BED NO.			b(6)-2
[redacted] b(6)-4		DATE OF ORDER 9-8-03 TIME OF ORDER 1700 HOURS	1700
	①	V/O per Dr. [redacted] ABG once done	[redacted] b(6)-2
		p̄ ∈ peep 6 fio2 50% > 30 mins [redacted]	
NURSING UNIT / ROOM NO. / BED NO.		24° Chart check	b(6)-2
[redacted] b(6)-4		DATE OF ORDER T.O. TIME OF ORDER HOURS	
		9/9/03 0600	
		① 15 mmol of phosphorus.	
		K phos acceptable per V/O	
		Dr [redacted] [redacted]	b(6)-2
NURSING UNIT / ROOM NO. / BED NO.		b(6)-2	
[redacted] b(6)-4		DATE OF ORDER 9.9.03 TIME OF ORDER 0830 HOURS	ICRN
	①	↑ TF to 400cc q4hrs as tolerated per V/O Dr. [redacted] [redacted]	[redacted]
		b(6)-2	b(6)-2 b(6)-2
NURSING UNIT / ROOM NO. / BED NO.		24 hr cc Done 9/11/03 [redacted] hrs	b(6)-2 [redacted]

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

MEDCOM - 18227

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

10Sep03 [redacted] b(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
10Sep03	0735 HOURS	10sep03 0740 CM
1- VLT K*10 mg qd x 3 days		[redacted] b(6)-4

PATIENT IDENTIFICATION

EPW [redacted] b(6)-4

NURSING UNIT	ROOM NO.	BED NO.
24hr CCare 11Sep03 @ 2230hrs		

DATE OF ORDER	TIME OF ORDER
10 Sep 03	2200 HOURS
① Albuterol/Atrovent nebs q6h	
② CBC, chem 12, chem 7, ABG in am	
③ Code status: Full code V.O. Dr [redacted]	b(6)-2

PATIENT IDENTIFICATION

EPW [redacted] b(6)-4

NURSING UNIT	ROOM NO.	BED NO.
ICU3		

DATE OF ORDER	TIME OF ORDER
11-Sep 03	b(6)-2 HOURS
1- Admit to ICU	
2- VS q1° UO q1°	
3- G-tube to Gravity Drainage	
4- cont Propofol 30 µg/kg/min titrate to 150 µg/kg/min	
5- Zantac 50mg IVPB q8°	
6- CMO 20cm H_2O cont suction	b(6)-2
7- CXR now.	

PATIENT IDENTIFICATION

EPW [redacted] b(6)-4

NURSING UNIT	ROOM NO.	BED NO.
ICU3		

DATE OF ORDER	TIME OF ORDER
8- CBC/diff/Plt in 7/12 + ABG q A.M.	HOURS
9- Foley to Gravity	
10- Reglan 10mg IVPB q6°	
11- CXR q A.M.	
12- 20mg Lasix IV now and then PRN	
13- Send sputum C+S	
14- cont D5 1/2NS @ 20 cc/hr KCl @ 100 cc/hr	
240 Clear drink [redacted]	b(6)-2

b(6)-2

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

CLINICAL RECORD - DOCTOR'S ORDERS

For u[illegible] of this form, see AR 40-66, the proponent agency [illegible] OTSG

THE DOCTOR SHALL RECORD DATE, [illegible] AND SIGN EACH SET OF ORDERS. IF PF[illegible] [illegible] ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM N[illegible] [illegible]R IN COLUMN INDICATED BY ARROW BEL[illegible]

PATIENT IDENTIFICATION	DATE OF ORDER / TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
EPW [redacted] b(6)-4	12 Sep 03 ____ HOURS 1- Blood cx x2 2- Urine cx 3- UA 4- Vancomycin 500g [illegible] q12° 5- Start TF [illegible] q4° [redacted] 24° chart check [redacted]	[redacted] b(6)-2
NURSING UNIT: ICU 3 / ROOM NO. / BED NO.		
EPW [redacted] b(6)-4	13 Sep ____ HOURS 1- DC [illegible] 12 Daily 2- [illegible] 7 qd 3. [illegible] 1 amp [illegible] 4- 15 mmol KPhos over 4 hours 5- 2gm Mag over 3 hours 6- [illegible] 7 [illegible] current [illegible] 7- DC Daily CXR	[illegible] [redacted] b(6)-2
NURSING UNIT: ICU 3 / ROOM NO. / BED NO.		
EPW [redacted] b(6)-4	____ HOURS nothing follows	b(6)-2
NURSING UNIT: ICU 3 / ROOM NO. / BED NO.	24 hr cc Done 13Sep03 @ 2330 [illegible] [redacted]	b(6)-2
EPW [redacted] b(6)-4	15Sep03 0900 HOURS ① T&C for 4u PRBC's ② Give 2u PRBC's now ③ Repeat [illegible] CX p Blood Infusion V.O. [redacted] [redacted] b(6)-2 [illegible] [illegible] [redacted]	[illegible] b(6)-2
NURSING UNIT: ICU 3 / ROOM NO. / BED NO.		

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b(6)-2

MEDCOM - 18229

ACLU-RDI 1645 p.189

DOD-031803

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

b(6)-4

14Sep05 1030 [redacted] b(6)-2

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
14Sep05	1200 HOURS	
1- IVF TO 25cc/hr		
2- TRACH MASK		
3- UA&M 7		b(6)-2
4- CBC & CHEM 7 + ABG q 2hrs		
5- ABGs TRACH MASK 30 min		[redacted]

PATIENT IDENTIFICATION

14Sep05 1400 [redacted] b(6)-2

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	
14Sep05	HOURS	b(6)-2
1- IV Lactated Ringers		
2 MSO4 1-5mg IVP q1° prn P		[redacted]

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	
14Sep05	2000 HOURS	
1)- Tylenol 650mg per G. tube for temp > 101.5 q4.0 [redacted]		
b(6)-2 b(6)-2		

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	
9/14/05	HOURS	noted [redacted] 9/14/05@23 b(6)-2
1) VT 200, rate 12, PEEP 5, FIO2 40%		
2) PCXR		
3) Morphine 10mg G tube to pain scale		
4) ABGs Now		[redacted]

b(6)-2

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CLINICAL RECORD - DOCTOR'S ORDERS

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

PATIENT SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS ...

IF ... IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW

PATIENT IDENTIFICATION	DATE OF ORDER / TIME OF ORDER
EPW # [redacted] b(6)-4 NURSING UNIT / ROOM NO. / BED NO.	9/14/03 @ 2150 1) Turn off propofol in A.M and place pt back on trach collar. V.O. Dr [redacted] b(6)-2 b(6)-2 Noted [redacted] 09/14/03 2350 b(6)-2 24° [redacted]
EPW [redacted] b(6)-4 NURSING UNIT / ROOM NO. / BED NO.	15Sep03@0100 ① 5000 units Heparin BID. 0850 ② 40 mEq Lasix x1 0900 [redacted] b(6)-2 (3) ... pt ... Noted @ 1300 [redacted] b(6)-2 ...
PATIENT IDENTIFICATION NURSING UNIT / ROOM NO. / BED NO.	15Sep03 1600 40mg Lasix IVP 1600 ... D/C Vanc Noted @ 1710 [redacted] b(6)-2 b(6)-2
PATIENT IDENTIFICATION NURSING UNIT / ROOM NO. / BED NO.	24° [redacted] 9/16/03 0545 9/16 b(6)-2 ... Regular diet (po) (Continue TF) b(6)-2 [redacted] [redacted] b(6)-2 24 hr cc Done 17Sep03 @ 0600 ... 24 hr cc Done 19Sep03 @ 2000hrs [redacted] b(6)-2

MEDCOM - 18231

ACLU-RDI 1645 p.191

DOD-031805

CLINICAL RECORD - DOCTOR'S O RS

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

PATIENT IDENTIFICATION

[redacted]

b(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 20 Sep 03 TIME OF ORDER 1300 HOURS

LIST TIME ORDER NOTED AND SIGN

For Dasg Resuse
1/4 Bottle of Dakin Solution
V.O. Dr [redacted] b(6)-2 [redacted] b(6)-2
NPO ō MN
V.O. Dr [redacted]
[redacted] b(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER ____ HOURS

nothing follows

NURSING UNIT | ROOM NO. | BED NO.

24 hr c Done 21 Sep 03 @ 0800 hrs [redacted]

PATIENT IDENTIFICATION

DATE OF ORDER 21 Sep 03 TIME OF ORDER 1100 HOURS

Dasg Δ to Ⓡ lower leg
BID Ⓡ Wet to dry ...
V.O. Dr [redacted]
b(6)-2 [redacted] b(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 21 Sep 03 TIME OF ORDER 1610 HOURS

DC ceftaz [redacted] 0
[redacted] b(6)-2
[redacted]
1100 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 **4256** REPLACES EDITION OF 1 JUL 77, W [redacted]

b(6)-2

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"USE BALL POINT PEN. PRESS FIRMLY. NO CARBON PAPER REQUIRED"

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CLINICAL RECORD - DOCTOR'S ORDERS

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

PATIENT IDENTIFICATION

[redacted]

b(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER 22 Sep 03 TIME OF ORDER _____ HOURS

LIST TIME ORDER NOTED AN SIGN

1- DC CENTRAL LINE
2- ART. LINE
3- DC DAILY LABS
4- DC CXR DAILY
5- DC SUTURES FROM [redacted]
[redacted] ASA QD
[redacted]

b(6)-2

PATIENT IDENTIFICATION

b(6)-2

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER 22 Sep 03 TIME OF ORDER 1400 HOURS

NEB treatment PRN
V.O. Dr Western Hospitalist
[redacted] @ 1800

b(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.
24hr cc Dore		

DATE OF ORDER 27 Sep 03 @ 0200 TIME OF ORDER _____ HOURS

[redacted]

b(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER TIME OF ORDER _____ HOURS

Nothing Follows

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER TIME OF ORDER _____ HOURS

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

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CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD DAT[E] AND SIGN EACH SET OF ORDERS. IF PR[OBLEM] SYSTEM IS USED, WRITE PROBLEM [NUMBER] IN COLUMN INDICATED BY ARROW BE[LOW]. A ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION

[redacted]

b(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
29 Sep 03	HOURS	
1- Admit to ICU		
2- Regular Diet		
3- Hep-lock IV		
4- Clamp NG Tube		
5- Pneumonia precautions		
6- Heparin 5000 u SC q 12°		
7- VS q4°		

b(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER
	HOURS
8- I/O q shift - Foley to Gravity	
9- DC ABX Noted gp	
10- Percocet 1-2 po q4° prn pain	
11- MSO4 1-2 mg q1° prn breakthrough pain	
12- Blood CX x 2 Urine CX & Sputum CX for Temp > 38°	
13 bid Dakins Dressing to [redacted] for Abdomen & LLE.	

b(6)-2

b(6)-2

240

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.
0200	3058	[redacted]

DATE OF ORDER	TIME OF ORDER
1 Oct 03	HOURS
1- 1-2 MSO4 IVP q 2° prn pain	
2- Morrin 60mg po tid prn	

b(6)-2 Noted

[redacted]

b(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.
	01 Oct 03 0810	

DA FORM 4256 1 APR 79 REPLACES EDITION OF 1 JUL 77, WHICH

01 Oct @ 2100

[redacted]

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b(6)-2

MEDCOM - 18234

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT: ICU #1 | ROOM NO. | BED NO. 2345

DATE OF ORDER: 3 OCT 03 | TIME OF ORDER | HOURS | LIST TIME ORDER NOTED A SIGN

1 - NPO @ MIDNIGHT
2 - TO OR IN AM
3 - START IV FLUIDS @ 24 CC/HR

[redacted] b(6)-2

PATIENT IDENTIFICATION

b(6)-4 [redacted]

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

DATE OF ORDER: 4 OCT 03 | TIME OF ORDER | HOURS

1 - REGULAR DIET
2 - HEP-LOCK IV
3 - ~~REGULAR DIET~~ PULMONARY PRECAUTIONS
4 - ROBINUL 2 MG IV Q 4-6 PRN PAIN
5 - CEFTAZ 1000 MG IV BID
6 - HEPARIN 5000 U SC Q 12°
7 FOLEY TO GRAVITY

[redacted]

PATIENT IDENTIFICATION

b(6)-2 [redacted] b(6)-4 [redacted]

DATE OF ORDER | TIME OF ORDER | HOURS

6 - FLAGYL 250 MG PO Q 6 H

[redacted] b(6)-2

NURSING UNIT: ICU #1 | ROOM NO. 240 | BED NO. 0915

PATIENT IDENTIFICATION

b(6)-4 [redacted]

DATE OF ORDER: 5 OCT 03 | TIME OF ORDER: 1559 | HOURS

1 D/C DRNS AT 5 - GRAFT SITE ABD CLOSED.

DR [redacted] b(6)-2

[redacted] b(6)-2

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

DA FORM 1 APR 79 4256 REPLACES EDITION OF [illegible] I MAY BE USED.

MEDCOM - 18235

CLINICAL RECORD - DOCTOR'S ORDERS

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

PATIENT IDENTIFICATION

b(6)-4

[redacted]

DATE OF ORDER: 11 Oct 03 TIME OF ORDER: ______ HOURS

LIST TIME ORDER NOTED AND SIGN

1 LS qd

2 No Need For Dressing to Left Leg - Apply Bacitracin if Dry

b(6)-2 Noted [redacted]

[redacted]

NURSING UNIT: 24° ROOM NO. BED NO.

1100 @ 2200 [redacted]

PATIENT IDENTIFICATION

DATE OF ORDER: 10/19 TIME OF ORDER: ______ HOURS

b(6)-2

(1) MD Ism Surgery 10/20

b(6)-2 Noted [redacted]

[redacted]

b(6)-2

NURSING UNIT: 24° ROOM NO. BED NO.

[redacted] 20 Oct [redacted] @ 0200 2004

24 Oct 0

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER ______ HOURS

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER ______ HOURS

NURSING UNIT | ROOM NO. | BED NO.

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CLINICAL RECORD - DOCTOR'S ORDERS

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

PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	10/20	____ HOURS	
(1)	Admit. ICU		
(2)	Paraplegic with dep sacral decubitus; infected		
(3)	Stable		
(4)	VS routine, Fluoro.		
(5)	Paraplegic precautions		
(6)	Roll Horn q 1° Keep pressure off sacrum		
(7)	Heparin 5000 u SQ b.i.d		

PATIENT IDENTIFICATION

[redacted] b(6)-4 IWP

NURSING UNIT | ROOM NO. | BED NO.

	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
		____ HOURS	
(8)	Reg diet		
(9)	IVPB 75 cc/hr		
(10)	Wet to dry dressing to sacrum b.i.d		
	[redacted] b(6)-2		
	[redacted]		

PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

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

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

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

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CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION
[redacted]
b(6)-2

23Sep03 1645 OK

DATE OF ORDER: 23 Oct03 TIME OF ORDER: ____ HOURS
LIST TIME ORDER NOTED AND SIGN

1- Sputum cx
2 - Blood cx x 2
3 - Urine cx
4- Vanc 500 IVPB q 12 ... 10/22
5 - Ceftaz 2gm q 8° ... 8/12/04
[redacted] b(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 23Sep03 @1815 TIME OF ORDER [redacted] HOURS
1) CXR in AM
V.O. Dr [redacted] 09/24/03
b(6)-2 b(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 24Sep03 TIME OF ORDER: ____ HOURS
1) Flagyl 250 IVPB q8°
2) ... to TID, 500cc [redacted]
Each feeding
[redacted]
1740
b(6)-2

NURSING UNIT | ROOM NO. | BED NO.
24hr ... DOK 27Sep03 @ 020... [redacted]

PATIENT IDENTIFICATION
[redacted]
DATE OF ORDER TI[redacted] HOURS
b(6)-2

NURSING UNIT | ROOM NO. | BED NO.

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CLINICAL RECORD - DOCTOR'S ORDERS
For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, SYSTEM IS USED, WRITE PROBLEM N AND SIGN EACH SET OF ORDERS. IF PRO (IN COLUMN INDICATED BY ARROW BEL ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
b(6)-4 [redacted]	23 Oct 03	HOURS	
	1) [illegible] TID [illegible] 1/4 [illegible]		[redacted] b(6)-2
	2) Multi [illegible] QD		
	[redacted] b(6)-2		
NURSING UNIT: ICW; ROOM NO.; BED NO.			
PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
Noted 10/25/03 (0100) [redacted]	25 Oct 03	HOURS	
	CBC, Chem [illegible]		
	b(6)-2 [redacted] b(6)-2		
NURSING UNIT; ROOM NO.; BED NO.			
PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
	28 Oct 03	HOURS	b(6)-2
	1) [illegible]		Noted [redacted] 25 Oct 03 2330
	[redacted] b(6)-2		
NURSING UNIT; ROOM NO.; BED NO.			
PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
1335 Noted 10/26/03 [redacted] b(6)-2	25 Oct [illegible]	HOURS	
	1) [illegible] diet		
	b(6)-2 [redacted]		
[redacted] NURSING UNIT; ROOM NO.; BED NO.			

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CLINICAL RECORD - DOCTOR'S ORDERS

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

PATIENT IDENTIFICATION

b(6)-4

[redacted]

NURSING UNIT	ROOM NO.	BED NO.

	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	2/21	HOURS	
1	VS q 1° - HR, BP, Temp record on chart		
2	Morphine 2-4 mg IV push q 1° prn pain		
3	Keep pt on stomach (prone position) at nighttime during sleeping		
4	Ib pt rolls from side position, place pt back on side position. Check q 15 min		
5	Keep pt on side. Roll q 1°		

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

	DATE OF ORDER	TIME OF ORDER	
		HOURS	
6	Keep window open to air		
7	PT consult: Range of motion to lower extremities. Obtain AFO for feet		
8	Do not change MD orders without first checking with M.D.		
9	Nutrition consult		

b(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

	DATE OF ORDER	TIME OF ORDER	
	2/10/03	HOURS	
1	Percocet tab q 1-2 q 4-6 hrs prn pain		

b(6)-2

NURSING UNIT	ROOM NO.	BED NO.

Medical doctor CPT [redacted]

b(6)-2

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT	ROOM NO.	BED NO.

	DATE OF ORDER	TIME OF ORDER	
	2/21/03	0800 HOURS	
1	VS to q4hr.		
2	Prenatal multivitamin 1 TAB PO QD		

V.O. Dr. [redacted] CPT [redacted]

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

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