Ward/Section: Fem 1

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

CHEMISTRY RESULT FORM
Subject to the Privacy Act of 1974)

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

DATE: 2NOV TIME: 0711

SSN/PSEUDO SSN: [redacted] (b)(6)4

(i-STAT)

Pt: [redacted]

Pt Name: _____

Na_____157 mmol/L
K_____2.8 mmol/L
TCO2_____29 mmol/L
Hct_____32 %PCV
Hb*_____11 g/dL
*via Hct

At 37C
pH_____7.413
PCO2_____43.2 mmHg
PO2_____58 mmHg
HCO3_____28 mmol/L
BEecf_____3 mmol/L
SO2*_____90 %
*calculated

At Patient Temp
pH_____7.394
PCO2_____45.7 mmHg
PO2_____63 mmHg

Patient Temp: 100.9F
FIO2_____: 50
Sample Type_:

02NOV03 07:28

Oper: [redacted]

Physician: (b)(6)2

Ser# [redacted]

(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:

FIO2 50 Temp 100.9

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

Ward/Section: Fen 1	RE[redacted]	PHYSICIAN: (b)(6) 2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] (b)(6) 4	DATE 2 NOV	TIME 1200	SSN/PSEUDO SSN: [redacted] (b)(6) 4

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		
RBC		
Hgb		
Hct		
MCV		
Plt		
Lymph %		

(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		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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

MEDCOM - 22242

Ward/Section: ICU

[redacted] STING PHYSICIAN: [redacted] (b)(6)2

IISTRY RESULT FORM
ject to the Privacy Act of 1974)

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

DATE: 2Nov

TIME: 10:11

SSN/PSEUDO SSN: [redacted] (b)(6)4

i-STAT

TEST | RESULT | REF RANGE

Pt Name:_____

Na_____157 mmol/L
K_____3.0 mmol/L
TCO2_____29 mmol/L
Hct_____46 %PCV
Hb*_____16 g/dL
*via Hct

At 37C
pH_____7.410
PCO2_____44.4 mmHg
PO2_____74 mmHg
HCO3_____28 mmol/L
BEecf_____3 mmol/L
sO2*_____95 %
*calculated

At Patient Temp
pH_____7.391
PCO2_____47.0 mmHg
PO2_____81 mmHg

Patient Temp: 100.9F
FIO2_____: 50
Sample Type_: ART

02NOV03 10:11

Oper: [redacted] (b)(6)2

Physician:_____

(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:

FIO_2 50% T 100

REPORTED BY:

DATE:

LAB ID NO.:

Ward/Section: ICU	REQUESTING PHYSICIAN: [redacted] (b)(6) 2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] (b)(6) 4	DATE 2 Nov	TIME 12:00

SSN/PSEUDO SSN: [redacted] (b)(6) 4

i-STAT

Pt: [redacted] (b)(6) 4

Pt Name:_____

Na_____159 mmol/L
K_____3.3 mmol/L
TCO2_____29 mmol/L
Hct_____27 %PCV
Hb*_____9 g/dL
*via Hct

At 37C
pH_____7.426
PCO2_____42.8 mmHg
PO2_____62 mmHg
HCO3_____28 mmol/L
BEecf_____4 mmol/L
sO2*_____92 %
*calculated

At Patient Temp
pH_____7.410
PCO2_____44.8 mmHg
PO2_____67 mmHg

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

02NOV03 12:13

Oper: [redacted] (b)(6) 2

Physician:_____

Ser# 42011

(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) [illegible] 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

FIO2 50 Temp 100.5

REPORTED BY:	DATE: 02 Nov 03	LAB ID NO.:

Ward/Section: ICU	REQUESTING PHYSICIAN: [redacted] (b)(6)2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted] (b)(6)4	DATE: 2 NOV	TIME: 1600
		SSN/PSEUDO SSN: [redacted] (b)(6)4

(Hematology) CBC

TEST	
WBC	
RBC	
Hgb	
Hct	
MCV	
Plt	
Lymph %	

(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		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.:

Ward/Section: Fam

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

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

LAST, FIRST, MI: [redacted]

DATE: 2 NOV 03 TIME: 1600

(b)(6)4

Pt: [redacted]

Pt Name:_____

Glu_____96 mg/dL
BUN_____40 mg/dL
Na_____159 mmol/L
K_____3.8 mmol/L
Cl_____126 mmol/L
TCO2_____28 mmol/L
AnGap_____11 mmol/L
Hct_____23 %PCV
Hb*_____8 g/dL
*via Hct
pH_____7.396
PCO2_____42.8 mmHg
HCO3_____26 mmol/L
BEecf_____1 mmol/L

Sample Type_:

02NOV03 16:33

Oper: [redacted] (b)(6)2

Physician:_____

Abuse		

REMARKS:
Abs T 100

REPORTED BY:

(Piccolo) Chemistry 12

======= PICCOLO =======
02/11/03 16:16
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)4
METLYTE 8
DISC LOT #: 3151AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted] (b)(6)2

GLU	105	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CRE	ICT	0.6-1.2	MG/DL
CK	2874*	39-380	U/L
NA+	140	128-145	MMOL/L
K+	ICT	3.3-4.7	MMOL/L
CL-	120*	98-108	MMOL/L
tCO2	ICT	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 3+

======= PICCOLO =======
02/11/03 16:18
REFERENCE RANGE: MALE
PATIENT #: [redacted]
LIVER PANEL PLUS
DISC LOT #: 3153AA7
OPER #: [redacted] DR #: 000
SERIAL #: [redacted] (b)(6)2

ALB	1.6*	3.3-5.5	G/DL
ALP	61	26-84	U/L
ALT	ICT	10-47	U/L
AMY	48	14-97	U/L
AST	ICT	11-38	U/L
TBIL	21.0*	0.2-1.6	MG/DL
GGT	9	5-65	U/L
TP	ICT	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 3+

Pt: [redacted] (b)(6)4

Pt Name:_____

Na_____160 mmol/L
K_____3.8 mmol/L
TCO2_____28 mmol/L
Hct_____23 %PCV
Hb*_____8 g/dL
*via Hct

At 37C
pH_____7.409
PCO2_____41.8 mmHg
PO2_____59 mmHg
HCO3_____26 mmol/L
BEecf_____2 mmol/L
sO2*_____90 %
*calculated

At Patient Temp
pH_____7.398
PCO2_____43.2 mmHg
PO2_____63 mmHg

Patient Temp: 100.0F
FIO2_____: 60
Sample Type_:

02NOV03 16:16

Oper: [redacted] (b)(6)2

Physician:_____

Page 12

Ward/Section: Icen	REQUESTING PHYSICIAN: [redacted] (b)(6)2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
	DATE: 2NOV	TIME: 1400
		SSN/PSEUDO SSN: [redacted] (b)(6)4

Pt Name:_____

Na_____160 mmol/L
K_____3.7 mmol/L
TCO2_____28 mmol/L
Hct_____48 %PCV
Hb*_____16 g/dL
*via Hct

At 37C
pH_____7.420
PCO2_____41.7 mmHg
PO2_____64 mmHg
HCO3_____27 mmol/L
BEecf_____3 mmol/L
sO2*_____92 %
*calculated

At Patient Temp
pH_____7.404
PCO2_____43.7 mmHg
PO2_____69 mmHg

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

02NOV03 14:27

Oper: [redacted] (b)(6)2

Physician:_____

(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:

Fio2 50 Temp 100.5 Degrees

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU	REQUESTING PHYSICIAN: [redacted] (6)(6) 2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] (6)(6) 4	DATE 2NOV	TIME	SSN/PSEUDO SSN: [redacted] (6)(6) 4

Pt Name:_____

Na_____164 mmol/L
K_____4.3 mmol/L
TCO2_____30 mmol/L
Hct_____26 %PCV
Hb_____9 g/dL
#via Hct

At 37C
pH_____7.166
PCO2_____77.3 mmHg
PO2_____5[illegible] mmHg
HCO3_____28 mmol/L
BEecf_____-1 mmol/L
sO2*_____81 %
*calculated

At Patient Temp
pH_____7.156
PCO2_____80.0 mmHg
PO2_____63 mmHg

Patient Temp: 100.0F
FIO2_____: 100
Sample Type_: ART

02NOV03 23:03

Oper:

Physician:_____

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE

Pt: [redacted] (6)(6) 4
Pt Name:_____

TCO2_____31 mmol/L

At 37C
pH_____7.142
PCO2_____82.5 mmHg
PO2_____64 mmHg
HCO3_____28 mmol/L
BEecf_____-1 mmol/L
sO2*_____83 %
*calculated

At Patient Temp
pH_____7.130
PCO2_____86.0 mmHg
PO2_____68 mmHg

Patient Temp: 100.3F
FIO2_____: 100
Sample Type_: ART

02NOV03 23:19

Oper:

Physician:_____

Ser# [redacted] (6)(6) 2

(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
CO_2		18-33 mmol/l

REMARKS: FIO2 70% Temp 100

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: 1st I	REQUESTING PHYSICIAN: [redacted] (b)(6) 2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted] (b)(6) 4	DATE: 3 Nov	TIME: 1145
		SSN/PSEUDO SSN: [redacted] (b)(6) 4

(Hematology) CBC

TEST	
WBC	
RBC	
Hgb	
Hct	
MCV	
Plt	
Lymph %	

(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		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.:

Ward/Section: Icu1

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

DATE: 3 Nov 4 TIME: 1147

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

SSN/PSEUDO SSN: [redacted] (b)(6)4

Pt: [redacted] (b)(6)4

Pt Name:_____

Na_____165 mmol/L
K_____3.9 mmol/L
TCO2_____31 mmol/L
Hct_____23 %PCV
Hb*_____8 g/dL
*via Hct

At 37C
pH_____7.33i
PCO2_____54.6 mmHg
PO2_____88 mmHg
HCO3_____29 mmol/L
BEecf_____3 mmol/L
sO2*_____96 %
*calculated

At Patient Temp
pH_____7.336
PCO2_____53.8 mmHg
PO2_____86 mmHg

Patient Temp: 98.0F
FIO2_____: 65
Sample Type_:

03NOV03 11:06

Oper: [redacted]
Physician: [redacted] (b)(6)2

(Piccolo) Chemistry 12

TEST	RESULT	REF

======= PICCOLO =======
03/11/03 11:06
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)4
METLYTE 8
DISC LOT #: 3151AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted] (b)(6)2

GLU	108	73-118	MG/DL
BUN	38*	7-22	MG/DL
CRE	ICT	0.6-1.2	MG/DL
CK	2136*	39-380	U/L
NA+	155*	128-145	MMOL
K+	ICT	3.3-4.7	MMOL
CL-	120*	98-108	MMOL
tCO2	ICT	18-33	MMOL

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 3+

(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

Pt: [redacted] (b)(6)4

Pt Name:_____

Crea_____2.3 mg/dL

REMARKS:

FIO2 65% Temp 98

REPORTED BY:	DATE:	LAB ID NO.:

(b)(6) ✓

---

i-STAT EG6+

Pt: [redacted]

Pt Name:_____

Na_____164 mmol/L
K_____4.6 mmol/L
TCO2_____30 mmol/L
Hct_____28 %PCV
Hb*_____10 g/dL
*via Hct

At 37C
pH_____7.180
PCO2_____74.1 mmHg
PO2_____75 mmHg
HCO3_____28 mmol/L
BEecf_____-1 mmol/L
sO2*_____90 %
*calculated

At Patient Temp
pH_____7.172
PCO2_____76.3 mmHg
PO2_____79 mmHg

Patient Temp: 99.8F
FIO2_____: 85
Sample Type_: ART

03NOV03 03:52

Oper: [redacted]

Physician:_____

Ser# [redacted]
Ver: [redacted]

---

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____31 mmol/L

At 37C
pH_____7.241
PCO2_____66.5 mmHg
PO2_____77 mmHg
HCO3_____29 mmol/L
BEecf_____1 mmol/L
sO2*_____92 %
*calculated

At Patient Temp
pH_____7.235
PCO2_____67.8 mmHg
PO2_____79 mmHg

Patient Temp: 99.4F
FIO2_____: 80
Sample Type_: ART

03NOV03 05:29

Oper: ↑fio2 to 75

Physician:_____

Ser# [redacted]

Pt: [redacted]

Pt Name:_____

TCO2_____29 mmol/L

At 37C
pH_____7.299
PCO2_____55.9 mmHg
PO2_____76 mmHg
HCO3_____27 mmol/L
BEecf_____1 mmol/L
sO2*_____93 %
*calculated

Sample Type_:

03NOV03 06:07

Oper: [redacted] ↑ FiO2 to 70

Physician:_____

Ser# [redacted]

Pt: [redacted]

Pt Name:_____

Na_____166 mmol/L
K_____4.2 mmol/L
TCO2_____30 mmol/L
Hct_____29 %PCV
Hb*_____10 g/dL
*via Hct

At 37C
pH_____7.224
PCO2_____66.9 mmHg
PO2_____78 mmHg
HCO3_____28 mmol/L
BEecf_____0 mmol/L
sO2*_____92 %
*calculated

At Patient Temp
pH_____7.224
PCO2_____66.9 mmHg
PO2_____78 mmHg

Patient Temp: 98.6F
FIO2_____: 70
Sample Type_:

03NOV03 08:13 Rapple

Oper: [redacted]

Physician:_____

[redacted]

↑ Rate 24 ↓ FiO2 65

(b)(6) 2

(b)(6) ✓

EPW#

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____30 mmol/L

At 37C
pH_____7.354
PCO2_____51.4 mmHg
O2_____65 mmHg
CO3_____29 mmol/L
Eecf_____3 mmol/L
O2*_____91 %
*calculated

t Patient Temp
H_____7.358
PCO2_____50.9 mmHg
PO2_____64 mmHg

Patient Temp: 98.0F
FIO2_____: 65
Sample Type_:

03NOV03 14:07

Oper: [redacted]

Physician:_____

Ser# [redacted]
Ver: [redacted]

Rapple

(b)(6)-4

Pt Name:_____

Na_____161 mmol/L
K_____3.7 mmol/L
TCO2_____29 mmol/L
Hct_____22 %PCV
Hb*_____7 g/dL
*via Hct

At 37C
PH_____7.399
PCO2_____45.1 mmHg
PO2_____61 mmHg
HCO3_____28 mmol/L
BEecf_____3 mmol/L
sO2*_____91 %
*calculated

Sample Type_:

02NOV03 18:07

Oper: [redacted]

Physician:_____

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____31 mmol/L

At 37C
PH_____7.281
PCO2_____61.0 mmHg
PO2_____89 mmHg
HCO3_____29 mmol/L
BEecf_____2 mmol/L
sO2*_____95 %
*calculated

At Patient Temp
PH_____7.267
PCO2_____63.7 mmHg
PO2_____95 mmHg

Patient Temp: 100.4F
FIO2_____: 100
Sample Type_: ART

03NOV03 00:09

Oper: ↓FiO2 to 95%

Physician:_____

Ser# [redacted]

i-STAT EG6+

Pt: [redacted]

Pt Name:_____

Na_____163 mmol/L
K_____4.6 mmol/L
TCO2_____30 mmol/L
Hct_____22 %PCV
Hb*_____7 g/dL
*via Hct

At 37C
PH_____7.266
PCO2_____62.4 mmHg
PO2_____84 mmHg
HCO3_____28 mmol/L
BEecf_____1 mmol/L
sO2*_____94 %
*calculated

At Patient Temp
PH_____7.251
PCO2_____65.3 mmHg
PO2_____90 mmHg

Patient Temp: 100.5F
FIO2_____: 95
Sample Type_:

03NOV03 01:22

Oper: [redacted] ↓FiO2 to 90%

Physician:_____

Ser# [redacted]
Ver: [redacted]

i-STAT EG6+

Pt: [redacted]

Pt Name:_____

Na_____166 mmol/L
K_____4.4 mmol/L
TCO2_____30 mmol/L
Hct_____27 %PCV
Hb*_____9 g/dL
*via Hct

At 37C
PH_____7.224
PCO2_____66.8 mmHg
PO2_____82 mmHg
HCO3_____28 mmol/L
BEecf_____0 mmol/L
sO2*_____93 %
*calculated

At Patient Temp
PH_____7.216
PCO2_____68.6 mmHg
PO2_____86 mmHg

Patient Temp: 99.7F
FIO2_____: 90
Sample Type_: ART

03NOV03 02:22

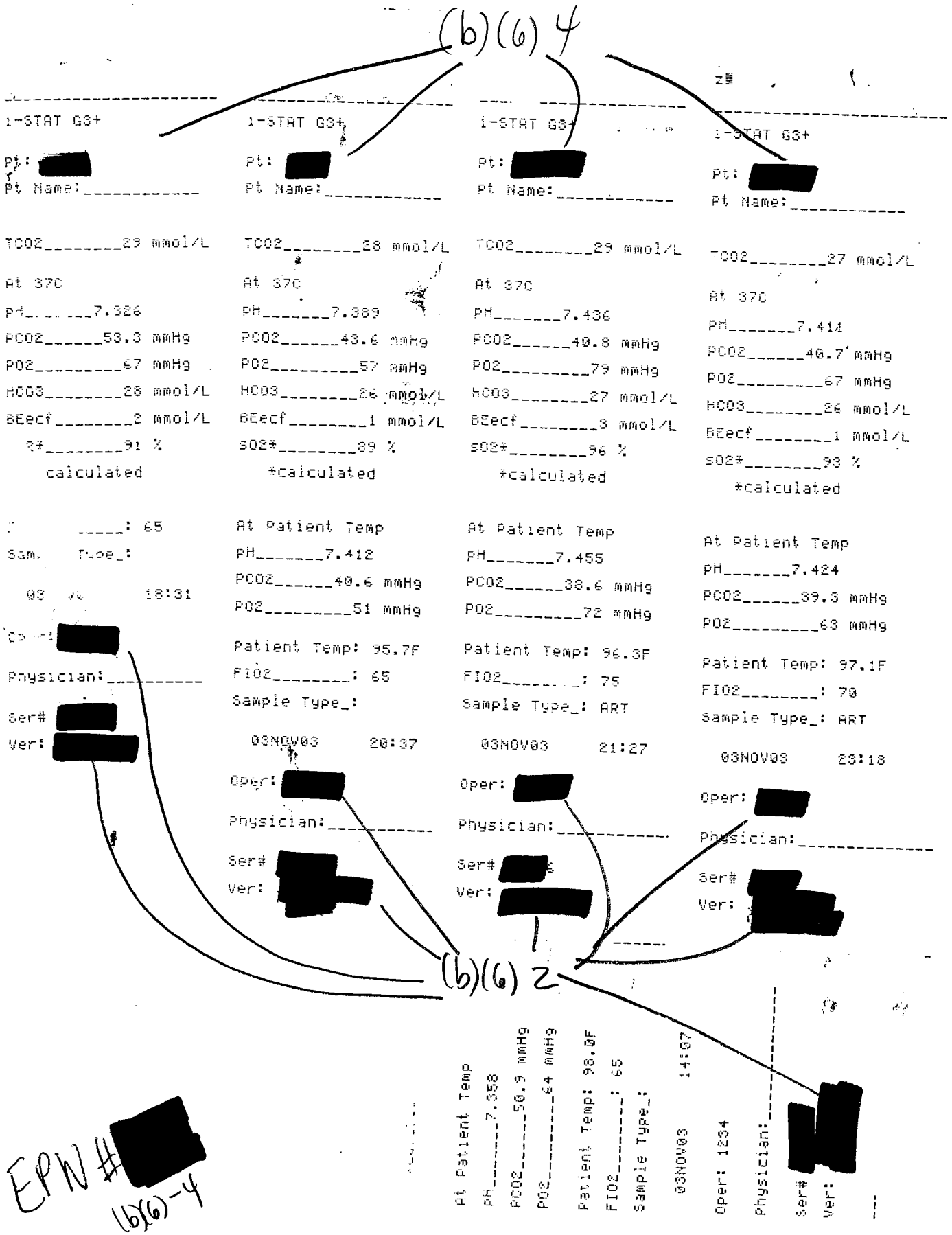
Oper: ↓FiO2 to 85%

Physician:_____

Ser# [redacted]
Ver: [redacted]

(b)(6) 2

EPW# [redacted] (b)(6)4



MEDCOM - 22253

Ward/Section: ICU1	REQUESTING PHYSICIAN: (b)(6) 2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] (b)(6)4	DATE 05NOV03 / TIME 0400	SSN/PSEUDO SSN:

(Hematology) CBC				(Hematology) Manual Differential						
TEST	RESULT	REF. RANGE		Segs		Mono		Spun Hematocrit		42-52% (M) 37-47% (F)
WBC				Bands		Eos		Sed Rate		
RBC				Lymph		Baso		Other		
Hgb				Atyp		Imm				
Hct				RBC Morph						
MCV										
Plt										
Lymph %										

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

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	

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

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section:	REQUESTING PHYSICIAN:	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
FCu 1	[redacted] (b)(6) 2	DATE: 3 NOV / TIME: 1411 / SSN/PSEUDO SSN: [redacted] (b)(6) 4

Pt: [redacted] (b)(6) 4
Pt Name:_____

Na_____166 mmol/L
K_____2.6 mmol/L
TCO2_____30 mmol/L
Hct_____25 %PCV
Hb*_____9 g/dL
*via Hct

At 37C
pH_____7.378
PCO2_____48.4 mmHg
PO2_____73 mmHg
HCO3_____29 mmol/L
BEecf_____3 mmol/L
sO2*_____94 %
*calculated

At Patient Temp
pH_____7.383
PCO2_____47.7 mmHg
PO2_____72 mmHg

Patient Temp: 98.0F
FIO2_____: 65
Sample Type_: ART

03NOV03 14:19
Oper: [redacted] (b)(6) 2
Physician:_____

(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: T98 FiO2 65 keep N

REPORTED BY:	DATE:	LAB ID NO.:
(b)(6) 2 [redacted]	3 NOV 03	

Ward/Section: ICU	REQUESTING PHYSICIAN: (6)(6)	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI: (6)(6)		DATE: 3 Nov	TIME: 1400	SSN/PSEUDO SSN: (6)(6)

(Hema[redacted]BC

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		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.:

Ward/Section: Fen 1	REQUES[redacted] (b)(6) 2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] (b)(6) 4	DATE 3 NOV	TIME 1555

[redacted] SSN (b)(6) 4

(Hematology) CBC

TEST	
WBC	
RBC	
Hgb	
Hct	
MCV	
Plt	
Lymph %	

[redacted] 03-11-03 16:09

				Patient Limits
WBC	8.9	x10^3/uL	4.5	10.5
RBC	2.73 L	x10^6/uL	4.00	6.00
Hgb	8.5 L	g/dL	11.0	18.0
Hct	26.7 L	%	35.0	60.0
MCV	71.7	fL	80.0	99.9
MCH	27.0	pg	27.0	31.0
MCHC	31.8 L	g/dL	33.0	37.0
Plt	271.	x10^3/uL	150.	450.
LYM	12.9	%	20.5	51.1
LYM	1.2 L	x10^3/uL	1.2	3.4

(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		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

[redacted] 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.:

Ward/Section: ICU

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

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

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

DATE: 3NOV TIME: 1558

SSN/DOD ID NO. SSN: [redacted] (b)(6)4

Pt Name:_____

Na_____166 mmol/L
K_____2.4 mmol/L
TCO2_____29 mmol/L
Hct_____22 %PCV
Hb*_____7 g/dL
*via Hct

At 37C
pH_____7.331
PCO2_____52.4 mmHg
PO2_____112 mmHg
HCO3_____28 mmol/L
BEecf_____2 mmol/L
sO2*_____98 %
*calculated

At Patient Temp
pH_____7.339
PCO2_____51.1 mmHg
PO2_____108 mmHg

Patient Temp: 97.6F
FIO2_____: 65
Sample Type_: ART

03NOV03 16:12

Oper: [redacted] (b)(6)2

Physician:_____

(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

FIO_2 65 Temp 97.6 Temp 16

REPORTED BY:	DATE:	LAB ID NO.:
[redacted] (b)(6)2	3 Nov 03	

Ward/Section: ICU 1

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

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

LAST FIRST. MI.

DATE: 3 Nov

TIME: 1750

SSN/PSEUDO SSN: [redacted] (b)(6)4

Pt [redacted] (b)(6)4

Pt _____

Na_____167 mmol/L
K_____2.2 mmol/L
TCO2_____29 mmol/L
Hct_____21 %PCV
Hb*_____7 g/dL
*via Hct

At 37C
pH_____7.394
PCO2_____45.8 mmHg
PO2_____152 mmHg
HCO3_____28 mmol/L
BEecf_____3 mmol/L
sO2*_____99 %
*calculated

At Patient Temp
pH_____7.407
PCO2_____44.0 mmHg
PO2_____147 mmHg

Patient Temp: 97.0F
FIO2_____: 65
Sample Type_: ART

03NOV03 18:02
Oper: [redacted] (b)(6)2
Physician:_____

(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:

FIO2 65%, Temp 97.

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU-1	REQUESTING PHYSICIAN: [redacted] (b)(6)2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted] (b)(6)4	DATE: 3 NOV 03	TIME: 2130
SSN/PSEUDO SSN: [redacted] (b)(6)4		

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		
RBC		
Hgb		
Hct		
MCV		
Plt		
Lymph %		

[redacted]

03-11-03
21:42

			Patient Limits	
WBC	9.7	x10^3/uL	4.5	10.5
RBC	2.02 L	x10^6/uL	4.00	6.00
Hgb	6.2 L	g/dL	11.0	18.0
Hct	25.8 L	%	35.0	60.0
MCV	91.4	fL	80.0	99.9
MCH	27.2	pg	27.0	31.0
MCHC	31.7 L	g/dL	33.0	37.0
Plt	165. *	x10^3/uL	150.	450.
LYM%	11.5	%	20.5	51.1
LYM	1.1 L	x10^3/uL	1.2	3.4

(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		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

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

UNIT	TYPE	CROSSMATCH

REMARKS: (b)(6)2

REPORTED BY: [redacted]

DATE: 3 NOV 03

LAB ID NO.:

ABN-SINA HOSPITAL
28th Combat Support Hospital
Baghdad, Iraq

Microbiology Request Form

Last Name: [redacted] (b)(6)4
First Name:
Patient # or SSN:
Collected by: SGT [redacted] (b)(6)2
Date: 3 NOV 03
Time: 2000hrs

Ward: ICU-1
Room:
Bed: C
Physician: [redacted] (b)(6)2
Source: Urine
Site: Urine Catheter

[redacted]

Received by: SPC [redacted] (b)(6)2
Date: 3 NOV 03
Time: 2045

Specimen #: ~~#69~~ U081

Laboratory Results

No Growth

Reported
Date: 4 NOV 03
Time: 1000
Tech: IU
Reviewer: [redacted] (b)(6)2

Number of attached sheets:

Microbiology Report

IBN SINA - HOSPITAL Laboratory

Name: [redacted] (b)(6)4
Patient ID: [redacted]
Ward/Rm: U1/

Specimen: R036
Source: Sputum
Ward of Iso:

Status: Final
Collected:
Attd. Phys:

1 Pseudomonas aeruginosa — Status: Final
2 Klebsiella pneumoniae — Status: Final

1 P. aeruginosa

Drug	MIC	Interps
Amox/K Clav (c)	>16/8	
Amp/Sulbactam (c)	>16/8	
Ampicillin	>16	
Aztreonam	<=8	S
Cefazolin	>16	
Cefepime	<=8	S
Cefotaxime (c)	32	I
Cefotetan	>32	
Cefoxitin	>16	
Ceftazidime (a)	<=8	S
Ceftriaxone (c)	32	I
Cefuroxime (b)	>16	
Cephalothin	>16	
Chloramphenicol	>16	
Ciprofloxacin	<=1	S
ESBL-a Scrn	>4	
ESBL-b Scrn	>1	
Gentamicin	<=4	S
Imipenem (c)	<=4	S
Levofloxacin	<=2	S
Meropenem (c)	<=4	S
Nitrofurantoin	>64	
Norfloxacin	<=4	
Pip/Tazo (d)	<=16	S
Piperacillin (a)	<=16	S
Tetracycline	>8	
Ticar/K Clav (a)	<=16	S
Tobramycin	<=4	S
Trimeth/Sulfa	>2/38	

2 K. pneumoniae

Drug	MIC	Interps
Amox/K Clav (c)	<=8/4	S
Amp/Sulbactam (c)	16/8	I
Ampicillin	>16	R
Aztreonam	>16	R
Cefazolin	>16	R
Cefepime	<=8	S
Cefotaxime (c)	>32	R
Cefotetan	<=16	S
Cefoxitin	<=8	S
Ceftazidime (a)	>16	R
Ceftriaxone (c)	>32	R
Cefuroxime (b)	>16	R
Cephalothin	>16	R
Chloramphenicol	<=8	S
Ciprofloxacin	<=1	S
ESBL-a Scrn	>4	
ESBL-b Scrn	>1	
Gatifloxacin	<=2	S
Gentamicin	8	I
Imipenem (c)	<=4	S
Levofloxacin	<=2	S
Meropenem (c)	<=4	S
Moxifloxacin	<=2	S
Nitrofurantoin	<=32	
Norfloxacin	<=4	
Pip/Tazo (d)	<=16	S
Piperacillin (a)	>64	R
Tetracycline	<=4	S
Ticar/K Clav (a)	<=16	S
Tobramycin	>8	R
Trimeth/Sulfa	<=2/38	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
Patient ID: [redacted]
Ward/Rm: U1/

Specimen: R036
Source: Sputum
Ward of Iso:

Status: Final
Collected:
Req. Phys: [redacted]

MEDCOM - 22262

T.1 (b)(6)2

[redacted]

Microbiology Request Form

Last Name [redacted] (b)(6)4 Ward: ICU 1

First Name: [redacted] Room:

Patient # or SSN: [redacted] Bed: 6

Physician: [redacted] (b)(6)2

Collected by: [redacted] (b)(6)2

Date: 30 Oct 03 Source: A-LINE BLOOD

Time: 0830 Site: (R) FEM. A-LINE

[redacted]

Received by: [redacted] Specimen #: B116

Date: 30 OCT 03

Time: 1000

Laboratory Results

No Growth

Reported

Date: 4 NOV 03

Time: 1000

Tech: IO

Reviewer: [redacted] (b)(6)2 Number of attached sheets:

(b)(6) 2

[redacted]

Pt Name:_____

TCO2_____27 mmol/L

At 37C

PH_____7.407

PCO2_____40.8 mmHg

PO2_____54 mmHg

HCO3_____26 mmol/L

BEecf_____1 mmol/L

sO2*_____88 %

*calculated

At Patient Temp

PH_____7.406

PCO2_____40.9 mmHg

PO2_____54 mmHg

Patient Temp: 98.7F

FIO2_____: 70

Sample Type_: ART

04NOV03 00:55

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver:

Pt: [redacted]

Pt Name:_____

TCO2_____28 mmol/L

At 37C

PH_____7.349

PCO2_____48.7 mmHg

PO2_____65 mmHg

HCO3_____27 mmol/L

BEecf_____1 mmol/L

sO2*_____91 %

*calculated

At Patient Temp

PH_____7.345

PCO2_____49.2 mmHg

PO2_____66 mmHg

Patient Temp: 99.0F

FIO2_____: 80

Sample Type_: ART

04NOV03 02:44

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver:

[redacted]

Pt Name:_____

TCO2_____28 mmol/L

At 37C

PH_____7.361

PCO2_____46.6 mmHg

PO2_____54 mmHg

HCO3_____26 mmol/L

BEecf_____1 mmol/L

sO2*_____86 %

*calculated

At Patient Temp

PH_____7.355

PCO2_____47.5 mmHg

PO2_____55 mmHg

Patient Temp: 99.4F

FIO2_____: 80

Sample Type_: ART

04NOV03 03:29

Oper: [redacted]

Physician:_____

Ser# [redacted]

Pt: [redacted]

Pt Name:_____

TCO2_____28 mmol/L

At 37C

PH_____7.353

PCO2_____47.1 mmHg

PO2_____95 mmHg

HCO3_____26 mmol/L

BEecf_____1 mmol/L

sO2*_____97 %

*calculated

At Patient Temp

PH_____7.386

PCO2_____49.7 mmHg

PO2_____102 mmHg

Patient Temp: 100.8F

FIO2_____: 100

Sample Type_: ART

04NOV03 05:02

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: [redacted]

(b)(6) 2

(b)(6)

Pt: [redacted]

Pt Name:_____

TCO2_____28 mmol/L

At 37C

PH_____7.298

PCO2_____53.5 mmHg

PO2_____72 mmHg

HCO3_____26 mmol/L

BEecf_____0 mmol/L

sO2*_____92 %

*calculated

At Patient Temp

PH_____7.280

PCO2_____56.7 mmHg

PO2_____79 mmHg

Patient Temp: 101.0F

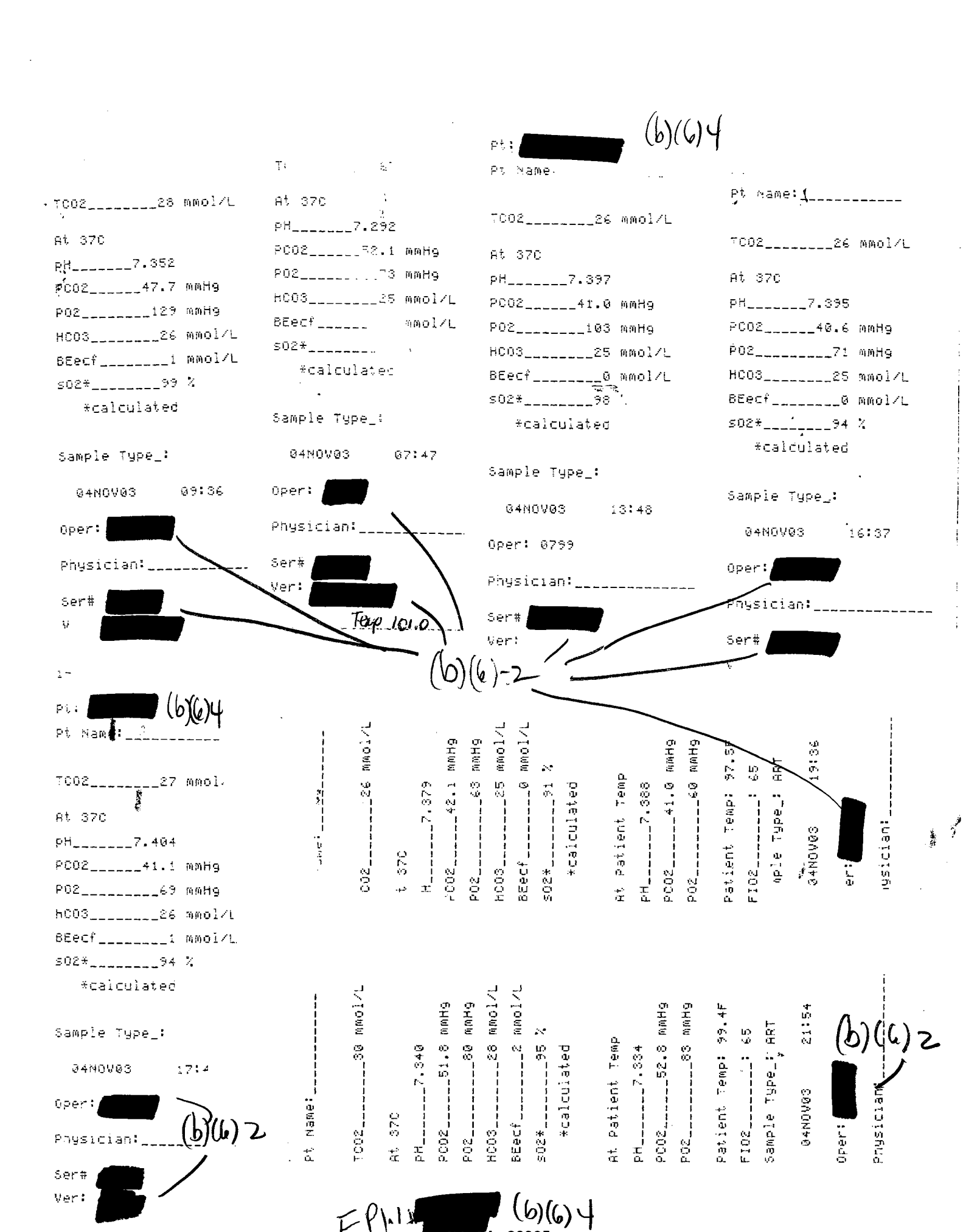
FIO2_____: 90

Sample Type_: ART

04NOV03 05:56

Oper: [redacted]

Physician:_____



Ward/Section: ICU-1	REQUESTING PHYSICIAN: [redacted] (6)(6) 2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted] (6)(6) 4	DATE: 4 JUN 03	TIME: 0400
SSN/PSEUDO SSN: [redacted] (6)(6) 4		

(Hematology) CBC

TEST	RESULT
WBC	
RBC	
Hgb	
Hct	
MCV	
Plt	
Lymph %	

[redacted] 04-JUN-03 03:21

				Patient Limits	
WBC	10.7 H	x10^3/uL		4.5	10.5
RBC	3.19 L	x10^6/uL		4.00	6.00
Hgb	9.3 L	g/dL		11.0	18.0
Hct	29.3 L	%		35.0	60.0
MCV	92.0	fL		80.0	99.9
MCH	29.1	pg		27.0	31.0
MCHC	31.6 L	g/dL		33.0	37.0
Plt	218.	x10^3/uL		150.	450.
LYM%	8.6	%		25.5	51.1
LYM	0.9	x10^3/uL		1.2	3.4

(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		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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU 1

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

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

DATE: 04NOV | TIME: 0757 | SSN/PSEUDO SSN: # [redacted] (b)(6)4

Pt: [redacted] (b)(6)4

Pt Name:_____

Na_____ [illegible] mmol/L
K_____2.6 mmol/L
TCO2_____29 mmol/L
Hct_____*** %PCV
Hb*_____*** g/dL
*via Hct

At 37C
pH_____7.302
PCO2_____54.6 mmHg
PO2_____80 mmHg
HCO3_____27 mmol/L
BEecf_____1 mmol/L
sO2*_____94 %
*calculated

At Patient Temp
pH_____7.283
PCO2_____57.9 mmHg
PO2_____87 mmHg

Patient Temp: 101.0F
FIO2_____: 90
Sample Type_:

04NOV03 08:30

Oper: [redacted] (b)(6)2

Physician:_____

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
======= PICCOLO =======		
04/11/03		08:30
REFERENCE RANGE:		MALE
PATIENT #: [redacted] (b)(6)4		
METLYTE 8		
DISC LOT #:		3151AA4
OPER #: [redacted]		DR #: 000
SERIAL #: [redacted] (b)(6)2		
GLU	103	73-118 MG/DL
BUN	43*	7-22 MG/DL
CRE	ICT	0.6-1.2 MG/DL
CK	1292*	39-380 U/L
NA+	161*	128-145 MMOL
K+	3.1*	3.3-4.7 MMOL
CL-	121*	98-108 MMOL
tCO2	19	18-33 MMOL
INST QC: OK		CHEM QC: OK
HEM 0 , LIP 0 , ICT 3+		

(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

Name:_____

Crea_____2.5 mg/dL

Sample Type_:

04NOV03 09:00

Oper: [redacted] (b)(6)2

Physician:

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

REMARKS:
ABG FIO2 90% Temp 101

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

Ward/Section: ICU

REQU[redacted] ICIAN: (b)(6) 2

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

DATE: 04NOV03 TIME: 0943 SSN/PSEUDO: epw ##[redacted] (b)(6) 4

Pt Name:_____

Na_____170 mmol/L
K_____2.8 mmol/L
TCO2_____28 mmol/L
Hct_____22 %PCV
Hb*_____7 g/dL
*via Hct

At 37C
PH___ 355
PCO2_____ 3.1 mmHg
PO2_____145 mmHg
HCO3_____27 mmol/L
BEecf_____1 mmol/L
sO2*_____99 %
*calculated

At Patient Temp
PH_____7.342
PCO2_____50.1 mmHg
PO2_____150 mmHg

Patient Temp: 100.2F
FIO2_____: 90
Sample Type_:

04NOV03 10:05

Oper: [redacted] (b)(6) 2

Physician:_____

(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:

7136 FIO2 90% Temp 100.2

REPORTED BY:	DATE:	LAB ID NO.:

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	[redacted] (6)(6) 4	
RBC		
Hgb		
Hct		
MCV		
Plt		
Lymph %		

(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		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

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

UNIT	*TYPE*	*CROSSMATCH*

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU

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

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

DATE: 4 NOV 03 | TIME: 1200 | SSN/PSEUDO SSN: # [redacted] (b)(6) 4

Pt: [redacted] (b)(6)4

Pt Name:_____

Na_____169 mmol/L
K_____2.8 mmol/L
TCO2_____27 mmol/L
Hct_____30 %PCV
Hb*_____10 g/dL
*via Hct

At 37C
pH_____7.370
PCO2_____44.8 mmHg
PO2_____86 mmHg
HCO3_____26 mmol/L
BEecf_____1 mmol/L
sO2*_____96 %
*calculated

At Patient Temp
pH_____7.366
PCO2_____45.2 mmHg
PO2_____87 mmHg

Patient Temp: 99.0F
FIO2_____: 80
Sample Type_:

04NOV03 12:01

Oper: [redacted]
Physician: (b)(6)2
Ser# [redacted]

(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:

ABG FIO2 80%. Temp 99°

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: 1CU1 | REQ [redacted] AN: (6)(6)2

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

DATE: 4NOV03 | TIME: 1420 | SS[redacted] (6)(6)4

Pt: [redacted] (6)(6)4
Pt Name:_____

Na_____168 mmol/L
K_____2.7 mmol/L
TCO2_____27 mmol/L
Hct_____31 %PCV
Hb*_____7 g/dL
*via Hct

At 37C
PH_____7.419
PCO2_____39.2 mmHg
PO2_____121 mmHg
HCO3_____25 mmol/L
SEecf_____1 mmol/L
sO2*_____99 %
*calculated

At Patient Temp
PH_____7.421
PCO2_____39.0 mmHg
PO2_____120 mmHg

Patient Temp: 98.4F
FIO2_____: 80
Sample Type_:

04NOV03 14:05

Oper: [redacted] (6)(6)2
Physician:_____

(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: ABG FIO2 80%. Temp 98.4

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: 11711 | REQUEST: [redacted](b)(6)2 | **CHEMISTRY RESULT FORM** (Subject to the Privacy Act of 1974)

DATE: CANCUS | TIME: 1430 | SSN/PSEUDO SSN: #[redacted](b)(6)4

[redacted](b)(6)4

Pt Name:_____

Na_____168 mmol/L
K_____2.7 mmol/L
TCO2_____26 mmol/L
Hct_____22 %PCV
Hb*_____7 g/dL
*via Hct

At 37C
PH_____7.431
PCO2_____36.9 mmHg
PO2_____90 mmHg
HCO3_____25 mmol/L
BE-cf_____0 mmol/L
SO2*_____97 %
*calculated

At Patient Temp
PH_____7.441
PCO2_____35.8 mmHg
PO2_____87 mmHg

Patient Temp: 97.4F
FIO2_____: 75
Sample Type_: ART

04NOV03 14:35

Oper: 1678

Physician:_____

(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:
ABG FIO2 75%. Temp 97.4

REPORTED BY: [redacted]
(b)(6)2

DATE: 4 Nov 03

LAB ID NO.:

Ward/Section: 1011	REQUE[redacted]N: (b)(6) 2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] (b)(6)4	DATE 4 NOV 03	TIME 1600
SSN [redacted] (b)(6)4		

(Hematology) CBC				Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE		TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	[redacted]	[redacted]		Color		N/A	RPR		Negative
RBC				App		N/A	Mono		Negative
Hgb				Glu		Negative	**Microbiology**		
Hct				Bili		Negative	Source		
MCV				Ket		Negative	Gram Stain		
Plt				SG		N/A	Occ Bld		Negative
Lymph %				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: [redacted] (b)(6)2	DATE: 4NOV03	LAB ID NO.:

Ward/Section: ICU | REQUE[redacted]CIAN: (b)(6) 2 | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAS | DATE 4 NOV 03 | TIME 1600 | SSN/PSEUDO [redacted] (b)(6)4

Pt: [redacted] (b)(6)4

Pt Name: [redacted]

Na_____169 mmol/L
K_____2.8 mmol/L
TCO2_____28 mmol/L
Hct_____22 %PCV
Hb*_____7 g/dL
*via Hct

At 37C
pH_____7.420
[redacted]_____41.3 mmHg
[redacted]____104 mmHg
[redacted]_____27 mmol/L
[redacted]_____2 mmol/L
sO2*_____99 %
*calculated

At Patient Temp
pH_____7.480
PCO2_____40.2 mmHg
PO2_____130 mmHg

Patient Temp: 97.4F
FIO2_____: 75
Sample Type_:

04NOV03 16:02
Oper: [redacted] (b)(6) 2
Physician:_____

(Piccolo) Chemistry 12

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

======= PICCOLO =======
04/11/03 16:04
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)4
METLYTE 8
DISC LOT #: 3151AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]
(b)(6) 2

GLU	133*	73-118	MG/DL
BUN	47*	7-22	MG/DL
CRE	ICT	0.6-1.2	MG/DL
CK	1293*	39-380	U/L
NA+	164*	128-145	MMOL
K+	3.5	3.3-4.7	MMOL
CL-	121*	98-108	MMOL
tCO2	22	18-33	MMOL

INST QC: OK CHEM QC: OK
CHEM 0 , LIP 0 , ICT 3+

OV 2.6

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
UN		7-22 mg/dl
A++		8.0-10.3 mg/dl
RE		0.6-1.2 mg/dl
A+		128-145 mmol/l
+		3.3-4.7 mmol/l
L-		98-108 mmol/l
CO2		18-33 mmol/l

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
A+		128-145 mmol/l
+		3.3-4.7 mmol/l
L-		98-108 mmol/l
CO2		18-33 mmol/l

REMARKS:
ABG FIO2 75%. TEMP: 97.4

REPORTED BY: | DATE: rgc 4Nov03 | LAB ID NO.:

Ward/Section:	REQUE[redacted]SICIAN: (b)(6) 2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, [redacted]	DATE 4/10/03 TIME 1651	SSN/PSEUDO SSN: [redacted] (b)(6) 4

(Hematology) CBC				Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE		TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC				Color		N/A	RPR		Negative
RBC				App		N/A	Mono		Negative
Hgb				Glu		Negative	Microbiology		
Hct				Bili		Negative	Source		
MCV				Ket		Negative	Gram Stain		
Plt				SG		N/A	Occ Bld		Negative
Lymph %				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: [redacted] (b)(6) 2	DATE: 4/10/03	LAB ID NO.:

Ward/Section: ICU	REQUESTING PHYSICIAN: [redacted] (b)(6) 2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted]	DATE 4 Nov	TIME 2300
		SSN/PSEUDO SSN: [redacted] (b)(6) 4

(Hematology) CBC (b)(6) 4

TEST	RESULT	REF. RANGE
WBC	[redacted]	4-11.0
RBC		3.5-5.0
Hgb		Percent Limits
Hct	14.5 H x10^3/uL	4.5 10.5
MCV	3.10 L x10^6/uL	4.00 6.00
Plt	7.0 L g/dL	11.0 18.0
Lymph %	20.7 L %	35.0 55.0
	71.0 fl	80.0 99.0
	23.4 pg	27.0 31.0
	31.3 L g/dL	33.0 37.0
	204 x10^3/uL	150 450
	11.2 H %	20.5 51.1
	1.6 x10^3/uL	1.2 3.4

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

Spun Hematocrit		42-52% (M) 37-47% (F)
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
Leuk		Negative
HCG		Negative

CSF

Cell Count		
Directigen		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	

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

[redacted]

Microbiology Request Form

Last Name: (b)(6)4 [redacted]
First Name: [redacted]
Patient # or SSN: [redacted]
Collected by: LT. [redacted] (b)(6)2
Date: 10/31/03
Time: 0400

Ward: ICU-1
Room:
Bed: 10
Physician: [redacted] (b)(6)2
Source: Blood
Site: (R) forearm

[redacted]

Received by: [redacted] (b)(6)2
Date: 31 OCT 03
Time: 0800

Specimen #: B121

Laboratory Results

No Growth

Reported
Date: 5 NOV 03
Time: 1000
Tech: IO
Reviewer: [redacted] (b)(6)2

Number of attached sheets:

[redacted]

Microbiology Request Form

Last Name (b)(6)4 [redacted]
First Name: [redacted]
Patient # or SSN: [redacted]
Collected by: LT [redacted] (b)(6)2
Date: 10/31/03
Time: 0400

Ward: ICU-1
Room:
Bed: 6
Physician: [redacted] (b)(6)2
Source: ~~Arterial~~ Blood
Site: Central line (R) sub clavian

[redacted]

Received by [redacted] (b)(6)2
Date: 31 OCT 03
Time: 0800

Specimen #: B122

Laboratory Results

No Growth

Reported
Date: 5 NOV 03
Time: 1000
Tech: IU
Reviewer: [redacted] (b)(6)2

Number of attached sheets:

MEDCOM - 22278

DOD-035854

ACLU-RDI 1666 p.38

[redacted]

Microbiology Request Form

Last Name: [redacted] (b)(6)4 Ward: ICU

First Name: Room:

Patient # or SSN: [redacted] (b)(6)4 Bed: 10

Physician: [redacted] (b)(6)2

Collected by: SGT [redacted] (b)(6)2

Date: 3NOV03 Source: (12) Left

Time: 2000hrs Site: wound

[redacted]

Received by: SPC [redacted] (b)(6)2 Specimen #: W110

Date: 3NOV03

Time: 2045

Laboratory Results

No Growth

Reported

Date: 5 NOV 03

Time: 1000

Tech: IO

Reviewer: [redacted] (b)(6)2 Number of attached sheets:

Ward/Section: ICU-1	REQUESTING [redacted] (b)(6) 2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted]	DATE 5NOV03	TIME 0315	SSN/PSEUDO SSN: [redacted] (b)(6) 4

(Hematology) CBC (b)(6) 4

TEST	[redacted]	REF. RANGE
WBC		
RBC		
Hgb		
Hct		
MCV		
Plt		
Lymph %		

(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		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.:

Ward/Section: ICU

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

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

DATE: 5NOV

TIME: 1032

SSN/PSEUDO SSN: [redacted] (b)(6)4

Pt: [redacted] (b)(6)4

Pt Name:_____

Na_____167 mmol/L
K_____3.9 mmol/L
TCO2_____27 mmol/L
Hct_____30 %PCV
Hb*_____7 g/dL
*via Hct

at 37°
____.405
PCO2_____40.8 mmHg
PO2_____76 mmHg
HCO3_____26 mmol/L
BEecf_____1 mmol/L
sO2*_____95 %
*calculated

At Patient Temp
PH_____7.410
PCO2_____40.2 mmHg
PO2_____74 mmHg

Patient Temp: 98.6F
FIO2_____: 50
Sample Type_:

05NOV03 10:52

Oper: [redacted] (b)(6)2

Physician:_____

Ser# [redacted]

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE	
======= PICCOLO =======			
05/11/03		10:55	
REFERENCE RANGE:		MALE	
PATIENT #: [redacted] (b)(6)4			
GENERAL CHEMISTRY 12			
DISC LOT #:		3204AA4	
OPER #: [redacted]		DR #: 000	
SERIAL #: [redacted] (b)(6)2			
ALB	1.4*	3.3-5.5	G/DL
ALP	61	26-84	U/L
ALT	56*	10-47	U/L
AMY	95	14-97	U/L
AST	185*	11-38	U/L
TBIL	14.5*	0.2-1.6	MG/DL
BUN	61*	7-22	MG/DL
CA++	8.7	8.0-10.3	MG/DL
CHOL	89*	100-200	MG/DL
CRE	ICT	0.6-1.2	MG/DL
GLU	146*	73-118	MG/DL
TP	ICT	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 3+

(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

[redacted] NEED electrolytes + creatinine! Dr

ABG T98.8 FiO2/U

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU 1	REQUESTING PHYSICIAN: [redacted] (b)(6)2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] (b)(6)4	DATE 5 Oct	TIME 1080	SSN/PSEUDO SSN: [redacted] (b)(6)4

(Hematology) CBC				Urinalysis			Misc. Serology		
TEST	RESULT		REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	[redacted]			Color		N/A	RPR		Negative
RBC				App		N/A	Mono		Negative
Hgb				Glu		Negative	**Microbiology**		
Hct				Bili		Negative	Source		
MCV				Ket		Negative	Gram Stain		
Plt				SG		N/A	Occ Bld		Negative
Lymph %				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			

			CSF			Blood Bank
Spun Hematocrit		42-52% (M) 37-47% (F)	Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED
Sed Rate			Directigen		Negative	ABO/Rh
Other						

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.:

Ward/Section: Fem 1	REQUESTING PHYSICIAN: [redacted] (b)(6) 2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FI	DATE 5 Nov 03 / TIME 1240	SSN/PSEUDO SSN: [redacted]

Pt: [redacted] (b)(6) 4
Pt Name:_____

TEST	RESULT	REF. RANGE
Na		3.5-5.5 g/dl
K		26-84 u/l
Cl		10-47 u/l
pH		14-97 u/l
PCO2		11-38 u/l
PO2		0.2-1.6 mg/dl
TCO2		7-22 mg/dl
HCO3		8.0-10.3mg/dl
sO2		100-200 mg/dl
BEecf		0.6-1.2 mg/dl
AnGap		73-118 mg/dl
Ca		6.4-8.1 g/dl
BUN		
GLU		
Creat		73-118 mg/dl
Hct		7-22 mg/dl
Hgb		0.6-1.2 mg/dl
		39-380 u/l (M) 30-190 u/l (F)
		128-145 mmol/l
Troponin		3.3-4.7 mmol/l
Drug of Abuse		98-108 mmol/l
		18-33 mmol/l

(Piccolo) Chemistry 12

(Piccolo) Metlyte 8

Na_____166 mmol/L
K_____3.9 mmol/L
TCO2_____26 mmol/L
Hct_____22 %PCV
Hb*_____7 g/dL
*via Hct

At 37C
pH_____7.381
PCO2_____41.3 mmHg
PO2_____84 mmHg
HCO3_____24 mmol/L
BEecf_____-1 mmol/L
sO2*_____96 %
*calculated

At Patient Temp
pH_____7.386
PCO2_____40.7 mmHg
PO2_____82 mmHg

Patient Temp: 98.0F
FIO2_____: 80
Sample Type_:

05NOV03 12:53
Oper: [redacted]
Physician: (b)(6) 2
Ser# [redacted]

(Piccolo) Metabolic Panel

i-Stat (b)(6) 4
Pt: [redacted]
Pt Name:_____

Glu_____162 mg/dL
BUN_____60 mg/dL
Na_____165 mmol/L
K_____3.5 mmol/L
Cl_____130 mmol/L
TCO2_____24 mmol/L
AnGap_____15 mmol/L
Hct_____21 %PCV
Hb*_____7 g/dL
*via Hct

pH_____7.379
PCO2_____39.3 mmHg
HCO3_____23 mmol/L
BEecf_____-2 mmol/L

Sample Type_:

05NOV03 12:46
Oper: [redacted] (b)(6) 2
Physician:_____

CL		98-108 mmol/l
tCO_2		18-33 mmol/l

REMARKS:

ABG KiU, 50 Tey qid

REPORTED BY:	DATE:	LAB ID NO.:

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	[redacted]	Patient Limits
WBC	(b)(6) 4	
RBC		
Hgb		
Hct		
MCV		
Plt		
Lymph %		

(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		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

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

UNIT	TYPE	CROSSMATCH

REMARKS: ABC

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: Icu

ATTENDING PHYSICIAN: [redacted] (b)(6) 2

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

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

DATE: 5 Nov

TIME: 1320

SSN/DOD 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

Pt: [redacted] (b)(6) 4
Pt Name:_____
Crea_____2.9 mg/dL
Sample Type_:
05NOV03 14:11
Oper: [redacted]
Physician: (b)(6) 2
Se[redacted]
We

(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: creat.

REPORTED BY:	DATE:	LAB ID NO.:

[redacted]

Microbiology Request Form

Last Name: [redacted] (b)(6)4
First Name:
Patient # or SSN: [redacted]

Ward: ICU
Room:
Bed:
Physician:

Collected by: SGT [redacted] (b)(6)2
Date: 3 NOV 03
Time: 2000hrs

Source: mouth
Site: (R) side inside cheek

[redacted]

Received by: SPC [redacted] (b)(6)2
Date: 3 NOV 03
Time: 2045

Specimen #: W109

Laboratory Results

Pseudomonas aeruginosa

Stenotrophomonas maltophilia

Reported
Date: 6 NOV 03
Time: 1000
Tech: [redacted]
Reviewer: [redacted] (b)(6)2

Number of attached sheets:

Microbiology Report

IBN SINA - HOSPITAL Laboratory

Name: [redacted] (b)(6)4
Patient ID:
Ward/Rm: U1/

Specimen: W109
Source: Wound/Sterile site
Ward of Iso:

Status: Final
Collected:
Attd. Phys:

1 Pseudomonas aeruginosa — Status: Final
2 Stenotrophomonas (X.) maltophilia — Status Final

1 P. aeruginosa

Drug	MIC	Interps
Amox/K Clav (c)	>16/8	
Amp/Sulbactam (c)	>16/8	
Ampicillin	>16	
Aztreonam	<=8	S
Cefazolin	>16	
Cefepime	<=8	S
Cefotaxime (c)	32	I
Cefotetan	>32	
Cefoxitin	>16	
Ceftazidime (a)	<=8	S
Ceftriaxone (c)	32	I
Cefuroxime (b)	>16	
Cephalothin	>16	
Chloramphenicol	>16	
Ciprofloxacin	<=1	S
ESBL-a Scrn	>4	
ESBL-b Scrn	>1	
Gentamicin	<=4	S
Imipenem (c)	<=4	S
Levofloxacin	<=2	S
Meropenem (c)	<=4	S
Nitrofurantoin	>64	
Norfloxacin	<=4	
Pip/Tazo (d)	<=16	S
Piperacillin (a)	<=16	S
Tetracycline	>8	
Ticar/K Clav (a)	64	S
Tobramycin	<=4	S
Trimeth/Sulfa	>2/38	

2 S. maltophilia

Drug	MIC	Interps
Amox/K Clav (c)	>16/8	
Amp/Sulbactam (c)	>16/8	
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	I
Ciprofloxacin	>2	R
ESBL-a Scrn	>4	
ESBL-b Scrn	>1	
Gatifloxacin	<=2	
Gentamicin	>8	R
Imipenem (c)	>8	R
Levofloxacin	<=2	S
Meropenem (c)	>8	R
Moxifloxacin	<=2	
Nitrofurantoin	>64	
Norfloxacin	>8	
Tetracycline	>8	R
Ticar/K Clav (a)	>64	R
Tobramycin	>8	R
Trimeth/Sulfa	<=2/38	S

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
--- = Not Tested
TDG = 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)
ESBL? = 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. Ofloxacin (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:
Ward/Rm: U1/

Specimen: W109
Source: Wound/Sterile site
Ward of Iso:

Status: Final
Collected:
Req. Phys: (b)(6)2 [redacted]

Printed 11/6/2003 9:33:14 AM

Tech: I.U

MEDCOM - 22287

Ward/Section: ICU-1	REQUESTING PHYSICIAN:	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI: Ems [redacted] (b)(6)4	DATE: 1116	TIME: 0400	SSN/PSEUDO SSN:

(Hematology) CBC

TEST	[redacted]
WBC	
RBC	
Hgb	
Hct	
MCV	
Plt	
Lymph %	

(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		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Prot		Negative

SERIAL #005485 11/06/03

Patient ID: [redacted] (b)(6)4
Test Name :PT
Test Result:= 23.9 sec.
RESULT OUT OF RANGE
Ratio = 2.0
Calculated INR = 2.97
Sample Type:citrated wh. blood
Test Date :11/06/03
Test Time :06:00
Card Lot :060206
Operator [redacted]
(b)(6) 2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/06/03 06:05

Patient ID: [redacted] (b)(6)4
Test Name :APTT
Test Result:= 87.0 sec.
RESULT OUT OF RANGE
Sample Type:citrated wh. blood
Test Date :11/06/03

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

it Crossmatch
H EVERY UNIT OF BLOOD STED)

E	CROSSMATCH

REMARKS: CBC PT/PTT

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU-1	REQUESTING PHYSICIAN: Dr. [redacted] (b)(6)2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI.	DATE 11/6 / TIME 0400	SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		
K		
Cl		
pH		
PCO2		
PO2		
TCO2		
HCO3		
sO2		
BEecf		
AnGap		
Ca		
BUN		
GLU		
Creat		
Hct		
Hgb		

Pt Name:_____

Na_____164 mmol/L
K_____4.3 mmol/L
TCO2_____29 mmol/L
Hct_____21 %PCV
Hb*_____7 g/dL
*via Hct

At 37C
pH_____7.381
PCO2_____46.6 mmHg
PO2_____111 mmHg
HCO3_____28 mmol/L
BEecf_____3 mmol/L
sO2*_____98 %
*calculated

Sample Type_:

TEST	06NOV03	03:55
Troponin-		
Drug of Abuse		

Oper:

Physician:_____

(Piccolo) Chemistry 12

======= PICCOLO =======
06/11/03 05:17
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)4
BASIC METABOLIC
DISC LOT #: 3325AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]
(b)(6)2

GLU	154*	73-118	MG/DL
BUN	53*	7-22	MG/DL
CA++	7.9*	8.0-10.3	MG/DL
CRE	ICT	0.6-1.2	MG/DL
NA+	167*	128-145	MMOL
K+	5.2*	3.3-4.7	MMOL
CL-	120*	98-108	MMOL
tCO2	23	18-33	MMOL

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 3+

CRE 3.0

(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: (1) ABG (1) CE
(2) Chem (2)

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU-1	REQUESTING PHYSICIAN:	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
	DATE 14 NOV 06 TIME 0600	SSN/PSEUDO SSN:

Pt: [redacted] (b)(6)4

Pt Name: _____

Na_____164 mmol/L
K_____4.4 mmol/L
TCO2_____29 mmol/L
Hct_____21 %PCV
Hb*_____7 g/dL
*via Hct

At 37C
pH_____7.370
PCO2_____47.1 mmHg
PO2_____89 mmHg
HCO3_____27 mmol/L
SEecf_____2 mmol/L
sO2*_____97 %
*calculated

At Patient Temp
pH_____7.371
PCO2_____47.0 mmHg
PO2_____89 mmHg

Patient Temp: 98.5F
FIO2_____: 45
Sample Type_:

06NOV03 06:33

Oper:

Physician:_____

(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: ABG (T) 98.5 FiO2 45%

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: Pen 1	REQUESTING PHYSICIAN: [redacted] (b)(6) 2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] (b)(6) 4	DATE 6 Nov	TIME 0500
		SSN/PSEUDO SSN: [redacted] (b)(6) 4

i-STAT

TEST	RESULT	REF. RANGE
Na	164	138-146 mmol/L
K	4.3	3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH	7.387	7.31-7.45
PCO2	43.1	35-45 mmHg (art) 41-51 mmHg (ven)
PO2	60	80-105 mmHg (art) N/A (ven)
TCO2	27	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	26	22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2	90	95-98%
BEecf	1	(-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	21	38-51% PCV
Hgb	7	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) 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:

FiO2 45% Temp 98.1 Lasix 1 mg IV.

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: Fen 1	REQUESTING PHYSICIAN: [redacted] (b)(6) Z	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] (b)(6) 4	DATE 6 Mar	TIME 0520	SSN/PSEUDO SSN: [redacted] (b)(6) 4

(Hematology) CBC

TEST	[redacted] (b)(6) 4
WBC	
RBC	
Hgb	
Hct	
MCV	
Plt	
Lymph %	

(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		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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section:	REQUESTING PHYSICIAN:	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
ICU	[redacted] (b)(6)2	
LAST, FIRST, MI: [redacted]	DATE: 6 NOV 03 TIME: 0900	SSN/PSEUDO SSN: [redacted] (b)(6)4

(i-STAT) E66

Pt: [redacted] (b)(6)4
Pt Name:_____

Na_____163 mmol/L
K_____4.4 mmol/L
TCO2_____29 mmol/L
Hct_____*** %PCV
Hb*_____*** g/dL
*via Hct

At 37C
pH_____7.416
PCO2_____43.7 mmHg
PO2_____84 mmHg
HCO3_____28 mmol/L
BEecf_____4 mmol/L
sO2*_____96 %
*calculated

At Patient Temp
pH_____7.416
PCO2_____43.7 mmHg
PO2_____84 mmHg

Patient Temp: 98.6F
FIO2_____: 40

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l

Pt: [redacted] (b)(6)4
t Name:_____

Glu_____145 mg/dL
UN_____58 mg/dL
Na_____161 mmol/L
K_____4.4 mmol/L
Cl_____130 mmol/L
TCO2_____26 mmol/L
AnGap_____11 mmol/L
Hct_____21 %PCV
Hb*_____7 g/dL
*via Hct
pH_____7.372
PCO2_____42.7 mmHg
HCO3_____25 mmol/L
BEecf_____0 mmol/L

Sample Type_:

06NOV03 09:23

Oper: 7

Physician:_____

Ser# [redacted] (b)(6)2

(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

Pt: [redacted] (b)(6)4
Pt Name:_____

Crea_____3.0 mg/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: with Creat. Fio2 40% Temp 98.6 Creat

REPORTED BY: [redacted]	DATE:	LAB ID NO.:

Ward/Section: Fem 1	REQUESTING PHYSICIAN: [redacted] (b)(6) 2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted] (b)(6) 4	DATE: 6 Nov	TIME: 12ee
		SSN/PSEUDO SSN: [redacted] (b)(6) 4

(i-STAT)

TEST	RESULT	REF. RANGE
Na	163	138-146 mmol/L
K	4.1	3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH	7.470	7.31-7.45
PCO2	33.7	35-45 mmHg (art) 41-51 mmHg (ven)
PO2	72	80-105 mmHg (art) N/A (ven)
TCO2	26	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	25	22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2	95	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	21	38-51% PCV
Hgb	7	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) 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:

RN 2 55 T 97.8 Pain 8

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: Fen 1	REQUEST[redacted] (b)(6) 2	**CHEMISTRY RESULT FORM** (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] (b)(6)4	DATE 6 Nov / TIME 1625	SSN/PSEUDO SSN: [redacted] (b)(6)4

(i-STAT)

TEST	RESULT	REF. RANGE
Na	164	138-146 mmol/L
K	4.1	3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH	7.383	7.31-7.45
PCO2	42.2	35-45 mmHg (art) 41-51 mmHg (ven)
PO2	72	80-105 mmHg (art) N/A (ven)
TCO2	26	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	25	22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2	94	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	28	38-51% PCV
Hgb	9	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) 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:

FiO2 55 Peep 8 IPta

REPORTED BY:	DATE:	LAB ID NO.:

MEDCOM - 22295

Ward/Section: ICU 1	REQU[redacted] (b)(6)2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST [redacted] (b)(6)4	DATE 6 Nov	TIME 1625

(Hematology) CBC		Urinalysis			Misc. Serology		
TEST	[redacted]	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		Color		N/A	RPR		Negative
RBC		App		N/A	Mono		Negative
Hgb		Glu		Negative	**Microbiology**		
Hct		Bili		Negative	Source		
MCV		Ket		Negative	Gram Stain		
Plt		SG		N/A	Occ Bld		Negative
Lymph %		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.:

Ward/Section: ICU | REQ[redacted]SICIAN: (b)(6) -2 | **CHEMISTRY RESULT FORM** (Subject to the Privacy Act of 1974)

LAST, FIRST, MI: [redacted] (b)(6) 4 | DATE: 6Nov | TIME: 1625 | SSN/PSEUDO SSN: [redacted] (b)(6)4

(i-STAT) 66

TEST	RESULT	REF. RANGE

Pt: [redacted] (b)(6)4

Pt Name:_____

Na_____162 mmol/L
K_____4.0 mmol/L
TCO2_____27 mmol/L
Hct_____25 %PCV
Hb*_____9 g/dL
*via Hct

At 37C
pH_____7.390
PCO2_____42.0 mmHg
PO2_____76 mmHg
HCO3_____25 mmol/L
BEecf_____0 mmol/L
sO2*_____95 %
*calculated

FIO2_____: 55
Sample Type_: ART

06NOV03 16:42

Oper: [redacted] (b)(6)2

Physician:_____

(Piccolo) Chemistry 12

======= PICCOLO =======
06/11/03 15:3: AM
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)4
GENERAL CHEMISTRY 12
DISC LOT #: 3204AA4
OPER #: [redacted] DR #. 000
SERIAL #: [redacted] (b)(6)2

ALB	1.4*	3.3-5.5	G/DL
ALP	66	26-84	U/L
ALT	56*	10-47	U/L
AMY	56	14-97	U/L
AST	♦♦♦	11-38	U/L
TBIL	13.4*	0.2-1.6	MG/DL
BUN	52*	7-22	MG/DL
CA++	8.4	8.0-10.3	MG/DL
CHOL	99*	100-200	MG/DL
CRE	ICT	0.6-1.2	MG/DL
GLU	113	73-118	MG/DL
TP	4.4*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 3+

CRE 2.7

(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^+	161	128-145 mmol/l
K^-	4.0	3.3-4.7 mmol/l
CL^-	132	98-108 mmol/l
tCO_2	24	18-33 mmol/l

REMARKS: ABG FiO_2 55% Creat

REPORTED BY: [redacted] (b)(6)2 | **DATE:** 6Nov03 | **LAB ID NO.:**

Ward/Section: Ecu 1	REQ [redacted] (b)(6) 2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] (b)(6) 4	DATE 6 Nov	TIME 1750
SSN/PSEUDO SSN: [redacted] (b)(6) 4		

(i-STAT)

TEST	RESULT	REF. RANGE
Na	164	138-146 mmol/L
K	4.0	3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH	7.382	7.31-7.45
PCO2	41	35-45 mmHg (art) 41-51 mmHg (ven)
PO2	71	80-105 mmHg (art) N/A (ven)
TCO2	26	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	24	22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2	94	95-98%
BEecf	-1	(-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	24	38-51% PCV
Hgb	8	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) 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:

FiO2 55 Peep 5 on mvnt

REPORTED BY:	DATE:	LAB ID NO.:

7/24.1

Ward/Section: ICU-[redacted]	REQUESTING PHYSICIAN:	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted] (b)(6)4	DATE: 11/06 TIME: 1910	SSN/PSEUDO SSN:

(Hematology) CBC

TEST	ID: [redacted] 06-11-03 19:27			Patient Limits	
WBC	WBC	15.4 H	x10^3/uL	4.5	10.5
RBC	RBC	3.14 L	x10^6/uL	4.00	6.00
Hgb	Hgb	9.1 L	g/dL	11.0	18.0
Hct	Hct	28.9 L	%	35.0	60.0
MCV	MCV	92.0	fL	80.0	99.9
	MCH	28.9	pg	27.0	31.0
	MCHC	31.5 L	g/dL	33.0	37.0
Plt	Plt	267.	x10^3/uL	150.	450.
Lymph %	LYX	12.3 *	%	20.5	51.1
	LYM	1.9 *	x10^3/uL	1.2	3.4

(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		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Prot		Negative

.54

Patient ID: [redacted] (b)(6)4
Test Name :PT
Test Result:= 25.0 sec
RESULT OUT OF RANGE
Ratio = 2.0
Calculated INR = 3.20
Sample Type:citrated wh. blood
Test Date :11/06/03
Test Time :19:29
Card Lot :060206
Operator : [redacted]
(b)(6)2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/06/03 19:35

Patient ID: [redacted] (b)(6)4
Test Name :APTT
Test Result:= 93.6 sec.
RESULT OUT OF RANGE
Sample Type:citrated wh. blood
Test Date :11/06/03
Test Time :19:31

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

BMIT SF 518 WITH UNIT REQUESTED

atch
UNIT OF BLOOD

CROSSMATCH

REMARKS: CBC PT/PTT

REPORTED BY: [redacted] (b)(6)2

DATE: 6NOV03

LAB ID NO.:

Ward/Section:	REQUESTING PHYSICIAN:	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
Icu-1	[redacted] (b)(6)2	
LAST FIRST MI	[redacted] (b)(6)4 DATE	TIME 1910 SSN/PSEUDO SSN:

Pt Name:_____

Na_____162 mmol/L
K_____4.0 mmol/L
TCO2_____27 mmol/L
Hct_____26 %PCV
Hb*_____9 g/dL
*via Hct

At 37C
pH_____7.437
PCO2_____40.6 mmHg
PO2_____99 mmHg
HCO3_____26 m
BEec*_____1 mmol/L
sO2*_____97 %
*calculated

At Patient Temp
pH_____7.419
PCO2_____39.2 mmHg
PO2_____88 mmHg

Patient Temp: 97.1F
FIO2_____: 55
Sample Type_:

06NOV03 19:27
Oper: [redacted] (b)(6)2
Physician:_____

(Piccolo) Chemistry 12			
EF. RANGE	TEST	RESULT	REF. RANGE
146 mmol/L			
9 mmol/L			
9 mmol			
.45			
mm			
mmH			
mm			
eul			
nmo			
nmo			
nmo			
nmo			
%			
(+3)			
L			
mmol			
.32 m			
g/dl			
5 mg/d			
5 mg/dl			
% PCV			
g/dl			
RANC			

======= PICCOLO =======
06/12/03 00:29 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)4
METLYTE 8
DISC LOT #: 3152AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted] (b)(6)2

GLU	103	73-118	MG/DL
BUN	44*	7-22	MG/DL
CRE	ICT	0.6-1.2	MG/DL
CK	3670*	39-380	U/L
NA+	147*	128-145	MMOL/L
K+	4.8*	3.3-4.7	MMOL/L
CL-	119*	98-108	MMOL/L
tCO2	19	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 3+

(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:
ABG T- 97.1 FiO2 55% ② Chem 8

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU-1	REQUESTING PHYSICIAN:	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] (b)(6)4	DATE	TIME 2200	SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na	160	138-146 mmol/L
K	4.1	3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH	7.411	7.31-7.45
PCO2	39.2	35-45 mmHg (art) 41-51 mmHg (ven)
PO2	73	80-105 mmHg (art) N/A (ven)
TCO2	26	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	25	22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2	95	95-98%
BEecf	0	(-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	25	38-51% PCV
Hgb	9	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) 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: ABG 97.6°F 55 fio2

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU-1	REQUESTING PHYSICIAN: [redacted] (b)(6) 2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] (b)(6)4	DATE 7NOV	TIME 0400
SSN/PSEUDO SSN: [redacted] (b)(6)4		

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		
RBC		
Hgb		
Hct		
MCV		
Plt		
Lymph %		

ID: [redacted] 07-11-03
MB 04:13

			Patient Limits	
WBC	15.8 H	x10^3/uL	4.5	10.5
RBC	3.50 L	x10^6/uL	4.00	6.00
Hgb	10.1 L	g/dL	11.0	18.0
Hct	32.2 L	%	35.0	60.0
MCV	91.8	fL	80.0	99.9
MCH	28.9	pg	27.0	31.0
MCHC	31.4 L	g/dL	33.0	37.0
Plt	262.	x10^3/uL	150.	450.
LYM	11.7 *	%	20.5	51.1
LY#	1.8 *	x10^3/uL	1.2	3.4

(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		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Prot		Negative

.54
:11

Patient ID: [redacted] (b)(6)4
Test Name :PT
Test Result:= 20.4 sec.
RESULT OUT OF RANGE
Ratio : [illegible]
Calculated INR = 2.30
Sample Type:citrated wh. blood
Test Date :11/07/03
Test Time :04:09
Card Lot :060206
Operator : [redacted] (b)(6)2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/07/03 04:15

Patient ID: [redacted] (b)(6)4
Test Name :APTT
Test Result:= 90.3 sec.
RESULT OUT OF RANGE
Sample Type:citrated wh. blood
Test Date :11/07/03
Test Time :04:11

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	

it Crossmatch
H EVERY UNIT OF BLOOD STED)

E	CROSSMATCH

Blue purple green

REMARKS: PT/PTT

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

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

[redacted] (b)(6)4

Pt Name:_____

Na_____158 mmol/L
K_____3.9 mmol/L
TCO2_____26 mmol/L
Hct_____29 %PCV
Hb*_____10 g/dL
*via Hct

At 37C
pH_____7.379
PCO2_____42.4 mmHg
PO2_____85 mmHg
HCO3_____25 mmol/L
BEecf_____0 mmol/L
sO2*_____96 %
*calculated

At Patient Temp
pH_____7.385
PCO2_____41.6 mmHg
PO2_____83 mmHg

Patient Temp: 97.8F
FIO2_____: 55
Sample Type_:

07NOV03 03:50

Oper:

Physician:_____

(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
BU[illegible]		[illegible]
C[illegible]		
C[illegible]		
C[illegible]		
G[illegible]		
T[illegible]		
G[illegible]		
B[illegible]		
C[illegible]		
C[illegible]		
N[illegible]		
K[illegible]		
C[illegible]		
tC[illegible]		

(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
[illegible]		98-108 mmol/l
[illegible]$_2$		18-33 mmol/l

======= PICCOLO =======
07/11/03 03:51
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)4
METLYTE 8
DISC LOT #: 3151AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]
(b)(6)2

GLU	91	73-118	MG/DL
BUN	44*	7-22	MG/DL
CRE	ICT	0.6-1.2	MG/DL
CK	3349*	39-380	U/L
NA+	153*	128-145	MMOL/L
K+	4.7	3.3-4.7	MMOL/L
CL-	115*	98-108	MMOL/L
tCO2	21	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 3+

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
[illegible]		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
[illegible]$_2$		18-33 mmol/l

PC
Chem 8

REPORTED BY:	D

Ward/Section	REQUESTING [redacted] (b)(6)2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted]	DATE 7Nov	TIME 1600	SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT
WBC	
RBC	
Hgb	
Hct	
MCV	
Plt	
Lymph %	

ID: [redacted] (b)(6)4 07-11-03 09:59

WB — Patient Limits

WBC	16.8 H	x10^3/uL	4.5	10.5
RBC	3.58 L	x10^6/uL	4.00	6.00
Hgb	10.3 L	g/dL	11.0	18.0
Hct	33.1 L	%	35.0	60.0
MCV	92.5	fL	80.0	99.9
MCH	28.7	pg	27.0	31.0
MCHC	31.1 L	g/dL	33.0	37.0
Plt	265.	x10^3/uL	150.	450.
LY%	10.4 *L	%	20.5	51.1
LY#	1.7 *	x10^3/uL	1.2	3.4

(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		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

SERIAL #0005485 11/07/03 10:05

Patient ID: [redacted] (b)(6)4
Test Name :PT
Test Result:= 28.0 sec.
RESULT OUT OF RANGE
Ratio = 2.3
Calculated INR = 3.84
Sample Type:citrated wh. blood
Test Date :11/07/03
Test Time :10:05
Card Lot :060206
Operator [redacted] (b)(6)2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #0005485 11/07/03 10:11

Patient ID: [redacted] (b)(6)4
Test Name :APTT
Test Result:=121.5 sec.
RESULT OUT OF RANGE
Sample Type:citrated wh. blood
Test Date :11/07/03

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

t Crossmatch
(EVERY UNIT OF BLOOD TED)

	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: FCU1

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

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

DATE: 7NOV03 TIME: 0958 SSN/PSEUDO SSN: [redacted] (b)(6)4

Pt: [redacted] (b)(6)4
Pt Name:_____

Na_____160 mmol/L
K_____4.3 mmol/L
TCO2_____26 mmol/L
Hct_____28 %PCV
Hb*_____10 g/dL
*via Hct

At 37C
pH_____7.309
PCO2_____49.0 mmHg
PO2_____93 mmHg
HCO3_____25 mmol/L
BEecf_____-2 mmol/L
sO2*_____96 %
*calculated

At Patient Temp
pH_____7.318
PCO2_____47.7 mmHg
PO2_____90 mmHg

Patient Temp: 97.5F
FIO2_____: 55
Sample Type_: ART

07NOV03 10:12
Oper: [redacted] (b)(6)2
Physician:_____

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl

======= PICCOLO =======
07/11/03 10:23 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)4
METLYTE 8
DISC LOT #: 3152AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted] (b)(6)2

GLU	92	73-118	MG/DL
BUN	43*	7-22	MG/DL
CRE	ICT	0.6-1.2	MG/DL
CK	3281*	39-380	U/L
NA+	♦♦♦	128-145	MMOL
K+	5.1*	3.3-4.7	MMOL
CL-	117*	98-108	MMOL
tCO2	19	18-33	MMOL

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 3+

Na- 160

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE

======= PICCOLO =======
07/11/03 10:39
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)4
LIVER PANEL PLUS
DISC LOT #: 3154AA7
OPER #: [redacted] DR #: 000
SERIAL #: [redacted] (b)(6)2

ALB	1.5*	3.3-5.5	G/DL
ALP	74	26-84	U/L
ALT	58*	10-47	U/L
AMY	39	14-97	U/L
AST	124*	11-38	U/L
TBIL	11.9*	0.2-1.6	MG/DL
GGT	14	5-65	U/L
TP	4.8*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 3+

Pt: [redacted] (b)(6)4
Pt Name:_____

Crea_____2.5 mg/dL
Sample Type_:

07NOV03 10:51
Oper: [redacted] (b)(6)2
Physician:_____

REMARKS:
ABG FIO2 55%, Temp 97.5

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

Ward/Section: ICU	REQUESTING PHYSICIAN: [redacted] (b)(6)2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted]	DATE 8 NOV 03	TIME 0830
		SSN/PSEUDO SSN:

(Hematology) CBC (b)(6)4

TEST	ID: [redacted]	08-11-03 09:07	Patient Limits	
WBC	WBC	13.6 H x10^3/uL	4.5	10.5
RBC	RBC	3.17 L x10^6/uL	4.00	6.00
Hgb	Hgb	9.2 L g/dL	11.0	18.0
Hct	Hct	29.2 L %	35.0	60.0
MCV	MCV	92.1 fL	80.0	99.9
	MCH	28.8 pg	27.0	31.0
	MCHC	31.3 L g/dL	33.0	37.0
Plt	Plt	246. x10^3/uL	150.	450.
Lymph %	LYM	10.8 *L %	20.5	51.1
	LY#	1.5 * x10^3/uL	1.2	3.4

(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

Misc. Serology

TEST	RESULT	REF. RANGE

======= PICCOLO =======

08/11/03 07:08 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)4
LIVER PANEL PLUS
DISC LOT #: 3154AA7
OPER #: [redacted] DR #: 000
SERIAL #: [redacted] (b)(6)2

ALB	1.4*	3.3-5.5	G/DL
ALP	82	26-84	U/L
ALT	67*	10-47	U/L
AMY	33	14-97	U/L
AST	136*	11-38	U/L
TBIL	11.9*	0.2-1.6	MG/DL
GGT	18	5-65	U/L
TP	4.8*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 3+

======= PICCOLO =======

08/11/03 09:07
REFERENCE RANGE: MALE (b)(6)4
PATIENT #: [redacted]
BASIC METABOLIC
DISC LOT #: 3325AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	84	73-118	MG/DL
BUN	45*	7-22	MG/DL
CA++	8.5	8.0-10.3	MG/DL
CRE	ICT	0.6-1.2	MG/DL
NA+	♦♦♦	128-145	MMOL/L
K+	4.8*	3.3-4.7	MMOL/L
CL-	120*	98-108	MMOL/L
tCO2	21	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 3+

CRE - 2.5
Na - 156

REMARKS:

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

Ward/Section: ICU #1	REQUESTING PHYSICIAN: [redacted] (b)(6)2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted] (b)(6)4	DATE: 8/4/09 TIME: 0830	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) 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: CBC, Chem 12, CREAT, LFT

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU #1 | REQUESTING PHYSICIAN: [redacted] (b)(6) 2 | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

1-5

Pt: [redacted] (b)(6)4 | DATE: 8 Nov 03 | TIME: 1620 | SSN/PSEUDO SSN:

Pt Name: _____

Na_____153 mmol/L
K_____4.3 mmol/L
TCO2_____24 mmol/L
Hct_____31 %PCV
Hb_____11 g/dL
*via Hct

At 37C
pH_____7.319
PCO2_____44.2 mmHg
PO2_____113 mmHg
HCO3_____23 mmol/L
BEecf_____-3 mmol/L
sO2*_____98 %
*calculated

At Patient Temp
pH_____7.322
PCO2_____43.8 mmHg
PO2_____112 mmHg

Patient Temp: 98.3F
FIO2_____: 80
Sample Type_:

08NOV03 16:50

0

Clan: _____

420

PPM:
CLE:

(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
ALP		26-84 u/l	BUN		7-22 mg/dl
ALT		10-4			mg/dl
AMY		14-5			mg/dl
AST		11-3			mmol/l
TBIL		0.2-			mmol/l
BUN		7-22			mmol/l
CA^{++}		8.0-			mmol/l
CHOL		100-			
CRE		0.6-			RANGE
GLU		73-			g/dl
TP		6.4			

(Piccolo) Metlyte		
TEST	RESULT	
GLU		73-
BUN		7-2
CRE		0.6
CK		39-30
NA^+		12
K^+		3.3
CL^-		98
tCO_2		18

REFERENCE RANGE: (b)(6) MALE
PATIENT #: [redacted]
METLYTE 8
DISC LOT #: 3151AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]
(b)(6)2

GLU	96	73-118	MG/DL
BUN	39*	7-22	MG/DL
CRE	ICT	0.6-1.2	MG/DL
CK	1959*	39-380	U/L
NA+	♦♦♦	128-145	MMOL/L
K+	5.2*	3.3-4.7	MMOL/L
CL-	115*	98-108	MMOL/L
tCO2	20	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 3+

ISAT
CRe 2.5
NA 151

ABG Temp 98.3, Chem 8
FiO2 80%

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU #1	REQUESTING PHYSICIAN: [redacted] (b)(6)2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted] (b)(6)4	DATE 8 NOV 03	TIME 1620
		SSN/PSEUDO SSN:

(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		

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

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU 1 | REQUESTING PHYSICIAN: [redacted] (b)(6) 2 | **CHEMISTRY RESULT FORM** (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. [redacted] (b)(6) 4 | DATE: 09NOV03 | TIME: 0830 | S[redacted]N: (b)(6) 4

Pt: [redacted] (b)(6) 4
Pt Name:_____

Na_____153 mmol/L
K_____3.9 mmol/L
TCO2_____26 mmol/L
Hct_____26 %PCV
Hb*_____9 g/dL
*via Hct

At 37C
pH_____7.325
PCO2_____46.7 mmHg
PO2_____82 mmHg
HCO3_____24 mmol/L
BEecf_____-2 mmol/L
SO2*_____95 %
*calculated

At Patient Temp
pH_____7.330
PCO2_____46.0 mmHg
PO2_____81 mmHg

Patient Temp: 98.0F
FIO2_____: 90
Sample Type_: ART

09NOV03 08:47

Oper: [redacted] (b)(6) 2
Physician:_____
[redacted]

TEST	RESULT	REF. RANGE
Na		3.5-5.5 g/dl
K		26-84 u/l
Cl		10-47 u/l
pH		14-97 u/l
PCO2		11-38 u/l
PO2		0.2-1.6 mg/dl
TCO2		7-22 mg/dl
HCO3		8.0-10.3mg/dl
sO2		100-200 mg/dl
BEecf		0.6-1.2 mg/dl
AnGap		73-118 mg/dl
Ca		6.4-8.1 g/dl
BUN		
GLU		
Creat		
Hct		
Hgb		

Mi

TEST	RESULT	REF. RANGE
Troponin-I		39-380 u/l (M) 30-190 u/l (F)
Drug of Abuse		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

o) Chemistry 12

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA^{++}		
CRE		
NA^{+}		
K^{+}		
CL^{-}		
tCO_2		
TES		
ALB		
ALP		
ALT		
AMY		
AST		
TBIL		
GGT		
TP		
TES		
NA^{+}		
K^{+}		
CL^{-}		
tCO_2		

(Piccolo) Metabolic Panel

======= PICCOLO
09/11/03
REFERENCE RANGE
PATIENT #: [redacted] (b)(6) 4
METLYTE 8
DISC LOT #: 3151AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]
(b)(6) 2

GLU	113	73-118	MG/DL
BUN	38*	7-22	MG/DL
CRE	ICT	0.6-1.2	MG/DL
CK	2196*	39-380	U/L
~~NA+~~	~~***~~	~~128-145~~	~~MMOL~~
K+	4.8*	3.3-4.7	MMOL
CL-	114*	98-108	MMOL
tCO2	20	18-33	MMOL

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0, ICT 3+

Na 153 mmol/L

CRE 2.5

REMARKS: ABG FIO2 90% Temp 98

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

Ward/Section: ICU	REQUESTING PHYSICIAN:	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

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

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC	ID [redacted] 09-11-03 WB 08:44	
RBC		Patient Limits
Hgb	WBC 16.8 H x10^3/uL	4.5 10.5
Hct	RBC 3.31 L x10^6/uL	4.00 6.00
MCV	Hgb 9.5 L g/dL	11.0 18.0
Plt	Hct 30.7 L %	35.0 60.0
Lymph %	MCV 92.8 fL	80.0 99.9
	MCH 28.6 pg	27.0 31.0
	MCHC 30.8 L g/dL	33.0 37.0
	Plt 262. x10^3/uL	150. 450.
	LY% 10.4 *L %	20.5 51.1
	LY# 1.8 * x10^3/uL	1.2 3.4

(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		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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

(b)(6) 4

Pt: [redacted]
Pt Name:_____

TCO2_____27 mmol/L

At 37C
PH_____7.297
PCO2_____52.3 mmHg
PO2_____75 mmHg
HCO3_____26 mmol/L
BEecf_____-1 mmol/L
sO2*_____93 %
*calculated

Sample Type_:

09NOV03 15:59

Oper: [redacted]

Physician:_____

Ser# [redacted]
Ver: [redacted]

FIO2 90%
Temp 98S

Pt Name:_____

TCO2_____28 mmol/L

At 37C
PH_____7.303
PCO2_____53.0 mmHg
PO2_____70 mmHg
HCO3_____26 mmol/L
BEecf_____0 mmol/L
sO2*_____92 %
*calculated

Sample Type_:

09NOV03 17:54

Oper: [redacted]

Physician:_____

Ser# [redacted]
Ver: [redacted]

FIO2 90% Temp 99

Pt: [redacted]
Pt Name:_____

TCO2_____28 mmol/L

At 37C
PH_____7.292
PCO2_____53.6 mmHg
PO2_____[illegible] mmHg
HCO3_____[illegible] mmol/L
[illegible] mmol/L
[illegible] %
[illegible]

[illegible] mmHg
[illegible]
[illegible] mmHg
[illegible] mmHg
[illegible]
FIO2_____
Sample Type_: [illegible]

09NOV03 [illegible]

Oper: [redacted]

Physician:_____

(b)(6) 2

EPW# [redacted] (6)(6) 4

(b)(6)4

Pt

TCO2_____26 mmol/L

At 37C

pH_____7.279

PCO2_____52.1 mmHg

PO2_____62 mmHg

HCO3_____24 mmol/L

BEecf_____-2 mmol/L

sO2*_____88 %

*calculated

Sample Type_:

09NOV03 10:27

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: [redacted]

FIO2 80% Temp 98

1-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____25 mmol/L

At 37C

pH_____7.269

PCO2_____51.3 mmHg

PO2_____74 mmHg

HCO3_____23 mmol/L

BEecf_____-3 mmol/L

sO2*_____92 %

*calculated

Sample Type_:

09NOV03 12:14

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: [redacted]

Temp 98.3

FIO2 90%

(b)(6)2

HCO3 is ↑ 24 makes Alkaline

over 45 makes Acidic

under 35 makes Alkaline

Pt: [redacted]

Pt Name:_____

TCO2_____27 mmol/L

At 37C

pH_____7.280

PCO2_____53.3 mmHg

PO2_____73 mmHg

HCO3_____25 mmol/L

BEecf_____-2 mmol/L

sO2*_____92 %

*calculated

Sample Type_:

09NOV03 14:03

Oper: [redacted]

Physician:_____

Temp 97.9

FIO2 90%

EPW # [redacted] (b)(6)2

Ward/Section: TCCU | REQUESTING PHYSICIAN: [redacted] (b)(6) 2

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

LAST, FIRST, MI: [redacted] (b)(6) 4 | DATE: 09 NOV | TIME: 1022 | 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) 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

AT EG6+

[redacted]

ame:_____

Na_____153 mmol/L
K_____3.8 mmol/L
TCO2_____26 mmol/L
Hct_____26 %PCV
Hb*_____9 g/dL
*via Hct

At 37C
pH_____7.293
PCO2_____50.9 mmHg
PO2_____69 mmHg
HCO3_____25 mmol/L
BEecf_____-2 mmol/L
sO2*_____91 %
*calculated

At Patient Temp
pH_____7.293
PCO2_____50.9 mmHg
PO2_____69 mmHg

Patient Temp: 98.6F
FIO2_____: 80
Sample Type_: ART

09NOV03 10:27

[redacted]

sician: (b)(6) 2

[redacted]

REMARKS: ABG Temp 98.6 FIO2 80%

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

(b)(6)2

Ward/Section: ICU-1	REQUESTING PHYSICIAN: [redacted]	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: CIV [redacted]	DATE: 10NOV03	TIME: 0730
		SSN/PSEUDO SSN: [redacted]

(b)(6)4

(i-STAT)

TEST	RESULT	REF. RANGE

TAT EG6+

Pt: [redacted]

Pt Name:_____

Na_____150 mmol/L
K_____5.3 mmol/L
TCO2_____28 mmol/L
Hct_____22 %PCV
Hb*_____7 g/dL
*via Hct

At 37C
PH_____7.044
PCO2_____91.6 mmHg
PO2_____59 mmHg
HCO3_____25 mmol/L
BEecf_____-6 mmol/L
sO2*_____74 %
*calculated

At Patient Temp
PH_____7.027
PCO2_____97.1 mmHg
PO2_____64 mmHg

Patient Temp: 101.0F
FIO2_____: 100
le Type_: ART

NOV03 07:39

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE

STAT EC8+

: [redacted]

Pt Name:_____

Glu_____160 mg/dL
BUN_____52 mg/dL
Na_____151 mmol/L
K_____5.2 mmol/L
Cl_____120 mmol/L
TCO2_____29 mmol/L
AnGap_____10 mmol/L
Hct_____27 %PCV
Hb*_____9 g/dL
*via Hct
PH_____7.062
PCO2_____93.0 mmHg
HCO3_____26 mmol/L
BEecf_____-4 mmol/L

Sample Type_:

10NOV03 07:38

Oper: [redacted] (b)(6)2

Physician:_____

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE

TAT CREA

Pt: [redacted]

Pt Name:_____

Crea_____2.9 mg/dL

Sample Type_:

10NOV03 07:42

Oper: 7

Physician:_____

-# 42011
-: JAMS046A
CLEW A93

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

101 FiO2 100%

REPORTED BY:	DATE:	LAB ID NO.:

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		
RBC		
Hgb		
Hct		
MCV		
Plt		
Lymph %		

ID: [redacted] 10-11-03
WB (6)(6)4 07:34
Patient Limits

WBC	19.3 H	x10^3/uL	4.5	10.5
RBC	2.99 L	x10^6/uL	4.00	6.00
Hgb	8.6 L	g/dL	11.0	16.0
Hct	28.0 L	%	35.0	60.0
MCV	93.4	fL	80.0	99.9
MCH	28.8	pg	27.0	31.0
MCHC	30.9 L	g/dL	33.0	37.0
Plt	254.	x10^3/uL	150.	450.
LY%	17.5 *L	%	20.5	51.1
LY#	3.4 *	x10^3/uL	1.2	3.4

(Hematok

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

Spun Hematocrit		42-52% (M) 37-47% (F)
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
Leuk		Negative
HCG		Negative

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

======= PICCOLO =======
10/11/03 07:38
REFERENCE RANGE: MALE
PATIENT #: [redacted] (6)(6)4
METLYTE 8
DISC LOT #: 3151AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]
(6)(6)2

GLU	165*	73-118	MG/DL
BUN	41*	7-22	MG/DL
CRE	ICT	0.6-1.2	MG/DL
CK	1202*	39-380	U/L
NA+	142	128-145	MMOL/L
K+	6.0*	3.3-4.7	MMOL/L
CL-	114*	98-108	MMOL/L
tCO2	20	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 3+

Coagulation Studies

TEST	RESULT	REF. RANGE
PT	52.0	9.8-13.6 secs
APTT	119.8	21-34 secs
D dimer		<20 ug/ml
FDP		<10 ug/ml

Blood Bank Unit (MUST SUBMIT SF 518 WITH REQUEST

UNIT	TYPE

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

(b)(6)4

Pt: [redacted]

Pt Name:_____

Na_____154 mmol/L
K_____4.1 mmol/L
TCO2_____28 mmol/L
Hct%_____28 %PCV
Hb*_____10 g/dL
*Vla Hct

At 37C
pH_____7.222
PCO2_____63.1 mmHg
PO2_____55 mmHg
HCO3_____26 mmol/L
BEecf_____-2 mmol/L
sO2*_____80 %
*calculated

At Patient Temp
pH_____7.216
PCO2_____64.3 mmHg
PO2_____56 mmHg

Patient Temp: 99.4F
FIO2_____: 90
Sample Type_: ART

10NOV03 06:24

Oper: [redacted]

(b)(6)2

Physician:_____

Perf# [redacted]

[redacted]

Pt: [redacted]

Pt Name:_____

TCO2_____29 mmol/L

BEecf_____ mmol/L
sO2*_____ %
*Calculated

At Patient Temp
pH_____6.963
PCO2_____16.2 mmHg
PO2_____46 mmHg

Temp: 101.0F
FiO2_____: 100
Sample Type_: ART

10NOV03 07:29

Oper: [redacted]

EPW# [redacted] (b)(6)4

1263505 1335 1263525 1500 Ancef 2gm @ 1345

4363225 1050 1645474 1515

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)	350/150							150	100		150		500ug
vecur (mg)	10			5					5				
MSO4 (mg)							10						10mg
scopolamine (mg)						0.4							
VOLAT AGENT Iso % del	0.6	0.6	0.6	0.6	0.6	0.6	0.8	1.0	1.0	1.5	X		
% e.t.													
AIR L/Min													
N2O L/Min													
O2 L/Min	2	1	1	1	1	1	1	1	1	1	1	2	

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS: (1) (2) (3) (4) (5) (6) (7) (8)

TOTAL EBL: 400

TOTAL URINE: 1200

FLUIDS SUMMARY

CRYSTALLOID- 4500

COLLOID- Ø

BLOOD- PRBC x 4

FLUIDS

LINE site		
Rt SC cordis	Warmed	LR — 700/#2 — 1700/500↑/2200
Lt EJ	Warmed	LR — 500/#2 w 1500/#3 — 2000
Lt UE	Warmed	LR — 600/#2 — 1000/DCd (1200)

LOSSES

EST BLOOD LOSS	~~200~~ 300 — 400
URINE -	~~200~~ 900 1200

PHYS STATUS 1 (2) 3 4 5 (E)

BODY WEIGHT: 70 (KG) LB

HEMATOCRIT: 29%

INITIAL DATA: BP- 220/TT HR- 144

EQUIP CHECK OK?- (Y) N

PATIENT RECHECK OK for PROCEDURE? Y TIME- 1310

TIME → 30 x 14 x 30 x 15 x 30 x 16 x

SYMBOLS: BP by cuff V Λ; Heart rate ●; Resp rate; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø

Grid scale: 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20

Grid annotations: ↑ 300mmHg ↑ 1448 TT ↓ min

VENTIL

VT - ml	750	750	750	750	770	720	750	670	660	650	670	680
f - breaths/min				13	13	14	15	15	17	16	16	16
Peak inf pres / PEEP				23	23	29	32	32	35	33	33	32
MODE - S(pon), A(ssist), C(on)	C	C	C	C	C	C	C	C	C	C	C	C

MONITORS/ACCESSORIES

✓ BP/Auto Cuff	✓ ET CO2 (torr)			40	36	36	35	31	36	34	34	38	36
✓ BP/oth	✓ FIO2 (Frac or %)				.99	.99	94	75	95	95	95	98	97
✓ ART line Rt	✓ SpO2 (%)				99	99	99	99	97	97	98	99	99
Steth- PC/ES	✓ ECG	ST	ST	ST	ST	ST	ST	ST	ST	SR	SR	ST	ST
Gas analyzer	✓ TEMP-site	—	353	353	35.7	35.3	353	356	353	353	353	out	out
	N-M Block (T/4)												
Warming blkt													
Conv warmer													

Mark with letters & symbols, explain under REMARKS EVENTS Position → O—

REMARKS

Code drugs with numbers, events with letters

1) To OR, SOC mon's.
2) Rt radial art line placed
3) ABG 7.08/56.2/79/17/-13, Hct 24%
4) Calcium chloride 1gm
5) ABG 7.11/55.7/61/18/-12 Hct 34%
6) Bicarb 50mEq
7) Repeat
8) To ICU stable

RECOVERY AT PACU (ICU) (Specify)

OTHER

CONDITION: RESP- V/ SpO2- 90 BP- 137/5 HR- 127

ANESTHESIA / PROCEDURE TIMES

ANES	Start 1310	Room 1340	End 1655
PROC	Ready 1340	Begin 1400	End 1620

PROCEDURES and CPT Codes: (1) Lt AKA (2) I&D Lt chest (3) I&D RLE (4) Fasciotomy LUE (5) I&D Rt RF

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks* GETA

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

EPW # [redacted] (b)(6)4

Emergent case, Ø preop

~ 25 yrs old

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* GETA from ER, ⊕ETCO2, BSEB.

SURGEONS: [redacted] (b)(6)2

PROCEDURE LOCATION: Trauma

ANESTHETISTS: [redacted] MAJ, CRNA

DATE: 10/27/03

PAGE 1 OF 1

MEDCOM - 22318

DA FORM 7389, FEB 1998

ACLU-RDI 1666 p.78

DOD-035894

Chart Reviewed, RN Anter: ✓
pt stable

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)													
Vec (mg)	5			5									
Labix (mg)					20								
Fent (cc)	1 1	1 1 1	1 1 1 1										
( )													
Ancef ( )	1gm												
Neosynephrine (mcg)				100									
VOLAT AGENT For % del	X.L — .4 — .4 — .6 — .4 X												
% e.t.													
AIR L/Min													
N2O L/Min													
O2 L/Min	10 — 2 — 2 — 2 — 10												

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS

TOTALS: 9cc

TOTAL EBL: min

TOTAL URINE: 150

FLUIDS

LINE site L EJ	Warmed	LR — 150
	Warmed	NS — 100 —
R Cordis	Warmed	BDI X
	W	

LOSSES: EST BLOOD LOSS; URINE -

B: 4363204 OR · 1263512 OR

FLUIDS SUMMARY

CRYSTALLOID- LR 200 NS 30

COLLOID- Ø

BLOOD- PRBC's 2u

REMARKS

Code drugs with numbers, events with letters

preop, lines OK, gtts dk BS=B stable during transport to OR, positioned prepped/draped pt tol procedure well. to ICU on gurney c̄ monitors

PHYS STATUS: 1 2 3 4 5 E (3 circled)

BODY WEIGHT: 80 KG

HEMATOCRIT:

INITIAL DATA: BP- 140/62; HR- 124

EQUIP CHECK OK?- Y N (Y circled)

PATIENT RECHECK: OK for PROCEDURE Yes; TIME- 1700

TIME → 1715 30 X 1800 X 30

SYMBOLS: BP by cuff V Λ; Heart rate ●; Resp rate; Art line BP (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø

Grid scale: 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20

VENTIL

VT - ml		680	710	700
f - breaths/min		8	10	10
Peak inf pres / PEEP		31	32	32
MODE - S(pon), A(ssist), C(on)	C	C	C	C

MONITORS/ACCESSORIES

X BP/Auto Cuff	X ET CO2 (torr)		40	39	38
✓ BP/oth	X FIO2 (Frac or %)	.8	.8	.8	.8
ART line	X SpO2 (%)	100	100	100	100
Steth- PC/ES	X ECG		ST	ST	ST
Gas analyzer	TEMP-site	Axilla			
	X N-M Block (T/4)	4	0	0	0
Warming blkt					
Conv warmer					

Mark with letters & symbols, explain under REMARKS EVENTS → Position

RECOVERY AT 1820: PACU ICU 41 (Specify)

OTHER

CONDITION: stable; RESP- 10; SpO2- 98%; BP- 149/73; HR- 145

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1650	1715	1830
	Ready	Begin	End
PROC	1720	1730	1810

PROCEDURES and CPT Codes: I&D washout of (L), (R) LE, & LUE

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

INT BS=B

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

[redacted] (b)(6)4

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*

SURGEONS: [redacted] — (b)(6) 2

ANESTHETISTS: NC Comst

PROCEDURE LOCATION: OR 1

DATE 10/29

PAGE 1 OF

MEDCOM - 22319 [redacted]

NSN 7540-01-155-7294

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED

KUB

AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
		[redacted] (b)(6)4		

FILM NO.

PREGNANT ☐ YES ☐ NO

REQUESTED BY (Print) [redacted] (b)(6)2

SIGNATURE OF REQUESTOR [redacted]

TELEPHONE/PAGER

DATE REQUESTED 7 Nov 07

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

placement of tubes; R/O ileus

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

RADIOLOGIC REPORT

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

[redacted] (b)(6)4

ICU #1

LOCATION OF MEDICAL RECORDS

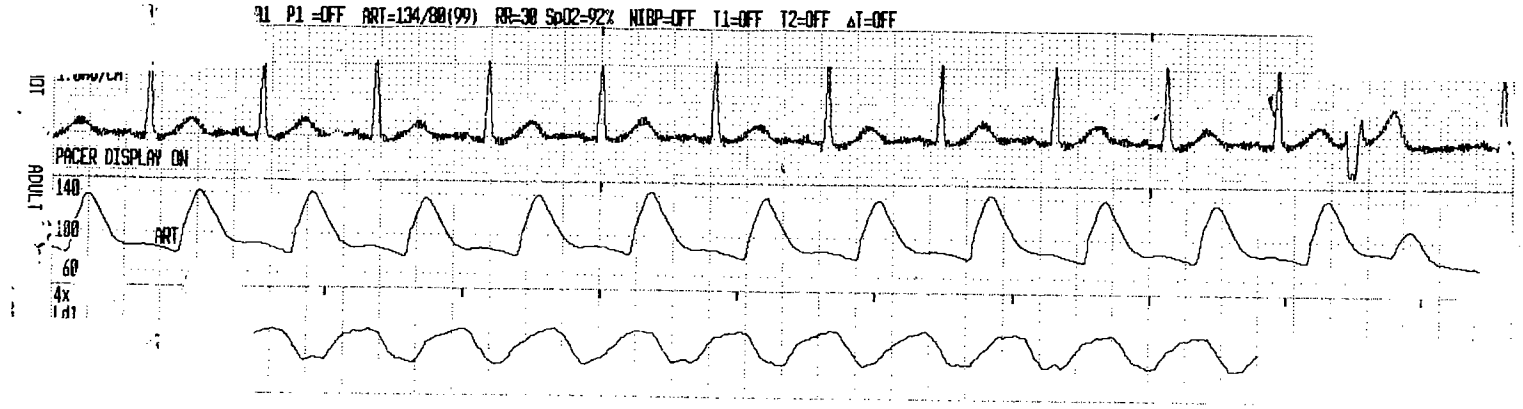
LOCATION OF RADIOLOGIC FACILITY

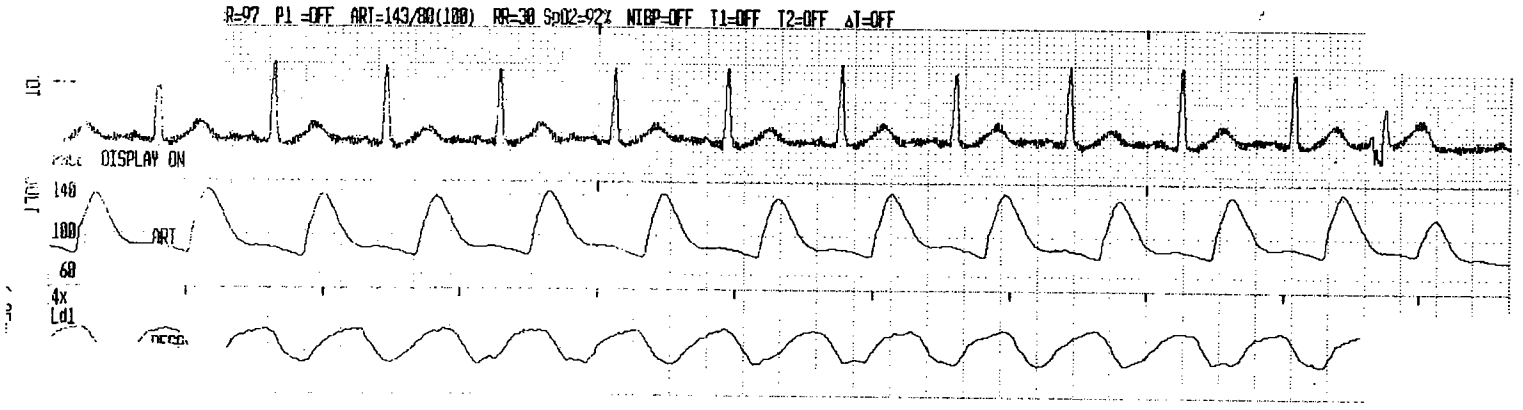
SIGNATURE

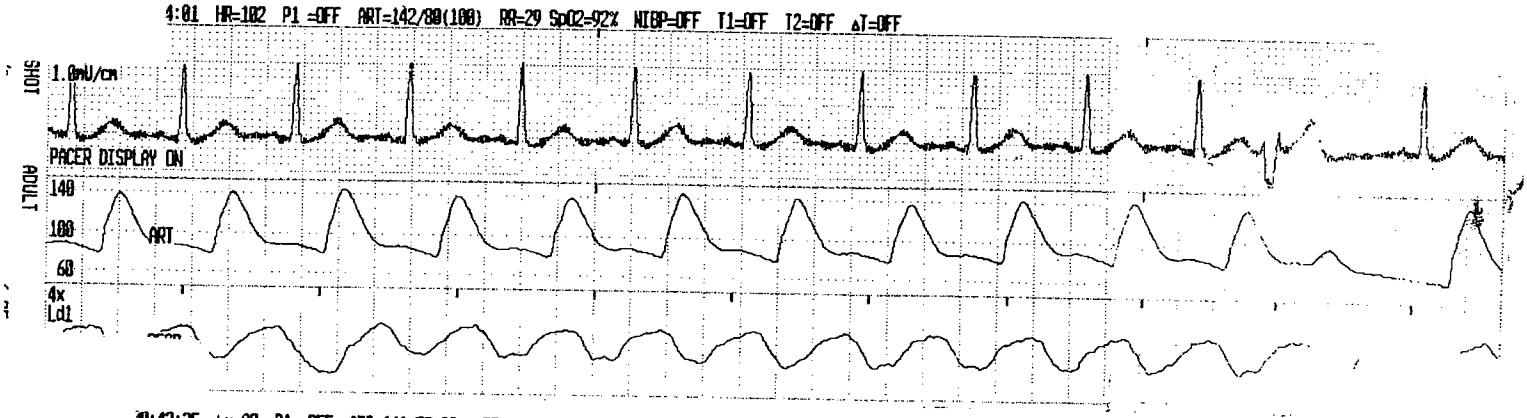
RADIOLOGIC CONSULTATION REQUEST/REPORT
1 - MEDICAL RECORD

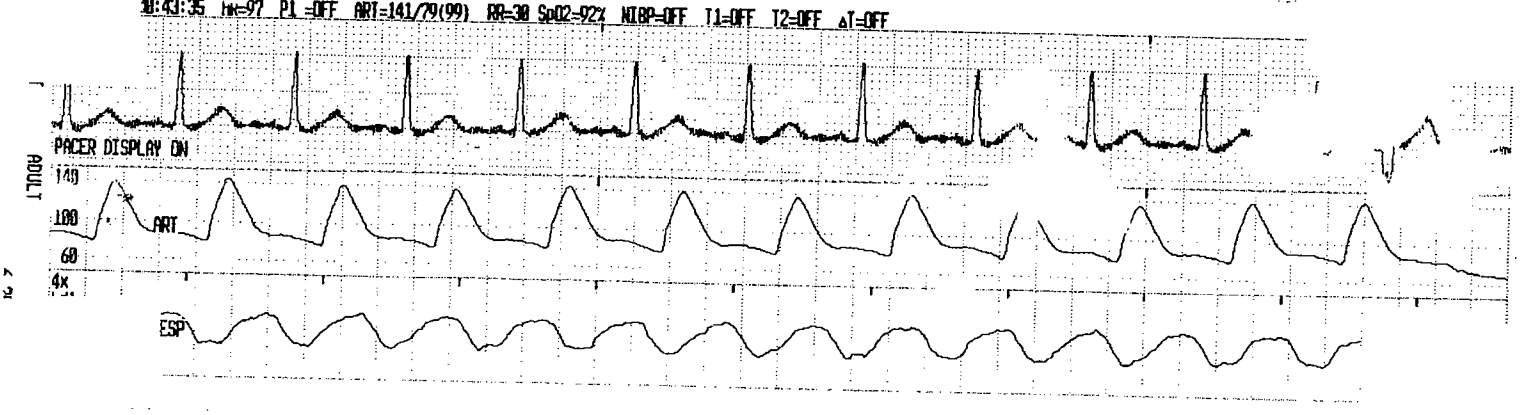
STANDARD FORM 515-B
Prescribed by GSA/ISOO
FPMR (41 CFR) 101-11.515

MEDCOM - 22320



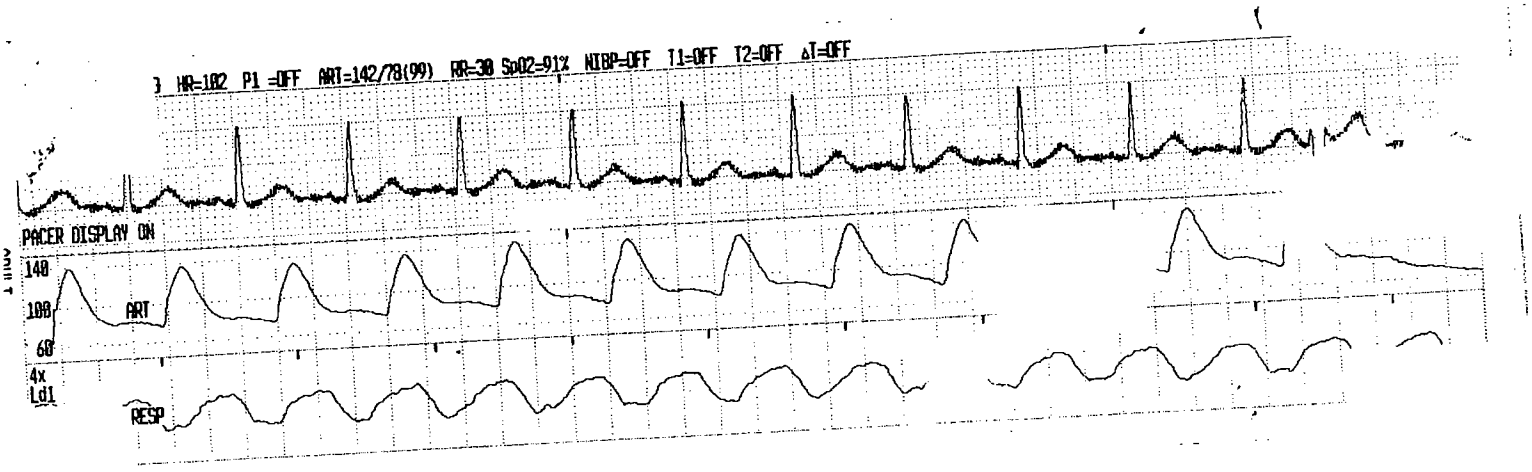


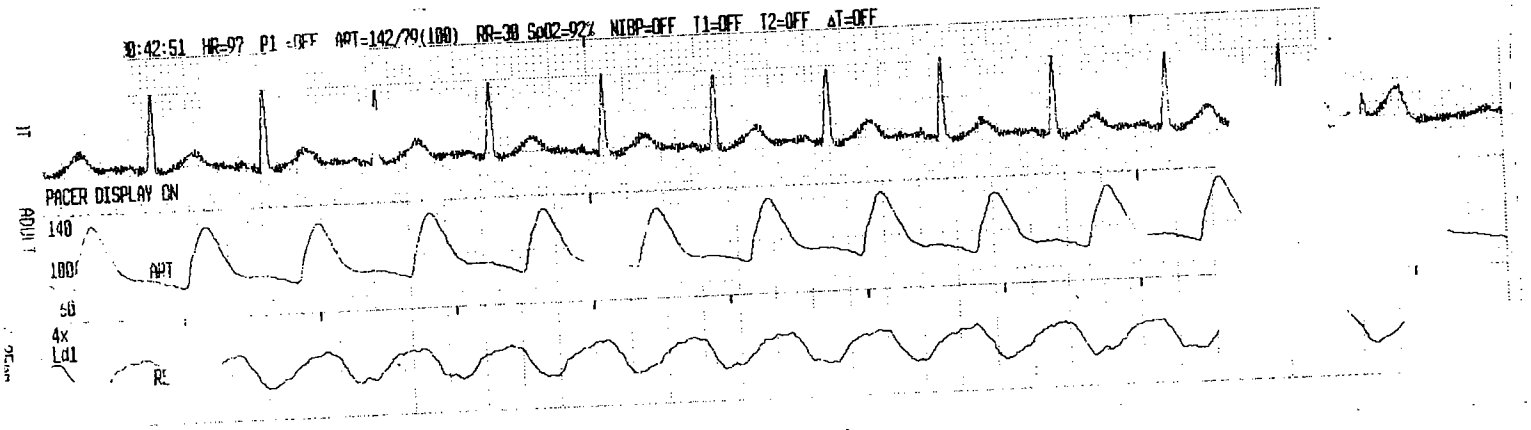


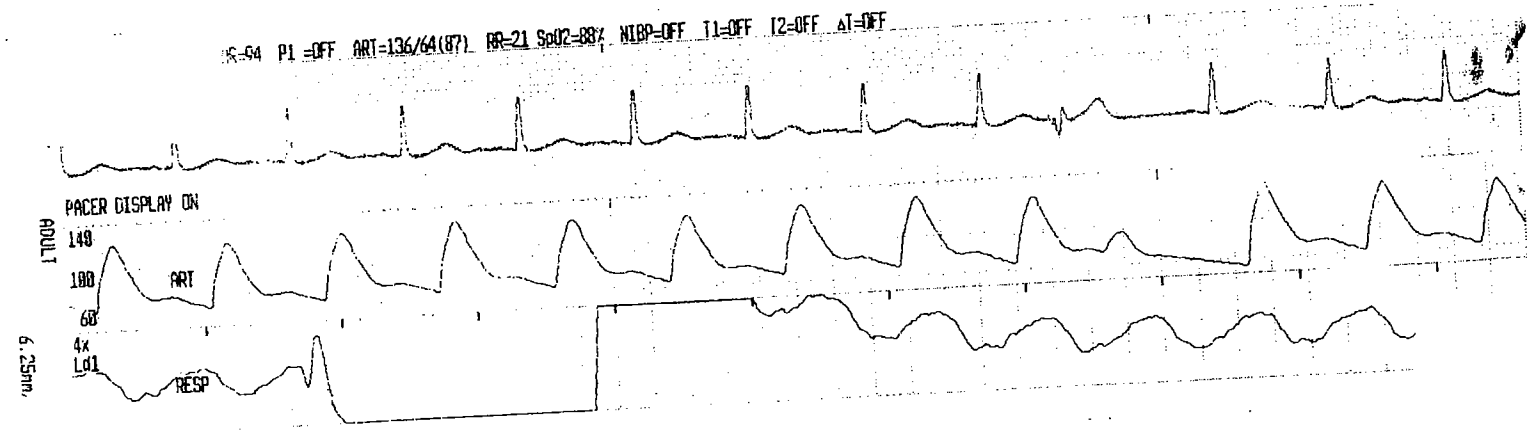


(6)(6)4

MEDCOM - 22321







(b)(6)4

MEDCOM - 22322

518-123

NSN 7540-00-634-4158

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 27 Oct 03

DATE AND HOUR REQUIRED STAT

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

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

DIAGNOSIS OR OPERATIVE PROCEDURE bleed

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]

DATE VERIFIED 27 Oct 03

TIME VERIFIED 1300

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
NA	Comp

PREVIOUS RECORD CHECK:
- [ ] RECORD
- [X] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted] (b)(6)2

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 27 Oct 03

REMARKS: Ex 30 04 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)* 1500 ON *(Date)* 27 Oct 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 [redacted] ent Transfusion Form and on the patient i[redacted]

1st VERIFI[redacted] MASTER

PRE[redacted] 115

TEMP. 98.6 BP 90/51

DATE OF TRANSFUSION 10/27

TIME STARTED 1500

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last rate; hospital or medical facility)

[redacted] (b)(6)4

POST-TRANSFUSION DATA

AMOUNT GIVEN 401 ML

TIME/DATE COMPLETED/INTERRUPTED 1515

REACTION
- [X] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
35.4	104	117/54

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)*

(b)(6)2

OTHER DIFFICULTIES *(Equipment, clots, etc.)*
- [X] NO
- [ ] YES *(Specify)*

SIGNATURE [redacted]

WARD 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 - 22323

518-123

NSN 7540-00-634-4158

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 27 Oct 03

DATE AND HOUR REQUIRED STAT

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSI[redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE

bleed

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the [redacted]imen tube label to be correct. (b)(6) 2

SIGNATURE OF VERIFIE[redacted]

DATE VERIFIED 27 Oct 03

TIME VERIFIED 1300

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. 1645474

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] (b)(6) 2

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 27 Oct 03

REMARKS: EA 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)* 1501 ON *(Date)* 27 Oct 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 Component Transfusion Form and on the patient identification tag.

1st VERIFIER [redacted]

2nd [redacted]

PRE-TRANSFUSION

TEMP. 354 PULSE 98 BP 112/54

DATE OF TRANSFUSION 10/27

TIME STARTED 1515

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—La[redacted] rate; hospital or medical facility)

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML

TIME/DATE COMPLETED/INTERRUPTED 1525

REACTION [✓] NONE [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
353	97	128/52

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)* (b)(6) 2

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [X] NO
- [ ] YES *(Specify)* [redacted]

WARD EMT

[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 - 22324

ICU1

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
- [ ] CROSSMATCH

DATE REQUESTED: 27 Oct

DATE AND HOUR REQUIRED: 2700

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*:

REQUESTING PHYSICIAN *(Print)*: [redacted]

DIAGNOSIS/PROCEDURE: (b)(6)4 AKA Shrapnel wounds

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: ON File (b)(6)2

DATE VERIFIED:

TIME VERIFIED:

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:
RhIG TREATMENT? DATE GIVEN: _____
HEMOLYTIC DISEASE OF NEWBORN? _____

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: [redacted]

TRANSFUSION NO.:

PATIENT NO.:

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

PREVIOUS RECORD CHECK: [X] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted]

DONOR	RECIPIENT
ABO O	ABO O
Rh Pos	Rh Pos

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 27 Oct 03

REMARKS: Exp 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: [redacted]

2150 ON *(Date)*: 27 Oct 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

2nd VERIFIER: [redacted] LT/AN

PRE-TRANSFUSION TEMP: 97.9 | PULSE: 122 | BP: 143/93

DATE OF TRANSFUSION: 27 Oct | TIME STARTED: 2150

POST-TRANSFUSION DATA

AMOUNT GIVEN: 450 ML

TIME/DATE COMPLETED/INTERRUPTED: 10/27C 2250

REACTION [X] NONE [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
97.9	144	149/86

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: [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: M | WARD: ICU1

[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 - 22325

Medical Record Copy

513-123

NSN 7540-00-634-4158

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)*: 298 ML.

REMARKS: 20, NOV 03

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- ☐ TYPE AND SCREEN
- ☐ CROSSMATCH

DATE REQUESTED: 27 Oct 03

DATE AND HOUR REQUIRED: STAT

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQ [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE: 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.

[redacted] (b)(6) 2

DATE VERIFIED: 27 [redacted] 03

TIME VERIFIED: 1300

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION	
ANTIBODY SCREEN	CROSSMATCH
N/A	

PREVIOUS RECORD CHECK:

☒ RECORD ☐ NO RECORD

SIGNATURE OF PERSON PERFORMING [redacted]

DONOR	RECIPIENT
ABO A	ABO O
Rh POS	Rh POS

☒ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 27 OCT 03

REMARKS: EXP 28 OCT 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSP [redacted]

AT *(Hour)* 01 [redacted] ON *(Date)* 28 OCT 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]

2nd VERIFIER [redacted] 1 4 AM

PRE-TRANSFUSION

TEMP. 98° | PULSE 149 | BP 101/57

DATE OF TRANSFUSION: 28 Oct 03

TIME STARTED: 0115

POST-TRANSFUSION DATA

AMOUNT GIVEN: 298 ML

TIME/DATE COMPLETED/INTERRUPTED: 0215 10/28/03

REACTION: ☒ NONE ☐ SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
98.4	131	116/54

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)*

(b)(6) 2

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

☒ NO ☐ YES *(Specify)*

SIGNATURE OF PERSON NOTING [redacted]

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

M

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 - 22326

518–123

NSN 75[illegible]-4158

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: 1263505

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [X] TYPE AND SCREEN
- [ ] CROSSMATCH

DATE REQUESTED 27Oct03

DATE AND HOUR REQUIRED

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUEST[illegible] *(Print)* [redacted]

DIAGNOSIS OR [illegible]CEDURE

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.

[redacted] (b)(6)2

DATE [illegible]IED 27Oct03

TIME VERIFIED 1300

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 NEG

CROSSMATCH Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [X] NO RECORD

SIGNATU[illegible] PE[illegible]ERFORMI[illegible] TEST [redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 27 Oct 03

REMARKS: Exp 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)* 1330 ON *(Date)* 27 Oct 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 th[illegible]ient identification tag.

[illegible]ignature) [redacted]

PRE-TRANSFUSION

TEMP. N/A PULSE 112 BP 140/60

DATE OF TRANSFUSION 27 Oct 03

TIME STARTED 1340

POST-TRANSFUSION DATA

AMOUNT GIVEN 350 ML

TIME/DATE COMPLETED/INTERRUPTED 10/27 1350

REACTION

- [X] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
36	110	90/40

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)*

(b)(6)2

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [X] NO
- [ ] YES *(Specify)*

SIGNA[illegible]TING ABOVE [redacted] JTH. CLMA

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)

SEX M

WARD ER

[redacted] (b)(6)4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

MEDCOM - 22327

STANDARD FORM 518 (REV. 9–92)
Prescribed by GSA/ICMR. FIRMR (41 CFR) 201–9.202–1

518–123 NSN 7540-00-634-4158

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)* _____

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- [X] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED 27 Oct 03

DATE AND HOUR REQUIRED

VOLUME REQUESTED *(If applicable)* _____ ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

REMARKS:

REQUESTING P[redacted]

DIAGNOSIS O[redacted]RE

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.

SIGNA[redacted] (b)(6)2

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED 27 Oct 03

TIME VERIFIED 1300

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

[redacted]TIENT NO.

DONOR	RECIPIENT
ABO O	ABO O
Rh pos	Rh pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

PREVIOUS RECORD CHECK:
- [ ] RECORD
- [X] NO RECORD

SIGNATURE [redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 27 Oct 03

REMARKS: Exp 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)* 1330 ON *(Date)* 27 Oct 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 [redacted] NC

2nd VERIFIER [redacted]

PRE-TRA[redacted]

TEMP. [redacted] PULSE 116 BP 148/62

DATE OF TRA[redacted]N 10/27 TIME STARTED 1350

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML

TIME/DATE COMPLETED/INTERRUPTED 1400

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
[X] NONE [ ] SUSPECTED	36	115	135/57

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)* (b)(6)2

OTHER DIFFICULTIES *(Equipment, clots, etc.)*
- [X] NO [ ] YES *(Specify)*

SIGNATURE OF PERSO[redacted]

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—L[redacted] rate; hospital or medical facility)

[redacted] (b)(6)4

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 - 22328

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.)*
- [X] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED: 29 Oct 03

DATE AND HOUR REQUIRED: 29 Oct 03 0130

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*: ~~NKA~~ [redacted] (b)(6)2

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:
RhIG TREATMENT? DATE GIVEN: _____
HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)*: Dr. [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE: 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]

DATE VERIFIED: 29 Oct 03

TIME VERIFIED: 0045

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: [X] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted]

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 29 Oct 03

REMARKS: Exp 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND IDENTIFIED *(Signature)*: [redacted]

AT *(Hour)*: 0105 ON *(Date)*: 29 Oct 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: [redacted] GSW

2nd VERIFIER: LT / AN

PRE-TRANSFUSION: TEMP. 100.3 PULSE 131 BP 129/62

DATE OF TRANSFUSION: 29 Oct 03 TIME STARTED: 0110

POST-TRANSFUSION DATA

AMOUNT GIVEN: 300 ML

TIME/DATE COMPLETED/INTERRUPTED: 0150 29 Oct 03

REACTION [X] NONE [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
100.2	136	151/74

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)* (b)(6)2

OTHER DIFFICULTIES *(Equipment, clots, etc.)*
[X] NO [ ] YES *(Specify)*

SIGNATURE: [redacted] GSW

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle initial; rate; hospital or medical facility)

EW [redacted] (6)(6)4

SEX: M WARD: ICU #1

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 - 22329

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: pt O+

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [ ] CROSSMATCH

DATE REQUESTED: 29Oct03

DATE AND HOUR REQUIRED: 29Oct03 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: 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 OF VERIFIER: [redacted] (b)(6)2

DATE VERIFIED: 29Oct03

TIME VERIFIED: 1600

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
NA	Compatible

PREVIOUS RECORD CHECK: [X] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted]

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED — DATE 29Oct03

REMARKS: EXP 30 Oct03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

[redacted] AND ISSUED BY *(Signature)*: [redacted]

AT *(Hour)*: 1754 ON *(Date)*: 29Oct03

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: [redacted] RWA/JAS

2nd VERIFIER: [redacted] LTC CSP

PRE-TRANSFUSION

TEMP.	PULSE	BP
37.1	144	95/42

DATE OF TRANSFUSION: 10/29

TIME STARTED: 1755

POST-TRANSFUSION DATA

AMOUNT GIVEN: 350 ML

TIME/DATE COMPLETED/INTERRUPTED: 10/29 1815

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
[X] NONE [ ] SUSPECTED	37.6	144	120/70

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)*

(b)(6)2

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [X] NO [ ] YES *(Specify)*

SIGNATURE OF PERSON NOTING ABOVE: [redacted] LTC

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)

EPW [redacted] (b)(6)4

SEX: M

WARD: ICU 1

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 - 22330

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)* 1 Unit ML

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- [ ] TYPE AND SCREEN
- [x] ~~CROSSMATCH~~

DATE REQUESTED

DATE AND HOUR REQUIRED

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REMARKS:

REQUESTING [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE (L) BKA SIP & Lap Chole

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.

[redacted] (b)(6) 2

DATE VERIFIED 30 Oct 03

TIME VERIFIED 1205

SECTION II – PRE-TRANSFUSION TESTING

[redacted]

TRANSFUSION NO.

PATIENT NO.

RECIPIENT

ABO O Rh POS

ABO O Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
	COMP

PREVIOUS RECORD CHECK:
- [x] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30OCT03

REMARKS: EXP: 30 OCT 03 2358

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)* 1295 ON *(Date)* 30,0403

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 p[redacted]t identification tag.

1st VE[redacted]at [redacted] 2d/MN

PRE-TR[redacted]

TEMP 102 PULSE 144 BP 90/50

DATE OF TRANSFUSION 30 Oct 03

TIME STARTED 1245

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, rate; hospital or medical facility)

[redacted]

POST-TRANSFUSION DATA

AMOUNT GIVEN 350 ML

TIME/DATE COMPLETED/INTERRUPTED 1400 30 Oct 03

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
[x] NONE [ ] SUSPECTED	99 C	132	84/51

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)*

(b)(6) 2

OTHER DIFFICULTIES *(Equipment, clots, etc.)*
- [x] NO
- [ ] YES *(Specify)*

SI[redacted]

[redacted]

WARD ICU I

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 - 22331

Medical Record Copy

518-124

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

NSN 7540-00-634-4159

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.)*
- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED: 30 OCT

DATE AND HOUR REQUIRED: 30 OCT ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUEST[redacted]

DI[redacted]RATIVE PROCEDURE: S/P GSW / AKA

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)4

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: N/A

CROSSMATCH: Comp

PREVIOUS RECORD CHECK:
- [X] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE ~~30 Oct 03~~ 31 Oct 03

REMARKS: Exp 3 Nov 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)*: 0048

ON *(Date)*: 31 Oct 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]

2nd VERIFIER *(Signature)* [redacted] ILT/AN (b)(6)2

PRE-TRANSFUSION
TEMP. 102.6 | PULSE 148 | BP 129/60

DATE OF TRANSFUSION: 10/31/03

TIME STARTED: ~~1255~~ 0053

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

POST-TRANSFUSION DATA

AMOUNT GIVEN: 450 ML

TIME/DATE COMPLETED/INTERRUPTED: 0300 10/31/03

REACTION
- [X] NONE
- [ ] SUSPECTED

TEMPERATURE: 100.9

PULSE: 123

BLOOD PRESSURE: 79/47

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.)*
- [X] NO
- [ ] YES *(Specify)*

SIGNATURE OF PERSON NOTING ABOVE [redacted] ILT/ANC

SEX: M

WARD: ICU-4

BLOOD OR BLOOD COMPONENT TRANSFUSION
Medical Record

MEDCOM - 22332

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

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)* 4 units ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- [X] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED 6 Nov 03

DATE AND HOUR REQUIRED 6 Nov 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 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 OF VERIFIER [redacted] (b)(6)2

DATE VERIFIED 6 Nov 03

TIME VERIFIED 2140

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO. 1187

DONOR
ABO O
Rh pos

RECIPIENT
ABO O
Rh pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Compat

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: exp 11/6/03

PREVIOUS RECORD CHECK:
- [X] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

DATE 6/Nov/03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)* 2145 ON *(Date)* 6 Nov 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] LT/AN

2nd VERIFIER *(Signature)* [redacted]

PRE-TRANSFUSION
TEMP. 97.4 A PULSE 83 BP 123/67

DATE OF TRANSFUSION 06 Nov 03

TIME STARTED 2156

POST-TRANSFUSION DATA

AMOUNT GIVEN 363 ML

TIME/DATE COMPLETED/INTERRUPTED 06 Nov 03 @ 2300

REACTION
- [X] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
97F	82	127/71

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)*

(b)(6)2

OTHER DIFFICULTIES *(Equipment, clots, etc.)*
- [X] NO
- [ ] YES *(Specify)*

SIGNATURE OF PERSON NOTING ABOVE [redacted] LT/AN

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 M

WARD ICU 1

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 - 22333

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: 6 NOV 03

DATE AND HOUR REQUIRED: 6 NOV 03 ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*:

REMARKS:

REQUESTING PHYSICIAN *(Print)*: [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE: 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 VERIFIED: 6 NOV 03

TIME VERIFIED: 0920

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

- [X] CROSSMATCH NOT REQUIRED FOR THE COMPONE[redacted]

REMARKS: 8 NOV 03

PREVIOUS RECORD CHECK:
- [X] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted] 7 NOV 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]

AT *(Hour)*: 1220 ON *(Date)*: 6 NOV 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 WITNESS *(Signature)*: [redacted]

2nd [redacted]

PR[redacted]

TEMP. 97 PULSE 91 BP 118/67

DATE OF TRANSFUSION: 6 NOV

TIME STARTED: 1230

POST-TRANSFUSION DATA

AMOUNT GIVEN	TIME/DATE COMPLETED/INTERRUPTED
1 Unit ML	1400 6 NOV 03

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
[X] NONE [ ] SUSPECTED	97	85	122/69

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)*

(b)(6)2

OTHER DIFFICULTIES *(Equipment, clots, etc.)*
- [X] NO
- [ ] YES *(Specify)*

SIGNATURE OF PERSON NOTING ABOVE: [redacted]

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, [redacted] rate; hospital or medical facility)

[redacted] M WARD 7 East

[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 - 22334

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.)*
- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED 6 NOV 03

DATE AND HOUR REQUIRED 6 NOV 03 0900

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

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 6 NOV 03

TIME VERIFIED 0920

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

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: EXP DATE 7,NOV03

PREVIOUS RECORD CHECK: [ ] RECORD [X] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

DATE 6,NOV03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

[redacted]

AT (Hour) 1000 ON (Date) 6,NOV03

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]

2nd VERI[redacted]gnature) [redacted]

PRE-TRANSFUSION
TEMP. 98 | PULSE 91 | BP 105/58

DATE OF TRANSFUSION 6 NOV 03 | TIME STARTED 1000

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 unit ML

TIME/DATE (COMPLETED) INTERRUPTED 1120 6 NOV

REACTION [X] NONE [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
98	89	128/70

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)*

(b)(6)2

OTHER DIFFICULTIES *(Equipment, clots, etc.)*
[X] NO [ ] YES *(Specify)*

SIGN[redacted]

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, mid[redacted]; rate; hospital or medical facility)

SEX M | WARD ICU

[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 - 22335

Medical Record Copy

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

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

1) Admit [illegible]
2) Dx - S/P (L) AKA (R) LLC fasciotomy, (L) chest wall debridement
3) Condition [illegible]
4) Vitals q15 min for 1° then q1°

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER ____ HOURS

5) Activity Bedrest
6) Diet NPO
7) IV D5 ½NS at 100 cc/h
8) I's & O's
9) Foley to gravity
10) NG to LIS
11) Chest tube to 20 cm suction
12) MEDS

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER ____ HOURS

Ancef 1gm IV q 8° hours
MSO4 [illegible] 4mg/hr titrate to effect
Versed [illegible] [illegible] mg/hr titrate to effect

13) PCXR upon admit and [illegible] AM
14) Albuterol Neb 2.5/3.0 cc q4° x 72° then DC
15) Labs CBC, PT, PTT, Chemistry, ABG upon admit

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER ____ HOURS

16) Labs CBC q6°
17) Labs ABG q1° for 6° then q6°
18) Call MD T>101.5, SBP>180 <90, [illegible] [redacted]

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)2

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77 WHICH MAY [redacted]
MEDCOM - 22336

ACLU-RDI 1666 p.96

DOD-035912

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]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 16/27/03 TIME OF ORDER 2200 HOURS

LIST TIME ORDER NOTED AND SIGN

V.O . Dr. [redacted] LT [redacted]

1. PCXR ✓
2. 1U PRBC ✓
3. 500 cc NS ✓
4. Nitroglycerin 1mg/hr titrate to 0-10/4 drop

PATIENT IDENTIFICATION [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER [redacted] TIME OF ORDER [redacted] HOURS

5. V.O Dr. Young [redacted]
6. V.S TV 700 ↑ PEEP 15 ✓

PATIENT IDENTIFICATION [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 28 Oct 03 TIME OF ORDER 0001 HOURS

V.O - Dr. [redacted] LT. [redacted]

1. D/C DS 1/2 NS
2. 500 cc Bolus LR
3. Versed 5mg/hr

NOTED [redacted]

PATIENT IDENTIFICATION [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 28 Oct TIME OF ORDER 0120 HOURS

1. FFP ÷ unit ✓
2. If MAP is below 70, give ÷ can of Albumin. ✓
3. Wean F_iO_2 to keep $Pa O_2 > 95$.

[redacted]

(b)(6)2 [redacted] @ 0200 10/28/03.

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

MEDCOM - 22337

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]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 27 Oct TIME OF ORDER 1715 HOURS

LIST TIME ORDER NOTED AND SIGN

1) 1 Amp Bicarb IV
2) Repeat ABG 15 min after Abx [redacted]

PATIENT IDENTIFICATION [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 27 OCT TIME OF ORDER 1830 HOURS

IV Bolus NS 500cc now
V.O. Dr [redacted]

PATIENT IDENTIFICATION [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 27 OCT 03 TIME OF ORDER 1840 HOURS

1 IV DS. 1/2 NS to 150 cc/hr
2 Vent: RR 18 TV 850 ml
V O Dr [redacted] LT. [redacted]

PATIENT IDENTIFICATION [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 27 OCT 03 TIME OF ORDER 1857 HOURS

1 V.O. Dr. [redacted] LT
1 500 cc NS Bolus
2 IV 900

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

MEDCOM - 22338

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

#

(b)(6)4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 28 Oct 03 TIME OF ORDER ____ HOURS

LIST TIME ORDER NOTED AND SIGN

1) NJVF NS at KVO

2) DC Albuterol

0720

PATIENT IDENTIFICATION

#

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 28 Oct 03 TIME OF ORDER ____ HOURS

Lasix 20mg IV

Albuterol 2.5mg in at 0700

NS drip no 80 cc/hr until

Albuterol may be

D/C'd after treatment

4) Tylenol PR (GTO) Q4H

(b)(6)2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 28 Oct 03 TIME OF ORDER 1850 HOURS

Titrate peep to 5, RR to 16

Titrate FiO2 down to 40%

Keep PO2 > 60

V.O. Dr. [redacted] LCSW

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 29 Oct 03 TIME OF ORDER ~~2350~~ 0030 HOURS

Transfuse 1 U PRBC

V.O. Dr. [redacted] LCSW

(b)(6)2

BED NO.

LCSW/AW 2400 Chart Check

DA FORM 1 APR 79 4256 REPLACE MEDCOM - 22339 MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: EPW [redacted]

NURSING UNIT: ICU #1 | ROOM NO. | BED NO. 24

DATE OF ORDER: 29Oct03 | TIME OF ORDER: ______ HOURS | LIST TIME ORDER NOTED AND SIGN

1) [illegible] ✓
[illegible] [illegible] [illegible]
[illegible]

Noted [redacted] 29Oct03 1730

[redacted] [redacted] 10/30/03 @ 0445

(b)(6)

PATIENT IDENTIFICATION: [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 30Oct03 | TIME OF ORDER: 0930 HOURS

- Wet to dry dressing changes
(R) knee (L) forearm beginning
tomorrow 31Oct03 QD

Noted [redacted] 30Oct03 [redacted]

PATIENT IDENTIFICATION: [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 30Oct03 | TIME OF ORDER: ______ HOURS

1) Transfuse 1 u PRBC
2) Vancomycin 1gm IV Q12° 1st dose now
3) [illegible] QD T ≥ 101.5
4 Peep 15

[redacted]

Noted [redacted]

PATIENT IDENTIFICATION: [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 30Oct03 | TIME OF ORDER: ______ HOURS

1) DC [illegible] ✓
2) Vancomycin 3.0 gm IV Q6 1st dose now
3) [illegible] [illegible]
4) [illegible] to [redacted]
24 ✓

Noted [redacted]

(b)(6)

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

MEDCOM - 22340

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]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 30 Oct 03 TIME OF ORDER 1600 HOURS

LIST TIME ORDER NOTED AND SIGN

V.O DR [redacted]

ABG Qh.

Lasix 20mg IV now.

Taken by [redacted]

[redacted]

Nurse to Dr [redacted]

(b)(6)

PATIENT IDENTIFICATION [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 30 Oct 03 TIME OF ORDER [redacted] HOURS

(b) NURSE may

followed by 20 mg Lasix

[redacted]

(b)(6)

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 31 Oct 03 TIME OF ORDER _____ HOURS

11 May call Chief in

[redacted]

24 V done [redacted] 31 OCT 03 0512

(b)(6)

PATIENT IDENTIFICATION [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 30 OCT 03 TIME OF ORDER 0612 HOURS

Neosynephrine drip

10 mcg/min V.O. DR [redacted]

LT. [redacted]

noted

31 OCT 0613

(b)(6)

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

MEDCOM - 22341

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)

	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	31 Oct	10:00 HOURS	
	V.O. Dr [redacted]		
✓	KCl 40 meq in 250 cc NS		[redacted]
	Taken by blood sample		
	[redacted]		

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	31 OCT 03	2030 HOURS	
(1)	ABG drawn to Q2° ✓		2100
	V.O. Dr. [redacted] / [redacted]		31 Oct 03 [redacted]
	24° ✓ 1 NOV 03 0445 [redacted]		

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

[redacted]

	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
		HOURS	
(1)	20 KCl c̄ 250 NS Now VO Dr [redacted]		
	to [redacted] CPT/AN		
	1 NOV 03 1135		noted 1130 1 Nov

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

[redacted]

	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(1)		HOURS	
	Keep pt @ FiO2 50% for next		
	6° to see how he does then		noted 1630
	begin to titrate next vent		[redacted]
	V/O from Dr [redacted] / CPT [redacted]		

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 4256, 1 APR 79 REPLAC[ES] ... [WH]ICH MAY BE USED.

MEDCOM - 22342

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION	↓	DATE OF ORDER / TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[redacted] (b)(6)		2 NOV 0910 HOURS	
		V.O DR [redacted]	
		Cassy 20 mg IV NOW	Noted 2NOV03 [redacted]
		KCl 40 mg in 250 NS x 3 doses	
		Taken by [redacted]	
NURSING UNIT / ROOM NO. / BED NO.			
PATIENT IDENTIFICATION 24° Chart Check		DATE OF ORDER [redacted] TIME OF ORDER 1st (AL) HOURS	0100 03NOV03
[redacted]		3NOV03 0930	
		V.O. DR [redacted]	
		CHANGE IVF TO ½NS at 75cc/h.	Noted 3NOV03 [redacted]
		INCREASE VENT RATE TO 30	
		Taken by [redacted]	
NURSING UNIT / ROOM NO. / BED NO.			
PATIENT IDENTIFICATION		DATE OF ORDER 3NOV03 TIME OF [redacted] 1130 HOURS	[redacted]
[redacted]	①	D/C VANC	Noted 3NOV03
	②	D/C Unasyn	
	③	Cipro 400mg IV q12° 1st dose now	
	④	Zosyn 3.375 gm IV q6° 1st dose now	
NURSING UNIT / ROOM NO. / BED NO.		[redacted]	
PATIENT IDENTIFICATION		DATE OF ORDER 3NOV03 1600 HOURS	
Done 3NOV03 2005hr [redacted]		Blood Cult Sputum Cult	Noted 3NOV03 2005hr
		[redacted]	
NURSING UNIT / ROOM NO. / BED NO.		(b)(6)2	

(b)(6)2

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

MEDCOM - 22343

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.

(b)(6)

PATIENT IDENTIFICATION

[redacted]

DATE OF ORDER: 4 Nov 03 TIME OF ORDER: 0745 HOURS

(1) Albuterol nebs now + q4° x 48°

[redacted]

LIST TIME ORDER NOTED AND SIGN: Noted 04NOV03 @0810 [redacted]

NURSING UNIT	ROOM NO.	BED NO.
ICU	ICU	#6

PATIENT IDENTIFICATION

DATE OF ORDER: 4 Nov 03 TIME OF [redacted] 1300 HOURS

(1) D/C IVF & D5W c 75cc/hr c 20meq KCl

(2) Lasix 20mg IV now

[redacted]

Noted 04NOV03 @1318 [redacted]

(b)(6)

NURSING UNIT	ROOM NO.	BED NO.
ICU	ICU	#6

PATIENT IDENTIFICATION

[redacted]

DATE OF ORDER: 4 Nov 03 TIME OF O[redacted] 1600 HOURS

(1) Zantac 50mg IV qd

(2) [illegible]

(3) d/c DHT

(4) NCD consult

[redacted]

Noted 04NOV03 @1629 [redacted]

NURSING UNIT	ROOM NO.	BED NO.
ICU		#6

PATIENT IDENTIFICATION

DATE OF ORDER: 5 Nov 03 TIME OF ORDER: 1500 HOURS

(1) ↑ IVF to 150cc/hr

(2) Δ Zosyn to 3.375gm IV q8°

Noted 5Nov03 [redacted]

(b)(6)

[redacted]

NURSING UNIT	ROOM NO.	BED NO.

DA FORM 1 APR 79 **4256** REPLACES EDITION OF [illegible] WHICH MAY BE U[redacted]

MEDCOM - 22344

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: EPW # [redacted] (b)(6)4

DATE OF ORDER: 11-5-03 TIME OF ORDER: 1700 HOURS

Daily Dry Dressing ∆'s
(R) Leg (L) Forearm
Leave Finger open to air

[redacted]

LIST TIME ORDER NOTED AND SIGN: Noted 5 Nov 03 [redacted]

NURSING UNIT: ICU 2ᵈ ✓ done | ROOM NO. | BED NO. #6 [redacted] 1LT/AN (b)(6)2

PATIENT IDENTIFICATION

DATE OF ORDER: 6 Nov 03 TIME OF ORDER: 0830 HOURS

(1) transfuse 2u pRBC's ... 2° ...

Noted 6 Nov 03 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

[redacted]

PATIENT IDENTIFICATION

DATE OF ORDER: 6 NOV 03 TIME OF ORDER: 0945 [redacted]

(1) NS 1 liter bolus
(2) 1/2 NS @ 200 cc/hr
(3) ✓ CVP ... blood + bolus

Noted [redacted] 6 Nov 03

NURSING UNIT: ✓ done 06 NOV 2003 | ROOM NO. | BED NO. [redacted] 1L [redacted] (b)(6)2

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

DATE OF ORDER: 06 NOV 03 TIME OF ORDER: 2040 HOURS

V.O DR. [redacted] / LT. [redacted]

(1) transfuse 1U PRBC

[redacted]

Noted 6 NOV 03 2015

NURSING UNIT | ROOM NO. | BED NO.

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

MEDCOM - 22345

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]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 7 NOV 03 TIME OF ORDER 1145 HOURS

LIST TIME ORDER NOTED AND SIGN

1. ΔGBC ☆ q [redacted]
2. start tube feeds per CPT [redacted]

1145

PATIENT IDENTIFICATION [redacted]

NURSING UNIT ICU ☆1 | ROOM NO. | BED NO.

DATE OF ORDER 7 NOV 03 TIME OF ORDER 1200 HOURS

1. Nursg: Lacrilube BID to OU [redacted] CPT/MN

PATIENT IDENTIFICATION [redacted]

NURSING UNIT ICU ☆ | ROOM NO. | BED NO.

DATE OF ORDER 7 NOV 03 TIME OF ORDER 1530 HOURS

1. KUB ASAP to Dr [redacted] [redacted] CPT/MN 1525

PATIENT IDENTIFICATION [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 7 NOV 03 TIME OF ORDER 2245 HOURS

1. ↑TF to 10 cc/° [redacted]
V: O Dr [redacted]

7 NOV 03 2245 [redacted]

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

MEDCOM - 22346

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]

NURSING UNIT: ICU I | ROOM NO. | BED NO.: 6

DATE OF ORDER: 9 NOV 03 TIME OF ORDER: 0930 HOURS

LIST TIME ORDER NOTED AND SIGN

1. add 100cc free H2O to DHT 94°
2. Lasix 20 mg IV now - done 0942
3. D/C IVF @ 125 cc/hr - done 0942

[redacted]

PATIENT IDENTIFICATION [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 9 NOV 03 TIME: 2045 HOURS

1. LABS @ 98°

noted 10 Nov 03 @ 0530

[redacted]

PATIENT IDENTIFICATION [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 10 NOV 03 TIME OF ORDER: 0700 HOURS

V.O. Dr [redacted]

Sodium Bicarbonate 1 amp Now

EPINEPHRINE 1 amp @ 705

EPINEPHRINE 1 amp @ 725

Fluid challenge LR 500cc bolus x2

Taken by [redacted]

noted 10 Nov 03

PATIENT IDENTIFICATION [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 10 NOV 03 TIME OF ORDER: 0700 HOURS

V.O Dr [redacted]

Start Dopamine drip at 10 mcg/kg/min titrate to keep MAP ≥ 60

Taken by [redacted]

noted 10 Nov 03

DA FORM 1 APR 79 4256 REPLACES [illegible] MAY BE USED.

MEDCOM - 22347

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. NOV Yr. 2003

VERIFY BY INITIALING | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 10	11	12	13	14	15	16	17
27Oct	[redacted]	Vital Sign q 1°	06								
rewritten			18								
27Oct	[redacted]	Activity: BR (bedrest)	06								
rewritten			18								
		Diet: TF 10cc/hr Osmolite	06								
		via dubhoff	18								
Erase 27Oct	[redacted]	ICO's	06								
Rewritten			18								
Erase 27Oct	[redacted]	Foley → gravity	06								
rewritten			18								
Erase 27Oct	[redacted]	CBI → LIS	06								
rewritten			18								
Erase 27Oct	[redacted]	CT → 20cm H2O suction	06								
rewritten			18								
27Oct	[redacted]	CXR q Am	04								
rewritten			/	/	/	/	/	/	/	/	/
27Oct	[redacted]	Contact MDT 7 101.5	06								
rewritten	[redacted]	SBP 7 80 < 90 UOP L30cc/hr	18								
09NOV	[redacted]	Add 100cc free									
		H2O to DHT Q4°	04	/							
			08	/							
			12								
			16								
			20								
			24								
9 Nov 03	[redacted]	ABG q 8hrs	06	/							
			14	/							
			22	/							

ALLERGIES: ☐ YES ☐ NO | PRIMARY DIAGNOSIS: | ADDITIONAL PAGES IN USE: ☐ YES ☐ NO PAGE NO: _____

PATIENT IDENTIFICATION:

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

DA FORM 4677, 1 OCT 78 | MEDCOM - 22348 | ISED. | USAPA V1.00

(b)(6)2

CLINICAL RECORD

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

Mo. OCT Yr. 2003

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 27 28 29 30 31 1 2 3 4 5 6 7 8
27oct03	[redacted]	Vitals q 15 min for 10	06	
		then Q 1°	18	
27oct03	[redacted]	Activity Bedrest	06	
			18	
27oct03	[redacted]	Diet NPO	06	
			18	
27oct03	[redacted]	I & O's	06	
			18	
27oct03	[redacted]	Foley to gravity	06	
			12	
27oct03	[redacted]	OGT to LIS	06	
			12	
27oct03	[redacted]	Chest tube to 20cm Suck	06	
			18	
27oct03	[redacted]	PCXR upon arrival and	04	
		then q AM	04	
27oct03	[redacted]	Lab. CBC q 6°	10	06
			16	12
			22	18
27oct03	[redacted]	ABG q 10x6 then q 6	04	18
			10	00
			16	06
			22	12
				18
				22
				23
				24
27oct03	[redacted]	Contact MD T >101.5, SBP >180 <90	06	
		Urine OP < 30cc/hr	18	

(b)(6)2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: (L) chest wall debridement
S/P (L) AKA, (R) LLeg Fasciotomy

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

PATIENT IDENTIFICATION:

[redacted] (b)(6)4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

DA FORM 4677, 1 OCT 78 MEDCOM - 22349 JSED. USAPA V1.00

(b)(6) Z (b)(6) Z

Verity by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)			Mo Oct Yr 2003	
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
27Oct03	[redacted]	Admit ICU	27Oct			[redacted]
27Oct03	[redacted]	1 Amp Bicarbonate	27Oct	1800		[redacted]
	----	Repeat ABG 15min p Amp	27Oct	1815		[redacted]
27Oct	[redacted]	PCXR x1	27Oct	2000	2020	[redacted]
	----	Labs: CBC/PT/PTT, Chem8/ ABG	27Oct	1900	1900	[redacted]
	----	upon arrival				
~~30Oct~~	[redacted]	~~Transfer to Floor~~ [redacted]	30Oct03	NOW	1345	[redacted]
1NOV	[redacted]	Hold FiO2 @ 50% for next 6hours	1NOV	NOW	1500	
3NOV	[redacted]	Culture panel x 1 now	3NOV	NOW	800che	[redacted]
04Nov	[redacted]	Albuterol neb now	04Nov	NOW	0835	[redacted]
04Nov	[redacted]	Place DHT	04Nov	04Nov		
04Nov	[redacted]	NCD Consult	04Nov	04Nov	1629	[redacted]
6Nov	[redacted]	CVP after blood & Bolus	6Nov			
7Nov	[redacted]	Kubs	7Nov	ASAP	1500	[redacted]

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED
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USAPA V1.00

(b)(6)2

(b)(6)2

CLINICAL RECORD

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

Mo. 10 Yr. 2003

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 27	28	29	30	31	1	2	3	4	5	6	7
27 Oct	[redacted]	SIMV: RR ~~18~~ 15 TV ~~850~~ 700	06	/	[redacted]	}	Remain	the	same	as					
		FiO2: 100 PEEP ~~15~~ 13	18	[redacted]											
28 Oct	[redacted]	Wean FiO2 to keep	06	/	[redacted]										
		SaO2 > 95%	18	/	[redacted]										
28	[redacted]	Titrate PEEP to 5.	06	/	/	[redacted]									
		Titrate FiO2 to 40%.	18	/	/	[redacted]									
		Keep PO2 > 60													
28	[redacted]	SIMV: RR ~~16~~ 14 TV ~~750~~ 700	06	/	/	[redacted]									
		Titrate FiO2 & PEEP as above	18	/	/	[redacted]									
30 Oct	[redacted]	Wet to Dry Dressing	00	/	/	/	/	/	/	[redacted]					
		changes ⓝ Ⓡ Knee Ⓛ Forearm		/	/	/	/	/	/	/	/	/	/	/	/
		QD		/	/	/	/	/	/	/	/	/	/	/	/
30 Oct	[redacted]	PAN cultures QD	06	/	/	/	[redacted]								
		for Temp > 101.5	18	/	/	/	[redacted]								
30 Oct	[redacted]	Keep if 1 rate ~~24~~ 22	06	/	/	/	[redacted]								
			18	/	/	/	[redacted]								
30 Oct	[redacted]	ABG Qh	06	/	/	/	[redacted]								
			18	/	/	/	[redacted]								
31 Oct	[redacted]	ABG QD°	06	/	/	/	/	[redacted]							
			18	/	/	/	/	[redacted]							
3 Nov	[redacted]	INCREASE VENT RATE TO	06	/	/	/	/	/	/	/	/	/	[redacted]		
		30	18	/	/	/	/	/	/	/	/	/	[redacted]		

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P ⓛ AKA ⓡ LLG Fasciatomy ⓛ chest wall debridement

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted]

(b)(6)4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

MEDCOM - 22351
EDITION OF 1 DEC 77 MAY BE USED

USAPA V1.00

(b)(6)

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

CLINICAL RECORD

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

Mo. 11 Yr. 2003

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 7	8	9
28 OCT	[redacted]	Wean FiO2 to keep	06	/	[redacted]	
rewritten		SaO2 >95%.	18	[redacted]		
NOV 5 30 OCT	[redacted]	Dry dsg Δ to (R) knee + (L)	10	/	[redacted]	
rewritten		Forearm QD. (L) AC open		/		
		to air.		/		
30 OCT	[redacted]	Pan culture QD for	06	/	[redacted]	
rewritten		temp >101.5	18	[redacted]		
31 OCT	[redacted]	ABG Q2°	00	/	[redacted]	
rewritten			02	/		
			04	/		
			06	/		
			08	/		
			10	/		
			12	/		
			14	/		
			16	/		
			18	/		
			20	[redacted]		
			22	/		
07 NOV 03	[redacted]	Start TF recommended from	06	/	[redacted]	
rewritten		Nutrition consult. Osmolite 5cc/° 10cc/	14	[redacted]		
		goal rate 85cc/° of jevity.				
7 NOV 03	[redacted]	A.M lab: CBC @ 0900	09	/	[redacted]	
rewritten		(b)(6)2		/		

OK changed 9 Nov 03

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

EPW [redacted] (b)(6)4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED.

MEDCOM - 22352

USAPA V1.00

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

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	*Mo.* ___ *Yr.* 2003

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	04	05	06	07	8	9
04Nov	[redacted]	Albuterol nebs Q4°	02	/	[redacted]				
		X48°	06	/	[redacted]				
			10	/	[redacted]				
			14	[redacted]					
			18	[redacted]					
			22	[redacted]					
04Nov	[redacted]	Vent: RR28 FiO2 90%	06	[redacted]					
		Peep 16	18	[redacted]					
5Nov	[redacted]	~~Daily Dressing Change~~ to (R) leg (L) forearm Dry Dressing. Lower open to air.	10	/	/	[redacted]			
7Nov03	[redacted]	Start Tube feed as recommended for Nutrition consult	06	/	/	/	[redacted]		
		~~Check residuals~~ [redacted]	18	/	/	/	[redacted]		
		~~q4hrs (R) >200cc ...~~							
		~~... notify physician~~							
7Nov	[redacted]	AM LAB: CBC @ 0900	09	/	/	/	[redacted]		

D/C'd 6NOV03

rewritten 7NOV03

(b)(6)2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: SP (L) AKA (R) leg fasciotomy (L) chest wall debridement

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: ________

PATIENT IDENTIFICATION:

EPW [redacted] (b)(6)4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

(b)(6) 2 ↓ 17-1 Yrs (b)(6) 2 ↓

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. Oct Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 27 28 29 30 31 1 2 3 4 5 6 7 8 9
27oct03	[redacted]	AnceF 1gm IV q 8°	08	[redacted] D/C 2 Oct 03
			16	[redacted]
			24	[redacted]
27oct 03	[redacted]	MSO4 drip 4mg/hr titrate	06	[redacted]
		to effect	18	[redacted]
27oct03	[redacted]	Versed drip 5 4mg/hr titrate to	06	[redacted]
		effect	18	[redacted]
27oct03	[redacted]	Albuterol neb 0.5/3.0cc Q4°	04	[redacted]
		x 72° then D/C	08	[redacted]
			12	[redacted]
			16	[redacted]
			20	[redacted]
			24	[redacted]
27OCT03		D5. 1/2 NS @ 150 cc/hr	06	DiCd - 28 Oct 03
			18	[redacted]
27 Oct 03	[redacted]	Vecuronium 7mg/hr	06	[redacted]
		titrate to 0-1/4	18	[redacted]
		Twitch		
28 Oct 03	[redacted]	NS @ 75cc for	06	[redacted] NS 1000cc 85
		Maintance	18	[redacted]
30 Oct	[redacted]	Vancomycin 1 gm IV 12	12	[redacted]
		@12h	24	[redacted] D/C 3 Nov
30 Oct	[redacted]	UNASYN 3.0 gm IV	06	[redacted]
		@6°	12	[redacted]
(b)(6) 2		/ / / /	18	[redacted]
			24	[redacted]

(b)(6) 2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/S (L) AKA (L) chest wall debridement

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted] (b)(6) 4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14	
E	15	16	17	18	19	20	21	22	
N	23	24	01	02	03	04	05	06	

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

Verify by Initialing	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)	Mo. 10 Yr. 03			
Order Date / Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
27Oct [redacted]	500 cc NS Bolus	1800	1800	1800	[redacted]
27Oct [redacted]	500 cc NS Bolus	1845	1845	1846	[redacted]
27Oct [redacted]	500 cc NS Bolus	1958	1958	1958	[redacted]
27Oct [redacted]	1U PRBC	2200	2210	2215	[redacted]
28Oct [redacted]	500 cc LR Bolus	0001	0005	0010	[redacted]
28Oct [redacted]	FFP @ IVRT	0115	0130	0135	[redacted]
28Oct [redacted]	1 Can albumin for map < 70	0115			
28Oct [redacted]	Lasix 20 mg IV	28Oct	0915	0915	[redacted]
28Oct [redacted]	25% albumin 1 can @ 25 cc/hr	28Oct	0950	0900	[redacted]
28Oct [redacted]	↓NS to 50 cc/hr while albumin running	28Oct	0950	0900	[redacted]
	then ↑ to 75 after				
28Oct [redacted]	Transfuse 1 unit PRBC	28Oct	Now	0110	[redacted]
29Oct [redacted]	Transfuse 2 Units PRBC	29Oct03	Now	(1) 1700 (2) OR	[redacted]

Order/ Expir Date / Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED												
28Oct [redacted]	Tylenol PR 650 mg	D	28Oct	29 Oct	30 Oct	30 Oct	30 Oct	31 Oct	4 Nov					
-----	PRN: Q4°	T	0915	2330	0750 T101°	1500 T101.6	1800 T102	0100 T101.6	2345 100.8					
---- (b)(6)2		I	[redacted]							(b)(6)2				
-----		E							(+) effect					

USAPA V1.00

(b)(6)2

Verify by Initialing	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. ____ Yr. ____

Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
29Oct03	[redacted]	20mg Lasix IVP to be given	29 Oct 03	ASAP	1?? 92	
		ĉ blood infusion				(b)(6)2
30 Oct	[redacted]	1 Amp Ca Chloride now	30 Oct	Now	1245	[redacted]
30 Oct	[redacted]	Transfuse 1 u PRBC	30 Oct	Now	1245	[redacted]
30 Oct	[redacted]	Lasix 20 mg IV Now	30 Oct	Now 1600	1600	[redacted]
30 OCT	[redacted]	Transfuse ĉ 1 U PRBC	31 OCT	Now 0030	0045	[redacted]
OCT 31	[redacted]	Lasix 20mg Post Blood	31 OCT	0300 31 OCT	0300	[redacted]
31 Oct	[redacted]	KCl 40 meq in 250 NS x 1 dose	31 Oct	1200	1200	[redacted]
1 Nov	[redacted]	KCl 20 meq ĉ 250 NS x 1 dose	1 Nov	Now	1200	[redacted]
2 Nov	[redacted]	Lasix 20 mg IV Now	2 Nov	0940	0940	[redacted]
2 Nov	[redacted]	KCl 40 meq in 250 NS x 3 doses	2 Nov #1	0940	0940	[redacted] K 2.9
(b)(6)2			2 Nov #2	1200	1210	[redacted] K 3.3
			2 Nov #3	1400	1400	[redacted] K 3.7

(b)(6)-2

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

USAPA V1.00

MEDCOM - 22356

(b)(6)2

CLINICAL RECORD

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

MC KT Yr 03

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 31 31 1 2 3 4 5 6 7 8 9 10
31 OCT	[redacted]	Neosynephrine gtt		
		10mcg/min titrate	06	[redacted]
		to keep MAP 65	18	[redacted]
3 NOV	[redacted]	½ NS at 75 cch	06	Sol 4 NOV 03
			18	
3 NOV	[redacted]	Cipro 400mg IV	12	[redacted]
		Q12h	24	
3 NOV	[redacted]	Zosyn 3.375gm IV	06	
		Q6h	12	
			18	Δ 5 NOV Saibolow
			24	
4 NOV	[redacted]	Δ IVF to D5W @ 20mEq KCl	06	[redacted] 6 NOV D/C'd
5 NOV	[redacted]	@ 75cc/hr ↑ 150 cch	18	
		~~Albuterol~~		
04 NOV	[redacted]	ZANTAC 50mg IV	10	[redacted]
		QD		
04 NOV	[redacted]	Heparin 5000U SQ	10	[redacted]
		BID	22	
5 NOV	[redacted]	Δ Zosyn to 3.375gm	06	
		IV @ 8h.	14	
4 NOV	[redacted]		22	
4 NOV	[redacted]	Albuterol Neb's	00	
		vent 9 4H X 48°	04	
(b)(6)7			08	
			12	
			16	

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P (L) AKA (R) Leg Fasciotomy (L) Chestwall debridement

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

PATIENT IDENTIFICATION:

EPW [redacted] (b)(6)4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

DA FORM 4678, 1 FEB 79 — MEDCOM - 22357 — EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. — USAPA V1.00

(b)(6) Z

CLINICAL RECORD

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

Mo. NOV Yr 03

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 06 07 08 9 10
6 Nov	[redacted]	½NS at 200cc/h	06	[redacted] → Ned 09 NOV 03
			18	[redacted]
7 Nov	[redacted]	lactulose to OG BID	10	/ [redacted]
			22	/ [redacted]
09 NOV	[redacted]	IVF: ½NS @ 125cc/hr	06	/ / / [redacted]
			18	/ / / [redacted]
10 Nov	[redacted]	MSO4 Drip 4 Mg/h	06	/ / / / [redacted]
Recopied		TITRATE TO EFFECT	18	/ / / /
10 Nov	[redacted]	VERSED Drip 4 mg/h	06	/ / / / [redacted]
Recopied		TITRATE TO EFFECT	18	/ / / /
10 Nov	[redacted]	VECURONIUM 7mg/h	06	/ / / / [redacted]
Recopied		Titrate to 0-1/4	18	/ / / /
10 Nov	[redacted]	DOPAMINE 10mcg/kg/m	06	/ / / / [redacted]
	↑	TITRATE TO KEEP MAP ≥ 60	18	/ / / /
	(b)(6) Z			

(b)(6) Z

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P (L) AKA (R) Leg Fasciotomy (L) Chest Wall debridement

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

PATIENT IDENTIFICATION:

EPW [redacted] (b)(6) 4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

LDA

(b)(6) Z

THERAPEUTIC DOCUMENTATION CARE PLAN
(MEDICATIONS)

Mo._____ Yr._____

Order/ Expir Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
4Nov	[redacted]	Lasix 20 mg IV now	4Nov	now	1310	[redacted]
6Nov	[redacted]	Transfuse 2 units PRBC each over 2h #1	6Nov	1000	1000	[redacted]
	-----	#2	6Nov	1230	1230	[redacted]
6Nov	[redacted]	NS TKO Bolus	6Nov	1600	1600	[redacted]
6Nov	[redacted]	Transfuse 1 Unit PRBC over 2H	6Nov	2150	2150	[redacted]
09Nov	[redacted]	LASIX 20mg IV now	09Nov	0942	0942	[redacted]
10Nov	[redacted]	Sodium Bicarbonate 2 amp IVP	10Nov	0700 Now	0700	[redacted]
10Nov	[redacted]	EPINEPHRINE 1 Amp IVP Now	10Nov	0707	0707	[redacted]
10Nov	[redacted]	LR 500cc Bolus	10Nov	0700	0700	[redacted]
10Nov	[redacted]	EPINEPHRINE 1 Amp IVP Now	10Nov	0725	0725	[redacted]
10Nov	[redacted]	LR Bolus 500cc	10Nov	0725	0725	[redacted]
(b)(6) Z					(b)(6) Z	

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED
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USAPA V1.00

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE: **TRAUMA FLOWSHEET**
The proponent is Dept of Surgery

OTSG APPROVED *(Date)*: QI Appr 11 Jun 97

EMS REPORT

TIME:_____ ETA:_____ UNIT:_____

MED COM: [Y] [N] _____

ARRIVAL STATUS

TIME 1253 ☐ IV x 1 ☐ O_2_____1/min ☐ C-Spine Immob

Meds: ☒ UKN ☐ None ☐ Yes:_____

Allergies: ☒ UKN ☐ None ☐ Yes:_____

Tetanus: ☒ UKN ☐ Current Last Meal/Fluid Intake _____hrs

LMP:_____ ☐ _____

PRIMARY SURVEY

AIRWAY

☒ Natural Patient [Y] [N]

☐ ETT_____ ☐ _____

☐ Secretions_____

BRETHING

☐ Labored ☒ Unlabored ☐ Absent

TRACHEA: ☒ Midline ☐ Deviated [L] [R]

CHEST SYMMETRY: [L] [=] [R]

CIRCULATION

PULSE: ☒ Present ☐ Absent

BLEEDING: [Y] [N]

HEART TONES: ☒ Clear ☐ Muffled

SKIN: ☐ Warm ☐ Cool ☐ Hot

☐ Pink ☒ Pale ☐ Cyanotic ☐_____

☐ Dry ☒ Moist ☒ Diaphoretic

SECONDARY SURVEY

DISABILITY

GCS: E_____

V_____

M_____

SPHINCTER TONE:

☒ WNL

☐ None

HEAD

PUPILS: ☒ Equal ☐ Fixed ☒ React ☐ Dilated [L] [R]

TM: ☐ Clear ☐ Blood [L] [R]

NECK

C-Spine Tenderness: [Y] [N]

Pain @_____

JVD: [Y] [N]

HEART

RHYTHM: ☐ Regular ☒ Tachy

PULSES: ☐ Central ☐ Peripheral

LUNGS

BREATH SOUNDS: ☐ Diminished ☐ Equal ☒ Clear

Decreased [L] [R] Absent [L] [R]

Wheezes [L] [R] Crackles [L] [R]

ABDOMEN

☒ Soft ☐ Rigid ☐ Non-Tender

☒ Tender: —+—

PELVIS

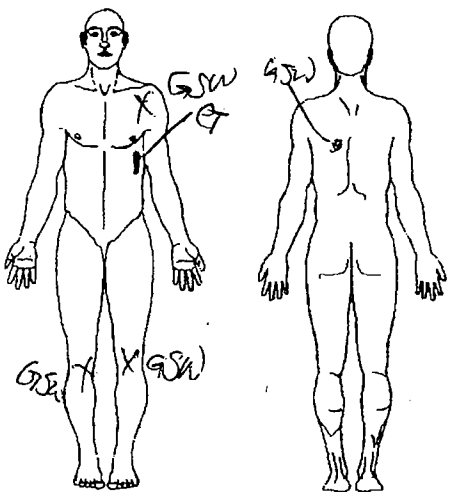
☐ Stable ☐ Unstable ☐_____

Blood at meatus/vagina: [Y] [N]

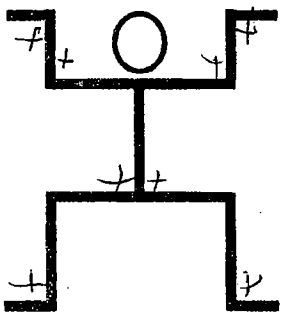
Heme + / Prostate: ☐ WNL ☐ Abnl

USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

(AB)rasion
(AMP)utation
(AV)ulsion
Battle's Signs
(BL)eeding
(B)urn
(D)eformity
(E)cchymosis
(F)oreign Body
(H)ematoma
(LAC)eration
(P)uncture (W)ound
(Pain)
(S)eatbelt (S)ign
(S)tab (W)ound
(GSW) Gun Shot Wound



VASCULAR ASSESSMENT



++ Strong | + Palpable | D Dopler

RN [redacted] (b)(6) 2

PHYSICIAN [redacted]

(Continue on reverse)

PREPARED BY (Signature and Title) [redacted] 9B

DEPARTMENT/SERVICE/CLINIC EMT

DATE 27 Oct 03

PATIENT'S IDENTIFICATION (For typed or wr... Name--last, first, middle; grade; date; hospital or medical facili... [redacted]

000-00- [redacted] (b)(6)4

24 y/o

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER *(Specify)*

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

REQUIREMENT OF PRIVACY ACT OF 1974 IS COVERED BY DD FORM 2005.
PREVIOUS EDITION IS OBSOLETE.

EAMC OP 503, 1 Dec 98

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA
For use of this form see, AR 40-66; the proponent agency is The Office of The Surgeon General

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET (b)(6) 2

OTSG APPROVED (Date)
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

		TIME	1800	INTILAS [redacted]		INTILAS	1800 HRS	INTILAS [redacted]
NEURO		PUPLIS	PERRL Pupils equal Round				PERRL 3mm sluggish	
		SENSORIUM	Alert unable to Assess				unrelically Paralyzed	
			pt on Vent				@ vecuronium & versed	
RESPIRATORY		RESPIRATION PATTERN	15 BPM				Reg 18 BPM, TV 850	
		BREATH SOUNDS	pt is on vent				PIP 43 PEEP 10 FiO2 100%	
		SECRETIONS	see vent setting				clear Right & diminished	
			Diminished Lung				on Left.	
			Sounds					
SKIN		COLOR	normal for Race				NFR.	
		INTEGRITY	(R) LE wound (L) UE wound				(R) Leg wound, L AKA	
			(L) AKA.				(L) chest wound	
I V SITE		LOCATION	(R) A-line wrist				(L) radial wrist	
		CONDITION	(R) Sub-clavian 100cc/hr PS 1/2 NS				(R) subclavian TLC	
			(L) IJ.				(L) IJ cordis	
GASTRO		ABDOMEN	Soft Flat nondistended				Soft & BS hyperactive	
		BOWEL SOUNDS	hyperactive - bowel sounds				OTX2 @ 20 cm suction	
							JP x1 to bulb suction	
GU		URINE	clear orange QS.				clear >80cc/hr	
		COLOR/CLARITY	foley to gravity				foley to gravity	
CARDIOVASCULAR		CARDIACRHYTHM	HR 171 BP 145/57				HR 136 BP 100/51	

LEGEND
Cr - Creatinine
F_iO_2 - Fraction of inspired O_2
F_iO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title) [redacted] (b)(6) 2

DEPARTMENT/SERVICE/CINC: ICU 1

DATE: 27 OCT 03

PATIENT'S INDICATIONS (For typed or written entries give: Name - Last, First, middle; grade; date; hospital or medical facility)

[redacted] (b)(6) 4

- ☐ HISTORY/PHYSICAL
- ☐ FLOW CHART
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ OTHER (Specify)
- ☐ DIGNOSTIC STUDIES
- ☐ TRETMENT

DA FORM 1 MAY78 4700
Proponent Dept of Nurs

MEDCOM - 22361

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

DATE 27 OCT 03 | DX | HOSPITAL DAY

VITAL SIGNS

TIME	24	01	02	03	04	05	06	07	/	08	09	10	11	12	13	14	15	/
BP Arterial line																		
BP Cuff																		
Temperature															1			
Pulse																		
Respiratory Rate																		

INTAKE

TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
IV1																		
IVPB																		
IVP																		
TOTALS																		

OUTPUT

		HOUR / TOTAL																
URINE		SP gr																
		S/A																
NG		OUTPUT																
		PH																
		GUIAC																
EMESIS																		
STOOL																		
DRAINS	JP #1																	
	chest tube																	
TOTALS																		

MEDCOM - 22362

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23
B/P A-line	11	105/45	80/45	101 56	114 54	106 52	142 53	112 54
B/P		—	—	—	—	—	—	—
Temp		95.2	95.0	95.9	96.8	97.9	97.9	98.2
Pulse		128	146	126	125	143	143	148
RR		12	15	18	18	19	21	24
SpO2		100%	100	95	95	93	89	94
mean		vent	vent	vent	vent	vent	vent	vent
map		65	65	68	77	71	84	74

INTAKE	16	17	18	19	20	21	22	23	8°T
IV		100	100	150	150	150	150	150	950
IVPB		4	4	4	4	4	4	6	30
IVP									
Bolus		500	500	—	500	—	500		2000
Veo			7.	7.	7	7	7	7.	42
PRBC							450		450

OUTPUT	1.								
urine		400/400		46/46	170/616	200/816	300/1116	210/1326	826
JP#1		90		50					140
Chest tube		160		~~60~~	60			95	315

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA

	TIME	1700	1800	1900	2000	2100	2200	2300		
	MODE	SIMV								
	F_iO_2	100%								
	TV	760								
	RATE	15								
	PEEP									
A	pH									
A	PCO_2									
B	pO_2									
B	HCO_3									
G	SAT									
G	BASE									

LABORATORY DATA

	TIME									
	GLUCOSE									
	Na/K									
	Cl/CO_2									
	BUN/Cr									
	WBC/PLATELET									
	Hct/Hgb									

ACTIVITIES OF DAILY LIVING

	TIME									
	MOUTH CARE									
	BATCH									
	SKIN CARE									
	FOLEY CARE									
	TRACH CARE									
	ROM EXERCISES									

TURN / SUCTION

TIME						

24°180 TOTALS

WT Yesterday ____ wt Today ____

INTAKE		OUTPUT	
IV	3472	Urine:	1326
Po	0		455
TOTAL	3472	TOTAL	1641
		BALANCE	1831

NURSE'S SIGNATURE | INITIALS

MEDCOM - 22363

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA
For use of this form see, AR 40-66; the proponent agency is The Office of The Surgeon General

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET (b)(6) 2

OTSG APPROVED (Date)
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

		TIME	0600	INTILAS [redacted]	1845	INTILAS [redacted]	1	INTILAS
NEURO		PUPLIS	3mm NReactive x		2.5mm Non-reactive to (L) eye			
		SENSORIUM	Paralyzed using Vecuronium 7cc/h		2.5mm ⊂ sluggish reaction to (R) eye. Vecuronium 7mg/hr maintains paralysis.			
RESPIRATORY		RESPIRATION PATTERN	SIMV R 24 Peep 15		SIMV RR 18 Peep 9			
		BREATH SOUNDS	TV 710 PIP 42		TV 700 PIP 35			
		SECRETIONS	ETT #7 @ 24.5 @ teeth. Coarse lung sounds bil.		ETT #7 @ 23cm at teeth. LS clear to (R) apex, (L) base. Minimal LS to (R) base.			
SKIN		COLOR	Normal for race		Normal for race. Gaping wound to middle and abdomen			
		INTEGRITY	Multiple wounds		Surgical wounds to (R) CE, RUE. CT to (L) flank ⊂ JP left chest.			
IV SITE		LOCATION	(R) Cordis		Cordis to (R) IJ Subclavian.			
		CONDITION	(L) IJ		(L) CJ. Art line to (R) femoral artery. All patent and ⊂ S/S infection or infiltration.			
			(R) art line					
GASTRO		ABDOMEN	Bright non distend		Soft, no guarding. BS absent. Ø BM.			
		BOWEL SOUNDS	Hyperactive BS					
			Ø BM					
GU		URINE	Foley to gravity		Foley to gravity drainage large amounts of bright yellow urine.			
		COLOR/CLARITY	Blood tinged yellow					
CARDIOVASCULAR		CARDIACRHYTHM	ST 140's		Sinus tach. 120s-140s			
			MAP in 70s 80s		Ectopy noted. S, S2 audible.			
			Ectopy noted					

LEGEND
Cr - Creatinine
F_IO_2 - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

(b)(6) 7

(Continue on reverse)

PREPARED BY (S [redacted]

DEPARTMENT/SERVICE/CINC ICU #1

DATE 28 Oct 03

PATIENT'S INDICATIONS (For typed or written entries give: Name - Last, First, middle; grade; date; hospital or medical facility)

C [redacted] (b)(6)4

- ☐ HISTORY/PHYSICAL
- ☒ FLOW CHART
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ OTHER (Specify)
- ☐ DIGNOSTIC STUDIES
- ☐ TRETMENT

DA FORM 1 MAY78 4700
Proponent Dept of Nurs

MEDCOM - 22364

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

DATE 10/28/03 DX

HOSPITAL DAY

	TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
VITAL SIGNS	BP Arterial line	95/57	112/51	116/53	117/64	100/46	104/50	144/47	119/46		107/48	121/52	108/50	108/48	115/47	129/49	149/46	159/51	
	BP Cuff	—	—	—	—	—	—	—	—		—			—	—	—	—		
	Temperature	99.8	98.2	98.4	98	100.8	101.9	99.9	—		101.7 Ax	102.4 Ax		100.6	—	100.2	—	100.9	
	Pulse	149	132	131	132	144	144	150	149		146	140	136	145	139	134	132	132	
	Respiratory Rate	24	24	24	24	22	20	24	24		24	24	24	18	18	18	18	18	
	SpO2	99	99	100	100	100	100	100	100		100	100	100	100	99	100	98%	99	
	source	Vent	Vent	Vent	Vent	Vent	Vent	SIMV	SIMV		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	
	MAP	72	75	79	75	67	68	69	66		65	74	66	64	69	72	78	84	
	Peep							15	15		15	15	15	15	13	13	11	11	
	PIP										41	41	40	38	37	37	35	35	
	FiO2										70	70	60	60%	50%	50%	50%	50	

	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
INTAKE	IVF	150	—	—	—	—	—	25	75	250	75/325	50/375	50/425	50/475	75/550	75/625	75/700		700
	IVPB	50	—	—	—	—	—	—	—	50	50/100	100	100	100	100	100	100	100	100
	IVP			—	—	—	—	—	—	0	10	10	10	10	10	10	10	10	10
	Blood	—	298	—	—	—	—	—	—	298	—	298	298	298	298	298	298	298	298
	versed	5	5	5	5	5	5	5	5	40	5	5	5	5	5	5	5	5	80
	morphine	4	4	4	4	4	4	4	4	32	4/36	4	4	4/60	4/64	4/68	4/72	4/76	68
	vecuronium	7	7	7	7	7	7	7	7	56	7/63	7	7	7/91	7/98	7/105	7/112	7/119	119
	Bolus	500	500	—	—	—	—	—	—	1000	—		1000	1000	1000	1000	1000	1000	1000
	albumin											25	25/50	25/75	25/100	100	100	100	100
	TOTALS									1726									2475

		HOUR / TOTAL	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
OUTPUT	URINE		120/120	110/230	100/330	120/450	150/600	160/760	75/835	90/925	925	55/980	100/1080	80/1160	165/1325	90/1415	85/1500	200/1700	210/1910	2210
		SP gr																		
		S/A																		
	OG NG	OUTPUT						500			500	30		60/90	20/110	110	110	110/210	210	210
		PH																		
		GUIAC																		
	EMESIS										0	0		0	0	0	0	0		0
	STOOL										0	0		0	0	0	0	0		0
	DRAINS	JP #1		60					30		90	30	30	45/75	25/100	100	100	100	100	100
		CT #1			75			17			490	35/445		25/470	10/480	480	480	10/490	490	490
	TOTALS										1726									5010

MEDCOM - 22365

POST-OP DAY 1

VITAL SIGNS

	16	17	18	19	20	21	22	23	
	131/66	139/61	133/63	133/65	118/55	109/50	118/54	125/58	
	—		—						
T	—	101.3	101.2	101.0	101.2	101.1	101.1	101.0	
	131	128	133	126	138	143	134	176	
	18	18	18	16	16	16	16	16	
	99	100	99	100%	93%	96%	98%	98%	
	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	
	88	77	80	84	77	73	74	81	
	9	9	9	8	8	9	9	8	
	31	35	35	41	35	34	34	34	
	50%	50	50	50	50	50	50	50	

INTAKE

	16	17	18	19	20	21	22	23	8°T
	75/775	75/850	75/925	75/1000	75/1075	75/1150	75/1150	75/1225	525
	50/150	—/150	0/150	Ø/150	0/150	Ø/150	0/150	0/150	50
	10	10	20/30	Ø/30	Ø/30	Ø/30	Ø/30	0/30	20
	298	298	298	0/258	0/298	Ø/298	0/298	0/298	Ø
	5/85	5/90	5/95	5/100	5/105	5/110	5/115	5/120	40
	4/72	4/76	4/80	4/84	4/88	4/92	4/96	4/100	32
	7/126	7/133	7/140	7/148	7/154	7/161	7/168	7/175	56
	1000	1000	1000	0/1000	0/1000	0/1000	0/1000	0/1000	Ø
	100	100	100	0/100	0/1000	0/100	Ø/100	0/100	Ø
									(723)

OUTPUT

	140/1300	200/1500	220/1720	X	520/2240	100/2340	105/2445	135/	1420
	210	210	90/300	X				75/375	375
	Φ	Ø	Φ						
	Φ	Ø	Φ						
	100/	100/	100/	0/100			0/100		Ø
	490	490	15/505	15/520			20/540		50
									(2.4)

RESPIRATORY DATA (ACUITY LEVEL CLASSIFICATION)

LAB ABG RCBC / istat

TIME	2400	0400	0600	1000	1050	1250	1459	1715	1945
MODE	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
F_iO_2	100	100	100	60	60	50	50	50	50
TV	700	700	700	700	700	700	700	700	700
RATE	18	18	24	24	18	18	18	18	16
PEEP	15	15	15	15	15	13	11	9	8
ABG pH	7.27	7.36	7.42	7.52	7.44	7.44	7.451	7.500	7.440
PCO_2	40.6	40.4	32.8	29.2	35.4	36.8	37.5	36.8	40.6
pO_2	166	143	93	151	170	111	139	129	130
HCO_3	19	23	22	24	24	25	26	28	29
SAT	99	99	98	99	100	98	99	99	99
BASE	-8	-3	-3	1	Φ	1	2	6	3

LABORATORY DATA

TIME	0400			1000					
CLUCOSE	137	159							
Na/K	121/4.7			140/3.9				140/3.4	139/3.2
Cl/CO_2	109/19								
BUN/Cr	10								
WBC/PLATELET	22.3/61			18.4/64				15.6/72	
Hct/Hgb	10.9/33.4			28/9.2				23/7.6	

ACTIVITIES OF DAILY LIVING

TIME	0800	1300	
MOUTH CARE		✓	
BATCH			
SKIN CARE	✓	✓	
FOLEY CARE	✓	✓	
TRACH CARE			
ROM EXERCISES			

TURN — TIME: 2200 back; 2400 back; 0200 side; 0400 back; 0600 side

SUCTION: 12 bloody small; 17 minimal; 2200 bloody minimal

24°180 TOTALS

WT Yesterday ____ wt Today ____

INTAKE		OUTPUT	
IV	4924	Urine:	4555
Po	—		4225
TOTAL	4924	TOTAL	8780
		BALANCE	-3856

NURSE'S SIGNATURE [redacted] (b)(6) 2

NEUROLOGICAL ASSESSMENT

		HOURS	06	12	19
COMA SCALE	EYES OPEN	SPONTANEOUSLY 4			
		TO SPEECH 3			
		TO PAIN 2			
		NO EYE OPENING 1			1
	BEST VERAL RESPONSE	ORIENTED 5			
		CONFUSED 4			
		VERBALIZES 3			
		VOCALIZES 2			
		NO VOCALIZATION 1			1
	BEST MOTOR RESPONSE	OBEYS COMMANDS 6	Follows		
		LOCALIZESPAIN 5	Withdraws	Withdraws	
		FLEXION WITHDRAWAL 4			1
		ABNORMAL FLEXION 3			
		EXTENSION TO PAIN 2			
		NO RESPONSE 1			
LIMB MOVEMENT	ARMS	NORMAL POWER			
		MILD WEAKNESS			
		SEVERE WEAKNESS			
		ABNORMAL FLEXION	Paralyzed	Paralyzed	
		ABNORMAL EXTENSION			
		NO RESPONSE			1
	LEGS	NORMAL POWER			
		MILD WEAKNESS			
		SEVERE WEAKNESS			
		ABNORMAL FLEXION			
		ABNORMAL EXTENSION			
		NO RESPONSE			1
PUPILS	RIGHT	SIZE	3	3	2.5
		REACTION	-	+/-	-
	LEFT	SIZE	3	3	2.5
		REACTION	-	+/-	-
PUPIL SCALE			2 3 4 5 6 7 mm		
ICP					
CEREBRAL PERFUSION PRESSURE					

LEGEND

C Closed by swelling

T Trach/Endo
S Slurring
D Dysphasia
R Receptive
E Expressive

R Right
L Left

Record Separately if there is a Difference between the tow sides

++ Brisk
+ Slow
No Respons
- Respons

+ Intact
- Abnormal

VASCULAR ASSESSMENT

		06	12	19
RUE	R	+	+	+
	L	+	+	+
RLE	R	+	+	+
	L	+	+	+
LUE	R	+	+	+
	L	+	+	+
LLE	R	N/A	N/A	N/A
	L			
	R			
	L			

++ Normal
+ Weak
- Absent
D Doppler
R Right
L Left

MEDCOM - 22367

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA
For use of this form see, AR 40-66; the proponent agency is The Office of The Surgeon General

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET (b)(6) 2

OTSG APPROVED (Date)
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

		TIME	0800	INTILA [redacted]	1800	INTILAS [redacted]		INTILAS
NEURO	PUPLIS		3mm, sluggish		2mm sluggish.			
	SENSORIUM		paralyzed c chemical		Chemically paralyzed			
			c Vecuronium 5mg/		c Vecuronium c Tech			
			50cc = 7cc/hr					
RESPIRATORY	RESPIRATION PATTERN		SIMV RR16 TV 700		SIMV RR16 TV 700			
	BREATH SOUNDS		peep 7 FiO2 50%		FiO2 100% SATS 98%			
	SECRETIONS		Sat 100%. #8 ETT @		25cm @ teeth.			
			24½ @ teeth. Suctioned		suctioned c 3cc NS			
			c 3cc NS and thick blood		with secretions to 2+			
			mucous. Coarse Rhonchi Bilat		thick mucous secretions to nasal suction			
					BS coarse. bbs.			
SKIN	COLOR		Normal for race. Dry and		NFR. Warm.			
	INTEGRITY		Warm. Cool fingers and		(L) amputee (AKA)			
			(R) toes.		(R) Leg IV.			
IV SITE	LOCATION		(L) IJ 28Oct03		(L) IJ			
	CONDITION		(R) Cordis 27Oct03		(R) cordis			
			(R) Fem (Ped IV tubing) 28Oct03		R fem (Ped IV)			
			c good wave form		300mm Hg c good			
					wave form			
GASTRO	ABDOMEN		Soft nondistended		Soft & non distended			
	BOWEL SOUNDS		@ BS. Crepitus felt upon		@ BS. crepitus to			
			palpation + marked		palpation. OG to			
			OG-LIS brownish secretions		LIS Brown sec.			
GU	URINE		foley to gravity drain		foley c clear			
	COLOR/CLARITY		Tea colored urine		yellow urine			
			>100cc/h		720cc post last			
CARDIOVASCULAR	CARDIACRHYTHM		ST 130's SBP >120		ST 130 BP 131/74			
			DBP >70 MAPs >60		MAP 760 @ assess.			
			@ echocy.					
			edema Genital generalized					

LEGEND
Cr - Creatinine
F_iO - Fraction of inspired O_2
F_iO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

(Continue on reverse)

PREP [redacted] (b)(6) 2 | DEPARTMENT/SERVICE/CINC TCU #1 | DATE 28 Oct 03

PATIENT'S [redacted] or written entries give: Name Last, First, middle; grade, [redacted] medical facility)

C [redacted] (b)(6) 4

☐ HISTORY/PHYSICAL ☒ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIGNOSTIC STUDIES
☐ TRETMENT

Deep 5
50

DATE 29 Oct 03 | DX S/P GSW (R) LE, Chest, LUE | HOSPITAL DAY 3

VITAL SIGNS

TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial line	130/60	129/62	144/64	131/61	124/61	130/66	133/66	128/64		137/69	136/69	132/67	131/65	141/71	134/65	136/67	134/65	
BP Cuff										—	—							
Temperature	100.9	100.3	100.2	100.0	100.1	99.6	100.0	100.3		99.8			99.6		98.5		ø	
Pulse	131	131	149	145	136	136	140	144		144	130	135	136	137	136	136	136	
Respiratory Rate	16	16	16	16	18	16	16	16		16	16	16	16	16	16	16	16	
SaO2	99%	100%	93%	93%	98%	96%	92%	97		100	100	100	100	96	95	95	96	
MAP	80	80	88	85	79	84	88	87		91	90	89	88	94	88	88	89	
PEEP	8	7	7	6	7	7	7	7		7	7	5	5	5	5	5	5	
PIP	34	33	30	31	31	32	32	34		33	33	31	36	37	34	35	38	
FiO2	50%	50%	45	50	50	50	50	50		50	50	50	50	50	50	50	50	
Vent Set	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		SIMV	SIMV	SIMV	SIMV	S	SIMV	SIMV	SIMV	

INTAKE

TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
IVF	75	75	75	75	75	75	75	75	600	75/675	75/750	75/825	75/900	75/975	75/1050	75/1125	75/1200	600/1200
IVPB	50	0 ~~50~~	0 ~~50~~	~~50~~ 0	0	0	Ø	Ø	50	50/100	100	100	100	100	100	100	100	50/100
Versed	5	5	5	5	5	5	5	5	40	5/45	5/50	5/55	5/60	5/65	5/70	5/75	5/80	40/80
MSO4	4	4	4	4	4	4	4	4	32	4/36	4/40	4/44	4/48	4/52	4/56	4/60	4/64	32/64
Vecuronium	7	7	7	7	7	7	7	7	56	7/63	7/70	7/77	7/84	7/91	7/98	7/105	7/112	(56)/112
Blood	—	300	—	—	—	—	—	—	300	300	300	300	300	300	300	300	300	Ø/300
TOTALS									1078									(478)

OUTPUT

	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
URINE HOUR/TOTAL	175/175	180/355	190/545	130/675	155/830	175/1005	115/1120	210/1330	(1330)	160/1490	130/1620	147/1767	130/1897	160/2057	150/2207	130/2337	155/2492	(1162)/2492
SP gr																		
S/A																		
OGT ~~NG~~ OUTPUT						450		450	(450)	450			150/600		600	100/700	700	(250)/700
PH																		
GUIAC																		
EMESIS																		
STOOL															Ø Ø	Ø Ø		
DRAINS JP	20					20		20	(20)	20					20	20	20	20
DRAINS CT	40	~~30~~ scant	30		30	30		30/700	(700)	700			40/740	740	740	10/750	770	(50)/750
TOTALS									2700									(1462)

24-07 IN - 1078

MEDCOM - 22369

08-15 IN 478

ACLU-RDI 1666 p.129

DOD-035945

POST-OP DAY: 2

ACUITY LEVEL CLASSIFICATION

		16	17	18	19	20	21	22	23	
VITAL SIGNS		136/64	138/70	OR	137/78	126/71	125/68	127/62	138/68	120/72
				OR	—	—	—	—	—	—
		96	96	OR	98.5	98.6	98.7	100.2	100	100.2
		137	137	OR	133	131	130	147	144	139
		16	16	OR	16	16	16	16	16	16
		97	92	OR	95	98	97	94	92	95
		95	92	OR	96	88	87	89	92	83
		5	5	OR	7	10	9	6	6	10
		40	43	OR	41	42	42	42	42	44
		45%	45%	OR	100	100	90	90	90	100
		SIMV	SIMV	OR	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
				OR						
				OR						

		16	17	18	19	20	21	22	23	8°T
INTAKE		75 / 1275	75	OR	75	75	75	75	75	80
		0 / 150	0 / 100	OR	—	—	—	—	—	—
		5 / 85	5	OR	6	6	6	6	6	40
		4 / 68	4	OR	5	5	5	5	5	30
		7 / 119	7	OR	4	7	7	7	7	49
		— / 320	300	OR	0		0	0	0	300
OUTPUT		125 / 1617	125 / 2842		300 / 3142	450 / 3592	200 / 3792	100 / 3932	160 / 4092	1600 / 5692
		700								—
		0								
		0								
		20 / 15 / 765			20 / 30	—	—			20 / 45

RESPIRATORY DATA		TIME	2400	0130	0350	0800	1230	1600	2000	2130	2316
		MODE	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
		F_iO_2	50%	50%	50%	50%	50%	45%	100	90	90
		TV	700	700	700	700	700	700	700	700	700
		RATE	16	16	16	16	16	16	16	16	16
		PEEP	8	8	7	7	5	5	10	9	6
	A	pH	7.424	7.437	7.399	7.45	7.43	7.43	7.40	7.42	7.35
	A	PCO_2	35.5	40.4	47.8	43.3	43.3	42.5	57.2	48.6	56.8
	B	pO_2	120	104	79	136	89	93	111	98	74
	B	HCO_3	29	28	29	30	29	29	32	32	31
	G	SAT	99	98	95	99	97	97	98	98	93
	G	BASE	7	4	5	6	4	5	7	8	6

LABORATORY DATA	TIME	2400	0130	0350		1230	1600	2000		
	GLUCOSE	—				112		100		
	Na/K	139/3.3	139/3.5	139/3.3		138/3.7		137/3.3		
	Cl/CO_2					104		101/33		
	BUN/Cr					5		10/1.2		
	WBC/PLATELET			5.7/32		13.7/70	12.1/79	15/78		
	Hct/Hgb	16/5	19/6	24.8/8.0		22.5/7.6	22.1/7.4	33.1/10.8		25/9
				CBC		*CBC				
	CK					2000				

ACTIVITIES OF DAILY LIVING	TIME	0520	1030	1230
	MOUTH CARE	✓	✓	✓
	BATCH			
	SKIN CARE	✓		
	FOLEY CARE	✓		
	TRACH CARE			
	ROM EXERCISES			
	ETT CARE	✓	✓	✓

TURN

TIME					
0400 (L) side	0400 back	0600 (R) side	0800 (L) side	1000 (R) side	
1230 (L) side	1430 (R) side	1900 cent			

SUCTION

2400 min/mod CF	0200 min/mod CF	0400 min/mod CF	0600 min/mod CF	0800 thick 3cc NS	
0930 thick 3cc NS	1130 thick 3cc NS	1230 thick 3cc NS	1430 min/mod 3cc NS	1845 thick 3cc NS	
2200 thick 3cc NS					

24°180 TOTALS

WT Yesterday ____ wt Today ____

INTAKE / OUTPUT

IV ____ Urine: ____

Po ____ ____

TOTAL ____ TOTAL ____

BALANCE ____

NURSE'S SIGNATURE	INITIALS
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
(b)(6) 2	

Φ8 −24 IN

MEDCOM - 22370

NEUROLOGICAL ASSESSMENT

			HOURS	08	12	16	1[illegible]
COMA SCALE	EYES OPEN	SPONTANEOUSLY	4				
		TO SPEECH	3				
		TO PAIN	2				
		NO EYE OPENING	1				swelling
	BEST VERAL RESPONSE	ORIENTED	5				
		CONFUSED	4				
		VERBALIZES	3				
		VOCALIZES	2				
		NO VOCALIZATION	1				
	BEST MOTOR RESPONSE	OBEYS COMMANDS	6				
		LOCALIZESPAIN	5				
		FLEXION WITHDRAWAL	4				
		ABNORMAL FLEXION	3				
		EXTENSION TO PAIN	2				
		NO RESPONSE	1				
LIMB MOVEMENT	ARMS	NORMAL POWER					
		MILD WEAKNESS					
		SEVERE WEAKNESS					
		ABNORMAL FLEXION					
		ABNORMAL EXTENSION					
		NO RESPONSE					
	LEGS	NORMAL POWER					
		MILD WEAKNESS					
		SEVEREWEAKNESS					
		ABNORMAL FLEXION					
		ABNORMAL EXTENSION					
		NO RESPONSE					
PUPILS	RIGHT	SIZE		3	3	3	2
		REACTION		+	+	+	+
	LEFT	SIZE		3	3	3	2
		REACTION		+	+	+	+
PUPIL SCALE							
ICP							
CEREBRAL PERFUSION PRESSURE							

Handwritten vertically across the columns:
- 08: Chemical restraint + Vecuronium
- 12: Chemical restraint Vec 7mg/h = 7cc/h
- 16: Chemical restraint Vec 7cc/h
- 1[illegible]: Sent to CT (?) restraint c Vecuronium

PUPIL SCALE: 2, 3, 4, 5, 6, 7 mm

LEGEND

C Closed by swelling

T Trach/Endo
S Slurring
D Dysphasia
R Receptive
E Expressive

R Right
L Left

Record Separately if there is a Difference between the tow sides

++ Brisk
+ Slow
- No Response

+ Intact
- Abnormal

VASCULAR ASSESSMENT

HOURS		08	12	16
UE	R	++	++	++
	L	++	++	++
LE	R	++	++	++
	L	N/A	N/A	N/A
Femoral	R	++	++	++
	L	++	++	++
	R			
	L			
	R			
	L			

++ Normal
+ Weak
- Absent
D Doppler
R Right
L Left

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA
For use of this form see, AR 40-66; the proponent agency is The Office of The Surgeon General

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET (b)(6) 2

OTSG APPROVED (Date)
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

		TIME 0630 — INTILAS [redacted]	1800 — INTILAS [redacted]	INTILAS
NEURO	PUPILS	PERL 2 slow	PERL 2mm sluggish	
	SENSORIUM	Ø	Ø Vecuronium gtt for	
		No movement noted	chemical paralysis.	
RESPIRATORY	RESPIRATION PATTERN	VENTED #ET	Vent: RR 24 PIP 44 TV 700 PEEP 15	
	BREATH SOUNDS	Clear diminished bases	FiO2 85% • BS equal diminished	
	SECRETIONS	[illegible] ET Nasal-creamy	BLE. Clear upper R7L. Thick	
		crepitus to left side and	secretions nasally & foul	
		Neck. Chest tube to left	smelling. (T) 103.2. ETT 8.5	
		chest [illegible]	@ 27 lip.	
SKIN	COLOR	Normal	NFR. Warm/Dry/Intact. Surgical	
	INTEGRITY	INTACT EXCEPT for surgical site	site R/L upper chest. (R) fasciotomy	
		surgical chest wall.	& debridement to lower extrem	
IV SITE	LOCATION	Cordis Right SC	(1) TLC (R) sub. 10/30	
	CONDITION	Left EJ. (flc)	(2) Cordis (R) sub 10/30	
			(3) Left EJ: 10/27	
			All site are CDI No S/S of	
			infection.	
			(4) (R) Groin A-line 10/30	
GASTRO	ABDOMEN	Abdomen nondistended	Abdomen Non-distended & soft &	
	BOWEL SOUNDS	Ø BS	hypoactive BS. NG Tube LIS	
		Salem Sump tube to LIS.	NPO. No BM noted.	
		NPO		
GU	URINE	foley.	Foley to gravity orange	
	COLOR/CLARITY	Amber clear	colored urine quantity	
			730 cc/hr.	
CARDIOVASCULAR	CARDIACRHYTHM	ST. S1S2 Ø [illegible] pulses	ST. S1S2 140-180's. BP 90's/50's	
		A-line to right femoral art	[illegible] Neosynephrine to keep	
		See notes for IV's and drips	MAP ≥ 65. started at 10mcg/min	

LEGEND

Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

PREPARED BY [redacted] (b)(6) 2

(Continue on reverse)

DEPARTMENT/SERVICE/CINC

DATE 30 Oct 03

PATIENT'S IDENTIFICATIONS (For typed or written entries give: Name Last, First, middle; grade; date; hospital or medical facility)

C [redacted] (b)(6) 4

- ☐ HISTORY/PHYSICAL
- ☐ FLOW CHART
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ OTHER (Specify)
- ☐ DIGNOSTIC STUDIES
- ☐ TRETMENT

DA FORM 4700, 1 MAY78
Proponent Dept of Nurs

MEDCOM - 22372

WAMC OP 375 (Redesignated) 1 APR 90 (HSXC - NU)

ACLU-RDI 1666 p.132

DOD-035948

DATE 30 OCT 03 — DX — HOSPITAL DAY

VITAL SIGNS

TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial line	100/72	109/61	116/62	124/65	124/60	115/57	111/59	110/55		120/64	126/71	109/55	95/52	99/52	88/50	84/57	108/63	
BP Cuff	—	—	—	—												0		
Temperature	100.2	100.7	100.9	100.7	100.9	100.4	101.2	101.6		101.5		103.6		102.2	102.2	99.6	101.6	
Pulse	139	137	136	134	140	143	137	140		143	132	142	145	148	149	132	127	
Respiratory Rate	16	16	16	16	16	16	20	20		20	20	20	20	20	24	24	24	
SaO2	95	95	96	92	92	92	92	93		96	91	97	95	93	93	96	100	
MAP	83	82	82	87	85	79	76	84		82	89	76	68	68	65	65	80	
PEEP	10	9	9	10	10	10	8	8		82	12	12	12	15	15	15	15	
PIP	43	42	43	44	42	53	43	40		41	44	48	52	50	47	36	51	
FiO2	100	95	95	90	90	90	85	85		85	100	100	95	95	95	95	80	
Ventset	simv	simv	simv	simv	simv	simv	simv	simv	simv	simv	simv	simv	simv	simv	simv	simv	simv	simv

INTAKE

TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
IVF	75	75	75	75	75	75	75	75	75→		75	75	75	75	75	175	75	
IVPB	50	—	—	—	—	—	—		50→					250		4	100	
Versed	6	5	5	5	5	5	5	5	5→		5	5	5	4	2	2	2	
MSO4	5	4	4	4	4	4	4	4	4→		4	4	4	4	4	4	4	
Vecuronium	7	7	7	7	7	7	7	7	7→		7	7	7	7	7	7	7	
Blood	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	350		
TOTALS	143	91	91	91	91	91	91	91	19→		91	91	91	340	88	538	189	

OUTPUT

		HOUR	110	180	160	140	90	100	110	150		120	80	120	90	40	50	50	60	
		TOTAL	170	350	510	650	740	840	950	1100		1220	1300	1420	1510	1550	1600	1650	1710	
URINE		SP gr													1.030	1.030	1.030	1.030	1.030	
		S/A													+	+	+	+	+	
OGT ~~NG~~		OUTPUT	—	—	—	—	200	—	—											
		PH																		
		GUIAC																		
EMESIS							0	—	—											
STOOL							NA	—	—											
DRAINS	IP		10	—	—	—	20	—	—											
	CT		20	—	—	—	40	—	—											
TOTALS																				

12A–6A In 699

POST-OP DAY

VITAL SIGNS	16	17	18	19	20	21	22	23	
A-line	136/77	103/58	113/62	107/55	90/48	88/47	91/49	101/52	
NIBP									
Temp			102.7	103.3	103.2	103.4	102.4	102.7	
Pulse	144	139	145	154	142	139	139	139	
Resp	24	24	24	24	24	24	24	24	
SaO2	97	94	94	86	91	92	91	90	
MAP	96	78	81	75	65	64	68	76	
PEEP	15	15	15	15	15	15	15	15	
PIP	57	57	48	53	54	54	31	48	
FiO2	80	80	85	85	100	100	100	100	
Mode	Simv	Simv	Simv	Simv	Simv	Simv	Simv	Simv	

INTAKE	16	17	18	19	20	21	22	23	8°T
IVPB	75	75	75	75	75	75	75	75	
IVPB Versed	2	2	2	2	2	4	4	4	
Insul	4	4	4	4	4	4	4	7	
KCl	7	7	7	7	7	7	7	7	
Blood									
	88	88	88						

OUTPUT	16	17	18	19	20	21	22	23
	140/1730	700/2430	30/2730	330/3060	220/3280	240/3520	90/3610	110/3720
OGT								
JP		10						
CT		30						

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA

	0200	0400	0630	0900	1045	1150	1245	1430	1730
MODE			Simv	Simv	Simv	Simv	Simv	Simv	Simv
F_iO_2			85	100	95	95	95	80	85
TV			700	700	700	700	700	700	700
RATE			20	20	20	20	24	24	24
PEEP			8	12	12	15	15	15	15
ABG pH	7.385	7.389		1200 7.390	1538 7.422	1800 7.38			
PCO_2	53.0	50.8		49.1	45.2	50.7			
pO_2	105	117		100	99	71			
HCO_3	31	30		29	29	31			
SAT	97	98		97	97	9[illegible]			
BASE	7	6		5	5	5			

LABORATORY DATA

TIME			1200			
GLUCOSE						
Na/K	138/3.3	137/3.7	138/3.3			
Cl/CO_2		103/28				
BUN/Cr						
WBC/PLATELET		12/70		11.1/7.9		
Hct/Hgb	30/10	28/9	25/9	29.[illegible]/9.[illegible]		
CIC		75000				

ACTIVITIES OF DAILY LIVING

TIME		
MOUTH CARE	1245	
BATCH		
SKIN CARE	0500	
FOLEY CARE	0500	
TRACH CARE	1245	
ROM EXERCISES		
ETT Care		

	TIME	
TURN	0500	
SUCTION	0330	1245
	0700	
	0800	
	1000	

24°180 TOTALS

WT Yesterday ______ wt Today ______

INTAKE: IV ______ Po ______ TOTAL ______

OUTPUT: Urine: ______ TOTAL ______

BALANCE ______

NURSE'S SIGNATURE	INITIALS
[redacted]	
(6)(6) 2	

MEDCOM - 22374

NEUROLOGICAL ASSESSMENT

COMA SCALE

		HOURS	0630
EYES OPEN	SPONTANEOUSLY	4	
	TO SPEECH	3	
	TO PAIN	2	
	NO EYE OPENING	1	1
BEST VERAL RESPONSE	ORIENTED	5	
	CONFUSED	4	
	VERBALIZES	3	
	VOCALIZES	2	
	NO VOCALIZATION	1	1
BEST MOTOR RESPONSE	OBEYS COMMANDS	6	
	LOCALIZESPAIN	5	
	FLEXION WITHDRAWAL	4	
	ABNORMAL FLEXION	3	
	EXTENSION TO PAIN	2	
	NO RESPONSE	1	1

LEGEND

C Closed by swelling

T Trach/Endo
S Slurring
D Dysphasia
R Receptive
E Expressive

LIMB MOVEMENT

ARMS	NORMAL POWER	
	MILD WEAKNESS	
	SEVERE WEAKNESS	
	ABNORMAL FLEXION	
	ABNORMAL EXTENSION	
	NO RESPONSE	✓
LEGS	NORMAL POWER	
	MILD WEAKNESS	
	SEVEREWEAKNESS	
	ABNORMAL FLEXION	
	ABNORMAL EXTENSION	
	NO RESPONSE	✓

R Right
L Left

Record Separately if there is a Difference between the tow sides

PUPILS

RIGHT	SIZE	2
	REACTION	+
LEFT	SIZE	2
	REACTION	+

+ + Brisk
+ Slow
− No Response

PUPIL SCALE: 2 3 4 5 6 7 mm

ICP

CEREBRAL PERFUSION PRESSURE

+ Intact
− Abnormal

VASCULAR ASSESSMENT

HOURS		
UE	R	+
	L	+
LE	R	+
	L	
	R	
	L	
	R	
	L	
	R	
	L	

+ + Normal
+ Weak
− Absent
D Doppler
R Right
L Left

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA
For use of this form see, AR 40-66; the proponent agency is The Office of The Surgeon General

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Appr 8Mar 89

INITIAL S[redacted]ASSESSMENT

		TIME 0630	INTILA[redacted]	1900	INTILA[redacted]		INTILAS
NEURO	PUPLIS	2mm slow		2mm Pearl sluggish			
	SENSORIUM	Ø Paralyzed		paralyzed ē Vec 7mg/hr			
				Versed 4mg/hr MSO4 4mg/hr			
RESPIRATORY	RESPIRATION PATTERN	VENTED ET #8.5 22cm		Vented ETT 8.5 22cm lip			
	BREATH SOUNDS	INSPIRATORY Wheeze ē		SIMV, TV 750 FiO2 50%			
	SECRETIONS	Scattered Rhonchi		R 22 Peep 15. Chest			
		SIMV Rate 24 TV 750 Peep 15		tube Bilat Ⓛ 900mL 20cmH2O			
		FiO2 75. Chest tube x2 Ⓡ Ⓛ		Ⓡ 91mL 20cmH2O LS scattered			
				Rhonchi ↓ bases even TV chest			
SKIN	COLOR	Normal		Sclera-yellow skin. Normal for Race			
	INTEGRITY	chest tubes x2 Ⓡ Ⓛ. Ⓛ hand		Dsg CT bilat Ⓛ AKA ē dsg ace wrap CDI			
		Ⓡ leg Ⓛ AKA Ⓡ hand		Ⓡ knee gauze ē Kerlix CDI Ⓛ arm Kerlix CDI Ⓡ finger [illegible]			
IV SITE	LOCATION	Cordis Ⓡ SC. See Notes		Ⓡ SC cordis infusing			
	CONDITION	for fluids		Versed 4mg/hr, Vec 7mg/hr, MSO4 4mg/hr NS 75cc/hr ē diffic			
		(HL) Ⓡ hand PIV		Ⓡ 18g PIV SL			
		Ⓛ EJ (HL)		Ⓛ EJ SL			
GASTRO	ABDOMEN	Nondistended soft to touch		firm, nondistend			
	BOWEL SOUNDS	⊖ Salem Sump tube orally		BS x 2 ↓ quad absent 2 quads			
		to suction		OGT → LIS			
GU	URINE	Foley		Foley → gravity 18Fr catheter			
	COLOR/CLARITY	Amber. clear.		draining Amber clear urine			
CARDIOVASCULAR	CARDIACRHYTHM	ST HR 110-120's SISZ		ST HR 103 BP 141/80 MAP 101			
		⊖ JVD. A-line Ⓡ fem.		A-line Ⓡ Femoral Art, zeroed ē qd blood return			
		EDEMA to extremities		edema to extremities			
				⊕ pulses			

LEGEND

Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

PREPARED BY (Signature & Title)

(Continue on reverse)

DEPARTMENT/SERVICE/CINC ICU

DATE 3 Oct [illegible]

PATIENT'S INDICATIONS (For typed or written entries give: Name - Last, First, middle; grade; date; hospital or medical facility)

[redacted] (b)(6)4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIGNOSTIC STUDIES
☐ TRETMENT

DA FORM 4700, 1 MAY78
Proponent Dept of Nurs

MEDCOM - 22376

WAMC OP 375 (Redesignated) 1 APR 90 (HSXC - NU)

DATE | OX | HOSPITAL DAY

VITAL SIGNS	TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
	BP Arterial line	119/61	131/62	105/56	83/51	115/69	135/77	105/61	88/49	0	94/53	97/51	82/47	85/47	93/53	129/72	132/77	151/84	
	BP Cuff	—	—	—	—	—	—												
	Temperature	102.4	102.2	101.4	101.5	100.9		100.9			100.7		100.2		99.6	(	100	98.7	
	Pulse	144	146	134	115	111	119	121	119		117	123	123	117	115	113	113	107	
	Respiratory Rate	24	24	24	24	24	24	24	24		24	20	20	22	22	22	22		
	SaO2	88	87	89	93	95	91	91	93		94	92	92	93	93	92	90	90	
	MAP	81	92	76	64	85	97	75	65		61	67	61	61	68	91	98	101	
	PEEP	15	15	15	15	15	15	15	15		15	15	15	15	15	15	15	15	
	PIP	47	47	54	42	49	55	52	51		57	57	51	50	50	57	51	57	
	FiO2	90	90	85	85	75	75	75	75		70	65	70	65	60	55	55	50	
										150									

INTAKE	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
	IV F	75	75	75	75	75	75	75	75	50	75	75	75	75	75	75	75	75	600
	IVPB	100	250	—	—	—	—	100		100					350				
	Versed	4	4	4	4	4	4	4	4	8	4	4	4	4	4	4	4	4	32
	morph	4	4	4	4	4	4	4	4	8	4	4	4	4	4	4	4	4	32
	Vecuro	7	7	7	7	7	7	7	7	14	7	7	7	7	7	7	7	7	56
	Blood	—	450	—	—	—	—						3.8	7.1	7.5				450
	Neosy												3.8	2.1	2.1	7.5	7.5	5	
	KCl									200									1120
										80									
	TOTALS	190	790	90	90	90	90	190	90		90	90	95.8	97.5	494.1	97.5	97.5	97.5	

OUTPUT		HOUR / TOTAL	100 / 180	800 / 980	200 / 1180	360 / 1540	500 / 2040	450 / 2490	830 / 3320	110 / 3430	100 / 3530		70 / 3600	90 / 4000	80 / 4080	60 / 5140	200 / 5340	— / 5340	240 / 5580
	URINE	SP gr																	
		S/A																	
	~~OGT~~ NG	OUTPUT						200											
		PH																	
		GUIAC																	
	EMESIS																		
	STOOL																		
	DRAINS 10/27	JP						20											
		CT #1						50											
	10/30	CT #2						50											
	TOTALS		180	800	200	360	500	790	250	110	100		70	90	80	60	200		240	

POST-OP DAY

	16	17	18	19	20	21	22	23	
VITALS									
	149/81	152/86	145/81	144/82	134/80	143/82	136/80	131/78	
	98.2	98.6	97.9	97.9	97.9				
	104	102	101	102	101	103	105	111	
	22	21	22	22	22	22	22	22	
	91	91	92	94%	94%	93	94	93	
	106	108	106	100	104	102	101	94	
	15	15	15	15	15	15	15	15	
	51	52	51	52	53	56	56	57	
SIGNS	50	50	50	50%	50%	50%	50%	50%	

	16	17	18	19	20	21	22	23	8°T
INTAKE	75	75	71	75 100	75	75	75	75	600 360
	4	4	4	4	4	4	4	4	32
	4	4	4	4	4	4	4	4	32
	7	7	7	7	7	7	7	7	56
									1820
									252
	90	90	?						

OUTPUT	160	140 580	100 390	150 1010	125 625	150 1615	150 1565		6565
	162	140							

ACUITY LEVEL CLASSIFICATION

		TIME	0230	0330	0430	0530	0600	0630	0700	0730	0800
RESPIRATORY DATA		MODE	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	PSIMV
		F_IO_2	75	70	65	80	70	65	60	55	50
		TV	750	750	750	750	750	750	750	750	750
		RATE	24	24	20	20	20	22	22	22	22
		PEEP	15	15	15	15	15	15	15	15	15
	A	pH	1800 7.493	1900 7.499	2200 7.499	0200 7.489	2200 7.454	2500	0000	0400	0700
	B	PCO_2	34.7	35.5	36.6	31.5	41.3				
		pO_2	72	65	72	72	63				
		HCO_3	27	28	28						
	G	SAT	96%	94%	96%	96	93				
		BASE			4						
LABORATORY DATA		TIME									
		CLUCOSE									
		Na/K									
		Cl/CO_2									
		BUN/Cr									
		WBC/PLATELET									
		Hct/Hgb									

		TIME			
ACTIVITIES DAILY LIVING		MOUTH CARE			
		BATCH			
		SKIN CARE			
		FOLEY CARE			
		TRACH CARE			
		ROM EXERCISES			
		ETT care			

TURN

TIME						

SUCTION

24°180 TOTALS | NURSE'S SIGNATURE | INITIALS

WT Yesterday _____ wt Today _____

INTAKE OUTPUT

IV _____ Urine: _____

Po _____ _____

TOTAL _____ TOTAL _____

BALANCE _____

[redacted] (6)(6) 2 J

MEDCOM - 22378

NEUROLOGICAL ASSESSMENT

HOURS

COMA SCALE

EYES OPEN
- SPONTANEOUSLY 4
- TO SPEECH 3
- TO PAIN 2
- NO EYE OPENING 1

BEST VERAL RESPONSE
- ORIENTED 5
- CONFUSED 4
- VERBALIZES 3
- VOCALIZES 2
- NO VOCALIZATION 1

BEST MOTOR RESPONSE
- OBEYS COMMANDS 6
- LOCALIZESPAIN 5
- FLEXION WITHDRAWAL 4
- ABNORMAL FLEXION 3
- EXTENSION TO PAIN 2
- NO RESPONSE 1

LIMB MOVEMENT

ARMS
- NORMAL POWER
- MILD WEAKNESS
- SEVERE WEAKNESS
- ABNORMAL FLEXION
- ABNORMAL EXTENSION
- NO RESPONSE

LEGS
- NORMAL POWER
- MILD WEAKNESS
- SEVERE WEAKNESS
- ABNORMAL FLEXION
- ABNORMAL EXTENSION
- NO RESPONSE

PUPILS

RIGHT	SIZE	2
	REACTION	+
LEFT	SIZE	2
	REACTION	+

PUPIL SCALE: 2 3 4 5 6 7 mm

ICP

CEREBRAL PERFUSION PRESSURE

LEGEND

C Closed by swelling

T Trach/Endo
S Slurring
D Dysphasia
R Receptive
E Expressive

R Right
L Left

Record Separately if there is a Difference between the tow sides

++ Brisk
+ Slow
– No Response

+ Intact
– Abnormal

VASCULAR ASSESSMENT

HOURS

UE	R	+
	L	+
LE DKA	R	+
	L	+
	R	
	L	
	R	
	L	
	R	
	L	

++ Normal
+ Weak
– Absent
D Doppler
R Right
L Left

MEDCOM - 22379

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED *(Date)*
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

	TIME		INTILAS		INTILAS		INTILAS
NEURO	PUPLIS						
	SENSORIUM						
RESPIRATORY	RESPIRATION PATTERN						
	BREATH SOUNDS						
	SECRETIONS						
SKIN	COLOR						
	INTEGRITY						
IV SITE	LOCATION						
	CONDITION						
GASTRO	ABDOMEN						
	BOWEL SOUNDS						
GU	URINE						
	COLOR/CLARITY						
CARDIOVASCULAR	CARDIACRHYTHM						

LEGEND

Cr - Creatinine
F_IO - Fraction of inspired O_2
F_IO_2 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - PRESSURE OF ARTRIAL CO_2
PEEP - Positive end Expiratory Pressure
S/A - Fractional
SAI - Saturation
TRACH - Iracheostomy

PREPARED BY *(Signature & Title)*

(Continue on reverse)

DEPARTMENT/SERVICE/CINC ICU 1

DATE 31 OCT 03

PATIENT'S INDICATIONS *(For typed or written entries give: Name - Last, First, middle; grade; date; hospital or medical facility)*

[redacted]

(b)(6)4

- ☐ HISTORY/PHYSICAL
- ☐ FLOW CHART
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ OTHER *(Specify)*
- ☐ DIGNOSTIC STUDIES
- ☐ TRETMENT

DA FORM 1 MAY78 4700
Proponent Dept of Nurs

EDCOM - 22380

WAMC OP 375 (Redesignated)
1 APR 90 (HSXC - NU)

DATE | DX | HOSPITAL DAY

VITAL SIGNS

TIME	24	01	02	03	04	05	06	07		08	09	10	11	12	13	14	15	
BP Arterial line	129/74	124/74	139/77	127/71	129/77													
BP Cuff				9														
Temperature		98.4	98.7	99.0	99.3													
Pulse	112	112	119	120	125													
Respiratory Rate	22	22	22	22	22													
SAO2	91%	90%	92%	91%	91%													
MAP	93	97	94	89	95													
PEEP	15	15	15	15	15													
PIP	56	54	50	49	49													
FIO2	50%	50%	60%	60%	60%													

INTAKE

TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
NS	75	75	75	75	75	75				480								
IVPB	250	100	/		/					350								
Versed	4	4	4	4	4	4		Total		24					3870			
MSO4	4	4	4	4	4	4				24								
Vec	7	7	7	7	7	7				42					24 total			
TOTALS																		

OUTPUT

		HOUR / TOTAL			350 / 695	100 / 1015	140 / 1155	100 / 1255										
URINE	SP gr																	
	S/A																	
NG	OUTPUT																	
	PH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS																		
TOTALS																		

POST-OP DAY

VITAL SIGNS

16	17	18	19	20	21	22	23	

INTAKE

16	17	18	19	20	21	22	23	8°T

OUTPUT

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA

		TIME	0100	0300	0500
		MODE	SIMV	SIMV	SIMV
		F_iO_2	50%	100%	100%
		TV	750	750	750
		RATE	22	22	
		PEEP	15	15	
ABG	A	pH	7.489	7.454	7.457
		PCO_2	36.6	41.3	41.4
	B	pO_2	72	63	58
		HCO_3			29
		SAT	96	93	91
	G	BASE			

LABORATORY DATA

TIME									
CLUCOSE									
Na/K									
Cl/CO_2									
BUN/Cr									
WBC/PLATELET									
Hct/Hgb									

ACTIVITIES OF DAILY LIVING

TIME				
MOUTH CARE				
BATCH				
SKIN CARE				
FOLEY CARE				
TRACH CARE				
ROM EXERCISES				

TURN SUCTION

TIME					

24°180 TOTALS

WT Yesterday ______ wt Today ______

INTAKE

IV 3870

Po 0

TOTAL 3870

OUTPUT

Urine: 2005

TOTAL ______

BALANCE ______

NURSE'S SIGNATURE | INITIALS

[redacted] (b)(6) 2

005

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0830	INTILAS [redacted] (b)(6)2	INTILAS		INTILAS	
	PUPLIS	3mm + Sluggish — Jaundice Sclera					
	SENSORIUM	paralytic: Vecuronium					
		7cc/h = 7mg/h, analgesic +					
		Sedation MSO4 @ 4mg/h,					
		versed @ 4mg/h					
RESPIRATORY	RESPIRATION PATTERN	SIMV RR22 TV750 PEEP15					
	BREATH SOUNDS	FiO2 @ 70% to titrate ↓					
	SECRETIONS	to keep PaO2 >58. Coarse					
		Rhonchi ↓ Diminished bases					
		Thick sticky beige secretion					
		from oral + Nasal airway.					
SKIN	COLOR	Tannish - yellow hue					
	INTEGRITY	Multiple wounds See					
		WoundCare assessment sheet					
IV SITE	LOCATION	(1) (R) Cordis infusing IVF	(4) (R) Fem-sgod				
	CONDITION	NS @ 75cc/h, Versed, Vec	heparin				
		+ MSO4.					
	(2)	(L) IJ - infiltrated has not					
	*	been removed as yet.					
	(3)	(R) PIV # 18G ↓ S/S infection/infx					
GASTRO	ABDOMEN	firm and slightly distended					
	BOWEL SOUNDS	Hypoactive BS					
		@ BM					
GU	URINE	foley to gravity					
	COLOR/CLARITY	Amber UOP > 100cc/h					
CARDIOVASCULAR	CARDIACRHYTHM	ST 120's - 130's					
		MAP is mid 80-90's					
		S1 + S2 @ Cchpy					
		Generalized edema					

LEGEND: Cr - Creatinine; F_iO - Fraction of inspired O_2; F_iO_2 - Bicarbonate; ICP - Intracranial Pressure; PCO_2 - PRESSURE OF ARTRIAL CO_2; PEEP - Positive end Expiratory Pressure; S/A - Fractional; SAI - Saturation; TRACH - Iracheostomy

(Continue on reverse)

[redacted] SGT qIWMC (b)(6)2 DEPARTMENT/SERVICE/CINC ICU DATE 1 NOV 03

PATIENT'S INDICATIONS (For typed or written entries give: Name - Last, First, middle; grade; date; hospital or medical facility)

[redacted] (b)(6)4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIGNOSTIC STUDIES

☐ TRETMENT

DATE

HOSPITAL DAY

		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21
VITALS	TIME	~~24~~	~~01~~	~~02~~	~~03~~	~~04~~	~~05~~	~~06~~	~~07~~	~~08~~	~~09~~	~~10~~	~~11~~	~~12~~	~~13~~	~~14~~	~~15~~
	BP Arterial line	129/78	138/81	139/74	129/77	137/76	129/78	124/73	134/74	132/82	136/83	144/85	144/84	133/75	128/76	126/74	125/74
	BP Cuff																
	Temperature	99.9	100.6	100.1		100.2		100.1		98.-			98.-				98.7
	Pulse	132	125	129	127	125	122	118	113	114	113	114	116	114	113	113	114
	Respiratory Rate	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22
	SaO2	91	88	90	94	92	93	91	92	93	94	91	93	92	95	95	96
	Source	Vent	S	S	S	S	S	S	S	S	S	S	S	S	SIMV	SIMV	SIMV
	FiO2	75	80	70	70	65	60	60	55	55	50	50	50	50	50	60	50
	MAP	99	106	92	93	96	95	91	97	99	100	106	104	97	95	91	91
	PIP	/	/	/	55	52	54	49	49	54	51	49	49	51	50	60	47

		06	07	08	09	10	11	12	13		14	15	16	17	18	19	20	21	
INTAKE	TIME	~~24~~	~~01~~	~~02~~	~~03~~	~~04~~	~~05~~	~~06~~	~~07~~	8°T	~~08~~	~~09~~	~~10~~	~~11~~	~~12~~	~~13~~	~~14~~	~~15~~	8°T
	MIVF NS	75	75	75	75	75	75	12	12	474	12	12	75	75	75	75	75	75	474
	IVPB	100						100	250	450					100				100
	Versed	7	7	7	7	7	7	7	7	56	7	7	7	7	7	7	7	7	56
	MSOx	4	4	4	4	4	4	4	4	32	4	4	4	4	4	4	4	4	32
	~~PRN 20mg~~							63	63	126	63	63		-	-				126
	TOTALS									1078									820

			06	07	08	09	10	11	12	13		14	15	16	17	18	19	20	21	
OUTPUT	URINE	HOUR	120	170	140	90	90	98	92	120	82	95	85	130	165	90	140	40	110	
		TOTAL	120									95	180	310	375	465	605	645	755	755
		SP gr																		
		S/A																		
	CG / NG	OUTPUT									-				30					30
		PH																		
		GUIAC																		
	EMESIS				Ø															
	STOOL				Ø					Ø										
	JP DRAINS	JP								Ø										
		CT 1							Ø / 150	-					20					20
		CT 2			Ø / 25				10 / 135	40	10				10 / 90					10
	TOTALS										1062				7 / 142					7
																				822

06-13 IN = 1078

06-21 IN =

↓Peep 13 ↓Peep 11 ↓Peep 10 ↑Peep 12

#6 1st + #6 1st

1 stat 1 stat #6 1 stat 1 stat 1 stat

POST-OP DAY 22 23 24 01 02 03 04 05

ACUITY LEVEL CLASSIFICATION 1 1 1

VITAL SIGNS

	16	17	18	19	20	21	22	23	
	114/65	116/68	123/72	121/70	124/72	136/76	134/75	134/76	
T		99.1		99.5				100.6	
P	114	115	114	114	113	117	122	125	
A	22	22	22	22	22	22	22	22	
L	95	95	94	94	93	88	91	86	
	SIMV	SIMV FB	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	
S	50	50	50	50	50	50	50	50	
	86	85	90	88	90	96	95	95	
I	45	44	42	44	46	48	45	46	
G									
N									
S									
	23	23	24	01	02	03	04	05	

INTAKE

	16	17	18	19	20	21	22	23	8°T
I	75	75	75	75	75	75	75	75	
N	7	7	7	7	7	7	7	7	
	4	4	4	4	4	4	4	4	
T	4	4	4	4	4	4	4	4	
A									
K									
E									

OUTPUT

	105/105	110/215	100/315	100/415	100/515	100/615	100/715	100/815	815
O									
U									
T									
P									
U									
T									

RESPIRATORY DATA

	TIME	0645	0730	0825	1000	1200	1400	1600	1700	1900
	MODE	S	S	S	S	S	S	S	S	SIMV
	F_iO_2	80	80	70	65	60	55	50	50	50
	TV	750	750	750	750	750	750	750	750	750
	RATE	22	22	22	22	22	22	22	22	22
	PEEP	15	15	15	15	15	15	15	15	15
A	pH	7.43	7.44	7.44	7.43	7.47	7.45	7.48	7.50	7.46
A	PCO_2	29	40.2	45.1	43.3	36.7	39.8	39.3	37.2	37.7
B	pO_2	60	78	72	80	86	85	68	75	75
B	HCO_3	28	28	31	29	27	28	30	29	27
G	SAT	91	96	95	96	97	97	95	96	96
G	BASE	4	4	7	5	3	4	7	6	4

LABORATORY DATA

	TIME	0545	1000 CBC-D	1600 CBC					
	CLUCOSE		98						
	Na/K		144 / 3.2						
	Cl/CO_2		115						
	BUN/Cr		32 / 1.6						
	WBC/PLATELET	8.6 / 126	7.6 / 150	7.4 / 143					
	Hct/Hgb	30 / 9.7	29.6 / 9.6	30.8 / 9.4					

ACTIVITIES DAILY LIVING

	TIME	0800	1000	1300
	MOUTH CARE	✓	✓	
	BATH	✓		
	SKIN CARE	✓	✓	✓
	FOLEY CARE	✓		
	~~TRACH~~ ETT CARE	✓	✓	✓
	ROM EXERCISES			

TURN

TIME	0800	1100	1300	1500	1700
	R	L	R	L	R

SUCTION

	0700 thick beige	1000 thick beige	1300 thick beige	1500 thick beige	1700 normal saline only

24°180 TOTALS

WT Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV	1070	Urine:	862
Po	820		822
TOTAL		TOTAL	

BALANCE _____

NURSE'S SIGNATURE [redacted] INITIALS [redacted]

(b)(6) 2

MEDCOM - 22385

NEUROLOGICAL ASSESSMENT

HOURS 08 12

COMA SCALE

EYES OPEN
- SPONTANEOUSLY 4
- TO SPEECH 3
- TO PAIN 2
- NO EYE OPENING 1

BEST VERAL RESPONSE
- ORIENTED 5
- CONFUSED 4
- VERBALIZES 3
- VOCALIZES 2
- NO VOCALIZATION 1

BEST MOTOR RESPONSE
- OBEYS COMMANDS 6
- LOCALIZESPAIN 5
- FLEXION WITHDRAWAL 4
- ABNORMAL FLEXION 3
- EXTENSION TO PAIN 2
- NO RESPONSE 1

LIMB MOVEMENT

ARMS
- NORMAL POWER
- MILD WEAKNESS
- SEVERE WEAKNESS
- ABNORMAL FLEXION
- ABNORMAL EXTENSION
- NO RESPONSE

LEGS
- NORMAL POWER
- MILD WEAKNESS
- SEVERE WEAKNESS
- ABNORMAL FLEXION
- ABNORMAL EXTENSION
- NO RESPONSE

PUPILS

		08	12
RIGHT	SIZE	3	3
	REACTION	+	+
LEFT	SIZE	3	3
	REACTION	+	+

PUPIL SCALE: 2 3 4 5 6 7 mm

ICP

CEREBRAL PERFUSION PRESSURE

LEGEND

C Closed by swelling

T Trach/Endo
S Slurring
D Dysphasia
R Receptive
E Expressive

R Right
L Left

Record Separately if there is a Difference between the tow sides

+ + Brisk
+ Slow
No − Response

+ Intact
− Abnormal

VASCULAR ASSESSMENT

HOURS 08 12

		08	12
UE	R	++	++
	L	++	++
LE	R	++	++
	L	++	++
Femoral Left	R	−	−
	L	++	++
	R L		
	R L		

+ + Normal
+ Weak
− Absent
D Doppler
R Right
L Left

MEDCOM - 22386

.CAL RECORD-SUPPLEMENTAL MEDI ATA

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

REPORT TITLE: INTENSIVE CARE NURSING FLOW SHEET (b)(6) 2

OTSG APPROVED (Date): QA Appr 8 Mar 89

SHIFT ASSESSMENT

		TIME: 630 INITIALS: [redacted]	TIME: 1840 INITIALS: [redacted]
NEURO	PUPILS	2 flow	PERRLA 2mm sluggish, jaundice
	SENSORIUM	Unresponsive. Paralyzed (chemical)	Paralysed - Vec, Versed, MS04
	EXTREMITY MOVEMENT	∅	None
	SEDATION	MS04 4mg/h Versed 4mg/h	
	PAIN CONTROL	MS04 4mg/h	
RESP	RESPIRATORY PATTERN	Vented #8.5 ET 22cm lip	#8.5 ETT 22cm lip/25cm -
	BREATH SOUNDS	Clear diminished bases	Rhonchi throughout, Air leak no
	SECRETIONS	Blood tinge	(L) side. Minimal clear secreti
	O2 SOURCE/FLOW/SAO2	50% Vented	(B)CT to 20cm suction-minimal S
	VENTILATOR SETTINGS	SIMV Rate 22 TV 750 FiO2 50 PEEP 12	SIMV 22, 750, 10, 60%
		JP-(B)chest tubes x2 (L)x(R)	JP to intermittant suction
CV	CARDIAC RHYTHM	ST. HR120's S1S2	ST S1|S2
	CAPILLARY REFILL	<3sec	<3 sec x 3
	PULSES	all (+)	+4 +2 (B)UE +2 RLE +2 (L) Fem
	EDEMA	1+	Pitting to extremities
GI	ABDOMEN	Nondistended soft.	Flat, soft
	BOWEL SOUNDS	(+)	Not heard
	BOWEL MOVEMENT	∅	∅
	NGT/OGT	Salem Sump to LIS.	OGT to LIS
	TUBE FEDDINGS	∅	∅
	DRAINS	∅	
GU	VOIDING	Dark amber foley	Foley to gravity
	COLOR/CLARITY	dark amber	dark amber
SKIN	COLOR	Normal	?Jaundiced skin
	INTEGRITY	Surgical wounds to chest	Surgical site to chest CDI
		(L) AKA	L AKA - stump ē staples, intact
			drainage.
ACCESS	#1 TYPE/LOCATION/SIZE	Cordis (R) SC	Cordis (R) SC
	DRESSING CONDITION	intact	CDI
	IV FLUID/RATE	NS@75 MS04 4mg Versed 4mg	Versed 4mg NS@75cc/h
	#2 TYPE/LOCATION/SIZE	HL (R) Forearm	18G R FA PIV
	DRESSING CONDITION	intact	Intact, flushed ē 10cc NS
	IV FLUIDS/RATE	∅	HL

(Continue on reverse)

PREPARED BY: [redacted] (b)(6) 2 | DEPARTMENT/SERVICE/CLINIC: (b)(6) 2 [redacted] | DATE: 2 Nov 03

PATIENT'S IDEN[redacted] ped or written entries give: Name – last, first, middle; grade; date; hospital or medical facility)

NAME: RANK: AGE:

UNIT: GENDER:

STATUS: US: AD / CIV IRAQI: CIV / EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

MEDCOM - 22387

USAPPC V2.00

ICU1

Patients Name: [redacted] (b)(6)4

Date: 2 Nov 03

VITALS	06	07	08	09	10	11	12	13	14	15	16	17		18	19	20	21	22	23	00	01	
A-Line	117/69	113/67	107/62	110/65	107/62	127/62	111/60	127/76	130/77	143/80	135/81	134/82		145/82	146/81	148/82	149/82	108/87	116/85	120/69	109/65	109/67
NBP																						
TEMP		100.9		100.9		100.9	100.5		100.5		100					100.0			100.3	100.4	100.5	
HR	127	125	62	120	122	121	119	115	115	109	117	117		115	122	130	125	130	139	131	126	126
RR	22	22	22	22	22	22	22	22	22	23	22	22		22	22	22	22	22	22	22	22	22
SaO2	89	89	90	91	91	90	91	90	90	85	85	86		87	85	89	88	78	80	94	93	92
FiO2	50	50	50	50	50	50	50	50	50	50	60	60		70	70	90	90	90	100	100	95	90
Source	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT		VENT	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
MAP	86	83	79	81	79	80	86	90	95	102	104	105		104	104	105	106	115	112	89	83	79

INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total
IVF	75	75	25	75	25	75	75	75	75	75	75	75		75	75	75	75	75	75	75	75	75				
IVPB	100						100	250						100												
~~NGT~~ Vessel	4	4	4	4	4	4	4	4	4	4	4	4		4	4	4	4	4	4	4	4	4				
Vanc	4	4	4	4	4	4	4	4	4	4	4	4		4	4	4	4	4	4	4	4	4				
Vanc	7	7	7	7	7	7	7	7	7	7	7	7		7	7	7	7	7	7	8	8	7.5				
Kcl							20		250			250														
PO																										
Total	100/100	90/280	90/370	90/460	90/550	90/640	400/1040	340/1380	340/1720	90/1810	90/1900	340/2240		100/2340												

OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total
URINE	300/300	150/450	150/600	100/700	300/1000	140/1140	140/1280	140/1420	140/1560	130/1690	130/1820	140/1960		100/2060	120/120	150/270	180/450	180/630	200/830	180/1010	180/1190	160/1350				
NGT																										
STOOL																										
DRAIN																										
Total																										

MEDCOM - 22388

ACLU-RDI 1666 p.148

DOD-035964

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED *(Date)*
QA APRR 08MAR8

INITIAL SHIFT ASSESSMENT (b)(6)2

		Time: 615 Initals: [redacted]	Time: 1830 Initals: [redacted]
NEURO	Pupils	2 Slow	
	Sensorium	Chemically paralyzed	Medically paralyzed.
	LOC / GCS	unable to assess	Sedated. Vec 7.5mg/hr
			Versed 4mg/hr, MSO4 4mg/hr
CARDIAC	Cardiac Rhythm	ST HR 110-120's S1S2 ⊖ JVD	SR HR 89 S1 S2 normal ⊖ JVD
	PRI: / QRS:		
	Pulse Strength	+1 ⊕	⊕ peripheral pulses x3
	Cap Refil / JVD	< 3 sec	⊖ JVD
	Edema	extremities	⊕ edema to extremities
	Chest Pain	⊖ EKG/Strip changes.	Ⓡ femoral A-Line gd wave form
		A-line Ⓡ fem.	zeroed BP 116/66
RESP	Respiratory Pattern	Vented. #8.5 ET 22cm lip line	Vented ETT 8.5cm 23cm lip
	Breath Sounds	Scattered rhonchi	Scatter rhonchi suction x2 ⊖ retu[illegible]
	Secretions	white ET creamy via Naso/suction	[illegible]
	Cough	∅. Chest Tube Ⓡ&Ⓛ chest wall	CT x2 ⓇⓁ ō 20cm suction [illegible]
		JP to Ⓡ chest wall to suction	JP Ⓡ chest wall → LIS.
SKIN	Color	Normal - eyes jaundice	Normal for race sclera jaundice
	Integrity	Surgical wound sites chest wall	surgical wounds drsg CDI
	Backside	hole (bullet) Ⓡ leg wound Ⓡ hand	Ⓡ leg drsg CDI Ⓛ forearm drsg C[illegible]
		Ⓛ Arm ([illegible])	Ⓛ AKA staple CDI ∅ s/s infection
IV	Access Devices	Cordis Ⓡ SC ō versed drip 4mg/h	Ⓡ SC cordis patent infusing
	Location	MSO4 drip 4mg/h. Vecuronium 7.5mg/h	;45NS @ 75cc/hr, Versed 4mg/hr
	Condition	NS 75 h. Ⓡ forearm PIV HL Ⓛ EJ HL	MSO4 4mg/hr Vec 7.5mg/hr
			Ⓛ PIV SL Ⓛ EJ SL
GI	Abdomen	Non distended soft	Firm, non-distended
	Bowel Sounds	⊖ Salem sump tube orally to	OGT → LIS ⊖ BS
	~~Stoma~~/~~Ostomy~~	LIS ⊖ BM	⊖ BM
GU	Device	Foley	Foley → gravity draining
	Color / Clarity	Dark/amber.	dark, orange thick urine

(Continue on reverse)

PREPARED BY *(Signature & Title)* [redacted] (b)(6)2

DEPARTMENT/SERVICE/CLINIC (b)(2)2 [redacted]

DATE 3 Nov 03

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

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

[redacted] (b)(6)4

DA FORM 4700, MAY 78 MEDCOM - 22389

US Patients Name: [redacted] (b)(6)4 Date: 3 NOV 03

ALS	06	07	08	09	10	11	12	13	14	15	16	17		18	19	20	21	22	23	00	01	02	03	04	05	
e	100/62	129/71	129/70	132/73	118/72	124/73	123/71	125/71	129/70	131/70	132/68	124/67		131/69	135/70	125/67	118/67	117/63	109/60	127/70	128/68	85/64	135/78	127/76	119/64	
)	99		98.6		98		98		98		97.6			97	95.6	96.1	96.3	97.6	98.2	—	98.7	99	99.4	—	100.8	
	114	115	118	116	106	100	97	95	92	94	94	88		87	86	85	90	97	101	96	101	110	110	114	120	
	22	22	22	24	30	30	30	30	30	30	30	30		30	30	30	30	30	30	30	30	18/24	24	24	24	
	93	90	90	89	94	98	98	95	94	94	93	92		94	90	90	95%	95	92	92	93	95%	95%	95%	95	
	75	70	70	65	85	65	65	65	65	65	65	65		65	65	75%	70%	70%	70	70%	80%	80	100%	100	100	
ce	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT		VENT	V	V	V	V	V	V	V	V	V	V	V	
	79	88	93	96	90	91	91	90	92	91	92	89		·		86	83	82	81	85	86	96	96	88	81	
	43	42	46	47	51	48	44	42	45	42	44	40		41	41	43	51	51	56	62	—	48	53	46	49	
gs	16	16	16	16	16	16	16	14	16	16	16	16		16	16	16	16	16	16	16	16	16	16	16	16	

AKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total
	75	75	75	75	75	75	75	75	75	75	75	75		75	75	75	75	75	75	75	75	75	75	75	75	1800
	[illegible]						350							50					350							850
ERED	4	4	4	4	4	4	4	4	4	4	4	4		4	4	4	4	4	4	4	4	4	4	4	4	96
X	4	4	4	4	4	4	4	4	4	4	4	4		4	4	4	4	4	4	4	4	4	4	4	4	96
.	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5		7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	180
tal	90.5	90.5	90.5	90.5	90.5	90.5	90.5	90.5	90.5	90.5	90	90		90												3022

PUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total
E	100	100	100	120	120	120	100	100	100	100	80	100		100	120	100	100	90	90	40	100	100	120	60	100	2180
L																										
R																										
L																									50	
																									50	
tal	100	100	100	100	120	120	100	100	100	120	80	100		100												

MEDCOM - 22390

ACLU-RDI 1666 p.150

DOD-035966

DICAL RECORD-SUPPLEMENTAL MED DATA

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

REPORT TITLE: INTENSIVE CARE NURSING FLOW SHEET (b)(6) 2

OTSG APPROVED (Date): QA Appr 8 Mar 89

		SHIFT ASSESSMENT		
		TIME: 0650 INITIALS: [redacted]	TIME: 2000 INITIALS: [redacted]	
NEURO	PUPILS	2mm reaction		
	SENSORIUM	Intubated/sedated	Sedated/intubated/vented	
	EXTREMITY MOVEMENT	medically paralyzed	Medically paralyzed	
	SEDATION	VEC 7.0, versed 4.0	versed 4mg/hr, MSO4 4mg/hr	
	PAIN CONTROL	MSO4 4.0	VEC @ 7mg/hr	
RESP	RESPIRATORY PATTERN	Vented BPM 24 SIMV peep 16 FIO2	90% intubated ETT 8.5 22cm	
	BREATH SOUNDS	BAC 48 meds 29 Spo2 91% TV 490	LS: scattered rhonch	
	SECRETIONS	Breath sounds coarse,	↓ rales CT x2 → 20cm	
	O2 SOURCE/FLOW/SAO2		H2O suction	
	VENTILATOR SETTINGS		Vent. SIMV, FIO2 65%, Rate 28	
			TV 710 PEEP 16 Peak 40	
CV	CARDIAC RHYTHM	HR 120	HR ST 123 BP 119/69	
	CAPILLARY REFILL	≤3sec good cap refill	≤3sec cap refill	
	PULSES	(+) pulses	(+) Pulses x3	
	EDEMA	(+) edema noted to (L) hand.	(+) edema (L) arm/hand	
GI	ABDOMEN	firm + nondistented	firm, nondistended	
	BOWEL SOUNDS	(+) Bowel sounds Q4 quadrant	(+) BS	
	BOWEL MOVEMENT	(-) BM	(-) BM	
	NGT/OGT	intact @ LIS	OGT → LIS	
	TUBE FEDDINGS			
	DRAINS	JP drains intact to suction	JP drain chest → LIS	
		chest tube x2 intact to 20cm suction		
GU	VOIDING	FIC to BS via gravity	Foley → gravity	
	COLOR/CLARITY	clear yellow urine noted to tubing	dk. orange urine	
SKIN	COLOR	normal for race	normal for race	
	INTEGRITY	Chest tube x 2	breakdown noted	
		JP tube x 1	AKA stump CDI	
		(R) AKA	drsg to leg, arm, chest CDI	
ACCESS	#1 TYPE/LOCATION/SIZE	Cordis to RIJSC	(R) SC cordis patent	
	DRESSING CONDITION	PIV to (RT) AC	infusing DSW 20mg/kg	
	IV FLUID/RATE	1/2 NS @ 75cc/hr	75cc/hr, MSO4, versed, VEC,	
	#2 TYPE/LOCATION/SIZE	A-line to RT femoral	antibiotics.	
	DRESSING CONDITION		A-line (R) femoral patent	
	IV FLUIDS/RATE		zeroed	

(Continue on reverse)

PREPARED BY (Signature & Title) | DEPARTMENT/SERVICE/CLINIC (b)(2) 2 [redacted] | DATE 4 NOV 03

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

NAME: [redacted] (b)(6) 4 RANK: AGE:

UNIT: GENDER:

STATUS: US: AD / CIV IRAQI: CIV / EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

MEDCOM - 22391

USAPPC V2.00

ICU1 Patients Name: [redacted] 16(6) 4 Date: 4/20/03 ↑ 842

VITALS	06	07	08	09	10	11	12	13	14	15	16	17		18	19	20	21	22	23	00	01	02	03	04	05
A-Line	131/69	133/70	126/65	116/66	119/67	114/67	113/68	109/66	113/67	124/70	115/67	115/66		116/65	119/68	123/70	124/68	119/68	123/64	141/63	115/66	113/68	109/63	109/62	114/65
NBP																									
TEMP	101.0	101.0	100.6	100.2	99.6	99.1	99.9	97.7	97.4	97.7	97.4	97.2		97.1	97.6	98.5	98.1	99.1	99.8	100.8	99.1	98.5	98.5	98.5	99.1
HR	125	127	125	119	116	113	105	103	100	104	102	102		102	115	120	123	133	136	136	122	124	128	128	130
RR	24	24	28	28	28	28	28	28	28	28	28	28		28	28	28	28	28	28	28	28	28	28	28	28
SaO2	92%	91%	92%	98%	98%	98%	96%	96%	96%	93%	90%	96%		96%	95%	95%	92%	92%	92%	92%	93%	94%	93%	90	93
FiO2	90%	90%	90%	90%	90%	90%	80%	80%	75%	75%	70%	70%		65%	65%	65%	65%	65	65%	60%	60%	60%	55%	55%	55%
Source	V	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
MAP	87	89	83	82	83	82	82	82	81	84	83	85		83	86	86	89	86	84	86	83	83	79	78	79
?	51	46	52	46	44	44	50	47	57	47	48	47		46	45	45	45	46	42	44	48	46	45	45	47
EP	16	16	16	16	16	16	16	16	16	16	16	16		16	16	16	16	16	16	16	16	16	16	16	16

INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Tot
IVF ~~1/2 NS~~ Ace	75	75	75	75	75	75	75	75	75	75	75	75	900	75	75	75	75	75	75	75	75	75	75	75	75	18(
IVPB	50					50	200					50	350						50	200						55
NGT												10	10													
VEC	7°	7°	7°	7°	7°	7°	7°	7°	7°	7°	7°	7°	84	7°	7	7	7	7	7	7	7	7	7	7	7	16
MS04	4°	4°	4°	4°	4°	4°	4°	4°	4°	4°	4°	4°	48	4°	4	4	4	4	5	5	5	4.2	4.2	4	4	9
versed	4°	4°	4°	4°	4°	4°	4°	4°	4°	4°	4°	4°	48	4°	4	4	4	4	5	5	5	4.2	4.2	4	4	9
																										169
Total																										

OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total
URINE		160	240	320	390	460	550	620	1020	1140	1370	1500	1500	1650	1760	1750	1825	1900	1960	2120	2220	2320	2480	2550	2600	2600
NGT									10cc X 20mg IV																	
STOOL																										
DRAIN JP												50	50													
CT (R)																										
CT (L)																										
												30	30													
												10	10													
Total																										

SOOO ↑ 116

M AL CORD-SUPPLEMENTAL MEDIC

For use of th. , se. 40-66; the proponent agency is the Office o. .geon General.

REPORT TITLE: INTENSIVE CARE NURSING FLOW SHEET (b)(6)2

OTSG APPROVED *(Date)*: QA Appr 8 Mar 89

		SHIFT ASSESSMENT	
		TIME: 1630 INITIALS: [redacted]	TIME: 1830 INITIALS: [redacted]
NEURO	PUPILS	3 slow	3mm sluggish to light
	SENSORIUM	Chemically paralyzed.	chemically paralyzed
	EXTREMITY MOVEMENT	None noted.	No movement
	SEDATION	MSO4 versed 4mg/h vecuronium 7mg/h	versed 4ml/hr
	PAIN CONTROL	MSO4 4mg/h	MSO4 4ml/hr.
RESP	RESPIRATORY PATTERN	Orally intubated 8.5 ET 22 cm lip line	ETT 8.5 22 lip.
	BREATH SOUNDS	scattered rhonchi	coarse throughout
	SECRETIONS	min via ET	minimal to ETT
	O2 SOURCE/FLOW/SAO2	vented FiO2 55%.	FiO2 55%
	VENTILATOR SETTINGS	SIMV Rate 28 TV 710 Peep 16 FiO2 55%	SIMV: RR 28 TV 710 FiO2 55
		Chest tubes x2 left & right: JP to chest wall	PEEP 12. CT x4
CV	CARDIAC RHYTHM	ST 120's S1S2 ⊝ JVD Pulses ⊕	ST 100-105 ⊝ JVD
	CAPILLARY REFILL	<3 sec. Cordis to Ⓡ SC D5W 20K 75h	<3 sec.
	PULSES	⊕	⊕ weak
	EDEMA	extremities 2+	2+ Generalized
			cordis Ⓡ subclavian
			Ⓡ groin A-line ~~CTX4~~
GI	ABDOMEN	Nontender:	Non-distended
	BOWEL SOUNDS	BS ⊝	⊝
	BOWEL MOVEMENT	∅	∅
	NGT/OGT	Dobhoff right nare / salem sump orally	Dobhoff Ⓛ nares. salem
	TUBE FEDDINGS	to suction	sump orally
	DRAINS	∅	∅
			∅
GU	VOIDING	Foley.	Foley
	COLOR/CLARITY	dark tea color (dark amber)	dark 30-100cc/hr
SKIN	COLOR	Jaundice eye/face.	
	INTEGRITY	Surgical chest tube site Ⓡ leg covered	jaundiced.
		ecchymosis right hand & left forearm	surgically repaired Ⓡ
		Ⓛ AKA	leg. Ⓛ BKA. Ⓡ chest
			CSW.
ACCESS	#1 TYPE/LOCATION/SIZE	Cordis Ⓡ SC intact	cordis Ⓡ subc.
	DRESSING CONDITION	∅ S/S of infection or infiltration	∅ S/S infection
	IV FLUID/RATE	D5W 1/2 NS 20K @ 75h. MSO4 4mg/h	D5W 20K @ 150cc/hr
	#2 TYPE/LOCATION/SIZE	Versed 4mg/h. Vecuronium 7mg/h	infusing N/M/Ve e
	DRESSING CONDITION		4/4/7 ml/hr.
	IV FLUIDS/RATE		

(Continue on reverse)

PREPARED BY *(Signature & Title)*

DEPARTMENT/SERVICE/CLINIC: [redacted]

DATE: (b)(2)2

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

NAME: [redacted] (b)(6)4 RANK: AGE:

UNIT: GENDER:

STATUS: US: AD / CIV IRAQI: CIV / EPW

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

DA FORM 4700, MAY 78

USAPPC V2.00

MEDCOM - 22393

ICU1

Patients Name: [redacted] (b)(6)4

Date: 5NOV03 ↑ 116

VITALS	06	07	08	09	10	11	12	13	14	15	16	17		18	19	20	21	22	23	00	01	02	03	04	05	
A-Line	107/60	107/62	107/61	108/64	106/73	109/61	113/66	118/68	122/69	115/64	133/69	134/71		122/66	117/64	113/64	114/62	113/60	116/67	119/68	113/68	111/66	114/67	116/65	107/62	
NBP																										
TEMP	98.7		99.1		98.8		98.8		98.4		98	97.7			96.3	96.3	97.2	97.8	98.1	98.4	98.8	98.9	98.7	98.3	99	
HR	125	128	129	126	120	117	112	107	108	113	100	102		62	100	101	105	96	97	98	100	98	98	98	99	
RR	28	28	28	28	28	28	28	28	28	28	28	28		28	28	28	28	28	28	28	28	28	28	28	28	
SaO2	93	93	91	93	90	92	90	90	92	85	93	92		87	90	91	90	90	91	91	91	92	91	90	88	
FiO2	55	55	50	50	50	50	50	50	50	60	75	60		55	55	55	55	55	55	55	55	55	50	50	45	
Source	SIMV	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT		VENT	V	V	V	V	V	V	V	V	V	V	V	
MAP	75	76	75	73	78	74	88	84	86	84	91	93		89	92	88	77	79	82	86	84	86	85	81	79	
PIP	47	45	45	44	41	42	35	37	36	34	34	34		34	37	37	37	36	36	36	37	37	36	36	37	
PEEP	16	16	16	14	14	12	12	12	10	12	12	12		10	12	12	12	12	12	12	12	12	12	12	12	

INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Tot
IVF	75	75	75	75	75	75	75	75	75	150	150	150		150	150	150	150	150	150	150	150	150	150	150	150	18
IVPB	50				50		300																			
NGT																		100	50							
Vec	7	7	7	7	7	7	7	7	7	7	7	7	84	7	7	7	7	7	7	7	7	7	7	7	7	8
MSO4	4	4	4	4	4	4	4	4	4	4	4	4	48	4	4	4	4	4	4	4	4	4	4	4	4	4
Versed	4	4	4	4	4	4	4	4	4	4	4	4	48	4	4	4	4	4	4	4	4	4	4	4	4	4
PO																										
Total																										

OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05
URINE	100/100	120/220	60/280	80/360	60/420	60/480	60/540	100/640	100/740	80/820	100/840	100/940		60/1000	60/1060	90/1150	90/1240	50/1290	60/1350	70/1420	80/1500	70/1570	90/1660	55/1715	60/1775
NGT																									
STOOL																									
DRAIN JP	D/C'D																								
CTL																		5							20
CTL																		30							0
CTR																		50							0
CTR2																		45							20
Total																									

CTL																									25	
CTL																									30	
CTR																									50	
CTR2																									65	

CTL
CTL

MEDCOM - 22394

DOD-035970

ACLU-RDI 1666 p.154

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE: INTENSIVE CARE NURSING FLOW SHEET (b)(6)2

OTSG APPROVED (Date): QA Appr 8 Mar 89

		SHIFT ASSESSMENT	
		TIME: 0615 INITIALS: [redacted]	TIME: 1800 INITIALS: [redacted]
NEURO	PUPILS	3 slow	3mm sluggish to [illegible]
	SENSORIUM	Chemically paralyzed	chemically paralyzed.
	EXTREMITY MOVEMENT	None Noted	None noted
	SEDATION	MSO4 VERSED	Versed 4ml/hr
	PAIN CONTROL	MSO4	MSO4 4ml/hr
RESP	RESPIRATORY PATTERN	Vented orally intubated HR 22 [illegible]	vent: 8.5 @ 22cm
	BREATH SOUNDS	scattered rhonchi: crepitus to chest	scattered crepitus & coars[illegible]
	SECRETIONS	Scant via ET	minimal to ETT
	O2 SOURCE/FLOW/SAO2	Vent. 45% 87% via pulse ox	55% FiO2 93% SaO2
	VENTILATOR SETTINGS	SIMV Rate 28 TV 710 Peep 12 FiO2 .45	PEEP 5 TV 710. SIMV: RR
		chest tubes x 4 2 Right side 2 left side.	28 PIP: 36. CT x 4
CV	CARDIAC RHYTHM	SR - ST 97 - 110 [illegible]	NSR 80's.
	CAPILLARY REFILL	<3 sec	<3 sec
	PULSES	(+) (L) MCA	(+) diminished
	EDEMA	Extremities 2-3+	Extr: 2+. A-line (R) groi[n]
		A-line Right femoral.	
		cordis (L) SC.	
GI	ABDOMEN	Nondistended	Soft. Non-distended
	BOWEL SOUNDS	⊝	—
	BOWEL MOVEMENT	⊝	—
	NGT/OGT	[illegible] tube orally	OGT to LIS & [illegible]
	TUBE FEDDINGS	Ø	Ø
	DRAINS	Ø	Ø
GU	VOIDING	foley	foley. Dark urine
	COLOR/CLARITY	dark amber (Tea color)	Tea colored.
SKIN	COLOR	Jaundice	Jaundiced
	INTEGRITY	Surgical wound [illegible] chest [illegible]	Surgical wound. (R) AKA
		(L) forearm (R) leg. (R) finger	(L) leg fasciotomy. GSW
		GSW (L) upper back.	upper back. sucking
			(L) chest wound.
ACCESS	#1 TYPE/LOCATION/SIZE	Cordis (R) SC	cordis (L) chest: CDI
	DRESSING CONDITION	intact	D5NS @ 200cc/hr, Ver[sed]
	IV FLUID/RATE	D5W c 20 Kcl 150h. VERSED 4mg/h	4ml/hr & MSO4 - 4ml/hr.
	#2 TYPE/LOCATION/SIZE	MSO4 4mg/h Vecuronium 7mg/h	A-line (L) fem. arter[y]
	DRESSING CONDITION	A-line (R) fem.	3-cc NS infusion.
	IV FLUIDS/RATE		

(Continue on reverse)

PREPARED BY (Signature & Title): [redacted] (b)(6)2

DEPARTMENT/SERVICE/CLINIC (b)(6)2 [redacted]

DATE: 6 Nov 03

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

NAME: RANK: AGE:

UNIT: [redacted] (b)(6)4 GENDER:

STATUS: US: AD / CIV IRAQI: CIV / EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

MEDCOM - 22395

USAPPC V3.00

ICU1 Patients Name: [redacted] (6)(6)4 Date: 6 NOV 03

VITALS	06	07	08	09	10	11	12	13	14	15	16	17		18	19	20	21	22	23	00	01	02	03	04	05	
A-Line	101/52	110/63	109/65	99/56	105/58	123/70	111/68	123/72	125/68	123/68	122/67	124/68		123/67	124/68	126/69	124/68	123/68	111/70	126/71	121/73	130/68	130/70	130/71	133/71	
NBP	—														—	—	—	—	—	—	—	—				
TEMP	98.5		98.1		98		97.8		97		97.6			97	97.1	97.4	97.3	97.4	97	98	97.8	97.8	97.8	97.8		
HR	100	97	93	92	91	89	95	87	85	84	83	83		83	83	83	83	82	83	81	81	83	83	83	101	
RR	28	28	28	28	28	28	28	28	28	28	28	28		28	28	28	28	28	28	28	28	28	28	28	28	
SaO2	86	87	89	88	93	91	93	92	94	91	92	93		93	93	93	92	92	92	91	92	89	93	93	88	
FiO2	45	45	45	45	55	55	55	55	55	55	55	55		55	55	55	55	55	55	55	55	55	55	55	55	
Source	V	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT		VENT	V	V	V	V	V	V	N	V	V	V	V	
MAP	74	81	82	72	70	91	80	92	88	89	87	88		87	88	90	88	91	90	91	92	90	91	92	92	
P	41	39	36	39	38	40	42	38	37	37	36	37		37	37	36	37	36	37	37	37	36	37	36	37	
EP	12	12	12	12	12	12	12	12	12	8	5	5		5	5	5	5	5	5	5	5	5	5	5	5	
CVP					11-15		13-16																			

INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total
IVF ½NS	150	150	150	150	150	0	200	200	200	200	200	200		200	200	200	200	200	200	200	200	200	200	200	200	615
IVPB	50				50		250		50									50		250						65
NGT flow						1000																				
VEC	7	7	7	7	7	7	7	7	7	7	7	7		7	7	7	7	7	7	7	7	7	7	7	7	84
MSO4	4	4	4	4	4	4	4	4	4	4	4	4		4	4	4	4	4	4	4	4	4	4	4	4	48
VERSED	4	4	4	4	4	4	4	4	4	4	4	4		4	4	4	4	4	4	4	4	4	4	4	4	48
PRBC						300			300									368								968
Total																										

OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total
URINE	70/70	140/210	80/290	80/370	60/430	100/530	100/630	100/730	100/830	100/930	85/1015	120/1135	→	100/1235	90/1325	100/1425	100/1525	80/1605	80/1685	80/1765	80/1845	70/1915	80/1995	100/2095	80/2175	2175
NGT																										
STOOL																										
DRAIN																										
CT (L)1																									45	45
CT (L)2																									0	0
CT (R)1																									5	5
CT (R)2																									85	85
Total																										

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA APPR 08MAR8

(b)(6)2

INITIAL SHIFT ASSESSMENT

		Time: 0600 Initals: [redacted]	Time: 1820 Initals: [redacted]
NEURO	Pupils	2.5mm ad sluggish	2.5mm PERRL sluggish
	Sensorium	sedated c Versed 4mg/h MSO4 @ 4mg/h	sedated c vecuronium @ 7mg/°, MSO4
	LOC / GCS	Vecuronium @ 7mg/h	@ 4mg/° + versed @ 4mg/°.
		Jaundice sclera	
CARDIAC	Cardiac Rhythm	SR @ 96 S1S2 Ø ectopy	SR c Ø ectopy HR 80s
	PRI: / QRS:	weak pulses bilat in UE	+1 palpable pulses (B)UE + (B)LE
	Pulse Strength	and (R) pedal. (L) in femoral	
	Cap Refil / JVD	<3sec Ø JVD noted	<3sec in all 3 ext. Ø JVD noted
	Edema	generalized	generalized throughout, scleral edema
	Chest Pain	sedated	UTA
			(L) CT to 20cm H2O suction
RESP	Respiratory Pattern	RR 28 MV / SIMV RR 28	ETT #8.5 25cm @ hub SIMV 29, TV 710
	Breath Sounds	peep 5, TV 710 FiO2 55%	P-5, FiO2 55%, PIP 43. Coarse
	Secretions	coarse lung sounds heard throughout	throughout c (R) lower lobe rales
	Cough	ETT #8.5 @ 22 hub	
		secretions on Trach being removed	
SKIN	Color	intact, rash noted on shoulder	Jaundiced. Small papules (B)UE, shoulders
	Integrity	Stage I on (R) heel - healing	+ upper back. Stage I decub ulcer on (R)
	Backside	none noted beside rash on	heel
		shoulder	
IV	Access Devices	(R) SC cordis dsg Δ 7 Nov 03	(L) Femoral A-line c good waveform.
	Location	(R) Fem dsg Δ 7 Nov 03	(L) Femoral central line c ½NS @ 200cc/°
	Condition	c good waveform	versed, vecuronium, MSO4 infusing
GI	Abdomen	soft c slight distention	~~soft~~ firm, nondistended, firm
	Bowel Sounds	Ø BS	hypoactive BS in all 4 quad
	Stoma/Ostomy	Ø ostomy (L) nare NPO	OGT to LIS in (L) nare. Creamy
		OG to LIS	drainage noted
GU	Device	foley to gravity c	Foley to gravity c dark amber
	Color / Clarity	amber colored urine	urine UO > 100cc/°
			Scrotal edema

(Continue on reverse)

PREPARED BY (Signature & Title) [redacted] (b)(6)2 CPT/AN

DEPARTMENT/SERVICE/CLINIC (b)(2)2 [redacted]

DATE 7 Nov 03

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

[redacted]

(b)(6)4

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

DA FORM 4700, MAY 78

MEDCOM - 22397

USAPPC V2.00

Patients Name: [redacted] (b)(6)4 Date: 07 NOV 03

LS	06	07	08	09	10	11	12	13	14	15	16	17		18	19	20	21	22	23	00	01	02	03	04	05	
	135/77	147/79	143/80	139/68	134/68	130/74	134/74	134/80	126/68	135/76	137/69	132/70		130/69	134/72	139/69	126/66	134/72	134/69	135/70	132/76	132/70	140/78	140/78		
	—																									
	97.9			97.5	97.5		97.5		97.5						96.0	96.2	96.4	96.7	97.8	98.2	98.2	98.8	98.4	98.0		
	95	95	95	91	89	86	85	85	83	84	80	81		80	80	84	83	87	87	89	89	90	91	88		
	28	28	28	28	28	28	28	28	28	28	28	28		28	30	36	33	34	39	34	30	29	30			
	89	91	90	85	87	90	92	91	90	90	92	92		92	94	92	92	95	95%	92%	94	94	93	92		
	55	55	55	55	55	55	55	55	55	55	55	55		55	55%	56%	55%	55%	55%	55%	55	55	55	55	55	
	V	S	S	S	S	S	S	S	S	S	S	S		S	Vent	vent	vent	vent	vent	vent	SIMV 11	SIMV 11	SIMV 11	SIMV 11	SIMV 11	
	95	101	102	92	91	93	94	92	88	91	90	93		90	93	97	87	95	91	91	90	89	98	99		
	36	40	38	39	38	46	44	33	41	40	40	40		42	43	45	45	41	40	40	43	40	40	40	43	
P	5	5	5	5	5	5	5	5	5	5	5	5		5	5	5	5	5	5	5	5	5	5	5	5	

CE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total
	200	200	200	200	200	200	200	200	200	200	200	200	2400 300	200	240	240	200	240	240	200	200	200	200	200	200	
	50				50		200		50									150		100						
	7	7	7	7	7	7	7	7	7	7	7	7	84	7	7	7	7	7	7	7	7	7	7	7	7	
ed	4	4	4	4	4	4	4	4	4	4	4	4	48	4	4	4	4	4	4	4	4	4	4	4	4	
t	4	4	4	4	4	4	4	4	4	4	4	4	48	4	4	4	4	4	4	4	4	4	4	4	4	
							5	5	hold	hold	hold	5	15	5	5	5	5	5	10	10	10	10	10	10	10	
							5	5	—	—	—	5	15	5	30	20	20	20	20		20	20	20	20	20	
													2910													

JT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total
	90/90	100	80	140	80	100	130	145	95	140	100	118		110	130	120	90	120	110	125	100	95	120	120	160	
		0	0		0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	
	40	100					10/110						10	1/111											—	
	0	50/1100					25/1120						20	0/1120												
	40	0					10/310						10	0/310												
	40	100					45/225						45	20/245												

MEDCOM - 22398

ACLU-RDI 1666 p.158

DOD-035974

M AL RECORD-SUPPLEMENTAL DIC A

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET (b)(6) Z

OTSG APPROVED (Date)
QA Appr 8 Mar 89

SHIFT ASSESSMENT

		TIME: 0700 INITIALS: [redacted]	TIME: 1830 INITIALS [redacted]
NEURO	PUPILS	2mm sluggish	Sluggish
	SENSORIUM	Sedated.	Sedated Versed 4mg, Fentanyl 7mg 4mg MSO4
	EXTREMITY MOVEMENT	-0-	
	SEDATION	Versed @4.0	
	PAIN CONTROL	MOS4 @ 4.0mg/cc	
RESP	RESPIRATORY PATTERN	Intubated. Vent Settings: BPM 30 FIO2 90% Peep 8 TV 750	Intubated SIMV 30 FiO2 90% Peep 8 TV 750.
	BREATH SOUNDS	Peak 48	Crackles
	SECRETIONS	SpO2 93%	small amounts c suction
	O2 SOURCE/FLOW/SAO2		c rise + fall of chest
	VENTILATOR SETTINGS		
CV	CARDIAC RHYTHM	HR 96	S1 S2 3 extra sounds
	CAPILLARY REFILL	≤3sec refill	c 3 secs
	PULSES	(+) pulses	+ pulses
	EDEMA	pitting edema noted.	+3 pitting edema
GI	ABDOMEN	flat & round/distented	soft flat nondistended
	BOWEL SOUNDS	hypoactive All 4 quad.	hypoactive x 4 quads
	BOWEL MOVEMENT	-0-	
	NGT/OGT	US	OGT L/S
	TUBE FEDDINGS	20cc OSMOLITE HN to DHT	20 cc/hr osmolite HN to DHT
	DRAINS	Chest tube x 4	Chest tube x4
GU	VOIDING	FIC to BS	foley to gravity dark yellow
	COLOR/CLARITY	tea color urine to bag.	in color
SKIN	COLOR	normal for race	W.N.L.
	INTEGRITY	Chest tube x 4	Dressing CDI decubitus to sacrum
		(+) AKA c staples intact	
		Dsg to (R) IJ Cvc + (L) forearm	
ACCESS	#1 TYPE/LOCATION/SIZE	A-Line to (L) femoral.	(L) femoral A-line CDI
	DRESSING CONDITION		
	IV FLUID/RATE	½ NORMAL SALINE @ 200cc/HR	(R) cordis forward ½ NS c 125cc/hr
	#2 TYPE/LOCATION/SIZE		
	DRESSING CONDITION		
	IV FLUIDS/RATE		

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC (b)(2) Z [redacted]

DATE

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

NAME: RANK: AGE:

UNIT: GENDER:

STATUS: US: AD / CIV IRAQI: CIV / EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

MEDCOM - 22399

USAPPC V2.00

ICU1

Patients Name: [redacted] (b)(6)4 Date: 9NOV03 ↑3173

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05
A-Line	143/79	154/83	150/80	146/76	154/80	153/80	150/81	144/75	164/85	152/78	151/78	169/83	151/76	147/74	144/82	134/72	160/80	153/77	136/64	127/62	131/71	133/73	136/68	144/72
NBP																								
TEMP	99.3	99.1	98.0	98.1	98.6	98.3	98.3	97.8	97.9	98.0	98.5	98.6	99.1	99.4	99.3	99.1	99.6	99.1	99.1	99.1	99.4	99.6	99.1	99.4
HR	94	97	94	92	91	89	89	86	90	89	90	94	93	94	95	96	98	104	112	112	101	108	109	109
RR	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30
SaO2	90	93%	93%	94%	91%	92%	94%	93%	93%	93%	95%	93%	94%	94	93	93	93	89	89	88	91	90	90	89
FiO2	70%	90%	90%	90%	80%	90%	90%	90%	90%	90%	90%	90	90	90	90	90	90	90	90	90	90	90	90	90
Source	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
MAP	100	106	101	98	105	104	106	97	110	100	102	108	101	97	96	98	106	98	86	85	90	93	93	96
PEEP	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
PIP	48	49	49	48	42	47	46	45	47	46	50	47	45	47	48	47	48	47	48	47	48	47	49	50

INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05
IVF	200	200	200	200	125	125	125	125	125	125	125	125	1800	125	125	125	125	125	125	125	125	125	125	125	125
IVPB	50				50		200		50				350					50		100				1	
NGT/OGT	30																								
Vec	7	7	7	7	7	7	7	7	7	7	7	7	84	7	7	7	7	7	7	7	7	7	7	7	7
Versed	4	4	4	4	4	4	4	4	4	4	4	4	48	4	4	4	4	4	4	4	4	4	4	4	4
MSO4	4	4	4	4	4	4	4	4	4	4	4	4	48	4	4	4	4	4	4	4	4	4	4	4	4
TF	20	20	20	20	20	20	20	20	20	20	20	20	240	20	20	20	20	20	20	20	20	20	20	20	20
Flush		10cc				10cc		10cc		10cc			40												
Free H2O							100				100		200			100				100				100	
PO																									
Total																									

OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05
URINE	110	110	90	100	800	200	235	360	200	250	190	160	2838	140	160	145	120	120	160	160	150	140	160	100	140
		220	310	410	1210	1510	1745	2068	2268	2518	2708	2838													
NGT/OGT													300												
				200																					
STOOL																									
DRAIN																									
CT 1	138												20												
CT 2													10												
CT1	365												10												
CT2	450												30												
Total																									

MEDCOM - 22400

DOD-035976

ACLU-RDI 1666 p.160

CAL RE[ ].D-SUPPLEMENTAL MEDIC [ ]TA

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

REPORT TITLE: INTENSIVE CARE NURSING FLOW SHEET (b)(6) 2

OTSG APPROVED (Date): QA Appr 8 Mar 89

SHIFT ASSESSMENT

		TIME: 0830 INITIALS [redacted]	TIME: 1900 INITIALS [redacted]
NEURO	PUPILS	2.5mm sluggish - jaundice sclera	
	SENSORIUM	no movt d/t to paralytic vecuronium	UTA paralyzed c Vecuronium
	EXTREMITY MOVEMENT	@ 7cc/h → now 4cc/h	paralyzed c Vecuronium
	SEDATION	drsg c Versed @ 4cc/h and	Versed @ 4mg/hr
	PAIN CONTROL	pain control c MSO4 @ 4cc/h	MSO4 @ 4mg/hr
			Vecuronium @ 7mg/hr
RESP	RESPIRATORY PATTERN	SIMV: RR 30 TV 710 peep 6 FIO2 60%	Intubated #8.5 23 @ lip
	BREATH SOUNDS	SaO2 87-90%	Vent: SIMV RR 30, TV 750, Peep 10
	SECRETIONS	Coarse on (R) side tx/mgmt (L) side	FiO2 100% PIP low 50's
	O2 SOURCE/FLOW/SAO2	air leak heard from CT + JP site	HCTx2 Bilat c fr leakage
	VENTILATOR SETTINGS	ETT #8.5 @ 23 @ lips. Minimal secretions from ETT - NS 3 tx to loosen up. Copious	CT → 20cm H2O suction
CV	CARDIAC RHYTHM	oral + Nasal secretions - beige/yellow	@ PVC's noted @ 1900 ST HR 105
	CAPILLARY REFILL	< 3 sec. NSR 90's Dec Hgb noted @ JVD noted. S1 S2.	≤ 3 sec
	PULSES		@ JVD S1 S2 Auscultated @ extr sounds
	EDEMA	(+) pulses x 3 extremities. Pitting edema of (R) foot/ankle. Gen'l edema of UE / ABD	(+) pulses x 3 ext (+) edema to extremities, scrotum, penis
GI	ABDOMEN	Distended soft BS x 1 Quadrant LLQ. @ BM	Distended, soft (+) BS - LUQ & RUQ @ BM
	BOWEL SOUNDS		
	BOWEL MOVEMENT	Dobhoff to (L) Nare c osmolite @ 10cc/h. OGT to LIS + drainy brownish colored fluid.	Dobhoff to (R) nare - osmolite @ 20cc/hr
	NGT/OGT		OGT to LIS - draining light brown liq
	TUBE FEDDINGS		
	DRAINS	@ JP - 1 wound from JP site c air leaking + thick secretions - Nares	
GU	VOIDING	~~Cath~~ foley to gravity - Amber in color. Some sediment noted > 100 cc/h	Foley to gravity tea colored urine c occasional sediment
	COLOR/CLARITY		
SKIN	COLOR	Jaundice in color	Normal c jaundice sclera
	INTEGRITY	All wounds weepy c serous sanguinous fluid. Dr. Notified	Rash on shoulder → chest + back Stage I decubiti: (R) Head Duoderm (L) Buttock Drsg @ Leg (L) Arm chest drsg CDI staple AKA intact c weeping serous sang drg
ACCESS	#1 TYPE/LOCATION/SIZE	(L) Fem. Central line placement 7 Nov 03	(R) Femoral Central Line
	DRESSING CONDITION		Drsg c DI
	IV FLUID/RATE	(L) Fem ART placement 7 NOV 03 c Good waveform	0.45% NS @ 200
	#2 TYPE/LOCATION/SIZE		(R) Femoral A-Line zeroed
	DRESSING CONDITION		Drsg c DI
	IV FLUIDS/RATE		

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC (b)(2) 2 [redacted]

DATE: 08 NOV 03

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

NAME: 2PW [redacted] RANK: AGE:

UNIT: (b)(6) 4 GENDER:

STATUS: US: AD / CIV IRAQI: CIV / EPW

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

DA FORM 4700, MAY 78

MEDCOM - 22401

USAPPC V2.00

ICU1

Patients Name: EPW (b)(6) [redacted] Date: 08NOV03

VITALS	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	00	01	02	03	04	05
A-Line	144/76	149/78	144/74	142/73	149/75	146/75	134/70	136/62	132/67	137/65	139/68	147/72	136/69	140/74	132/73	138/72	134/70	139/77	142/81	139/76		128/64	135/68	135/63
NBP																								
TEMP	98.3			98.8		98.-	97.9						99.5	99.1			99.9	100°	99.6		99.3		99.2	
HR	90	92	94	92	87	89	88	88	87	89	97	101	102	101	101	98	99	93	99	97	95	95	95	98
RR	30	30	30	30	30	30	30	30	30	30	30	30	24	30	30	30	30	30	30	30	30	30	30	30
SaO2	90	89	88	88	92	88	85	84	84	88	86	82	87	90	90	92	91	93	93	94	93	93	98	91
FiO2	55	60	60	60	60	60	65	70	70	80	80	20	90	90	90	90	90	90	90	90	80	90	90	90
Source	SIMV	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	Sinv	Sinv	Sinv	Sinv	Sinv	S	S	S
MAP	96	101	97	95	97	99	93	88	88	89	92	94	91	96	94	94	97	99	102	96	89	85	89	105
P	5	6	6	6	6	6	8	8	8	8	8	8	10	10	10	10	10	10	10	10	10	10	8	8
	42	45	43	43	43	43	43	43	44	44	48	50	52	51	51	52	52	48	47	45	47	47	48	47

TAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Tot
IVF	200	200	200	200	200	200	200	200	200	200	200	200		200	200	200	200	200	200	200	200	200	200	200	200	480
IVPB	50				50		200		50				350					50		200						60
NGT																										
Vec	7	7	7	7	4	4	4	7	7	7	7	7	95	7	7	7	7	7	7	7	7	7	7	7	7	159
Versed	4	4	4	4	4	4	4	4	4	4	4	4	16	4	4	4	4	4	4	4	4	4	4	4	4	32
MSO4	4	4	4	4	4	4	4	4	4	4	4	4	16	4	4	4	4	4	4	4	4	4	4	4	4	32
TF	10	10	—	10	10	10	20	20	20	20	20	20	170	20	20	20	20	20	20	20	20	20	20	20	20	94
Flush	20	20	—	20	20	20	—																			100
Total																										1633

OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total
URINE	145	100/245	110/355	125/480	120/600	120/720	50/770	140/910	100/1010	110/1120	120/1240	100/1340	1440	140	150/290	130/420	130/550	110/660	110/770	100/870	100/970	100/1070	100/1170	100/1270	100/1370	2960
N							8																			
STOOL																										
DRAIN																										
(L) CT1	6													3/121												
(L) CT2	5													—											16/138	
(R) CT1	10						40/345							—											—	
(R) CT2	60						15/335							45/390											25/360 60/450	
Total																										

↑3173

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE	OTSG APPROVED *(Date)*
INTENSIVE CARE NURSING FLOW SHEET	QA Appr 8 Mar 89

SHIFT ASSESSMENT

		TIME: 0615 INITIALS:	TIME: INITIALS:
NEURO	PUPILS	Pupils 3 slow	
	SENSORIUM		
	EXTREMITY MOVEMENT	Achemically paralized	
	SEDATION	MSO4 [illegible] mg/h Versed 4 mg/h	
	PAIN CONTROL	MSO4 4 mg/h	
RESP	RESPIRATORY PATTERN	Vented #8.5 ET 22cm lip	
	BREATH SOUNDS	Scattered Rhonchi	
	SECRETIONS	Blood tinged via ET airway	
	O2 SOURCE/FLOW/SAO2	Vent 90% Sat 88	
	VENTILATOR SETTINGS	Simv Rate 30 TV 750 FiO2 90 Peep 8	
		chest tube x4	
CV	CARDIAC RHYTHM	ST HR 109-120's [illegible]	
	CAPILLARY REFILL	<3 sec.	
	PULSES	(+)	
	EDEMA	generalized	
		(+) [illegible]	
GI	ABDOMEN	Soft.	
	BOWEL SOUNDS	hypoactive.	
	BOWEL MOVEMENT	Ø	
	NGT/OGT	Osmolyte 20h. Dysphagia	
	TUBE FEDDINGS	[illegible]	
	DRAINS		
GU	VOIDING	Foley	
	COLOR/CLARITY	Tea. Sediments	
SKIN	COLOR	Jaundice	
	INTEGRITY	Surgical wound Stage II To	
		Sacral area	
ACCESS	#1 TYPE/LOCATION/SIZE	(R) groin cordis	
	DRESSING CONDITION	intact.	
	IV FLUID/RATE		
	#2 TYPE/LOCATION/SIZE		
	DRESSING CONDITION		
	IV FLUIDS/RATE		

(Continue on reverse)

PREPARED BY *(Signature & Title)* [redacted] (b)(6)2

DEPARTMENT/SERVICE/CLINIC (b)(2)2 [redacted]

DATE 10Nov03

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

NAME: RANK: AGE:

UNIT: GENDER:

STATUS: US: AD / CIV IRAQI: CIV / EPW

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

DA FORM 4700, MAY 78

MEDCOM - 22403

USAPPC V2.00

ACLU-RDI 1666 p.163

DOD-035979

ICU1

Patients Name: _____ Date: _____

VITALS	06	07	08	09	10	11	12	13	14	15	16	17		18	19	20	21	22	23	00	01	02	03	04	05	
A-Line	136/83	91/51	74/44	118/80																						
NBP																										
TEMP	101																									
HR	109	96	129	70																						
RR	30	30	30	30																						
SaO2	88	75	75	65																						
FiO2	90	81	100	100																						
Source	Vent	Vent	Vent	Vent																						
MAP	84	39	59	32																						
FiP	42	43	63	64																						
PEEP	8	12	12	12																						

TAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total
IVF	125	125	125	125																						
II																										
NGT OSMOLYTE	20	20	ø																							
VERIED	4	4	4	4																						
MSO4	4	4	4	4																						
Vecuronium	7	7	7	7																						
LR		50	50																							
Dopamine		25	52.5	52.5																						
PO																										
Total																										

OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	
URINE	120	60	30																							
NGT																										
STOOL																										
DRAIN																										
Total	120																									

MEDCOM - 22404

ACLU-RDI 1666 p.164

DOD-035980

EMERGENCY RESUSCITATION RECORD - PART 1

For use of this form see MEDCOM Cir 40-5

Complete this report within 2 hours following the arrest/event. Place the original in the patient's record and provide a copy to the Nursing Supervisor.

1. DATE:

2. LOCATION OF RESUSCITATION EVENT Fem 1

☐ MICU ☐ SICU ☐ CCU ☐ NICU ☐ ED ☐ PACU ☐ OR ☐ WARD: _____

☐ DIAGNOSTIC / PROCEDURE AREA: _____

☐ OUTPATIENT CLINIC: _____

☐ OTHER *(Specify)*: _____

3. WITNESSED ARREST?

☒ YES ☐ NO ☐ UNKNOWN

MONITORED AT ONSET?

☒ YES ☐ NO

4. INTERVENTIONS (✓ - IN PLACE AT START OF ARREST) (✓ - INSERTED DURING ARREST) **COMMENTS**

☑ IV Access	☐ Time: ___:___	NA
☑ Endotracheal Tube	☐ Time: ___:___	
☑ Mechanical Ventilation	☐ Time: ___:___	
☑ Arterial Line	☐ Time: ___:___	
☑ Central Venous Line	☐ Time: ___:___	
☐ Pulmonary Artery Catheter	☐ Time: ___:___	
☑ Nasogastric Tube OG	☐ Time: ___:___	
☐ Pacing Device *(Specify type)*: _____	☐ Time: ___:___	
☐ Implantable Defibrillator / Cardioverter	☐ Time: ___:___	
☐ Other *(Specify)*: _____	☐ Time: ___:___	

5. IMMEDIATE CAUSE OF ARREST / EVENT *(Check one)*

☐ Lethal Arrhythmias
☐ Hypotension
☑ Respiratory Depression
☐ Metabolic
☐ Myocardial Infarction or Ischemia
☐ Unknown
☐ Other: _____

6. RESUSCITATION ATTEMPTED

☑ YES *(Check all that were used)*
- ☐ Chest Compressions
- ☐ Defibrillation
- ☑ Airway Management

☐ NO *(Check one)*
- ☐ False alarm/arrest (BLS / ALS not needed)
- ☐ Do not attempt resuscitation (DNAR)
- ☑ Considered futile ☐ Found dead

7. INITIAL CONDITION

CONSCIOUS ☐ Yes ☐ No

BREATHING ☐ Yes ☐ No

PULSE ☐ Yes ☐ No

Site: _____

8. INITIAL RHYTHM

☐ Ventricular Fibrillation ☐ Perfusing Rhythm
☐ Ventricular Tachycardia ☐ Bradycardia
☐ Pulseless Electrical Activity ☐ Asystole

RETURN OF SPONTANEOUS CIRCULATION (ROSC)

☐ Returned at: ___:___ ☐ Never achieved
☐ Unsustained ROSC: ☐ < 20 min ☐ > 20 min

CPR STOPPED AT: ___:___

WHY: ☐ ROSC ☐ DNAR ☐ Considered futile ☐ Death

PATIENT DISPOSITION:

9. EVENT TIMES

(Times are required to calculate the American Heart Ass'n and European Resuscitation Council In-hospital chain of survival.)

	HOUR	MIN
Collapse / Arrest Onset:		
CPR Started:		
1st Defibrillation:		
Airway Achieved:		
1st Dose Epinephrine:		

Code Team Called: ☐ Yes ☐ No Time: ___:___

Code Team Arrived: ☐ Yes ☐ No Time: ___:___

10. GLASGOW COMA SCALE

(Post-resuscitation)
Circle appropriate scores, then total.

EYE OPENING
4 - Spontaneously
3 - To voice
2 - To pain
1 - No response

VERBAL RESPONSE
5 - Oriented, converses
4 - Disoriented, converses
3 - Inappropriate responses
2 - Incomprehensible sounds
1 - No response

MOTOR RESPONSE
6 - Obeys verbal commands
5 - Localizes painful stimulus
4 - Withdraws from pain stimulus
3 - Flexion, decorticate posturing
2 - Extension, decerebrate posturing
1 - No movement

SCORE: _____

PATIENT IDENTIFICATION

AGE: _____
GENDER: _____
HEIGHT (in): _____
WEIGHT (lbs): _____

MEDCOM FORM 679-R (TEST) (MCHO) AUG 99 PREVIOUS EDITIONS ARE OBSOLETE MC V2.00

MEDCOM - 22405

Admission and Coding Information

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

1. Reporting MTF	2. MT[illegible]atio..	
(b)(2)2 [redacted]	IZ	

3. Register Number	Name (Last, First, MI)	4. Pay Grade	5. Sex
(b)(6)4 [redacted]	[redacted] (b)(6)4	FGN	M

6. DoB (YYYYMMDD)	7. Age at Admission	8. Race	9. Ethnicity	Religion
1979-01-01	24Y	X	9	

10. Length of Service	ETS	11. FMP	12. Social Security Number	(b)(6)4
		99	[redacted]	

Organization (Active Duty Only)	13. Marital Status	Hour of Admission	Branch / Corps:
		12:51	

14. Flying Status	15. Beneficiary Category	16. Zip Code of Residence:
	K78-PRISONER OF WAR/INTERNEES	

17. Unit Location	18. MOS	19. Trauma	Prev. Admission
		BC	NO

20. Source of Admission	Ward:	Name / Relationship of Emergency Addressee
Direct from ER	ICU2	Address of Emergency Addressee

Name and Location of Medical Treatment Facility:	Telephone Number of Emergency Addressee
b2-2 0580 - [redacted]raq; No Install Provided	

21. Type of Disposition	22. MTF Transferred To	23. Date of Disposition (YYYYMMDD)
EXPIRED		2003-11-10

24. Clinic Svc - Admitting	25. MTF Transferred From	26. Date this Admission (YYYYMMDD)
ABA - GENERAL SURGERY		2003-10-27

27. Location of Occurrence	28. MTF of Initial Admission	29. Date of Initial Admission
		2003-10-27

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: S/P L AKA, R LOWER LEG FASCHIOTOMY, L CHEST WALL DEBRIMENT

Procedure Narrative(s):

Dx: 8911
E993
8629
7070

Rx: 3893(x3)
9670
96604

Cause of Injury Narrative:

Blood

Injury 1

Trauma 450

(b)(6)2 [redacted]

Admitting Officer (Signature, as r[redacted]

Automated Facsimile - DA FORM 2985, MAR 2000 MEDCOM - 22406

Automated Facsimile

INPATIENT TREATMENT RECORD COVER SHEET

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

1. Register Nbr [redacted]	2. Name [redacted]		3. Grade FGN	Admission Remarks

b)(6)4

4. Sex M	5. Age 34Y	6. Race X	7. Religion MUSLIM	8. LnthOfSvc	9. ETS	10. PrevAdm NO

11. FMP 99 20	12. SSN [redacted]	13. Organization	14. Ward ICU1

15. FlyStatus	17. Dept / Ben K78-PRISONER OF WAR/INTER	18. BranchCorps	19. UIC / ZIP	20. Type Case BC

21. Source of Admission Direct from ER	22. Hour Of Adm: 17:38	23. Clinic Service ABA - GENERAL SURGERY
24. Name/Relation of Emergency Addressee	25. Type Disp EXPIRED	26. Date of Disp 2003-10-30

27a. Address of Emergency Addressee	27b. Telephone No	28. Date This Adm: 2003-10-30	AdmittingOfficer: LOWERY

(b)(2)2

29. ReportingMTF [redacted]	30. Date Init Adm 2003-10-30	32. Units Blood Components

31. Selected Administrative Data

Marital Status: Z   DoB: 1969-05-20

In/Out Patient: Inpatient   MOS:

33. Cause Of Injury: GUNFIGHT WITH OTHER IRAQIS

34. Diagnosis / Operations and Special Procedures:

MULTI GSW TO R THIGH

Trauma 9   ISS 569

DX: 8771 80813 8911 82110 82392 95919 E9912

PX: 8085 543 7965 7966 7936 9963

Blood Y

Cause Death #1

Auth N

35. Total Days This Facility

Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days
Ø	Ø	Ø	Ø	1	1

35. Total Days This Facility

Absent Sick D[redacted]	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days

Signatu[redacted]	S[redacted]r Medical Records Officer

Automa[redacted] May 79   (b)(6)2

MEDCOM - 22407

ACLU-RDI 1666 p.167

DOD-035983

MEDICAL RECORD	ABBREVIATED MEDICAL RECORD

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION *(Enter date of admission)*

39yo IRAQI Detainee s/p GSW (R) Buttocks/(R) Hip. Arrived to [redacted] (b)(2) 2
EMT Section conscious And oriented c tachycardia And Subsequent Hypotension
R treatment Emergent intubation And fluid/Blood Resuscitation -
Received 4U PRBC ~~And note~~ Noted c massive defect (R) Buttock -
And accompanying hemorrhage.

PHYSICAL EXAMINATION P 120 BP 90/60 RR 20

HEENT PERRLA, NCAT
Lungs CTA (B)
Cor RRR c tachycardia
Abd non distended & R/G/Rost
(R)LE → unstable (c Extensor Rotation) c 40 cm defect (R) thy (Ant-Posterior)

RAD Emt FAST → & free fluid Abd/Pelvis
CXR & Pneumothorax
Pelvis XR fx (R) wing Multiple fragments
LABS (P)

PROGRESS *(Enter date of discharge and final diagnosis)*

Imp GSW c Hemorrhage - unstable
Plan immediate surgical exploration

(b)(6) 2

[redacted] MD.

	DATE	IDENTIFICATION NO	ORGANIZATION
	30 OCT 03		

(For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.	WARD NO.

PT [redacted] (b)(6) 4

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1975
USAPPC V1 00

MEDCOM - 22408

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **PROGRESS NOTES**

DATE	NOTES
30 OCT ~~0215~~ 2115	Patient arrived via stretcher from OR. Transfered to bed @ 2115. Epinephrine started @ 5mcg/min. BP 85/53, HR 133, T 98.1, Vent AC 14, TV 800, PEEP 5, FiO2 100%, ETT in place; secure, 22cm. Epi ↑ to 7mcg/min BP 71/46 @ 2125. Epi ↑ to 10mcg/min, BP 40/21. BP continued to fall, patient max out on epi @ 10mcg/min. Pupils noted to be 5mm and fixed @ 2200. Patient HR ↓ to 0 and BP to 0 @ 2202, Pronounced dead @ 2205 by physician. [redacted] LT AD China Master Notified, body prepared per protocol and transported to morgue @ 2240. [redacted] LT AD (b)(6) 2

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

[redacted] (b)(6) 4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 6/199
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1
USAPA V1.0

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | PROGRESS NOTES

DATE | NOTES

BRIEF OF NOTE

30 OCT 03 2118

Pre-op Dx: GSW (R) Hip, MASSIVE Hemorrhage, fx (R) Pelvis/Proximal femur

Post-op Dx: SAA

Procedure: (1) Exploration/Debridement (R) HIP wound + packing (2) EXLAP ± ABD PACKING (3) (R) MID TIBIA Pin Placement + TRACTION (4) (R) HIP (PELVIS) STABILIZATION ± ~~Post~~ Screw

IVF 1300 RL FFP 5 U PRBC 11 Whole Blood 2U 25% ALB - 100

PLTC: 60000 U.O Ø

b6 2

SURG [redacted] (GS) [redacted] (GYN) [redacted] (ORTHO)

Anesthesia CRNA Anesthetist [redacted], MD. [redacted] CRNA

OR Findings: multiple fx (R) Pelvis, (R) proximal Femur ± destruction of Acetabulum; MASSIVE Hemorrhage via (R) HIP wound - Multiple copper fragments c/w small ARMY Ammunition. EXLAP ± c/o Bowel/Bladder or other intra ABD injury; ± Hematoma Retroperitoneal & pre sacral region. Ø gross Bleeding or injury to (R) Pelvic vessels. Liver/Spleen intact

Complications intraoperative c/o COAGULOPATHY -

PROCS: ± cont'd Bleed despite intraop intervention - HIP & ABD Packed ± ABD closed. ± POST OP (immediate) continued oozing + Hypoth/Anticoagulation.

Disp: Rev

(b)(6) 2

[redacted] MD

[redacted] LTC MC

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

DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

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

Pt [redacted] (b)(6)4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
30 OCT 03	Death note
2210	Pt ↓ cont'd hemorrhage. Noted ↓ cardiac Rhythm on continuous monitoring ↓ BS on Auscultation. ↓ Reported to PMIN. Pupils Non Reactive.
	Time of Death 2205
	[redacted] MD (b)(6) Z
	CTC MC

STANDARD FORM 509 (REV. 5/1999) BAC
USAPA V1

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	144	138-146 mmol/dL
K	4.0	3.5-4.9 mmol/L
CI		98-109 mmol/L
pH	6.999	7.31-7.45
PCO2	40.4	35-45 mmHg (art) 41-51 mmHg (ven)
PO2	259	80-105 mmHg (art) N/A (ven)
TCO2	12	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	11	22-26 mmol/L (art) 23-28 mmol/L (art)
SO2	100	95-98%
BEecf		(-2) - (+3) mmol/L
AnGap		10-20 mmol/L
Ca	0.95	1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct	12	38-51% PCV
Hgb	4	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
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^{++}		8.0-10.3 mg/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 /l (M) 30-190 /l (F)
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO2		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 nunol/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.:

[redacted] (6)(6)4

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

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x10
RBC		4.7-6.1 x10
Hgb		14-18 g/dl(M) 12-16 g/dl(F)
Hct		42-52%(M) 37-47%(F)
MCV		80-94 fi(M) 81-99 fi(F)
Plt		130-500 x10³ 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)
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

CSF

Cell Count			
Directigen		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

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.:

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	141	138-146 mmol/dL
K	5.2	3.5-4.9 mmol/L
CI		98-109 mmol/L
pH	6.907	7.31-7.45
PCO2	42.3	35-45 mmHg (art) 41-51 mmHg (ven)
PO2	125	80-105 mmHg (art) N/A (ven)
TCO2	11	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	9	22-26 mmol/L (art) 23-28 mmol/L (art)
SO2	96	95-98%
BEecf	-24	(-2) - (+3) mmol/L
AnGap		10-20 mmol/L
Ca	0.83	1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct	16	38-51% PCV
Hgb	5	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
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^{++}		8.0-10.3 mg/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 /l (M) 30-190 /l (F)
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO2		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/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.:
[redacted] (6)(6)2	300403	

EG7/CBC

FIO2 40%

Ward/Section: OBC	REQUESTING PHYSICAN: [redacted] (b)(6)2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST,MI. [redacted] (b)(6)4	DATE 30 Oct 03	TIME 1915	SSN/PEEUDO SSN:

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	*RESULT*	*REF. RANGE*	*TEST*	*RESULT*	*REF. RANGE*	*TEST*	*RESULT*	*REF. RANGE*
WBC		4.8-10.8 x10	Color		N/A	RPR		Negative
RBC		4.7-6.1 x10	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 fi(M) 81-99 fi(F)	Ket		Negative	Gram Stain		
Plt		130-500 x10³ 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	Macroscopic Urinalysis		
RBC Morph				HCG		Negative			

Spun Hematocrit		42-52%(M) 37-47%(F)	CSF			Blood Bank	
Set 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 WITHE EVERY UNIT OF BLOOD REQUESTED)		
TEST	*RESULT*	*REF. RANGE*	*UNIT*	*TYPE*	*CROSSMATCH*
PT		9.8-13.6 secs			
APTT		21-34 SESS			
D dimer		<20 ug/ml			
FDP		< 10 ug /ml			

REMARKS:		
REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section:	REQUESTING PHYSICIAN:	CHEMISTRY 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 (a 41-51 mmHg (ve
PO2		80-105 mmHg (ar N/A (ven)
TCO2		23-27 mmol/L (ar 24-29 mmol/L (ve
HCO3		22-26 mmol/L (ar 23-28 mmol/L (ve
sO2		95-98%
BEecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmo
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. RANG
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(6)(6)4

======= PICCOLO =======
30/10/03 17:56
REFERENCE RANGE: MALE
PATIENT #: [redacted]
GENERAL CHEMISTRY 12
DISC LOT #: 3204AA1
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	2.0*	3.3-5.5	G/DL
ALP	43	26-84	U/L
ALT	55*	10-47	U/L
AMY	38	14-97	U/L
AST	52*	11-38	U/L
TBIL	0.5	0.2-1.6	MG/DL
BUN	11	7-22	MG/DL
CA++	7.7*	8.0-10.3	MG/DL
CHOL	92*	100-200	MG/DL
CRE	1.6*	0.6-1.2	MG/DL
GLU	506*	73-118	MG/DL
TP	4.1*	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

======= PICCOLO =======
30/10/03 17:58
REFERENCE RANGE: MALE
PATIENT #: [redacted]
METLYTE 8
DISC LOT #: 3151AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

(6)(6)2

GLU	505*	73-118	MG/DL
BUN	10	7-22	MG/DL
CRE	1.9*	0.6-1.2	MG/DL
CK	481*	39-380	U/L
NA+	120*	128-145	MMOL
K+	3.5	3.3-4.7	MMOL
CL-	94*	98-108	MMOL
tCO2	12*	18-33	MMOL

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

REMARKS:

(6)(6)2

REPORTED BY:	DATE:	LAB ID NO.:
[redacted]	30 OCT 03	

(b)(6)2

Ward/Section: EMT	REQUESTING PHYSICIAN: [redacted]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted] (b)(6)4	DATE: 30 Oct 03	TIME: 1750
		SSN/PSEUDO SSN: [redacted] (b)(6)4

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10^3
RBC		4.7-6.1 x 10^6
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	Yellow	N/A
App	Clear	N/A
Glu	Neg	Negative
Bili	Neg	Negative
Ket	Neg	Negative
SG	1.030	N/A
Bld	Small	Negative
pH	5.0	N/A
Prot	100	Negative
Urob	0.2	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

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

REMARKS:

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

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

AS IF Large frag Synthes Set CMS # 033000 1 — 6.5mm Screws 90mm x1 — Washer x1 — K-wire Set CMS # 033000 5 3/16 x1

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
QuickClot	QS	1710	in wound	[redacted]	[redacted] (b)(6) Z

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

OTHER ORDERS	TIME	CARRIED OUT BY
none		

PHYSICIAN'S S[redacted] (b)(6) Z

15. X-RAY IN[redacted]OOM IF YES, SITE

YES ☐ [redacted]O ☒

16. [redacted]BORATORY 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, ABD, Tape

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

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

19. ADDITIONAL INFORMATION

surgeon: [redacted] 66-2

anesthesia: [redacted]

~~16~~ ~~21~~ 18 Laps packed in (R) pelvis area + abdomen

20. OPERATION(S) PERFORMED

I+D Pelvis / Hip wound, Ex dags (Exploration)

Traction Pinning (R) Tibia

21. PATIENT TRANSFERRED TO: ICU, TIME: see DA 7389 METHOD: litter

22. REGISTERED NURSE SIGNATURE [redacted] CPT/HN [redacted] (b)(6) Z

REVERSE OF DA FORM 5179-1, OCT 87 MEDCOM - 22418 USAPA V1.00

MEDICAL RECORD — INTRAOPERATIVE [illegible] CUMENT

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

1. PATIENT TRANSPORTED TO OPERA[illegible] VIA litter BY anesthesia

2. PATIENT IDEN[illegible] VERIFIED BY CPT [redacted] RECORD REVIEWED AND PROCEDURE (b)(6) z

3. DATE 30 Oct 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME 1814 NUMBER 6

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: EMERGENCY CASE s/p GSW

6. NURSING PERSONNEL

ASSIGNED SCRUB	PFC [redacted] (b)(6) z	RELIEF SCRUB	PFC [redacted] (1930-EOC) SPC [redacted] (1930-2000)
ASSIGNED CIRCULATOR	CPT [redacted] 1LT [redacted] (out @ 1920)	RELIEF CIRCULATOR INT[illegible]	

7. POSITION AND POSITIONAL AIDS (Specify)

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

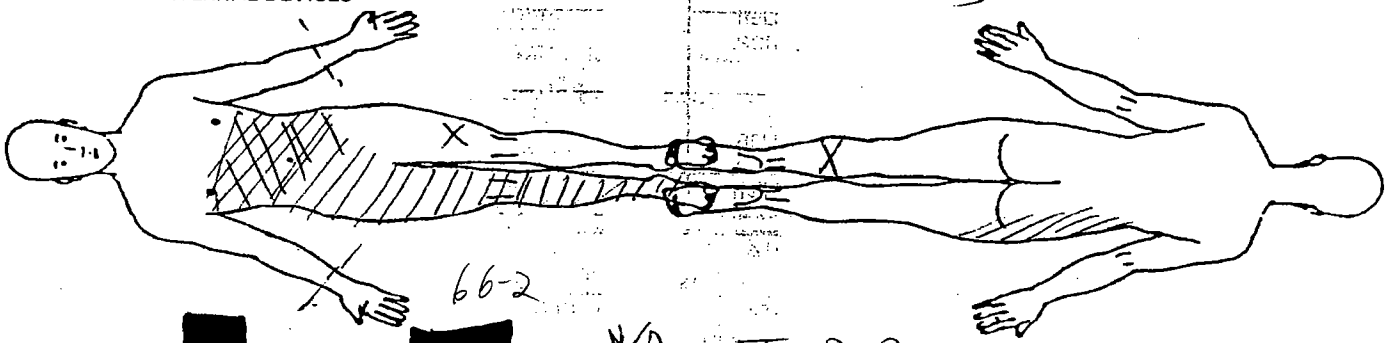
COMMENTS: Normal anatomic body alignment maintained

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: Abd / (R) leg BY WHOM: [redacted]
SITE: Abdomen BY WHOM: [redacted]
COMMENTS: No pooling or adverse reaction 66-2

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety [redacted] N/A = = = Tourniquet [illegible] = PREP

Initial: PFC [redacted] CPT

10. COUNTS — C = Correct I = Incorrect Initial = Correct

			Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☒ Yes	☐ No	/	C	C	[redacted]	
Needle Sharp	☒ Yes	☐ No	/	C	C		
Instrument	☐ Yes	☐ No	/	C	C		
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)(6) z
30 Oct 03

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

30130-745145

☒ ESU NO: Valleylab Force 40 RRE105305
GROUND PAD: BRAND VL Rem Polyhesive II
LOT NO: 65706 2004-11

☐ 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 - 22419

ID: [redacted] 30-10-03
WB 17:53

				Patient Limits
WBC	20.5	H	x10^3/uL	4.5 10.5
RBC	2.50	L	x10^6/uL	4.00 6.00
Hgb	7.5	L	g/dL	11.0 18.0
Hct	22.9	L	%	35.0 60.0
MCV	91.8		fL	80.0 99.9
MCH	30.0		pg	27.0 31.0
MCHC	32.6	L	g/dL	33.0 37.0
Plt	456.	H	x10^3/uL	150. 450.
LY%	24.4	*	%	20.5 51.1
LY#	5.0	*H	x10^3/uL	1.2 3.4

ID: [redacted] 30-10-03
WB 17:53

				Patient Limits
WBC	20.5	H	x10^3/uL	4.5 10.5
RBC	2.50	L	x10^6/uL	4.00 6.00
Hgb	7.5	L	g/dL	11.0 18.0
Hct	22.9	L	%	35.0 60.0
MCV	91.8		fL	80.0 99.9
MCH	30.0		pg	27.0 31.0
MCHC	32.6	L	g/dL	33.0 37.0
Plt	456.	H	x10^3/uL	150. 450.
LY%	24.4	*	%	20.5 51.1
LY#	5.0	*H	x10^3/uL	1.2 3.4

(b)(6)4

ID: [redacted] 30-10-03
WB 19:27

				Patient Limits
WBC	15.4	H	x10^3/uL	4.5 10.5
RBC	2.28	L	x10^6/uL	4.00 6.00
Hgb	6.8	L	g/dL	11.0 18.0
Hct	21.6	L	%	35.0 60.0
MCV	94.4		fL	80.0 99.9
MCH	29.6		pg	27.0 31.0
MCHC	31.4	L	g/dL	33.0 37.0
Plt	53.	*L	x10^3/uL	150. 450.
LY%	30.7	*	%	20.5 51.1
LY#	4.7	*	x10^3/uL	1.2 3.4

ID: [redacted] 30-10-03
WB 19:50

				Patient Limits
WBC	7.1		x10^3/uL	4.5 10.5
RBC	2.06	L	x10^6/uL	4.00 6.00
Hgb	5.8	L	g/dL	11.0 18.0
Hct	18.6	L	%	35.0 60.0
MCV	90.1		fL	80.0 99.9
MCH	28.2		pg	27.0 31.0
MCHC	31.3	L	g/dL	33.0 37.0
Plt	33.	*L	x10^3/uL	150. 450.
LY%	32.7		%	20.5 51.1
LY#	2.3		x10^3/uL	1.2 3.4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/30/03 19:55

Patient ID: [redacted]
Test Name :PT
Test Result:= 40.8 sec.
RESULT OUT OF RANGE
Ratio = 3.3
Calculated INR = 7.07
Sample Type:citrated wh. blood
Test Date :10/30/03
Test Time :19:52
Card Lot :080201
Operator : [redacted] (b)(6)2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/30/03 20:02

Patient ID: [redacted]
Test Name :APTT
Test Result:=202.9 sec.
RESULT OUT OF RANGE
Sample Type:citrated wh. blood
Test Date :10/30/03
Test Time :19:55
Card Lot :[illegible]
Operator : JJ

MEDCOM - 22420

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)	Entries	TOTALS
Scopolamine ( )	0.4	
( )		
Epinephrine (mg)	0.1/0.1/0.3/[1mg] x x x x x x x x x x xxxx	
CaCl (1amp)	x x x x x	
Vec ( )	10	
HCO3 (1amp)	x x x x	
VOLAT AGENT % del		
% e.t.		
AIR L/Min		
N2O L/Min		
O2 L/Min	2 2 2 2 2 2 2 2 2 2 2 2	

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS

TOTAL EBL: 6000

TOTAL URINE: —

FLUIDS - SUMMARY

CRYSTALLOID- 13 Liters

COLLOID- 25% Albumin X2

BLOOD- 11 PRBC's 3 units whole

FLUIDS

LINE site LIJ (R) A ☐ Warmed — #2

(R) SC cordis ☒ Warmed — #1 — #4 Alb 25% 200ML

PIV (L) A ☐ Warmed — 3

☐ Warmed PRBCs 1-2/34

LOSSES

EST BLOOD LOSS: 4500 … 5500/6000

URINE -

PHYS STATUS: 1 (2) 3 4 5 (E)

BODY WEIGHT: 80 (KG) LB

HEMATOCRIT: 22

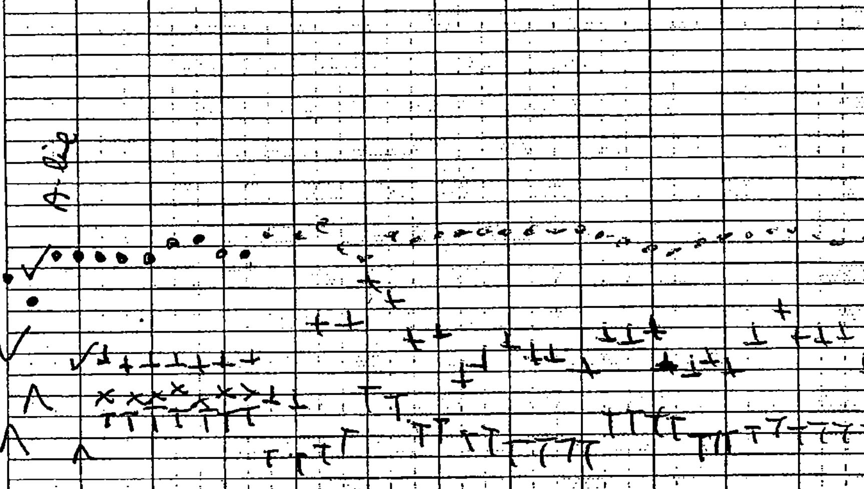
INITIAL DATA: BP- 69/134; HR- 102

EQUIP CHECK: OK?- (Y) N

PATIENT RECHECK: OK for PROCEDURE? JR; TIME- 1800

TIME → 1815 30 45 1900 . 30 . 2000 . 30 45 2100

SYMBOLS: BP by cuff V Λ; Heart rate ●; Resp rate; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-⊘



VENTIL

	1815	30	45	1900	.	30	.	2000	.	30	45	2100
VT - ml	—	610	630	640	630	660	830	840	810	810	830	810
f - breaths/min	—	12	12	12	12	12	12	12	12	12	12	12
Peak Inf pres / PEEP	—	18	18	20	20	30	20	20	20	20	26	25
MODE - S(pon), A(ssist), C(on)	C	C	C	C	C	C	C	C	C	C	C	C

MONITORS/ACCESSORIES

☒ BP/Auto Cuff; ☒ BP/oth; ART line; Steth- PC/ES; Gas analyzer; ☒ Warming blkt; Conv warmer

	1815	30	45	1900	.	30	.	2000	.	30	45	2100
☒ ET CO2 (torr)	+	27	25	30	32	32	20	28	21	24	24	26
☒ FIO2 (Frac or %)	+	0.4	0.4	0.4	.4	.8	.87	.87	.92	.91	.92	.92
☒ SpO2 (%)	+	100	100	100	100	100	100	100	100	100	100	100
☒ ECG	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST
☒ TEMP-site Nasal			32.7	32.7	32.9	33.1	33	32.8	32.7	32.7	32.6	32.5
N-M Block (T/4)												

Mark with letters & symbols, explain under REMARKS — EVENTS Position → Prone

REMARKS

Code drugs with numbers, events with letters

(1) OR emergently for bleeding. PRBC's infused en-route. poor monitors O2 A-line placed Phenylephrine [illegible] + Epinephrine IV TTE to ABP. Epinephrine 0.1mg IV TTE to ABP PRBC's — #1 + #2 in OR

[redacted] CRNA

Pt instable on 40-50 systolic Epi titrated to effect. Blood infusion/HCO3/CaCl To ICU #1. Report to Lt [redacted] Epi enroute [illegible]

(b)(6)-2

RECOVERY AT: 2115

PACU (ICU) #1 (Specify)

OTHER

CONDITION: RESP- Vent; SpO2- 100; BP- 85/[illegible]; HR- 133

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1800	1814	

	Ready	Begin	End
PROC	1830	1840	2105

PROCEDURES and OPT Codes: Traction (R) LE BIA exploration/debridement L hip/pelvis wound exp laparotomy

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: GETA

IN EMT. RSI c Crick

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: DLx1 miller 3 grade I view 8.0 styletted @ teeth; +BBS + sust ETCO2 OETT 22

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility

[redacted] (b)(6)4

SURGEONS: [redacted] (b)(6)2

PROCEDURE LOCATION: 1

DATE: 30 Oct 03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 — PATIENT'S MEDICAL RECORD — USAPA V1.00

MEDCOM - 22421

1263528 1840 #3 1263516 [illegible] 1926 #4363242 2018 #43632 #12634

ACLU-RDI 1666 p.181

DOD-035997

EMERGENCY RELEASE OF BLOOD COMPONENTS

SECTION I - REQUISITION

COMPONENTS REQUESTED (Check One)

☒ RED BLOOD CELLS (Crossmatch not performed)

☐ OTHER (Specify) _____

☐ THE FOLLOWING TESTS HAVE NOT BEEN PERFORMED:

ALANINE AMINOTRANSFERASE | RETROVIRUS TESTS
CYTOMEGALOVIRUS TEST | SYPHILIS SEROLOGY TEST
HEPATITIS TESTS

DUE TO THE CRITIC[redacted]ITION OF THE BELOW NAMED PATIENT, I REQUEST THE IMMEDIATE RELEASE OF THESE BLOOD PRODUCTS FOR TR[redacted] WITHOUT COMPLETE TESTING. I UNDERSTAND THE INCREASED RISK TO THE PATIENT AND ACCEPT RESPO[redacted]R THE ADMINISTRATION OF THIS TRANSFUSION.

PHYSICIAN'S SIGN [redacted] (b)(6)2 DATE 30 Oct 03

SECTION II - ISSUE/TRANSFUSION DATA

TRANSFUSION NUMBER | RECIPIENT ABO/Rh | INSPECTED AND IS[redacted] | INDIVIDUA[redacted]

AT (Hour) 1751 | ON (Date) 30 Oct 03

UNIT NUMBER	ABO/Rh	1ST VERIFIER (Signature)	2D VERIFIER (Signature)	DATE/TIME STARTED	DATE/TIME COMPLETED	AMOUNT GIVEN	REACTION YES/NO
277628	O POS	[redacted]	[redacted]	30 Oct 03 1755	1759	1 U	NO
4363211	O POS	[redacted]	[redacted]	30 Oct 03 1800	1804	1 U	NO

IDENTIFICATION VERIFICATION

The transfusionist (1st Verifier) must examine the blood bag label, tag and emergency release form to ensure that it matches the patient's name or trauma number on his/her ID bracelet. He/She must sign the emergency release form in the "1st Verifier" block above to indicate that the correct patient identification was made and to document who started the transfusion. The SECOND individual (2d Verifier) must confirm that positive identification of the patient and the blood unit was made by the transfusionist and must sign the form in the "2d Verifier" block.

TRANSFUSION REACTION

If reation is SUSPECTED - IMMEDIATELY:

1. Discontnue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. DO NOT disgard unit. Return Blood Bag, Filter Set and I.V. solution to the Blood Bank.

Description ☐ URTICARIA ☐ CHILL ☐ FEVER ☐ PAIN ☐ OTHER _____

OTHER DIFFICULTIES (EQUIPMENT, CLOTS, ETC.) ☐ NO ☐ YES (SPECIFY) _____

(b)(6)2

PRE-TRANSFUSION TEMP: 99° PULSE: 99 B/P: 84/60

SIGNATURE OF PERSON NOTING ABOVE [redacted]

PREPARED BY (S[redacted] WARD Em[redacted] DATE 30 OCT 03

P[redacted] SSN)

Iraqi [redacted] (b)(6)4

One copy is placed in the medical records. One copy is return to the blood bank. Red, Purple or Pink top should be drawn and submitted to lab for retroactive crossmatch.

MEDCOM - 22422

EMERGE / RELEASE OF BLOOD C PONENTS

SECTION I - REQUISITION

COMPONENTS REQUESTED (Check One)

☒ RED BLOOD CELLS (Crossmatch not performed)

☐ OTHER (Specify) _____

☐ THE FOLLOWING TESTS HAVE NOT BEEN PERFORMED:
ALANINE AMINOTRANSFERASE · RETROVIRUS TESTS · CYTOMEGALOVIRUS TEST · SYPHILIS SEROLOGY TEST · HEPATITIS TESTS

DUE TO THE CRITICAL CONDITION OF THE BELOW NAMED PATIENT, I REQUEST THE IMMEDIATE RELEASE OF THESE BLOOD PRODUCTS FOR TRANSFUSION WITHOUT COMPLETE TESTING. I UNDERSTAND THE INCREASED RISK TO THE PATIENT AND ACCEPT RESPONSIBILITY FOR THE ADMINISTRATION OF THIS TRANSFUSION.

PHYSICIAN'S [redacted] DATE 30 Oct 03

(b)(6)2

SECTION II - ISSUE/TRANSFUSION DATA

TRANSFUSION NUMBER | RECIPIENT ABO/Rh | INSPECTED AND ISSUED BY (Signature) [redacted] | IN [redacted]

AT (Hour) 1805 (b)(6)2 | ON (Date) 30Oct03 (b)(6)2

UNIT NUMBER	ABO/Rh	1ST VERIFIER (Signature)	2D VERIFIER (Signature)	DATE/TIME STARTED	DATE/TIME COMPLETED	AMOUNT GIVEN	REACTION YES/NO
1263508	O POS	[redacted]		1809	30Oct03 1825	all	NO
1263510	O POS			1809	30Oct03 1825	all	NO

(b)(6)2

IDENTIFICATION VERIFICATION

The transfusionist (1st Verifier) must examine the blood bag label, tag and emergency release form to ensure that it matches the patient's name or trauma number on his/her ID bracelet. He/She must sign the emergency release form in the "1st Verifier" block above to indicate that the correct patient identification was made and to document who started the transfusion. The SECOND individual (2d Verifier) must confirm that positive identification of the patient and the blood unit was made by the transfusionist and must sign the form in the "2d Verifier" block.

TRANSFUSION REACTION

If reation is SUSPECTED - IMMEDIATELY:

1. Discontnue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. DO NOT disgard unit. Return Blood Bag, Filter Set and I.V. solution to the Blood Bank.

Description ☐ URTICARIA ☐ CHILL ☐ FEVER ☐ PAIN ☐ OTHER _____

OTHER DIFFICULTIES (EQUIPMENT, CLOTS, ETC.) ☐ NO ☐ YES (SPECIFY) _____

PRE-TRANSFUSION TEMP: 3 PULSE: B/P:

SIGNATURE OF PERSON NOTING ABOVE

PREPARED BY (Signature & Title)

WARD

DATE

PATIENT'S IDENTIFICATION (NAME- LAST [redacted] SSN)

[redacted]

(b)(6)4.2

[redacted]

One copy is placed in the medical records. One copy is return to the blood bank. Red, Purple or Pink top should be drawn and submitted to lab for retroactive crossmatch.

MEDCOM - 22423

518–123

NSN 7540–00–634–4158

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 Oct 2003

DATE AND HOUR REQUIRED

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: Mutiple 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]

DATE VERIFIED: 30 Oct 2003

TIME VERIFIED

(b)(6)2

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Compatible

PREVIOUS RECORD CHECK:
- [ ] RECORD
- [X] NO RECORD

SIGNATURE OF P[redacted] TEST: [redacted]

DONOR
ABO O
Rh POS

RECIPIENT
ABO O
Rh POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 OCT 03

REMARKS:
EXP 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INS[redacted]

AT *(Hour)* 1843

ON *(Date)* 30 OCT 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 recipi[redacted] is the same person named on this Blood Component Transfusion Form and on the pat[redacted]

1st VER[redacted]

2nd [redacted]

PRE-T[redacted]FUSION
TEMP 32.3 | PULSE 123 | BP

DATE OF TRANSFUSION: 30 OCT 03

TIME STARTED: 1840

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first rate; hospital or medical facility)

[redacted] (b)(6)4

(b)(6)2

POST-TRANSFUSION DATA

AMOUNT GIVEN: all ML

TIME/DATE COMPLETED/INTERRUPTED: 30 Oct 03 1850

REACTION
- [X] 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.)*
- [X] NO
- [ ] YES *(Specify)*

SIGNATURE O[redacted]

(b)(6)2

SEX M

WARD [redacted]

BLOOD OR BLOOD COMPONENT TRANSFUSION
Medical Record

STANDARD FORM 518 (REV. 9–92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201–9.202–

MEDCOM - 22424

NSN 7540-00-634-4158

518-123

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 Oct 2003
DATE AND HOUR REQUIRED

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
Multiple 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 VERIFIED 30 Oct 2003

TIME VERIFIED 1738

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Compatible

PREVIOUS RECORD CHECK:
- [ ] RECORD
- [X] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST
[redacted] (b)(6)

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Oct 03

DONOR	RECIPIENT
ABO O	ABO O
Rh POS	Rh POS

REMARKS:
EXP 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED *(Signature)* [redacted]

AT *(Hour)* 1853 ON *(Date)* 30 Oct 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 the Component Transfusion Form and on the patient identification tag.

1st V[redacted]

2nd [redacted]

PRE-TRANSF[redacted]

TEMP. [redacted] PULSE 115 BP 60/40

DATE OF[redacted]ON 30 TIME STARTED 1850

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—La[redacted] rank; rate; hospital or medical facility)

[redacted] (b)(6)4

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML

TIME [redacted]PTED

REACTION
- [ ] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
32.7	115	60/40

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)*

(b)(6) 2

OTHER DIFFICULTIES *(Equipment [redacted])*

SEX	WARD
M	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 - 22425

NSN 7540-00-634-4158

518-123

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 Oct 2003

DATE AND HOUR REQUIRED

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

Multiple 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 VERIFIED 30 Oct 2003

TIME VERIFIED 1738

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION	
ANTIBODY SCREEN	CROSSMATCH
NA	Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [X] NO RECORD

SIGNATURE [redacted]

DONOR	RECIPIENT
ABO O	ABO O
Rh POS	Rh POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Oct 03

REMARKS:

BXP 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

[redacted]

AT *(Hour)* 1843 ON *(Date)* 30 Oct 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

2nd [redacted]

PRE-TRANSFUSION

TEMP. 37.3 PULSE 123 BP 61/42

DATE OF TRANSFUSION 30 Oct 03

TIME STARTED 1843

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, First, Middle Initial; Service Number; Rank or Grade; Hospital or Medical Facility)

[redacted] (b)(6)4

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML

TIME/DATE COMPLETED/INTERRUPTED 1855 30 Oct 03

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
[X] NONE [ ] SUSPECTED			

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)*

SIGNATURE [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-

MEDCOM - 22426

NSN 7540-00-634-4158

518-123

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 Oct 2003

DATE AND HOUR REQUIRED

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: Multiple 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]

DATE VERIFIED 30 Oct 2003

TIME VERIFIED 1738

(b)(6)2

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Compatible

PREVIOUS RECORD CHECK:
- [ ] RECORD
- [X] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Oct 03

DONOR	RECIPIENT
ABO O	ABO O
Rh POS	Rh POS

REMARKS: BXP 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)* [redacted] ON *(Date)* 30 Oct 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 [redacted] identification tag.

1st V[redacted]nature) [redacted]

2nd V[redacted]nature) [redacted]

PRE-TRANSFUSION TEMP. 32.7 | PULSE 115 | BP 62/43

DATE OF TRANSFUSION 30 Oct 03 | TIME STARTED 1855

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, [redacted]rade; rank; rate; hospital or medical facility)

[redacted] (b)(6)4

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML

TIME/DATE COMPLETED/INTERRUPTED 30 Oct 03 1905

REACTION
- [X] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
32.7	115	60/40

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)*

SIGNATURE OF PERSON NOTING ABOVE [redacted] (b)(6)2

SEX

(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

MEDCOM - 22427

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 oct 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]

DIAGNOSIS OR OPERATIVE PROCEDURE: sp 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: original

DATE VERIFIED

TIME VERIFIED

(b)(6)2

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
NA	Comp

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: ex 30 OCT 03

PREVIOUS RECORD CHECK:
- [X] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted]

DATE: 30 OCT 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND [redacted]

AT *(Hour)*: 1909 *(Date)*: 30 OCT 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 VERI[redacted]

2nd VERIFIER [redacted]

PRE-TRA[redacted]

TEMP. 32.9 | PULSE 128 | BP 43/20

DATE OF TRANSFUSION: 30 OCT 03

TIME STARTED: 1913

(b)(6)2

POST-TRANSFUSION DATA

AMOUNT GIVEN: all ML

TIME/DATE COMPLETED/INTERRUPTED: 30 OCT 03 1920

REACTION
- [ ] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
32.9	128	69/37

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: [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

[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 - 22428

Medical Record Copy

NSN 7540-00-634-4159

518-124

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

DATE AND HOUR REQUIRED

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: 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 OF VERIFIER: SBB

DATE VERIFIED: 30 Oct 03

TIME VERIFIED: 1918

(b)(6) 2

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
NA	Comp

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

PREVIOUS RECORD CHECK:
- [ ] RECORD
- [X] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted]

DATE: 30 Oct 03

REMARKS: EXP 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

[redacted]

AT *(Hour)*: 1918

ON *(Date)*: 30 Oct 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]

2nd VERIFIER *(Signature)*: [redacted]

(b)(6) 2

PRE-TRANSFUSION: TEMP. [redacted] | PULSE 115 | BP 60/30

DATE OF TRANSFUSION: 30 Oct

TIME STARTED: 1921

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; hospital or medical facility)

[redacted] (b)(6) 4

POST-TRANSFUSION DATA

AMOUNT GIVEN: 2U ML

TIME/DATE COMPLETED/INTERRUPTED: 1927

REACTION: [X] NONE [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
32.9	115	70/47

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.)*
- [ ] NO
- [ ] YES *(Specify)*

SIGNATURE OF PERSON NOTING ABOVE: [redacted] (b)(6) 2

SEX: M

WARD: OR

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 - 22429

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
- [X] 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 Oct 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]

DIAGNOSIS OR OPERATIVE PROCEDURE: 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 OF VERIFIER: CRT

DATE VERIFIED: original

TIME VERIFIED: SF 518

(b)(6) Z

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
NA	Comp

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

PREVIOUS RECORD CHECK:
- [ ] RECORD
- [X] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted]

DATE: 30 Oct 03

REMARKS: EXP 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPE[redacted]

AT *(Hour)* 1921

ON *(Date)* 30 Oct 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]

PRE-TRANSFUSION

TEMP. 32.9 | PULSE 126 | BP 90/55

DATE OF TRANSFUSION: 30 Oct

TIME STARTED: 1930

POST-TRANSFUSION DATA

AMOUNT GIVEN: all ML

TIME/DATE COMPLETED/INTERRUPTED: 30 Oct 03 1926

REACTION
- [X] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
32.9	125	80/50

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: [redacted] (b)(6) Z

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; [redacted] rate; hospital or medical facility)

SEX

WARD

(b)(6) Z

[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 - 22430

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
- [X] 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 Oct 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]

DIAGNOSIS OR OPERATIVE PROCEDURE: 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 OF VERIFIER: SBE Original

DATE VERIFIED: 30 Oct 03

TIME VERIFIED: 1918

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [X] NO RECORD

SIGNATURE: [redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 30 Oct 03

DONOR	RECIPIENT
ABO O	ABO O
Rh POS	Rh POS

REMARKS: EXP 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

INS[redacted]

AT *(Hour)* 1918

ON *(Date)* 30 Oct 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 VER[redacted]

[redacted]

PRE-TRANSFUSION

TEMP.	PULSE	BP
32.9	115	95/50

DATE OF TRANSFUSION: 30 Oct

TIME STARTED: 1926

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, [redacted] rate; hospital or medical facility)

POST-TRANSFUSION DATA

AMOUNT GIVEN: all ML

TIME/DATE COMPLETED/INTERRUPTED: 30 Oct 03 1935

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
[X] NONE [ ] SUSPECTED	32.9	115	95/60

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.)*

- [ ] YES *(Specify)*

[redacted]ERSON NOTING ABOVE

SEX	WARD

[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 - 22431

Medical Record Copy

ACLU-RDI 1666 p.191

DOD-036007

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

DATE AND HOUR REQUIRED

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

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

See original

DATE VERIFIED

518

TIME VERIFIED

(b)(6) Z

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
NA	Comp

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPO[redacted]QUESTED

DATE 30 OCT 03

REMARKS:

EXP 30 OCT 03

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [X] NO RECORD

[redacted]

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

[redacted]

AT *(Hour)* 2021 ON *(Date)* 30 OCT 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]

2nd VERIFIER *(Signature)* [redacted]

PRE-TRANSFUSION

TEMP. 32.8 PULSE 120 BP 52/31

DATE OF TRANSFUSION 30 Oct

TIME STARTED 2019

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML

TIME/DATE COMPLETED/INTERRUPTED 30 Oct 2025

REACTION

- [X] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
32.8	114	58/40

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 [redacted] (b)(6) Z

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; [redacted] rate; hospital or medical facility)

SEX

WARD

(b)(6) Z

(b)(6) Z

[redacted] (b)(6) 4

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

DATE AND HOUR REQUIRED

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

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
See Orgmet

DATE VERIFIED
518

TIME VERIFIED

(b)(6)2

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
NA	Comp

PREVIOUS RECORD CHECK:
- [ ] RECORD
- [X] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST
[redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Oct 03

REMARKS:
EXP 30 Oct 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND IDENTIFIED
[redacted]

AT *(Hour)* 2022 ON *(Date)* 30 OCT 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.

1st VERIFIER *(Signature)*
[redacted]

2nd VERIFIER *(Signature)*
[redacted]

(b)(6)2

PRE-TRANSFUSION
TEMP. 32.8 PULSE 120 BP 54/31

DATE OF TRANSFUSION
30 OCT

TIME STARTED
2014

POST-TRANSFUSION DATA

AMOUNT GIVEN
all ML

TIME/DATE COMPLETED/INTERRUPTED
2030 30 OCT

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
[X] NONE [ ] SUSPECTED	32.8	124	57/32

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
[redacted] (b)(6)2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; hospital or medical facility)

WARD

[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 - 22433

Medical Record Copy 1 of 2

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:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- ☐ TYPE AND SCREEN
- ☒ CROSSMATCH

DATE REQUESTED

DATE AND HOUR REQUIRED
10/30

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:
RhIG TREATMENT? DATE GIVEN: NA
HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE
FFM/FX OR

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 See original

TIME VERIFIED

(b)(6) Z

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	NA

PREVIOUS RECORD CHECK:
☐ RECORD ☒ NO RECORD
SIGNATURE [redacted]
DATE 30 Oct 03

DONOR
ABO A
Rh POS

RECIPIENT
ABO O
Rh POS

☒ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:
EXP 31 Oct @ 1926

SECTION III – RECORD OF TRANSFUSION

[redacted]

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML

TIME/DATE COMPLETED/INTERRUPTED 30 OCT 1935

AT (Hour) 1926

ON (Date) 30 OCT 03

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
☒ NONE ☐ SUSPECTED	32.9	116	69/40

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 id[redacted]

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.

(b)(6) Z

1st VERIFIER [redacted]

2nd VERIFIER [redacted]

DESCRIPTION OF REACTION
☐ URTICARIA ☐ CHILL ☐ FEVER ☐ PAIN
☐ OTHER *(Specify)*

PRE-TRANSFUSION

TEMP. 32 [redacted] PULSE 117 BP 91/50

OTHER DIFFICULTIES *(Equipment, clots, etc.)*
☐ NO ☐ YES *(Specify)*

DATE OF TRANSFUSION 30 OCT 03

TIME STARTED 1930

SIGNATURE OF PERSON NOTING ABOVE [redacted] (b)(6) Z

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle, grade, rank; rate; hospital or medical facility)

SEX

WARD

SP [redacted] (b)(6) 4

MEDCOM - 22434

BLOOD OR BLOOD COMPONENT TRANSFUSION
Medical Record
STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

518-123

NSN 7540-00-634-4158

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION 1 - REQUISTION

COMPONENET REQUITED *(Check One)*

- ☐ RED BLOOD CELLS
- ☑ FRESH FROZEN PLASMA
- ☐ PLATELET *(Pool of _____ units)*
- ☐ CRYPRECIPITATE *(Pool of _____ units)*
- ☐ Rh IMMUNE GLOBULIN
- ☐ OTHER *(Specify)* _____

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested*

- ☐ TYPE AND SCREEN
- ☒ CROSSHATCH

DATE REQUESTED

DATE AND HOUR REQUIRED

REQUESTING PHYSICIAN *(Print)*

DIAGNOSIS OR OPERATIVE PROCEDURE

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.

VOLUME REQUESTED *(If applicable)*

_____ ML

KNOWN ANTIBODY FORMATION / TRANSFUSION REACTION *(Specify)*

SIGNATURE OF VERIFIER

REMARKS:

3 Mar 04

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIER

TIME VERIFIER

SECTION 11 - PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	CMNR

PREVIOUS RECORD CHECK:

☑ RECORD ☐ NO RECORD

SIGN[redacted] PERFORMING TEST (b)(6) 2

DONOR

ABO A

Rh pos

RECIPENT

ABO O

Rh pos

☒ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTE[redacted] DATE 30 OCT 03

REMARKS:

ex 31 OCT 03 1912

SECTION 111- RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPE[redacted]

AT *(Hour)* 1916 ON *(Date)* 30 OCT 03

IDENTIFICATION

I have examined the Blood Component container label and this form 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 identificati[redacted]

(b)(6) 2

1st VERIF[redacted]

2nd VERIFIER *(Signatu[redacted]*

PRE-TRANFUSIO[redacted]

Temp 33 PULSE 120 BP 63/37

DATE OF TRANSFUSION 30 OCT TIME STARTED 1955

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML

TIME/DATE COMPLETED / INTERRUPTED 30 OCT 03 1938

REACTION ☒ NONE ☐ SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
33	124	66/37

If reaction is suspected-immdately

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, ets.)*

☐ NO ☐ YES *(Specify)*

SIGNATURE OF PERSON NOTING ABOVE [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)

[redacted] (b)(6) 4

SEX

WARD

1

BLOOD OR COMPONENT TRANSFUSION

MEDICAL RECORD

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 22435

518-123 NSN 7540-00-634-4158

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION 1 - REQUISTION

COMPONENET REQUITED *(Check One)*
- ☐ RED BLOOD CELLS
- ☒ FRESH FROZEN PLASMA
- ☐ PLATELET *(Pool of _____ units)*
- ☐ CRYPRECIPITATE *(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
- ☐ CROSSHATCH

DATE REQUESTED ASAP

DATE AND HOUR REQUIRED

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)* GSW [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE
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
on file

DATE VERIFIER

TIME VERIFIER

(b)(6) 2

SECTION 11 - PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	~~SP~~ NA

PREVIOUS RECORD CHECK:
☐ RECORD ☒ NO RECORD [redacted]

☒ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 30 OCT 03

REMARKS:
EXP 31 Oct 03 @ 1950

DONOR	RECIPENT
ABO A	ABO O
Rh POS	Rh POS

SECTION 111- RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA [redacted]

AT *(Hour)* 1954 ON *(Date)* 30 OCT 03

IDENTIFICATION

I have examined the Blood Component container label and this form 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]

2nd [redacted]

PRE-TRANFUSION

Temp	PULSE	BP
37.1	123	76/37

DATE OF TRANSFUSION 30 OCT 03

TIME STARTED 1955

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML

TIME/DATE COMPLETED / INTERRUPTED 30 OCT 2000

REACTION ☒ NONE ☐ SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
37.1	115	53/27

If reaction is suspected-immdately

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, ets.)*
☐ NO ☐ YES *(Specify)*

SIGNATURE OF PERSON NOTING ABOVE [redacted] (b)(6) 2

(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 M

WARD OR

[redacted] EPW

(b)(6) 4

BLOOD OR COMPONENT TRANSFUSION

MEDICAL RECORD

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 22436

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)* Whole blood

SP

VOLUME REQUESTED *(If applicable)*

_____ ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- ☐ TYPE AND SCREEN
- ☒ CROSSMATCH

DATE REQUESTED

DATE AND HOUR REQUIRED

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: N/A

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)*

Dr [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE

FFM / FX GSW

SP

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 VE[redacted]

DATE VERIFIED 30 Oct 03

TIME VERIFIED

(6)(6) Z

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	NA

☒ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:

EXP 31 Oct @ 1950

PREVIOUS RECORD CHECK:

☐ RECORD ☒ NO RECORD

SIG[redacted]

DATE 30 OCT 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

[redacted]

AT *(Hour)* 1954 ON *(Date)* 30 Oct 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 VERIFIE[redacted]

2nd VE[redacted]

PRE-TRANSFUSI[redacted]

TEMP. 33 PULSE 123 BP 55/30

DATE OF TRANSFUSION 30 Oct

TIME STARTED 1955

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML

TIME/DATE COMPLETED/INTERRUPTED 30 Oct 2000

REACTION ☒ NONE ☐ SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
33.1	123	72/36

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 [redacted] (6)(6) Z

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; rate; hospital or medical facility)

(6)(6) 4

[redacted]

SP

SEX M WARD OR

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

MEDCOM - 22437

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

518-123

MEDICAL RECORD

NSN 7540-00-634-4158

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)* Whole RBC

VOLUME REQUESTED *(If applicable)*

_____ ML

REMARKS:

1 unit

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- ☐ TYPE AND SCREEN
- ☒ CROSSMATCH

DATE REQUESTED 30 Oct 03

DATE AND HOUR REQUIRED 1915

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)* None

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: N/A

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE

GSW to hip

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 See original

DATE VERIFIED

TIME VERIFIED

(b)(6) 2

SECTION II – PRE-TRANSFUSION TESTING

[redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION	
ANTIBODY SCREEN	CROSSMATCH
N A	Compatible

PREVIOUS RECORD CHECK:

- ☐ RECORD
- ☒ NO RECORD

[redacted]

DONOR	RECIPIENT
ABO O	ABO O
Rh POS	Rh POS

☐ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Oct 03

REMARKS:

EXP 31 Oct 03 @ 2030

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

[redacted]

AT *(Hour)* 2033 ON *(Date)* 30 Oct 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]

2nd VERIFIER [redacted]

PRE-TRANSFUSION

TEMP. 32.7 PULSE 119 BP 93/56

DATE OF TRANSFUSION 30 Oct

TIME STARTED 2030

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML

TIME/DATE COMPLETED/INTERRUPTED 30 Oct 2040

REACTION ☒ NONE ☐ SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
32.7	116	84/49

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 [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)

[redacted] (b)(6) 4

SEX	WARD
M	OR

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

MEDCOM - 22438

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

NSN 7540-00-634-4158

518-123

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)* Whole RBC

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS: 1 unit

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- ☐ TYPE AND SCREEN
- ☒ CROSSMATCH

DATE REQUESTED 30Oct03

DATE AND HOUR REQUIRED 1920

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)* NOPE

IF PATIENT IS FEMALE, IS THERE HISTORY OF: N/A
RhIG TREATMENT? DATE GIVEN: _____
HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS: OSW → hip

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 See Original (b)(6)2

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

[redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Compatible

☐ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

PREVIOUS RECORD CHECK:
☐ RECORD ☒ NO RECORD

SIGNATURE [redacted]

DATE 30Oct03

DONOR	RECIPIENT
ABO O	ABO O
Rh POS	Rh POS

REMARKS: EXP 31 Oct 03 @ 2030

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

IN [redacted]

AT *(Hour)* 2048 ON *(Date)* 30Oct03

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

2nd VERIFIER *(Signature)* [redacted] (b)(6)2

PRE-TRANSFUSION TEMP. 32.6 P 117 BP 141/30

DATE OF TRANSFUSION 30Oct

TIME STARTED 2040

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML

TIME/DATE COMPLETED/INTERRUPTED 2050 30Oct

REACTION ☒ NONE ☐ SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
32.6	84	61/42

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 [redacted] (b)(6)2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rate; hospital or medical facility)

[redacted] M WARD OR

#[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-

MEDCOM - 22439

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: ICU1 | ROOM NO. | BED NO.: 4

	DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
	30 Oct 03			
1	TU / ICU 2 - Dr. [redacted]		(b)(6) 2	
2	DX - SP GSW			
3	condition: Expectant			
4	Vitals per IEW protocol			
5	ALL Narcan			
6	Ask Stretcher BK			
7	Diet NPO			

PATIENT IDENTIFICATION — NOTED

NURSING UNIT | ROOM NO. | BED NO.

	DATE OF ORDER	TIME OF ORDER	HOURS	
8	Epinephrine gtt → Attempt to maintain MAP > 60			
9	Foley to gravity			
10	Strict I/O			
11	IVF LR @ 150 cc/hr			
12	Mech Vent setting per Anesthesia			
13	NGT to LCSS Attempt Suction			
14	NO CPR ~~no factor~~			

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

NO ALLS Magnesium _____ HOURS

(b)(6) 2

[redacted] MD

LTC MC

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER _____ HOURS

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

bLw-2

CLINICAL RECORD

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

Mo. Oct Yr. 03

VERIFY BY INITIALING

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	30	31
30Oct	[redacted]	Epinephrine gtt	06	✓	✓
		Attempt to maintain	18	[redacted]	
		MAP >60			
30Oct	[redacted]	IVF LR @ 150cc/°	06	✓	
			18	[redacted]	

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

DATE DISPENSED

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION: [redacted]

b LW-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

DA FORM 4678, 1 FEB 79 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. USAPA V1.00

MEDCOM - 22441

Holed-2

CLINICAL RECORD

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

Mo. Oct Yr. 2003

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 30	31
30 Oct	[redacted]	Condition Expectant	06	✓	
			18	[redacted]	
30 Oct	[redacted]	Vitals per ICU protocol	06	✓	
			18	[redacted]	
30 Oct	[redacted]	Strict BR Activity	06	✓	
			18	[redacted]	
30 Oct	[redacted]	Diet NPO	06	✓	
			18	[redacted]	
30 Oct	[redacted]	Foley to gravity	06	✓	
			18	[redacted]	
30 Oct	[redacted]	Strict I&O	06	✓	
			18	[redacted]	
30 Oct	[redacted]	Mech Vent settings per Anesthesia	06	✓	
			18	[redacted]	
30 Oct	[redacted]	NGt to LIS	06	✓	
			18	[redacted]	
30 Oct	[redacted]	NO CPR	06	✓	
			18	[redacted]	
30 Oct	[redacted]	No ALS measures	06	✓	
			18	[redacted]	

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: S/P GSW

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION: [redacted]

bCW-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

DA FORM 4677, 1 OCT 78 EDITION OF 1 DEC 77 MAY BE USED. USAPA V1.00

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE: **TRAUMA FLOWSHEET** — The proponent is Dept of Surgery

OTSG APPROVED *(Date)*: QI Appr 11 Jun 97

EMS REPORT

TIME:_____ ETA:_____ UNIT:_____

MED COM: [Y] [N] _____

ARRIVAL STATUS

TIME 1726 ☐ IV x 1 ☐ O_2 15 1/min ☐ C-Spine Immob

Meds: ☐ UKN ☑ None ☐ Yes:_____

Allergies: ☐ UKN ☑ None ☐ Yes:_____

Tetanus: ☐ UKN ☐ Current Last Meal/Fluid Intake _____hrs

LMP:_____ ☐ _____

PRIMARY SURVEY

AIRWAY

☐ Natural Patient [Y] [N]

☐ ETT____ ☐ _____

☐ Secretions_____

BRETHING

☐ Labored ☐ Unlabored ☐ Absent

TRACHEA: ☐ Midline ☐ Deviated [L] [R]

CHEST SYMMETRY: [L] >=< [R]

CIRCULATION

PULSE: ☑ Present ☐ Absent

BLEEDING: [Y] [N]

HEART TONES: ☐ Clear ☐ Muffled

SKIN: ☑ Warn ☐ Cool ☐ Hot

☐ Pink ☐ Pale ☐ Cyanotic ☐_____

☐ Dry ☑ Moist ☐ Diaphoretic

SECONDARY SURVEY

DISABILITY

GCS: E 4

V 5

M 6

SPHINCTER TONE:

☐ WNL

☐ None

HEAD

PUPILS: ☑ Equal ☐ Fixed ☑ React ☐ Dilated [L] [R]

TM: ☐ Clear ☐ Blood [L] [R]

NECK

C-Spine Tenderness: [Y] [N]

Pain @_____

JVD: [Y] [N]

HEART

RHYTHM: ☑ Regular ☐_____

PULSES: ☐ Central ☐ Peripheral

LUNGS

BREATH SOUNDS: ☑ Bilat ☑ Equal ☑ Clear

Decreased [L] [R] Absent [L] [R]

Wheezes [L] [R] Crackles [L] [R]

ABDOMEN

☑ Soft ☐ Rigid ☑ Non-Tender

☐ Tender:

PELVIS

Unstable ☐_____

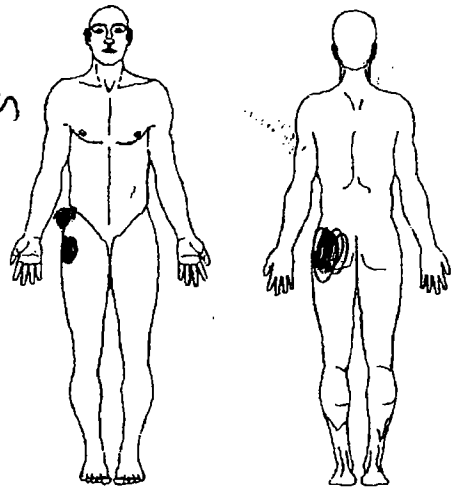
Blood at meatus/vagina: [Y] [N]

Heme +/- Prostate: ☐ WNL ☐ Abnl

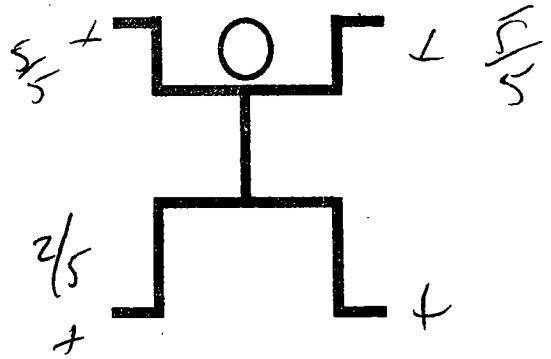
USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

(AB)rasion
(AMP)utation
(AV)ulsion
Battle's Signs
(BL)eeding
(B)urn
(D)eformity
(E)cchymosis
(F)oreign Body
(H)ematoma
(LAC)eration
(P)uncture (W)ound
(Pain)
(S)eatbelt (S)ign
(S)tab (W)ound
(GSW) Gun Shot Wound

Ligr abrsn Lown



VASCULAR ASSESSMENT



++ Strong | + Palpable | D Dopler

RN [redacted] b(6)-2

PHYSICIAN [redacted] b(6)-2 *(Continue on reverse)*

DEPARTMENT [redacted]

DATE

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

[redacted] b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER *(Specify)*

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

b(6)-2 AM

TIME	PROCEDURE	SIZE	SITE	BY	RESULTS
8.0 1745	ET Intubation		☐ Oral ☐ Nasal Teeth	Anes K	☐ $ETCO_2$ Change ☐ BBS Post Int ☐ Post CXR
	Gastric Tube		☐ Oral ☐ Nasal		☐ Air ☐ Contents ☐ Verified_____ Suction: Y N
	Urinary		☐ Meatus ☐ Supra-Public		☐ Return_____cc ☐ Heme Dip: + - ☐ Secured
	DPL		☐ Opened ☐ Closed		☐ Grossly: + - Cell count Sent@_____
	Chest Tube #1		L R		☐ Air ☐ Blood ☐ Pleuravac____cm ☐ Autotransfuser
	Chest Tube #2		L R		☐ Air ☐ Blood ☐ Pleuravac____cm ☐ Autotransfuser
	12 Lead	Rhythm:		Comments	

TIME	PROCEDURE	ACCOMPANED BY	RETURN
	CT Scan: ☐ Contrast		
	☐ Head ☐ Abd ☐ Pelvis		
	☐ C-Spine ☐ T/L Spine ☐ Chest		
	☐		
	A-Gram Site:		

IV ACCESS & FLUIDS

TIME	#	GA	IAW SOP	SITE	IVF TYPE	AMT UP	AMT IN
			Y N				
			Y N				
			Y N				
			Y N				

MEDICATIONS

MEDICATION	TIME	DOSE	RTE	TIME	DOSE	RTE	TIME	DOSE	RTE
Succ	1740	100	IV						
Atom. dite	1741	20	IV						
~~Anectine~~									
Versed	1750	2 mg	IV						
Ketamine	1740	100 mg	IV						
Ancuronium	1901	8	IV						

ABG SITE	TIME	$\%O_2$	pH	BE	pCO_2	PO_2	O_2 Sat	HCO_3
1)								
2)								

LABS

TIME	LABS
	☐ D-stick_____ ☐ SHct_____
	☐ D-stick_____ ☐ SHct_____
	☐ CBC ☐ Chem ☐ PT/PTT
	☐ ETOH ☐ T&S ☐ T&C x 4
	☐ Tox Screen
	☐ UA ☐ HCG Chem 12
	☐ OTHER
	☐ OTHER

X-RAYS

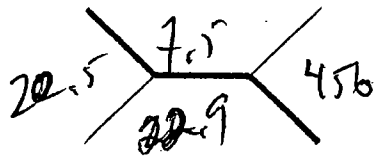
TIME	LABS
	☐ Chest Initial
	☐ Chest Post ET
	☐ Chest Post CT
	☐ C-Spine
	☐ Pelvis
	☐
	☐
	☐

BLOOD PRODUCTS

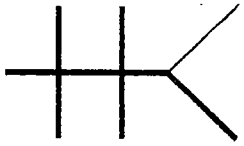
START	#	TYPE	UNIT#	AMT UP	AMT IN	END	WIT
1751	1	O+	[redacted]	1 unit	1 unit	1759	a/f
1759	1	O+		1 unit	1 unit		a/f
1809		O+					
1809		O+					

LAB RESULTS

CBC:



Chem:



INTAKE & OUTPUT

INTAKE	AMOUNT	OUTPUT	AMOUNT
IVF		Urine	
NGT		NGT	
Blood		EBL	
Other		Other	
TOTAL		TOTAL	

TRAUMA TEAM ARRIVAL

TITLE	NAME (Print)	PAGED	RESPONDED	ARRIVED
ED Phys	[redacted]			
Surgeon	DA			
Anesth				
X-Ray				
RT				
Ortho				
Neuro				
Chaplain				

VALUABLES & CLOTHING

V	STATUS	C
	None Found	
	Given to Patient	
	Given to Family	
	Inventoried and Released to Patient Trust Fund/NCOD See DA Form 3696	
	Other: See Nursing Notes	

DISPOSITION

☐ Home ☐ _____

Admitted to _____

Report Called to _____

Time Transferred _____

Accompanied By _____

MEDCOM - 22444 :tcher ☐ Wheelchair

VITAL SIGNS

Rectal Temp:

GCS: 15

TIME	BP	HR	RHY	RR	SAO_2	FIO_2	MODE	E	V	M	T
1320	90 58	114	SR	1							
1351	104/80	114	SR								
1354	92 46										
1800	92 40	96	SR	16							
1401	90 50	99	SR	16	96%						
1412	87 50	97	SR	11							

GLASGOW COMA SCALE

EYE OPENING	VERBLE RESPONSE	MOTOR RESPONSE
(4) Spontaneous	(5) Oriented	(6) Obeys Commands
3 - To Voice	4 - Confused	5 - Localizes Pain
2 - To Pain	3 - Inapp Words	4 - Withdraws to Pain
1 - None	2 - Incomp Speech	3 - Flexion to Pain
	1 - None	2 - Extension to Pain
		1 - None

TIME	PROCEDURE	PERFORMED BY:
	☐ Backboard Removed	BY:
	☐ Downgraded	BY:

NOTES

Pt is a 39yo iraqi ♂, came via air 2nd to GSW (R) hip/thigh c (+) Active Bleeding @ multiple sites, Pt awake, (+) pain, (+) answering questions appropriately

PMH Ø
PSH Ø
Meds Ø
NKDA
(+) tobacco

VS: BP c Manual 80's/40-50's, P 110's
Pert, looking around.
Cv: (R) Murmur, tachy
Lungs: CTA (B)
ext: (+) large open wound (R) *Pt Rolled no open wounds on back
*Rectal: ? blood Buttocks/hip c open wound @ (R) groin/upper penis c open wound @ Abd c Active Bleeding.
Packed x Pressure.
Neuro: Pert, alert initially, slightly sleepy

RSI, do airway
-8.0 ET tube
-Sats 98%

4U (O) Blood Pushed in / NF LR Running
Pt transported to OR.

[redacted]