

[REDACTED]
[REDACTED] / [REDACTED]
[REDACTED]
Recent see translation

Missile injury to

Lt. Elbow area

Needs / Urgent

X-Ray of Lt.
Elbow jt - AP
 \ Lat.

[REDACTED]
Dr. [REDACTED] 2. NOV. 03
[REDACTED] syu

MEDCOM - 23328

Translation Bates page Medcom 23328:

Name is: [REDACTED]

Number: [REDACTED]

Ward/Section: _____ REQUESTING PHYSICIAN: _____ CHEMISTRY RESULT FORM
 (Subject to the Privacy Act of 1974)
 LAST, FIRST, MIDDLE INITIAL: [REDACTED] *blu* - 4 DATE: _____ TIME: _____ SSN/PSEUDO SSN: _____

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
------	--------	------------	------	--------	------------

GLU _____ 139 mg/dL
 BUN _____ 29 mg/dL
 Na _____ 145 mmol/L
 K _____ 4.0 mmol/L
 Cl _____ 110 mmol/L
 TC02 _____ 22 mmol/L
 AnGap _____ 20 mmol/L
 Hct _____ 31 %PCV
 Hb* _____ 11 g/dL
 *via Hct
 PH _____ 6.876
 PC02 _____ 100.7 mmHg
 HC03 _____ 19 mmol/L
 BEecf _____ -15 mmol/L

Sample Type: _____
 07NOV03 01:30

Oper: _____
 Physician: _____
 Ser# [REDACTED]
 Ver# [REDACTED]

6 umol/L	ALB
mmol/L	ALP
mmol/L	ALT
U	AMY
mg (art)	AST
mg (ven)	TBIL
mg (art)	TBIL
o/L (art)	BUN
o/L (ven)	CA ⁺⁺
o/L (art)	CHOL
o/L (ven)	CRE
dl	GLU
dl	TP
dl	TEST
dl	GLU
dl	BUN
dl	CRE
dl	CK
dl	NA ⁺
dl	K ⁺
dl	CL ⁻
dl	iCO ₂

===== PICCOLO =====
 11/07/03 12:74 AM
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED]
 LIVER PANEL PLUS *blu*-2
 DISC LOT #: 3154AA7
 OPER #: [REDACTED] DR #: 000
 SERIAL #: [REDACTED]

ALB	3.1*	3.3-5.5	G/DL
ALP	72	26-84	U/L
ALT	88*	10-47	U/L
AMY	78	14-97	U/L
AST	131*	11-38	U/L
TBIL	0.7	0.2-1.6	MG/DL
GGT	9	5-65	U/L
TP	5.9*	6.4-8.1	G/DL

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

TEST	RESULT	REF. RANGE
Metabolic Panel		
	75-113 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	

TEST	RESULT	REF. RANGE
Liver Panel Plus		
	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	

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

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

Ward/Section: **REQUIS** **b(w)-2** **LABORATORY RESULT FORM**
 (Subject to the Privacy Act of 1974)
 LAST, FIRST, MI: **b(w)-4** **DATE** **TIME**
 SSN/PSEUDO SSN:

(Hematology) **CBC** **Urinalysis** **Misc. Serology**

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³	Color	N/A		RPR		Negative
RBC		4.7-6.1 x 10 ⁶		N/A				Negative
				Negat				Negative
				Nega				Negative
				Nega				Negative
				N/A				Negative
				Ne				Negative
				N				
				N				
				0				
				1				

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RAPIDPOINT COAG ANALYZER V4.54
 SERIAL #005485 11/07/03 01:34
 Patient ID: **b(w)-4**
 Test Name :PT
 Test Result:= 20.4 sec.
 RESULT OUT OF RANGE
 Ratio = 1.7
 Calculated INR = 2.30
 Sample Type:citrated wh. blood
 Test Date :11/07/03
 Test Time :01:32
 Card Lot :
 Operator : **b(w)-2**

RAPIDPOINT COAG ANALYZER V4.54
 SERIAL #005485 11/07/03 01:37
 Patient ID: **b(w)-4**
 Test Name :APTT
 Test Result:= 50.6 sec.
 RESULT OUT OF RANGE
 Sample Type:citrated wh. blood
 Test Date :11/07/03
 Test Time :01:34
 Card Lot :100208
 Operator : **b(w)-2**

ID: **b(w)-2**
 07-11-03
 01:31
 Patient Limits
 WBC 23.5 H x10³/uL 4.5 10.5
 RBC 3.45 L x10⁶/uL 4.00 6.00
 Hgb 9.5 L g/dL 11.0 18.0
 Hct 30.6 L % 35.0 60.0
 MCV 88.8 fL 80.0 99.9
 MCH 27.4 pg 27.0 31.0
 MCHC 30.9 L g/dL 33.0 37.0
 Plt 220 x10³/uL 150 450
 LYZ 29.6 * Z 20.5 51.1
 LY# 7.0 #H x10³/uL 1.2 3.4

C
 Bank
 IT SF 518 WITH EVERY UNIT REQUESTED
 Negative ABO/Rh

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

TYPE	CROSSMATCH

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

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 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 SIGNATURE

[Redacted Signature]

blw-2 AN

DATE

7 Nov 03

TRANSFUSION ISSUE/TRANSFUSION DATA

TRANSFUSION NUMBER	RECIPIENT ABO/Rh	INSPECTED BY (Signature)	INDIVIDUAL ACCEPTING COMPONENTS	UNIT NUMBER	ABO/Rh	1ST VERIFIER (Signature)	2D VERIFIER (Signature)	DATE/TIME STARTED	DATE/TIME COMPLETED	AMOUNT GIVEN	REACTION YES/NO
<i>2</i>		[Redacted]	[Redacted] <i>CM</i>								
		<i>0128</i>	<i>7 Nov 03</i>								

11 NOV
11 NOV

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 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. solution to the Blood Bank.

Description

URticARIA CHILL FEVER PAIN
 OTHER _____

OTHER DIFFICULTIES (EQUIPMENT, CLOTS, ETC.)

NO YES (SPECIFY) _____

PRE-TRANSFUSION

BP:

96

PULSE:

58

HR:

[Redacted]

WARD

EMT

DATE

11 Nov 03

IDENTIFICATION (NAME- LAST, FIRST; SSN)

[Redacted]

blw-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.

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 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 THIS TRANSFUSION.

PHYSICIAN'S SIGNATURE: [Redacted] b(w)-2 DATE: 07 Nov 03

ISSUE/TRANSFUSION DATA

TRANSFUSION NUMBER	RECIPIENT ABO/Rh	INSURANCE	ISSUE/TRANSFUSION DATE	TESTING COMPONENTS
2		[Redacted]	01/14/03 b(w)-2	[Redacted] ATW
			7 Nov 03	

UNIT NUMBER	ABO/Rh	1ST VERIFIER (Signature)	2D VERIFIER (Signature)	DATE/TIME STARTED	DATE/TIME COMPLETED	AMOUNT GIVEN	REACTION YES/NO
[Redacted]	Opos	[Redacted]	[Redacted]	10117 0125	07 Nov 03	1u	N
[Redacted]	Opos	[Redacted]	[Redacted]	0120 0125	07 Nov 03	1u	N
[Redacted] b(w)-4							

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 reaction is SUSPECTED - IMMEDIATELY:

- Discontinue transfusion, treat shock if present, keep intravenous line open.
- Notify Physician and Transfusion Service.
- Follow Transfusion Reaction Procedures.
- DO NOT discard 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(w)-2

PRE-TRANSFUSION: 99 b(w)-2 PULSE: 60 B/P: [Redacted] SIGNATURE: [Redacted] IGHAN
 SIGNATURE: [Redacted] EMT DATE: 07 Nov 03

TRANSFUSION IDENTIFICATION (NAME - LAST, FIRST; SSN): [Redacted] b(w)-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.

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 Apr 11 Jun 97

EMS REPORT

ARRIVAL STATUS

TIME: _____ ETA: _____ UNIT: _____
MED COM: Y N _____

TIME 0110 IV x 2 O₂ 10 l/min C-Spine Immob
Meds: DKN None Yes: _____
Allergies: DKN None Yes: _____
Tetanus: DKN Current Last Meal/Fluid Intake _____ hrs
LMP: _____ _____

PRIMARY SURVEY

AIRWAY	BREATHING	CIRCULATION	
<input checked="" type="checkbox"/> Natural Patient <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> ETT _____ <input checked="" type="checkbox"/> Secretions _____	<input checked="" type="checkbox"/> Labored <input type="checkbox"/> Unlabored <input type="checkbox"/> Absent TRACHEA: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> Deviated <input type="checkbox"/> L <input type="checkbox"/> R CHEST SYMMETRY: <u>FB</u> <input type="checkbox"/> L <input checked="" type="checkbox"/> R	PULSE: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent BLEEDING: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N HEART TONES: <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Muffled <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Diaphoretic	SKIN: <input type="checkbox"/> Warm <input checked="" type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Pink <input checked="" type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> _____

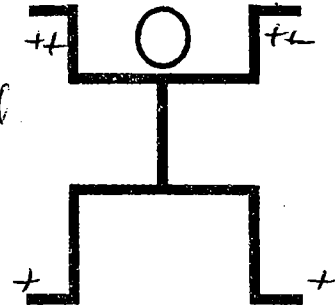
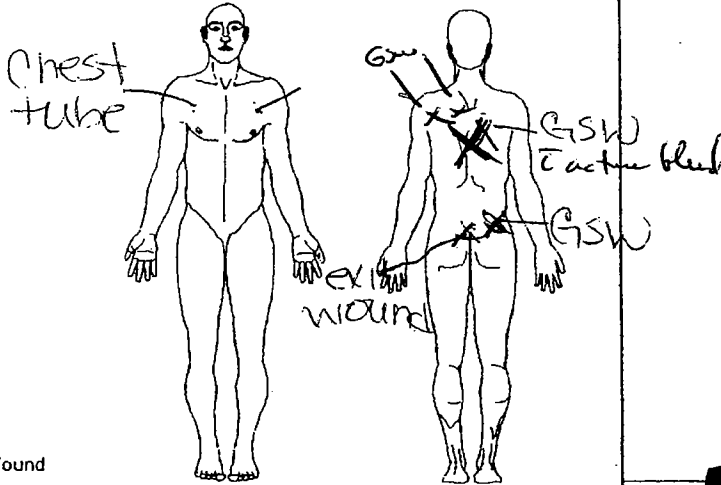
SECONDARY SURVEY

DISABILITY	HEAD	HEART	ABDOMEN
GCS: E <u>1</u> V <u>1</u> M <u>5</u> SPHINCTER TONE: <input type="checkbox"/> WNL <input checked="" type="checkbox"/> None	PUPILS: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Fixed <input checked="" type="checkbox"/> React <input type="checkbox"/> Dilated <input type="checkbox"/> L <input type="checkbox"/> R TM: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Blood <u>sluggish</u> <input type="checkbox"/> L <input type="checkbox"/> R NECK C-Spine Tenderness: <u>4-6 Act</u> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Pain @ _____ JVD: _____ <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	RHYTHM: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> _____ PULSES: <input checked="" type="checkbox"/> Central <input type="checkbox"/> Peripheral	<input type="checkbox"/> Soft <input type="checkbox"/> Rigid <input type="checkbox"/> Non-Tender <input type="checkbox"/> Tender: <u>+</u> PELVIS <input type="checkbox"/> Stable <input checked="" type="checkbox"/> Unstable <input type="checkbox"/> _____ Blood at meatus/vagina: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Hemef+ Prostate: <input type="checkbox"/> WNL <input type="checkbox"/> Abnl

USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

VASCULAR ASSESSMENT

- (A)B()rasion
- (A)M(P)utation
- (A)V()ulsion
- Battle's Signs
- (B)L()eeding
- (B)urn
- (D)eformity
- (E)chymosis
- (F)oreign Body
- (H)ematoma
- (L)AC()eration
- (P)uncture (W)ound
- (P)ain
- (S)eatbelt (S)ign
- (S)tab (W)ound
- (GSW) Gun Shot Wound



b(lu)-2

RN

PHYSICIAN

PREPARED BY (Signature)

DEPARTMENT/S

Continue on reverse

DATE

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

DA FORM 1 MAY 78 4700

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

MEDCOM - 23384

LETE.

EAMC OP 503, 1 Dec 98

Central *Fract*

TIME	PROCEDURE	SIZE	SITE	BY	RESULTS
0700	ET Intubation	08	Oral Nasal Teeth	[Redacted]	ETCO2 Change BBS Post Int Post CXR
	Gastric Tube		Oral Nasal		Air <input type="checkbox"/> Contents Verified Suction: Y N
	Urinary		Meatus Supra-Pubic		Return _____ cc Heme Dip: + - Secured
	DPL		Opened Closed		Grossly: + - Cell count Sent@
0800	Chest Tube #1		L R	[Redacted]	Air <input checked="" type="checkbox"/> Blood Pleuravac _____ cm Autotransfuser
	Chest Tube #2		L R		Air <input type="checkbox"/> Blood Pleuravac _____ cm Autotransfuser
	12 Lead		Rhythm:		Comments

TIME	PROCEDURE	ACCOMPANED BY	RETURN
	CT Scan: <input type="checkbox"/> Contrast		
	<input type="checkbox"/> Head <input type="checkbox"/> Abd <input type="checkbox"/> Pelvis		
	<input type="checkbox"/> C-Spine <input type="checkbox"/> T/L Spine <input type="checkbox"/> Chest		
	<input type="checkbox"/>		
	A-Gram Site:		

IV ACCESS & FLUIDS							
TIME	GA	LAW	SOP	SITE	IVE TYPE	AMT UP	AMT IN
0800	1	18	0	N	RAC NS		
0810	1	18	0	N	LAC NS		
			Y	N			
			Y	N			

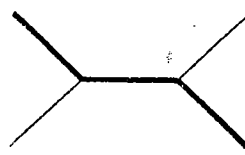
MEDICATIONS									
MEDICATION	TIME	DOSE	RTE	TIME	DOSE	RTE	TIME	DOSE	RTE
LIDO	0110	100	IV						
SUCC	0110	100	IV						
ETOM	0110	10mg	IV						
ERT	0113	1mg	IV						
Atropine	0113	1mg	IV						
LIDOCAINE	0115	100	IV						
M80	0145	10mg	IV						
Epi	0137	2mg	IV						
VEC	0146	10mg	IV						

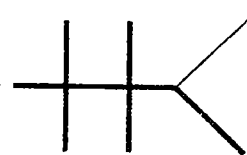
ABG SITE	TIME	%O2	pH	BE	pCO2	PO2	O2 Sat	HCO3
1) R	0800							
2)								

LABS			X-RAYS		
TIME	LABS	TIME	LABS	TIME	LABS
	<input type="checkbox"/> D-stick <input type="checkbox"/> SHct		<input checked="" type="checkbox"/> Chest Initial		
	<input type="checkbox"/> D-stick <input type="checkbox"/> SHct		<input type="checkbox"/> Chest Post ET		
0800	<input checked="" type="checkbox"/> CBC <input checked="" type="checkbox"/> Chem <input checked="" type="checkbox"/> PT/PTT		<input type="checkbox"/> Chest Post CT		
	<input type="checkbox"/> ETOH <input checked="" type="checkbox"/> T&S <input type="checkbox"/> T&C x 4		<input type="checkbox"/> C-Spine		
	<input type="checkbox"/> Tox Screen		<input type="checkbox"/> Pelvis		
	<input checked="" type="checkbox"/> UA <input type="checkbox"/> HCG		<input type="checkbox"/>		
	OTHER Any release blood 4u		<input checked="" type="checkbox"/> ops		
	<input type="checkbox"/> OTHER		<input type="checkbox"/>		

BLOOD PRODUCTS							
START	#	TYPE	UNIT#	AMT UP	AMT IN	END	INT
0117	01	of	1	1u	1u		
0118	01	of	2	1u	1u		
0136	01	of	3	1u	1u		
0136	01	of	4	1u	1u		

LAB RESULTS

CBC: 

Chem: 

INTAKE			
IVF			
NGT		NGT	
Blood	4u	EBL	LARGE
Other		Other	
TOTAL	12	TOTAL	

TRAUMA TEAM ARRIVAL				
TITLE	NAME (Print)	PAGED	RESPONDED	ARRIVED
ED Phys	[Redacted]			
Surgeon	[Redacted]			
Anesth	[Redacted]			
	blod-2			
X-Ray	[Redacted]			
RT	[Redacted]			
Ortho	[Redacted]			
Neuro	[Redacted]			
Chaplain	[Redacted]			

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 _____

By: [Redacted]

MEDCOM - 23385

VITAL SIGNS GLASGOW COMA SCALE

Rectal Temp: _____ GCS: 7

TIME	BP	HR	RHY	RR	SAO ₂	FIO ₂	MODE	GCS			
								E	V	M	T
@ 0110	100/72	82		20	97		VENT				
0125	20/16	81		21	97						
0130	✓	78		20	97						
0140	70/55	76		20	97						
0150	✓	78		20	97						
0200	✓	66		20	96						
0210	✓	66		20	96						
0220	✓	30		20	90						
0230	TIME OF DEATH										

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:
	<input type="checkbox"/> Backboard Removed	BY:
	<input type="checkbox"/> Downgraded	BY:

NOTES

2ND CHEST TUBE - 0120
 Smg versed 0147 IV
 Central line (R) femur

Time of DEATH 0230

Staff note

GCS 7 ETT placed

SBP ██████ Every 2



b(6) - 2

VITAL SIGNS								GLASGOW COMA SCALE						
Rectal Temp:								GCS: 7						
TIME	BP	HR	RHY	RR	SAO ₂	FIO ₂	MODE	E	V	M	T	EYE OPENING	VERBAL RESPONSE	MOTOR RESPONSE
@ 0110	100/72	82		20	97		VENT					4 - Spontaneous	5 - Oriented	6 - Obeys Commands
0125	20/64	81		21	97							3 - To Voice	4 - Confused	5 - Localizes Pain
0130	✓	78		20	97							2 - To Pain	3 - Inapp Words	4 - Withdraws to Pain
0140	90/55	76		20	97							1 - None	2 - Incomp Speech	3 - Flexion to Pain
0150	✓	78		20	97								1 - None	2 - Extension to Pain
0200	✓	66		20	96									1 - None
0210	✓	66		20	96									
0220	✓	30		20	90									
0230	TIME OF DEATH													
/														
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TIME	PROCEDURE	PERFORMED BY:
	<input type="checkbox"/> Backboard Removed	BY:
	<input type="checkbox"/> Downgraded	BY:

NOTES
 2ND CHEST TUBE - 0120
 5mg versed 0147 IV
 Central line @ femur

Time of DEATH 0230

Staff mt

GCS 7 EJET present

SPP [redacted] Every red



b(6) - 2

1. Reporting MTF [REDACTED] b(2)-2		2. MTF - ca. IZ		Admission and Coding Information For use of this form, see AR 40-400; the proponent agency is OTSG	
3. Register Number [REDACTED]		Name (Last, First, MI) [REDACTED] b(2)-4		4. Pay Grade FGN	5. Sex M
6. DoB (YYYYMMDD)	7. Age at Admission	8. Race X	9. Ethnicity 9	Religion	
10. Length of Service	ETS	11. FMP 99	12. Social Security Number [REDACTED]		
Organization (Active Duty Only)		13. Marital Status	Hour of Admission 00:55	Branch / Corps:	
14. Flying Status	15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES		16. Zip Code of Residence:		
17. Unit Location	18. MOS	19. Trauma BC	Prev. Admission NO		
20. Source of Admission Direct from ER		Ward:	Name / Relationship of Emergency Addressee		
			Address of Emergency Addressee		
Name and Location of Medical Treatment Facility: [REDACTED] b(2)-2		Telephone Number of Emergency Addressee			
21. Type of Disposition EXPIRED	22. MTF Transferred To	23. Date of Disposition (YYYYMMDD) 2003-11-07			
24. Clinic Svc - Admitting ABA - GENERAL SURGERY	25. MTF Transferred From	26. Date this Admission (YYYYMMDD) 2003-11-07			
27. Location of Occurrence	28. MTF of Initial Admission	29. Date of Initial Admission 2003-11-07			
<p>FOR LOCAL USE</p> <p>Type Patient (Inpatient / Outpatient): Inpatient</p> <p>Admission Diagnosis Narrative: GSW LOWER BACK</p> <p>Procedure Narrative(s):</p> <p>Cause of Injury Narrative:</p>					
Admitting Officer (Signature, as required) [REDACTED] b(2)-2			Signature of Admitting Clerk [REDACTED]		

1. Register Nbr		2. Name				3. Grade FGN	Admission Remarks
4. Sex	5. Age 35Y	6. Race X	7. Religion	8. LnthOfSvc	9. ETS	10. PrevAdm NO	
11. FMP 99	12. SSN	13. Organization			14. Ward ICW1		
15. FlyStatus		17. Dept / Ben K78-PRISONER OF WAR/INTER	18. BranchCorps	19. UIC / ZIP	20. Type Case DIS		
21. Source of Admission Direct from ER			22. Hour Of Adm: 01:00	23. Clinic Service AGG - FP ORTHOPEDICS			
24. Name/Relation of Emergency Addressee			25. Type Disp TRF-OTH	26. Date of Disp 2003-11-18			
27a. Address of Emergency Addressee			27b. Telephone No	28. Date This Adm: 2003-11-07	Admitting Officer:		
29. Reporting MTF				30. Date Init Adm 2003-11-07	32. Units Blood Components		
31. Selected Administrative Data							
Marital Status:		DoB:					
In/Out Patient: Inpatient		MOS:					
33. Cause Of Injury:							
34. Diagnosis / Operations and Special Procedures:							
S/P GSW L GROIN R LEG							
35. Total Days This Facility							
Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days		
35. Total Days This Facility							
Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days		
0	0	0	0	12	12		
Signature of Attending Medical Officer				Signature			

Automated Facsimile - DA FOR

b1w-2

b(6)-4

SV [Redacted]

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM
YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

<input type="checkbox"/> Offense against Civilian(s) [check one] If "Other" then describe: _____	
<input type="checkbox"/> Arson (I.P.C. 3-2)	<input type="checkbox"/> Burglary or Housebreaking (I.P.C. 428)
<input type="checkbox"/> Solicitation of Fornication/Prostitution (I.P.C. 399)	<input type="checkbox"/> Extortion/Communicating Threats (I.P.C. 430)
<input type="checkbox"/> Rape/Indecent Sexual Assaults/Acts (I.P.C. 391-93, 402)	<input type="checkbox"/> Theft (I.P.C. 439)
<input type="checkbox"/> Murder (I.P.C. 405)	<input type="checkbox"/> Destruction of Property (I.P.C. 477)
<input type="checkbox"/> Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)	<input type="checkbox"/> Obstructing a Public Highway/Place (I.P.C. 437)
<input type="checkbox"/> Maiming (I.P.C. 412)	<input type="checkbox"/> Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 495)
<input type="checkbox"/> Simple Assault (I.P.C. 415)	<input type="checkbox"/> Riot or Breach of Peace (I.P.C. 495(3))
<input type="checkbox"/> Kidnapping (I.P.C. 421)	<input type="checkbox"/> Other

<input checked="" type="checkbox"/> Offense against Coalition Forces [check one] If "Other" then describe: <u>UNK</u>	
<input type="checkbox"/> Violation of Curfew	<input type="checkbox"/> Trespass on Military Installation or Facility
<input type="checkbox"/> Illegal Possession of Weapon	<input type="checkbox"/> Photographing/Surveillance of Military Installation or Facility
<input type="checkbox"/> Assault/Attack on Coalition Forces	<input type="checkbox"/> Obstructing Performance of Military Mission
<input type="checkbox"/> Theft of Coalition Force Property	<input type="checkbox"/> Other

Apprehending Unit: _____	Location Grid: _____
Date of Incident: (D/M/Y) <u>7/11/103 to 7/11/103</u>	Time of Incident: <u>2400 hrs to 0100 hrs</u>
Date of Report: (D/M/Y) / /	Time of Report: hrs

Detainee # [Redacted]		Key Connected Person: <input type="checkbox"/> Victim <input type="checkbox"/> Witness	
Last Name: [Redacted] <u>(b)(6)-4</u>		Last Name: _____	
First Name: [Redacted] Given Name: _____		First Name: _____ Given Name: _____	
Hair Color: _____	Scars/Tattoos/Deformities: _____	Hair Color: _____	Scars/Tattoos/Deformities: _____
Eye-Color: _____	Weight: lb Height: in	Eye-Color: _____	Weight: lb Height: in
Address: _____		Address: _____	
Place of Birth: _____		Place of Birth: _____	
Ethn/Tribe/ Sect	Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Phone# DOB D/M/Y: _____	<input type="checkbox"/> Mobile <input type="checkbox"/> Regular
Ethn/Tribe/ Sect	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone# DOB D/M/Y: _____	<input type="checkbox"/> Mobile <input type="checkbox"/> Regular
<input type="checkbox"/> Passport <input type="checkbox"/> Dr. license <input type="checkbox"/> Other (specify)	Document #: _____	<input type="checkbox"/> Passport <input type="checkbox"/> Dr. license <input type="checkbox"/> Other (specify)	Document #: _____

Total Number of Persons Involved _____ (list names/identifying info on reverse under "Additional Helpful Information")

<input type="checkbox"/> Vehicle Information	Vehicle Number: _____ of _____ Vehicle(s)	Owner: _____
Make: _____	Color: _____	VIN: _____
Model: _____	Type: _____	Plate No.: _____
Year: _____	Names of People in Vehicle: _____	
Contraband/Weapons in Vehicle: _____		

<input type="checkbox"/> Property/Contraband	<input type="checkbox"/> Weapon	Photo Taken of Suspect with Weapon/Contraband: Yes/ No
Type	Model	Color/Caliber
Serial No	Quantity	Make
Other Details	Where Found	Receipt Provided to Owner: Yes/ No
Name of Assisting Interpreter: _____		Email, Phone, or Contact Info: _____

Detaining Soldier's Name (Print): _____		Supervising Officer's Name (Print): _____	
Last, First MI: _____		Last, First MI: _____	
Signature: _____		Signature: _____	
Email: _____		Email: _____	
Unit Phone: _____ Date: / /		Unit Phone: _____ Date: / /	

MEDCOM - 23389

b(6)-d

SV

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM
YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

<input type="checkbox"/> Offense against Civilian(s) [check one] If "Other" then describe:	
<input type="checkbox"/> Arson (I.P.C. 3-2)	<input type="checkbox"/> Burglary or Housabreaking (I.P.C. 428)
<input type="checkbox"/> Solicitation of Fornication/Prostitution (I.P.C. 399)	<input type="checkbox"/> Extortion/Communicating Threats (I.P.C. 430)
<input type="checkbox"/> Rape/Indecent Sexual Assaults/Acts (I.P.C. 393-98, 402)	<input type="checkbox"/> Theft (I.P.C. 439)
<input type="checkbox"/> Murder (I.P.C. 405)	<input type="checkbox"/> Destruction of Property (I.P.C. 477)
<input type="checkbox"/> Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)	<input type="checkbox"/> Obstructing a Public Highway/Place (I.P.C. 487)
<input type="checkbox"/> Maiming (I.P.C. 412)	<input type="checkbox"/> Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 495)
<input type="checkbox"/> Simple Assault (I.P.C. 415)	<input type="checkbox"/> Riot or Breach of Peace (I.P.C. 495(3))
<input type="checkbox"/> Kidnapping (I.P.C. 421)	<input type="checkbox"/> Other

<input checked="" type="checkbox"/> Offense against Coalition Forces [check one] If "Other" then describe: <u>Shooting at a Coalition CH Helicopter</u>	
<input type="checkbox"/> Violation of Curfew	<input type="checkbox"/> Trespass on Military Installation or Facility
<input type="checkbox"/> Illegal Possession of Weapon	<input type="checkbox"/> Photographing/Surveillance of Military Installation or Facility
<input type="checkbox"/> Assault/Attack on Coalition Forces	<input type="checkbox"/> Obstructing Performance of Military Mission
<input type="checkbox"/> Theft of Coalition Force Property (b)(2)-2	<input type="checkbox"/> Other

Apprehending Unit: <u>1AD</u>	Location Grid:		
Date of Incident: (D/M/Y) / <u>7/11/03 to 7/11/03</u>	Time of Incident: <u>2400 hrs to 0100 hrs</u>	Date of Report: (D/M/Y) / <u>1/1</u>	Time of Report: <u>hrs</u>

Detainee # <u>[REDACTED]</u>		Key Connected Person: <input type="checkbox"/> Victim <input type="checkbox"/> Witness	
Last Name: <u>[REDACTED]</u>		Last Name:	
First Name: <u>[REDACTED]</u>		First Name: Given Name:	
Hair Color:	Scars/Tattoos/Deformities:	Hair Color:	Scars/Tattoos/Deformities:
Eye-Color:	Weight: lb Height: in	Eye-Color:	Weight: lb Height: in
Address:		Address:	
Place of Birth:		Place of Birth:	
Ethn/Tribe/ Sect:	Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Phone#: <u>[REDACTED]</u>	DOB D/M/Y: <input type="checkbox"/> Mobile <input type="checkbox"/> Regular
<input type="checkbox"/> Passport <input type="checkbox"/> Dr. license <input type="checkbox"/> Other (specify)	Document #:	<input type="checkbox"/> Passport <input type="checkbox"/> Dr. license <input type="checkbox"/> Other (specify)	Document #:

Total Number of Persons Involved: (list names/identifying info on reverse under "Additional Helpful Information")

<input type="checkbox"/> Vehicle Information	Vehicle Number: _____ of _____ Vehicle(s)	Owner:
Make:	Color:	VIN:
Model:	Type:	Plate No.:
Year:	Names of People in Vehicle:	
Contraband/Weapons in Vehicle:		

<input type="checkbox"/> Property/Contraband	<input type="checkbox"/> Weapon	Photo Taken of Suspect with Weapon/Contraband. Yes/ No
Type:	Model:	Color/Caliber:
Serial No.:	Quantity:	Make:
Other Details:	Where Found:	Owner:

Name of Assisting Interpreter: _____ Email, Phone, or Contact Info: _____

Detaining Soldier's Name (Print): <u>[REDACTED]</u>	Supervising Officer's Name (Print): _____
Signature: <u>[REDACTED]</u>	Signature: _____
Email: _____	Email: _____
Unit Phone: _____	Unit Phone: _____ Date: / /



COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM



Why was this person detained?

*The ~~subject~~ was reported detained
was firing an automatic weapon at a checkpoint
manned by US Forces*

Who witnessed this person being detained or the reason for detention? Give names, contact numbers, addresses.

How was this person traveling (car, bus, on foot)?

Who was with this person?

What weapons was this person carrying?

Automatic Machine Gun

What contraband was this person carrying?

What other weapons were seized?

What other information did you get from this person?

Additional Helpful Information:

MEDICAL RECORD

ABBREVIATED MEDICAL RECORD

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION (Enter date of admission)

30 years old sustained GSW's to: (5) post scalp wound

- ① multiple holes H&B/green/scalps
 - ② through/through wound to (R) lower leg
 - ③ (L) deltoid
- med axilla med T3 (finger hole) med NKDA

probable Spontaneous PNX as chest

Time of injury: 2100 h
Last meal: 1800 h

PHYSICAL EXAMINATION

Alert oriented responds appropriately
(+) post scalp wound
pneumonia
neck sutures MI intact
Cup den(B)
that tachycardia (A) in
abd soft + NVD nondistended

Back (-)
Surgical debridement (L) in

PROGRESS (Enter date of discharge and final diagnosis)

CT head → Injuries isolated to scalp
abd/pelvis (-)

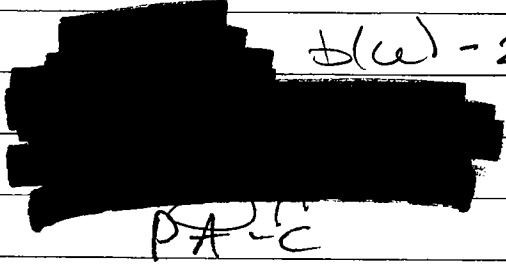
141	108	22	132
4.0	30		
AB	3.6		
UPT	nl		
TB	0.5		

- hyp:
- ① Scapular GSW
 - ② (R) thigh/fib open
 - ③ (L) thigh GSW
- to UP

SIGNATURE	DATE	IDENTIFICATION NO.	ORGANIZATION
[Redacted]			
PATIENT (For written entries give Name, last, first, middle, grade, date, hospital or medical facility)		REGISTER NO.	WARD NO.
[Redacted] b(6)-2			

ABBREVIATED MEDICAL RECORD
Standard Form 389
GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL
RECORDS
FORM 389 (41 CFR) 201-48.505
OCTOBER 1975

539-106

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
06 Nov 03	30 yr old ♂ combat engagement
T	scalp wound deep laceration back left side
BP 180/108	
2354	
P-107	- 95
R 18	1213 106/50
MEDS	see from gun shot wound ? G sw dt (L) to left hip / one shot to testicle shoulder causing evisceration // gun shot wound to right foot entrance - exit wound compound fracture
ALL	morphine 6 mg push 4mg in IV Bag IV Bag #2 start time 0013
	1220 P 107 Pox 93
	 blw-2 PA-C

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
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.

NAME
SSAN
UNIT
DOB

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1. USAPA V2.00



CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

RECORD

01/27/70

1-30-70 Inj: 5th sustained over 2nd leg.
 Injury to distal 2nd leg is post 3cm laceration in anterior
 3.5 cm ext wound. GA II open tib/fib fx, distal
 1/3 of tibia is sheared visible on plain x-ray. 2+DP/IT.
 EEC/FAE intact, soft on palpation. Significant IAD
 the arm. Plan is for repeat IAD in FM unit.



1-15-03

Op note

Preop Dx: open wound 2nd leg

Postop Dx: Same

Procedure: DPC leg wound

Specimen: [Redacted]

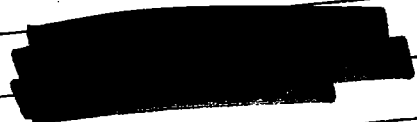
ECG: P

Arteries: 400 cc

ECG of [Redacted]

to (6) - 2

XII



HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	WARD NO.
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.	

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record
 STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

PROGRESS NOTES

RECORD

NOTES

Urology Note

Injury: transscrotal GSW to rupture of LU testicle
Procedure: (L) orchiectomy / severe wound debrided
irrigated and closure over penrose
drain

Dr. [redacted] bled-2
Findings: Severely ruptured LU testicle & adequate
tumor & closure.

[redacted] bled-2

V03

Op Note
Scam Exploration & closure
of thick wound
I+I) R tib/fib Ex

[redacted] bled-2

RELATIONSHIP TO SPONSOR		SPONSOR'S NAME		MI	SPONSOR'S ID NUMBER (SSN or Other)
LAST		FIRST		RECORDS MAINTAINED AT	
PART, SERVICE		HOSPITAL OR MEDICAL FACILITY		REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle;
ID No or SSN; Sex; Date of Birth; Rank/Grade)

[redacted]

bled-2

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV. 5/1989)
Prescribed by GSARCMR FPMR (41CFR) 101-11.203(b)(1)(i)
USAPA V1.00

LAST NAME

FIRST NAME

DATE

MIDDLE INITIAL

ID NUMBER

NOTES

11-8-03

MTW 20/06

Prep: Open (R) T.B.A. 5/1

for VAD: skins

Procedure: In early (R) T.B.A. Report 200

Surgery: [REDACTED] bleed-2

Thurs: 2200 re

Fridays: Committed Distal: fibro fx

Conduction of
Post op plan: Open 5: 4R

MEDCOM - 23396

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
7 NOV 03	Received from PAEU arousable easily.
0830	Baseline look to LFA Patent & intact.
0530	US T. 100.3 -99 - 16 BP 127/79 O ₂ SAT 95% RA
	Jungs clear bilateral. Abd soft non distal
	BS hypoactive. Will start on clear liquid
	diet. Peristalsis dry to hard & scrotal
	dry & intact. Foley to gravity drain clear
	yellow urine. (R) Lower leg dry bulging and
	caveal - all wrap. Dry to (L) hip bulging
	dry & intact. Peripheral pulses palpable. Apical
	rhythm but brisk to touch. HR 130. Pt
	rests comfortable & eyes close. O ₂ distal
	or discomp not noted. 2+ rest of
	applied. Will report to oncoming shift
	[Redacted] 2670 blew-2
7 NOV 03	Surgey
POD #1	doing well
	timing of next OR per ortho
	I will wash out thigh at same
	time
	[Redacted] 2670 blew-2

RELATIONSHIP TO SPONSOR	LAST	SPONSOR'S ID NUMBER (SSN or Other)
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	REGISTERED 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] blew-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
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DATE	NOTES
------	-------

7 NOV 03 @ 1100 Pt. resting quietly in bed, A&O, V.S.S. = T-100, 1°. Pt. given
 ii Percocet @ 1030 for pain & fever. Pt. has DRESSING to head &
 small amount of sanguinous drainage to (R) occipital region. DRSG.
 to (R) LE, CDI, splinted, ace-wrapped, DRY DRSG Δ'd to (L)
 inguinal wound, moderate sero-sang. drainage, penrose drains
 intact, closed & sutures. Scrotal fluffs Δ'd, small amt.
 of sero-sang. drainage. Incision to scrotum closed &
 sutures, penrose drain intact, scrotal support in place. Pt.
 tolerating PO fluids well. Foley draining clear yellow urine,
 IVSL to (L) AC, flushes well. Pt. in 2-point restraints. No signs
 of skin breakdown. All other assessments WNL. [REDACTED]

7 NOV 03
 2300 ~~At~~ Assumed care of pt @ 1800. A&O. Pain controlled & percocet VSS
 Kerlex sponge to scrotal support. Penrose intact. Draining Sero Sang
 Fluid. Drsg to (L) inguinal w/ut & Sero Sang Fluid. Ad Drsg. Incision
 closed & staples penrose drain intact. Drsg to RLE & Ace wrap CDI
 Drsg to head has Dried Bloody Drainage. AT in (L) AC flush
 & Patent NPO p midnight. Will continue [REDACTED] Monitor

b(1)(a)-2 A1

2 NOV 03 Op Note
 Debride & closure of Groin

[REDACTED]

[REDACTED] 6(w)-4

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
-----------	------------	----------------	-----------

DATE	NOTES
------	-------

8 Nov 03 @ 1300 Pt back from OR in stable condition; All VSS, pt A & O speaking arabic; pain controlled & perc; dsq to head CDT @ drainage; dsq to RLE CDI @ drainage; sacral support intact & Fluffs in place @ drainage; dsq to LLQ of abd CDT, JP drain intact draining sero-sang fluid to low intermittent suction; S/L to LAC patient, easily flushes; cont'd IV abx, Restraints in place @ circ, @ skin break ↓, sent to monitor

8 NOV 03 Temp 103.6 Tylenol 650mg P.O. Incentive @ 2000 Spirometry perform properly @ 900 - 1200 c/s. Thin-productive cough. Kerlix dsq around head dry & intact. @ groin dry dry & intact & low continuous suction, draining serous drainage small amt. @ Lower leg dry dry & intact covered & ace wrapping. Pedal pulses +2 bilateral. Lung clear. Abd soft nondistended BSA 184 @ Censinal 40% of Regular diet for dinner. HOB 30° @ LAC Saline lock patent & intact. 2+ Restraints in place. Will check frequently to ensure proper circulation & prevent skin breaking.

8 NOV 03 @ 2200 hrs Temp 99.8 Will continue to monitor closely

amov Sunny @ LW-2 All
 desig OK

MEDICAL RECORD	PROGRESS NOTES	
DATE	NOTES	
9 NOV 03 (1130)	Rt alo, VSS, & clo pain @ this time. dry drsg s to B unguinal c staples intact (minimal sero-sang drainage to drsg). Head wrapped c Kerlix c small amt dry bloody drainage. B leg c drsg & ace wrap, shadowing being marked, reinforcing as needed. Scrotal flebys sed, small amt sero-sang drainage Foley draining QS cyu. Ancef & Levaquin IV cont per md orders. Suction turned off. JP drain intact. Rt clo B arm being numb. A pulses equal bil, good movement & strength Rt unstructured to do some ROM c arm/hand. & uniform staff up continues. Consumed 75% breakfast this AM. Tol PO well (fluids) 2 pt restraints on c compromise to skin or circulation. Will monitor [REDACTED] 911MB. bles-2	

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
 Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
 USAPA V1.00

[REDACTED]
bles-4

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
10 NOV 03 @2345	<p>(CONF) sero-sang drainage. Pt attempted ambulation & clutched, vent became drouf quickly & pt returned to bed. 2pt restraints on S/S/SX skin/circulation compromise. Plan: Pain control, monitor drsgs, ucps. [REDACTED]</p>		
4 Nov	<p>Surgey groin wound OK prob JP out 12 Nov b/w-2 All [REDACTED]</p>		
11 NOV 03 1100	<p>Rt. alg, VSS, clo pain to @leg. medicated & IT Percocet prior to drsg S/S. @LE drsg A&D. WTD to @ post leg, covered sutures & gauze, sutures to knee + drsg & scant amt sero-sang drainage. @ pulses & brsk cap refill, @ leg elevated. d/IT @ edema. Ancef & Levagun IV cont per md orders. @unguinal drsg S&D, small amt sero-sang drainage. Scrotal fluffs S&D, satur-ated & sero-sang drainage. Foley draining amber urine. Po fluids encouraged. IV to @ AC d/c'd due to infiltration. 20 ga IV started to @ FA x 1 attempt. Plan: ambulate & crutches, pain dri JP output, monitor drsgs. Will monitor [REDACTED] q/m/c.</p>		

MEDICAL RECORD PROGRESS NOTES

DATE	NOTES
10/10/83	<p>Assumed care of Pt @ 1800. Pt A&O. c/o Pain. Pain controlled = percut. LSCTA(B), 4RRR, ④BS x 4quads. Pt Tol PO well. Fold to gravity Draining clear Amber urine. Drgg 1 to ④ inguinal A. Incision closed = staples. JP Drain to Bulb Suct. minimal drainage noted, Incision to scrotum closed = sutures. Penrose drain drain @ inferior of incision. No Drainage noted. Scrotal support in place. Fluff Kerlex in place. Will continue to monitor.</p> <p style="text-align: right;">[REDACTED] 91WMB</p>
11/10	<p>Surgery Scalp & groin OK blue-2 cont JP & gbx</p> <p style="text-align: center;">[REDACTED]</p>
11/10/83	<p><u>OK</u> wound (R) by clean dry. no evidence of infection OK & ambulatory</p>

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

[REDACTED]

blue-4

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
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DATE	NOTES
------	-------

10 NOV
1100
Pt a/c vss, c/o headache & R leg pain upon movement. medicated c Percocet per orders. sutures to back of head intact, Ø drainage sutures OTA. Scrotal fluffs in place c Ø drainage. Ø unguinal drsg c scant amt sang. drainage. dry drsg applied. incision to scrotum closed c sutures, pen rose intact. scrotal support wrap on. foley draining mod. yellow urine. po fluids encouraged. BLE ace & drsg removed by md. this AM. WTD drsg done to R post leg. Dr [redacted]. dry sponges over sutures & wrapped in Kerlix. Pt able to wiggle toes & move feet. Ø pulses & brisk cap refill. 2 pt restraints on E compromise to skin or circulation. Plan: amb. c crutches, pain ctrl IV Abx, monitor drsgs, enc. po fluids. Will monitor [redacted] 91WMB.

b/w 2

1600
Pt COB to chair, pt amb c crutches to door & back. refused to go any further due to pain. Will enc. ambulation [redacted] 91WMB.

10 NOV
@ 2015
assumed care of pt @ 1800. vss. c/o pain to RLE s groin, relief noted c Percocet. LS CTA, Ø BS, tot 25% of dinner; void per foley QS. Foley to traction, penrose drain in scrotum, sero sang drainage noted, scrotal fluffs Δ s support in place. Ø unguinal drsg soaked c drsg, drsg Δ s, suburethra c [redacted] sm. amt of drainage noted. RLE drsg c drsg noted, will monitor. lined Δ pit amount of (cont)

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
11 NOV (1640)	<p> Foley d/c'd per orders, dTV by 2200, up not notified. MD. penrose from scrotum removed. Dr. [redacted] @ BS. Cont to monitor [redacted] 9110mb, (b)(2) [redacted]</p>
11 NOV 1900	<p>Temp 102.4 @ 10 pain to @ Leg. Percocet 2 tabs p.o. given. Oxy to @ Leg & @ groin dry and intact. JPT @ gun to check ducts & report amt of new drainage. Lung clear. Use Incentive Spirometer properly @ 900-1200 w/sec Consumed 40% of regular diet for dinner. Temporal pulses palpable +2. Capillary refill brisk to fingers & toes. Void @ this time bladder non-distended up palpation. Will continue to monitor closely. (b)(2) [redacted] 070</p>
12 NOV 03 0400	<p>Temp 98.3 Staples intact to incision to back of head. Drainage on scrotum used on staples. Inserted end out Foley cath & output obtain bladder non-distended. Encouraged pt to drink fluids. Will continue to (b)(2) monitor. end report to next shift if void</p>

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ISSN of [redacted]
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID. No or SSN; Sex; Date of Birth; Rank/Grade)			REGISTER NO.	WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

[redacted]
b(2)-4

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
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DATE	NOTES
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12 NOV 03 1250 VSS. AA completed OSB A to (R) inner calf w/d. Wound appear beefy & s/s infection @ this time. Sutures intact to calf area and (R) lower leg. Sutures to (L) injured area cut and applied bandages to region. claud gain region and applied Bandages to region and replaced scrotal support. Able to void @ this time, light urine with s/s difficulty. Able to ambulate on crutches, NIB to RLE & assistance. s/s of skin breakdown.

(b)(7)-2 [REDACTED]

12 NOV 03 2000 Temp 100!. Alert & oriented. Dry to (R) leg d/I (L) groin dry d/I. Staples to back of head incision intact & w/d incision edges well approx. drainage on crutches noted to staples. Scrot support in place. Kerlit fluff to scrotal area change. Incision to left groin area edges well approx with sutures intact. (R) FA IV difficult to flush (R) AF FA IV d/c & cath intact but bent. Reste 20g/1/4 in IV to (L) hand. Peripheral pulses palpable t2. (R) foot & edema noted non-pitting (R) Leg ↑ on foldal blankets. Capillary refill brisk to toes. Will continue care as planned.

(b)(7)-2 [REDACTED]

13 NOV 03 0500 Temp 97.5. Resting well with eye closed. No distress or discomfort noted as noted 11/12/03

[REDACTED]



(b)(7)-u

MEDCOM - 23405

STANDARD FORM 509 (REV. 5/1999) BAC
USAPA V1.1

MEDICAL RECORD

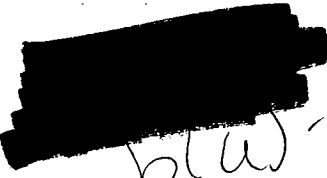
PROGRESS NOTES

DATE	NOTES
11/13	Surg groin wound clean
	 b(4)-2
13 NOV 03 1235	VSS. AO. DSG's ad the RLE and wound clean, pink S of S of infarct. Sutures to 2 original area CDI & applied antibiotic ointment. Encouraged w/ ROM by patient of RLE. Scrotal support in place. S of S of skin healed.
14 NOV 03 (0230)	NSG-VSS. DSG Ned on day shift. (R) Ft V DSG CDI. (L) Groin DSG scant amt of serous drainage on drg. Pt c/o (R) Ft pain. Med c # perc. (R) Ft (L) 2 edema. (L) pedal pulse. Ft warm to touch c brisk cap refill. Encouraged pt to do ROM c (R) Ft to prevent ft drop. Pt demonstrated understanding Pt is wearing scrotal support. Pt has staples on back of head that runs sagittally. Staples well approximated c S/S of infection. Pt amb to BR x 1 c crutches. Has steady gait c crutches. Infusing IV ABX. b(4)-2 
14 NOV 03 (1310)	Assumed care ad drg. Pt alert, speaking Arabic. VSS. Pain controlled c Percos. DSG to RLE ad w/d.

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

 b(4)-d

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
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DATE	NOTES
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14 NOV 03 (1310) (cont.) Dsg to @ groin Ad. Staples CDI. Bacitracin applied to incision by pt. ϕ stx infection $\bar{\bar{a}}$ wound sites. SL in @ arm flushes well $\bar{\bar{a}}$ stx infection/infiltration. sutures in scrotum CDI. scrotal support in place. Tol. reg diet well. Voiding $\bar{\bar{a}}$ difficulty. 2-point restraints in place $\bar{\bar{a}}$ stx complications. will cont. to monitor. [REDACTED] (1545) IV in @ arm d/c'd d/t infiltration-catheter intact. 18g IV started in @ forearm flushes $\bar{\bar{a}}$ stx infiltration. Pt amb in hallway $\bar{\bar{c}}$ crutches $\bar{\bar{a}}$ difficulty. ϕ clo pain. will monitor. [REDACTED]

14 NOV 03 (2130) VSS. Pt clo pain. Med $\bar{\bar{c}}$ # percoets. Will monitor. Pt has DSG to @ ankle CDI. @ groin DSG WTD CDI. Staples sagittal to in mid line $\bar{\bar{a}}$ back of head. Staples well approximated $\bar{\bar{a}}$ stx of infection. Infusing IV ABX. SL $\bar{\bar{p}}$ infusion. scrotal support in place. [REDACTED]

~~15 NOV @ ankle~~ b(u)-2 full

15 NOV Sney
groin wound clean afk
[REDACTED]

15 NOV 03 (1500) Assumed care $\bar{\bar{a}}$ d/c'd. Pt alert, speaking Arabic. VSS. ϕ clo pain. Pt to OR this am for closure of RLE wound. Dsg to RLE CDI. Dsg to @ groin area 2 CDI. Staples CDI. SL in @

MEDICAL RECORD PROGRESS NOTES

DATE	NOTES
15 NOV 83	(cont) forearm flushes well $\bar{3}$ S/Sx infiltration. Tol. reg diet well. Voiding $\bar{5}$ difficulty. 2. point restraints in place $\bar{3}$ S/Sx complications. Will cont to monitor.
215.	Assumed care of pt. @ 1800. A+O, USS voiding per urinal - cyu. HL @ FA cot, patient, flushes well. \ominus S/Sx inf. Lungs cTA @, Resp. even-unlabored, B5x4, Drsgs cot. Pt. has ϕ clo/pain @ this time. Will cont. to monitor pt.
16 NOV	Surgery gown ward clean b(6)-2
16 NOV 83 (1035)	Assumed care w/ ϕ ϕ ϕ . Pt alert, speaking Arabic. USS. ϕ clo pain. Drsgs to @ groin and RUE ad. Sutures to RUE and scrotum and staples to @ groin cot. ϕ S/Sx infection. SL in @ forearm flushes well $\bar{3}$ S/Sx complications. Tol. reg diet well. Voiding

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
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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. 10W
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[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

0(w)-2 All

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
DATE	NOTES		
16 NOV 03 (1035)	(cont.) \bar{S} difficulty. 2-point restraints in place \bar{S} slx complications. Will cont. to monitor. \rightarrow [redacted] (1745) Pt OOB to amb in hallway \bar{C} crutches \bar{S} difficulty. ϕ C/O pain. monitoring [redacted]		
16 NOV 03 2030	Alert & Orient VSS. (R) FA IV difficult to flush & ϕ flush lock noted. (R) FA IV D/C'd due to mult discoloration of old infiltrate at the UE. Anesthesia was called to restart IV. IV 18g 11cm cath inserted w/ (R) hand XI attempt. Saline lock applied. (R) LL dry dry & intact. (L) groin dry dry & intact. Scrutal support in place. Urinary clear yellow urine. Consumed 80% of Regular diet & 2 restraints applied without compromising skin integrity or circulation. Will continue care as planned. [redacted] 24 hr		
17 NOV 03 @ 1400	Assumed care of pt. @ 0600. V.S.S. A&O, ϕ C/O pain. Sutures to (L) inguinal area & (R) LE intact, edges well approximated, scant serous drainage incisions scabbing over. DRNGS Δ 'd, Bacitracin ointment applied. Pt. OOB \rightarrow BR at this time, ambulates well \bar{C} crutches. Pt. in 2-point restraints while in bed, ϕ signs of skin breakdown. Pt. complaining of rough & sore throat. All other assessments WNL. Pt. to be D/C'd to EPW camp tomorrow. [redacted]		
18 NOV 03 @ 0440	Assumed care @ ¹⁸⁰⁰ 0600, VSS, pt A&O speaking arabic, ϕ C/O pain; pt OOB to amb in hall \bar{C} BR-X2 \bar{C} crutch assistance; all dsgrs CDI, ϕ drainage noted; staples to posterior aspect of head intact, OTA ϕ drainage, ϕ slx infection [redacted]		

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
11-18-53	D/c note
	<p>30 y/o Iraqi male sustained GSW to groin and right leg. Sustained open right tibia and fibula fracture and injury to left thigh and scrotum. Had orchiectomy performed and I.M. nailing of right tibia. Remaining sutures should be removed from groin and leg in one week. Patient should remain non-weight bearing on right leg for 6 weeks. Continue oral antibiotics for 3 weeks. (Clevoprim 500mg po QD). Keep leg wounds clean and dry.</p>
	
	b(6)-2

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)			REGISTER NO.	WARD NO.

PROGRESS NOTES
Medical Record

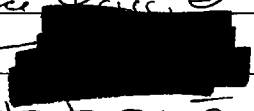

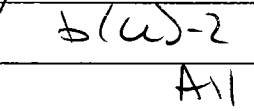
STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00




b(6)-4

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
	(cont) Significant AS in assessment; Restraints in place.  skin break ↓, cont to monitor 
	18 NOV 03 (1215) Pt stable for dlc to camp. Ambulatory c crutches - escorted by mps. 
	b/w-2 A11

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
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. KW1


b/w-4

PROGRESS NOTES
Medical Record

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MEDCOM - 23411

b(6)-2

Ward/Section: ER		REQUESTING PHYSICIAN: [REDACTED]		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)																																											
LAST, FIRST, MI: [REDACTED]		DATE: 07/11/03	TIME: 01:30	SSN/PSEUDO SSN: [REDACTED]																																											
(Piccolo) Chemistry 13			(Piccolo) Metabolic Panel																																												
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE																																										
<p>===== PICCOLO =====</p> <p>07/11/03 01:31</p> <p>REFERENCE [REDACTED] MALE</p> <p>PATIENT #: 1237</p> <p>LIVER PANEL PLUS</p> <p>DISC LOT #: 3154AA7</p> <p>OPER #: [REDACTED] DR #: 000</p> <p>SERIAL #: [REDACTED]</p> <p>.....</p> <p>ALB 3.6 3.3-5.5 G/DL</p> <p>ALP 64 26-84 U/L</p> <p>ALT 23 10-47 U/L</p> <p>AMY 52 14-97 U/L</p> <p>AST 41* 11-38 U/L</p> <p>TBIL 0.5 0.2-1.6 MG/DL</p> <p>GGT 20 5-65 U/L</p> <p>TP 6.4 6.4-8.1 G/DL</p> <p>.....</p> <p>INST QC: OK CHEM QC: OK</p> <p>HEM 1+, LIP 0, ICT 0</p>			<p>U 73-118 mg/dl</p> <p>IN 7-22 mg/dl</p> <p>CR 8.0-10.3 mg/dl</p> <p>LE 0.6-1.2 mg/dl</p> <p>UR 128-145 mmol/l</p> <p>UR 3.3-4.7 mmol/l</p> <p>UR 98-108 mmol/l</p> <p>O₂ 18-33 mmol/l</p>																																												
<p>i-STAT, EC8+</p> <p>Pt: [REDACTED] b(6)-4</p> <p>Pt Name: [REDACTED]</p> <p>Glu 132 mg/dL</p> <p>BUN 22 mg/dL</p> <p>Na 141 mmol/L</p> <p>K 4.0 mmol/L</p> <p>Cl 108 mmol/L</p> <p>CO2 30 mmol/L</p> <p>Gap 9 mmol/L</p> <p>Hct 36 %PCV</p> <p>Hb* 12 g/dL</p> <p>*via Hct</p> <p>pH 7.292</p> <p>PCO2 58.4 mmHg</p> <p>HCO3 26 mmol/L</p> <p>BEecf 2 mmol/L</p> <p>Sample Type: [REDACTED]</p> <p>07NOV03 01:30</p> <p>Oper: [REDACTED]</p> <p>Physician: [REDACTED]</p> <p>Ser# [REDACTED]</p> <p>Ver: [REDACTED]</p>			<p style="text-align: center;">(Piccolo) Liver Panel Plus</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>TEST</th> <th>RESULT</th> <th>REF. RANGE</th> </tr> </thead> <tbody> <tr><td>B</td><td></td><td>3.3-5.5 g/dl</td></tr> <tr><td>P</td><td></td><td>26-84 u/l</td></tr> <tr><td>T</td><td></td><td>10-47 u/l</td></tr> <tr><td>TY</td><td></td><td>14-97 u/l</td></tr> <tr><td>T</td><td></td><td>11-38 u/l</td></tr> <tr><td>IL</td><td></td><td>0.2-1.6 mg/dl</td></tr> <tr><td>T</td><td></td><td>5-65 u/l</td></tr> <tr><td></td><td></td><td>6.4-8.1 g/dl</td></tr> </tbody> </table> <p style="text-align: center;">(Piccolo) Electrolyte</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>TEST</th> <th>RESULT</th> <th>REF. RANGE</th> </tr> </thead> <tbody> <tr><td></td><td></td><td>128-145 mmol/l</td></tr> <tr><td></td><td></td><td>3.3-4.7 mmol/l</td></tr> <tr><td></td><td></td><td>98-108 mmol/l</td></tr> <tr><td>O₂</td><td></td><td>18-33 mmol/l</td></tr> </tbody> </table>			TEST	RESULT	REF. RANGE	B		3.3-5.5 g/dl	P		26-84 u/l	T		10-47 u/l	TY		14-97 u/l	T		11-38 u/l	IL		0.2-1.6 mg/dl	T		5-65 u/l			6.4-8.1 g/dl	TEST	RESULT	REF. RANGE			128-145 mmol/l			3.3-4.7 mmol/l			98-108 mmol/l	O ₂		18-33 mmol/l
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REPORTED BY:		DATE:	LAB ID NO.:																																												

MEDCOM - 23412

Ward/Section: ER REQUESTING CLINIC: [REDACTED] LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) SSN/PSEUDO SSN: [REDACTED]

LAST, FIRST, MI. [REDACTED] DATE: 11/07/03 TIME: 01:08

(Hematology) CBC Urinalysis Misc. Serology

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		* 4.8-10.8 x 10 ³	Color	Straw	N/A	RPR		Negative
			Asp	neg	N/A	Mono		Negative
			Glu	neg	Negative	Microbiology		
			Bili	neg	Negative	Source		
			Ket	neg	Negative	Gram Stain		
			SG	1.025	N/A	Occ Bld		Negative
			Bld	neg	Negative	H. pylori		Negative
			pH	6.0	N/A	Micro Parasites		
			Prot	neg	Negative	Malaria		
			Urob	neg	0.2-1.0	O & P		
			Nit	neg	Negative	Other		
			Leuk	neg	Negative	Microscopic Urinalysis		
			HCG		Negative			

Microbiology

Microscopic Urinalysis

ID: [REDACTED] 07-11-03
 MB [REDACTED] 01:40
 Patient Limits

WBC	20.8 H	x10 ³ /uL	4.5	10.5
RBC	4.43	x10 ⁶ /uL	4.00	6.00
Hgb	12.8	g/dL	11.0	18.0
Hct	40.5	%	35.0	60.0
MCV	91.3	fL	80.0	99.9
MCH	29.0	pg	27.0	31.0
MCHC	31.7 L	g/dL	33.0	37.0
Plt	329.	x10 ³ /uL	150.	450.
LYZ	Z	20.5	51.1
LY#	---	x10 ³ /uL	1.2	3.4

RAPIDPOINT COAG ANALYZER V4.54
 SERIAL #005485 11/07/03 01:46

Patient ID: [REDACTED]
 Test Name :PT
 Test Result:= 13.6 sec.
 Ratio = 1.1
 Calculated INR = 1.19
 Sample Type:citrated wh. blood
 Test Date :11/07/03
 Test Time :01:45
 Card Lot [REDACTED]
 Operator [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
 SERIAL #005485 11/07/03 01:49

Patient ID: [REDACTED]
 Test Name :APTT
 Test Result:= 32.8 sec.
 Sample Type:citrated wh. blood
 Test Date :11/07/03
 Test Time :01:47
 Card Lot [REDACTED]
 Operator [REDACTED]

CSF Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

cn	Negative	ABO/Rh	
----	----------	--------	--

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

UNIT	TYPE	CROSSMATCH

LAB ID NO.:

Ward/Section: TCW1 REQUESTING PHYSICIAN: blew-4 LABORATORY RESULT FORM
 (Subject to the Privacy Act of 1974)
 LAST, FIRST, MI: [REDACTED] DATE: 10 NOV TIME: 0436

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt		130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC			ICG		Negative			

PAPIDPOINT COAG ANALYZER V4.54
 SERIAL #005485 11/10/03 04:46

Patient ID: [REDACTED]
 Test Name : PT
 Test Result := 19.3 sec.
 RESULT OUT OF RANGE
 Ratio ~~1.0~~
 Calculated INR ~~1.0~~
 Sample Type: citrated wh. blood
 Test Date : 11/10/03
 Test Time : 04:45
 Card Lot : [REDACTED]
 Operator : [REDACTED]

PAPIDPOINT COAG ANALYZER V4.54
 SERIAL #005485 11/10/03 04:49

Patient ID: [REDACTED]
 Test Name : APTT
 Test Result := 50.9 sec.
 RESULT OUT OF RANGE
 Sample Type: citrated wh. blood
 Test Date : 11/10/03
 Test Time : 04:47
 Card Lot : [REDACTED]
 Operator : [REDACTED]

CSF		Blood Bank	
Cell Count		MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED	
Directigen	Negative	ABO/Rh	
Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)			
UNIT	TYPE	CROSSMATCH	
IE:	LAB ID NO.:		

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET					FROM _____ HOURS	TOTAL HOURS COVERED	DATE		
					TO _____ HOURS				
JP drain (CSIA)					INTRA VENOUS				
TIME	TYPE	AMOUNT	ACCUM TOTAL	TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
06-18	bloody	40cc	40cc						
	(before turning off SXTB)								
1600	bloody	10cc	10cc						
0500	bloody	45cc	53cc's						
1700	bloody	30cc	85cc						
05	serous	20cc							
1800	bloody	15cc	15cc						
0600									
1800									
0600	Total								
					IRRIGATIONS (N/G, Bladder, etc.)				
				TIME		TYPE	AMOUNT		ACCUMULATIVE TOTAL
BLOOD/BLOOD DERIVATIVES					OTHER INTAKE				
TIME STARTED	PRODUCT (i.e. Bl, Alb, P. cells, etc.)	TIME COMPL	AMOUNT	ACCUM TOTAL	TIME	TYPE	AMOUNT		ACCUMULATIVE TOTAL
GRAND TOTAL INTAKE									

USAPPC V1.00

[Redacted] b/w-4

* JP OUTPUT *
 0/2'd 12/10/03
 [Redacted] b/w-2

MEDCOM - 23415

MEDICAL RECORD	PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT <small>For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General.</small>
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1. AGE: <u>30</u> HEIGHT: <u>/</u> WEIGHT: <u>/</u>	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): <u>NKDA</u>
	3. PREVIOUS SURGERY [] NO [] YES (type): <u>UNK</u>

4. PROPOSED SURGICAL PROCEDURE: NO PMAX per patient thru translate
(RTIB/FB FX TD) groin exploration

5. ADDITIONAL INFORMATION: Last PO: / Medical Hx: X Implants: X Medications: X
 Jewelry removed: yes/X Family waiting: yes/X

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

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

[REDACTED]
bles-4

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



10. OR NURSING INTERVENTIONS COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

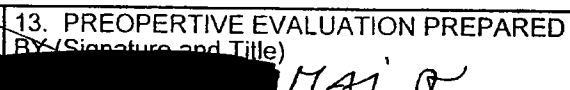
DATE

11. POSTOPERATIVE EVALUATION:

Awake, able to move. Bowel sites clean and intact pre-post op dressing intact

b(6)-2

PREOPERATIVE EVALUATION PREPARED BY

 DATE:  TIME: 0220

13. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title)
 MAJ R
 DATE: 7/16/03 TIME: 0400

b(6)-2

MEDICAL RECORD		INTRAOPERATIVE DOCUMENT																									
For use of this form, see AR 40-407, the proper policy is the office of The Surgeon General.																											
1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>litter</u> BY <u>Anesthesia</u>		2. PATIENT IDENTIFIED AND PROCEDURE VERIFIED BY <u>[Redacted] SPT/AN</u>																									
3. DATE <u>8 NOV 03</u> TIME PATIENT ARRIVED IN SUITE		4. PATIENT IN ROOM TIME: <u>0805</u> NUMBER <u>1-1 (2)</u>																									
5. PREOPERATIVE EMOTIONAL STATUS																											
<input checked="" type="checkbox"/> CALM <input type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> OTHER (Specify)																											
COMMENTS: <u>pt not english speaker.</u>																											
6. NURSING PERSONNEL																											
ASSIGNED SCRUB	SPC <u>[Redacted] 91D</u>	RELIEF SCRUB																									
	PFC <u>[Redacted] 91D</u>																										
ASSIGNED CIRCULATOR	CPT <u>[Redacted] b(6)-2</u>	RELIEF CIRCULATOR																									
	CPT <u>[Redacted] b(6)</u>																										
7. POSITION AND POSITIONAL AIDS (Specify) <u>pt on fracture table. (R) foot @ traction bow as padded knee holder. (L) leg straight on foot holder that is padded.</u>																											
<input checked="" type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE LATERAL: <input type="checkbox"/> LEFT SIDE UP <input type="checkbox"/> RIGHT SIDE UP																											
COMMENTS: <u>pt positioned by Dr. [Redacted]</u>																											
8. SKIN PREPARATION																											
HAIR REMOVAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Dr. <u>[Redacted]</u>		PREP SOLUTION (Specify) <u>Beta/Beta b(6)-2</u>																									
DONE BY: <input checked="" type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT		SITE: <u>(R) leg</u> BY WHOM: <u>CPT [Redacted]</u>																									
METHOD: <input type="checkbox"/> DEPILATORY <input checked="" type="checkbox"/> RAZOR		SITE: <u>(L) hip & groin</u> BY WHOM: <u>CPT [Redacted]</u>																									
<input type="checkbox"/> CLIP																											
COMMENTS: <u>no nicks or cuts noted.</u>		COMMENTS: <u>no pooling of prep noted.</u>																									
9. LOCATION OF EXTERNAL DEVICES																											
LEGEND X Ground Pad -- Safety Strap === Tourniquet																											
C = Correct I = Incorrect																											
10. COUNTS		SCRUB <u>b(6)-2</u> CIRCULATOR																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>initial</th> <th>First Closing</th> <th>Final Closing</th> </tr> <tr> <th></th> <th>Other**</th> <th>Count</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Sponge</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td></td> </tr> <tr> <td>Needle Sharp</td> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><u>C</u></td> <td><u>C</u></td> </tr> <tr> <td>Instrument</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td></td> </tr> </tbody> </table>			initial	First Closing	Final Closing		Other**	Count	Count	Sponge	<input type="checkbox"/> Yes <input type="checkbox"/> No			Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>C</u>	<u>C</u>	Instrument	<input type="checkbox"/> Yes <input type="checkbox"/> No			Other	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	initial	First Closing	Final Closing																								
	Other**	Count	Count																								
Sponge	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
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Instrument	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)		12. ELECTROSURGERY DEVICE(S) (ESU) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																									
# <u>[Redacted] b(6)-4</u>		<u>CUT 50</u> <u>COAG 50</u>																									
<u>[Redacted] b(2)-2</u>		ESU NO: <u>Valleylab</u>																									
<u>8 NOV 03</u>		GROUND PAD: BRAND <u>Valleylab 67507</u>																									
		LOT NO: <u>73538 2005-08</u>																									
		ESU NO: _____																									
		GROUND PAD: BRAND _____																									
		LOT NO: _____																									
		BIPOLAR NO: _____																									

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

IM NAILING set
load # 0329401
10x330mm

IM NAILING set
instruments
42
36
38

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION YES NO; TYPE(S):

0.9% NaCl

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

C-ARM (R) leg

16. LABORATORY SPECIMENS

SPECIMEN (S)	NAME	NAME
YES <input type="checkbox"/> NO <input type="checkbox"/>		
FROZEN SECTION (FS)	NAME	NAME
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CULTURE (C)	NAME	NAME
YES <input type="checkbox"/> NO <input type="checkbox"/>		
NAME	NAME	NAME
NAME	NAME	NAME

17. TUBES, DRAINS/PACKING YES NO

TYPE/SIZE	1.	2.	3.
	10mm JP Drain		
SITE	Groin		

18. DRESSING/IMMOBILIZATION (Specify)

- sluffs
- Kerlix
- ace wrap

GROW
sluffs
4x8
Jock strap.

19. ADDITIONAL INFORMATION

Surgeon:
Dr. [redacted] bleed

Anesthesia:
CRNA [redacted] CRNA General

20. OPERATION(S) PERFORMED

IM nailing (R) tibia
IED Groin wound.

21. PATIENT TRANSFERRED TO: TIME: METHOD:

lea PACU 1208 litter

22. REGISTERED NURSE SIGNATURE

[redacted] CRT/AMB (a) - 2

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT (b)(6)-2

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA WHEEL BY Anesthesia

2. PATIENT IDENTIFIED AND PROCEDURE VERIFIED BY CPT [redacted] An (Emergency)

3. DATE 1 Nov 03 TIME PATIENT ARRIVED IN SUITE 0723

4. PATIENT IN ROOM TIME: 0725 NUMBER 6-1

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS: Pt able to follow commands, awake & NPO
Npo p???

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>SGT [redacted]</u>	RELIEF SCRUB	
	<u>SGT [redacted] PEREE</u>		<u>b(6)-2</u>
ASSIGNED CIRCULATOR	<u>MAJ [redacted]</u>	RELIEF CIRCULATOR	
	<u>CPT [redacted]</u>		

7. POSITION AND POSITIONAL AIDS (Specify)

placed on bed, anatomically alignment neutral

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

COMMENTS: Arm on arm board, 90° stopped, strap above (L) knee

8. SKIN PREPARATION

HAIR REMOVAL YES NO

DONE BY: OR NURSING UNIT

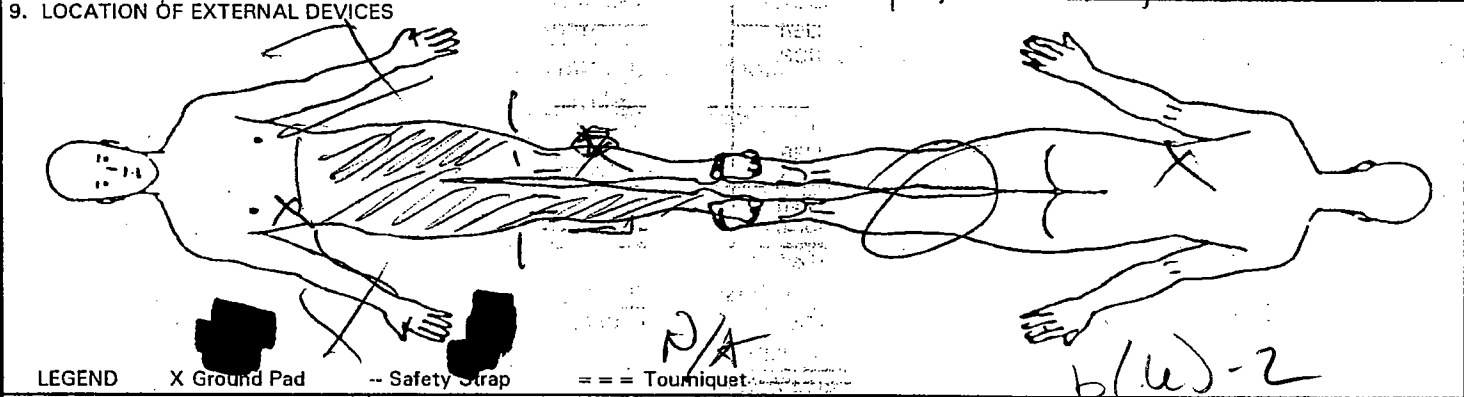
METHOD: DEPILATORY RAZOR CLIP

PREP SOLUTION (Specify) BETAC/BETA

SITE: Right thigh BY WHOM: CPT [redacted]

SITE: thigh BY WHOM: MAJ [redacted]

COMMENTS: of pool of solution used



10. COUNTS

	Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Σ</u>	<u>Σ</u>	<u>[redacted]</u>	<u>[redacted]</u>
Needle Sharp	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Σ</u>	<u>Σ</u>	<u>[redacted]</u>	<u>MAJ</u>
Instrument	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Σ</u>	<u>Σ</u>	<u>[redacted]</u>	<u>[redacted]</u>
Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<u>[redacted]</u>	<u>[redacted]</u>

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

[redacted]

b(6)-4

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

ESU NO: Valley Lab 40 Com #1

GROUND PAD: BRAND Rem Valley Lab LOT NO: 23538 2005/08

ESU NO: Valley Lab 20 Com #1

GROUND PAD: BRAND Rem Valley Lab LOT NO: 65706 2004/01

BIPOLAR NO: _____

13. PROSTHESIS, IMPLANTS YES NO IF YES NAME: ID NUMBE FACTURER


14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION YES NO, TYPE(S):
Neck

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE  *blw-2*

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

16. LABORATORY SPECIMENS

SPECIMEN (S)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FROZEN SECTION (FS)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CULTURE (C)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
NAME	NAME	NAME
NAME	NAME	NAME

17. TUBES, DRAINS/PACKING YES NO


TYPE/SIZE	1.	2.	3.
	<i>16Fr Foley</i>	<i>3/8 Purcell</i>	
SITE	<i>Bladder (R)</i>	<i>Groin</i>	

18. DRESSING/IMMOBILIZATION (Specify) *(R)*
blow
fluff
4x8
TAP
scrotal support
fluff
kerlix
webair
plint
ACE

19. ADDITIONAL INFORMATION
S: Dr [Redacted]
Dr [Redacted]
Dr [Redacted]
Dr [Redacted]
blw-2
type: GREFA
Bone site clean pre-post op clean, intact.
Dressing dry clean, intact.

20. OPERATION(S) PERFORMED
Groin Exploration / I/O of (R) Gg / Head
incision closure

21. PATIENT TRANSFERRED TO *PACU* TIME *0350* METHOD *lifter*

22. REGISTERED NURSE SIGNATURE  *blw-2*

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Litter BY CPT [redacted]

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY MAJ [redacted] (blue)-2

3. DATE 15 Nov 03 TIME PATIENT ARRIVED IN SUITE 0927

4. PATIENT IN ROOM TIME 0927 NUMBER 2-1

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>SGT [redacted] (blue)-2</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>MAJ [redacted]</u>	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL YES NO

DONE BY: OR NURSING UNIT

METHOD: DEPILATORY RAZOR

CLIP

PREP SOLUTION (Specify) Povidone scrub + solution

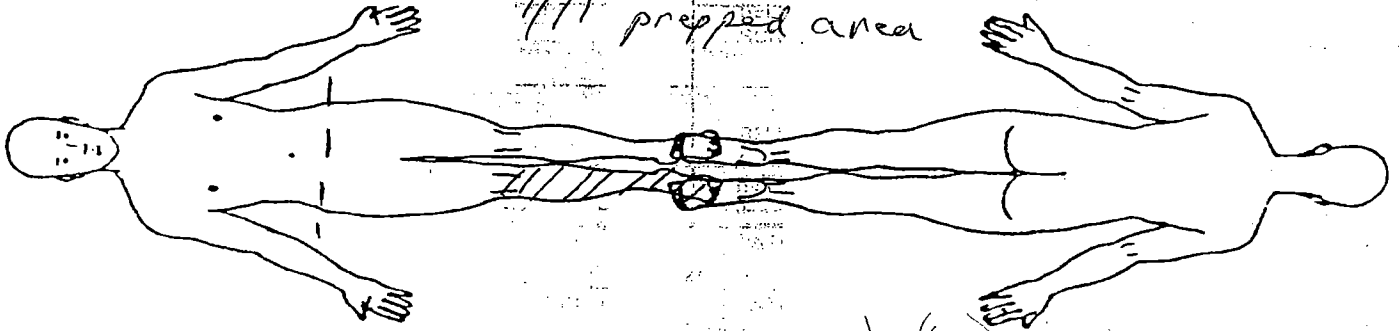
SITE: RF Leg BY WHOM: MAJ [redacted]

SITE: BY WHOM: [redacted]

COMMENTS:

COMMENTS: No pooling of solution

9. LOCATION OF EXTERNAL DEVICES



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

10. COUNTS		C = Correct I = Incorrect		SCRUB	CIRCULATOR
	Other**	First Closing Count	Final Closing Count		
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>C</u>	<u>[redacted]</u>	<u>[redacted]</u>
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>C</u>	<u>[redacted]</u>	<u>[redacted]</u>
Instrument	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<u>[redacted]</u>	<u>[redacted]</u>
Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<u>[redacted]</u>	<u>[redacted]</u>

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

[redacted]

(blue)-4

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

ESU NO: _____

GROUND PAD: BRAND _____

LOT NO: _____

ESU NO: _____

GROUND PAD: BRAND _____

LOT NO: _____

BIPOLAR NO: _____

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

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA)						
					YES <input type="checkbox"/>	NO <input type="checkbox"/>
MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY	

WOUND IRRIGATION YES NO; TYPE(S): N.S.

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

SPECIMEN (S) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NAME	NAME
FROZEN SECTION (FS) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NAME	NAME
CULTURE (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NAME	NAME
NAME	NAME	NAME
NAME	NAME	NAME

17. TUBES, DRAINS/PACKING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				18. DRESSING/IMMOBILIZATION (Specify) <u>Fluffs</u> <u>Kerlix</u>
TYPE/SIZE	1.	2.	3.	
SITE	1.	2.	3.	

19. ADDITIONAL INFORMATION
 Surgeon: Dr [REDACTED]
 Anes: CPT [REDACTED]
1000-2 AM

20. OPERATION(S) PERFORMED
DPC Rt leg

21. PATIENT TRANSFERRED TO PACU TIME 1010 METHOD Litter

22. REGISTERED NURSE SIGNATURE [REDACTED] MAJ AN

MEDICAL RECORD				VITAL SIGNS RECORD														
HOSPITAL DAY																		
POST-		DAY																
MONTH-YEAR		DAY		15			15			16			17			18		
19		NOV																
2003																		
PULSE (O)		TEMP. F (°)																
		105°																
180		104°																
170		103°																
160		102°																
150		101°																
140		100°																
130		99°																
120		98.6°																
110		98°																
100		97°																
90		96°																
80		95°																
70																		
60																		
50																		
40																		
RESPIRATION RECORD																		
BLOOD PRESSURE																		
HEIGHT: WEIGHT →																		
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)																		
REGISTER NO.																		
WARD NO.																		

(Centigrade Equivalents, for Reference only)

STANDARD FORM 511 (REV. 7-95) BACK

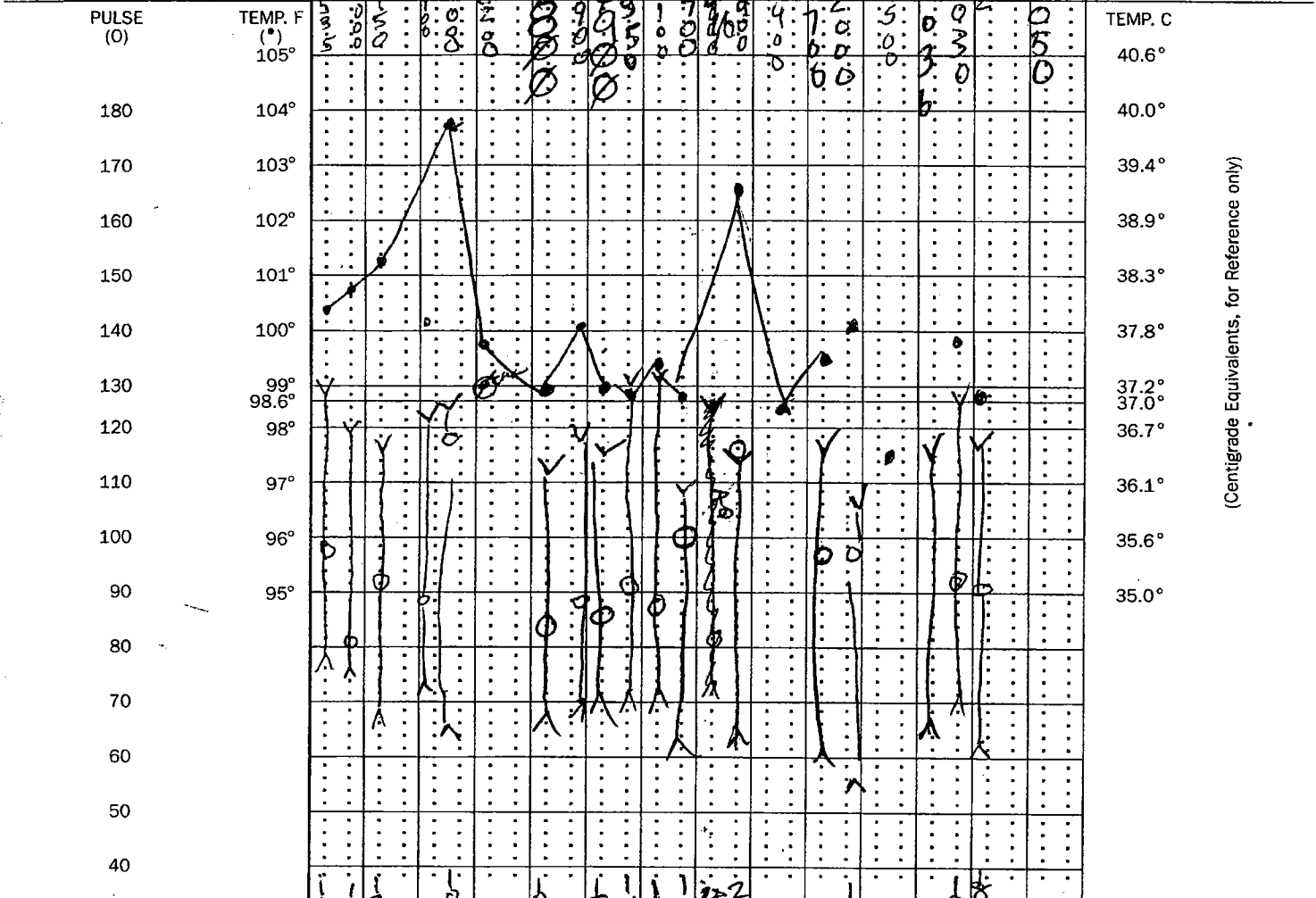
[REDACTED]
b(6)-4

MEDCOM - 23424

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY														
POST-	DAY													
MONTH-YEAR	NOVEMBER 2003	DAY	7	8	9	10	11	12	13	14				
		HOUR	0	1	2	3	4	5	6	7	8	9	10	11



(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD		6	6	8	8	8	4	4	6	2	8	8			
BLOOD PRESSURE		127/77	114/68	122/74	112/68	115/71	130/72	114/65	101/63	101/63	116/72	115/71	126/72	116/63	116/63
Pulse		99	91	129/62	84	91	88	88	88	88	91	91	91	93	93
HEIGHT:	WEIGHT														
O ₂ Sat	RA	95%	98%	99%	98%	99%	100%	99%	98%	98%	98%	98%	100%	100%	98%
Pump	Temp	100.3	101.1										99.9		

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

REGISTER NO. _____ WARD NO. _____

[Redacted]
 b1(w)-4

VITAL SIGNS RECORDS
Medical Record

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

MEDCOM - 23425

ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 36 DAYS MOS YRS

Sex () MALE () FEMALE

ASA Physical State 1 2 3 4 5 E
 WT: 72 KG/LB HT: _____ IN.
 ALLERGIES: NKA

PROPOSED PROCEDURE: _____
 SURGICAL SERVICE: _____
 NPO SINCE: 1800

HABITS:
 TOBACCO:
 ETOH:
 DRUGS:

CURRENT MEDICATIONS:
 () = ordered as premed
 () _____
 () _____
 () _____
 () _____
 () _____

PREMEDICATIONS:
 None Yes (@ _____ Hrs) / CC
 _____ mg IV IM PO
 _____ mg IV IM PO
 _____ mg IV IM PO

LABORATORY STUDIES:
 HB/HCT: _____
 UA: _____
 OTHER: _____

PREOPERATIVE PAST MEDICAL HISTORY/SYSTEMS REVIEW

Cardiovascular:
 Hypertension N Y
 Angina N Y
 MI N Y
 CVA N Y
 Other N Y

Pulmonary System:
 Asthma N Y
 Bronchitis/URI N Y
 COPD N Y
 Other N Y

Renal System:
 Acute/Chronic RF N Y

Gastrointestinal:
 Hepatitis N Y
 Hiatal Hernia N Y
 PUD/GERD N Y

Endocrine System:
 Diabetes N Y
 Steroids N Y
 Thyroid N Y

Neurological:
 Seizures N Y
 Neuropathy N Y
 Other N Y

Gynecological:
 Pregnancy N Y

Other Significant Hx: _____

Familial HX _____

ASSESSMENT PAST SURGICAL/ANESTHETIC
 Chest

PHYSICAL EXAMINATION
 BP 120/84 HR 99 R L T _____
 Pain Scale 0-10 3
 HEENT - Teeth Natural
 Trachea M-2
 TMJ/Neck _____
 Oropharynx _____
 Nares _____
 CHEST: CTA
 CARDIAC: NSR
 EXTREMITIES: _____
 IV Access: _____
 Ulnar Filling: _____
 BACK: _____
 OTHER: _____

NPO Since 1800

ANESTHETIC PLAN: () LOCAL () MAC () Regional (Specify): _____ General: Mask Intubation

INFORMED CONSENT/COUNSELING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained to and discussed with the patient/legal guardian.

The patient/le _____ and agrees. Questions answered.
 Signed: _____ Date: 09 Nov 03 Time: 0159 Hrs

POST-ANESTHESIA EVALUATION AND NOTE (NON ASU)
 () NO APPARENT ANESTHETIC COMPLICATIONS () OTHER

Signed: _____ Date: _____ Time: _____ Hrs

SEDATION KEY:

- MINIMAL (Anxiolysis)** Patient responds normally to verbal commands
- MODERATE (conscious sedation)** Patient responds purposefully to verbal commands alone or accompanied by light tactile stimulation. Airway assistance is not necessary.
- DEEP SEDATION/ANALGESIA.** Patient responds purposefully following repeated or painful stimulation. Airway assistance may be necessary.
- ANESTHESIA.** Patient does not respond to painful stimulation.

Patient Identification: (Ward) _____

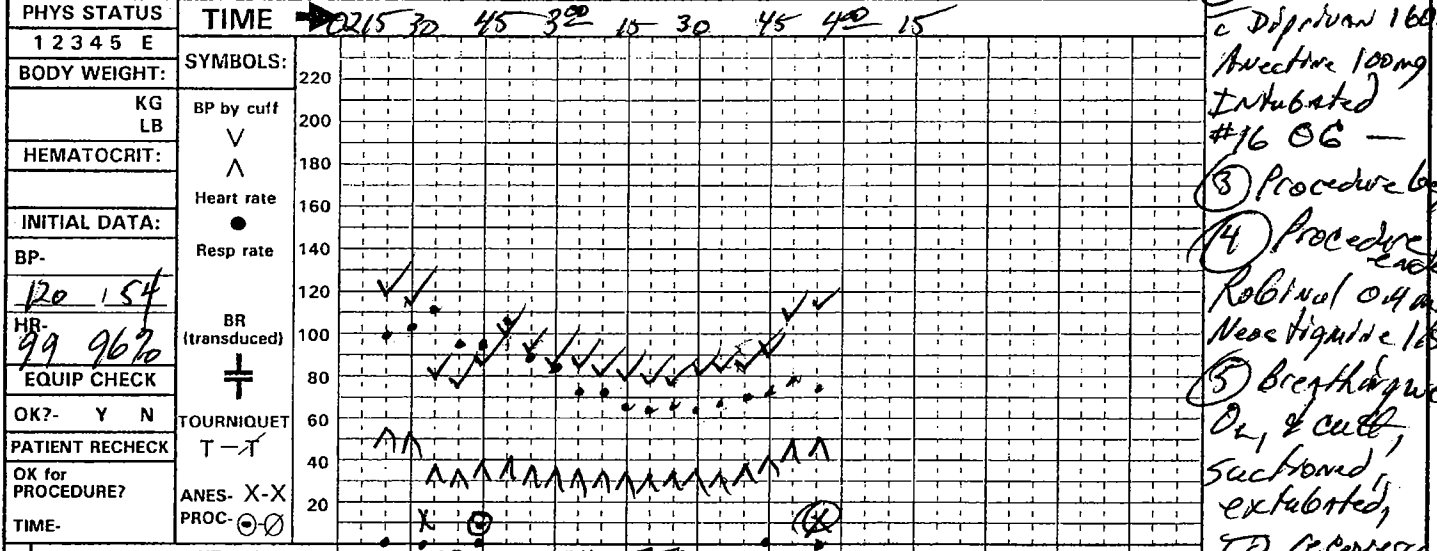
blw-4

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, * = CONSTANT INFUSION	DRUG (Units)	TOTALS	TOTAL EBL	
	Fentanyl / sed / ed	100 50 50 50		< 50
	Rocuronium 1mg / ed			TOTAL URINE
	()			500
	()			
VOLAT AGENT	Forane % del	F3-2-15-1.25 ← 1 →		
AIR	L/Min			
N2O	L/Min			
O2	2 L/Min			
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS		FLUIDS - SUMMARY		
		CRYSTALLOID- 2340		
		COLLOID-		
		BLOOD-		

FLUIDS	LINE site	EST BLOOD LOSS URINE	REMARKS
① #5 NS	<input type="checkbox"/> Warmed		Code drugs with numbers, events with letters ① v/s taken ② Inducted c Diprivan 160mg Anectine 100mg Intubated #16 OG - ③ Procedure began ④ Procedure ended Robtinal 0.4mg Neostigmine 1.5mg ⑤ Breathing w/et O ₂ , & cuff, Suctioned, extubated, TO recovery
② #4 RL	<input type="checkbox"/> Warmed		
	<input type="checkbox"/> Warmed		
	<input type="checkbox"/> Warmed		



VENTIL	VT - ml	780	770	740	750	730
	f - breaths/min	8	8	8	8	8
Peak inf pres / PEEP	17	17	14	15	16	
MODE - S(pon), A(assist), C(on)	CV	CV	CV	CV	CV	
BP/Auto Cuff	31	30	31	32	31	
BP/oth	.74	.71	.74	.70	.68	
ART line	96	99	100	100	100	
Steth- PC/ES	SR	SR	SR	SR	SR	
Gas analyzer						
TEMP-site						
N-M Block (T/4)						

PROCEDURES and CPT Codes:	ANESTHETIC TECHNIQUES:
Repair head laceration Fix Scrotal Groin Repair	Gen Endo
PATIENT IDENTIFICATION:	AIRWAY MANAGEMENT:
Name, Grade/Rate, Medical facility	Intubation route, blade, technique, comments
# [Redacted] blw-4	#710 ET tube #3 Miller

SURGEONS:	PROCEDURE LOCATION:
[Redacted]	OR
DATE:	DATE:
[Redacted]	07 Nov '03
PAGE	OF
1	1

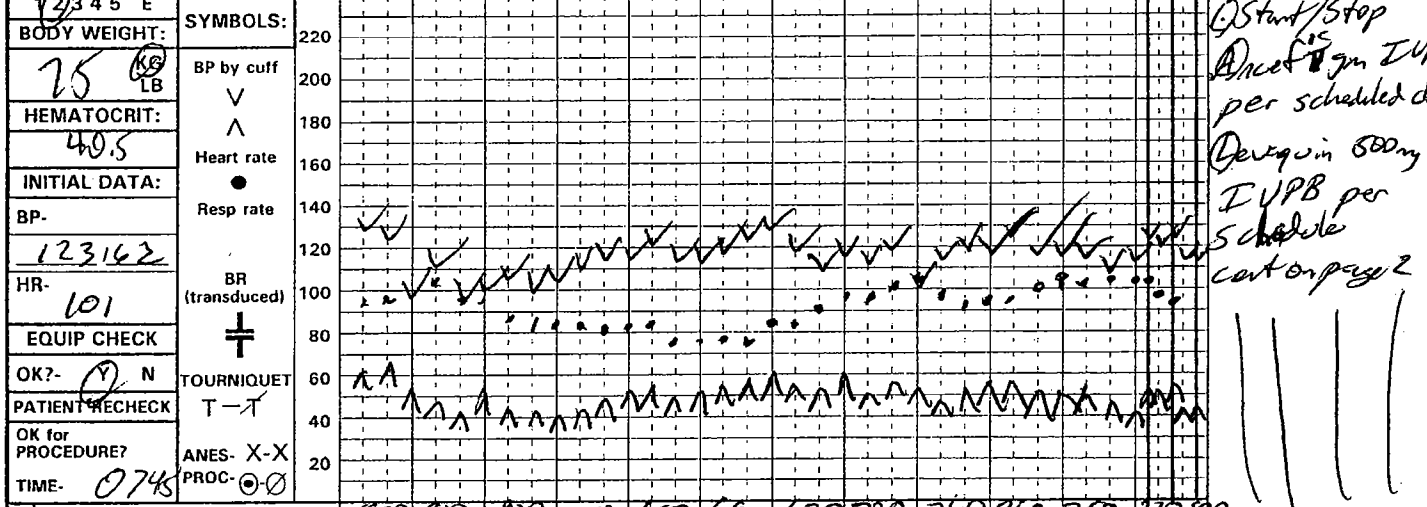
MEDICAL RECORD - ANESTHESIA

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, "1" = CONSTANT INFUSION	DRUG	(Units)											TOTALS	TOTAL EBL				
		Fent (mcg)	150													150	25, 25	50
	Lido (mg)	100																50
	Prop (mg)	125																
	Ver (mg)	10																
																		350
	VOLAT AGENT	80% del % e.t.	4.57	0.8	0.8	0.8	0.8	1.2	1.5	1.5	1.2	2.0	1.2	1.0	FLUIDS - SUMMARY			
	Air	L/Min													CRYSTALLOID 2200			
	N2O	L/Min													COLLOID 0			
	O2	L/Min	2	1	1	1	1	1	1	1	1	2	2	2	BLOOD 0			
	SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS																	

LOSSES EST BLOOD LOSS URINE -

PHYS STATUS TIME → 0830, 0900, 0930, 1000, 1030



VENTIL	VT - ml	830	830	830	780	680	690	670	720	760	360	360	370	820
	f - breaths/min	10	10	10	10	10	10	10	10	10	10	6	4	6
Peak inf pres / PEEP	20	20	24	17	17	17	18	18	19					
MODE - S(pon), A(ssist), C(on)	SAC	C	C	C	C	C	C	C	C	C	S	S	S	S
BP/Auto Cuff	ET CO2 (torr)	33	31	30	30	30	30	32	32	36	49	52	47	44
BP/oth	FI02 (Frac or %)	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	.91	.91	1.0	1.0
ART line	SpO2 (%)	100	100	100	100	100	100	100	100	100	100	100	100	100
Steth- PC/ES	ECG	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
Gas analyzer	TEMP-site	37.8	37.8	37.8	38.0	38.1	38.0	38.1	37.9	37.8	37.6	37.4	37.3	
	N-M Block (T/4)													

RECOVERY AT 1134
 PACU ICU (Specify)
 OTHER b(6)-7
 CONDITION: 100% MAP
 RESP: 12 SpO2: 100
 BP: 130/85 HR: 107
 ANESTHESIA / PROCEDURE TIMES

PROCEDURES and CPT Codes: Im Nail @ Tib + D Groin without

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

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
 AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
 SURGEONS: b(6)-7
 ANESTHETISTS:

PROCEDURE LOCATION: 1-1
 DATE: 8 Nov 03
 PAGE 1 OF 2

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, "1" = CONSTANT INFUSION		DRUG (Units)											TOTALS	TOTAL EBL	
		Fent (500) (mg)													
VOLAT AGENT		Iso % del	1.2 / 1.0												
		AIR L/Min													
		N2O L/Min													
		O2 L/Min	2 2 2												
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS															
LINE site		OPVU	<input type="checkbox"/> Warmed <input type="checkbox"/> Warmed <input type="checkbox"/> Warmed <input type="checkbox"/> Warmed												
LOSSES		EST BLOOD LOSS													
		URINE -													
PHYS STATUS		TIME → 1130 - 1200 - 1230 - 1300													
BODY WEIGHT:		SYMBOLS:													
KG		BP by cuff													
LB		V ^													
HEMATOCRIT:		Heart rate													
INITIAL DATA:		●													
BP		Resp rate													
HR		BR (transduced)													
EQUIP CHECK		+ -													
OK? - Y N		TOURNIQUET													
PATIENT RECHECK		T - X													
OK for PROCEDURE?		ANES- X-X													
TIME-		PROC- ⊕ ⊙													
VENTIL		VT - ml 800 700													
		f - breaths/min 5 6													
		Peak inf pres / PEEP													
		MODE - S(pon), A(ssist), C(on)													
BP/Auto Cuff		ET CO2 (torr) 45 44 38													
BP/oth		FIO2 (Frac or %) 1.0 1.0 60													
ART line		SpO2 (%) 100 100 100													
Steth- PC/ES		ECG SR SR SR													
Gas analyzer		TEMP-site 37.5 37.4													
		N-M Block (T/4)													
MONITORS/ACCESSORIES		Warming bikt													
		Conv warmer													
RECOVERY AT															
PACU/ICU		(Specify)													
OTHER															
CONDITION:		See													
RESP. BP.		SpO2 HR													
ANESTHESIA / PROCEDURE TIMES		Start / Room / End													
PROC ANES		Ready / Begin / End													
PROCEDURES and CPT Codes:		ANESTHETIC TECHNIQUES: Describe block technique under Remarks													
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility		AIRWAY MANAGEMENT: Intubation route, blade, technique, comments													
SUBSITES		PROCEDURE LOCATION: 1-1													
DATE		DATE: 8/20/03													
PAGE		PAGE 2 OF 2													

REMARKS

Code drugs with numbers, events with letters

Cent from page 1

(E) tubed p

sub OP 3 min

sub cont to

PACU. Report to PACU PA

[Redacted]

CRAB

bled-2

MEDICAL RECORD - ANESTHESIA

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

CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, 1 = CONSTANT INFUSION		DRUG (Units)														TOTALS	TOTAL EBL		
		Propofol (mg)		150 50															ml
Fentanyl (ug)																			
VOLAT AGENT		SEVO	% del	3.0	2.0	1.0													
			% e.t.																
AIR		L/Min																	
N2O		L/Min																	
O2		L/Min		7/2	2	8													
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS														FLUIDS - SUMMARY					
LINE site <input type="checkbox"/> Warmed														CRYSTALLOID- 1000					
<input type="checkbox"/> Warmed														COLLOID- 0					
<input type="checkbox"/> Warmed														BLOOD- 0					
<input type="checkbox"/> Warmed														REMARKS					
Code drugs with numbers, events with letters																			
LOSSES		EST BLOOD LOSS																	
		URINE -																	
PHYS STATUS		TIME → 0930 - 10 ⁰⁰ - 30 - 11 ⁰⁰ - 30 - 12 ⁰⁰ - 30																	
1 2 3 4 5 E		SYMBOLS:																	
BODY WEIGHT		BP by cuff																	
KG		V																	
LB		^																	
HEMATOCRIT		Heart rate																	
INITIAL DATA		•																	
BP		Resp rate																	
100 170		BR (transduced)																	
HR- 97		+																	
EQUIP CHECK		TOURNIQUET																	
OK? - N		T - X																	
PATIENT RECHECK		ANES- X-X																	
OK for PROCEDURE?		PROC- 00																	
TIME		VT - ml																	
		880 910																	
		f - breaths/min																	
		6 5																	
		Peak inf pres / PEEP																	
		MODE - S(pon), A(ssist), C(on)																	
		S/A S S																	
BP/Auto Cuff		ET CO2 (torr)																	
		48 49																	
BP/oth		FIO2 (Frac or %)																	
		.43 .43 .44																	
ART line		SpO2 (%)																	
		100 100 100																	
Steth- PC/ES		ECG																	
		SR SR STC																	
Gas analyzer		TEMP-site																	
		AVAILABLE																	
		N-M Block (T/4)																	
Warming blkt																			
Conv warmer																			
VENTIL																RECOVERY AT 1015			
MONITORS/ACCESSORIES																PACU ICU (Specify)			
																OTHER			
																CONDITION:			
																RESP- SpO2			
																BP- HR-			
																ANESTHESIA / PROCEDURE TIMES			
																Start Room End			
																0930 0935 1002			
																Ready Begin End			
																0930 0935 1002			
PROCEDURES and CPT Codes:		EVENTS → 0														ANESTHETIC TECHNIQUES: Describe block technique under Remarks			
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility		General CMA														AIRWAY MANAGEMENT: Intubation route, blade, technique, comments			
H [REDACTED] bled-4		VISA - OK 5min 30% FIO2, #4 CMA placed at alveoli 30cc Fully inflated.														SURGEONS: [REDACTED] DICK-2			
																PROCEDURE LOCATION: OR2			
																DATE: 15 Nov 03			
																PAGE 1 OF 1			

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED CT w/contrast head chest abd. pelvis /	Skull * Ray Pelvis Abd. Tib/Fib Shoulder CXR	AGE/SEX 36/M	SSN (Sponsor)	WARD/CLINIC ER	REGISTER NO.	
		FILM NO.				PREGNANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		REQUESTED BY [REDACTED]				TELEPHONE [REDACTED]
		SIGNATURE OF REQUESTOR [REDACTED]				DATE REQUESTED 7 Nov 01

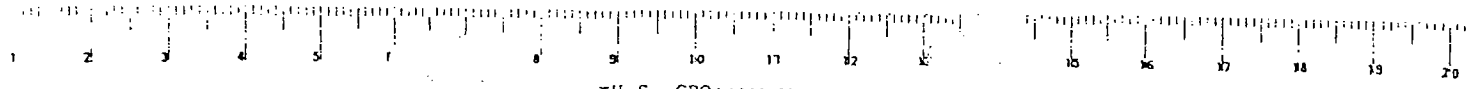
DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)

PATIENT'S IDENTIFICATION (See pages of written order first) - Last, First, Middle, Medical Facility EPLW # [REDACTED] b6w-4	LOCATION OF MEDICAL RECORDS
	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

RADIOLOGIC CONSULTATION REQUEST/REPORT - RADIOLOGY

STANDARD FORM 515-2-11 PREVIOUS EDITIONS OBSOLETE 41 CFR 101-11.605

MEDCOM - 23431



NSN 7540-01-165-7294

519-

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

1003

EXAMINATION(S) REQUESTED AP + Lat R tibia	AGE	SEX	SSN (Sponsor)	WARD/CLINIC PACU	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print) [REDACTED]				TELEPHONE/PAGE NO.
	DATE REQUESTED 8 NOV 03				

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

post IM nailing

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

RADIOLOGIC REPORT

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



b(c)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

MEDCOM - 23432

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED

CT Head
Chest Abd/Pelvis

AGE/SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER
FILM NO. <i>blu-2</i>			PREGNANT <input type="checkbox"/> YES
REC. NO. [REDACTED] <i>no</i>			TELEPHONE:
ST. NO. [REDACTED] <i>blu-2</i>			DATE REQU

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

posterior/suboccipital defect/laceration

DATE OF EXAMINATION (Month, day, year)

DATE OF REPORT (Month, day, year)

DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

PATIENT'S IDENTIFICATION (Type of ID or written name and location, room, clinic, Medical Facility)

[REDACTED]

blu-4

LOCATION OF MEDICAL FACILITY
LOCATION OF RADIOLOGIC FACILITY
SIGNATURE

RADIOLOGIC CONSULTATION
REQUEST/REPORT
3 - RADIOLOGY

STANDARD FORM 513-2
Prescribed by GSA/COMR
FPMR (41 CFR) 101-11.6

MEDCOM - 23433

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]	[Redacted]	[Redacted]	11-7-03	1400 HOURS	[Redacted] blu-2
NURSING UNIT			Admit ICU Dr [Redacted] SIP GSW (E) from (E) leg [Redacted] - stable - routine vitals ✓ - Heptoz 10 ✓ - Advance Diet to Reg ✓ - Bedrest ✓		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[Redacted]	[Redacted]	[Redacted]	11/7/03	1400 HOURS	[Redacted] blu-2
NURSING UNIT			- sevel support - Renforce every PRN ✓ - Percocet 10/90 PRN pain ✓ - Demerol 50mg IV q 4 PRN breath/hoarse ✓ - Phenergan 25mg W q 6 PRN nausea ✓ - Ambien 120mg PO q 12 PRN insomnia ✓ - Ancef 1200 IV PB q 8 ✓ - Levogab 500 mg IV PB q 8 ✓ - Kelly to guardy manager ✓		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[Redacted]	[Redacted]	[Redacted]			[Redacted] blu-2
NURSING UNIT			- Change scrubbed fluff BID ✓ - Valium 5mg PO [Redacted] 9 8° x 48° than 9 HS		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[Redacted]	[Redacted]	[Redacted]	7/NOV/03		[Redacted] blu-2
NURSING UNIT			1) change (L) inguinal dressing b.i.d - first one now		

DA FORM 4256 1 APR 79

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

MEDCOM - 23434

b(1)(2)-2 All
unless noted dif.

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(1)(2)-4			11-7-03 W/D PMW	1200 HOURS	
NURSING UNIT	ROOM NO.	BED NO.			
2A	1330	[redacted]			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[redacted] b(1)(2)-4			11-8-03	1100 HOURS	
<ul style="list-style-type: none"> - Resume food orders, Reg diet - PT for center tray, nurse - XR: AP + LAT @ Reg in Recovery 					
NURSING UNIT	ROOM NO.	BED NO.			
		[redacted]			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[redacted] b(1)(2)-4			11/8	HOURS	
<ul style="list-style-type: none"> JP to low cont suction x 24 hr men bulb 					
NURSING UNIT	ROOM NO.	BED NO.			
		[redacted]			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[redacted] b(1)(2)-4			11/10	[redacted]	
<ul style="list-style-type: none"> cont Anck 2 levoquin 1 grain dressing q day 					
NURSING UNIT	ROOM NO.	BED NO.			
		[redacted]			

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE

MEDCOM - 23435

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
H(a)-4 [redacted] [redacted] noted 1635 [redacted] 11 NOV			11-11-03 - D/C Foley	1620 HOURS	
NURSING UNIT ROOM NO. BED NO.					
VCW 1			b(a)-2		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[redacted] Noted [redacted] [redacted] 12 NOV			11/12	_____ HOURS	
NURSING UNIT ROOM NO. BED NO.					
[redacted]			d/c Amoin JP [redacted] b(a)-2		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
240V on 13 Nov 03 [redacted] [redacted] 12 NOV			12 NOV 03	_____ HOURS	
NURSING UNIT ROOM NO. BED NO.					
[redacted]					
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
b(a)-4 [redacted]				_____ HOURS	
NURSING UNIT ROOM NO. BED NO.					
[redacted]					

DA FORM 1 APR 79 4256

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

MEDCOM - 23436

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
<div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div> <i>b1(u)-1</i> <div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div> <i>cut 2</i> <div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div> <i>b1(u)-2</i>			11-14-03	0930	
			TV PO	PMN	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
<i>b1(u)-2 noted</i> <div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div> <i>ISN...</i>			11-15-03	1000	
NURSING UNIT	ROOM NO.	BED NO.			
240V	17 NOV	00200			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
<div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div>				<i>b1(u)-2</i>	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 1 APR 79 **4256**

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

MEDCOM - 23437

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
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
[REDACTED]	[REDACTED]	[REDACTED]	11-18-03		b(6)-2 [REDACTED] [REDACTED]
			- Remove sutures from Right knee and single suture from proximal tibia		
			- D/C to EPW CAMP today		
			-		
ICW#1	2	G			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	

DA FORM 1 APR 79 4256

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

MEDCOM - 23438

b(6)-7
AN

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. **Ma 11 Yr. 2003**

VERIFY BY INITIALING		RECURRING ACTION, FREQUENCY, TIME	HR	INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION													
ORDER DATE	CLERK/ NURSE			DATE COMPLETED													
				7	8	9	10	11	12	13	14	15	16	17	18		
7/11/03	[redacted]	Continue vital	D	[redacted]													
7/11/03	[redacted]	Advance Diet	D	[redacted]													
		As Tol	N	[redacted]													
7/11/03	[redacted]	Bedrest	D	[redacted]													
			N	[redacted]													
7/11/03	[redacted]	Scrotal support	D	[redacted]													
			N	[redacted]													
7/11/03	[redacted]	Reinforce Dsg Prog	D	[redacted]													
			N	[redacted]													
7/11/03	[redacted]	Foley to gravity drainage	O	[redacted]													
			N	[redacted]													
7/11/03	[redacted]	Change scrotal fluff BID	10	[redacted]													
			22	[redacted]													
7/11/03	[redacted]	A (1) inguinal dsg BID (1st one now)	10	[redacted]													
			22	[redacted]													
08/11/03	[redacted]	up to chair & ambulate c crutches	10	[redacted]													
			22	[redacted]													
08/11/03	[redacted]	up to low cont. section x 24°	08	[redacted]													
			18	[redacted]													
			06	[redacted]													
08/11/03	[redacted]	the up to bub section (record amt)	08	[redacted]													
			18	[redacted]													
			06	[redacted]													
10/11/03	[redacted]	A groin dsg Qday (1 inguinal)	10	[redacted]													
			X	[redacted]													
			X	[redacted]													
			X	[redacted]													
10/11/03	[redacted]	Amb. c crutches + NWB (R) LE	06	[redacted]													
			18	[redacted]													
10/11/03	[redacted]	WTP dsg A post (R) leg daily	10	[redacted]													
			X	[redacted]													

ALLERGIES: YES NO PRIMARY DIAGNOSIS: **S/P @SW @Gran @RLEg**

ADDITIONAL PAGES IN USE: YES NO PAGE NO: _____

PATIENT IDENTIFICATION: [redacted]

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo _____ Yr 2003	
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials	
7/11/03	[REDACTED]	Admit IOW 1 D [REDACTED]	7/11/03	—	0530	[REDACTED]	
7/11/03	[REDACTED]	Stable	7/11/03	—	0530	[REDACTED]	
08/03/03	[REDACTED]	NPO 5 MN	08/03/03	0001			
08/03/03	[REDACTED]	Resume pre-op orders	08/03/03				
08/03/03	[REDACTED]	PT for crutch training NWB @leg				DONE	
08/03/03	[REDACTED]	XR: AP/LAT @leg in recovery				DONE	
8/03/03	[REDACTED]	PT FOR CRUTCH TRAINING @leg					
11/11/03	[REDACTED]	DIC Foley	11/11/03	now	1635	[REDACTED]	
12/12/03	[REDACTED]	PK groin JP	12/12/03			[REDACTED]	
14/14/03	[REDACTED]	NPO 5 MN 15 NOV	15/15/03			[REDACTED]	
15/15/03	[REDACTED]	Resume pre-op orders, med, act, vitals	15			[REDACTED]	
15/15/03	[REDACTED]	DIC WTD dressing AS	15			[REDACTED]	
11/18/03	[REDACTED]	Remove sutures from @ knee & single suture from proximal tibia.	11/18/03			[REDACTED]	
11/18/03	[REDACTED]	d/c from ERW Camp today	11/18/03			[REDACTED]	
Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION				
			TIME/DATE COMPLETED				
01/01/03	[REDACTED]	Reinforce drsg pm	[REDACTED]				
		b/w-7 AM					

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