| Ward/Section: | REQUESTING PHYSICIAN: | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| ICW1 | [redacted] b(6)-2 | |

| LAST, FIRST, MI | DATE | TIME | SSN/PSEUDO SSN: |
|---|---|---|---|
| [redacted] b(6)-4 | 17NOV | 1630 | [redacted] b(6)-4 |

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | | 4.8-10.8 x $10^3$ |
| RBC | | 4.7-6.1 x $10^6$ |
| Hgb | | 14-18 g/dl (M)<br>12-16 g/dl (F) |
| Hct | | 42-52% (M)<br>37-47% (F) |
| MCV | | 80-94 fl (M)<br>81-99 fl (F) |
| Plt | | 130-500 x $10^3$ verified |
| Lymph % | | 20.5-51.1% |

**(Hematology) Manual Differential**

| | | | |
|---|---|---|---|
| Segs | | Mono | |
| Bands | | Eos | |
| Lymph | | Baso | |
| Atyp | | Imm | |
| RBC Morph | | | |

| | | |
|---|---|---|
| Spun Hematocrit | | 42-52% (M)<br>37-47% (F) |
| Sed Rate | | |
| Other | | |

**Urinalysis**

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

**CSF**

| | | |
|---|---|---|
| Cell Count | | |
| Directigen | | Negative |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

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

**Microscopic Urinalysis**

**Blood Bank**

**MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED**

| | |
|---|---|
| ABO/Rh | |

**Coagulation Studies**

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

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

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**REMARKS:**

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

Hep A, B, C & HIV

MEDCOM - 24041

Ward/Section: ICW 1

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

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

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

DATE 17NOV | TIME 1630 | SSN/PSEUDO SSN: [redacted] b(6)-2

**(i-STAT)**

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

**Misc. Chemistry**

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

**(Piccolo) Chemistry 12**

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

**(Piccolo) Metlyte 8**

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

**(Piccolo) Metabolic Panel**

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

**Liver Panel Plus**

======= PICCOLO =======
17/11/03 16:42
REFERENCE RANGE: MALE
PATIENT #: [redacted]
LIVER PANEL PLUS b(6)-4
DISC LOT #: 3154AA7
OPER #[redacted] DR #: 000
SERIAL #: b(6)-2 0000100494

| | | | |
|---|---|---|---|
| ALB | 2.1* | 3.3-5.5 | G/DL |
| ALP | 87* | 26-84 | U/L |
| ALT | 18 | 10-47 | U/L |
| AMY | 67 | 14-97 | U/L |
| AST | 29 | 11-38 | U/L |
| TBIL | 0.5 | 0.2-1.6 | MG/DL |
| GGT | 8 | 5-65 | U/L |
| TP | 5.6* | 6.4-8.1 | G/DL |

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

**REMARKS:**

| REPORTED BY: | DATE: | LAB ID |
|---|---|---|
| | | |

Hep A, B, C
HIV

Complete shipment Form for Hep Panel

MEDCOM - 24042

– Raw checkpoint in a chicken truck
GSWs to (L)(R) / nitrg

PMHx (–)
PSHx (–)

# MEDICAL RECORD - ANESTHESIA

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

NKDA

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "T" = CONSTANT INFUSION

| DRUG (Units) | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Midazolam (mg) | 1 | | | | | | | | | | | | |
| Fentanyl (mcg) | 50 | 50 | 50 | 50 | 50 | | | 50/25 | | | | | 1 |
| Lidocaine (mg) | | 60 | | | | | | | | | | | |
| Propofol ( ) | | 100-100 | | | | | | | | | | | |
| Mod ( ) | | | | 2 | 2 | 2 | 2 | 2 | | | | | |
| ( ) | | | | | | | | | | | | | |
| VOLAT AGENT: Iso % del | 1.0 | 0.6 | 1.1 | 1.1 | 2.0 | 1.2 | 1.8 | 1.7 | | | | | |
| % e.t. | | | | | | | | | | | | | |
| AIR L/Min | | | | | | | | | | | | | |
| N2O L/Min | | | | | | | | | | | | | |
| O2 L/Min | 10 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | | | | | |

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

**FLUIDS**

| LINE site | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (L) Femoral ☐ Warmed | LR (600) | | | | | | | 500 #1 — 24/600 | | | | | |
| Triple lumen ☐ Warmed | | | | | | | | | | | | | |
| ☐ Warmed | | | | | | | | | | | | | |
| ☐ Warmed | | | | | | | | | | | | | |

**LOSSES**

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | — MIN | | | | | | | | | | |
| URINE - | | | 300 | | | | | | | | | | |

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

**BODY WEIGHT:** 40 (KG) LB

**HEMATOCRIT:** 33.8

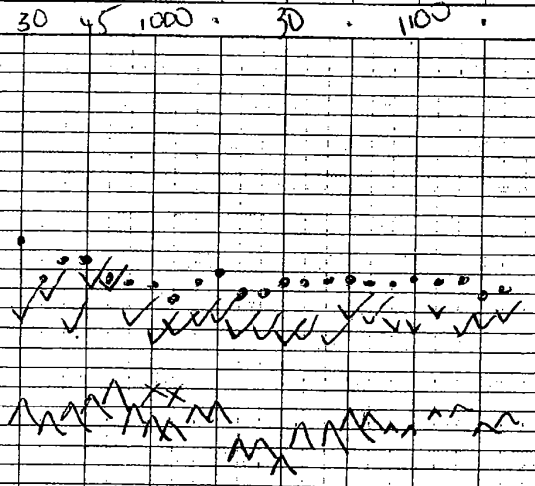
**INITIAL DATA:**
BP- 93/52
HR- 134

**EQUIP CHECK** OK?- (Y) N

**PATIENT RECHECK** OK for PROCEDURE? JR
TIME- 0915

**TIME** 0915 30 45 1000 30 1100 30 1200

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




**VENTIL**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| VT - ml | + | + | 220 | 230 | 170 | 200 | 190 | 170 |
| f - breaths/min | + | + | 21 | 21 | 25 | 20 | 23 | 27 |
| Peak inf pres / PEEP | — | — | — | — | — | — | — | — |
| MODE - S(pon), A(ssist), C(on) | S | C | S | S | S | S | S | S |

**MONITORS/ACCESSORIES**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | 45 | 45 | 41 | 38 | 38 | 42 | 40 | 43 |
| BP/oth | FIO2 (Frac or %) | 0.7 | 0.7 | 0.7 | 0.7 | 0.7 | 0.7 | 0.7 | 0.7 |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ECG | ST | ST | ST | ST | ST | ST | ST | ST |
| Gas analyzer | TEMP-site: axilla | | | | | | | | |
| | N-M Block (T/4) | | | | | | | | |
| | BS | + | | | | | | | |
| Warming blkt | x1 blanket | | | | | | | | |
| Conv warmer | | | | | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS (1)(2) (3) Position

| TOTALS | TOTAL EBL |
|---|---|
| 1 / 325 | 650 |
| TOTAL URINE | |
| 10 | 300 |

**FLUIDS - SUMMARY**
CRYSTALLOID- 500
COLLOID- Ø
BLOOD- Ø

**REMARKS**
Code drugs with numbers, events with letters
(1) Pre-operative lungs CTA (B) HRR (–) (2) Room, mon, O2 pre-oxygen
(3) LMA removed c̄ pt spontaneously ventilating, to PACU report given.

**RECOVERY AT** 1120
(PACU) ICU ____ (Specify)
OTHER ____
CONDITION: 98.5
RESP- 14 SpO2- 100%
BP- 91/49 HR- 110

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 0915 | 0925 | 1127 |
| PROC | Ready | Begin | End |
| | 0935 | 1000 | 1110 |

PROCEDURES and CPT Codes: ATB leads to (R) thigh wound I&D of multiple GSWs to lower extremities

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
GLMA

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility
[redacted] b(6)-4

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
LMA #3 placed x1 attempt seated PPV; Sust ETCO2

SURGEON: [redacted] b(6)-2

ANESTHETISTS: [redacted] CRNA

PROCEDURE LOCATION: 1
DATE: 13 Nov 03
PAGE 1 OF 1

MEDCOM - 24043

DA FORM 7389, FEB 1998

# MEDICAL RECORD - ANESTHESIA

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

used/wasted

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I"=CONSTANT INFUSION

| DRUG | (Units) | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Prop | (mg) | 100 | | | | | | | | | | | |
| Fent | (mcg) | 100/50 | 50 | 50 | 50 | 50 | 100 | | | 100 in RAW | | | |
| | ( ) | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| VOLAT AGENT 500 | % del | | 2.4 | 2.4 | 2.4 | 2.4 | 2.2 | 2.0 | 2.0 | | | | |
| | % e.t. | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | |
| O2 | L/Min | 8 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 8 | | | |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → 1 2 3 4

**FLUIDS**

| LINE site | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20ga OLA | ☐ Warmed | RA 1000 | | RA 1000 | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | |

**LOSSES**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | | | | | | | | | | |
| URINE - | | | | | | | | 400 | | | | |

**TOTALS**

| TOTAL EBL | |
|---|---|
| | 0 mm |
| TOTAL URINE | 400 |

**FLUIDS - SUMMARY**

CRYSTALLOID- 500

COLLOID- Ø

BLOOD- Ø

**REMARKS**

*Code drugs with numbers, events with letters*

Pt IO on arrival
RAW/Fentan
induction
Start/Stop
Amnemonal
S/Vent to
RAW, Report
to RAW Nurse
[redacted]
CMA

**PHYS STATUS** 1 2 3 4 5 E

**BODY WEIGHT:** 40 KG LB

**HEMATOCRIT:** 21.2

**INITIAL DATA:**

BP- 104/61

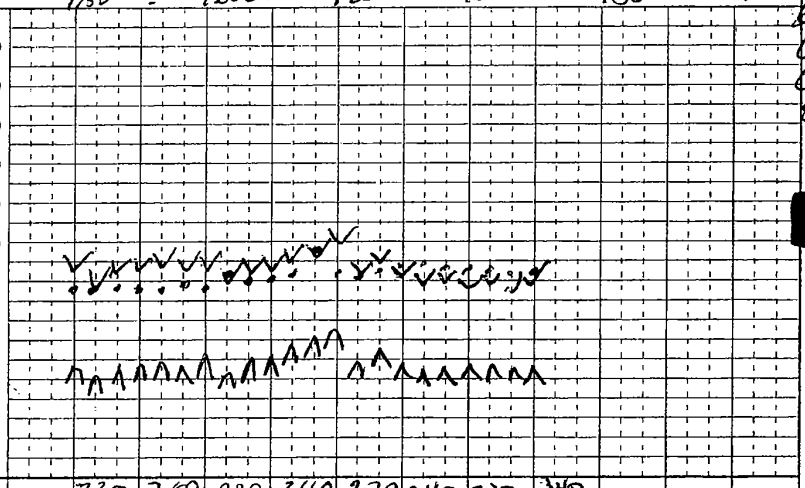
HR- 110

**EQUIP CHECK** OK?- Y N

**PATIENT RECHECK** OK for PROCEDURE? Y TIME- 1115

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

TIME → 1130 - 1200 - 1230 - 1300 - 1330 - 1400




**VENTIL**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| VT - ml | 230 | 280 | 220 | 240 | 220 | 240 | 230 | 340 |
| f - breaths/min | 25 | 20 | 21 | 20 | 10 | 16 | 18 | 17 |
| Peak inf pres / PEEP | | | | | | | | |
| MODE - S(pon), A(ssist), C(on) | SAS | S | S | S | S | S | S | S |

**MONITORS/ACCESSORIES**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | 38 | 39 | 39 | 40 | 55 | 40 | 39 | 39 |
| BP/oth | FIO2 (Frac or %) | .63 | .63 | .64 | .63 | .64 | .63 | .63 | .63 |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ECG | SR | SR | SR | SR | SR | SR | SR | SR |
| Gas analyzer | TEMP-site Nasal | | 37.8 | 37.6 | 37.1 | 37.1 | 36.8 | 36.8 | 36.8 |
| Amy | N-M Block (T/4) | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Warming blkt | | | | | | | | | |
| Conv warmer | | | | | | | | | |

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

**RECOVERY AT** 1330

PACU ICU _____ (Specify)

OTHER _____

CONDITION: Pt in NAD
T 97.6 Tympanic
RESP 9 SpO2-96
BP- 135/97 HR- 105

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1115 | 1127 | 1330 |
| | Ready | Begin | End |
| PROC | 1133 | 1157 | 1315 |

PROCEDURES and CPT Codes: I+D ORLE

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks* GA

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

[redacted] b(6)-4

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* LMA #3 difficulty

[redacted] b(6)-2

ANESTHETISTS: CMA

PROCEDURE LOCATION: 1

DATE: 15 Nov 03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 NKRA, GSU, MEDCOM - 24044 COPY 2 - ANESTHESIA PROVIDER USAPA V1.00

# MEDICAL RECORD - ANESTHESIA

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

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | |
|---|---|---|
| Propofol | (mg) | <100> |
| MBA | (mg) | <10> <10> <5> <5> |
| Versed | (mg) | <2.5> |
| | ( ) | |
| | ( ) | |
| | ( ) | |
| VOLAT AGENT: SEVO | % del | 2.5 – 2.2 – 1.5 – 1.0 – 1.0 .8 – (T) |
| | % e.t. | |
| AIR | L/Min | |
| N2O | L/Min | |
| O2 | L/Min | 10 – 3 – 3 – 3 – 3 – 3 – 3 8 |

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

**FLUIDS**

| LINE site | | |
|---|---|---|
| 20g (L) AC | ☐ Warmed | NS — (200) — (250) |
| | ☐ Warmed | |
| | ☐ Warmed | |
| | ☐ Warmed | |

**LOSSES** — EST BLOOD LOSS / URINE - Foley 100

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

**BODY WEIGHT:** 40 (KG) LB

**HEMATOCRIT:** 19/6

**INITIAL DATA:** BP- / HR-

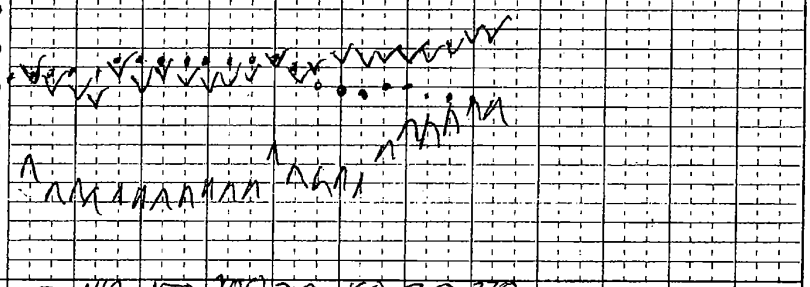
**EQUIP CHECK** OK?- (Y) N

**PATIENT RECHECK** OK for PROCEDURE (Y) N

TIME- 1135

**TIME** → 1100 15 30 45 1200 15 30 45 1300

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




**VENTIL**

| | 1100 | 1130 | 1200 | 1230 | 1300 | 1330 | 1400 | 1430 |
|---|---|---|---|---|---|---|---|---|
| VT - ml | — | 140 | 150 | 200 | 210 | 180 | 200 | 320 |
| f - breaths/min | 20 | 32 | 34 | 24 | 20 | 18 | 13 | 12 |
| Peak inf pres / PEEP | — | — | — | — | — | — | | |
| MODE - S(pon), A(ssist), C(on) | S | S | S | S | S | S | S | S |

**MONITORS/ACCESSORIES**

| | | | 1100 | 1130 | 1200 | 1230 | 1300 | 1330 | 1400 | 1430 |
|---|---|---|---|---|---|---|---|---|---|---|
| BP/Auto Cuff | ✓ | ET CO2 (torr) | (+) | 58 | 60 | 58 | 60 | 61 | 68 | 67 |
| BP/oth | ✓ | FIO2 (Frac or %) | .55 | .54 | .54 | .55 | .58 | .58 | .60 | .59 |
| ART line | | SpO2 (%) | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | | ECG | ST | ST | ST | ST | ST | ST | SR | SR |
| Gas analyzer | | TEMP-site | Auxiliary | | | | | | | |
| | | N-M Block (T/4) | | | | | | | | |
| Warming blkt | | | | | | | | | | |
| Conv warmer | | | | | | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position → G-1 →

| TOTALS | TOTAL EBL |
|---|---|
| 30 | nil |
| 135 | TOTAL URINE |
| | Ø |

**FLUIDS - SUMMARY**

CRYSTALLOID- 300

COLLOID- Ø

BLOOD- Ø

**REMARKS**

*Code drugs with numbers, events with letters*

1055 Pt in IR w/ 1, client verified, TO OR via litter. 1100 In OR. (+) monitors, (+) O2, smooth induction. Eyes taped, arms < 90°, pt padded. 1135 Procedure started

RECOVERY AT 1250 (PACU) ICU _____ (Specify)

OTHER _____

CONDITION:

RESP- SpO2-

BP- HR-

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1055 | 1100 | 1300 |
| | Ready | Begin | End |
| PROC | 1110 | 1135 | 1250 |

PROCEDURES and CPT Codes: TA (B) + ext.

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

[redacted] b(6)-4

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

GA

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

#3 LMA x 1 attempt 5 diff. – soft bite block

SURGEONS [redacted] b(6)-2

ANESTHETIS [redacted] CPT CRNA

PROCEDURE LOCATION: OR 1

DATE: 17 Nov 03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 — MEDCOM - 24045 — COPY 2 - ANESTHESIA PROVIDER — USAPA V1.00

# MEDICAL RECORD - ANESTHESIA

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

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG (Units) | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fentanyl/ 50/cc | | 50 | | 50 | | | | | | | | |
| ( ) | | | | | | | | | | | | |
| ( ) | | | | | | | | | | | | |
| ( ) | | | | | | | | | | | | |
| ( ) | | | | | | | | | | | | |
| ( ) | | | | | | | | | | | | |
| VOLAT AGENT: Forane % del | | 1.3-2.5-2 | | 1.75 | | 1.5-1.7 | | | | | | |
| % e.t. | | | | | | | | | | | | |
| AIR L/Min | | | | | | | | | | | | |
| N2O L/Min | | | | | | | | | | | | |
| O2 3 L/Min | | | | | | | | | | | | |

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

**FLUIDS**

| LINE site | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ Warmed | | | | | | | | | | | | |
| ☐ Warmed | | | | | | | | | | | | |
| NS 500 ☐ Warmed | | | | | | | | 400 | | | | |
| ☐ Warmed | | | | | | | | | | | | |

**LOSSES**: EST BLOOD LOSS; URINE -

| TOTALS | TOTAL EBL |
|---|---|
| | <10 |
| | TOTAL URINE |

**FLUIDS - SUMMARY**: CRYSTALLOID- 400; COLLOID-; BLOOD-

**REMARKS** — Code drugs with numbers, events with letters

(1) U/S Taken
(2) Induced: Cidomine 20mg, Diprivan 110mg, O2, Forane by mask, IV restr.
(3) Procedure begun
(4) Procedure ended
(5) O2, breathing well, TO recovery

PHYS STATUS: 1 2 3 4 5 E

BODY WEIGHT: KG / LB

HEMATOCRIT:

INITIAL DATA: BP- 121 / 86; HR- 111

EQUIP CHECK: OK?- Y N

PATIENT RECHECK: OK for PROCEDURE? TIME-

TIME → 8:30 45 9:00 15 30 45 10:00 15

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

220 / 200 / 180 / 160 / 140 / 120 / 100 / 80 / 60 / 40 / 20

**VENTIL**

| | | | | | |
|---|---|---|---|---|---|
| VT - ml | 540 | 570 | 480 | 470 | 440 |
| f - breaths/min | 28 | 22 | 16 | 14 | 14 |
| Peak inf pres / PEEP | — | — | — | — | — |
| MODE - S(pon), A(ssist), C(on) | AS | AS | AS | AS | AS |

**MONITORS/ACCESSORIES**

| | | | | | | |
|---|---|---|---|---|---|---|
| ✓ BP/Auto Cuff | ✓ ET CO2 (torr) | 38 | 31 | 29 | 28 | 30 |
| BP/oth | ✓ FIO2 (Frac or %) | 64 | 61 | 76 | 81 | 84 |
| ART line | ✓ SpO2 (%) | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ✓ ECG | ST | ST | ST | ST | ST |
| ✓ Gas analyzer | TEMP-site | | | | | |
| | N-M Block (T/4) | | | | | |
| Warming blkt | | | | | | |
| Conv warmer | | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position → (1) (2) (3) (4) (5)

**RECOVERY AT**: PACU ICU ____ (Specify); OTHER ____; CONDITION: Stable

RESP- SpO2- BP- 112/63 HR- 118

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 0820 | 0841 | 1010 |
| | Ready | Begin | End |
| PROC | 0901 | 0914 | 1003 |

PROCEDURES and CPT Codes: W/O leg wounds & redress

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

b(6)-4

#[redacted]

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: Gen Mask

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: #8 mm Airway

S[redacted] b(6)-2

[redacted] RNA

PROCEDURE LOCATION: OR

DATE: 19 NOV '03

PAGE 1 OF

DA FORM 7389, FEB 1998 — MEDCOM - 24046 — COPY 2 - ANESTHESIA PROVIDER — USAPA V1.00

# MEDICAL RECORD - ANESTHESIA

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

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | |
|---|---|---|
| Fent | (µg) | 50/50 50/50/50/50 |
| (Lido/prop | (mg) | (40)/50 |
| | ( ) | |
| | ( ) | |
| | ( ) | |
| | ( ) | |
| VOLAT AGENT | 100 % del | 2 → → → (8) |
| | % e.t. | |
| AIR | L/Min | |
| N2O | L/Min | |
| O2 | L/Min | 10 (3) → → → (8) |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → preop: Gent 250mg IVPB x 1°

**FLUIDS**

| LINE site | | |
|---|---|---|
| (L) FA 20g. | ☒ Warmed | (1) → → → → |
| | ☐ Warmed | |
| | ☐ Warmed | |

**LOSSES**: EST BLOOD LOSS; URINE -

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

**BODY WEIGHT**: ~40 (KG) LB

**HEMATOCRIT**:

**INITIAL DATA**: BP- 110 / 67; HR- 99

**EQUIP CHECK**: OK?- (Y) N

**PATIENT RECHECK**: OK for PROCEDURE? Y; TIME- 1105

TIME → (11) • x • (12) • x • (13)

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

220 / 200 / 180 / 160 / 140 / 120 / 100 / 80 / 60 / 40 / 20

(1) → (4) (2)

**VENTIL**

| | | | | |
|---|---|---|---|---|
| VT - ml | - | 250 | 220 | 270 |
| f - breaths/min | 16 | 18 | 14 | 18 |
| Peak inf pres / PEEP | - | - | - | - |
| MODE - S(pon), A(ssist), C(on) | S | S | S | S |

**MONITORS/ACCESSORIES**

| | | | | | |
|---|---|---|---|---|---|
| ☒ BP/Auto Cuff | ET CO2 (torr) | - | 44 | 47 | 47 |
| BP/oth | FIO2 (Frac or %) | 82 | 83 | 82 | 80 |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ECG | ST | ST | ST | ST |
| Gas analyzer | TEMP-site BK | - | 99 | 99 | 98 |
| | N-M Block (T/4) | | | | |
| Warming blkt | | | | | |
| Conv warmer | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position → (S), BUE on boards < 90° eshoulders, palus ↑

| TOTALS | TOTAL EBL |
|---|---|
| | <20 |
| | TOTAL URINE |
| | N/M |

**FLUIDS - SUMMARY**: CRYSTALLOID- 300; COLLOID- Ø; BLOOD- Ø

**REMARKS** — Code drugs with numbers, events with letters

(1) room/O2/monitors. SIVI, eyes taped, LMA placed A/T → (4) ETCO2 <5°, BEBS 20g. PIV placed (L) FA.

(2) LMA removed, O/A placed → PACU, report.

**RECOVERY AT** 1225

PACU ICU _____ (Specify) OTHER _____

CONDITION: stable

RESP- 12 SpO2- 100% BP- 97/57 HR- 98

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1050 | 1100 | 1210 |
| | Ready | Begin | End |
| PROC | 1115 | 1120 | 1200 |

PROCEDURES and CPT Codes: 1+0 BLE

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks* Gen LMA

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* #3 LMA

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

# [redacted] BLW-4

[redacted]

SURGEONS: [redacted]

ANESTHETISTS: [redacted] BLW-2

PROCEDURE LOCATION: 2

DATE: 21 Nov 07

PAGE 1 OF 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, "I" = CONSTANT INFUSION

| DRUG | (Units) | | | | | | | | | | | | | | | TOTALS | TOTAL EBL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MSO4 | mg | 10 | | | | | | | | | | | | | | 10 | min |
| phenergan | (mg) | 25 | | | | | | | | | | | | | | | TOTAL URINE |
| propofol | (mg) | 100 | | | | | | | | | | | | | | | |
| | ( g) | | | | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | | | |
| VOLAT AGENT Sevo | % del | 2.0 | 2.0 | 2.0 | 2.0 | X | | | | | | | | | | | |
| | % e.t. | | | | | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | | | | | |
| O2 | L/Min | 6 | 2 | 2 | 2 | 2 | | | | | | | | | | | |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS — (1) (2) (3) (4)

**FLUIDS - SUMMARY**
CRYSTALLOID- 200
COLLOID-
BLOOD-

**FLUIDS**

| LINE site | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20g LFA | ☐ Warmed | LR | | | | 400 | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | | |

**LOSSES** — EST BLOOD LOSS / URINE -

PHYS STATUS: (1) 2 3 4 5 E

BODY WEIGHT: 60 (KG) LB

HEMATOCRIT: —

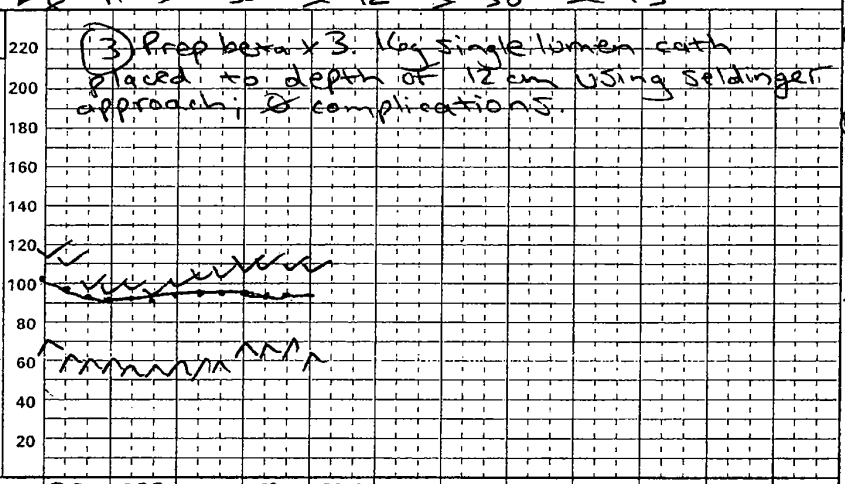
INITIAL DATA:
BP- 113/72
HR- 104

EQUIP CHECK OK?- (Y) N

PATIENT RECHECK OK for PROCEDURE? (Y)
TIME- 1040

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

TIME → 11 30 12 30 13




(3) Prep betadine x 3. 16g single lumen cath placed to depth of 12 cm using Seldinger approach; Ø complications.

**VENTIL**

| | | | | | |
|---|---|---|---|---|---|
| VT - ml | 200 | 200 | 200 | 200 | 220 |
| f - breaths/min | 26 | 26 | 26 | 26 | 26 |
| Peak inf pres / PEEP | — | — | — | — | — |
| MODE - S(pon), A(ssist), C(on) | S | S | S | S | S |

**MONITORS/ACCESSORIES**

| | | | | | | |
|---|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | 39 | 38 | 38 | 33 | 34 |
| BP/oth | FIO2 (Frac or %) | 0.7 | 0.7 | 0.7 | 0.7 | 0.7 |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ECG | ST | SR | SR | SR | SR |
| Gas analyzer | TEMP-site | | | | | |
| | N-M Block (T/4) | | | | | |
| Warming blkt | | | | | | |
| Conv warmer | | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position → 0 —

**REMARKS**
*Code drugs with numbers, events with letters*

(1) To room via litter. SOC monitors, pre-O2.
(2) Induced & LMA placed.
(3) Lt SC central placed by anesthesia.
(4) LMA removed, to PACU stable.

**RECOVERY AT**
(PACU) ICU _____ (Specify)
OTHER _____

CONDITION:
RESP- 26 SpO2- 100
BP- 132/82 HR- 124

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1040 | 1045 | 1155 |
| | Ready | Begin | End |
| PROC | 1050 | 1120 | 1145 |

PROCEDURES and CPT Codes:
I&D RLE, Central line

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*
GLMA

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* Eyes taped, #4 LMA inserted 5 diff. ⊕ ETCO2, BSEB.

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*
# [redacted] 13yo ♂ SI
NKDA b(4)-4

SURGEONS: [redacted] b(4)-2
[redacted] CRNA

PROCEDURE LOCATION: 2-2
DATE: 11/23/03
PAGE 1 OF 1

DA FORM 7389, FEB 1998 — MEDCOM - 24048 — CO[redacted] ANESTHESIA PROVIDER — USAPA V1.00

# 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) | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sufentanil | (µg) | 50/100 | 50/50 | | | | | | | | | | | |
| Propofol | (mg) | 100 | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | |
| VOLAT AGENT | 100 % del | 1.5 → | → | → | (X) | | | | | | | | | |
| | % e.t. | | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | | |
| O2 | L/Min | 10 (3) | → | → | (X) | | | | | | | | | |

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

**FLUIDS**

| LINE site | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (L) SC D/L | ☐ Warmed | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | |

**LOSSES**

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | | | | | | | | | | | | |
| URINE - | | | | | | | | | | | | | | |

| TOTALS | TOTAL EBL |
|---|---|
| | <5 |
| | TOTAL URINE |
| | N/A |

**FLUIDS - SUMMARY**

CRYSTALLOID- 450

COLLOID- Ø

BLOOD- Ø

**REMARKS**

*Code drugs with numbers, events with letters*

(1) room/o2/monitors. SIVI, eyes taped, LMA inserted Att → (+) ETCO2: 5+, BBS.

(2) LMA removed, O/A placed → PACU, report.

| PHYS STATUS | TIME → 0830 • (09) • x • (10) |
|---|---|
| 1 (2) 3 4 5 E | |
| BODY WEIGHT: ~40 KG LB | |
| HEMATOCRIT: | |
| INITIAL DATA: | |
| BP- 110 / 63 | |
| HR- 84 | |
| EQUIP CHECK | |
| OK?- (Y) N | |
| PATIENT RECHECK | |
| OK for PROCEDURE? Y | |
| TIME- 0832 | |

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

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

(1) → (•) (2)

**VENTIL**

| | | | | |
|---|---|---|---|---|
| VT - ml | – | 250 | 250 | 200 |
| f - breaths/min | 14 | 18 | 12 | 16 |
| Peak inf pres / PEEP | – | – | – | – |
| MODE - S(pon), A(ssist), C(on) | S | S | S | S |

**MONITORS/ACCESSORIES**

| | | | | | |
|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | – | 45 | 50 | 51 |
| BP/oth | FIO2 (Frac or %) | 59 | 56 | 55 | 55 |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ECG | SR | SR | SR | SR |
| Gas analyzer | TEMP-site skin | – | 96 | 96 | 96 |
| | N-M Block (T/4) | | | | |
| Warming blkt | | | | | |
| Conv warmer | | | | | |

*Mark with letters & symbols, explain under REMARKS* EVENTS *Position* → (S), BUE on boards <90° e shoulders, poling ↑

| RECOVERY AT | 0930 |
|---|---|
| PACU ICU _____ (Specify) | |
| OTHER _____ | |
| CONDITION: stable | |
| RESP- 12 | SpO2- 100% |
| BP- 96/57 | HR- 92 |

ANESTHESIA / PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | 0820 | 0820 | 0932 |
| | Ready | Begin | End |
| PROC | 0835 | 0858 | 0925 |

PROCEDURES and CPT Codes: I+D Femur

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks* Gen LMA

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* #3 LMA - Att

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

# [redacted] b(6)-4

SURGEONS: [redacted]

ANESTHETISTS: [redacted] b(6)-2

PROCEDURE LOCATION: 2

DATE: 25 Nov 03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 MEDCOM - 24049 COPY 2 - ANESTHESIA PROVIDER USAPA V1.00

1340 Chart Reviewed GA.
NKA

# 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MSO4 | (mg) | 6 | | | | | | | | | | | | | 6 |
| Lido/Propofol | (mg) | 20/100 | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | |
| Fent | (cc) | 1 | 1 | | .4 | | | | | | | | | | 2.4 |
| Phenergan | (mg) | | 25 | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | |
| VOLAT AGENT: Fon | % del | X2 — | 1.5 — | 1.5 — | X | | | | | | | | | | |
| | % e.t. | | | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | | | |
| O2 | L/Min | 6 — | 2 — | 2 — | 8 | | | | | | | | | | |
| SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS | | | | | | | | | | | | | | | |

TOTAL EBL: min

TOTAL URINE: Ø

**FLUIDS** — LINE site L Sc ☐ Warmed: LR — 200 — 400 —

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ Warmed | | | | | | | | | | | | | | |
| ☐ Warmed | | | | | | | | | | | | | | |
| ☐ Warmed | | | | | | | | | | | | | | |

**LOSSES**: EST BLOOD LOSS; URINE -

**FLUIDS - SUMMARY**
CRYSTALLOID- LR 500
COLLOID- Ø
BLOOD- Ø

**REMARKS**
*Code drugs with numbers, events with letters*
Prop, SC (R) patt moved self to gurney, to OR
$O_2$ monitors
Stable IV Infusion
SV disp on Lmt out

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

**BODY WEIGHT**: 220 KG (LB)

**HEMATOCRIT**:

**INITIAL DATA**: BP- 123/79; HR- 118

**EQUIP CHECK**: OK?- (Y) N

**PATIENT RECHECK**: OK for PROCEDURE? Y; TIME- 1230

**TIME** → 1245 1300 X 30 X 14 X 20

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

**VENTIL**

| | | | |
|---|---|---|---|
| VT - ml | | | |
| f - breaths/min | 30 | 24 | 18 | 17 |
| Peak inf pres / PEEP | | | |
| MODE - S(pon), A(ssist), C(on) | S | S | S | |

**MONITORS/ACCESSORIES**

| | | | | |
|---|---|---|---|---|
| X BP/Auto Cuff | X ET CO2 (torr) | + | 44 | 44 |
| BP/oth | X FIO2 (Frac or %) | .6 | .6 | .6 |
| ART line | X SpO2 (%) | 100 | 100 | 100 |
| Steth- PC/ES | X ECG | ST | ST | SR |
| Gas analyzer | TEMP-site | AVAIL | | |
| | N-M Block (T/4) | | | |
| Warming blkt | | | | |
| Conv warmer | | | | |

*Mark with letters & symbols, explain under REMARKS* — EVENTS / *Position* → ok ↓ Arms <90°, Head Neck Neutral

**RECOVERY AT** 1340
PACU ICU ____ (Specify)
OTHER ____
CONDITION:
RESP- 16 SpO2- 100% RA
BP- 98/62 HR- 85

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1220 | 1235 | 1345 |
| | Ready | Begin | End |
| PROC | 1245 | 1255 | 1330 |

PROCEDURES and CPT Codes: ORif Washout

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks* GA #4 LMA proseed & rose BS = B + ETCO2

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* SV eyes taped (R eye scab over)

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*
#[redacted] b(4)-4 W1 1 Bed 3A Bd 3A

SURGEON: [redacted] b(4)-2
[redacted] LTC CRNA

PROCEDURE LOCATION: OR
DATE: 11/13/03
PAGE 1 OF

DA FORM 7389, FEB 1998 MEDCOM - 24050 COPY 2 - ANESTHESIA PROVIDER USAPA V1.00

# MEDICAL RECORD - ANESTHESIA

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

Voided pre-op NKDA

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML. "I" = CONSTANT INFUSION

| DRUG (Units) | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Midazolam (mg) | 1 | | | | | | | | | | | | |
| Fentanyl (mcg) | 25 | | <125> | | | | | | | | | | |
| Lidocaine (mg) | 40 | | | | | | | | | | | | |
| STP (mg) | 200 | | | | | | | | | | | | |
| UCB (mg) | 5 | | | | | | 1 | | | | | | |
| MSO4 (mg) | | | | | | 5 | | | 2 | | | | |
| VOLAT AGENT: Sevo % del / % e.t. | | 2.0 | 1.5 | 1.5 | 2.0 | 1.5 | 1.5 | 1.5 | 2.0 | 1.5 | 1.5 | X | |
| AIR L/Min | | | | | | | | | | | | | |
| N2O L/Min | | | | | | | | | | | | | |
| O2 L/Min | 10 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | | |

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

**FLUIDS** — LINE site (L) SC CVL ☐ Warmed LR (1000) ☐ Warmed ☐ Warmed ☐ Warmed

**LOSSES** — EST BLOOD LOSS / URINE -

| TOTALS | TOTAL EBL |
|---|---|
| 1 | |
| 250 | |
| 140 | TOTAL URINE |
| 200 | |
| 6 | |
| 7 | |

**FLUIDS - SUMMARY**

CRYSTALLOID- 400

COLLOID- Ø

BLOOD- Ø

**REMARKS**

*Code drugs with numbers, events with letters*

(1) Pre-op assessment, pre evaluation. Versed 1mg IV, moved cart to table
(2) Room, monitors, O2, induced, eyelid taped, easy tube placed once ETT confirmed
(3) ophth gtts OD
(4) Prone, gentle eyes, nose & cheeks
(5) Left Sq IV
(6) Turned Supine
(7) Reversed neostigmine 2.5mg + Glycopyrrolate 0.4; TV>4ml/kg; RR>8 & <30; Extubated; Complications.
(8) OA 80mm + NPtube
(9) nare 26FR
(10) To PACU; Report to RN; OA removed

**PHYS STATUS** 1 2 3 4 5 E

**BODY WEIGHT:** 50 KG LB

**HEMATOCRIT:** —

**INITIAL DATA:** BP- 115/77 HR- 115

**EQUIP CHECK** OK?- Y N

**PATIENT RECHECK**

**OK for PROCEDURE?** Jr

**TIME-** 0845

**TIME** 0845 0900 · 30 · 1000 · 30 · 1100 · 30

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

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **VENTIL** VT - ml | + | 460 | 450 | 450 | 470 | 420 | 430 | 430 | 40-50 | 20-30 | 250 | |
| f - breaths/min | + | 8 | 8 | 8 | 8 | 7 | 6 | 6 | 20 | 21 | 25 | |
| Peak inf pres / PEEP | — | 16 | 16 | 16 | 17 | 17 | 15 | 15 | — | — | — | |
| MODE - S(pon), A(ssist), C(on) | S | C | C | C | C | C | C | C | S/A | S/A | S | |
| **MONITORS/ACCESSORIES** BP/Auto Cuff / ET CO2 (torr) | + | 42 | 38 | 35 | 35 | 34 | 34 | 36 | 53 | 56 | 56 | |
| BP/oth / FIO2 (Frac or %) | 0.47 | 0.47 | 0.47 | 0.47 | 0.47 | 0.47 | 0.55 | 0.58 | 0.64 | 0.60 | 0.66 | |
| ART line / SpO2 (%) | 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 | |
| Gas analyzer / TEMP-site Skin | | | | | 34.6 | 35.1 | 34.7 | 34.5 | 34.3 | off | | |
| N-M Block (T/4) | | 0/4 | | 0/4 | 4/4 | 4/4 | 2/4 | 2/4 | 2/4 | | 4/4 | |
| BS | + | | | + | | | | | | | Succ Tet 7 Sec | |
| Warming blkt / X heat lamp | | | | on | → | → | → | → | → | → | | |
| Conv warmer | | | | | | | | | | | | |

*Mark with letters & symbols, explain under REMARKS* — EVENTS Position (1) (2) (3) (4) (5) (6) (7) (8)

**RECOVERY AT** 1125

ACU ICU (Specify) OTHER I-95A

CONDITION: Stable; ambulatory

RESP- 24 SpO2- 96

BP- 139/82 HR- 139

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 0840 | 0850 | 1135 |
| | Ready | Begin | End |
| PROC | 0900 | 0950 | 1110 |

PROCEDURES and CPT Codes: 10FR Jackson tube / OD EUA / STSG to (B) Cage I+D GSW's

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks* GETA

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

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* DL x1 MAC 3 Grade 1 view 7.0 ETT 21 cm @ teeth + BBS Succ ETCO2

SURGEONS: [redacted] 5/6/2

[redacted] CRNA/MAJ

PROCEDURE LOCATION: 2(2)

DATE: 2/12/03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 — MEDCOM - 24051 — 2 - ANESTHESIA PROVIDER — USAPA V1.00

NKDA (From pre op)

# 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, "T" = CONSTANT INFUSION

| DRUG (Units) | 0830 | 0845 | 0900 | TOTALS |
|---|---|---|---|---|
| FENTANYL (50) | .50 | .50 | .25 | 100 |
| Propofol (150) | | | | 150 |
| Succ (60) | | | | 60 |
| ( ) | | | | |
| ( ) | | | | |
| ( ) | | | | |
| VOLAT AGENT: SEVO % del | | | | |
| % e.t. | | | | |
| AIR L/Min | | | | |
| N2O L/Min | | | | |
| O2 L/Min | 4 L | 2 | 1.5 | |

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

**TOTAL EBL:** Min

**TOTAL URINE:** Ø

**FLUIDS - SUMMARY**

CRYSTALLOID-

COLLOID- Ø

BLOOD- Ø

**FLUIDS**

| LINE site | | 0830 | 0845 | 0900 |
|---|---|---|---|---|
| L Subclavian | ☒ Warmed | 100 | — | X 150 |
| D5W 250 (5.1) | ☐ Warmed | 100 | 200 | 250X |
| (25 mg ppm) | ☐ Warmed | | | |
| | ☐ Warmed | | | |

**LOSSES**

| | 0830 | 0845 | 0900 |
|---|---|---|---|
| EST BLOOD LOSS | Ø | Ø | Ø |
| URINE - | Ø | Ø | Ø |

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

**BODY WEIGHT:** 45 KG LB

**HEMATOCRIT:**

**INITIAL DATA:** BP-115/75 HR- 120 VR 105

**EQUIP CHECK** OK?- (Y) N

**PATIENT RECHECK** OK for PROCEDURE? OK TIME- 0814am

**TIME →**

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

**VENTIL**

| | 0830 | 0845 | 0900 |
|---|---|---|---|
| VT - ml SPT | 400 | 400 | 400 |
| f - breaths/min | 10 | 7 | SR |
| Peak inf pres / PEEP | 18 | 18 | 18 |
| MODE - S(pon), A(ssist), C(on) | SPT | CR | CR |

**MONITORS/ACCESSORIES**

| | | 0830 | 0845 | 0900 |
|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | 38 | 41 | 41 |
| BP/oth | FIO2 (Frac or %) | 98 | 98 | 98 |
| ART line | SpO2 (%) | 99 | 99 | 99 |
| Steth- PC/ES | ECG | ST SR | SR | SR |
| Gas analyzer | TEMP-site | | | |
| | N-M Block (T/4) | 0/4 | 0/4 | 0/4 |
| Warming blkt | N/A | | | |
| Conv warmer | N/A | | | |

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

**REMARKS**

*Code drugs with numbers, events with letters*

Surgical Theatre
2. Supine
Loss in pelvis
Excess II
Ion, Meth
Ml. Mem. Colis.
Mucin %.
RTI Seizure
6.0mm ETT
DVI observed
Mucin etc
Cervical.

Pressure on
Breathing spont
Limited ext.
100% O2 mask
To RRU SS
AAO x 3

**RECOVERY AT**

(PACU) ICU _____ (Specify)

OTHER _____

**CONDITION:**

RESP- 16 SpO2- 100%
BP- 120/81 HR- 106

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 0830 | 0835 | 0932 |
| PROC | Ready | Begin | End |

PROCEDURES and CPT Codes: I+D (RT) Lymphy Thigh (ex fix in place)

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks* GA + ETT

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

MASIS, ANNES [redacted] b(6)-4

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* #6 ETT b(6)-2

[redacted]

PROCEDURE LOCATION:

DATE: 6 Dec 03

PAGE OF

DA FORM 7389, FEB 1998 MEDCOM - 24052 COPY 3 - ANESTHESIA DEPARTMENT USAPA V1.00

# 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) | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Versed | (mg) | 1 | | | | | | | | | | | | |
| Fentanyl | (mcg) | 50 | | 25 | | 25 | 50 | | | | | | | |
| Propofol | (mg) | | 150 | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | |
| VOLAT AGENT: Sevo | % del | | 2.5 | 2.5 | 2.5 | 2.5 | 1.5 X | | | | | | | |
| | % e.t. | | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | | |
| O2 | 2 L/Min | | 2 | 2 | 2 | 2 | 2 | 8 | | | | | | |

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

**FLUIDS**

| LINE site | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LR Kaocrit | ☐ Warmed | > | > | > | > | > | > | > | | | | | | |
| Cipro Sol | ☐ Warmed | > | > | > | > | > | > | X | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | |

**LOSSES**: EST BLOOD LOSS; URINE -

| TOTALS | TOTAL EBL |
|---|---|
| 1mg | ∅ |
| 150mcg | TOTAL URINE |
| 150mg | NM |

**FLUIDS - SUMMARY**

CRYSTALLOID- 600cc

COLLOID- ∅

BLOOD- ∅

**REMARKS**

*Code drugs with numbers, events with letters*

(1) PT to OR #2-1. Fully monitored on stretcher. Preox via mask. Smooth IV induction. Grade I view on laryng via DL c mac 3, 6.0 oral ETT. Atraumatic. (+) ETCO2. Bilat clear X4. E/O cuff down. All pressure points checked and padded. TX to OR table LLD. Pressure pts dry + pad x1

(2) SuX/Ex4 gd airway, nasal can O2 @ 3L. To Pacu VSS awake and alert

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

**BODY WEIGHT**: 50 (KG) LB

**HEMATOCRIT**:

**INITIAL DATA**: BP- 122/77; HR- 82

**EQUIP CHECK**: OK?- (Y) N

**PATIENT RECHECK**: OK for PROCEDURE? TIME- 0800

**TIME** → 0800 15 30 45 0900 15 30 45 1000 15 30 45

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

220 / 200 / 180 / 160 / 140 / 120 / 100 / 80 / 60 / 40 / 20

**VENTIL**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| VT - ml | 150 | 150 | 160 | 130 | 110 | 200 | |
| f - breaths/min | 25 | 26 | 28 | 27 | 30 | 21 | |
| Peak inf pres / PEEP | — | — | — | — | — | — | |
| MODE - S(pon), A(ssist), C(on) | S | S | S | S | S | S | |

**MONITORS/ACCESSORIES**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ✓ BP/Auto Cuff | ✓ ET CO2 (torr) | 40 | 41 | 46 | 39 | 38 | 37 | 35 |
| BP/oth | FIO2 (Frac or %) | .100 | .96 | .107 | .08 | .88 | .09 | .10 |
| ART line | ✓ SpO2 (%) | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ✓ ECG | SR | SR | SR | SR | SR | SR | SR |
| ✓ Gas analyzer | TEMP-site | | | | | | | |
| | N-M Block (T/4) | | | | | | | |
| Warming blkt | | | | | | | | |
| Conv warmer | | | | | | | | |

*Mark with letters & symbols, explain under REMARKS* — EVENTS *Position* → (1) (2)

**RECOVERY AT**: PACU ICU _____ (Specify) OTHER _____

CONDITION: WNL

RESP- 16 SpO2- 100 BP- 114/68 HR- 88

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 0800 | 0810 | 0943 |
| | Ready | Begin | End |
| PROC | 0816 | | 0943 |

PROCEDURES and CPT Codes: #7

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks* GETTA

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

#[redacted]

b(6)-4

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* 6.0 oral ETT. grade I view c mac 3.

SURGEONS: Dr. [redacted] b(6)-2

ANESTHETIST: [redacted] CRNA

PROCEDURE LOCATION: OR 2-1

DATE: 16 Dec 03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 — MEDCOM - 24053 — COPY 3 - ANESTHESIA DEPARTMENT — USAPA V1.00

**ANESTHESIA PLAN OF CARE / PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)**

Age 12 DAYS MOS YRS  Sex ( ) MALE ( ) FEMALE

ASA Physical State 1 2 3 4 5 E
WT: 500 KG/LB HT: ____ IN.
ALLERGIES: NKDA

PROPOSED PROCEDURE: ____
SURGICAL SERVICE: ____
NPO SINCE: ____

**HABITS:**
TOBACCO: ____
ETOH: Ø
DRUGS: Ø

**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: ____/____
U/A: ____
OTHER: ____

15 NOV –
JR

**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 | |
| Steriods | N | Y | |
| Thyroid | N | Y | |
| **Neurological:** | | | |
| Seizures | N | Y | |
| Neuropathy | N | Y | |
| Other | N | Y | |
| **Gynecological :** | | | |
| Pregnancy | N | Y | N/A |
| **Other Significant Hx:** | | | |
| | N | Y | |
| | N | Y | |
| **Familial HX** | N | Y | |

GSW to R thigh

**ASSESSMENT**
**PAST SURGICAL/ANESTHETIC**
Numerous I+D's of GSWs since admission

**PHYSICAL EXAMINATION**
BP 115/77 HR 115 R ___ T 35.6 100%
Pain Scale 0-10 ____
HEENT - Teeth intact
Trachea midline
TMJ/Neck Ø FROM
Oropharnyx MPT
Nares ____
CHEST: CTA (B)
CARDIAC: HRRO
EXTREMITIES:
IV Access: (L) SC CVL
Ulnar Filling: ____
BACK: ____
OTHER: ____

NPO Since MN

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.

b(6)-2

The pa[redacted] and and agrees. Questions answered.
Signed [redacted] CRNA Date: 2 Dec 03 Time: 0935 Hrs

PO[redacted]THESIA EVALUATION AND [redacted] (NON ASU)
{ } [redacted] PARENT ANESTHETIC COMPLICATIONS { } OTHER

Signed: ____ Date: ____ Time: ____ Hrs

Patient Identification: (Ward) ____

[redacted]

b(6)-4

**SEDATION KEY:**

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

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

b(6)-4

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DATE OF ORDER 12 NOV 03 TIME OF ORDER 0745 HOURS

LIST TIME ORDER NOTED AND SIGN

1. ABOUT TO ICW!
2. DC - OPER (2) FEMUR AND TIBIA FRS
3. CONDITION STABLE
4. VS - MONITOR
5. BLOOD REST
6. RESUME DIET

PATIENT IDENTIFICATION

Noted [redacted]

b(6)-2

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DATE OF ORDER TIME OF ORDER

7. IV - LR AT 100 CC/HR. KEEP LOCK WHEN TOLERATE P.O. WELL
8. TYLENOL 650 MG P.O. Q 4 HRS PRN
9. PERCOCET TABS, 1 PO Q 4-6 HRS PRN
10. MSO4 2-4 MG IVP Q 2 HRS PRN
11. NPO AFTER MIDNIGHT FOR OR IN AM
12. ANCEF 1 GRAM IVPB Q 8 HRS
13. GENTAMICIN 250 MG IVPB Q 12 HRS

PATIENT IDENTIFICATION

12 NOV 0950

DATE OF ORDER TIME OF ORDER

14. FOLEY TO GRAVITY.
15. CBC IN AM.

[redacted]

b(6)-2

24 NOV/0500 12 NOV [redacted]

24 NOV 0040 14 NOV [redacted] AM

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER

HOURS

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

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

MEDCOM - 24055

## MEDICAL RECORD - DOCTOR'S ORDERS

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

| ORDER NUMBER | DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS | ORDER NOTED TIME & INITIALS | COMPLETED TIME & INITIALS |
|---|---|---|---|
| | 13NOV03 1020 POST ANESTHESIA ORDERS (circled Items) | | |
| 1 | VS q 5 min X 15 min, then q 15 min until discharge. | 1020 13NOV03 [redacted] | |
| 2 | Supplemental oxygen. PRN SaO2 < 95% | 1020 13NOV03 [redacted] | |
| 3 | Morphine / Meperidine 2 mg IV now and 2 mg q 3-5 min prn pain for a max dose of 10 mg. | 1020 13NOV03 [redacted] | |
| 4 | Zofran 4 mg IV prn N/V q 15 min, ~~may repeat x ____~~. JR | 1020 13NOV03 [redacted] | |
| 5 | Metoclopramide 10 mg IV prn N/V x 1. | 1020 13NOV03 [redacted] | |
| ~~6~~ | Droperidol ____ mg IV prn N/V x 1. | | |
| 7 | Phenergan 12.5 mg IV prn N/V x 1. | 1020 13NOV03 [redacted] | b(6)-2 |
| ~~8~~ | Benadryl 25-50mg IVP q1 hr prn, itching while in PACU. | 1020 13NOV03 [redacted] | |
| 9 | IVF: LR @ TKO cc/hr. | 13 NOV 03 [redacted] | |
| 10 | Discharge from recovery status when PACU discharge criteria met. | [redacted] | |
| 11 | Demerol 12.5mg - 25mg IV x 1 prn shivering | [redacted] | |
| | [redacted] (CRNA/MAJ) | [redacted] | 1155 11/13/03 [redacted] |
| | b(6)-2 | | |

PATIENT IDENTIFICATION

[redacted]

b(6)-4

Complete the following information on page 1 only. Note any changes on subsequent pages.

Diagnosis: _____

Height: _____ Weight: _____ Diet: _____

Allergies: _____

| Nursing Unit | Room No. | Bed No. | Page No. |
|---|---|---|---|
| PACU, 28th CSH | | | 1 of 1 |

MEDCOM FORM 688-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE MC V1.00

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

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

DATE OF ORDER: 13 NOV 03 TIME OF ORDER: 1120 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Resume previous orders
2. Regular Diet
3. NS 2L at 100cc/hr. HOB LOC2 now taking PO. WBC.
4. Ophthalmology consult - (R) eye abrasions

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

5. NPO after midnight 14 NOV for surgery 15 NOV 03.
6. CBC [illegible] AM

[redacted] b(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

NOTED 13 NOV 03 @ 1440 2LT, AN [redacted] b(6)-2

DATE OF ORDER | TIME OF ORDER | HOURS

tobradex 1 gtts OD qid, [redacted] b(6)-2

60 ↓ UTC

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

NOTED 14 NOV 03 @ 1250 2LT, AN [redacted] b(6)-2

DATE OF ORDER: 14NOV03 TIME OF ORDER: 1230 HOURS

↑ increase tobradex to q20 while awake [redacted] b(6)-2

NURSING UNIT | ROOM NO. | BED NO.

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

MEDCOM - 24057

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT [redacted] BED NO.

Noted [redacted] 14NOV03 AHO

DATE OF ORDER 15 nov 03 TIME OF ORDER 1337 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) Resume previous order
(2) Regular diet
(3) Rep Clerk IV when taking P.O. well
(4) NPO after midnight 16 nov for OR 17 nov 03
(5) CBC in am

PATIENT IDEN[redacted]

DATE OF ORDER TIME OF ORDER

(6) ODB TO ODBH 1016 HOURS

b(6)-2 [redacted]

16NOV03 1800
V.O. - Dr. [redacted] / LT [redacted] b(4)-2
Dulcolax suppository x1 ~~PER~~

b(6)-2 [redacted]

NURSING UNIT ROOM NO. [redacted] BED NO.

b(6)-2 noted [redacted] 16 nov 1800

PATIENT IDENTIFICATION

DATE OF ORDER 17 nov 03 TIME OF O[redacted] HOURS

Noted 17NOV03 [redacted]

(1) Resume previous orders
(2) D/C foley
(3) Regular diet
(4) NPO after midnight 18 nov for OR 19 nov
(5) Colace 100 mg PO BID
(6) Wet to dry dressing changes both shaved scrotal areas BID beginning in am

NURSING UNIT [redacted] NO. BED NO.

PATIENT IDE[redacted]ON

b(6)-2 [redacted]

b(6)-2

NURSING UNIT ROOM NO. BED NO.

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

MEDCOM - 24058

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

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

DATE OF ORDER: 17 NOV 03 TIME OF ORDER: 1530 HOURS

LIST TIME ORDER NOTED AND SIGN

Noted 17NOV [redacted] b(6)-2

1. HIV, HEP A, B, C, LFTS, PDR NEEDLE STICK PROTOCOL

[redacted] b(6)-2

NURSING UNIT | ROOM NO. | BED NO.

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

DATE OF ORDER: 17 NOV 03 TIME OF ORDER: 2000 HOURS

Noted [redacted]

1. In & out cath x 1. If void > 400cc, leave foley in.

V.O. DR [redacted]

[redacted] b(6)-2

NURSING UNIT: 4C | ROOM NO.: 016D | BED NO.: 18NOV03

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

DATE OF ORDER: 19 NOV 03 TIME OF ORDER: 1000 HOURS

1. D/C FOLEY
2. WET TO DRY DRESSING CHANGES ALL WOUNDS BID
3. REGULAR DIET
4. RESUME PREVIOUS ORDERS
5. NPO after midnight 20 NOV FOR

Noted

NURSING UNIT | ROOM NO. | BED NO.

b(6)-2 [redacted] 19NOV03 1400

PATIENT IDEN

DATE OF ORDER: 21 NOV 03 TIME OF ORDER: HOURS b(6)-2

[redacted] 24°/0400 20041032 [redacted]

b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

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

MEDCOM - 24059 [redacted] b/

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

b(6)-4

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| ICW | | |

DATE OF ORDER: 21 NOV 03 TIME OF ORDER: 1200 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Resume previous orders
2. Regular diet
3. IV D5W at 100 cc/hr. 2 Rep
   dock when taking P.O. well
4. NPO after midnight for OR
   23 NOV 03

PATIENT IDENTIFICATION

DATE OF ORDER: TIME OF ORDER: HOURS

5. not to be drawn B/L

[redacted]

b(6)-2

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| 24° V 22 NOV 03 | 0445 | [redacted] |

PATIENT IDENTIFICATION

b(6)-2

DATE OF ORDER: TIME OF ORDER: HOURS

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

PATIENT IDENTIFICATION

DATE OF ORDER: TIME OF ORDER: HOURS

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

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

MEDCOM - 24060

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT | [redacted] | BED NO.

DATE OF ORDER 23 NOV 03 TIME OF ORDER 1150 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Resume previous orders
2. Regular diet
3. CXR in PACU to check central line placement
4. Heparin lock when taking p.o. well [redacted]

Noted [redacted] 23 NOV 03

24 NOV 0515 [redacted] 23 NOV 1345

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF [redacted]

27 NOV 03 @ 1605

1. NPO ⊼ MN FOR SX, 28 NOV 03.

V.O. DR. [redacted] [redacted] 2CT, AN

NOTED 11/27/03 @ 1615 [redacted] AN

NURSING UNIT | ROOM NO. | BED NO.

b(6)-2 (A11)

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER _____ HOURS

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER _____ HOURS

NURSING UNIT | ROOM NO. | BED NO.

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

MEDCOM - 24061

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: [redacted] b(6)-2

DATE OF ORDER: 25 NOV 03 TIME OF ORDER: 0945 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Resume preoperative orders
2. Regular diet
3. Heparin lock IV when taking PO well
4. D/C Glucaf and bacitracin
5. Ciprofloxacin 250 mg IVPB BID
6. Imipenem 500 mg IVPB Q 8 hrs
7. Heel cushions for heel ulcers
8. BID wet to dry dressing changes
9. NPO after midnight 27 NOV 03 for surgery 28 NOV 03 [redacted]

NURSING UNIT: 24 ROOM NO.: [redacted] BED NO.:

Noted 25 Nov 03

PATIENT IDENTIFICATION: [redacted] b(6)-2

DATE OF ORDER: 28 NOV 03 TIME OF ORDER: 1325 HOURS

1. Resume preoperative orders
2. Regular diet
3. Heparin lock IV when taking PO well
4. Continue dressing changes
5. OBS to chest TID [redacted]

NURSING UNIT: ICW ROOM NO.: [redacted] BED NO.:

Noted 28 Nov 03 1445

PATIENT IDENTIFICATION: [redacted] b(6)-2

DATE OF ORDER: TIME OF ORDER:

6. AP & LAT (R) Femur X-ray [redacted]
7. AP & LAT (R) TIB-FIB X-ray [redacted]

b(6)-2 [redacted]

NURSING UNIT: ICW ROOM NO.: 24 BED NO.: [redacted] 29 Nov 03 0300

b(6)-2

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

MEDCOM - 24062

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 |
|---|---|---|---|---|---|---|
| b(6)-4 [redacted] | | | | 1 Nov 03 | 1635 HOURS | |
| | | | | ① NPO after midnight for OR 2 Nov 03 b(6)-2 [redacted] | | |
| NURSING UNIT | ROOM NO. [redacted] | BED NO. | | | | |
| | | | | ~~2nd 0200 2 Dec 03~~ [redacted] | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER _____ HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER _____ HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER _____ HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

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

MEDCOM - 24063

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

b(6)-4

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DATE OF ORDER: 2 DEC 03 TIME OF ORDER: 1100 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) Resume previous order
(2) Regular diet
(3) KUB x'ray to check feeding tube placement.
(4) Do not use feeding tube until position confirmed.

PATIENT IDENTIFICATION

b(6)-2 Noted

[redacted]

02DEC03 1525

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| 1CW1 24 | 03DEC03 2055 | [redacted] |

b(6)-2

DATE OF ORDER TIME OF ORDER HOURS

(5) BID wet to dry dressing changes to all (R) lower extremity wounds. Do not remove (L) leg dressing changes.
(6) Keep flock if when taking P.O. well.
(7) tube feeds per dietary.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

[redacted]

b(6)-2

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

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

MEDCOM - 24064

## MEDICAL RECORD - DOCTOR'S ORD

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

| ORDER NUMBER | DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS | ORDER NOTED TIME & INITIALS | COMPLETED TIME & INITIALS |
|---|---|---|---|
| 2/12/03 1130 | POST ANESTHESIA ORDERS (circled Items) | | |
| 1 | VS q 5 min X 15 min, then q 15 min until discharge. | | |
| 2 | Supplemental oxygen. PRN $SaO_2$ < 95% | | |
| 3 | Morphine / Meperidine ~~1 mg IV now~~ and 1 mg q ~~3-5~~ 5-10 min prn pain for a | | |
| | max dose of 5 mg. | | |
| 4 | Zofran 4 mg IV prn N/V q 15 min, ~~may repeat x~~ | | |
| 5 | Metoclopramide 5 mg IV prn N/V x 1. | | |
| ~~6~~ | ~~Droperidol ___ mg IV prn N/V x 1.~~ | | |
| 7 | Phenergan ___ mg IV prn N/V x 1. | | |
| 8 | Benadryl 25-50mg IVP q1 hr prn, itching while in PACU. | | |
| 9 | IVF: LR @ TKO cc/hr. | | |
| 10 | Discharge from recovery status when PACU discharge criteria met. | | |
| | | | |
| | [redacted] CRNA/MAJ | | |
| | | | |
| | | | |
| | | | |
| | b(6)-2 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

PATIENT IDENTIFICATION

[redacted]

b(6)-4

Complete the following information on page 1 only. Note any changes on subsequent pages.

Diagnosis: _____

Height: _____ Weight: _____ Diet: _____

Allergies: _____

| Nursing Unit | Room No. | Bed No. | Page No. |
|---|---|---|---|
| PACU, 28th CSH | | | 1 of 1 |

MEDCOM FORM 688-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE MC V1.00

b(6)-2 A1
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: C [redacted] b(6)-4
Noted 6DEC03 1042 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 6 DEC 03 TIME OF ORDER: 0915 HOURS | LIST TIME ORDER NOTED AND SIGN

(1) Resume previous orders
(2) Stop clock N.
(3) Regular diet
(4) Leave (L) thigh wound open to air. Do not change (L) calf wound.

PATIENT IDENTIFICATION [redacted]

DATE OF ORDER | TIME OF ORDER [redacted]

6 L BTSW CDL ne

24 chart ✓ [redacted] OCT/AN 7 Dec 03 0030

NURSING UNIT | ROOM NO. | BED NO. [redacted] Noted 9Dec03 2130

09DEC03 1900
- NPO ∓ MN [redacted]

PATIENT IDENTIFICATION

24° ✓ [redacted]

DATE OF ORDER | TIME OF [redacted]

2LT/AN 10 Dec 0015 HOURS

10DEC03 0945
- Resume preop meds, activities & diet.
- Pinsite care TID. Use Betadine/Saline mix. leave open to air. Record care in chart per episode

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER HOURS

- BID wet to dry dressing Δ's (R) thigh, (R) ankle.
- QD Dry Dressing Δ left calf.
- Elevate heels off bed, monitor bed decubitus
- Ambulate c̄ crutches, NWB (R) LE
- Record output JP & Shift care

Noted 10Dec03 1070 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

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

MEDCOM - 24066 Dec 03 2345 [redacted] AN

b(6)-2 All unless noted dif.

**CLINICAL RECORD - DOCTOR'S ORDERS**
For use of this form, see AR 40-66, the proponent agency is OTSG

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

PATIENT IDENTIFICATION: b(6)-4 C[redacted]

DATE OF ORDER: 14 DEC — TIME OF ORDER: 1736 HOURS — LIST TIME ORDER NOTED AND SIGN

① Straight cath NOW
V.O. from Dr [redacted]
taken by [redacted] LT, AN

NURSING UNIT: 1CW2 — ROOM NO. — BED NO.

15 Dec 03 0215 [redacted] LT/AN 24° chart ✓

PATIENT IDENTIFICATION

DATE OF ORDER: 12-17-03 — TIME OF ORDER: 0830 HOURS

Noted 17 DEC 03 0926 [redacted]

① Transfer to medical city Hospital.
② Include opthomology note summary & transfer summary.

NURSING UNIT — ROOM NO. — BED NO.

[redacted]

18 Dec 03 0500 [redacted] LT/AN 24° chart ✓

PATIENT IDENTIFICATION: b(6)-4 C[redacted]

DATE OF ORDER: 12-19-03 — TIME OF ORDER: 0800 HOURS

- D/C staples from left leg
- XR AP+LAT (R) Femur
  AP+LAT (R) TIBIA
  Re: F/u Fx.

Noted 19 Dec 0830

NURSING UNIT: 1CW2 — ROOM NO. — BED [redacted]

[redacted]

24° ✓ 20 Dec 03 0230 [redacted]

PATIENT IDENTIFICATION

DATE OF ORDER — TIME OF ORDER — HOURS

NURSING UNIT — ROOM NO. — BED NO.

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

MEDCOM - 24067

## MEDICAL RECORD - DOCTOR'S ORDERS

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

| ORDER NUMBER | DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS | ORDER NOTED TIME & INITIALS | COMPLETED TIME & INITIALS |
|---|---|---|---|
| | POST ANESTHESIA ORDERS (circled Items) | | |
| 1 | VS q 5 min X 15 min, then q 15 min until discharge. | 0940 [redacted] | |
| 2 | Supplemental oxygen. | Keep 5L02 >93% [redacted] | |
| 3 | Morphine / Meperidine 1-2 mg IV now and 1-3 mg q 3-5 min prn pain for a max dose of 15 mg. | 10/05 eq03 [redacted] 0940 [redacted] | |
| 4 | Zofran 4 mg IV prn N/V q 15 min, may repeat x ____. | 0940 [redacted] | |
| 5 | Metoclopramide 10 mg IV prn N/V x 1. | 0940 [redacted] | |
| 6 | Droperidol ____ mg IV prn N/V x 1. | 0940 [redacted] | |
| 7 | Phenergan 12.5 mg IV prn N/V x 1. | 0940 [redacted] | |
| 8 | Benadryl 25-50mg IVP q1 hr prn, itching while in PACU. | 0940 [redacted] | |
| 9 | IVF: KVO @ ____ cc/hr. | 0940 [redacted] | |
| 10 | Discharge from recovery status when PACU discharge criteria met. | 0940 [redacted] | |
| | b(6)-2 | | |

PATIENT IDENTIFICATION

#[redacted]

b(6)-4

Complete the following information on page 1 only. Note any changes on subsequent pages.

Diagnosis: ____

Height: ____ Weight: 50kg Diet: ____

Allergies: MCDA

| Nursing Unit | Room No. | Bed No. | Page No. |
|---|---|---|---|
| PACU, 28th CSH | | | 1 of 1 |

MEDCOM FORM 688-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE MC V1.00

## MEDICAL RECORD - DOCTOR'S OR[illegible]

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

| ORDER NUMBER | DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS | ORDER NOTED TIME & INITIALS | COMPLETED TIME & INITIALS |
|---|---|---|---|
| | POST ANESTHESIA ORDERS (circled Items) | | |
| 1 | VS q 5 min X 15 min, then q 15 min until discharge. | | |
| 2 | Supplemental oxygen. | | |
| 3 | Morphine / Meperidine 1 mg IV now and 1 mg q 3-5 min prn pain for a | | |
| | max dose of 10 mg. | | |
| 4 | Zofran____mg IV prn N/V q 15 min, may repeat x ____. | | |
| 5 | Metoclopramide____mg IV prn N/V x 1. | | |
| 6 | Droperidol____mg IV prn N/V x 1. | | |
| 7 | Phenergan____mg IV prn N/V x 1. | | |
| 8 | Benadryl 25-50mg IVP q1 hr prn, itching while in PACU. | | |
| 9 | IVF: LR @ KVO cc/hr. | | |
| 10 | Discharge from recovery status when PACU discharge criteria met. | | |
| | [redacted] CRNA | | |
| | b(6)-2 | | |

PATIENT IDENTIFICATION

[redacted]

b(6)-4

Complete the following information on page 1 only. Note any changes on subsequent pages.

Diagnosis: _____

Height: _____ Weight: _____ Diet: _____

Allergies: _____

| Nursing Unit | Room No. | Bed No. | Page No. |
|---|---|---|---|
| PACU, 28th CSH | | | 1 of 1 |

MEDCOM FORM 688-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE MC V1.00

b(6)-2

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12 Nov | [redacted] | VS: routine | 08 | [redacted] | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| | | | 06 | | | | | | | | | | | | | |
| 12 | [redacted] | Bedrest | 08 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| | | | 06 | | | | | | | | | | | | | |
| 12/19 | [redacted] | Regular diet | 08 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| | | | 06 | | | | | | | | | | | | | |
| 12 | [redacted] | ~~NPO p mns~~ Foley | 9 | | | | | | | | | | | | | |
| | | to gravity | 18 | | | | | | | | | | | | | |
| | | | 06 | | | | | | | | | | | | | |
| 12 Nov 03 | [redacted] | OOB to chair TID | 08 | | | / | | | | | | | | | | |
| | | | 16 | | | / | | | | | | | | | | |
| | | | 24 | | | / | | | | | | | | | | |
| 17 Nov 03 | [redacted] | Wet to dry dressing | 10 | / | / | / | / | / | / | | | | | | | |
| | | changes both heels 5/211 wound | 22 | / | / | / | / | / | / | | | | | | | |
| | | & achilles area BID | | | | | | | | | | | | | | |
| | | beginning in AM 11/18 | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: OPEN (R) FEMUR AND TIBIA FX

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

#[redacted]

b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

DA FORM 4677, 1 OCT 78 — MEDCOM - 24070 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

b(6)-2 A71

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo 11 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 12 NOV | [redacted] | Admit to ICW1, Condition - stable | 12 NOV03 | — | — | [redacted] |
| 12 | [redacted] | NPO p MN for OR in am | 13 NOV03 | 0001 | — | [redacted] |
| 12 | [redacted] | CBC in am | 13 | 0500 | — | [redacted] |
| 13 | [redacted] | CBC IN AM | 14 | 0400 | | |
| 13 | [redacted] | NPO p MN 14 NOV FOR SURGERY 15NOV03 | 14 | 2400 | | |
| 13 | [redacted] | OPTHAMOLOGY CONSULT - (R) EYE ABRASION | 14 | — | DONE | [redacted] |
| 15 NOV | [redacted] | Resume previous orders | 16 NOV | — | — | [redacted] |
| 15 | [redacted] | NPO p MN 16NOV03 for OR 17NOV03 | 17 NOV | 0001 | — | [redacted] |
| 15 | [redacted] | CBC in am | 16 NOV | 0500 | 0515 | [redacted] |
| 17 | [redacted] | Resume previous orders | 17 NOV | — | — | [redacted] |
| 17 | [redacted] | D/C Foley | 17 NOV | 1200 | 1300 | [redacted] |
| 17 | [redacted] | NPO after midnight 18NOV for OR 19NOV | 18 NOV | 2359 | | |
| 17 | [redacted] | HIV, HepABC, LFT's per needlestick | 19 NOV | — | — | [redacted] |
| | ---- | protocol | | | | |
| 17 | [redacted] | 1 to cath, if >400cc, leave foley in | 2005 | 17 NOV | — | [redacted] |
| 19 NOV | [redacted] | D/C foley | 19 | | | [redacted] |
| 19 | [redacted] | Resume previous orders | 19 | — | — | [redacted] |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 24071

b(6)-2

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 25 | 26 | 27 | 28 | 29 | 30 | DEC 01 | 02 | 03 | 04 | 05 | 06 | 07 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12NOV | [redacted] | VS routine | 6 | [redacted] | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| 23NOV | [redacted] | Reg diet | 6 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| 23NOV | [redacted] | OOBTC TID | 8 | | | | | | | | | | | | | |
| | | | 16 | | | | | | | | | | | | | |
| | | | 24 | | | | | | | | | | | | | |
| 17NOV | [redacted] | WTD drsg Δ's BIL | 10 | | | | | | | | | | | | | |
| | | heels, all wounds | 22 | | | | | | | | | | | | | |
| | | BID | / | | | | | | | | | | | | | |
| 23NOV | [redacted] | NIO: CL drsg Δ using | 10 | [redacted] | / | / | [redacted] | / | / | [redacted] | / | [redacted] | / | / | | |
| | | sterile technique Q72° | / | | | | | | | | | | | | | |
| 25NOV | [redacted] | Heel cushions for heel | 06 | [redacted] | | | | | | | | | | | | |
| | | ulcers | 18 | | | | | | | | | | | | | |
| 25NOV | [redacted] | BID WTD DSG Δ | 10 | | | | | | | | | | | | | |
| | | (continue) | 22 | | | | | | | | | | | | | |
| 25NOV | [redacted] | NIO: PIN CARE BID | 10 | | | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | | |
| 29NOV | [redacted] | RO FAS Amb c crutches | 06 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| | | | 06 | | | | | | | | | | | | | |
| 02DEC03 | [redacted] | Tube feeds Compolite | 06 | | | | | | | | | | | | | |
| | | HN 200cc bolus q4° | 10 | | | | | | | | | | | | | |
| | | while awake (no | 14 | | | | | | | | | | | | | |
| | | 0200 feed) | 18 | | | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | | |
| 4DEC03 | [redacted] | NIO: BRADEN SCALE | 06 | | | | | | DONE | | | | | | | |
| | | Q 7 DAYS | 18 | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: OPEN (R) FEMUR AND TIBIA FX

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 1

PATIENT IDENTIFICATION: [redacted]

b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

DA FORM 4677, 1 OCT 78 — MEDCOM - 24072 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

b(6)-2 A11

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo 11 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 19 NOV | [redacted] | NPO p̄ MN 20 NOV 03 for OR 21 NOV 03 | 21 NOV | 0001 | — | [redacted] |
| 21 | [redacted] | Resume previous orders | 21 NOV | — | — | [redacted] |
| 21 | [redacted] | NPO p̄ MN 22 NOV for OR 23 NOV 03 | 23 NOV | 0001 | — | [redacted] |
| 23 NOV | [redacted] | Resume previous orders | 23 | — | — | [redacted] |
| 23 | [redacted] | CXR in PACU to check CL placement | 23 | DONE | — | |
| 24 NOV | [redacted] | Resume Previous orders | 25 | — | — | [redacted] |
| 25 NOV | [redacted] | NPO p̄ Midnight 27 NOV 03 for | 27 | 2359 | — | [redacted] |
| | ---- | surgery 28 NOV 03 | | | | |
| 27 NOV | [redacted] | NPO p̄ MN FOR SX 28 NOV 03 | 27 | 2359 | — | [redacted] |
| 28 NOV | [redacted] | Resume previous orders | 28 | — | — | [redacted] |
| 28 | [redacted] | AP/LAT Ⓡ FEMUR X-RAY | 28 | — | — | [redacted] |
| 28 | [redacted] | AP/LAT Ⓡ TIB-FIB X-RAY | 28 | — | — | [redacted] |
| 01 DEC | [redacted] | NPO p̄ MN for OR 02 DEC 03 | 02 NOV | 0001 | — | [redacted] |
| 02 DEC | [redacted] | Resume previous orders | 02 | — | — | [redacted] |
| 02 | [redacted] | KUB X-ray to check FT placement | 02 | DONE | IN | [redacted] |
| 02 | [redacted] | Tube feeds per dietary | 02 | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 24073

b(6)-2 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. | Mo. 12 Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 18 | 19 | 20 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12 Nov | [redacted] | VS routine | D | [redacted] | | | | | | | | | | | |
| | | | N | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 8 Nov | [redacted] | Regdiet | B | [redacted] | | | | | | | | | | | |
| | | | L | | | | | | | | | | | | |
| | | | D | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 28 Nov | [redacted] | COBTC TID | 08 | [redacted] | | | | | | | | | | | |
| | | | 16 | | | | | | | | | | | | |
| | | | 24 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 23 Nov | [redacted] | NIO: CL Dsg Δ using | 10 | / | [redacted] | / | / | | / | / | | / | / | | / / |
| | | Sterile technique q72° | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 27 Nov | [redacted] | NIO: Turn q2° | D | [redacted] | | | | | | | | | | | |
| | | | N | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 6 Dec | [redacted] | Braden scale q7D | 10 | / | / | [redacted] | / | / | / | / | / | / | | / | / / |
| | | | | | | | | | | | | | | | |
| 10 Dec | [redacted] | Pin site care TID. Use | 06 | [redacted] | | | | | | | | | | | |
| | | Betadine/saline mix. | 14 | | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | |
| 10 Dec | [redacted] | W/D dsg Δ (R) thigh | 08 | [redacted] | | | | | | | | | | | |
| | | (R) ankle BID | 20 | | | | | | | | | | | | |
| 10 Dec | [redacted] | (R) dsg dry + Ecaff | 08 | [redacted] | | | | | | | | | | | |
| 10 Dec | [redacted] | elevate heels off bed | D | | | | | | | | | | | | |
| | | Monitor heel & calcub | N | | | | | | | | | | | | |
| 10 Dec | [redacted] | Ambt crutches, NWB | D | [redacted] | | | | | | | | | | | |
| | | RLE | N | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

NKDA

PRIMARY DIAGNOSIS: Open (R) femur fx

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

C[redacted]

b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

DA FORM 4677, 1 OCT 78 MEDCOM - 24074 USED. USAPA V1.00

b(6)-2 A11

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo 12 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 19Dec | [redacted] | D/C Staples from (L) leg | 19Dec | AM | 1000 | [redacted] |
| 19Dec | [redacted] | XR AP & LAT (R) femur, (R) tibia (f/u fx) | 19Dec | AM | 1000 | [redacted] |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 24075

b(6)-2

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12NOV | [redacted] | VS Routine | D | [redacted] | | | | | | | | | | | | |
| | | | N | | | | | | | | | | | | | |
| 28NOV | [redacted] | Reg Diet | B | | | | | | | | | | | | | |
| | | | L | | | | | | | | | | | | | |
| | | | D | | | | | | | | | | | | | |
| 23NOV | [redacted] | COBTC TID | 08 | | | | | | | | | | | | | |
| | | | 16 | | | | | | | | | | | | | |
| | | | 0 | | | | | | | | | | | | | |
| 23NOV | [redacted] | N10: CL DSG Δ using sterile technique Q72 | 10 | | | [redacted] | | | [redacted] | | | [redacted] | | | [redacted] | |
| 25NOV | [redacted] | Heel cushions for Bed ulcers | D | [redacted] | | | | | | | | | | | | |
| | | | N | | | | | | | | | | | | | |
| 26NOV | [redacted] | N10: Pin care BID | 10 | [redacted] | | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | | |
| 28NOV | [redacted] | Amb. c̄ crutches. | D | [redacted] | | | | | | | | | | | | |
| | | | N | | | | | | | | | | | | | |
| 5Dec | [redacted] | Braden scale Q7days | 10 | [redacted] | | | | | | | | | | | | |
| 2Dec | [redacted] | BID w ⇒ Dsg Δ5 to all (R) lower extremity wounds. Do not remove (L) leg dsg changes | 10 | [redacted] | | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | | |

D/C 10Dec03

D/C 10Dec03

D/C 10Dec03

D/C 10Dec03

D/C 10Dec03

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: open (R) femur fx

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 1

PATIENT IDENTIFICATION:

C [redacted]

b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

DA FORM 4677, 1 OCT 78 MEDCOM - 24076 USAPA V1.00

b(6)-2

# THERAPEUTIC DOCUMENTATION CARE PLAN
*(NON-MEDICATION)*

Mo _____ Yr 2003

| Verity by Initialing: Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
|---|---|---|---|---|---|---|
| 6 DEC | [redacted] | Resume previous orders | 6 DEC | Done | | [redacted] |
| 9 Dec | [redacted] | NPO 5 MN | 10 Dec | 0000 | done | [redacted] |
| 10 Dec | [redacted] | Resume prepoactivities & diet | 10 Dec | — | 1100 | [redacted] |
| 14 DEC | [redacted] | Straight Cath Now | 14 DEC | 1745 | 1745 | [redacted] |
| 17 DEC | [redacted] | Transfer to medical city Hospital | 17 DEC | | | |
| 17 DEC | [redacted] | Include opthamology note summary & transfer summary | 17 DEC | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

USAPA V1.00

b(6) 2 AM

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 26 | 27 | 28 | 29 | 30 | 1 | 2 | 03 | 4 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 27 | [redacted] | NIO: Turn Q2° | 02 | [redacted] | | | | | | | | | |
| | | | 04 | | | | | | | | | | |
| | | | 06 | | | | | | | | | | |
| | | | 08 | | | | | | | | | | |
| | | | 10 | | | | | | | | | | |
| | | | 12 | | | | | | | | | | |
| | | | 14 | | | | | | | | | | |
| | | | 16 | | | | | | | | | | |
| | | | 18 | | | | | | | | | | |
| | | | 20 | | | | | | | | | | |
| | | | 22 | | | | | | | | | | |
| | | | 24 | | | | | | | | | | |
| 0 DEC | [redacted] | BID wet to dry dsg ds | 10 | | | | | | | | | | |
| | | to all @ lower extrem | 22 | | | | | | | | | | |
| | | wounds | | | | | | | | | | | |
| 02 | [redacted] | Do not remove @ leg | 06 | | | | | | | | | | |
| | | dsg changes | 18 | | | | | | | | | | |
| 02 | [redacted] | Do not use feeding | 06 | | | | | | | | | | |
| | | tube until position | 18 | | | | | | | | | | |
| | | confirmed | 06 | | | | | | | | | | |
| 02 | [redacted] | Tube feed of Osmolite | 02 | | | | | | | | | | |
| | | HN 200cc bolus q4° | 06 | | | | | | | | | | |
| | | while awake | 10 | | | | | | | | | | |
| | | | 14 | | | | | | | | | | |
| | | | 18 | | | | | | | | | | |
| | | | 22 | | | | | | | | | | |

DC 02 DEC 03

NGT D/C'd 4 DEC 03

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Open @ femur / tibia fx

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 2

PATIENT IDENTIFICATION: [redacted]

b(6) 4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

MEDCOM - 24078

b(6)-2 A11

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo 12 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 3 Dec 03 | NO [redacted] | Wound CNS consult | 3 Dec | | 1000 [redacted] | |
| 3 Dec 03 | NO [redacted] | Physician to look at heel | 3 Dec | On Rounds | 1200 [redacted] | |
| 3 Dec 03 | [redacted] | Nutrition consult | 2 Dec | ON Chart | at 1015 [redacted] | |
| 3 Dec 03 | [redacted] | PT consult (PT in-room) Geriatrics | 3 Dec | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 24079

b(6)-2 A

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 27 Nov | [redacted] | N/D: Turn Q 2° | 02 | / | [redacted] | | | | | | | | | | | |
| | | | 04 | / | | | | | | | | | | | | |
| | | | 06 | / | | | | | | | | | | | | |
| | | | 08 | / | | | | | | | | | | | | |
| | | | 10 | / | | | | | | | | | | | | |
| | | | 12 | | | | | | | | | | | | | |
| | | | 14 | | | | | | | | | | | | | |
| | | | 16 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| | | | 20 | | | | | | | | | | | | | |
| | | | 22 | SM | | | | | | | | | | | | |
| | | | 24 | SM | | | | | | | | | | | | |
| 6 Dec | [redacted] | Braden scale q 7D | 0721 2109 | / | [redacted] | / | / | / | / | / | / | / | / | / | / | / |
| | | | | | | | | | | | | | | | | |
| 6 DEC | [redacted] | Leave (L) thigh wound | D | / | [redacted] | | | | | | | | | | | |
| | | open to air. Do not | N | / | | | | | | | | | | | | |
| | | change (L) calf wound | | | | | | | | | | | | | | |
| 10 Dec | [redacted] | Pin site care TID. Use | 06 | / | | | | | | [redacted] | | | | | | |
| | | betadine/saline mix. Record | 14 | / | | | | | | | | | | | | |
| | | care in chart per episode. | 22 | / | | | | | | | | | | | | |
| 10 Dec | [redacted] | Wet to dry dressing Δ's | 08 | / | | | | | | | | | | | | |
| | | (R) thigh (L) ankle BID | 20 | / | | | | | | | | | | | | |
| 10 Dec | [redacted] | QD Dsg Δ-dry-to (L) calf | 08 | / | | | | | | | | | | | | |
| 10 Dec | [redacted] | Elev to heels off of bed, monitor | D | / | | | | | | | | | | | | |
| | | heel decubitus | N | / | | | | | | | | | | | | |
| 10 Dec | [redacted] | Ambulate c crutches | D | / | | | | | | | | | | | | |
| | | NWB (R) LE | N | / | | | | | | | | | | | | |
| 10 Dec | [redacted] | Record I/P output | D | / | | | | | | | | | | | | |
| | | Q shift | N | / | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: open (R) femur / tibia Fx

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 2

PATIENT IDENTIFICATION:

D (6)-4

C [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 |

DA FORM 4677, 1 OCT 78 MEDCOM - 24080 D. USAPA V1.00

b(6)-2 All

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12/23 NOV 03 | [redacted] | LR @ 100cc/hr HL | 06 18 | [redacted] | | | | | | | | | | | | |
| | ----- | when tol po well | 18 06 | | | | | | | | | | | | | |
| 12 | [redacted] | Ancef 1 gram IVPB | 06 | | | | | | | | | | | | | |
| | ----- | q 8° | 14 | | | | | | | | | | | | | |
| | ----- | | 22 | | | | | | | | | | | | | |
| 12 | [redacted] | Gentamycin 250mg | 10 | | | | | | | | | | | | | |
| | ----- | IVPB q 12° | 22 | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| 13 | [redacted] | TOBRADEX ¼ GTTS OD QID | 06 | / | / | JR | | | | | | | | | | |
| | ----- | | 12 | / | / | MA | | | | | | | | | | |
| | ----- | | 18 | / | MG | | | | | | | | | | | |
| | ----- | | 24 | / | W | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| 14 NOV | ----- | ↑ INCREASE TOBRADEX TO | 02 | / | / | / | [redacted] | | | | | | | | | |
| | ----- | Q 2° WHILE AWAKE (¼ GTTS) | 04 | / | / | / | | | | | | | | | | |
| | ----- | | 06 | / | / | / | | | | | | | | | | |
| | ----- | | 08 | / | / | / | | | | | | | | | | |
| | ----- | | 10 | / | / | / | | | | | | | | | | |
| | ----- | | 12 | / | / | / | | | | | | | | | | |
| | ----- | | 14 | / | / | | | | | | | | | | | |
| | ----- | | 16 | / | / | | | | | | | | | | | |
| | ----- | | 18 | / | / | | | | | | | | | | | |
| | ----- | | 20 | / | / | | | | | | | | | | | |
| | ----- | | 22 | / | / | | | | | | | | | | | |
| | ----- | | 24 | / | / | | | | | | | | | | | |
| 17 NOV | VM | Colace 100mg PO BID | 10 | / | / | / | / | / | / | / | / | | | | | |
| | ----- | | 22 | / | / | / | / | / | [redacted] | | | | | | | |

D/Sed

ORDER Δ'd

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: OPEN @ FEMUR AND TIBIA FX

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO.

PATIENT IDENTIFICATION:

#[redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678 MEDCOM - 24081

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. 11 Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| 16NOV | [redacted] | Dulcolax suppository x1 | 16NOV | | | |
| 25 | [redacted] | Resume previous orders | 25 | | | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | b(6)-2 A11 | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12NOV | [redacted] | Tylenol 650mg PO q 4° prn | D/T | 12NOV 1030 | 1200 2200 | 13NOV 1500 | 14NOV 0950 | 14NOV 2000 | 15NOV 1915 | 15NOV 2330 | 16NOV 2015 | 21NOV 2000 | 23NOV 1925 | | |
| | | | D/I | 650 mg | 650 | 650 | 650 | 650 | 650 mg | 650 mg | 650 mg | 650 mg | 650 mg | | |
| 12 | [redacted] | Percocet tabs 1 po q 4-6° prn | D/T | 18NOV 0330 | 20NOV 0600 | 20NOV 2330 | 22NOV 1110 | 24NOV 2000 | | | | | | | |
| | | | D/I | tpo | tpo | [redacted] | | | | | | | | | |
| 12 | [redacted] | MSO4 2.4mg IVP q 0° prn | D/T | 17NOV 0905 | THIS MED | 18NOV 0800 | 18NOV 0815 | 18NOV 2130 | 19NOV 2115 | 23NOV 1130 | 24NOV 1030 | 24NOV 1500 | | | |
| | | | D/I | 4mg | NOT GIVEN | 1mg | 2mg | 2mg | 4mg | 2mg | 4mg | 2mg | | | |

*U.S. GPO: 1998-454-110/95216

MEDCOM - 24082

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

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

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 25NOV | [redacted] | IVL IV when tol | [redacted] | | | | | | | | | | | | | | |
| 12-10 | [redacted] | PO well | [redacted] | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 25NOV | [redacted] | Ciproflaxin 250mg | 08 | [redacted] | | | | | | | | | | | | | |
| 12-10 | [redacted] | IVPB BID | 20 | [redacted] | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 25NOV | [redacted] | Imipenem 500mg | 06 | [redacted] | | | | | | | | | | | | | |
| 12-10 | [redacted] | IVPB Q8hrs. | 14 | [redacted] | | | | | | | | | | | | | |
| | | | 22 | [redacted] | | | | | | | | | | | | | |
| 24NOV | [redacted] | Tobradex to OD | 02 | [redacted] | | | | | | | | | | | | | |
| 10Dec | [redacted] | while awake. OD | 04 | [redacted] | | | | | | | | | | | | | |
| | | | 06 | [redacted] | | | | | | | | | | | | | |
| | | | 08 | [redacted] | | | | | | | | | | | | | |
| | | | 10 | [redacted] | | | | | | | | | | | | | |
| | | | 12 | [redacted] | | | | | | | | | | | | | |
| | | | 14 | [redacted] | | | | | | | | | | | | | |
| | | | 16 | [redacted] | | | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | | | |
| | | | 20 | [redacted] | | | | | | | | | | | | | |
| | | | 22 | [redacted] | | | | | | | | | | | | | |
| | | | 24 | [redacted] | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 17NOV | [redacted] | Colace 100mg PO | 10 | [redacted] | | | | | | | | | | | | | |
| 10Dec | [redacted] | BID | 22 | [redacted] | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: open (R) femur & tibia fx

ADDITIONAL PAGES IN USE: ☐ YES ☒ NO

PAGE NO: ____

PATIENT IDENTIFICATION:

C [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 |

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

b(6) 2 AM

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 12 Yr. 03 |
|---|---|---|

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

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 19 20 | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 25NOV | [redacted] | HL IV when to tolerating | D | [redacted] | | | | | | | | | | | | | |
| copied 12-18 | | PO well | N | [redacted] | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 25NOV | [redacted] | Ciprofloxin 250mg | 08 | [redacted] | | | | | | | | | | | | | |
| copied 12/18 | [redacted] | IVPB BID | 20 | [redacted] | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 25NOV | [redacted] | Imipenem 500mg | 06 | [redacted] | | | | | | | | | | | | | |
| copied 12/18 | | IVPB q8° | 14 | [redacted] | | | | | | | | | | | | | |
| | | | 22 | [redacted] | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 29NOV | | Tobradex to OD | 02 | [redacted] | | | | | | | | | | | | | |
| copied 12/18 | [redacted] | q2° WA | 04 | [redacted] | | | | | | | | | | | | | |
| | | | 06 | [redacted] | | | | | | | | | | | | | |
| | | | 08 | [redacted] | | | | | | | | | | | | | |
| | | | 10 | [redacted] | | | | | | | | | | | | | |
| | | | 12 | [redacted] | | | | | | | | | | | | | |
| | | | 14 | [redacted] | | | | | | | | | | | | | |
| | | | 16 | [redacted] | | | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | | | |
| | | | 20 | [redacted] | | | | | | | | | | | | | |
| | | | 22 | [redacted] | | | | | | | | | | | | | |
| | | | 24 | [redacted] | | | | | | | | | | | | | |
| 17NOV | [redacted] | Colace 100mg PO | 10 | [redacted] | | | | | | | | | | | | | |
| copied 12/18 | [redacted] | BID | 22 | [redacted] | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: (R) open tibia/femur fx.

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

C [redacted]

b(4)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

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

MEDCOM - 24084

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. 12 Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| 12-10 | [redacted] | Resume pre-op meds | | | noted | [redacted] |
| | | b(6)-2 All | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12 NOV | [redacted] | Tylenol 650mg PO Q4° PRN | 12DEC 1215 | 11DEC 2000 | 11DEC 0304 | 13DEC 0745 | | | | | | | | | | | | |
| | | | 650PO | 650PO | 1 PO | 650PO | [redacted] | | | | | | | | | | | |
| 12 NOV | [redacted] | Percocet tabs 1PO Q4-6° PRN. | 12-3 1100 | 5DEC 1 PO | 5DEC 1 PO | 6DEC 1 PO | 7DEC 1 PO | 7DEC 1 PO | 8DEC 0630 | 8 3DEC 2130 | 9DEC 0800 | 9DEC 1900 | 10DEC 0245 | 10DEC 1300 | 11DEC 2015 | 11DEC 0150 | 12DEC 0850 1 PO | 12DEC 0315 1 PO |
| | | | 1 | 2025 | 2019 | 1434 | 0550 | 1606 | 1 PO | 1 PO | 1 PO | 1 PO | 1 PO | 1 PO | 1 PO | [redacted] | | |
| 12 NOV | [redacted] | MSO4 2-4mg Q6° PRN. | 5DEC 2019 4mg IVPO | 6DEC 2230 1mg IV | 7DEC 0430 4mg | 8DEC 0100 4mg | 8DEC 0730 4mg | 8DEC 1800 4mg | 9DEC 0100 4mg | 9DEC 1340 2mg IV | 9DEC 2015 4mg | 10DEC 2115 2mg | 11DEC 2mg IV | | | | | |
| | | | [redacted] | | | | | | | | | | | | | | | |
| 12DEC Corrected | [redacted] | Percocet tabs 1PO Q4-6° PRN | 12DEC 2020 1 PO | 13DEC 1000 1 PO | 13DEC 1810 1 PO | 14DEC 0120 1 PO | 14DEC 0800 1 PO | 15DEC 0900 1 PO | 16DEC 0030 1 PO | 16DEC 2000 1 PO | 17DEC 0445 1 PO | 17DEC 0850 1 PO | 18DEC 1900 1 PO | 19DEC 0000 1 PO | | | | |
| | | | [redacted] | | | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 24085

b(6)-2

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 25 | 26 | 27 | 28 | 29 | 30 | 1 | 02 | 03 | 04 | 05 | 06 | 07 | 08 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 25Nov | [redacted] | H/L IV when tol Po. | 06 | [redacted] | | | | | | | | | | | | | |
| 02DEC03 | ----- | Well | 18 | | | | | | | | | | | | | | |
| | | | 06 | | | | | | | | | | | | | | |
| 25NOV | [redacted] | Ciprofloxin 250mg | 08 | | | | | | | | | | | | | | |
| | ----- | IVPB BID | 20 | | | | | | | | | | | | | | |
| 25NOV | [redacted] | Imipenem 500mg IVPB | 06 | | | | | | | | | | | | | | |
| | ----- | Q8hrs. | 14 | | | | | | | | | | | | | | |
| | ----- | | 22 | | | | | | | | | | | | | | |
| 24NOV | [redacted] | ↑ Tobradex to Q2° | 02 | | | | | | | | | | | | | | |
| | ----- | while awake (1 gtts) | 04 | | | | | | | | | | | | | | |
| | ----- | | 06 | | | | | | | | | | | | | | |
| | ----- | | 08 | | | | | | | | | | | | | | |
| | ----- | | 10 | | | | | | | | | | | | | | |
| | ----- | | 12 | | | | | | | | | | | | | | |
| | ----- | | 14 | | | | | | | | | | | | | | |
| | ----- | | 16 | | | | | | | | | | | | | | |
| | ----- | | 18 | | | | | | | | | | | | | | |
| | ----- | | 20 | | | | | | | | | | | | | | |
| | ----- | | 22 | | | | | | | | | | | | | | |
| | ----- | | 24 | | | | | | | | | | | | | | |
| 17NOV | [redacted] | Colace 100mg PO BID | 10 | | | | | | | | | | | | | | |
| | ----- | | 22 | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: open (R) femur & tibia fx

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted]

b(4)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 73 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 24086

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. 12 Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| 25 | [redacted] | Resume previous orders. | 25 | — | — | [redacted] |
| | | b(6)-2 | | | | |

| Order/Expir Date | Clerk/Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12NOV | [redacted] | Tylenol 650mg PO q4° prn | D/T | 650mg 1000 | | | | | | | | | | | | |
| | | | D/I | 2BS | | | | | | | | | | | | |
| 12NOV | [redacted] | Percocet tabs 1 PO q4-6° PRN | D/T | 25NOV 1600 | 25NOV 2080 | 26NOV 0500 | 26NOV 1130 | 26NOV | 27NOV | 27NOV 1115 | 27NOV 2215 | 28NOV 2200 | 29NOV 1205 | 29NOV 1630 | 30NOV 0550 | 30NOV 0930 | 01DEC 1640 |
| | | | D/I | [redacted] | | | | | | | | | | | | |
| 12NOV | [redacted] | MSO4 2-4mg q2° PRN | D/T | 25NOV 0930 | 25NOV 1040 | 26NOV 0000 | 30NOV 1030 | 30NOV 2200 | 01DEC 0930 | 01DEC 1210 | 1DEC 1730 | 2DEC 3130 | 3DEC 0900 | 3DEC 0915 | | | |
| | | | D/I | 2mg | 2mg | 4mg | 4mg | 4mg | 4mg | 4mg | 4mg | 4mg | 4mg | 4mg | | | |
| 02DEC | [redacted] | Percocet tab 1 PO q4-6° prn | D/T | 02DEC 1550 | 2DEC [redacted] | 3DEC 0430 | 3DEC 0900 | 3DEC 1650 | 3DEC 2300 | 3DEC 0745 | 4DEC [redacted] | 4DEC 0730 | | | | | |
| | | | D/I | [redacted] | | | | | | | | | | | | |

*U.S. GPO: 1998-454-110/95216

medcom 24087

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date): 11

Date: 11/13/03
Time In: 1125
Allergies:
Pre-op V/S: 83/kg HR 134
Procedures: I&D OP MULTIPLE GSW

Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 500 Colloid
OR Output: UOP EBL 250 cc
Meds/Times: Fentanyl 250 mcg chromomycin 60 mg/kg IV

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | N.C |

Pre Op Meds

History

| Time | 1125 | 1130 | 1135 | 1140 | 1220 | 1225 | 1230 | 1235 |
|---|---|---|---|---|---|---|---|---|
| SaO2 | 95 | 100 | 98 | 98 | 100 | 100 | 100 | 100 |
| FiO2 | RA | RA | RA | RA | RA | RA | / | / |
| Methods | NC | NC | NC | RA | RA | RA | RA | RA |
| 240 | | | | | | | | |
| 220 | | | | | | | | |
| 200 | | | | | | | | |
| 180 | | | | | | | | |
| 160 | | | | | | | | |
| 140 | 132 | 128 | 131 | 133 | | | | |
| 120 | | 125 | | | | 120 | | |
| 100 | | | | | 113 | 109 | 115 | |
| 80 | 73 | 74 | | 74 | | 72 | 69 | |
| 60 | | | 69 | | 68 | 69 | | |
| 40 | | | | | | | | |
| 20 | | | | | | | | |
| BP | 117 | 112 | 126 | 133 | 123 | 124 | 135 | 125 |
| RR | 16 | 15 | 13 | 16 | 11 | 14 | 16 | 16 |
| T | 98 | | | | | | | |
| Time | | | | | | | | |
| Pain (0-10) | | | | | | | | |
| LOS | | | | | | | | |

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1125 | RL | 500 | L FCM. | [redacted] | 200 |
| 1250 | RL | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 0 | 1 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 1 | 1 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 1 | 1 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 1 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 1 | 1 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 4 | 5 | 10 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
* = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done; Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

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

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 11/13/03

[redacted]TION (For typed or written entries give: Name – last, first, m[redacted]: hospital or medical facility)

[redacted] b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| 1200 | | Demerol 25 mg | IVP | [illegible] | [illegible] | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | (B) Legs | Limited | + | + | B | C | Pk |
| 15' | (B) Legs | Limited | + | + | B | C | Pk |
| 30' | B Legs | Limited | + | + | B | C | Pk |
| 45' | B Legs | Limited | + | + | B | C | Pk |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm 1125 | (B) Leg (B) Leg | ACE Bandage ACE Bandage | |
| 30' 1205 | (B) Leg (B) Leg | ACE Bandage ACE Bandage | |
| 60' | | | |
| D/C | | | |

## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| 1125 | Foley | Yellow | — |
| 1250 | Foley | Yellow/clear | 200 |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1125 | normal | | S, S, Φ |
| | | | |
| | | | |
| | | | |

## NURSING NOTES

1125 PT came from OR - PT [illegible] - has oral airway, changed to nasal ~~cannula~~ trumpet - [illegible] nasal cannula. VSS. PT in deep sedation. Dressing & left leg intact & [illegible] (R) leg. Bottom and R[illegible] intact. PT given 25 mg of Demerol for discomfort.
1140. PT giving moaning. VS stable except slight elevation of BP. PT has normal drainage - Dr [redacted] ordered Tobradex eye drops.
1200 PT stable & sleep both eyes, arousable at verbal command and [illegible] [redacted]
Depo-Provera given (ZY)

Discharge Criteria:
Date: 11/13/03 Time: 12:50 PARS: 10
BP: 115/67 T: 97.2 HR: 129 RR: 17 Sa02: 100%
Pain Level at D/C (0-10):
Intake: RL 200 cc Output: Foley 200 cc
Additional Data:
Transferred To: TCW 1
Report Given To: LC
Transferred Via: W/C Litter Gurney Ambulance
Transferred By: [illegible]
Cleared IAW Recover[redacted]
Sign[redacted]

WAMC OP 173-E

MEDCOM - 24089

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 15 Nov
Time In: 1335
Allergies:
Pre-op V/S: 104/61 110
Procedures: [illegible]

Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 500 Colloid
OR Output: UOP 400 EBL min
Meds/Times: Fentanyl

| Drains |
|---|
| Hemovac |
| NG |
| JP |
| T-tube |
| ~~Foley~~ |
| TLS |

| Airway |
|---|
| Nasal |
| Oral |
| ETT |
| Trach |
| Other |

Pre Op Meds

History

| Time | 1335 | 1340 | 1345 | 1400 | 1415 |
|---|---|---|---|---|---|
| SaO2 | 96 | 98 | 96 | 96 | |
| FiO2 | | | | | |
| Methods | NC 2L | NC 2L | NC 4L | RA | RA |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| 120 | | | | | |
| 100 | | | | | |
| 80 | | | | | |
| 60 | | | | | |
| 40 | | | | | |
| 20 | | | | | |
| RR | 17 | 14 | 14 | 19 | 17 |
| T | 97 | | | | |

| Time | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Pain (0-10) | | | | | | | | |
| LOS | | | | | | | | |

### Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1335 | LR | 500 | [illegible] | DK | 500 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

### Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity<br>(2) Moves 4 Extremities<br>(1) Moves 2 Extremities<br>(0) Moves 0 Extremities | 1 | 1 | 1 |
| Airway<br>(2) Cough, Deep breath<br>(1) Dyspnea, limited breathing<br>(0) Apnea | 2 | 2 | 2 |
| Blood Pressure<br>(2) SBP =/- 20 of Pre-op<br>(1) SBP =/- 20-50 of Pre-op<br>(0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness<br>(2) Fully Awake, audible crying<br>(1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color<br>(2) Baseline color & appearance<br>(1) pale, mottled, jaundiced<br>(0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years)<br>(2) radial Pulse Palpable<br>(1) Axillary palpable, not radial<br>(0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 8 | 9 | 9 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
= Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done: Wound Care, Pain Management,
T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

b(u)-2

[redacted]

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 15 Nov 03

[redacted]

Name – last, first, middle; grade; date; hospital or medical facility)

[redacted]

b(u)-4

☐ HISTORY/PHYSICAL
☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION
☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | Rt Leg | ROM | + | + | B | W | PK |
| 15' | | | | | | | |
| 30' | | | | | | | |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

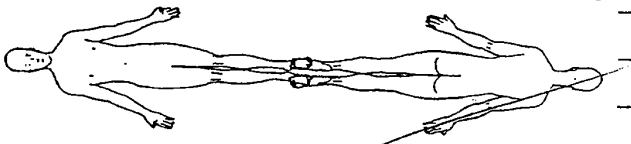
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic, P = Pale, Pk = Pink
Capillary Refill: B = Brisk, S = Sluggish

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | Rt Leg | Ext fix & Ace | yes |
| 30' | | | |
| 60' | | | |
| D/C | | | |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1335 | SR | No | No |
| | | | |
| | | | |
| | | | |

## NURSING NOTES

Pt to recovery room w/ home OC via gurney s/p I+D (L) tonsil lymphoma. Ext fix & ACE intact. NVS intact. VS 138/97 P-109 R-16 SpO2 96% - 2L NC. will continue to monitor - [redacted]

no (u) - 2 A11

**Discharge Criteria:**
**Date:** 15 Nov **Time:** 1425 **PARS:** 9
**BP:** 138/93 **Temp:** 96.2 **HR:** 105 **RR:** 18 **SaO2:** 94
**Pain Level at D/C (0-10):**
**Intake:** 700 **Output:**
**Additional Data:**
**Transferred To:**
**Report Given To:** ICU
**Transferred Via:** W/C Litter Gurney Ambulance
**Transferred By:** [redacted]
**Cleared IAW Recovery** [redacted]
**Signatu** [redacted]

WAMC OP 173-E

MEDCOM - 24091

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date): 11

Date: 11/17/03
Time In: 1350 hrs.
Allergies: NKA
Pre-op V/S:
Procedures: I&D of Bony Exf Fix of (R) Leg
Anesthesia Type (Circle)): (General) Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 350 Colloid
OR Output: UOP EBL N.A.
Meds/Times: MSO4 10 mg; propofol 100 mcg. Versed 2.5 mg

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds History

| Time | 1350 | 1355 | 1360 | 1365 | 1330 | 1350 | 1400 |
|---|---|---|---|---|---|---|---|
| SaO2 | 98% | 99 | 99 | 99 | 99 | 99 | 100 |
| FiO2 | | 5L | 5L | 5L | 5L | 5L | |
| Methods | RA | FT | FT | FT | FT | FT | FT |
| 240 | | | | | | | |
| 220 | | | | | | | |
| 200 | | | | | | | |
| 180 | | | | | | | |
| 160 | | | V | V | | | |
| 140 | V | V | | | V | V | |
| 120 | • | | | | | • | |
| 100 | ^ | ^ | ^ | ^ | ^ | ^ | |
| 80 | | | | | | | |
| 60 | | | | | | | |
| 40 | | | | | | | |
| 20 | | | | | | | |
| RR | 13 | 12 | 15 | 19 | 15 | 19 | 13 |
| T | 98 | | | | | 98.7 | |

| Time | |
|---|---|
| Pain (0-10) | |
| LOS | |

Patient teaching done; Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

### Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1300 | NS | 600 | L Arm | TU | -50 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

### Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 1 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 1 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 1 | 1 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 6 | 9 | 10 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

PREPARED BY (Signature & Title): blu-2. SN [redacted]
DEPARTMENT/SERVICE/CLINIC: PPCU
DATE: 11/17/03

PATIENT'S IDEN[redacted] typed or written entries give: first, middle; grade; da[redacted] or medical facility) Name – last,

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete USAPPC V2.00

MEDCOM - 24092

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time 1300 | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | (R) LEG | LIMITED | + | + | B | C | Pk |
| 15' | (R) LEG | LIMITED | + | + | B | W | Pk. |
| 30' | (R) LEG | LIMITED | + | + | B | W | Pk |
| 45' | (R) LEG | LIMITED | + | + | B | W | Pk |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

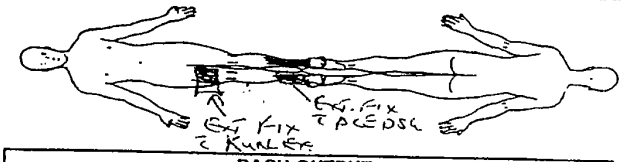
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm 1300 | (R) LEG | KURLEX, ACE | + |
| 30' 1330 | (R) LEG | KURLEX, ACE | + |
| 60' | | | |
| D/C | | | |




## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| 1300 | FOLEY | YELLOW | — |
| 1400 | FOLEY | YELLOW | 25 |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1300 | NSR | NO | |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

1300. Pt admitted from OR. PACU. easily arousable, moves arms. Pt has external fix. thigh (R) thigh and (R) calf areas. (R) thigh covered with Kurlex, slight deformation with arrows pointing at side of dressing — outer leg. No drainage from (R) calf on ACE bandage. Pt has dressing on (R) ankle. to calf area. — see bandage secured wound site.

1305. Pt rate dropped to 71%. FM 15% O2 given to Pt. Pt not elevated to 100%. Pt airway cleared complained of dryness in throat due to endotracheal tube SIC intubation. Pt has bowel sounds and foley in ~~foley~~ intact and patent.

1400. Pt able to be awoke and give "thumbs up sign". Also ~~to~~ say "blister". Pt once again goes back to sleep. Easily arousable by verbal stimuli. Pt transferred to ICW [redacted]

b(6)-7

**Discharge Criteria:**
Date: 11/17/03 Time: 1400 PARS: 10
BP: 133/99 T: 98 HR: 123 RR: 10 Sa02: 100%
Pain Level at D/C (0-10):
Intake: 500cc Output: 25cc URINE
Additional Data: —
Transferred To: ICW
Report Given To: LT [redacted]
Transferred Via: W[redacted]r Gurney Ambulance
Transferred By [redacted]
Cleared IAW Recovery [redacted]
Signat[redacted] 1/5/Sr

MEDCOM - 24093

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 19 NOV 03
Time In: 1010
Allergies: NKDA
Pre-op V/S: 121/86, HR 111
Procedures: w/o leg wound

Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 400 Colloid
OR Output: UOP EBL 100cc
Meds/Times: Pre-op 100mcg Fentanyl

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds History

| Time | 1010 | 1020 | 1030 | 1040 | 1050 |
|---|---|---|---|---|---|
| SaO2 | 95 | 97 | 97 | 97 | 97 |
| FiO2 | | | | | |
| Methods | RA | RA | RA | RA | RA |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| 120 | | | | | |
| 100 | | | | | |
| 80 | | | | | |
| 60 | | | | | |
| 40 | | | | | |
| 20 | | | | | |
| RR | 10 | 12 | 13 | 12 | |
| T | 97 | | | 96 | |

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 0 | 2 | |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 1 | 2 | |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 6 | 10 | |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
" = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done: Wound Care, Pain Management.
T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

b(6)-2 [redacted]

14 AW | DEPARTMENT/SERVICE/CLINIC: PACU / ICU 3 | DATE: 19 NOV 03

[redacted] entries give: Name — last,

b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete
MEDCOM - 24094 USAPPC V2.00

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | | | | | | | |
| 15' | | | | | | | |
| 30' | | | | | | | |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

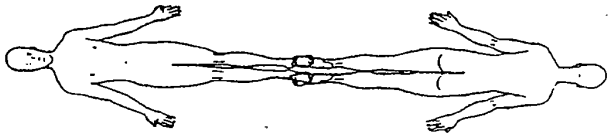
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | RLE | EXLIX | Ø |
| 30' | LLE | ACE | Ø |
| 60' | | | |
| D/C | | | |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## NURSING NOTES

Pt arrived via gurney to PACU from OR accompanied by OR staff. Pt sedated reactive to pain stimuli VSS. (R) LE ext. fix. (R) wound c̄ dressing CDI pulses +2 bilateral extremities. @ 1020 pt woke up crying & confused. encourage dip breathing & cough pt tolerated well.

**Discharge Criteria:**
**Date:** 19 Jan 03 **Time:** 1050 **PARS:**
**BP:** 132/91 **T:** 96.6 **HR:** 126 **RR:** 12 **Sa02:** 97%
**Pain Level at D/C (0-10):**
**Intake:** Ø **Output:** Ø
**Additional Data:**
**Transferred To:** PCU 6 bed-2
**Report Given To:** SPC [redacted]
**Transferred Via:** W/C [redacted] urney Ambulance
**Transferred By:** LT [redacted]
**Cleared IAW Recov** [redacted]
MEDCOM - 24095 **Signat** [redacted] LEAD

WAMC OP 173-E

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

DTSG APPROVED (Date)

Date: 21 NOV 03
Time In: 1306
Allergies:
Pre-op V/S:
Procedures: exp by @ Phy I+D hip

Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block

OR Intake: Crystalloid 300 Colloid
OR Output: UOP EBL <20
Meds/Times: 7cc Test

ICW 1
12-14 yo
ex 4
IV @ 0 fc
He
200 @ fc
NW

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds History

| Time | 1306 | 1310 | 1325 | 1330 | 1334 | 1340 | 1345 | 1350 | 1400 | 1405 |
|---|---|---|---|---|---|---|---|---|---|---|
| SaO2 | 100 | 100 | 100 | 98 | 99 | 99 | 98 | 99 | 99 | 99 |
| FiO2 | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA |
| Methods | | | | | | | | | | |
| 240 | | | | | | | | | | |
| 220 | | | | | | | | | | |
| 200 | | | | | | | | | | |
| 180 | | | | | | | ✓ | ✓ | ✓ | ✓ |
| 160 | | | | | | | | | | |
| 140 | | | | ✓ | ✓ | ✓ | | | | |
| 120 | | | ✓ | • | • | • | • | | | |
| 100 | ✓ | ✓ | • | | ∧ | ∧ | | • | • | • |
| 80 | | | ∧ | ∧ | | | | ∧ | ∧ | ∧ |
| 60 | ∧ | ∧ | | | | | ∧ | | | |
| 40 | | | | | | | | | | |
| 20 | | | | | | | | | | |
| RR | 11 | 15 | 11 | 15 | 17 | 12 | 13 | 18 | 17 | 16 |
| T | 97.7 | | | 98.8 | | | 97.1 | | | |
| Time | | | | | | | | | | |
| Pain (0-10) | | | | | | | | | | |
| LOS | | | | | | | | | | |

Patient teaching done: Wound Care, Pain Management, T, C, & DB., Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions, Privacy Maintained

### Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1705 | NS | 50cc | @fc | IV | — |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

### Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 0 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 1 | 1 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | / | / | / |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 7 | 9 | 9 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
" = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

(Continue on reverse)

PREPARED BY: [redacted] b(6) c
DEPARTMENT/SERVICE/CLINIC: ICU3/PACU
DATE: 21 NOV 03

[redacted] ATION (For typed or written entries give: Name – last, date; hospital or medical facility) EPW

# [redacted]

b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete
USAPPC V2.00

11

MEDCOM - 24096

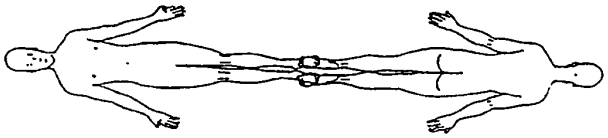
| MEDICATIONS | | | | | | |
|---|---|---|---|---|---|---|
| Allergies: | | | | | | |
| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| NEUROVASCULAR | | | | | | | |
|---|---|---|---|---|---|---|---|
| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
| Adm | LLE | – | – | (+) | B | W | PK |
| 15' | LLE | – | – | (+) | B | W | " |
| 30' | LLE | – | – | (+) | B | W | " |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | " | " | " | " | " | " | " |

Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

| C-SECTIONS | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

| DRESSINGS | | | |
|---|---|---|---|
| Time | Location | Type | Drainage |
| Adm | (R) hip | gauze | serosang |
| 30' | " | " | " |
| 60' | | | |
| D/C | " | " | " |



| PACU OUTPUT | | | |
|---|---|---|---|
| Time | Source | Color/Appearance | Amount |
| | | | |
| | | | |
| | | | |
| | | | |

| CARDIAC RHYTHM | | | |
|---|---|---|---|
| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
| 1815 | Sinus tach | Ø | Ø |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

NURSING NOTES

21 NOV 03 Received pt alert from OR accompanied by LPN [redacted] Pt has surgery to (R) thigh + (R) foot/LE. Drsgs to (R) LE + (R) LE w/ gauze dress c/d/i. (R) hip w/ serosang drainage. Pulses ok to (L) thumb reading 98-100% RA. BP cuff readings incorrect, D'd cuff. Results stabilize. CRNA CPT [redacted] aware BP's and unacceptable. Meets criteria for D/C [redacted]

Discharge Criteria:
Date: 21 NOV Time: 1405 PARS: 9
BP: 175/95 T: 97.1 HR: 106 RR: 16 Sa02: 99
Pain Level at D/C (0-10):
Intake: 500cc Output: ø
Additional Data:
Transferred To: ICW 1
Report Given To: SPC [redacted] b(6)-2
Transferred Via: W/C Litter (Gurney) Ambulance
Transferred By: LT [redacted]
Cleared IAW Recovery Room SOP [redacted]
Charge Nurse Signatu[redacted]

MEDCOM - 24097

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

13 y/o

Date: 23 NOV 03 Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block

Time In: 1205

Allergies: NKDA OR Intake: Crystalloid 500 Colloid

Pre-op V/S: 113/72 164 OR Output: UOP — EBL MIN

Procedures: I+D RLE Meds/Times: 10 MSO4 25 Phenergan

Central line placement

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds History

| Time | 1205 | 1210 | 1215 | 1220 | 1225 |
|---|---|---|---|---|---|
| SaO2 | 100 | 100 | 99 | 100 | 100 |
| FiO2 | | | | | |
| Methods | RA | RA | RA | RA | RA |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | ✓ | | ✓ | | ✓ |
| 120 | ✓ | | | ✓ | |
| 100 | • | • | • | • | • |
| 80 | ^ | ^ | ^ | ^ | ^ |
| 60 | | | | | |
| 40 | | | | | |
| 20 | | | | | |
| RR | 17 | 14 | 15 | 16 | 12 |
| T | 99.4 | | | | |

| Time | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Pain (0-10) | | | | | | | | | |
| LOS | | | | | | | | | |

Patient teaching done: Wound Care, Pain Management.
T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 1 | 1 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | / | / | / |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 9 | 9 | 9 |

Codes

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
" = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

PREPARED BY: [redacted] b(6)-2

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 23 NOV 03

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

[redacted]

b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete

USAPPC V2.00

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | RLE | limited | + | P | B | WM | PK |
| 15' | RLE | limited | + | P | B | WM | PK |
| 30' | RLE | limited | + | P | B | WM | PK |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | RLE | limited | + | P | B | WM | PK |

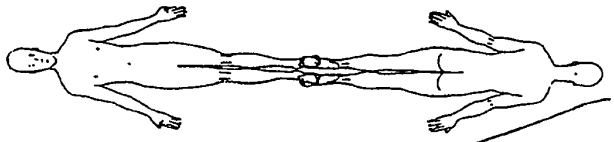
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm 1205 | RLE | Kerlex | O |
| 30' 1235 | RLE | Kerlex | O |
| 60' | | | |
| D/C 1235 | RLE | Kerlex | O |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1205 | NSR | O | O |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

Pt received from OR S/P I+L RLE and CC placement. SpO2 100% RA, no c/o pain. X-ray done of chest for CC placement. Pt being transferred to ICW. Report given to Lt [redacted] [redacted]

to ICW-2 A11

**Discharge Criteria:**
**Date:** 23NOV03 **Time:** 1235 **PARS:** 9
**BP:** 142/99 **T:** 96.4 **HR:** 95 **RR:** 16 **Sa02:** 100
**Pain Level at D/C (0-10):**
**Intake:** — **Output:** —
**Additional Data:**
**Transferred To:** ICW
**Report Given To:** LT [redacted]
**Transferred Via:** W/C Litter Gurney Ambulance
**Transferred By:** Sgt [redacted]
**Cleared IAW Recovery Room SOP** B-3
**Charge Nurse Signature:**

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 25 NOV 03 Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block

Time In: 0930

Allergies: — OR Intake: Crystalloid 450 Colloid

Pre-op V/S: 110/03 84 OR Output: UOP EBL MIN

Procedures: 14D R Femur Meds/Times: 5 Fent

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds History

| Time | 0900 | 0925 | 0940 | 0945 | 1000 | 1015 |
|---|---|---|---|---|---|---|
| SaO2 | 100 | 100 | 100 | 97 | 98 | 99 |
| FiO2 | | | | | | |
| Methods | RA | RA | RA | RA | RA | RA |
| 240 | | | | | | |
| 220 | | | | | | |
| 200 | | | | | | |
| 180 | | | | | | |
| 160 | | | | | | |
| 140 | | | | | | |
| 120 | | | | | | |
| 100 | | | | | | |
| 80 | | | | | | |
| 60 | | | | | | |
| 40 | | | | | | |
| 20 | | | | | | |
| RR | 11 | 12 | 12 | 11 | 12 | 14 |
| T | 98.3 | | | | | |

| Time | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Pain (0-10) | | | | | | | | | | |

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1030 | NS | 100 | IV | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 0 | 0 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 1 | 1 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 1 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 0 | 0 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | / | / | / |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 5 | 5 | 9 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
˙ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done; Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures

Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

[redacted] b(6) 2

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 25 NOV 03

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

[redacted]

b(6) - 4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete

USAPPC V2.00

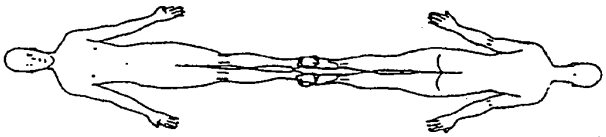
| MEDICATIONS | | | | | | |
|---|---|---|---|---|---|---|
| Allergies: | | | | | | |
| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| NEUROVASCULAR | | | | | | | |
|---|---|---|---|---|---|---|---|
| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
| Adm | R fem | limited | + | + | B | WM | PK |
| 15' | R fem | limited | + | + | B | WM | PK |
| 30' | R fem | limited | + | + | B | WM | PK |
| 45' | R fem | limited | + | + | B | WM | PK |
| 60' | R fem | limited | + | + | B | WM | PK |
| 90' | | | | | | | |
| D/C | R fem | limited | + | + | B | WM | PK |

Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

| C-SECTIONS | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

| DRESSINGS | | | |
|---|---|---|---|
| Time | Location | Type | Drainage |
| Adm 930 | R Femur | Kerlex | 0 |
| 30' 1000 | R femur | Kerlex | 0 |
| 60' | | | |
| D/C 1030 | R femur | Kerlex | 0 |



| PACU OUTPUT | | | |
|---|---|---|---|
| Time | Source | Color/Appearance | Amount |
| | | | |
| | | | |
| | | | |
| | | | |

| CARDIAC RHYTHM | | | |
|---|---|---|---|
| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
| 930 | NSR | 0 | 0 |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

NURSING NOTES

Pt received from OR S/p I&D right femur. Pt SpO2 100% RA, no c/o pain. Pt unarousable to verbal. 30 (1000) minutes after arrival pt still not arousable to verbal/pain. 45 (1015) minutes after arrival pt arousable to verbal. Report given to Lt [redacted] SpO2 100% no c/o pain VSS - [redacted]

LPN

b/w 2 A11

**Discharge Criteria:**
**Date:** 25NOV **Time:** 1030 **PARS:** 9
**BP:** 137/108 **T:** 98.4 **HR:** 107 **RR:** 11 **Sa02:** 100%
**Pain Level at D/C (0-10):**
**Intake:** 100cc **Output:** —
**Additional Data:** —
**Transferred To:** TCW,
**Report Given To:** Lt [redacted]
**Transferred Via:** W/C Litter Gurney Ambulance
**Transferred By:** [redacted]
**Cleared IAW Recovery Room SOP B-3**
**Charge Nurse Signature:**

MEDCOM - 24101

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 28 NOV 03
Time In: 1348
Allergies: —
Pre-op V/S: 123/79 118
Procedures: I+D ⊗LE

Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 500 Colloid
OR Output: UOP — EBL MIN
Meds/Times: long MSO4, 25 Phenergan 2.5 Fent

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds History

| Time | 1348 | 1353 | 1358 | 1403 | 1410 |
|---|---|---|---|---|---|
| SaO2 | 100 | 100 | 100 | 100 | 100 |
| FiO2 | | | | | |
| Methods | RA | RA | RA | M | NC |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| 120 | | | | | ✓ |
| 100 | | | | | |
| 80 | | | | | |
| 60 | | | | | |
| 40 | | | | | |
| 20 | | | | | |
| RR | 10 | 10 | 10 | 10 | 11 |
| T | 96.9 | | | | |
| Time | | | | | |
| Pain (0-10) | | | | | |
| LOS | | | | | |

Patient teaching done; Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

### Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

### Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 0 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 1 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 0 | 1 | 1 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | 1 | 1 | 1 |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C, | 5 | 9 | 9 |

**AIRWAY**
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

**V/S**
X = A-line BP
" = Cuff BP
= Pulse

**TEMP**
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

**LOS**
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

(Continue on reverse)

[redacted] b(6)-2

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 28NOV03

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

[redacted]

b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete
USAPPC V2.00

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | RLE | limited | + | P | B | WM | PK |
| 15' | RLE | limited | + | P | B | WM | PK |
| 30' | RLE | limited | + | P | B | WM | PK |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | RLE | limited | + | P | B | WM | PK |

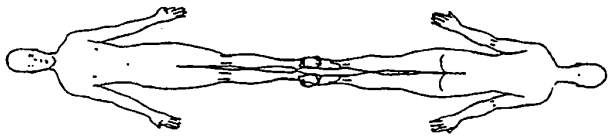
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm 1348 | RLE | Kerlex | O |
| 30' 1418 | RLE | Kerlex | O |
| 60' | | | |
| D/C 1430 | RLE | Kerlex | O |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1345 | NSR | O | O |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

Pt received from OR s/p RLE I+D. SpO2 100% RA. Pt unarousable to verbal or pain upon arrival. Pt arousable to verbal 30 min. after arrival. Report given to Lt [redacted] No c/o pain SpO2 100% — [redacted]

b(6)-2 A11

**Discharge Criteria:**
**Date:** 28 NOV 08 **Time:** 1430 **PARS:** 9
**BP:** 142/107 **T:** 96.0 **HR:** 101 **RR:** 14 **SaO2:** 100
**Pain Level at D/C (0-10):** —
**Intake:** — **Output:** —
**Additional Data:** —
**Transferred To:** Lt [redacted]
**Report Given To:** ICW
**Transferred Via:** W/C Litter (Gurney) Ambulance
**Transferred By:** [redacted]
**Cleared IAW Recovery Room SOP:** [redacted]
**Charge Nurse Signature:**

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date): 11

Date: 02 DEC 03
Time In: 1130
Allergies: NKDA
Pre-op V/S: 115/77 115
Procedures: STSG to Blade IED BSW
Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 400 Colloid Ø
OR Output: UOP Ø EBL 550
Meds/Times: 1mg versed 250mcg Fentanyl 7mg morphine

| Drains | Airway |
|---|---|
| Hemovac | (Nasal) |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds History

| Time | 1130 | 1135 | 1140 | 1145 | 1200 | 1215 |
|---|---|---|---|---|---|---|
| SaO2 | 97 | 99 | 99 | 99 | 100 | 98 |
| FiO2 | RA | RA | RA | RA | RA | RA |
| Methods | RA | RA | RA | RA | RA | RA |
| RR | 24 | 15 | 18 | 15 | 22 | 14 |
| T | 95.6 | | 98.7 | | 98.1 | 98.8 |

Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1130 | LR | TKO | (D) subclavian / jugular | | 200 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 1 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 8 | 10 | 10 |

Codes:
AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula
V/S
X = A-line BP
• = Cuff BP
= Pulse
TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal
LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

| Time | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Pain (0-10) | | | | | | | | | |
| LOS | | | | | | | | | |

Patient teaching done; Wound Care, Pain Management.
T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

PREPARED BY (Signature & Title): [redacted] FC 9/nmb b(6)-2
DEPARTMENT/SERVICE/CLINIC: ICU 3
DATE: 02 DEC 03

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

[redacted] b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | (B)LE | ⊕x2 | ⊕x2 | ⊕P | ≤3sec x2 | warm | PK |
| 15' | (B)LE | ⊕x2 | ⊕x2 | P | B | Warm | PK |
| 30' | (B)LE | ⊕x2 | ⊕x2 | P | B | Warm | PK |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | (B)LE | ⊕x2 | ⊕x2 | P | B | warm | PK |

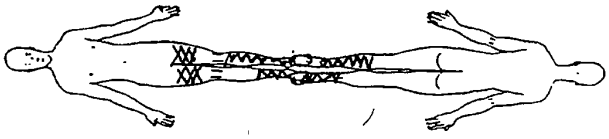
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | (B)LE | Kerlex wrap / cast (B) | CDI |
| 30' | (B)LE | Kerlex wrap / cast (B) | CDI |
| 60' | | | |
| D/C | (B)LE | ex fix x2 Kerlex wrap cast (L) | Small drainage |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | Ø |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1130 | NST | NO | NO |
| | | | |
| | | | |
| | | | |

## NURSING NOTES

1205 pt recieved from OR @ 1130 @ 1135 pt Alert
pull oral & nasal airway pt is cooperative
VSS x̄ T 95.0 recheck @ 95.7 pt has
Kerlex wrapps on (L) calf & thight
Cast and ExFix on (R) calf, Kerlex and
ex Fix on thigh c̄ slight drainage at present
No signs of acute distress noted will continue
to monitor — [redacted] PC Signature

b(6)-2 All

**Discharge Criteria:**
Date: 02 Dec 03 Time: 12 PARS: 10
BP: 126/99 T: 96.8 HR: 89 RR: 12 Sa02: 99
Pain Level at D/C (0-10):
Intake: 200 cc LR Output: Ø
Additional Data: none
Transferred To: ICW 1
Report Given To: Lt [redacted]
Transferred Via: W/C Litter Gurney Ambulance
Transferred By: PC [redacted]
Cleared IAW Recovery [redacted]
Signature [redacted]

WAMC OP 173-E

MEDCOM - 24105

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date): ( )

Date: 06 Dec 03 Anesthesia Type (Circle): ~~General~~ Spinal Epidural IV Sedation Nerve Block

Time In: 0930

Allergies: NKDA OR Intake: Crystalloid 500 Colloid

Pre-op V/S: 115/75 110 OR Output: UOP Ø EBL min

Procedures: I&D ⓑ & E Meds/Times: 125mcg Fentanyl

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds History

| Time | 0930 | 0940 | 0950 | 1000 | 1010 |
|---|---|---|---|---|---|
| SaO2 | 100% | 100 | 100 | 100 | 100 |
| FiO2 | | | | | |
| Methods | | | | | |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | ✓ | |
| 120 | ✓ | ✓ | ✓ | ✓ | |
| 100 | • | • | • | • | ^ |
| 80 | ^ | ^ | ^ | ^ | • |
| 60 | | | | | |
| 40 | | | | | |
| 20 | | | | | |
| RR | 16 | 20 | 18 | 10 | 16 |
| T | 96.8 | | | | |

| Time | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Pain (0-10) | | | | | | | | | |
| LOS | | | | | | | | | |

Patient teaching done; Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures

Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

### Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

### Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 1 | 1 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | / | / | / |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 9 | 9 | 9 |

Codes:
AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
= Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

PREPARED BY (Signature & Title): b(6)-2 [redacted] SFC 91W1M6

DEPARTMENT/SERVICE/CLINIC: ICU 3

DATE: 06 Dec 03

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

b(6)-4 [redacted]

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete USAPPC V2.00

MEDCOM - 24106

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | (B)LE | (+) x2 | (+) x2 | P | B x2 | W | PK |
| 15' | (B)LE | (+) x2 | (+) x2 | P | B x2 | W | PK |
| 30' | (B)LE | (+) x2 | (+) x2 | P | B x2 | W | PK |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

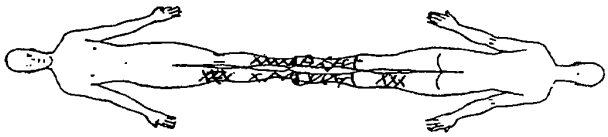
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | (B)LE | Kerlex wrap | CDI |
| 30' | (B)LE | Kerlex wrap Cast | CDI |
| 60' | | Ex Fix | |
| D/C | | | |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## NURSING NOTES

0930 pt recieved from OR S/P I&D (B)LE
pt VSS T @ 95.8 SPO2 @ 100 on RA —
[redacted] PFC SLWR
1000 pt VSS dressing CDI Nuera ✓ (+) will
give report to ICW — [redacted] PFC SL
b(6)-2

**Discharge Criteria:**
Date: 06 DEC 05 Time: 1000 PARS: 9
BP: 145/102 T: 97.4 HR: 105 RR: 10 Sa02: 100
Pain Level at D/C (0-10):
Intake: Ø Output: Ø
Additional Data: None
Transferred To: ICW2
Report Given To:
Transferred Via: W/C Litter (Gurney) Ambulance
Transferred By: PFC [redacted] SGT [redacted]
Cleared IAW Recovery Room SOP B-3
Signature: b(6)-2

WAMC OP 173-E

MEDCOM - 24107

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 10 DEC 03
Time In: 0935
Allergies: NKA
Pre-op V/S: 122/77 82
Procedures: HD (R) LBS

Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 600 Colloid
OR Output: UOP EBL
Meds/Times: Fentanyl, versed

Drains: Hemovac, NG, JP, T-tube, Foley, TLS

Airway: Nasal, Oral, ETT, Trach, Other

Pre Op Meds / History

| Time | 0935 | 0940 | 0945 | 0955 | 1010 | 1025 | 1040 |
|---|---|---|---|---|---|---|---|
| SaO2 | 99 | 100 | 98 | 97 | 99 | 100 | 100 |
| FiO2 | | | | | | | |
| Methods | RA | RA | RA | RA | RA | RA | RA |
| 240 | | | | | | | |
| 220 | | | | | | | |
| 200 | | | | | | | |
| 180 | | | | | | | |
| 160 | | | | | | | |
| 140 | | | | ✓ | | | |
| 120 | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ |
| 100 | ^ | ^ | ^ | ^ | ^ | ^ | ^ |
| 80 | | | | ^ | | | |
| 60 | | | | | | | |
| 40 | | | | | | | |
| 20 | | | | | | | |
| RR | 20 | 22 | 20 | 24 | 20 | 20 | 18 |
| T | 96 | | | | | | |
| Time | | | | | | | |
| Pain (0-10) | | | | | | | |
| LOS | | | | | | | |

Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 1 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 1 | 1 | 1 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 2 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 8 | 9 | 9 |

Codes:
AIRWAY: A = Ambu, BB = Blow-by, M = Mask, FT = Face Tent, RA = RoomAir, NC = Nasal Cannula
V/S: X = A-line BP, ^ = Cuff BP, = Pulse
TEMP: S = Skin, O = Oral, A = Axillary, T = Tympanic, R = Rectal
LOS: C = Cervical, T = Thoracic, L = Lumbar, S = Sacral

Patient teaching done: Wound Care, Pain Management, T, C, & DB., Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

[redacted] b(6)-2

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 10 DEC 03

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

# [redacted]

b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete USAPPC V2.00

MEDCOM - 24108

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| 0955 | — | MSO4 2mg | IVP | — | [redacted] | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | (R) leg | LROM | + | + | B | C | PK |
| 15' | | | | | | | |
| 30' | | | | | | | |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

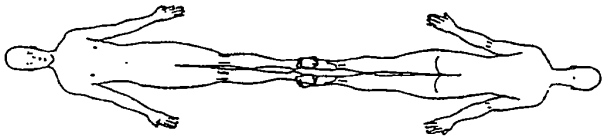
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | (R) leg | ext fix C gauze + JP | |
| 30' | | | |
| 60' | | | |
| D/C | | | |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 0935 | SR | ∅ | ∅ |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

Pt to Recovery Room from OR s/p HD (R) leg. Ext fix x 2 C JP drain + Kinlex to (R) leg. Kinlex to (L) lower extremity. Dentical line in place + IV fluids. Will continue to monitor. — [redacted] RN

0955 - Pt c/o pain, Medicated C 2mg MSO4. — [redacted] RN

blood - 2 A11

**Discharge Criteria:**
**Date:** 10 Dec 13 **Time:** **PARS:** 9
**BP:** 131/98 **T:** **HR:** 94 **RR:** 22 **Sa02:** 98
**Pain Level at D/C (0-10):**
**Intake:** ∅ **Output:**
**Additional Data:**
**Transferred To:**
**Report Given To:** ICW #2
**Transferred Via:** W/C [redacted] Gurney Ambulance
**Transferred By:** [redacted]
**Cleared IAW Recovery Room SOP B-3**
**Charge Nurse Signature:**

MEDCOM - 24109

# Admission and Coding Information

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

b(2)-2

| 1. Reporting MTF | 2. MTF Location |
|---|---|
| [redacted] | IZ |

| 3. Register Number | Name (Last, First, MI) | 4. Pay Grade | 5. Sex |
|---|---|---|---|
| [redacted] | | FGN | M |

b(6)-4

| 6. DoB (YYYYMMDD) | 7. Age at Admission | 8. Race | 9. Ethnicity | Religion |
|---|---|---|---|---|
| 1990-01-01 | 13Y | X | 9 | |

| 10. Length of Service | ETS | 11. FMP | 12. Social Security Number |
|---|---|---|---|
| | | 99 | [redacted] |

| Organization (Active Duty Only) | 13. Marital Status | Hour of Admission | Branch / Corps: |
|---|---|---|---|
| | | 06:35 | |

| 14. Flying Status | 15. Beneficiary Category | 16. Zip Code of Residence: |
|---|---|---|
| NO | K78-PRISONER OF WAR/INTERNEES | |

| 17. Unit Location | 18. MOS | 19. Trauma | Prev. Admission |
|---|---|---|---|
| | | DIS | NO |

| 20. Source of Admission | Ward: | Name / Relationship of Emergency Addressee |
|---|---|---|
| Direct from ER | ICW1 | Address of Emergency Addressee |
| [redacted] | | Telephone Number of Emergency Addressee |

b(2)-2

| 21. Type of Disposition | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) |
|---|---|---|
| TRF-OTH | | 2003-12-20 |

| 24. Clinic Svc - Admitting | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) |
|---|---|---|
| AEA - ORTHOPEDICS | | 2003-11-12 |

| 27. Location of Occurrence | 28. MTF of Initial Admission | 29. Date of Initial Admission |
|---|---|---|
| | | 2003-11-12 |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: OPEN R FEMUR/TIBULA FX

Procedure Narrative(s):

Cause of Injury Narrative:

b(6)-2

Admitting Officer (Signature, as required) [redacted]

Signature of Admitting Clerk [redacted]

Automated Facsimile - DA FORM 2985, MAR 2000

MEDCOM - 24110

# QUALITY ASSURANCE/RISK MANAGEMENT DOCUMENT

For use of this form, see AR 40-68; the proponent agency is the OTSG.

Prepare this form according to instructions on the reverse side to document events which may have quality assurance/risk management implications involving patients, visitors or other persons.

| 1. Date of Event | 2. Time of Event | 3. Location | 4. Age | 5. Sex | 6. | 7. Attending Doctor |
|---|---|---|---|---|---|---|
| 17NOV03 | 0950 | | 24 | F | ☑ INPATIENT<br>☐ OUTPATIENT<br>☐ EMERGENCY ROOM<br>☐ OTHER (explain below) | |

8. DIAGNOSIS(ES)
Mn (R) femur + Tibia Fx

9. POST OP DAY

| 10. TYPE OF OCCURRENCE/INCIDENT (check one only) | | 11. CONDITION AFTER OCCURRENCE | | Narrative (optional): |
|---|---|---|---|---|
| | Adverse Drug Reaction (see instructions) | | No Apparent Effect | |
| | AMA/Walkout (see instructions) | | Minor Injury or Effect | |
| | Blood Transfusion (see instructions) | | Significant Injury or Effect | |
| | Equipment | | Death | |
| | Fall/Found on Floor (Prescribed activity level: | | Other (explain in narrative box) | |

| | | 12. ACTION TAKEN | YES | NO |
|---|---|---|---|---|
| | Laboratory | Doctor Notified | ✓ | |
| | Medication (to include IV) | Did Doctor see Patient | | ✓ |
| | Pharmacy | X-Rays ordered/taken | | ✓ |
| | Practice/Procedure Variance (staff) | Reported to Supervisor/Department Chief | ✓ | |
| | Property Loss or Damage | Laboratory tests ordered/taken | ✓ | |
| ✓ | Other (explain) Needlestick | Other (explain in block 14) | | ✓ |

13. WITNESSES ☑ NONE ☐ Yes (complete boxes below)

| a. Name(s) | b. Duty Section or Home Address | c. Phone |
|---|---|---|
| | | |
| | | |
| | | |

14. DESCRIPTION OF EVENT (Concise, Factual, Objective Statement)

Purging line for IV med on pt. 1289. IV line had needle at end of tubing. P purging line, grabbed end of IV line + was stuck by needle at end of IV tubing.

Followed up in OPC immediately P needle stick. Bld drawn. Pt's blood drawn also c̄ physician order. Raise MAISON

If more space is needed, use a continuation sheet.

| 15. Name, Grade, Title of Individual Completing Form (print) | 16. Signature | 17. Date of Report |
|---|---|---|
| [redacted] | [redacted] | 17NOV03 |

18. PATIENT ID PLATE OR PRINTED NAME AND SSN

b(6)-2

[redacted]

b(6)-4

The information placed on this form is confidential and privileged IAW 10 U.S.C. 1102.

**UNAUTHORIZED DISCLOSURE CARRIES A $3,000 FINE.**

DO NOT FILE OR REFER TO THIS FORM IN PATIENT RECORD. REPORT EVENT TO SUPERVISOR/DEPARTMENT CHIEF IMMEDIATELY.

FOR QA USE ONLY

19. Log Number _____

20. Further analysis indicated NO ☐ YES ☐

DA FORM 4106, MAR 90 Previous edition is obsolete.

MEDCOM - 24111

b(6)-2

[redacted]

# PATIENT'S CLEARANCE RECORD

For use of this form, see AR 40-2; the proponent agency is OTSG

| DATE OF DISCHARGE | TIME OF DISCHARGE |
|---|---|
| 12/17/03 | |

SIGNATURE OF WARD OFFICER

[redacted] b(6)-2 SGT 9/WM

PATIENT'S IDENTIFICATION

ACTIVITY CLEARANCE [redacted]

*(The final activity with which the patient must clear will be the disposition office.)*

| Military | INITIALS* | Non-military | INITIALS* |
|---|---|---|---|
| 1. Patient's Trust Fund | | 1. Patient's Trust Fund | |
| 2. Medical Services Account Officer | | 2. Medical Services Account Officer | |
| 3. Clothing and Baggage | | 3. Clothing and Baggage | |
| 4. Medical Holding Unit | | 4. Postal Service | |
| a. Supply | | 5. Change of Address | |
| b. Pay Section | | 6. Other *(Specify)* | |
| c. Service Records | | 7. | |
| d. Insurance and Allotments | | 8. | |
| 5. Postal Service | | 9. | |
| 6. Change of Address | | 10. | |
| 7. Other *(Specify)* | | 11. | |
| 8. | | 12. | |
| 9. | | 13. | |

REMARKS

| DATE | SIGNATURE OF PATIENT ADMINISTRATOR |
|---|---|
| 17 Dec 03 | [redacted] b(6)-2 |

* INITIALS OF PERSON AUTHORIZING CLEARANCE.

DA FORM 4029, MAR 73 P ES DA FORM 6-258, 1 DEC 59, WHICH WILL BE USED USAPPC V1.00

Automated Facsimile

# INPATIENT TREATMENT RECORD COVER SHEET

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

| 1. Register Nbr | 2. Name | | | | | 3. Grade | Admission Remarks |
|---|---|---|---|---|---|---|---|
| [redacted] | [redacted] | | | | | FGN | |
| 4. Sex | 5. Age | 6. Race | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm | |
| M | 32Y | X b(6)-4 | MUSLIM | | | NO | |
| 11. FMP | 12. SSN | 13. Organization | | | | 14. Ward | |
| 99 | [redacted] | | | | | ICW1 | |
| 15. FlyStatus | 17. Dept / Ben | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case | | | |
| | K78-PRISONER OF WAR/INTER | | | Inj | | | |
| 21. Source of Admission | | 22. Hour Of Adm: | 23. Clinic Service | | | | |
| Direct from ER | | 06:35 | AEA - ORTHOPEDICS | | | | |
| 24. Name/Relation of Emergency Addressee | | 25. Type Disp | 26. Date of Disp | | | | |
| | | HOME | 2004-01-24 | | | | |
| 27a. Address of Emergency Addressee | | 27b. Telephone No | 28. Date This Adm: | AdmittingOfficer: | | | |
| | | | 2003-11-12 | [redacted] b6-2 | | | |
| 29. ReportingMTF | | | 30. Date Init Adm | 32. Units Blood Components | | | |
| [redacted] b(2)-2 | | | 2003-11-12 | | | | |

31. Selected Administrative Data

Marital Status: DoB: 1971-01-01

In/Out Patient: Inpatient MOS:

33. Cause Of Injury: MVA

34. Diagnosis / Operations and Special Procedures:

R LEG EX FIX, 5TH DIGIT AMP

Dx:
823.10
886.10
821.31
816.10
890.0
E 991.9

Px
81.47
83.82
86.69
79.35
93.59
80.16 (x 4)
77.19
77.15
83.09
99.29
88.27
88.26

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 | 65 | 65 |

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 | 65 | 65 |


Signature of Attending [redacted] b(4)-2 Signature of RAD or Medical [redacted]

Automated Facsimile - DA FORM 3647, May 79

MEDCOM - 24113

| MEDICAL RECORD | ABBREVIATED MEDICAL RECORD |
|---|---|

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

31 YO ♂, SADT IN VEHICLE AT CHECKPOINT, FELL AT 782ND FST. (R) OPEN DISTAL FEMUR, (R) OPEN TIBIAL PLATEAU FX, SPLINTS X-FIX. ALSO (R) GF AMPUTATION

PMH - KIDNEY PROBLEMS - ? STONES

ROS (-)

NKDA

PHYSICAL EXAMINATION

HEENT - SCALP FACIAL WOUND

NECK SUPPLE

CHEST - AT/NL

ABD - SOFT BOWEL - WNL

EXT - (R) LEG SPLINTING X-FIX

DEFORMITIES, PELVIS.

MANY FOGS WITH SOLUTION INTACT GROSSLY.

PROGRESS *(Enter date of discharge and final diagnosis)*

X-RAYS - COMMINUTED (R) LATERAL TIBIAL PLATEAU, LEGG-PERTHES (R) LATERAL CONDYLE FEMUR FX

(1) OPEN (R) KNEE FRACTURES

(P) NEEDS IV ABX

[redacted] b(6)-2

| SIGNATURE | DATE | IDENTIFICATION NO. | ORGANIZATION |
|---|---|---|---|
| [redacted] | 12 MAR 03 | | |

| PATIENT'S IDENTIFICATION *(For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)* | REGISTER NO. | WARD NO |
|---|---|---|
| | | |

[redacted] b(6)-1

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR, 201-45.5)
OCTOBER 1975
USAPPC V1.00

MEDCOM - 24114

b(2)-2

[redacted] Trauma Flo Sheet

Name: EPW #2 - SSN _____ Unit _____ | Blood Type

Date and time of injury: 11 Nov. Time of Arrival 2358

MOI: GSW / multiple

HPI:

PMHX:
PSHX:
Meds:
Allergies:

**Primary Survey**

Airway: Patent Mechanically maintained by _____
Breathing: Spontaneous Assisted by _____
Circulation:
Pulse: Present Absent CPR
Color: Normal Abnormal
Cap refill: Normal Delayed

**Secondary Survey**

Intial Vital Signs: b/p 119 / 82 pulse 103 Resp 36 Pulse Ox 100 Temp ___

GEN:

HEAD:

NECK:

HEART:

LUNGS:

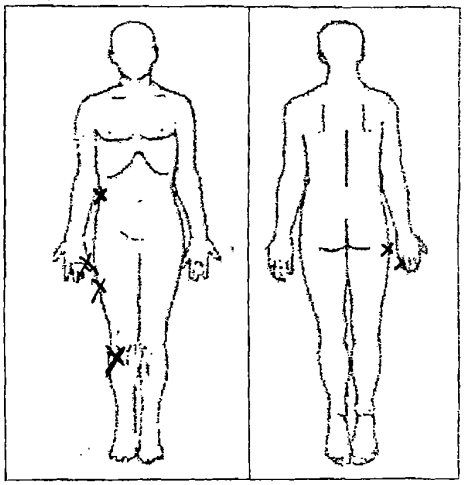
CHEST:

ABD:

PELVIS:

EXT: LR extremity wound ; UR extremity
RECTAL: no gross blood on DRE

NEURO:



| GLASCOW COMA | | |
|---|---|---|
| EYES OPEN | Spontaneously | 4 |
| | To Speech | 3 |
| | To Pain | 2 |
| | None | 1 |
| BEST VERBAL RESPONSE | Oriented | 5 |
| | Confused | 4 |
| | Inappropriate sounds | 3 |
| | Incomprehensible sounds | 2 |
| | None | 1 |
| BEST MOTOR REPONSE | Obeys Commands | 6 |
| | Localizes Pain | 5 |
| | Withdraws to Pain | 4 |
| | Flexes to Pain | 3 |
| | Extends to Pain | 2 |
| | None | 1 |
| | TOTAL | |

| Revised Trauma Score | | |
|---|---|---|
| GLASCOW COMA TOTAL | 13-15 | 4 |
| | 9-12 | 3 |
| | 6-8 | 2 |
| | 4-5 | 1 |
| | 3 | 0 |
| SYSTOLIC BLOOD PRESSURE | >89 mmHg | 4 |
| | 76-89 mmHg | 3 |
| | 50-75 mmHg | 2 |
| | 01-49 mmHg | 1 |
| | No pulse | 0 |
| RESPIRATORY RATE | 10-29 / min | 4 |
| | >29 / min | 3 |
| | 6-9 / min | 2 |
| | 1-5 / min | 1 |
| | None | 0 |
| | TOTAL | |

## Interventions

Airway: patent, breathing - spontaneous

Breathing:

Circulation: Large Bore I.V. 1000 ml LR 14ga.
Foley given; 400cc output Foley Coll

Other:

## MEDICATIONS

| Time | Drug | Dose | Route | Initials |
|---|---|---|---|---|
| 0005 | Morphine | 4 mg | I.V. | [redacted] |
| 0007 | Ancef | 1 gm | I.V. | [redacted] |
| ~~0007~~ | ~~—~~ | ~~400cc~~ | ~~—~~ | |
| 0028 | Morphine | 3 mg | I.V. | [redacted] |
| | | | | |
| | | | | |
| | | | | |

b(6)-2

## Blood Components

| Unit # | Type | Time | Response |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## Vital Signs

| Time | B/P | Pulse | Resp | Pulse Ox | Temp | GCS |
|---|---|---|---|---|---|---|
| 0008 | 119/82 | 97 | 26 | 99 | | |
| 0012 | 127/72 | 85 | 34 | 100 | | |
| 0020 | 127/72 | 81 | 23 | 100 | | |
| 0026 | 135/79 | 84 | 35 | 100 | | |
| 0031 | 146/82 | 90 | 27 | 100 | | |
| | | | | | | |

Transfer Instructions:

NOTES:

Prepared By:

MEDCOM - 24116

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | |

12 Nov 2003
0545

OPERATIVE NOTE

DIAGNOSIS: 1) Open (R) Distal Femur / Prox tibia Fx
2 (R) Thigh lacerations 3) (R) 5F Amputation

PROCEDURE: 1) I & D (R) knee c̄ Spanning External Fixator.
2) I & D (R) Thigh lacerations
3) Completion of (R) 5F Amputation

SURGEON: [redacted]

FINDINGS: Comminuted (R) lateral tibial plateau
Opened lateral arthotomy and irrigated knee.
Left Penrose drain in Joint.
(R) 5F - Comminuted middle phalanx - excised. Closed
Soft tissue over Prox phalanx

FLUIDS: 1000 cc LR EBL: 150 cc
500 cc Hespan UOP - 800 cc

b(6)-2 All [redacted]

(Continue on reverse side)

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

| REGISTER NO. | WARD NO. |
|---|---|
| | |

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR (41 CFR) 201-45.505
509-111

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 12 NOV 03 1930 | - Assumed care of pt responsive AFO VSS Trans from EMT Dx Fx to femur and Tibia ex fix in place wound are wrapped bleeding noted. Lungs clear O2 SAT 96% RA encouraged to deep breath. HRRR Active BS. Foley to gravity CYU 1000 cc in ER. PIV to (R) bicep region LR @ 125cc/hr IV AB x TX. c/o pain medicated c̄ relief. Minor abrasion to (L) LE knee and (L) side of face scab & area bleeding will cont to monitor b(4)-2 [redacted] |
| 12 NOV 03 @2105 | assumed care of pt @1800. VSS. Alert, speaking Arabic. LSCTA; (+) BS, tol reg diet well; Foley draining clear yellow urine; RLE c̄ drsg from hip to ankle, saturated @ hip & calf, drsg reinforced c̄ abd pads & kerlix. Ex-fix in place. (+) CMS to RLE, +2 DP, equal (bil). (R) UE drsg ODI, (+) CMS, unable to assess radial pulse d/t drsg. (R) UQ abd wound, 1.0cm x 1.0cm, draining sm amt serosang drainage. Through interpreter abd is obese, ∅ changes from prior to incident, ∅ abd pain. (R) ac IV c̄ LR @ 125cc/hr, patent, 2pt restraints on ⅁ S/Sx of skin/circulation compromise. Plan: monitor drsgs, NPO p MN, pain control. [redacted] b(4)-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. 6/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

# [redacted]
b(4)-4

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

| DATE | NOTES |
|---|---|
| 13 NOV 03 0700 | - Assumed care pt. A+O x3. Denies pain or discomfort @ this time VSS Lungs clear HRRR Active BS x4 quads. Remains NPO on call for surgery today. PIV 14g @ brachial area patent LR @ 125 c/w. Cont IV ASA TX Afebrile & s/s of infection. Dressing to (R) LE kerlix ace wrapped reinforced. Will cont to monitor [redacted] MC |
| 13 NOV 03 1305 | Critical Care Note<br>Pre Op Dx: (1) (R) open knee tibial plateau & tibial spinal avulsion fracture<br>(2) Multiple GSW (R) leg<br>(3) (R) SF amputation<br>Post Op Dx: Same<br>Procedure: I+D (R) leg, dressing change (R) SF<br>Surgeon: [redacted]<br>EBL: min<br>Findings - Wounds clean. Removed splinted in knee. Dusky skin flap over this area. Two large cavity wounds (R) buttocks. Surgical site wounds with 6 drains. Ballooned wound packed with moist dressing roll<br>PLAN: Repeat I+D in 48-72 hours<br>[redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 24119

AUTHORIZED FOR LOCAL REPRODUCTIO

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 13NOV03 | (2250)-NSG- VSS. ⊖C/O pain. Pt went to OR for washout of (R) leg. Ex-fix in place, (R) leg wrapped c̄ kerlex + Ace bandage. Posterior area of knee dark, red blood soaked through DSG. ⊖order for DSG Δ. Reinforced DSG c̄ ABD pad + kerlex. Will continue to monitor site. Pt tol. DSG reinforced. Pt has 5th finger, (R) hand amputated. DSG CDI. IV (R) AC, infusing IV ABX. ⊕ foley drainin clear, yellow urine. Pt tol Reg diet. D/C LR. Pt H/L at this time. b(6)-2 [redacted] 20T/AN |
| | (2350) (R) LE. ⊕2 pedal pulse, brisk cap refill, pt able to wiggle toes, warm to touch. b(6)-2 [redacted] 20T/AN |
| 14NOV03 1503 | Assume care of PT @ 0100. VSI, A+O. Ø c/o pain. Ex-fix intact, (R) leg wrapped in kerlix and ace bandage. ⊖ orders for drsg Δ, reinforce c̄ kerlix. Minimal leakage today. Maintains a distal pulse. Foley to gravity c̄ amber color urine. IV in (R) arm still intact. Will cont. to monitor. 9WSPC b(6)-2 [redacted] |
| | (1600) I concur. b(6)-2 [redacted] WAD |
| 15NOV03 | (0030) VSS. (R) leg ex-fix intact. Reinforced ABD pad + kerlix has dried blood. ⊖ signs of active bleeding. ⊕2 pedal pulse in (R) LE. Warm to touch + pt able to move toes BIL. (R) 5th finger amputated. DSG to (R) finger 5th CDI. ⊖ C/O pain. Pt H/L 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. 5/199
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1
USAPA V1.(

b(6)-4
[redacted]

MEDCOM - 24120

b(4)-2 A1 unless noted dif.

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

| DATE | NOTES |
|---|---|
| | (cont) pt tol po well. Pt aware that NPO p MN for O.R. in AM. (+) Foley draining clear yellow urine. Continuing IV ABX. IV to (R) AC intact c̄ ⊖ SISx of infection. — [redacted] PT/AN |
| 15NOV03 1750 | Assume care of PT @ 0600. VSS, AOx3 went to OR this morning for (R) Tib-Fib. As layer does he have an acc. bandage around (R) Lg, just kerlix. Reinforced the kerlix c̄ more kerlix. Ex-fix still intact ø signs of infection, bleeding through kerlix. Foley to gravity clear yellow urine. No signs of bleeding at PT (S) F site. 2pt restraint without any skin irritation. Will cont. to monitor. — [redacted] |
| 15 NOV 03 2000 | VSS AOO. (R) LE c̄ Ext-fixit. Pin sites without drainage or crustation. Kerlix dry to (R) LE dry & intact. Pedal pulses +2 bilaterally. Capillary refill brisk to toes (B). Foley to gravity draining clear yellow urine. (R) PA Saline lock patent & intact. +2 Restraints applied without compromising circulation or skin integrity. Will continue care as planned. — [redacted] AN |
| 16NOV03 1634 | Assume care of PT @ 0600. VSS, AOO c/o ø pain today. Foley to gravity c̄ clear yellow urine. Ex fix intact area has minimal drainage. (−) orders to Δ dress, reinforce with kerlix and check. Washed PT down and brushed teeth. In 2pt restraint ø skin breakdown. Will cont. to monitor. — [redacted] |
| 1700 | c/o pain given two percocets. Will cont. to monitor [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

b(4)-4
[redacted]

MEDCOM - 24121

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |

15 Mar 03
DSS

On the Op Note

Pre Op Dx: (1) Open (R) tibial plateau fracture in spanning ex fix.
(2) GSW (R) buttock
Post Op Dx: same
Procedure: I&D and NPL of wound
Surgeon: [redacted]
FBL: MN
Findings: Wounds clean, debrided & closed over Penrose drains
PLAN: NWB. Let wound ~~heal~~ heal. Consult prosthetics prior to (R) distal femur and ipsilateral tibia. With cpt CT. Scan pre op

b(6)-2
All

[redacted]

| 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.

**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

MEDCOM - 24122

AUTHORIZED FOR LOCAL REPRODUCTIO

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 16 NOV 03 0800 | VSS A&O. (R) LE c Ex-fix in place (B) Pedal pulse +2. (R) Toes capillary refill brisk. (R) LE wrapped c Kerlix which is dry & intact p reinforcing dry to back of thigh c cuban dry & wrapped c Kerlix. Foley care done. Foley draining clear yellow urine. (R) FA saline lock patent & intact. Consumed 60% of ~~dinner~~ dinner. +2 Restraints applied with compromising circulation or skin integrity. Will continue care as ordered. b(4)-2 [redacted] |
| 17 NOV 03 1240 | Pt A&Ox3, VSS pt c/o mild pain from (R) leg ex-fix site left leg dsg removed dsg with cuban pad and light pressure where accessible. Pt voided 700cc dark yellow urine via foley. N intact patent (R) ankle pulse. Restraints x2 in place (R) circulation. [redacted] |
| 17 Nov 03 1600 | I concur c above assessment. Dsg to pt's (R) 5th finger CDI. Will continue to monitor — b(4)-2 [redacted] |
| 18 Nov 03 @ 0500 | Assumed care @ 1800; VSS, pt A&O speaking arabic, c/o pain; Ex-fix to (R) LE in place, dsg CDI, No orders for dsg Δ; ⊖ drainage, ⊕ cms, +2 PP, brisk |

| 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. 5/199
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1
USAPA V1.0

[redacted]
b(4)-4

MEDCOM - 24123

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

| DATE | NOTES |
|---|---|
| | (cont) cap Ref to affected leg; FTG draining @ S clear dark yellow urine; S/L patent, cont @ IV abx; Restraints in place, @ circ @ skin break ↓; cont to monitor [redacted] |
| 18 NOV 03 0700 | - Assumed care of pt. A+O x3. VSS @ c/o pain at this time. Lungs clear Bedrest shallow breathing incentive spirometer at bedside. AM care given. HRRR Active BS. Tolerating PO well. Foley to gravity amber urine @ S. IV ABX TX cont @ evidence of skin breakdown noted. PIV (L) wrist 20 gauge patent SL Afebrile @ s/s of infection will cont to monitor [redacted] |
| 19 Nov 03 0500 | Assumed care @ 0500; VSS, pt A&O speaking arabic, @ c/o pain; Ex-Fix in place - @ CMS +2 PP, brisk cap Ref; dsg CDI, @ drainage; pt voided 275 cc/h. clear, dark yellow urine @ 2100 & 1700 Foley pull [redacted] S complications; pt Remains on BR, 15 @ BS, enc. @ 1° whiteomake; pt TOI Reg diet well; S/L to (L) wrist patent, easily flushes, cont @ IV abx; Restraints in place, @ circ, @ skin breakdown, cont to monitor [redacted] |
| 19 NOV 03 0700 | - Assumed care of pt. A+O x3. VSS Denies having pain or discomfort @ this time Lungs are clear HRRR Active BS x4 Tolerating PO well. External fixator to (R) LE intact pin care given dsg changed to (R) buttock Dry 4x4 dsg and (R) thigh 4x4 kerlix wrapped. IV ABX TX @ s/s of infection Afebrile Will cont to monitor [redacted] |
| 19 Nov 03 2113 | Pt care Assumed @ 1800. Pt A&O speaking little english. VSS c/o pain to (R) LE. 2 percocets given. LS CTA (B) HRRR. @ BS x 4 quads. Abd soft Flat nontender. Ex fix to RLE in place & intact. Bloody show appears on mid anterior of thigh Drsg. Drsg reinforced. Will cont |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.0

b(6)-2 All

MEDCOM - 24124

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |

11 Nov 2003

Cathy

~40 yo ♂ s/p multiple GSW's to (R) LB, (R) Hand. Arrives awake & alert. Has superficial wound to (R) flank. Examined & cleared by Gen Surg

PE (R) LE - NL DP/TP pulses. Able to move toes to command.

5 x 7 cm wound on lateral knee, obvious bone fragments

2 wounds to (R) Upper thigh.

(R) Hand - Traumatic Amputation (R) SF

Xrays - 1) (R) Distal femur & proximal tibia Fx

2) (R) SF amputation, fx of Prox Phalanx

AP Pelvis - No hip fx. ⊕ metallic fragments

(A/P) 1) (R) Open knee c̄ Distal femur & prox tibia fx

2) (R) SF amputation

3) (R) thigh soft tissue wounds

[redacted] Bal

b1(6)-2

| HOSPITAL OR MEDICAL FACILITY | STATUS | [redacted] | INTAINED AT |
|---|---|---|---|
| SPONSOR'S NAME | SSN/ID NO. | RELAT[redacted] | |
| PATIENT'S IDENTIFICATION: | *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade;* [redacted] REGISTER NO. | | WARD NO. |

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

MEDCOM - 24125

b(4)-2 A11

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

| DATE | NOTES |
|---|---|
| 19 Nov 03 Cont. | to monitor. [redacted] Spc 91WMB |
| 20 nov 03 @ 1040 | Rt a/o, VSS (temp 99.2), HRRR LCTAB, (+) BSx4 qd. ex fix intact (R) leg drsg D&D, bloody drainage to drsg from small wound, dried blood to pin sites, area cleaned, pin care done. (+) pedal pulses to (B) feet. brisk cap refill. Medicated c̄ IV Percocet for pain. IV Zent & Ancef con't per MD orders. Drsg to (R) buttock D&D, zero-bang drainage, moderate amt. 4x4 applied. Pt tol 50% breakfast this AM. 2 pt restraints on & compromise to skin / circulation. Plan: amb c̄ crutches, rev Abx, pain ctrl. Will monitor ([redacted] LPN — |
| 20 Nov 03 1707 | MD consult walked pt [redacted] / crutches weight as tolerated pt SBA SPC [redacted] SPC |
| 20 Nov 03 1800 | A/O VSS. Ex fix to (R) LE Intact c̄ Intact Drsg CDI. Stump to (R) Hand pink, Drsg CDI. Incision closed c̄ sutures no drainage noted. LS CTA (B), S1, S2 present [redacted] HRRR, (+) BSx 4 quads. Pain controlled c̄ percocet. [redacted] / cont to monitor. [redacted] Spc 91WMB |
| 21 nov 03 1615 | Rt a/o, VSS, percocet given for pain, drsg D&D, small amt bloody drainage, pin care done, buttock drsg saturated c̄ zero-bang drainage (D&D early this AM). ambulated c̄ PT earlier today. IV Abx con't. LCTAB, (+) pulses to extr. Will monitor [redacted] LPN. |

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

b(4)-4
[redacted]

MEDCOM - 24126

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 21 Nov 03 2300 | Pt A&O $S_1 S_2$ present HRRR, LS CTA (B). EX Fix to (R) LE. Drsg CDI. Drsg to Buttocks saturated c̄ Sero Sang fluid. Δ'd @ 1930 hours. Pt voids spontaneously ~~after~~ c̄ ru s̄ difficulty. c/o pain controlled c̄ percocet. Will cont[redacted] to Monitor. b(4)-2 [redacted] See 9/WM6. |
| 22 Nov 03 | (1550) Assumed care @ 0000. Pt alert, speaking Arabic. VSS. Pain controlled c̄ Percs. Pt OOB to amb in hallway c̄ crutches. Personal hygiene done in BR. Ex fix in place on RLE. Pin care done. Dsgs on (R) thigh and (R) shin Δd. Wounds draining sm. amount sero-sang drainage. SL in (L) forearm dlcd d/t infiltration. catheter intact. 18g IV started in (L) hand flushes well s̄ S/Sx infiltration. Tol. reg diet well. Voiding s̄ difficulty. 2-point restraints in place s̄ S/Sx complications. Will cont. to monitor. b(4)-2 [redacted] |
| 22 Nov 03 1900 | VSS. (R) LE c̄ extend fix in place. Pin sites without drainage or crusting. dry to (R) LE dry to touch. (L) hand saline lock patent/intact. ~~[illegible]~~ Dorsalis pedis (R) pulse palpable +2. 2+ restraints in place without compromise |

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

| 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. |
|---|---|---|
| | | CU 21 |

b(4)-4

#[redacted]

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1995)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1)
USAPA V1.0

MEDCOM - 24127

b(6)-2 All unless noted differently

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

| DATE | NOTES |
|---|---|
| 22 NOV 03 (1900) | circulation & skin integrity [redacted] 24 hr — |
| 23 NOV 03 | (PM) Assumed care @ 0900. Pt alert, speaking Arabic. VSS. ∅ c/o pain @ this time. Pt amb c̄ crutches in hallway s̄ difficulty. OOB to chair - tol. well. Amb to X-ray this pm. Tol. well. Ex. fix. in place on RLE. Pin care done c̄ ½ $H_2O_2$. Dsgs to @ thigh [redacted] thigh and shin Δd. wounds draining sm. amount sero-sang drainage. 2-point restraints in place ō s/sx complications. SL in @ hand flushes well s̄ s/sx infection/infiltration. Will continue to monitor. [redacted] 4p |
| 23 NOV 03 1900 | VSS. (L) [redacted] (L) hand saline lock patent + intact. (R) 5th finger amputee c̄ sutures intact hand edges well approximated w. incision. (R) LE with external fix in place. Pedal pulses +2. Toes cappillary refill brisk. (R) LE ext fix pin site without drainage or redness. Voiding clear yellow urine. Consumed 80% of regular diet for dinner. Percocet effective for pain management. 2 point restraints in place without compromising skin integrity or circulation. [redacted] CT 4p |
| 24 NOV 03 @ 1600 | Assumed care of pt. @ 0900. VSS. A&O. Ø c/o pain. Pin care done; dry dressings to (R) knee & buttocks, mod. sero-sang. drainage. Voided @ bedside CTU. ⊕ BS all 4 quads. Pt. in 2-point restraints, Ø signs of skin breakdown. All other assessments WNL. [redacted] 2CT, AN |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.0

[redacted]

b(6)-4

MEDCOM - 24128

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 25Nov03@0500 | Assumed care @1800; USS, pt A&O speaking arabic; Ø c/o pain; Pt OOB to BR c̄ crutch assistance c̄ difficulty; Ex-Fix to (R) LE in place, dsg CDI Ø drainage Noted; pt voiding QS, clear yellow urine via urinal, pt TOL Reg diet well; S/L patent, Flushing well c̄ s/sx infection/infiltration; cont c̄ IV abx; Restraints in place, Ø circ, Ø skin break dn; will cont to monitor b(6)-2 [redacted] |
| 25 Nov 03 | Assumed care @0000 pt awake and oriented x 3, UUS, pt has Ø c/o pain at this time. Pin care and dsg Δ complete (W→D), some reddish drainage from wound and small amount of greenish pus easily wiped from wound site. Pt voiding via urinal. Restraints x2 in place, Ø PP, Ø circulation, Ø skin breakdown. will monitor. Pt ambulates with some difficulty and c/o pain. [redacted] b(6)-2 Concur c̄ Above (1800) [redacted] |
| 26Nov03@0430 | Assumed care @ 1800; USS, pt A&O speaking arabic, Ex-Fix in place, dsg CDI Ø drainage; Ø c̄ ms + 2PP brisk cap Ref, NV intact to affected leg, Ø c/o pain; pt NPO P̄ MN for OR on 11/26; Restraints in place, Ø circ, Ø skin break dn, cont to monitor b(6)-2 [redacted] |
| 26 Nov 03 | Assumed care of pt @0000 pt awake + oriented x3, UUS, pt. has Ø c/o pain at this time, pin care and dsg Δ complete (W→D) reddish green drainage from buttocks cont) |

| 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. 5/1995)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1)
USAPA V1.0

b(6)-4 [redacted]

MEDCOM - 24129

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

| DATE | NOTES |
|---|---|
| 26 Nov 03 | (Cont) drsg, ~~pressure~~ and @ rewrap wound exhibiting some reddish drainage. Pt completed AM care, awaiting surgery. Restraints x2 in place @ circulation. b(6)-2 [redacted] |
| 26 Nov 03 2030 | Recieved pt @ 2035 hours from PACU. Pt A&O and c/o of severe Pain. Pt had received 10 mg of MSO4 in PACU prior to transfer to ICW 1. (B) LE Drsg c̄ Ace Wrap CDI. Drsg to ~~AF~~ Posterior (R) Flank CDI. LS CTA (B), HRRR. (+) BS x4 quads. Pt has LR @ 150 cc to 18 G to (R) FA. Pt Not taking $H_2O$ in because he's asleep. Will D/C in AM. Will cont to monitor [redacted] Spec 91W/M6 |
| 27 NOV 1045 | Pt A&O, temp 99.4, Ø c/o pain expressed, LCTAB, HRRR, (+) BS x4, (R) LE c̄ drsg & ace wrap. CDI, JP drain intact, output recorded on DD792. Drsg to (R) flank CDI. Pt tol breakfast well, now heparlocked. foley to gravity draining cyu. IV sent & Ancef cont per MD orders. (R) toes c̄ brisk cap refill, warm & pink. Plan: enc IS, enc PO, ~~amb c̄ crutches~~ [redacted], OOB TO CHR. Will monitor [redacted] 91W/M6, |
| 1725 | VS: 100.9, 93% RA, P: 105, R: 20, 110/61 [redacted] LPN. |
| 1735 [redacted] | [redacted] informed of pretransfusion VS. Order given to continue transfusion but premed c̄ 650mg po tylenol. Blood verified Unit No W0016 03003835 started c̄ Y tubing. Premed c̄ Benadryl 25mg. Procedure explained by interpretor. [redacted] LTC, RN |
| Transf started @1743. ~~1650~~ (1750) | VS: 107/61, P: 103, R: 22, O2 sat 93% RA, Temp. 100.4 Ø reaction noted. [redacted] LPN — |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.0

#[redacted] b(6)-4

MEDCOM - 24130

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |

26 Mar 03 Ortho Op Note

Pre Op Dx (1) (R) bicondylar femur fx
(2) (R) tibial plateau fracture
Post Op Dx - Same
Procedure ORIF (R) femur ~~bicondylar~~
bicondylar fracture
Surgeon - [redacted] b(6)-2
GBL 500 cc
DRAINS BOLD
Finding: improved bone fore of lateral
tibial plateau allows to restore
(R) articular joint surface with
stability. Multiple metaphyseal fragments
removed from fracture site and posterior
knee joint. Fixed with large
plate stability, 3 6.5 cancellous
screws under condyles. Good
reduction right femur, size notch
of medial condyle, otherwise anatomic
b(6)-2 [redacted]

| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVI[redacted] | NED 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.

[redacted]
b(6)-4

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

MEDCOM - 24131

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 27Nov03 1850 | VSS 97/58 HR 99 Temp 100.3 $SPO_2$ 95%. Pt is A&O. Eating Dinner. LS CTA(R), 15 x10 per hour. HRRR. Pt is infusing 2units of Blood via 18G to (R) hand. JP to RLE intact and inplace to Bulb suction. (R) LE in Drsg c̄ Ace Wrap CDI. Denies pain at this time. 20G HL To (R) wrist. Voids spontaneously c̄ ~~JP~~ ~~JP~~ c̄ difficulty. Will cont to monitor. b(6)-7 [redacted] Spec9 IWM |
| 1945 | Pt consumed 95% of Dinner b(6)-7 [redacted] Spec9 IWM |
| 2030 | Blood trans 1st unit completed. VSS [redacted] BP 123/21 HR 107, $SPO_2$ 94%. Temp 100.7°F O [redacted] b(6)-7 |
| 2035 | Start second Unit of Blood, VS' BP 118/66, HR 109, $SpO_2$ 93% Temp 101.0°F O. Will cont to monitor |
| 28 Nov '03 | Pt awake oriented x3, VSS temperature nightly elevated 101.0, pt c/o of pain given 2 pcs ~~Percocet~~, RLE left hand patent and intact, foley to gravity, JP drain intact, restraints x2 in place [redacted] skin breakdown b(6)-7 [redacted] (1B1Φ) I concur c̄ above assessment [redacted] |
| 28Nov03 2000 | Pt A&O VSS Denies Pain. Drsg to R Leg CDI. FTG Draining c̄ x̄ w. JP to (R) leg with bulb suction ~~Draining~~ Drainage is sero sang fluid. |

| 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. |
|---|---|---|

[redacted] b(6)-4

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/199
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1
USAPA V1.0

MEDCOM - 24132

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | b(6)-2 A1 |

| DATE | NOTES |
|---|---|
| 28 Nov 03 Cont | Pt consumed 70% of meal. Tol PO well. Will cont to Monitor. LS CTA (B) (+) BS [redacted] ds. HRRR. [redacted] c9 IWMb |
| 28 Nov '03 | pt awake + oriented x3, WNL, pt tolerating P.O. well, with c/o abd gas, pt given 30cc Maalox pt IV flushes easily through arms now, restraints x2 in place, (+) circulation, (+) skin breakdown, will [redacted] monitor. [redacted] |
| | (1730) I concur c̄ above assessment. UP pulled by MD this pm. pt tol. well. [redacted] |
| 29 NOV 03 | VSS. ✗ Temp 101. Pt encouraged to use Incentive Spirometer. Used IS properly @ 900 cc/sec. Encourage P.O Intake of fluids. Percocet given for pain. Will monitor Temp. (B) (+) LE ↑ on folded blankets. Pedal pulses ++2 c̄ nail beds c̄ brisk capillary refill. (+) hand Sulins lock patent & intact. Foley care done. Foley draining clear yellow urine. 2 point restraints [redacted] Will continue care as planned. [redacted] |
| 30 NOV '03 | Assumed care @ 0600 pt awake oriented x3, WNL, pt has ∅ c/o pain at this time. (+) leg elevated awaiting post-op chg Δ. (+) buttocks wound chg changed some serosang and green drainage noted, pt tolerating P.O. well ∅ nausea, restraints x2 in place, (+) circulation (+) skin breakdown. will monitor. [redacted] |
| 30 Nov 03 1430 | I concur c̄ above. New IV start, Heplock to (R) FA due to infiltrated [redacted] site. [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACI
USAPA V1.0

MEDCOM - 24133

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| 01 DEC 03 2000 | Consumed 80% dinner. Foley draining clear yellow urine large quantity. Percocet effective for pain management. Dry dry & intact to (R) LE & buttocks. Will continue care as planned. b(6)-2 [redacted] 20 |
| 2 Dec 03 | - Assumed care of pt. A+O x3. VSS. Denies having pain or discomfort @ this time. Lungs clear IS and deep breathing encouraged. O2 SAT. now 90's c̄ deep breathing 96-98% RA. HRRR Active BS x4 quads. Urinating spontaneously c̄ difficulty IV NS x TX cont. wound (R) thigh dry dsg kerlix wrapped CDI. Will cont to monitor. b(6)-2 [redacted] |
| 2 DEC 03 2000 | VSS Alert & Oriented lying on bed c̄ HOB↑30 (R) LE ↑ on blankets (folded). Pedal pulses +2 (B) Nail bed capillary refill brisk. (R) 5th finger staples c̄ sutures intact & edge well approximated. Dry dry & intact to (R) LE & buttocks. (R) FA Saline lock patent / intact. 2 point restraints applied without compromising circulation or skin integrity. Will continue care as planned. [redacted] 20 b(6)-2 |

| 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. |
|---|---|---|
| [redacted] b(6)-4 | | |

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

MEDCOM - 24134

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 30 NOV 03 (2000) | VSS Alert & Oriented. (R) FA Splint [redacted] lock patent & intact. (R) LE ~~E Splint~~ Erwin ~~fit [redacted] pin sites~~ E dry dry ingl. as well to buttocks. Foley to gravity drain clear yellow urine. Consumed 50% of dinner. Percocet effective for pain management. Pedal pulses palpable +2 Bilaterally. Capillary refill brisk to nail beds of toes. Sutures intact to (R) 5th finger amputation stump. 2 post testicles in place without compromising circulation or skin integrity. Will continue care as planned. b(6)-2 [redacted] 2UTAz |
| 1 DEC '03 0700 | Pt AWAKE oriented x3, Pt has ∅ c/o pain at this time. VSS, drsg to (R) buttocks ∆'d some seeping drainage with a little green pus, sutures intact; IM care completed, pt c/o ∅ pain (leg), awaiting Dr post-op orders change. Will monitor. |
| 1000 | Dr Albertson removed splint, some seeping drainage [redacted] |
| 1600 | noted, pt encouraged to bed rest, drsg ∆'d with 4x4s opened up and curled and dce wrap. b(6)-2 [redacted] |
| 1 DEC 03 2000 | VSS Alert & Oriented (R) FA Splint lock patent & intact. (R) LE Tim folded blankets. Pedal pulses (B) +2. Capillary refill to nail beds brisk — |

| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT |
|---|---|---|---|
| | | b(6)-2 [redacted] | 4M |
| 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.

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

[redacted]
b(6)-4

MEDCOM - 24135

510-112 NSN 7540-00-634-4123

# MEDICAL RECORD — NURSING NOTES
(Sign all notes)

| DATE | HOUR A.M. | HOUR P.M. | OBSERVATIONS Include medication and treatment when indicated |
|---|---|---|---|
| 3 Dec 03 | 0200 | | - Assumed care of pt. A&O x3. VSS c/o pain when moving his @ LE wound c̄ suture intact. Upper thigh wound dry dsg CDI. Lungs clear HRRR Active BS Tolerating PO well. Foley d/c 0900 due to void 6° after pulled. Encourage ambulation c̄ crutches. Abdominal IV ~~ABX~~ TX cont. Will monitor [redacted] |
| 3 Dec | 1100 | | Pt ambulated c̄ crutches to BR for the first time. Tolerated OK c̄/o pain medicated c̄ percocets ī̄ takes wound to @ LE bleeding dsg to be changed [redacted] |
| 3 Dec 03 | 1700 | | - Pt sleep @ this time. Will cont to monitor [redacted] |
| | ? | 2100 | Assumed care of pt. @ 1800. VS - BP 118/68, HR - 105, SPO2 93%, R-16, T-101.9. 650mg tylenol given for temp. @ 2015. Temp. now 101.4. Will cont. to monitor. LS CTA (B), Resp. even unlabored, BS x4. Pt. voiding c̄ per urinal c̄ difficulty. dsg to (R) leg CDI. IV @ AC (-) s/sx infl infiltration Pt. resting in bed @ this time c̄ two pt. restraints in place. ∅ comprise to skin. (+) skin integrity. Will cont. to monito pt [redacted] |

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility) | REGISTER NO. [redacted] | WARD NO.

b(4)-2 A 11

NURSING NOTES
Medical Record

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 24136

# NURSING NOTES
(Sign all notes)

| DATE | HOUR A.M. | HOUR P.M. | OBSERVATIONS Include medication and treatment when indicated |
|---|---|---|---|
| 4 Dec 03 | | 1200 | Assumed care of pt. AAO x 3. USS Denies having pain or discomfort. Lungs clear HRRR Active BS x4 quads. Tolerating PO well. Urinating spontaneously per urinal. Crutch walked today per ward. Needing alot of encouragement and motivation. Dressing to (R) buttocks and (R) LE changed CDI staples intact open wound active bleeding dry sponge dressing and ace wrap applied. Afebrile IV ABX TR cont. Leg positioned in anatomic position. Will cont to monitor. [redacted] b(6)-2 |
| DATE | | | |
| MEDICAL RECORD | | | |

*U.S. Government Printing Office: 1995 - 404-763/20065

STANDARD FORM 510 (REV. 7-91) BACK

MEDCOM - 24137

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 5Dec03 0140 | Assumed care @ 1800, VSS, pt alert speaking arabic; pain controlled ~ percs; dsg to (R) LE CDI, ⊖ drainage; dsg to buttocks CDI, ⊖ drainage; pt OOB to amb ~ crutch assistance in hallway [redacted] against will; Tol well; pt TOL Rg diet; voiding ~~spontaneously~~ spontaneously ~ difficulty, (R) Leg ↑, positioned anatomically; Restraints in place, ⊕ circ, ⊖ skin breakdown; cont to monitor [redacted] b(6)-2 |
| 06Dec03 | (1600) VSS. Ø c/o pain. Amb to BR + did own AM care. Δ'ed DSG to (R) thigh + buttocks. Dry DSGs. Staples in place on thigh. Serosang drainage from 1" open wound. Packed ~ fluff gauze. ⊕ 2 pedal pulse B/L. (R) leg elevated. New IV started in (L) AC. 18G. IV ABX infusing ~ difficulty. Will continue to monitor. [redacted] b(6)-2 |
| 05Dec03 | Assumed care @ 1800. Pt c/o pain to (R) Leg. TT pain administered. LS CTA(B). HRRR ⊕ BS x4 quads. Drsg to (R) Leg CDI Distal lateral Drsg has 2inch ~~show~~ shadowing ~ Sero Sang fluid. Drsg to Buttocks CDI [redacted] back to (L) AC 18G. Will cont to monitor. [redacted] b(6)-2 91WM |
| 06Dec03 | (1400) VSS. C/O pain to (R) Leg. Med ~ c2 perc. ↓ BS in bases. Amb to ~~to~~ on wand ~ crutches. Pt back in bed. Δ'ed DSG to (R) Leg. CDI. ⊕ 2 pedal pulse B/L LE, (R) Leg elevated. Tol ao well. Continue to monitor. [redacted] b(6)-2 |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S SOCIAL SECURITY NUMBER (SSN or Other) |
|---|---|---|---|---|
| | LAST | FIRST | MI | |

| DEPARTMENT/SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

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

b(6)-4 [redacted]

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. [illegible])
Prescribed by GSA/ICMP FPMR (41CFR) 101-11.20
USAF

| NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 6Dec03 | ~~Assu~~ Assumed care @ 1800. Pt Denies Pain. Temp 100.2. 650 Tylenol administered. All other VSS. Pt LS CTA(B). (+)BS x4 quads. 25% of meal consumed. Voids spontaneously, c/o ≈ difficulty qs. HRRR. cont IV Abx via IVG in (L) AC. Drsg to RLE CDI. Drsg to [redacted] CDI. Will cont to monitor. — b(6)-2 [redacted] Sgt 9WMP |
| 7Dec03 0830 | VSS AFO. (L) AC Saline lock patent & intact. Consumed 40% of breakfast. Peripheral pulses palpable x2. (R) LE ↑ on folded blankets. Denies pain or discomfort @ this time. OOB ambulated ≈ crutches to BR. 2 point restraints in place without compromising circulation or skin integrity. — b(6)-2 [redacted] 20/DN |
| 8Dec03 | (@150) VSS ≈ temp 100. Will monitor c/o pain. Med c Percs 2. Lungsounds clear - ~~+~~ slightly ↓ at bases. (+) bowel sounds. Voids clear, yellow ≈ difficulty. Dry ~~dre~~ dsg to (R) Leg. CDI. ~~IV~~ + IV Abx to (L) AC. Infuses ≈ difficulty. (+) 2 pedal pulse to (R) leg. Will monitor pain. — b(6)-2 [redacted] 20/DN |

b(6)-4 [redacted]

Sorry! [redacted]

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 24139

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 8 DEC 03 0920 | VSS. AO. ∅ c/o pain @ this time. BS CTAB. BS (+). Tolerating PO well and voiding spontaneously clear yellow urine. PSG's intact to (R) leg and bottom. (+) pulses to (R) LE. FWB. Skin intact ∑ evidence of breakdown. Cont to monitor. b(6)-2 [redacted] |
| 8 DEC 03 | (2345) VSS. c/o pain. Med ∑ 2 percs. Adequate Relief found. DBB to (R) leg CDI. (+) 2 pedal pulses B/L LE. HL to (R) AC. IV ABX infuses ∅ difficulty. Lung sounds clear through all lobes, slightly ↓ at bases. Voids clean, yellow ∑ difficulty. Will monitor. b(6)-2 [redacted] |
| 9 DEC 03 1602 | VSS. AO. To OR for revision of wound to RLE. Post-op VSS. RLE ∑ JP drain of BRB. PSG to RLE dressing wrap ∑ clear PSG over top. (+) pulses to and extremities. ∑ SCTAB. Feeding weakness prior to Sx. Voiding light yellow urine ∑ difficulty. ∅ S/S of skin breakdown on patient. b(6)-2 [redacted] |
| 1720 | Drained 35 cc BRB from JP Drain [redacted] |
| 10 DEC 03 @ 0140 | Assumed care of pt @ 1800. VSS. % pain to RLE, Percocets given ∑ good relief noted. RLE large opsite dressing gauze under opsite, CDI. JP attached ~~drainage~~ draining sero-sanguinous drainage noted. (CONT [redacted] |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR (SSN or Other) b(6)-2 |
|---|---|---|---|---|
| | 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. |
|---|---|
| | |

b(6)-4 [redacted]

PROGRESS NOTES
Medical Record

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

b(6)-2A1

| NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 10 DEC03 @0445 | (CONT) ⊕ CMS to RLE, ⊕ PT pulse, equal bilat LE. Tol reg diet well, LS CTA, voiding clear/yellow urine s̄ difficulty. 2pt restraints on s̄ s/sx of skin/circulation compromise. Plan: monitor drsg, monitor neuros, enc po, enc OOB, pain control. [redacted] GPO |
| 10 DEC03 @0600 | JP output for night shift = 25cc. Total output last 24° = 60cc [redacted] GPO |
| 10 DEC03 1130 | VSS. AO. HRR + S2 + AB. BS ⊕ x4. ⊕ pulses, CMS to RLE. slow IV placed to ⊕ forearm. Dp with & DSG intact to ⊕ leg. DSG ∆ to ⊕ battle perineal. Wound is pink s̄ s/s infecto. Skin integrity is intact s̄ compromise. Cont to monitor. [redacted] |
| 10 DEC03 @2000 | JP output = 30cc. [redacted] GPO |
| 11 DEC03 @0100 | assumed care of pt @ 1800. VSS. No c/o pain. ⊕ CMS to RLE. Drsg CDI to ⊕ femur, JP to bulb SXN c̄ sero-sanguinous drainage noted, ⊕ DP pulse, equal BL. LS CTA, tol 25% of dinner meal, voiding per urinal QS. 2pt restraints on s̄ s/sx skin/circulation compromise. Plan: monitor pain control, monitor dressing, enc po intake. [redacted] GPO |
| 11 DEC03 @0535 | JP output this shift = 20cc. Total JP output last 24° = 50cc [redacted] GPO |
| 11 DEC03 1730 | VSS. AO. CR for washout. ⊕ pulse ⊕ CR ≤ 2 sec s̄ CMS intact to RLE. BR & BRP for today. Rested well. ↑ PO intake. Light meals w/ QS. PERRLA. Order [redacted] ~~Slow IV plug~~ [redacted] |

STANDARD FORM 509 (REV. 5/1988) BACK

USAPA V1.00

MEDCOM - 24141

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
| 12-9-03 | OPNote |
| | PreOpDx: Infected (R) knee |
| | PostOpDx: same |
| | Procedure: I&D (R) knee |
| | Surgeon: [redacted] b(6)-2 |
| | Esti: 0 |
| | Fluids: 800cc |
| | Findings: necrotic tissue tibial plateau |
| | Cx: 0 |
| | Post Op Plan: Return to OR 48 hrs b(6)-2 [redacted] |
| | OPNote |
| 12-11-03 | PreOpDx: Infected (R) knee |
| | PostOpDx: same |
| | Procedure: I&D (R) knee placement ABX beads |
| | Surgeon [redacted] b(6)-2 |
| | Fluids: 1400cc LR |
| | Esti: none |
| | Cx: 0 b(6)-2 [redacted] |

| 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. |
|---|---|---|
| [redacted] b(6)-4 | | |

**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

MEDCOM - 24142

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 12DEC03 | (0220) Assumed care @ 1800. Pt ~~dented~~ [redacted] alert, speaking Arabic. VSSxt. Pain controlled c̄ Percs. Pt refuses to get OOBTC. ↑ to side of bed and then claimed to be dizzy. Dsg/ace wrap to RLE CDI. RLE elevated on blanket. SL in ⊖ x dlcd d/t infiltration: catheter intact. IVFs SLd in IV in ® wrist. ϕ S/Sx infection/ infiltration. Tol. reg. diet well. Voiding s̄ difficulty. 2-point restraints in place s̄ S/Sx complications. Will continue to monitor. b(6)-2 [redacted] |
| | (0300) Pt temp 101.5 this pm medicated c̄ TT Percs, IS use encouraged. Pt temp 99.1 @ this time. Monitoring. b(6)-2 [redacted] |
| 12Dec 03 0730 | - Assumed care of pt. sleep yet easily arousable VSS A+O x3. Ø c/o pain or discomfort. Lungs clear O2 SAT 96-97% on RA Incentive spirometer @ bedside. HRRR Active BS Tolerated small amount of breakfast this morning Encouraged PO fluid intake. Urinates spontaneously. ®LE dsg CDI Ø s/s of infection IV ABX Tx cont. Will monitor b(6)-2 [redacted] |
| 13DEC03 | (0245) Assumed care of pt @ 1800. Pt alert, speaking Arabic VSS. Pain controlled c̄ Percs. Dsg to RLE |

| 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. |
|---|---|---|
| #[redacted] b(6)-d | | ICW1 |

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV
Prescribed by SGAMCSA SPMB (AFCRI) 1971-1-0
US

MEDCOM - 24143

| NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 13DEC03 | (cont) Ad c̄ Kerlix wrap. Dsg under wrap intact. Small amount of sero.sang drainage noted. RLE elevated on blanket. ⊕ pedal pulse equal bilat. Pt able to move toes. Pt OOB to chair. Amb to chair c̄ walker s̄ difficulty. Attempted to get back to bed x2 @ 2300. Pt claimed to be too dizzy to amb. Placed back in chair p̄ 2nd attempt to amb c̄ walker until 0215. Pt amb to bed s̄ difficulty c̄ walker @ that time. SL in ⊕ wrist dlcd d/t infiltration. catheter intact. 18g IV started in ⊕ hand flushes well s̄ slsx infiltration. Tol. reg. diet well. Voiding s̄ difficulty. 2 point restraints in place s̄ slsx b(6)-2 complications. Will cont. to monitor [redacted] |
| 13 Dec 03 | Assumed care of pt. Sleep yet easily aroused A+O x3 |
| 0700 | VSS ⊘ c/o pain or discomfort. Lungs clear HRRR Active BS x4 quads. Urinated spontaneously per urinal GS. ⊕LE wound NWB dsg c̄DI Neurovascular check intact DEB pt being able to wiggle toes. Strong pedal pulse and skin coloration cap refill WNL Will cont to monitor b(6)-2 [redacted] |
| 1030. | Upon trying to crutch walk pt. c/o being dizzy. Sat up at bedside for 10 min pt collapsed and was assisted to the floor. from floor was assisted to chair VS taken BP 104/5[illegible] HR 107 - Resp 22 rapid and shallow O2 sat 99% on RA FSBS obtained 130. Neurovascular check remains intact. Will notify MD. b(6)-2 [redacted] |
| 14DEC03 | (0000) Assumed care @ 1800. Pt alert, speaking Arabic. VSS. ⊘ c/o pain. Pt ↑ in chair until 2300. Amb |

STANDARD FORM 509 (REV. 5/1999) BACK

MEDCOM - 24144

USAPA V1.0

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |

b(6)-2

14DEC03 (0245) to ~~DEC~~ KAS bed c̄ walker s̄ difficulty. Dsg to RLE Δd c̄ Kerlix wrap. Small amount of sero-sang drainage noted. SL in @ hand dlcd d/t infiltrati 18g IV started in @ forearm s̄ slsx infiltration. Td. reg. diet well. Voiding s̄ difficulty. 2-point restraints in place s̄ slsx complications. Will continue to monitor. b(6)-2 [redacted]

14 Dec 03 0700 - Assumed care of pt. A+O x3. VSS Ø c/o pain or discomfort. Lungs clear HRRR Active BS x4 quads urinating spontaneously s̄ difficulty @ leg wound NWB crutch walk training OOB to chair elevate. Wound dsg CDI minimal sero-sang ~~drg~~ drainage to dressing IV ABX ~~to~~. Afebrile Will cont to monitor b(6)-2 [redacted]

14 DEC 03 Assumed care @ 1815 pt A+O x3, LNS pt has Ø c/o pain @ this time, pt @ leg elevated, dsg to @ leg Δ'd with cerlex, some sero-sang drainage from upper @ thigh, restraints x2 in place with monitor [redacted]

(0330) Concur c̄ above assessment. [redacted]

b(6)-2

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

| DEPARTMENT/SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

| PATIENT'S IDENTIFICATION: (For typed or written entries, print: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO. |
|---|---|---|
| #[redacted] | | |

b(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 50
(Prescribed by SGANOMR 4840.1/4160.1)

MEDCOM - 24145

| NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 15 Dec 03 | 0720- Assumed care of pt. AOX3. Sleep easily arousable. Lungs CTA HRRR Active BS x4 quads. Urinating spontaneously ~~w~~ difficulty. Tolerates PO well. (R)LE wound dsg CDI serosang drainage to prior dsg. Neurovascular check remains intact AEB distal pedal pulse +1 cap refill and skin tone WNL pt able to wiggle toes. Labs from 14Dec on chart. Will cont to monitor — b(6)-2 [redacted] care. |
| 15 Dec 03 | Assumed care @ 1815 pt AOX3, WNL, pt has 0 c/o pain at this time (R) thigh wrap exhibiting some serosang drainage from open area, dsg replaced (dry) with clean, right lower extremity elevated, restraints x2 in place. pt given Ambien 2200 for sleep. Will monitor — b(6)-2 [redacted] |
| 16 | (0130) I concur c̄ above assessment. — [redacted] |
| 16 Dec 03 | Assumed care of pt. @ 0600 resting in bed asleep. |
| 1000 | awaken AOX3. VSS Denies having pain or discomfort at time. Lungs clear HRRR Active BS x4 quads. Urinates spontaneously ~~w~~ difficulty (R)LE DSG CDI Minimal serous drainage. Neuro check intact. Will cont to monitor b(6)-2 [redacted] care |
| 16 Dec 03 | Assumed care 1800 hrs. VSS, AAO. Drsg to (R)LE CDI. LS CTA (B), (+) BS x4 quads. Pain controlled c̄ percocet. Voids Spontaneously c̄ difficulty. OOBT Bedside comode. BM x1. Drsg Δ'd @ 2200. Will cont to monitor. — [redacted] Spc 91WM6 b(6)-2 [redacted] |

STANDARD FORM 509 (REV. 9/1999) BS

[redacted] b(6)-4

| NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 16 DEC | Neurology |
| 1615 | 32 y/o RAD Iraqi EPW with hx of "hypotension" x 2 years (actually most consistent with migraine HA's → described as severe HA's, dizziness (vision Δ's, nausea, photophobia occurring 1-3x/month lasting for ≈6 hours), kidney stones and (c) thigh injury (? MVA ~ 1987) who presented to 28th CSH one month ago with (R) femur/tibial plateau fractures. Since admission neurological concerns were raised regarding patient's inability to ambulate and "collapsing" whenever upright (per nursing) for the past 1-2 weeks. Patient denies any associated HA, nausea, vision changes or other symptoms associated with spells. He says they only happen when he stands up. Nurses describe patient starting off and of collapsing into their arms with ↓ responsiveness for seconds to minutes. He has had incontinence x2 with most recent spell. No apparent seizure like activity. He denies any current vertigo/dizziness. Per nursing he has not been eating much. VS: BP 100/60's HR 100, afebrile.<br>Neurological Exam: alert, oriented, follows simple commands, speech fluent (through interpreter). VFDTC, EOMI ~ few beats of end gaze nystagmus, fundi ⊘, pupils 3mm → 2mm bilat, face symmetric, motor 5/5 x̄ (R) proximal LE not tested 2° to pain, some mild weakness 4/5 of proximal RLE (? give way). DTR's 2+/4 and symmetric, coordination & F to N normal ~ ataxia.<br><br>Imp: (1) Syncope - likely orthostatic hypotension, possible etiologies would include dehydration/poor PO intake (malnutrition) with related medical/surgical issues, unlikely to be seizure manifestation, vestibular dysfunction or central nervous system disorder. |

STANDARD FORM 509 (REV. 5/1999) 6

[redacted]

MEDCOM / 24147

ACLU-RDI 1744 p.107

DOD-038536

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |

(2) Hx of migraine HA's (none currently)
(3) (R) femur/tibial fx s/p surgery

Rec (1) ✓ orthostatic BP's in sitting (lying) / standing with HR
(2) consider ↑ing calories (or encourage PO intake) or IV fluids if found to be orthostatic
(3) would add MVI i qD to diet
(4) no need for further neurological testing at this time (if spill contents would consider cardiac eval (i.e. cardiac monitor)

[redacted]

b/w

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | LAST | FIRST | MI | |
| DEPART./SERVICE | HOSPITAL OR MEDICAL FAC. | 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 56
Prescribed by SGANCMR PAMPHLET 40-501

MEDCOM - 24148

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 12/14/03 1222 | 155. AO. ⊕ pulse to RLE. PS&E's D'd. dated serous, yellow drainage to old dressing D'd clothing appropriately & placed in chair. CNS intact to RLE. ROM. LS c̄ LAB. B5 ⊕ x4. c/o foley tried and encouraged to walk as much as possible. Pt understood staff interpretation. ∅ s/s skin breakdown or infection to wound. b(6)-2 [redacted] |
| 17 DEC 03 | Assumed care 1815 pt awake + oriented x3, WD pt has ∅ c/o pain at this time, dsg to right upper thigh exhibiting minimal serosang drainage, dsg D'd with cover ODF, restraints x 2 in place, ⊖ skin breakdown. Will monitor b(6)-2 [redacted] |
| 18 | (0225) I concur c̄ above assessment. [redacted] |
| 12/15/03 1330 | 155. AO. PS&E D'd to RLE. Moderate amount of serous drainage to dressing prior. Resting comfortably in bed. Encouraged to walk and pt understood. b(6)-2 [redacted] to ⊕ fever. Verify sportscrew, right ankle sine. Provided IS and performed well g 2-3°. ∅ s/s infection to wound or s/s to skin breakdown. b(6)-2 [redacted] |

| 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. 6/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

[redacted] b(6)-4

b(6)-2 A11

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

| DATE | NOTES |
|---|---|
| 18Dec03 | 2150- Assumed care of pt @ 1800. VSS-AO pt. has ∅ c/o pain or discomfort. completed Dsg Δ. (+) sero-sang drainage. Light Brown. IV SL to (R) AA. CDT. @ S/Sx inf. (R) leg elevated. (+) edema. Pt. voiding c/w Diaurnal, pt. resting in bed @ this time. Will cont. to monitor. [redacted] Concur c̄ above. [redacted] |
| 19Dec03 1800 | VSS. AO. Mild c/o stomach pain and provided 30cc Maalox and stated feels better. T@ 99.4 and provided 2 percocet for accompanied pain. (R) pulse to PPE. DSG intact to RLE and reinforced c̄ Kerlix roll. yellowish, dark brown drainage to DSG moderate amount and Δ'd PRN. ∅ S/S infection [redacted] @ this time. [redacted] |
| 1030 | Δ'd DSG to (R) upper torso CT site. Wound site is pink, minimal drainage ∅ S/S infection [redacted] |
| 19Dec03 | (2250) Assumed care @ 1800. Pt alert, speaking Arabic. VSS. ∅ c/o pain. Pt OOBTC, ambulated c̄ crutches s̄ difficulty. DSG to (R) thigh Δd c̄ Kerlix roll. Small amount of sero-sang drainage noted. SL in (R) forearm d/cd d/t infiltration - catheter intact. 18g IV started in (R) upper arm, flushes well s̄ S/Sx infiltration. Tol. reg diet well. voiding s̄ difficulty. 2-point restraints in place s̄ S/Sx complications. Will cont. to monitor. [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 24150

| NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 21 DEC 03 1700 | VSS. A&O OOB ⊃ Amb hallway X2 and tolerated well. Ø c/o dizziness. (R) LE saline lock patent & intact. Peripheral pulses palpable (R) posterior thigh wound unchanged from yesterday. Dry dry applied as ordered. Large opsite dressing to (R) LE intact. Consumed 30-50% of meals. Consuming Ø5 of water PO. Ø c/o pain throughout shift. In bed ē 2 point restraints in place without compromising circulation or skin integrity. Will continue care as planned — b(6)-2 [redacted] CZ/A2 |
| 22 DEC 03 | (ØØ15) Assumed care @ 1800. Pt alert, speaking Arabic. VSS. Pain controlled ē Percs. Dsg to RLE Cd ē Kerlix roll. Op site dsg leaking sm. amount of sero-sang drainage. SL in (R) upper extremety flushes well ē SISX infection/infiltration. Tol. reg diet well. Voiding ē difficulty. 2 point restraints in place ē SISX complications. Will cont. to monitor. b(6)-2 [redacted] |
| 22 DEC 03 1200 | Pt alert, VSS, Ø c/o pain, drsg to (R) LE A&O. Large opsite drsg intact (R) LE. HL intact (R) AC. Consuming meals & fluids ē difficulty. Levaquin IV cont per orders. Plan: pain ctrl, amb ē crutches. Will monitor — b(6)-2 [redacted] 91WM6 |
| 23 Dec 03 | (0845) VSS. c/o pain. Med ō 2 pec. Pt OOB to BSC. Sm. BM x1. Pt back in Bed. BS CTA, BS + 4 quads. Voids clear, yellow. ~~Et~~ Clear dsg to (R) leg. Ø signs of infection or leakage. Tol b(6)-2 Powell. Will monitor. [redacted] |

STANDARD FORM 509 (REV. 5/1999) B. USAPA

MEDCOM - 24151

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |

20 DEC 03 VSS Alert & Orient. Pt changed dsg
1130 to (R) thigh using proper technique. wound
to posterior (R) thigh 2.5cm x <0.3cm. Tissue
pink & moist. Consumed 10% of Breakfast. OOB to chair x 1 [redacted] b(6)-2 hours and ambulated
c crutches down hallway. Pain
Ø c/o dizziness voiced. Opsite dsg intact
to RLE. (R) Upper arm saline lock patent &
intact. 2 point restraints in place without
compromising circulation or skin integrity.
Will continue plan of care. b(6)-2 [redacted] RN

21 DEC 03 (0125) Assumed care @ 1800. Pt alert, speaking Arabic.
VSS. Ø c/o pain. Sleeping well c̄ aid of Ambien.
Pt OOBTC. Amb well c̄ crutches. Dsg to RLE
reinforced c̄ Kerlix wrap. Small amount of sero-
sang drainage noted from dsg. Tol. reg diet well.
Voiding s̄ difficulty. SL in (R) upper arm flushes
well s̄ s/sx infection/infiltration. 2-point
restraints in place s̄ s/sx complications. Will
cont. to monitor. b(6)-2 [redacted]

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | LAST | FIRST | MI | |
| DEPARTMENT/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. 1CW1

PROGRESS NOTES
Medical Record

STANDARD FORM 51
Prescribed by SGANCMR 4 PAR (HISTR)

[redacted] b(6)-4

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 23 DEC 1310 | Pt alO, VSS, Ø clo pain. LCTAB, ⊕BSx4, drsg to ⓡLE CDI small amt bloody drainage noted. ⊕1 edema to ⓡ FOOT. ⊕ pulses, warm to touch. Pt slipped in BR today. p̄ spraying water everywhere. Ø further injury noted, Ø clo pain expressed, VSS p̄ fall. MD on call aware. Pt back un bed after fall ⓡ leg elevated. 2 pt restraints on while un bed s̄ complications. Will monitor [redacted] LP |
| 23DEC03 | b(6)-2 (2315) VSS. Ø c/o pain. Δ'ed DSG to ⓡ Leg. Dry DSG. sutures intact. 2" x 1" wound. Sm. amt of serosang drainage from site. ⊕1 edema to ⓡ foot, ⊕2 pedal pulse. BS CTA, ⊕BS x 4. Voids clear, yellow s̄ difficulty. Tol po well. Will monitor [redacted] TM |
| 24 DEC 03 @ 1050 | b(6)-2 Pt alO, VSS, Ø clo pain @ this time. Drsg Δ'd ⓡ leg. small amt sero-sang drainage noted. sutures intact. edema to ⓡ foot ↓. ⊕2 pedal pulse, warm to touch, ambulated to BR c̄ crutches. IV Levaquin con't per orders. 2 pt restraints on s̄ complications. Will monitor [redacted] Allum |
| 24 DEC 03 @ 2315 | b(6)-2 Assumed care of pt. @ 1800, VSS. A&O. Pt. given ⅓ Percocet for c/o pain to ⓡLE. Pt. observed while performing own |

| 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. |
|---|---|---|
| | | |

b(6)-4 [redacted]

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(3)
USAPA V1.00

MEDCOM - 24153

DATE NOTES

(cont.) DSG Δ to (R) LE, sutures intact, mod. serous drainage to old DSG. Pt. encouraged to straighten (R) LE in bed as much as possible. Pt. verbalized understanding. Voids CYU ∓ difficulty. ⊕ BS all 4 quads. Pt. reports pain to inside of mouth ∓ eating food that was too hot. Pt. reported eating a small amount of dinner as a result of pain. Pt. drinking $H_2O$ ∓ difficulty. Pt. in 2-point restraints, Ø S/Sx of skin breakdown. All other assessments WNL. Pt. asleep @ this time. Will cont. to monitor, [redacted] 2LT, AN

b(6)-2

Ø930 Assumed care of pt. pt A+Ox3, VSS, LS CTA
25Dec.03 (B), ⊕BSx4, ø c/o pain, (R) LE dsg Δ'd, mode-
Ø930 rate amount of sero sang drainage on
dd dsg, sutures to wound CDI, wound
appears moist + pink ∓ s/sx of infex,
encouraged to extend (R) LE as much as po-
ssible, cont to complain about pain in mou-
th, consumed 30% of diet, started IV
on (L) AC, flushes well, ø s/sx of skin bre-
akdown, voiding CYU ∓ difficulties [redacted] RN

b(6)-2

26DEC03E0345 Assumed care of pt. @ 1800. VSS. Pt. sleeping @ [redacted] Tracoet for c/o pain to (R) LE. Dry DSG Δ to (R) LE, mod. serous drainage, sutures intact, Ø S/Sx of infex. IVSL to (L) AC, flushes well. Voids CYU ∓ difficulty. Pt. NPO for SX today. Pt. in 2 point restraints, Ø signs of skin breakdown. All other assessments WNL. Will cont. to monitor. [redacted] 2LT, AN

b(6)-2

STANDARD FORM 509 (REV. 1-96) B

[redacted]

b(6)-4

MEDCOM - 24154

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | PROGRESS NOTES

| DATE | NOTES |
|---|---|
| 26 DEC 0950: | Pt A10, VSS, Ø c/o pain, LCTAB, ⊕ BS x4, ⓡ thigh drsg Δ'd, wound pink, sutures intact, Ø drainage noted. ⊕ pulses, good passive ROM. amb c̄ crutches x 1 to BR. IV Levaquin con't per orders. NPO for OR today. 2 pt restraints on s̄ complication. Will monitor. [redacted] LPN. |
| 1700 | Pt to OR via stretcher (b(6)-2 [redacted] LPN. |
| 26DEC03 (2230) | Assumed care @ 1800. Pt alert, speaking Arabic. VSS. Pain controlled c̄ Percs. Pt returned from PACU via gurney in stable cond. Tx to bed s̄ difficulty. Dsg to RLE CDI. JP to RLE draining small amount of sero-sang drainage. Pt able to move toes. ⊕ pedal pulse equal bilat. Tol. reg. dinner. IVFs SLd in IV in ⓛ arm. Awaiting POV. 2 point restraints in place s̄ s/sx complications. Will continue to monitor. b(6)-2 [redacted] |
| (0600) | 250cc sero-sang drainage from JP in RLE. Report given to oncoming shift. b(6)-2 [redacted] |
| 27DEC03 @1015 | Assumed care of pt @ 0600. VSS. No c/o pain this A.M. RLE dsg CDI, JP c̄ serosanguinous drainage noted, ⊕ CMS to RLE, +2 DP pulse, equal BIL. LSCTA ⊕ BS, tol reg diet, void s̄ difficulty (CONT) [redacted] |

RELATIONSHIP TO PROVIDER | SPONSOR'S NAME (LAST, FIRST, MI) | b(6)-2 [redacted]

DEPARTMENT/SERVICE | HOSPITAL OR MEDICAL FACILITY | PROGRAM OR CLINIC

PATIENT'S IDENTIFICATION (For typed or written entries, give name, last, first, middle, SS No or SOC, Sex, Date of Birth, Rank/Grade) | REGISTER NO | WARD NO

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV. 6-70)
PRESCRIBED BY DEPARTMENT OF DEFENSE DIRECTIVE 5010.08

[redacted] b(6)-4

MEDCOM - 24155

b(6)-2 A11

1045 (cont) Pt ↑ amb c̄ P.T. s̄ difficulty. 2pt restraints m s̄ S/Sx of skin/circulation compromise. Plan: enc Amb, encpo, monitor JP output, pain control. [redacted]

@1800. JP drain = 15cc sero sanguinous drainage. [redacted]

28DEC03 (0004) Assumed care @ 1800. Pt alert, speaking Arabic. VSS. Pain controlled c̄ Percs. Dsg to RLE CDI. JP to @ leg draining small amount sero. sang drainage. Pt OOBTC. Amb well c̄ crutches. SL in @ ac flushes well s̄ S/Sx infection/infiltration. 2 point restraints in place s̄ S/Sx complications. Tol. reg diet well. Voiding s̄ difficulty. Will continue to monitor. [redacted]

(0005) JP drained 10cc sero. sang drainage this shift. Report given to oncoming shift. [redacted]

28DEC03 0945 assumed care of pt @ 0600. VSS. 0 c/o pain. LS CTA, ⊕BS, tol reg diet void s̄ difficulty. RLE dsg c̄ ace wrap, CDI, edema noted, ⊕2DP pulse, equal (B/L) c̄ ⊕CMS. JP c̄ sero sanguinous drainage noted. Pt ↑ Amb c̄ crutches s̄ difficulty. 2pt restraints m s̄ S/Sx of skin or circulation compromise. Plan: cont encOOB, enc po, monitor neurovasc status for RLE. [redacted]

28DEC03 1130 MD to BS for dsg Δ. Wound c̄ minimal drainage, sutures intact, JP intact. Dry dsg c̄ Kerlix fluffs & Roll, ace wrap. Will monitor. [redacted]

28DEC03 (@1800) JP output = 10cc this shift. [redacted]

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 12-26-03 | OPNote |
| | PreOpDx: Infected (R) knee ∓ fx LTP, Distal femur |
| | PostOpDx: Same |
| | Procedure: I+D, removal of Abx beads, recon LTP c̄ methylmethacrylate |
| | Surgeon: [redacted] |
| | EBL: 50cc |
| | Fluids: 700cc |
| | Findings: 2/3 LTP missing, void filled c̄ Abx impregnated cement |
| | Drains: JP x1 |
| | Cx: ∅ D/C'd - 2 A/11 |
| | [redacted] |

| 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

MEDCOM - 24157

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 29DEC03 | (0120) Assumed care @ 1800. Pt alert, speaking Arabic. VSS. Pain controlled c̄ Percs. Pt OOBTC. Amb well c̄ crutches. Dsg to RLE CDI. JP draining small quantity sero-sang drainage. ⊕ foot swollen. ⊕ pedal pulse. Tol. reg diet well. Voiding s̄ difficulty. SL in ⊖ ac flushes well s̄ S/Sx infection/infiltration. 2-point restraints in place s̄ S/Sx complications. Will cont. to monitor. b(6)-2 [redacted] |
| 29Dec03 1100 | Rec'd report and assumed care of pt. ⊖ c/o resp distress, pain or discomfort @ present time. Dsg Δ minimal drainage around sutures. distal pulse present. J.P drain serous fluid. lungs CTA. BS(+). H/L flushed area relaxed. ⊖ skin breakdown under restraints. Tol reg diet. Will continue to monitor. b(6)-2 [redacted] 91WM6 |
| 1500 | Pt given 650 mg of Tylenol for mild pain. b(6) [redacted] 91WM6 |
| 30 Dec03 | (0140) VSS. c/o pain. Med c̄ 2 perc. Pt moved rooms 2° ⊕ MRSA. Amb on crutches c̄ steady gait. DSG to ⊕ knee CDI. Voids clear, yellow s̄ difficulty. Tol PO well. ⊕ ft b(6)-2 trace edema c̄ ⊕ 2 pedal pulse. Will monitor. [redacted] |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | (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. 7CW'

[redacted] b(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 6
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203
USAPA

| NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 30 Dec 03 1100 | Pt A+OX3, VSS, A+OX3, LS CTA (B), (+) BSX4, NRSA precautions, ∅ c/o pain, dsg (R) LE Δ'd, sutures to incision CDI, wound on knee ∃ s/sx of infex, moderate amount sero sang drainage, CVU per urinal ∃ complications, IV HL FA intact, ∅ s/sx of infex, consumed 50% of breakfast, ∅ s/sx of skin breakdown, (R) LE elevated ∃ blanket, salt @ bed side. b(6)-2 [redacted] 9IW |
| 1105 | pedal pulses present, cap ref <3sec, able to move toes + feet [redacted] b(6)-2 [redacted] 9IW |
| 31 Dec 03 0415 | Assumed care @1800; VSS, pt A&O speaking [redacted] ∅ c/o pain, ambulen ∃ insomnia; MRSA precautions taken, Dsg to RLE CDI, ∅ drainage, pt OOB to BR, amb ∃ crutch assistance ∃ difficulty; pt voiding ∃ difficulty, Tol Regimen; S/L patent, flushing ∃ difficulty; (+) CMS, +2 brisk cap ref to affected extremity, Restraints in place [redacted] b(6)-2 [redacted] to skin/circ, cont to monitor. |
| 31 Dec 03 0930 | Pt A+OX3, VSS, LS CTA (B), (+) BSX4, ∅ c/o pain, OOB → ambulate ∃ crutches, tol well, dsg (R) LE Δ'd, sutures to incision intact, wound draining mod amount serosang drainage, ∅ odor, ∅ s/sx of infex, IV SL (R) wrist patent, flushes well, ∅ s/sx of infex, voiding CVU per urinal ∃ difficulties, (+) pedal pulses, cap ref <3sec, tol reg diet well ∅ s/sx of skin breakdown. [redacted] 9IW |

b(6)-2

1908 BACR USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 31Dec03@2345 | Assumed care @ 1800, USS, pt A&O speaking arabic, pain controlled c̄ percocet pt OOB → shower, Tol well, dsg to RLE Δd, mod sero-sang. drainage noted; ⊕ CMS, +2PP, brisk cap Ref; pt voiding c̄ difficulty, tol Powell, s/t MRSA precautions taken, Restraints in place c̄ compromise to skin/circ, Cont to monitor b(6)-2 [redacted] |
| 1Jan04@0300 | s/L D/Cd per pt; New one started in ⊕ FA, easily f/ushes c̄ s/s infection/infiltration b(6)-2 [redacted] |
| 1 JAN 03@0730 | - Assumed care of pt. A&O x3. USS sitting up in bed eating breakfast. Denies having pain or discomfort @ this time. Lungs clear HRRR Active BS x4 quads. Urinating spontaneously c̄ diff. Wound to @ LE sutures intact approximated at the thigh open wound c̄ serous drainage @ the knee dsg change complete this morning. Isolation for MRSA precautions Afebrile Will cont to monitor b(6)-2 [redacted] |
| 1 JAN 04 | Assumed care @ 1800 pt A&Ox3, USS pt has @ c/o pain at this time, MRSA precautions, isolation restraints x2 in place, ⊖ skin breakdown, Will monitor b(6)-2 [redacted] |
| 2 JAN 04@ | 0800 - Assumed care of pt. A&Ox3. USS ⊖ c/o pain or discomfort at this time. Lungs clear HRRR Active BS x4 quads Urinates clear yellow urine c̄ diff |

| 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. |
|---|---|---|

#[redacted]
b(6)-4

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1995)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.01

MEDCOM - 24160

b(6)-2 A11

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

| DATE | NOTES |
|---|---|
| 3 JAN 04 @ 0515 | Assumed care @ 1800; VSS, pt A&O, pain controlled c̄ percs; dsg to RLE CDI, dsg reinforced c̄ Kerlix wrap; pt OOBTC X1 for 2°, tol well, ambs c̄ crutch assistance s̄ difficulty; pt tol Reg diet c̄ added salt; pt voiding s̄ difficulty; Restraints in place s̄ compromise to skin/circ; cont to monitor [redacted] |
| 3 JAN @ 0800 | Pt released to OR. [redacted] |
| 3 JAN @ 1715 | Assumed care of pt @ 0600. VSS. Pt arrived from PACU approx 1100 hrs via gurney, placed in bed c̄ 2 pt restraints in place. RLE in immobilizer, dsg CDI, ⊕ CMS, ⊕ 2 DP pulse, equal BIL. LS CTA, tol po well. ⊕ subclavian CL flushes easily. position verified before transfer. Plan: incpo, encOOB, monitor output/intake. MN cont to monitor. [redacted] |
| | Assumed care @ 1800; VSS, pt A&O, pain controlled c̄ percs, pt OOBTC X1, tol well; dsg to RLE CDI c̄ immobilizer in place s̄ complications ⊕ CMS, +2 PP, brisk cap refill; pt voiding s̄ difficulty, tol Reg diet ⊕ SC TL CL patent x3 easily flushing s̄ s/sx infection/infiltration Restraints in place s̄ compromise to skin/circ, cont to monitor. [redacted] |
| 4 JAN 04 @ 0830 | Falls assessment: Pt needs assistance in/out of bed; standby assistance when ambulating c̄ crutches 2° well, RLE immobilizer. Will cont to assess. [redacted] |
| 4 JAN 04 @ 1335 | Assumed care @ 0600. VSS. A&O ⊖ c/o pain, medicated per PRN. Drsg: Reinforced beside knee of ⊕ LE. immobilizer in place. CL dsg Δ'd, site patent, ⊖ s/sx of infex, yellowish fluid observed in mouth. ⊖ signs of skin compromise on restraints. Will monitor. [redacted] |

STANDA[redacted] 5/1999) BACI

USAPA V1.C

MEDCOM - 24161

ACLU-RDI 1744 p.121

DOD-038550

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 6-3-03 | OpNote |
| | Pre op Dx: Infected (R) Breast, wound dehiscence |
| | Post Op Dx: Same |
| | Procedure: Repeat I&D, fascocutaneous flap |
| | Surgeon [redacted] b(6)-2 |
| | Esr mm |
| | Fluids: 3000cc |
| | Cultures obtained |
| | Drains: Blake x1 |
| | Cx: ∅ |
| | [redacted] b(6)-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. |
|---|---|---|
| #[redacted] b(6)-4 | | |

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 6/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 24162

AUTHORIZED FOR LOCAL REPRODUCTIO

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 4 Jan 04 | (2150) VSS. C/O pain ∝1. Med ⊂̄ 2 perc. DSG CDI. ⊂̄ leg immobilizer in place. Pt Amb ⊂̄ steady gait on crutches. TLC to (R) SC. infusing ABX ⊂̄ difficulty [redacted] b(6)-2 Tol PO well. Voids CYU (D)BM |
| 5 Jan 04 @0550 | Assumed care @ 2200; VSS, Ø c/o pain/discomfort; pt sleeping majority of shift, did not get OOB; dsg to (R) leg CDI ⊂̄ immobilizer in place; pt tol Reg diet, voiding ⊂̄ difficulty; CL patent, Restrain in place ⊂̄ compromise to skin/circ, cont to monitor. [redacted] |
| 5 JAN 04 @0800 | Assumed care of pt. A+O×3. VSS Denies pain or discomfort. Lungs clear. Heart sinus rhythm. BS ↓ quads tolerating PO well voiding ⊂̄ diff. Clear yellow urine. QS - IV ABX Tx cont. Afebrile. Ambulates around ⊂̄ crutches leg brace to RLE. Will cont to monitor. b(6)-2 [redacted] |
| 5 JAN 04 @1815 | Assumed care of pt @1400. No c/o pain. RLE neuro-vascular intact, (D)CMS. Dsg Δ'd by MD, immobilizer in place. Pt ↑ Amb ⊂̄ difficulty. (R) subclavian flushes easily. LS CTA, (D)BS tol Reg diet well, void ⊂̄ difficulty. Plan: cont IV ABX as ordered - enc OOB, pain control. b(6)-2 [redacted] |

| 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. 5/19
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(
USAPA V1

[redacted] b(6)-4

MEDCOM - 24163

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 06 JAN 04 @ 0215 | Assumed care of pt. @ 2200, VSS, A&O, Ø C/O pain. ®LE elevated in bed, DSG CDI, immobilizer intact. LS CTA bilat. ⊕ BS all 4 quads. Voids CYU ⊼ difficulty. Cont. IV anti-bx. ~~HVSL flushes well~~ (ERROR) M.D. TLC to ®SC, flushes well. Pt. asleep @ this time. Pt. in 2-point restraints, Ø signs of skin breakdown. Will cont. to monitor. — b(6)-2 [redacted] ILT, AN |
| 6 JAN 04 @ 0700 | – Assumed care of pt. A+O x3. VSS Ø c/o pain or discomfort. Lungs clear HRRR Active BS x4 quads Urinates spontaneously ⊼ diff. IV ABX x TX cont. Contra line dsg CDI Ø s/s of infection Afebrile Wound cultures results at bedside chart. Crutch walks yard ⊼ difficulty Will cont to monitor — b(6)-2 [redacted] |
| 6 JAN 04 @ 1730 | assumed care of pt @ 1700. VSS, no C/O. MD to BS for drsg Δ, serosanguinous drainage noted when MD pushed on incision line. Kerlix wrap & immobilizer in place. ⊕ CMS to RLE, +2 DP pulse noted. LS CTA, ⊕ BS, tol regular diet. Void ⊼ difficulty. ®subclavian CL flushes easily. 2pt restraints on ⊼ skin/circulation compromise. Pain: ODB Amb ⊼ crutches, CL drsg Δ, exc po, monitor pain. b(6)-2 [redacted] |

| 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. |
|---|---|---|
| | | |

[redacted] b(6)-4

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1995)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1)
USAPA V1.0

MEDCOM - 24164

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

| DATE | NOTES |
|---|---|
| 7JAN04 @ 0210 | Assumed care of pt. @ 2200, VSS, Ø c/o pain. (R) LE elevated in bed, immobilizer to (R) LE, serous drainage to dsg at (R) knee, CL to (R) SC, TLC, one port occluded, CL dsg Δ'd c̄ sterile technique. Pt. tol. reg. diet well. Voids c̄ difficulty. Pt. on contact precautions. Pt. in 2-point restraints. Ø signs of skin breakdown. All other assessments WNL. Will cont. to monitor. b(4)-2 [redacted] /LT, AN |
| 7JAN03 | RCO Assumed care of pt. @ 0000 VSS a+o no c/o pain @ this time. Reinforced dsg to (R) LE. immobilizer in place (R) leg elevated. (+) pedal pulse. CL CDI Ø S/Sx infection. Pt. voids c̄ difficulty via urinal spontaneously. Tolerates Regular diet well. Pt. ambulates via PT. Will cont. to monitor pt. [redacted] b(4)-2 Tomorrow with abn assessment AN RCO |
| 7JAN04 @ 1745 | assumed care of pt @ 1800. no c/o pain. MD Δ'd dsg on rounds this p.m. Drsg CDI, immobilizer in place (+) CMS. NSCTA (+) BS, tol reg diet well, void c̄ difficulty. Pt ↑ AMB c̄ crutches c̄ difficulty. 2pt restraints on c̄ S/Sx of skin/circulation compromise. Plan: cont AMB, encourage, pain control, monitor dsg. b(4)-2 [redacted] |
| 8jan04@0540 | Assumed care @ 2200; VSS, pt a+o, Ø c/o pain; pt sleeping majority of shift; immobilizer in place, dsg CDI, Ø drainage; pt tol Reg diet; voiding c̄ difficulty; Restraints in place c̄ compromise to skin/circ, cont to monitor b(4)-2 [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACI
USAPA V1.C

# [redacted] b(4)-4

MEDCOM - 24165

b(6)-2 All except where noted otherwise

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 8JAN04@ | 0630 - Assumed care of pt. AOX3. USS Lungs clear NERR Active BS x4 quads. Tolerating PO well Voiding ⅰ diff MRSA precautions IV ASA TX cont. Afebrile. Wet + dry to @LE Dressing CDI. RLE Brace to leg for immobilization Neuro check WNL Will cont to monitor [redacted] |
| 8Jan04@ 2100 | assumed care @1400. VSS, No C/O pain. RLE immobilizer in place, dsg Δ3, serosanguinous drainage noted from incision line ⅰ open wound. WTD dsg applied. @CMS to RLE, +2DP pulse, equal BIL. LSCTA, @BS, voids ⅰ difficulty. 2pt restraints in place ⅰ skin/circulation compromise. Plan: enc ODB, enc po, monitor NV status pain control prn. [redacted] |
| 9Jan04@ 0435 | Assumed care @2200; vss, c/o pain, pt AOO; immobilizer to (R) leg in place, dsg CDI, ⊖ drainage; pt DOB to amb in hall c̄ crutch assistance pt sat in hallway for 1° - tol well; (+) CMS throughout; pt tol Reg diet, voiding ⅰ difficulty, cont MRSA precautions; Restraints in place ⅰ compromise to skin/circ; will cont to monitor [redacted] |
| 9JAN04@ | 0635 - Assumed care pt. sleep easily arousable AOx3. USS Denies pain or discomfort. Lungs clear HRRR Active BSx4 tolerating PO well. Voids ⅰ diff. Crutch walks used @LE dsg CDI immobilizer applied will cont to monitor [redacted] |

| 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. |
|---|---|---|
| | | |

b(6)-4

[redacted]

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)-2 A11

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

| DATE | NOTES |
|---|---|
| 9JAN04 @1745 | assumed care @1400. VSS, Ø C/O pain. MD to Δ drsg, minimal drainage noted. Immobilizer in place. ⊕CMS to RLE. Pt Amb ⊼ difficulty. ®subclavian CL flushes easily. Ø pt restraints on while in bed. Plan: enc COB, enc po, monitor drainage [redacted] |
| 09JAN04 | (2355) Assumed care @ 2200. Pt alert, speaking Arabic. VSS. Ø C/O pain. Pt OOBTC @ Δ of shift. Amb ⊼ diff. c̄ crutches. Immobilizer in place on RLE. Dsg to RLE CDI. ®SC TL flushes well x3 ports ⊼ S/Sx infection/infiltration. voiding ⊼ difficulty. 2-point restraints in place ⊼ S/Sx complications. Will cont. to monitor. [redacted] |
| 10JAN04 @ | 0630 – Assumed care of pt. A+Ox3. VSS. Denies pain or discomfort. Immobilizer to ®LE in place. Neuro check WNL. Crutch walks ward without diff. Central line triple lumen Ø s/s of infec. Afebrile. All other assessment findings WNL. Will cont to monitor [redacted] |
| 10JAN04 @ 1745 | assumed care of pt @ 1400. VSS. No C/O pain. RLE drsg Δd by MD, MD reports wound is improving. ⊕CMS to RLE, ⊕2 DP pulse. Pt ambulates well c̄ crutches. LS CTA, ⊕BS, tol regular diet well, good appetite noted. ®SC central line flushes easily. Voids ⊼ difficulty. Ø pt restraints ON ⊼ Skin/circulation compromise. Plan: enc po, enc ambs, pain control prn. [redacted] |
| 11JAN04 | (0050) Assumed care @ 2200. Pt alert, speaking Arabic. VSS. Ø C/O pain. Amb well c̄ crutches. RLE in immobilizer. Dsg CDI. ®SC TL flushes well ⊼ S/Sx infection/infiltration. Voiding |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 24167

b(6)-2 A11

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

| DATE | NOTES |
|---|---|
| 12JAN04 | (cont) difficulty. 2-point restreints in place ~~s~~ S/SX complications. will cont. to monitor [redacted] |
| 12Jan04 | 0880- assumed care of pt. @0000. LBS-A +O ⊕ c/o pain or discomfort @ this time [redacted] LS CTA (B), BS x4, soft non-tender, normal ~~sch~~ sinus rhythem ⊕ pedal ⊕ radial pulses. Completed dsg Δ to (R) knee. WTD wrapped c̄ Kerlex wound pink + moist c̄ sutures in tact. Slightly able to bend knee. Immobilizer in place c̄ ⊕ pedal pulse ⊕ circulation. Pt. able to move toes ⊕ cap refill. (R) CL intact ⊘ S/SX infection increasing in ADX. Pt. completed personal hygiene. Pt. in two pt. restraints @ this time. will cont. to monitor pt [redacted] |
| 0845- | Pt. c/o itching to groin area + arms. Pt. applied [redacted] powder to areas. will monitor for relief. [redacted] I [redacted] agree with above assessment [redacted] |
| 12Jan04 | (2030) VSS. c/o sm. amt of pain. Med c̄ 2 perc. Pt OOB + amb on crutches c̄ steady gait. Δ'ed DSG to (R) leg. WTD. Wound appears beefy red. Sutures in place + well approximated. Immobilizer worn. Will continue to monitor. [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 24168

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 11 JAN 04 | (cont) s difficulty. 2-point restraints in place s s/sx complications. will cont. to monitor. [redacted] |
| 11 Jan 04 0830 | VSS. A&O. [redacted] RLE b(6)-2 immobilizer in place OOB c crutches to BR c steady slow gait. Pedal pulses +2 Bilaterally. (R) Triple lumen SC central line patent + intact. Lungs CTA Bilaterally. Abd soft round non-distended. BS(+) x4 quad. (R) LE old dsg c mod amt of serosanguinous drainage. Open wounds to (R) LE c pink moist tissue present. Consumed 50% of Breakfast. 2 pt restraints in place without compromising circ or skin integrity. Will continue planned care [redacted] b(6)-2 |
| 11 JAN 04 @2000 | assumed care @1400. VSS. Alert & C/O. (R) LE in immobilizer, dsg CDI, min drainage from wound. (+) CMS to RLE. LS CTA, (+) BS, tol reg diet, void s difficulty. ↑ amb c crutches s diff. 2 pt restraints on s skin/circulation compromise. Plan: incpo, encOOB, monitor NV status. [redacted] b(6)-2 CMS |
| 12 JAN 04 | (0135) assumed care @ 2000. Pt alert, speaking Arabic. VSS. (-) C/O pain. Pt OOB to amb c crutches and ↑ to chair - tol. well. Immobilizer on RLE in place. Dsg CDI. (+) SCR fusions well s s/sx infection/infiltration. voiding s |

| 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. |
|---|---|---|
| [redacted] b(6)-4 | | IOW1 |

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.2030(b)(10)
USAPA V1.00

b(6)-2 A11

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 13JAN03 | Assumed care @ 2200 12 Jan 04 pt AOX3, VSS pt has ∅ c/o pain @ this time. immobilizer in place @ leg, restraints x2 in place @ circulation ∅ skin breakdown, will monitor [redacted] ILT, AN |
| 13Jan04 0830 | VSS AXO. (R) TL SC patent & intact. (R) LE I Knee Immobilizer in place. Pedal pulses +2 Bilaterally. Consumed 40% of Breakfast. Voids clear yellow urine. OOB to chair for ADL Care. (R) LE ↑ on foot stool while up in chair. Lungs CTA. ABD soft non-distended. BS(+) x4 quad. 0% pain since ∅ this time. Will continue care as planned [redacted] |
| 13JAN04 @2020 | Assumed care @ 1900. VSS. A&O - c/o pn, medicated ÷ II percs [illegible] RN. CL on (R) SC patent. Reg. diet tol well. voiding clear yellow urine ∅ difficulty. OOB → toilet, hallway. Amb well on own ∅ crutches, immobilizer in place on the (R) LE. Drsg on (R) leg Δ'd per MD. ∅ signs of skin compromise on restraints. will monitor. [redacted] PFC/WLO |

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

| DEPARTMENT/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. 6/1998)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

[redacted]

b(6)-4

MEDCOM - 24170

b(6)-2 All unless noted otherwise

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

| DATE | NOTES |
|---|---|
| '4JAN04@0140 | Assumed care of pt. @ 2200. VSS. Ø c/o pain. Pt. OOB ambulated in hallway c crutches c difficulty for 30 minutes. Pt. back to bed. (R) LE elevated, immobilizer in place. Pt. in 2-point restraints, Ø signs of skin breakdown. All other assessments WNL. Will cont. to monitor. [redacted] LT, AN |
| 14 Jan04 1430 | Assumed care of Pt @ 0600 A&O. VSS (R) SC TL central line patent & intact. Consumed ≥ 50% of meal. Voiding clear yellow urine. Lung CTA. ABD soft Left ~~flat~~ Dry non-distended. (R) LE c ~~boot~~ immobilizer in place. (R) LE incision c suture intact & edges well approximated. Anterior + Posterior incision to (R) thigh c purple mint tissue present. Ambulate c crutches well. Ø c/o pain voiced or noted this shift. Will report to next shift [redacted] |
| 14 JAN 04 @ 2120 | Assumed care @ 1600. VSS. A&O. CL on (R) SC patent. Amb well on own c immobilizer on (R) LE using crutches. OOB + hallway, toilet. Reg. diet tol well. Voiding ~~light~~ clear yellow urine c difficulty. Dsg Δ'd on (R) LE. Wound healing well c cred. Serosang drain in old dsg. Ø signs of skin compromise on restraints. Will monitor [redacted] Concur c above. [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

b(6)-4

# [redacted]

MEDCOM - 24171

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES |
|---|---|
| 15JAN04 0100 | Assumed care of pt. @ 2200. Temp 100.5. ∴ Percocets for C/O pain (R) LE & fever. Pt. asleep @ this time, (R) LE elevated in bed, immobilizer in place. LS CTA bilat. (+) BS x 4 quads, voids CYU ∓ difficulty. Pt. in 2-point restraints & ∅ signs of skin breakdown. All other assessments WNL. Will cont. to monitor. b(4)-2 [redacted] |
| 1000 | Assumed care of pt. @ 0600. + Temp. 103.5 this am. 650mg tylenol given @ 0800. Icepacks applied to groin, armpits + neck. Temp now 103.0. CBC & diff. ordered. Completed dsg Δ to (R) knee. WTD (-) s/sx inf. healing well. Sutures intact - well approximated. (+) SC IV central line patent + intact. LS CTA (B), abd soft nontender, voids cyu via urinal, tolerates PO + Reg diet. Ambulates well on own. ∅ C/O pain @ this time. Awaiting transfer to ICU #2. Will cont. to monitor pt + Temp b(4)-2 [redacted] |

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | [redacted]

DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

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

# [redacted]

b(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 6/199
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.2030-(1
USAPA V1.0

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 11/19/04 | Brief Op Note |
| | Pre Op Dx: open Wounds (R) knee |
| | Post Op Dx: Same |
| | Procedure: STSG (R) knee |
| | Surgeon [redacted] b(6)-2 |
| | ASA: C |
| | Fluids: 450cc |
| | Complications: |
| | Post Op Plan: wound ✓ 5 Days [redacted] b(6)-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.

01 V [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

MEDCOM - 24173

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |

21 Jan 04 — 43 yo Iraqi male admitted 12 Nov 03 after running in checkpoint and being shot in (R) leg and buttocks. Found to have open (R) knee with lateral femoral condyle fracture and segmental bone loss of lateral tibial plateau, large buttock wound. Pt'd initially with sparing X-ray, multiple I+Ds.

On 26 Nov underwent ORIF of bicondylar femoral fx with plate and screws. Subsequently had tibial plateau reconstructed with bone cement, flap moved to cover draining wound.

On 19 Jan 04 underwent STSG to (R) leg wounds. Currently on crutch ambulation.

Plan: Bactrim Ds tbt Q Day for wounds.
Percocet 1-2 P.O Q 4-6 hrs prn
Levofloxacin 250 mg P.O Q Day
Dressing change in 5 Days. Staples out

| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE [redacted] | RECORDS MAINTAINED AT b(6)-2 |
|---|---|---|---|
| SPONSOR'S NAME | SSN/ID NO. | RELATIONS [redacted] | |

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)* [redacted] b(6)-4

| REGISTER NO. | WARD NO. |
|---|---|
| | |

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

MEDCOM - 24174

558-103 (See Instructions on Back of this Sheet) NSN 7540-01-075-3786

# EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY (Stamp)

LOG NUMBER

ARRIVAL — DATE: DAY 12, MONTH NOV, YR. 03 — TIME 0700

TRANSPORTATION TO HOSPITAL (Attach care enroute sheet): ☐ PRIVATE VEHICLE ☐ AMBULANCE ☒ OTHER (Specify) Medevac

CURRENT MEDS. (tetanus immunization and other data)

HISTORY OBTAINED FROM: ☐ PATIENT ☐ OTHER (Specify)

ALLERGIES: NKDA

PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code)

HOME TELE. NO. (Inc. area code)

CHIEF COMPLAINT(S) (Include symptom(s), duration): IED POST OP

SEX: M AGE: 32

POSSIBLE THIRD PARTY PAYER? ☐ YES ☐ NO

TIME SEEN BY PROVIDER: 0700

| VITAL SIGNS | | | |
|---|---|---|---|
| TIME | 0700 | | |
| BP | 132/74 | | |
| PULSE | 81 | | |
| RESP. | 16 | | |
| TEMP. | 96.1 | | |
| WT. (Child) | | | |

CATEGORY (See reverse)
- EMERGENT
- URGENT
- NON-URGENT

| ORDERS | INITS. | TIME |
|---|---|---|
| IV KVO 1L | [redacted] | |
| CBC, Mot 8 | | |
| T&S, UA | | |

ASSESSMENT/DIAGNOSIS

DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up)

S/P IED. Pt was EPW was shot while moving chickens across the road. Pt went to 82 FST team & left c Ex fix to (R) femur + 5th digit of (R) hand amputation. Stable

O: Transfer from 82nd FST.

Defer to Dr. Albertson exam

A: See transfer note,

P: Admit - Ortho

DISPOSITION (Check all that apply)
- HOME
- FULL DUTY
- QUARTERS: 24 Hrs. / 48 Hrs. / 72 Hrs.
- MODIFIED DUTY UNTIL: DAY / MONTH / YEAR
- REFERRED TO (Indicate clinic)
- EMERGENCY / TODAY
- 72 HOURS / ROUTINE
- ADMIT. TO HOSP. UNIT/SERVICE

CONDITION UPON RELEASE
- IMPROVED
- UNCHANGED
- DETERIORATED

TIME OF RELEASE:

[redacted] b(6)-2

[redacted]NUE ON SF 507, IF NEEDED)

PATIENT'S IDENTIFICATION (Mechanical Imprint) FOR WRITTEN ENTRIES GIVE: Name - last, first, middle; SSN; DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD).

[redacted]

b(6)-4

[redacted]DER AND ID STAMP

b(6)-2

INSTR[redacted] PATIEN[redacted] medications ordered, any limitations and follow-up plans

MAJ [redacted]

b(2)-2

EMERGENCY CARE AND TREATMENT
Medical Record Copy

MEDCOM 24175

STANDARD FORM 558 (Rev. 6-82)
Prescribed by GSA and ICMR

b(2)-2

[redacted]

Name FPW #2 SSN _____ Unit _____ Location _____

INITIAL ASSESSMENT

**Airway**
☒ Patent ☐ Nasal ☐ Oral
☐ Intubated ☐ Crich
☐ ETT #__ ☐ Trach

**C-Spine**
☐ CC ☐ BB ☐ Secured ☒ Clear

NORM MS, COMPETENT, Ø MS Δ's, GCS 15, Ø ML TENDER, Ø DISTRACTING, INJ's.

**Breathing**
☒ Spont Rate 32
Rhythm
☐ Reg ☒ Tachy ☐ Brady
☐ Sporad ☐ Even ☐ Abnl ___
Quality
☐ Reg ☐ Deep ☐ Labored
☒ Shall ☐ Sonorous ☐ Weak
☐ Assisted ☐ $O_2$ __L/min
☐ Ambu ☐ Vent
BBS R ☒ CLR ☐ RLS ☐ WHZ ☐ ABS
L ☒ CLR ☐ RLS ☐ WHZ ☐ ABS

**Circulation**
☒ Spont ☐ CPR
Rhythm ☐ REG ☒ TACH ☐ BRDY
Pulse _____ ☐ Strong ☐ Weak ☐ Thread
B/P ☐ RAD >80 ☐ FEM >70 ☐ CTD >60
PASG ☐ Legs ☐ ABD ☐ Both
IV's #1 14 ga LR
#2__ ga_____
#3__ ga_____
☐ Tourniquet Where _____ When _____ What _____ Why _____
☐ Other _____

**CNS**

| EYES | | VERBAL | | MOTOR | |
|---|---|---|---|---|---|
| SPONT | 4 | ALRT | 5 | ALRT | 6 |
| CMND | 3 | CONFD | 4 | LCL P | 5 |
| PAIN | 2 | INAPR | 3 | WDR P | 4 |
| UNRSP | 1 | INCMP | 2 | FLX | 3 |
| | | UNRSP | 1 | EXT | 2 |
| | | | | UNRSP | 1 |

PERLA ☒ ABNL _____
☐ DIA ☐ PIN ☐ UNI ☐ FIX ☐ SLOW

**MOI/DESCRIPTION**
☐ **Blunt** ☐ **Penetrating** ☐ **Burn**
☐ Blast ☒ GSW ☐ Heat
☐ MVC ☐ Shrapnel ☐ Chem
☐ Fall ☐ Stabbed ☐ Elect
☐ Assault WITH _____ SEE 9's ↓
☐ Other _____ EST % _____

**EQUIPMENT**
☐ Weapon _____
☐ Sens Items _____
☐ Other _____

Vitals: HR 77 B/P 146/85 RR 24 POX 100 % TEMP _____ °F °C

| DATE/TIME | NOTES |
|---|---|
| 0005 12NOV03 | LOWER (R) EXTREMITY WOUND |
| | UPPER (R) " " |
| | Ø GROSS BLOOD ON DRB |
| | APPROX 40 M c̄ MULT GSW TO RLE, PT A+O x3, NON ENGLISH |
| | SPEAKING. c/o PAIN TO RLE. PLAN OR FOR WASHOUT OF |
| | RLE. BBS CTA, VS STABLE, PAIN CTL'D c̄ [redacted] b(4)-2 |

ACLU-RDI 1744 p.136

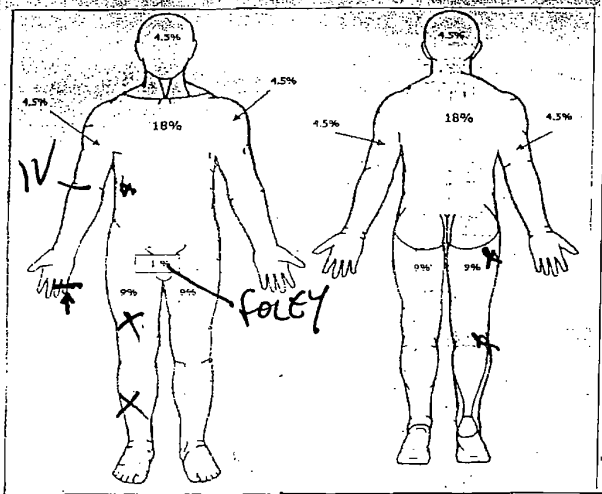
DOD-038565

b(2)-2

b(6)-4 [redacted]

Name EPW# [redacted] SSN _____ Unit _____ Location _____

Head-2-Toe/Burn Chart




**INTERVENTIONS**

**Airway**

☐ Suction ☐ Position ☐ Oral ☐ Nasal

☐ Intubated/Trach ☐ Crich By Whom _____

**Breathing**

☐ Assisted ☒ $O_2$ 6 L/min ☐ Ambu ☐ Vent NRB

☐ Chest tube R #1 _____ #2 _____

L #1 _____ #2 _____

Time _____ By Whom _____

☐ Needle decomp R Time _____ L Time _____

**Circulation** Bag # and time

Fluid ☐ NS ☐ ____ 1L bags ☐1 ____ ☐2 ____ ☐3 ____

Blood ☐ PRBC ☐ Whole ☐1 ____ ☐2 ____ ☐3 ____

PASG ☐ Legs ☐ ABD ☐ Both

☒ Foley 0030 ☐ NGT _____

**Other** _____

ALLERGIES NKA

MEDICATIONS 0

PREVIOUS HX _____

LAST MEAL _____

EVENTS (see MOI) _____

**Description of Illness**

_____

_____

_____

**MEDICATIONS**

| TIME | MEDICATION | DOSE | RTE | BY |
|---|---|---|---|---|
| 0005 | MORPHINE | 4mg | IVP | [redacted] |
| 0007 | ANCEF | 1gm | IVP | [redacted] |
| 0028 | MORPHINE | 3mg | IVP | [redacted] |
| 0048 | TETNUS | .05 | IVP | [redacted] |
| 0048 | GENTAMYCIN | | IVP | [redacted] |
| 0048 | PCN | 2mu | IVP | [redacted] |
| 0048 | Morphine | 3mg | IV | [redacted] |
| 0058 | MORPHINE | 2mg | IVP | [redacted] |

b(6)-2

## SKIN AND WOUND ASSESSMENT

MEDICAL RECORD — PROGRESS NOTES

Admission Date: 12 NOV Diagnosis: Fx Femur / Tibia HD: POD:

### Braden Scale Evaluation (See Braden Evaluation Table for Details)

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

*Add the total score* — Total Score 16

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

Note: A Braden Scale Score of less than or equal to 15 indicates HIGH RISK –Requires immediate Ulcer prevention program.

Surgical wound (s): (Yes) No Location: (R) LE Size: _____ Drainage: _____
Tubes: _____ Appearance: _____
Dressing change: Not @ this time Reinforce only

Pressure Ulcer (s): Yes (No)
Stage I, II, III, IV (Circle the one that applies and describe below)

Location: _____ Size: _____
Wound character: Pint _____ Moist _____ Dry _____ Granulation tissue _____ Yellow slough _____
Odor _____ Purulent discharge _____ Eschar _____ Exudates _____

Type of dressing change: Wet-to-dry _____ Comfeel dressing _____ Carrasyn V-Gel _____ Alginate _____

Physician notified/consulted for wound debridement: Yes _____ No _____
CNS notified/consulted for Stage II and greater: Yes _____ No _____
Nutrition Referral: Yes _____ No _____
Physical Therapy Referral: Yes _____ No _____
Action Taken: _____ Date & Time: _____

REGISTER NO. | WARD NO.

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

PROGRESS NOTES

Medical Record
STANDARD FORM 509

[redacted] b(4) -4

MEDCOM - 24178

# SKIN AND WOUND ASSESSMENT

MEDICAL RECORD — PROGRESS NOTES

Admission Date: 12 Nov 03 15 Jan 04 Diagnosis: (R) femur fx (R) tib fx HD: 63 POD: See assessment sheet

Skin assessment must be done initially and every 7 days.

## Braden Scale Evaluation (See Braden Evaluation Table for Details)

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

*Add the total score* — *Total Score:* 19

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

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

Surgical wound (s): Yes ✓ No __ Location: R Knee Size: 8cm long Drainage: minimal
Tubes: 0 Pins: 0 Appearance: CDI
Dressing change: q DAY

Burn wound (s): Yes __ No ✓ % BSA _____ Partial _____ Full _____
Location: _____ Size _____
Appearance: _____
Dressing change: _____

Pressure Ulcer (s): Yes ___ No ✓
Stage I, II, III, IV (Circle the one that applies and describe below)
Location: _____ Size: _____
Wound character: Pink ___ Moist ___ Dry ___ Granulation tissue ___ Yellow slough ___ Tunneling ___
Undermining ___ Odor ___ Purulent discharge ___ Eschar ___ Exudates ___
Type of dressing change: Wet-to-dry ___ Comfeel dressing ___ Carrasyn-V Gel ___ Alginate ___

Physician notified/consulted for wound debridement: Yes ___ No ___ Date/time MD notified _____
CNS notified/consulted for Stage II and greater: Yes ___ No ___
Nutrition Referral: Yes ___ No ___
Physical Therapy Referral: Yes ___ No ___
Action taken: _____ Date & Time 15 JAN 04 1700

REGISTER NO. | WARD NO. 2WD

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

PROGRESS NOTES
Medical Record
STANDARD FORM 509

MEDCOM J 24179

# MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circular 40-5

## SECTION I - PATIENT ASSESSMENT

DATE: | PATIENT ACUITY LEVEL: | POST-OP DAY: | HOSPITAL DAY: 63

**TRANSFER**

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

Time 1100 To ICWD From ICWD ☐ AMBULATORY ☒ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER

Total ER/RR/PACU time — Physician [redacted] Anesthesia (Specify): Ø

Procedure/Diagnosis (R) KNEE EXD D6-2 B/P ____ P ____ R 16 T 102.8

LOC A+O×3 Neurovascular checks +

Dressing/cast LEG IMMOBILIZER, WITH RLE Tubes (R) SUBCLAVIAN

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

Medication 650 TYLENOL PO Q4H

Other ____

Report From SIC [redacted] Received By SGT [redacted] D6-2

**VITAL SIGNS**

| TIME: | 1130 | 1930 | 0400 | 0600 | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP ARTERIAL LINE | 85 | 94 | 78 | | | | | | | | | | | | |
| BP CUFF | 44 | 57 | 53 | | | | | | | | | | | | |
| TEMPERATURE | 102.8 | 100.2 | 104.2 | 101.5 | | | | | | | | | | | |
| PULSE | 116 | 124 | 124 | | | | | | | | | | | | |
| RESPIRATORY RATE | 18 | 18 | 16 | | | | | | | | | | | | |
| OXYGEN (L/%) | — | — | — | | | | | | | | | | | | |
| PULSE OXIMETER | 90% | 94% | 97% | | | | | | | | | | | | |
| O2 METHOD | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

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

**PAIN**

| TIME: | 1100 | 1930 | 0400 | | | | | |
|---|---|---|---|---|---|---|---|---|
| PAIN INTENSITY (10 / 5 / 0) | | | | | | | | |
| MED ADMINISTERED (Y/N) | | X | X | | | | | |
| RELIEF ACCEPTABLE (Y/N) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**OTHER**

| TIME: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| FINGER STICK GLUCOSE | | | | | | | | |
| INSULIN (Y/N) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**SPECIAL NEEDS**

| TIME: | 1100 | 1830 |
|---|---|---|
| *Skin breakdown prevention | ✓ | [redacted] |
| *Falls prevention protocol | | [redacted] |
| *Restraint protocol | | NA |
| *Seizure precautions | | |
| *Isolation precautions | | |
| | | |
| | | |

YESTERDAY'S WEIGHT: ____

TODAY'S WEIGHT: ____

WEIGHT CHANGE: ____

*Per hospital policy.

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

PATIENT IDENTIFICATION

C-[redacted]

b(6)-4

DIAGNOSIS: ____

DRG: ____ ADMISSION DATE: ____

LOS: ____ EXPECTED RELEASE: ____

CASE MANAGER: ____

PRIMARY CARE MANAGER: ____

ISOLATION REQUIRED (Specify): ____

## SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

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

| | TIME: 1300 INITIALS: [redacted] | TIME: 1830 INITIALS: [redacted] | TIME: INITIALS: |
|---|---|---|---|
| 1. NEUROLOGICAL: Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light. | ☑ | ☑ blw-2 | ☐ |
| 2. CARDIOVASCULAR: Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)* | ☑ | ☑ | ☐ |
| 3. PULMONARY: Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds. | ☑ | ☑ | ☐ |
| 4. G.I.: Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/swallowing. Denies constipation, diarrhea or rectal bleeding. | ☑ | ☑ | ☐ |
| 5. G.U.: Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge. | ☑ | ☑ | ☐ |
| 6. MUSCULOSKELETAL: Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia. | ☐ OROM TORE DJT KNEE IMMOBILIZER ↑ c̄ CRUTCHES 5 PROBLEMS | ☐ Knee immobilizer to ® LE ambulate crutches assist | ☐ |
| 7. SKIN: Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist. | ☐ DRY GAUZE | ☐ DSG to ® knee beneath immobilizer | ☐ |
| 8. PAIN: No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)* | ☐ | ☐ See pg 1 | ☐ |
| 9. PSYCHOSOCIAL: Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others. | ☐ | ☑ | ☐ |

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

| TIME: 1830 INITIALS: [redacted] | TIME: INITIALS: | TIME: INITIALS: |
|---|---|---|
| IV patency ✓ q ___ hr: | IV patency ✓ q ___ hr: | IV patency ✓ q ___ hr: |
| IV site care provided: | IV site care provided: | IV site care provided: |
| IV tubing changed: | IV tubing changed: | IV tubing changed: |
| LOCATION / CONDITION | LOCATION / CONDITION | LOCATION / CONDITION |
| IV Site #1: ® SC / CLK | IV Site #1: | IV Site #1: |
| IV Site #2: | IV Site #2: | IV Site #2: |
| Comments: HL | Comments: | Comments: |

b(6)-2

## SECTION III - PATIENT INTERVENTIONS & TEACHING

**NEUROVASCULAR**

| SITE: BLE TIME: | 1300 | 1830 | | | | |
|---|---|---|---|---|---|---|
| COLOR | P | P | | | | |
| CAPILLARY REFILL | 1 | 1 | | | | |
| TEMPERATURE | W | W | | | | |
| EDEMA | Ø | Ø | | | | |
| SENSATION | S | S | | | | |
| MOTION | M | M | | | | |
| PASSIVE FLEXION | Ø | / | | | | |
| PERIPHERAL PULSE | 2 | 2 | | | | |

**LEGEND**

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

**SAFETY**

| TIME: | 1300 | 1830 | |
|---|---|---|---|
| ID band visible/legible | [redacted] | | |
| Orient to environment prn | | | |
| Side rails (2/4) up | | | |
| Bed position low | | | |
| Call light within reach | | | |

**OTHER**

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

**DIET**

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| TYPE: | TYPE: REG | TYPE: Reg |
| PERCENT CONSUMED: | PERCENT CONSUMED: 30% | PERCENT CONSUMED: 25% |
| HOW TOLERATED: | HOW TOLERATED: WELL | HOW TOLERATED: well |
| ☐ SELF ☐ ASSIST ☐ COMPLETE | ☒ SELF ☐ ASSIST ☐ COMPLETE | ☒ SELF ☐ ASSIST ☐ COMPLETE |

**ADLs**

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

**TEACHING**

| TIME: 1300 INITIALS: [redacted] | TIME: 1830 INITIALS: [redacted] | TIME: INITIALS: |
|---|---|---|
| CONTENT: PAIN CONTROL, ADLIBE CRUTCHES, CALL FOR ASSIST | CONTENT: b(6)-2 - Call for assist - Pain Management - Encourage PO intake | CONTENT: |
| ☐ Patient/Family Verbalizes Understanding | ☒ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding |

| PATIENT IDENTIFICATION | INITIALS | SIGNATURE | SHIFT |
|---|---|---|---|
| b(6)-4 C[redacted] | [redacted] | [redacted] | D N |
| | | b(6)-2 | |

# MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circular 40-5

## SECTION I - PATIENT ASSESSMENT

DATE: 16Jan04 | PATIENT ACUITY LEVEL: III | POST-OP DAY: 03/01/50/36/31/21/13 | HOSPITAL DAY: 63

**TRANSFER**

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

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

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

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

LOC _____ Neurovascular checks _____

Dressing/cast _____ Tubes _____

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

Medication _____

Other _____

Report From _____ Received By _____

**VITAL SIGNS**

| TIME: | 2400 | 1212 | 2000 | 5400 | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP ARTERIAL LINE | | 93 | | | | | | | | | | | | | | |
| BP CUFF | | 149 | 112/76 | 94/56 | | | | | | | | | | | | |
| TEMPERATURE | 100.5 | 100.7 | 97.8 | 99.7 | | | | | | | | | | | | |
| PULSE | | 103 | 96 | 89 | | | | | | | | | | | | |
| RESPIRATORY RATE | | 20 | 16 | 18 | | | | | | | | | | | | |
| OXYGEN (L/%) | | ✓ | | | | | | | | | | | | | | |
| PULSE OXIMETER | | 97% | | 96% | | | | | | | | | | | | |
| O2 METHOD | | RA | | RA | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

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

**PAIN**

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

**OTHER**

| TIME: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| FINGER STICK GLUCOSE | | | | | | | | |
| INSULIN (Y/N) | | | | | | | | |
| | | | | | | | | |

**SPECIAL NEEDS**

| TIME: | 2400 | | |
|---|---|---|---|
| *Skin breakdown prevention | N/A | | |
| *Falls prevention protocol | | | |
| *Restraint protocol | | | |
| *Seizure precautions | | | |
| *Isolation precautions | | | |

YESTERDAY'S WEIGHT: _____

TODAY'S WEIGHT: _____

WEIGHT CHANGE: _____

*Per hospital policy.

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

PATIENT IDENTIFICATION

C[redacted]

b(6)-4

DIAGNOSIS: Open ® femur fx ® tib fx; amp 5th metacarpal

DRG: _____ ADMISSION DATE: 12Nov03

LOS: _____ EXPECTED RELEASE: b(6)-2

CASE MANAGER: _____

PRIMARY CARE MANAGER: [redacted]

ISOLATION REQUIRED (*Specify*): _____

MEDCOM - 24183

## SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

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

| | TIME: INITIALS: | TIME: 2000 INITIALS [redacted] | TIME: INITIALS: |
|---|---|---|---|
| **1. NEUROLOGICAL:** Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light. | ☑ | ☑ | ☐ |
| **2. CARDIOVASCULAR:** Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)* | ☑ | ☑ | ☐ |
| **3. PULMONARY:** Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds. | ☑ | ☑ | ☐ |
| **4. G.I.:** Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/ swallowing. Denies constipation, diarrhea or rectal bleeding. | ☑ | ☑ | ☐ |
| **5. G.U.:** Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge. | ☑ | ☑ | ☐ |
| **6. MUSCULOSKELETAL:** Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia. | ☐ Immobilizer placed on (R) LE, ROM ↓ (R) LE | ☐ Immobilizer to RLE | ☐ |
| **7. SKIN:** Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist. | ☐ Dressing on (R) tibia + Femur FX C/D/I | ☐ DSG RLE C/D+I Bd QD | ☐ |
| **8. PAIN:** No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)* | ☑ | ☑ | ☐ |
| **9. PSYCHOSOCIAL:** Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others. | ☑ | ☑ b/(a) - 2 A+N | ☐ |

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

| | | |
|---|---|---|
| TIME: 0730 INITIALS [redacted] | TIME: 2000 INITIALS [redacted] | TIME: INITIALS: |
| IV patency ✓ q 8 hr: PRN | IV patency ✓ q 8 hr: | IV patency ✓ q hr: |
| IV site care provided: flushed | IV site care provided: flush | IV site care provided: |
| IV tubing changed: | IV tubing changed: | IV tubing changed: |
| LOCATION / CONDITION | LOCATION / CONDITION | LOCATION / CONDITION |
| IV Site #1: * (R) Subclavian / OK | IV Site #1: (R) SC / OK | IV Site #1: |
| IV Site #2: | IV Site #2: | IV Site #2: |
| Comments: ~~Hep~~ Heplock | Comments: Proximal (+) flush Distal - heparin flush Medial (+) flush | Comments: |



ACLU-RDI 1744 p.144

DOD-038573

b(6)-2

## SECTION III - PATIENT INTERVENTIONS & TEACHING

**NEUROVASCULAR**

| SITE: RLE TIME: | 0730 | 2100 | | | | |
|---|---|---|---|---|---|---|
| COLOR | P | P | | | | |
| CAPILLARY REFILL | 1 | 1 | | | | |
| TEMPERATURE | W | W | | | | |
| EDEMA | 0 | 0 | | | | |
| SENSATION | S | S | | | | |
| MOTION | P | P | | | | |
| PASSIVE FLEXION | D | 0/P | | | | |
| PERIPHERAL PULSE | 3 | 3 | | | | |

**LEGEND**

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

**SAFETY / OTHER**

| | TIME: | 0730 | 2100 | |
|---|---|---|---|---|
| SAFETY | ID band visible/legible | [redacted] | | |
| | Orient to environment prn | ✓ | ✓ | |
| | Side rails (2/4) up | ✓ | ✓ | |
| | Bed position low | ✓ | ✓ | |
| | Call light within reach | ✓ | ✓ | |
| | | | | |
| OTHER | Review & post lab results | ✓ | ✓ | |
| | Notify MD abnormal labs | ✓ | ✓ | |
| | | | | |
| | Incontinent urine/stool | ✓ | ✓ | |
| | Linen change prn | ✓ | ✓ | |
| | Turn/reposition q2h | ✓ | ✓ | |
| | ROM q2h if immobile | ✓ | ✓ | |
| | Antiembolic hose | ✓ | ✓ | |
| | | | | |
| | | | | |
| | | | | |

**DIET**

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| TYPE: Reg | TYPE: Reg | TYPE: Reg |
| PERCENT CONSUMED: 25% | PERCENT CONSUMED: | PERCENT CONSUMED: 50% |
| HOW TOLERATED: well | HOW TOLERATED: | HOW TOLERATED: well |
| ☒ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE | ☒ SELF ☐ ASSIST ☐ COMPLETE |

**ADLs**

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

**TEACHING**

| TIME: INITIALS: | TIME: 2100 INITIALS: [redacted] | TIME: INITIALS: |
|---|---|---|
| CONTENT: (1) Call for assist (2) Pain Control | CONTENT: • call for assist • | CONTENT: |
| ☐ Patient/Family Verbalizes Understanding | ☒ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding |

**PATIENT IDENTIFICATION**

[redacted]

b(6)-4

| INITIALS | SIGNATURE | SHIFT |
|---|---|---|
| ZCB | [redacted] | |
| KW | [redacted] SPC/Nurse | N |
| | | |
| | | |

SECTION III - INTERVENTIONS & TEACHING (Cont)

| WOUND CARE | TIME | LOCATION OF WOUND | APPEARANCE | TREATMENTS AND DRESSING CHANGE |
|---|---|---|---|---|
| | 0930 | RLE | C/D/I in Immobilizer | [redacted] |
| | | | | Jolen-2 |
| | | | | |
| | | | | |

SECTION IV - NOTES

# MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circular 40-5

## SECTION I - PATIENT ASSESSMENT

DATE: 17JAN04 | PATIENT ACUITY LEVEL: III | POST-OP DAY: 64/62/51/37/35/22/14 | HOSPITAL DAY: 65

**TRANSFER**

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

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

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

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

LOC _____ Neurovascular checks _____

Dressing/cast _____ Tubes _____

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

Medication _____

Other _____

Report From _____ Received By _____

**VITAL SIGNS**

| TIME: | 1200 | 2000 | 400 | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP ARTERIAL LINE | | | | | | | | | | | | | | | | |
| BP CUFF | 108/63 | 106/64 | 106/60 | | | | | | | | | | | | | |
| TEMPERATURE | 99.4 | 99.1 | 97.4 | | | | | | | | | | | | | |
| PULSE | 92 | 86 | 94 | | | | | | | | | | | | | |
| RESPIRATORY RATE | 24 | 20 | 18 | | | | | | | | | | | | | |
| OXYGEN (L/%) | | | | | | | | | | | | | | | | |
| PULSE OXIMETER | 100% | 99% | 99% | | | | | | | | | | | | | |
| $O_2$ METHOD | RA | RA | RA | | | | | | | | | | | | | |

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

**PAIN**

| TIME: | 0730 | 1830 | | | | | | |
|---|---|---|---|---|---|---|---|---|
| PAIN INTENSITY (10 / 5 / 0) | 0 | X | | | | | | |
| MED ADMINISTERED (Y/N) | N | N | | | | | | |
| RELIEF ACCEPTABLE (Y/N) | Y | NA | | | | | | |

**SPECIAL NEEDS**

| TIME: | 0730 | 1830 | |
|---|---|---|---|
| *Skin breakdown prevention | NA | NA | |
| *Falls prevention protocol | | | |
| *Restraint protocol | | | |
| *Seizure precautions | | | |
| *Isolation precautions | | | |

YESTERDAY'S WEIGHT: _____

TODAY'S WEIGHT: _____

WEIGHT CHANGE: _____

*Per hospital policy.

**OTHER**

| TIME: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| FINGER STICK GLUCOSE | | | | | | | | |
| INSULIN (Y/N) | | | | | | | | |

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

PATIENT IDENTIFICATION

Civ[redacted]

b(6)-4

DIAGNOSIS: Open (R) femur fx (R) tib fx an up 5th metacarpal

DRG: _____ ADMISSION DATE: 12Nov03

LOS: _____ EXPECTED RELEASE: b(6)-2

CASE MANAGER: _____

PRIMARY CARE MANAGER: [redacted]

ISOLATION REQUIRED (Specify): _____

MEDCOM - 24187

b(6)-2 A11

## SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

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

| | TIME: 0730 INITIALS: [redacted] | TIME: 1830 INITIALS: [redacted] | TIME: INITIALS: |
|---|---|---|---|
| **1. NEUROLOGICAL:** Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light. | ☑ | ☑ | ☐ |
| **2. CARDIOVASCULAR:** Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)* | ☑ | ☑ | ☐ |
| **3. PULMONARY:** Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds. | ☑ | ☑ | ☐ |
| **4. G.I.:** Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/ swallowing. Denies constipation, diarrhea or rectal bleeding. | ☑ | ☑ | ☐ |
| **5. G.U.:** Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge. | ☑ | ☑ | ☐ |
| **6. MUSCULOSKELETAL:** Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia. | ☐ ↓ ROM To RLE 2° Fx. Immobilizer in place. | ☐ Ø ROM to RLE 2° to Immobilizer in place for ☆ | ☐ |
| **7. SKIN:** Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist. | ☐ Dsg to RLE CDI | ☐ Dsg to RLE CDI | ☐ |
| **8. PAIN:** No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)* | ☐ 4/10 pain 7/10 in RLE. Refuses pain medication @ this time. | ☐ See pg 1 | ☐ |
| **9. PSYCHOSOCIAL:** Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others. | ☑ | ☑ | ☐ |

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

| TIME: 0730 INITIALS: [redacted] | TIME: 1830 INITIALS: [redacted] | TIME: INITIALS: |
|---|---|---|
| IV patency ✓ q 8 hr: | IV patency ✓ q 8 hr: | IV patency ✓ q hr: |
| IV site care provided: | IV site care provided: | IV site care provided: |
| IV tubing changed: | IV tubing changed: | IV tubing changed: |
| LOCATION / CONDITION | LOCATION / CONDITION | LOCATION / CONDITION |
| IV Site #1: RSC * / OK | IV Site #1: RSC * / OK | IV Site #1: |
| IV Site #2: | IV Site #2: | IV Site #2: |
| Comments: | Comments: HL | Comments: |

b(6)-2

## SECTION III - PATIENT INTERVENTIONS & TEACHING

**NEUROVASCULAR**

| SITE: BLE | TIME: 0730 | 1830 | | | | |
|---|---|---|---|---|---|---|
| COLOR | P | P | | | | |
| CAPILLARY REFILL | 1 | 1 | | | | |
| TEMPERATURE | W | W | | | | |
| EDEMA | Ø | Ø | | | | |
| SENSATION | S | S | | | | |
| MOTION | M | U | | | | |
| PASSIVE FLEXION | Ø | Ø | | | | |
| PERIPHERAL PULSE | 2P | 2P | | | | |

LEGEND

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

**SAFETY**

| | TIME: 0730 | 1830 | | |
|---|---|---|---|---|
| ID band visible/legible | [redacted] | | | |
| Orient to environment prn | | | | |
| Side rails (2/4) up | | | | |
| Bed position low | | | | |
| Call light within reach | | | | |

**OTHER**

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

**DIET**

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| TYPE: Regular | TYPE: | TYPE: Reg |
| PERCENT CONSUMED: | PERCENT CONSUMED: | PERCENT CONSUMED: 75% |
| HOW TOLERATED: well | HOW TOLERATED: | HOW TOLERATED: well |
| ☑ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE |

**ADLs**

| | 0700-1500 | 1500-2300 | 2300-0700 |
|---|---|---|---|
| BATH/ORAL CARE | ☐ SELF ☐ COMPLETE ☑ ASSIST ☐ TOTAL | ☐ SELF ☐ COMPLETE ☒ ASSIST ☐ TOTAL | ☐ SELF ☐ COMPLETE ☒ ASSIST ☐ TOTAL |
| TYPE OF ACTIVITY (Circle all that apply) | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☑ ASSIST; # TIMES/SHIFT: 1 crutches | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☒ ASSIST; # TIMES/SHIFT: 1 crutches | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☒ ASSIST; # TIMES/SHIFT: 1 crutches |

**TEACHING**

| TIME: 0730 INITIALS: [redacted] | TIME: 1830 INITIALS: [redacted] | TIME: INITIALS: |
|---|---|---|
| CONTENT: - Plan of care | CONTENT: - Call for assist - Pain management - Leg immobilizer | CONTENT: |
| ☑ Patient/Family Verbalizes Understanding | ☒ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding |

b6-2

| PATIENT IDENTIFICATION | INITIALS | b(6) - SIGNATURE | SHIFT |
|---|---|---|---|
| CIV [redacted] b(6)-4 | [redacted] | [redacted] | 4 N |

SECTION III - INTERVENTIONS & TEACHING (Cont)

| WOUND CARE | TIME | LOCATION OF WOUND | APPEARANCE | TREATMENTS AND DRESSING CHANGE |
|---|---|---|---|---|
| | 1000 | BLE Lateral of Bknee | Red; sutures intact. | W→D dsg Δ |
| | | | | |
| | | | | |
| | | | | |

SECTION IV - NOTES

0730: Awake + alert. % pain 2/10 in BLE. Denies need for pain medication @ this time, will continue to monitor, [redacted] 1500 0400 0030 Central line flushed. Blue ports flushing easily, and able to draw back blood. White port flushes easily, but unable to draw back blood. Brown port not flushing. Brown and white ports heparinized. Ø c/o pain or tenderness. Site & dsg CDI [redacted]

b(6)-2 A11

# MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circular 40-5

SECTION I - PATIENT ASSESSMENT

DATE: 18Jan 04 | PATIENT ACUITY LEVEL: III | POST-OP DAY: 03/15 | HOSPITAL DAY: 66

**TRANSFER**

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

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

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

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

LOC _____ Neurovascular checks _____

Dressing/cast _____ Tubes _____

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

Medication _____

Other _____

Report From _____ Received By _____

**VITAL SIGNS**

| TIME: | 1200 | 2000 | 2200 | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP ARTERIAL LINE | — | | | | | | | | | | | | | | |
| BP CUFF | 98/60 | 82/46 | | | | | | | | | | | | | |
| TEMPERATURE | 97.8 | 101.1 | 99.4 | | | | | | | | | | | | |
| PULSE | 81 | 111 | | | | | | | | | | | | | |
| RESPIRATORY RATE | 14 | 16 | | | | | | | | | | | | | |
| OXYGEN (L/%) | — | | | | | | | | | | | | | | |
| PULSE OXIMETER | 97 | 99% | | | | | | | | | | | | | |
| O2 METHOD | NA | NA | | | | | | | | | | | | | |
| | | 2100 | | | | | | | | | | | | | |
| | | temp 101.8 | | | | | | | | | | | | | |

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

**PAIN**

| TIME: | 0730 | 2200 | | | | | | |
|---|---|---|---|---|---|---|---|---|
| PAIN INTENSITY (10 / 5 / 0) | 4 | | | | | | | |
| MED ADMINISTERED (Y/N) | Y | N | | | | | | |
| RELIEF ACCEPTABLE (Y/N) | Y | NA | | | | | | |

**OTHER**

| TIME: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| FINGER STICK GLUCOSE | | | | | | | | |
| INSULIN (Y/N) | | | | | | | | |

**SPECIAL NEEDS**

| TIME: | 0730 | 2200 | |
|---|---|---|---|
| *Skin breakdown prevention | | | |
| *Falls prevention protocol | | | |
| *Restraint protocol | | | |
| *Seizure precautions | | | |
| *Isolation precautions | | | |

YESTERDAY'S WEIGHT: _____

TODAY'S WEIGHT: _____

WEIGHT CHANGE: _____

*Per hospital policy.

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

PATIENT IDENTIFICATION

CIV [redacted]

b(6)-4

DIAGNOSIS: comp 5th metacarpal open (R) femur & (R) tibfx

DRG: _____ ADMISSION DATE: 12Nov03

LOS: _____ EXPECTED RELEASE: _____

CASE MANAGER: _____

PRIMARY CARE MANAGER: [redacted]

ISOLATION REQUIRED (Specify): b(6)-2

b/c w/ 2 A11

## SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

*DIRECTIONS: A check ✓ in the small box indicates patient assessment criteria have been MET. If all the stated criteria are not [redacted] explanation of abnormal findings will be noted in the appropriate column.*

| | TIME: 0730 INITIALS: [redacted] | TIME: 1500 INITIALS: [redacted] | TIME: 2300 INITIALS: [redacted] |
|---|---|---|---|
| **1. NEUROLOGICAL:** Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light. | ✓ | ✓ | ✓ |
| **2. CARDIOVASCULAR:** Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness *(See page 3 for extremity perfusion)* | ✓ | ✓ | ✓ |
| **3. PULMONARY:** Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds. | ✓ | ✓ | ✓ |
| **4. G.I.:** Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/swallowing. Denies constipation, diarrhea or rectal bleeding. | ✓ | ✓ | ✓ |
| **5. G.U.:** Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge. | ✓ | ✓ | ✓ |
| **6. MUSCULOSKELETAL:** Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia. | ☐ ↓ROM TO RLE D/T IMMOBILIZER | ☐ Immobilizer on RLE | ☐ Immobilizer to (R) LE. UPC crutches |
| **7. SKIN:** Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist. | ☐ 8cm incision to (R) knee c̄ intact sutures c̄ gauze dsg CDI | ☐ sutures CDI to RLE (knee) | ☐ Dsg Δ qd |
| **8. PAIN:** No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)* | ☐ c/o PAIN 7/10 well controlled c̄ ~~ad~~ PERCOCET | ✓ | ✓ |
| **9. PSYCHOSOCIAL:** Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others. | ✓ | ✓ | ✓ |

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

| | TIME: 0740 INITIALS: [redacted] | TIME: 1500 INITIALS: [redacted] | TIME: 2345 INITIALS: [redacted] |
|---|---|---|---|
| IV patency ✓ q 5 hr: | | | |
| IV site care provided: | | | flush |
| IV tubing changed: | | | |
| IV Site #1: LOCATION / CONDITION | RSC / OK | (R) SC / WNL | (R) SC / OK |
| IV Site #2: LOCATION / CONDITION | | | |
| Comments: | Flushed | | Medial port ⊕flush ⊕blood return; proximal ⊕flush; distal ⊕flush |

b(6)-2

## SECTION III - PATIENT INTERVENTIONS & TEACHING

**NEUROVASCULAR**

| SITE: REE TIME: | 0730 | 1500 | 2300 | | | |
|---|---|---|---|---|---|---|
| COLOR | P | P | P | | | |
| CAPILLARY REFILL | 1 | 1 | 1 | | | |
| TEMPERATURE | W | W | W | | | |
| EDEMA | 1 | 1 | 1 | | | |
| SENSATION | S | S | S | | | |
| MOTION | M | M | M | | | |
| PASSIVE FLEXION | 0 | 0 | 0 | | | |
| PERIPHERAL PULSE | 3 | 3 | 3 | | | |

LEGEND

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

**SAFETY**

| TIME: | 0730 | 1500 | 2300 |
|---|---|---|---|
| ID band visible/legible | [redacted] | | |
| Orient to environment prn | | | |
| Side rails (2/4) up | ✓ | | |
| Bed position low | | | |
| Call light within reach | | | |

**OTHER**

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

**DIET**

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| TYPE: REG | TYPE: | TYPE: REG |
| PERCENT CONSUMED: 90% | PERCENT CONSUMED: | PERCENT CONSUMED: 50 |
| HOW TOLERATED: WELL | HOW TOLERATED: | HOW TOLERATED: |
| ☑ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE | ☑ SELF ☐ ASSIST ☐ COMPLETE |

**ADLs**

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

**TEACHING**

| TIME: 0730 INITIALS: CB | TIME: 2300 INITIALS: | TIME: INITIALS: |
|---|---|---|
| CONTENT: PAIN CONTROL, ADLIB, CALL FOR ASSIST | CONTENT: • Call for assist • Pain control | CONTENT: |
| ☑ Patient/Family Verbalizes Understanding | ☑ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding |

| PATIENT IDENTIFICATION | INITIALS | SIGNATURE | SHIFT |
|---|---|---|---|
| CIU [redacted] b(6)-4 | [redacted] | [redacted] SGT, SIGNING | D |
| | | [redacted] SPC/SIGNING | N |

SECTION III - INTERVENTIONS & TEACHING (Cont)

| WOUND CARE | TIME | LOCATION OF WOUND | APPEARANCE | TREATMENTS AND DRESSING CHANGE |
|---|---|---|---|---|
| | 0730 | (R) KNEE | Ø ERYTHEMA Ø EDEMA SUTURES INTACT | WTD DSG A |
| | | | | |
| | | | | |
| | | | | |

SECTION IV - NOTES

18JAN04 @ 2100: Pt had a temp of 101.8, up ~~apt~~ .7 since 2000 VS. Was encouraged to ↑ PO intake as well as doing the incentive spirometer. PRN percocet given (per order) and attending physician was in surgery and unable to be notified; nursing supervisor given this info [redacted]

b(6) - 2



ACLU-RDI 1744 p.154

DOD-038583

# MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circular 40-5

SECTION I - PATIENT ASSESSMENT

DATE: 19JAN04 | PATIENT ACUITY LEVEL: III | POST-OP DAY: 66/64/53/37/37/24/16 | HOSPITAL DAY: 67

**TRANSFER**

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

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

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

Procedure Diagnosis _____ B.P _____ P _____ R _____ T _____

LOC _____ Neurovascular checks _____

Dressing cast _____ Fluids _____

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

Medication _____

Other _____

Report From _____ Received By _____

**VITAL SIGNS**

| TIME: | 400 | 1200 | 2000 |
|---|---|---|---|
| BP ARTERIAL LINE | | 101 | |
| BP CUFF | 82/44 | 60 | 94/44 |
| TEMPERATURE | 102.9 | 98.8 | 99.8 |
| PULSE | 121 | 98 | 100 |
| RESPIRATORY RATE | 16 | 16 | 16 |
| OXYGEN L/min | | — | |
| PULSE OXIMETER | 94 | 99% | 99% |
| O2 METHOD | RA | RA | RA |

Oxygen Methods Key: NC = Nasal cannula; VM = Venturi mask; NR = Non rebreather; RM = Rebreather mask; RA = Room air; FM = Face mask; AM = Aerosol mask; TC = Trach collar

**PAIN**

| TIME: | 0700 | 1200 | 2200 |
|---|---|---|---|
| PAIN INTENSITY | | | |
| MED ADMINISTERED Y/N | X N | X | X N |
| RELIEF ACCEPTABLE Y/N | Y | | NA |

**SPECIAL NEEDS**

| | 0700 | 2200 |
|---|---|---|
| | O3 | NA |

**OTHER**

TIME:

FINGER STICK GLUCOSE

INSULIN Y/N

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

PATIENT IDENTIFICATION:

CIV [redacted] b(6)-4

open (R) femur fx (R) tib fib 12/20/03

b(6)-2 [redacted]

MEDCOM - 24195

b(6)-2 A11

## SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

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

| | TIME: 0700 INITIALS: [redacted] | TIME: 1500 INITIALS: [redacted] | TIME: 2230 INITIALS: [redacted] |
|---|---|---|---|
| 1. NEUROLOGICAL: Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light. | ☑ | ☑ | ☑ |
| 2. CARDIOVASCULAR: Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)* | ☑ | ☑ | ☑ |
| 3. PULMONARY: Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds. | ☑ | ☑ | ☑ |
| 4. G.I.: Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/ swallowing. Denies constipation, diarrhea or rectal bleeding. | ☑ | ☑ | ☑ |
| 5. G.U.: Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge. | ☑ | ☑ | ☑ |
| 6. MUSCULOSKELETAL: Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia. | ☐ Ø ROM TO RLE D/T KNEE IMMOBILIZER | ☐ S/P surgery in knee immobilized | ☐ Ø ROM to RLE 2° to knee immobilizer Ptambt crutches |
| 7. SKIN: Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist. | ☐ INCISION TO (R) KNEE STAPLES INTACT Ø S/S INFECTION, DSG CDI | ☐ | ☐ DSG to (R) LE CDI |
| 8. PAIN: No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)* | ☐ PT DENIES | ☐ | ☐ see pg 1 |
| 9. PSYCHOSOCIAL: Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others. | ☑ | ☐ | ☑ |

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

| TIME: 0700 INITIALS: [redacted] | TIME: 1500 INITIALS: [redacted] | TIME: 2230 INITIALS: [redacted] |
|---|---|---|
| IV patency ✓ q 5 hr: | IV patency ✓ q hr: | IV patency ✓ q 8 hr: |
| IV site care provided: FLUSH X3 | IV site care provided: | IV site care provided: |
| IV tubing changed: | IV tubing changed: | IV tubing changed: |
| LOCATION / CONDITION | LOCATION / CONDITION | LOCATION / CONDITION |
| IV Site #1: (R) SC * / OK | IV Site #1: (R) SC / WNL | IV Site #1: (R) SC CL / OK* |
| IV Site #2: | IV Site #2: | IV Site #2: |
| Comments: HL | Comments: | Comments: HL |

b(6)-2

## SECTION III - PATIENT INTERVENTIONS & TEACHING

**NEUROVASCULAR**

| SITE: RLE TIME: | 0700 | 1800 | 2330 | | | |
|---|---|---|---|---|---|---|
| COLOR | P | P | P | | | |
| CAPILLARY REFILL | 2 | 2 | 1 | | | |
| TEMPERATURE | W | W | W | | | |
| EDEMA | 0 | 0 | 0 | | | |
| SENSATION | S | S | S | | | |
| MOTION | U | U | U | | | |
| PASSIVE FLEXION | 0 | 0 | 0 | | | |
| PERIPHERAL PULSE | 3 | 3 | 2 | | | |

LEGEND

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

**SAFETY / OTHER**

| TIME: | 0700 | 1800 | 2330 |
|---|---|---|---|
| ID band visible/legible | [redacted] | | |
| Orient to environment prn | | | |
| Side rails (2/4) up | | | |
| Bed position low | | | |
| Call light within reach | | | |
| | | | |
| Review & post lab results | | | |
| Notify MD abnormal labs | | | |
| | | | |
| Incontinent urine/stool | | | |
| Linen change prn | | | |
| Turn/reposition q2h | | | |
| ROM q2h if immobile | | | |
| Antiembolic hose | | | |

**DIET**

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| TYPE: 1 | TYPE: NPO | TYPE: Regular |
| PERCENT CONSUMED: | PERCENT CONSUMED: | PERCENT CONSUMED: |
| HOW TOLERATED: | HOW TOLERATED: | HOW TOLERATED: |
| ☐ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE |

**ADLs**

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

**TEACHING**

| TIME: 0700 INITIALS: [redacted] | TIME: 2230 INITIALS: [redacted] | TIME: INITIALS: |
|---|---|---|
| CONTENT: ↑ AD LIB PAIN CONTROL CALL FOR ASSIST | CONTENT: Call for assist Pain Management | CONTENT: |
| ☐ Patient/Family Verbalizes Understanding | ☑ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding |

| PATIENT IDENTIFICATION | INITIALS | SIGNATURE | SHIFT |
|---|---|---|---|
| b(6)-4 C[redacted] | [redacted] | [redacted] | D E N |

# MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circular 40-5

SECTION I - PATIENT ASSESSMENT

DATE: 20 Jan 04 | PATIENT ACUITY LEVEL: III | POST-OP DAY: 66/63/53/39/31/04/16 | HOSPITAL DAY: 67

**TRANSFER**

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

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

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

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

LOC _____ Neurovascular checks _____

Dressing/cast _____ Tubes _____

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

Medication _____

Other _____

Report From _____ Received By _____

**VITAL SIGNS**

| TIME: | 400 | 1130 | 2000 |
|---|---|---|---|
| BP ARTERIAL LINE | | | |
| BP CUFF | 103/54 | 106/62 | 96/48 |
| TEMPERATURE | 99.6 | 97.7 | 102.3 |
| PULSE | 109 | 106 | 120 |
| RESPIRATORY RATE | 16 | 16 | 16 |
| OXYGEN (L/%) | | — | |
| PULSE OXIMETER | 99 | 97% | 98% |
| O2 METHOD | RA | RA | RA |

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

**PAIN**

| TIME: | 1130 | 1500 | 2315 |
|---|---|---|---|
| PAIN INTENSITY (10 / 5 / 0) | | | |
| MED ADMINISTERED (Y/N) | Y | Y | Y/N |
| RELIEF ACCEPTABLE (Y/N) | | | |

**OTHER**

| TIME: | | | |
|---|---|---|---|
| FINGER STICK GLUCOSE | | | |
| INSULIN (Y/N) | | | |

**SPECIAL NEEDS**

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

YESTERDAY'S WEIGHT: _____

TODAY'S WEIGHT: _____

WEIGHT CHANGE: _____

*Per hospital policy.

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

PATIENT IDENTIFICATION

b(6)-4

C [redacted]

DIAGNOSIS: amp 5th metacarpal open ® femur fx ® tib fx

ADMISSION DATE: 12 Nov 03

EXPECTED RELEASE: _____

b(6)-4

[redacted]

MEDCOM - 24198

b(6)-2471

## SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

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

| | TIME: 1137 INITIALS [redacted] | TIME: 1500 INITIALS [redacted] | TIME: 2315 INITIALS [redacted] |
|---|---|---|---|
| **1. NEUROLOGICAL:** Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light. | ✓ | ✓ | ✓ |
| **2. CARDIOVASCULAR:** Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)* | ✓ | ✓ | ✓ |
| **3. PULMONARY:** Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds. | ✓ | ✓ | ✓ |
| **4. G.I.:** Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/ swallowing. Denies constipation, diarrhea or rectal bleeding. | ✓ | ✓ | ✓ |
| **5. G.U.:** Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge. | ✓ | ✓ | ✓ |
| **6. MUSCULOSKELETAL:** Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia. | ☐ ↓ ROM 2° knee immobilizer and injury to (L) knee | ☐ ↓ ROM to (R) LE Due to Fx to Femur and tibia. Knee immobilizer in place. 5th finger amputation (R) Hand | ☐ (R) ↓ ROM (R) LE 2° to splint and fx (immobilizer) |
| **7. SKIN:** Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist. | ☐ X TLC | ☐ (R) Subclavian TLC white Port no blood | ☐ X (R) LE |
| **8. PAIN:** No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)* | ☐ see pg 1 | ✓ Return | ✓ see pg 1 |
| **9. PSYCHOSOCIAL:** Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others. | ✓ | ✓ | ✓ |

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

| TIME: 1137 INITIALS [redacted] | TIME: 1500 INITIALS: [redacted] | TIME: 2315 INITIALS [redacted] |
|---|---|---|
| IV patency ✓ q 8 hr: PRN | IV patency ✓ q 8 hr: PRN | IV patency ✓ q ___ hr: |
| IV site care provided: Assessed | IV site care provided: | IV site care provided: |
| IV tubing changed: | IV tubing changed: | IV tubing changed: |
| LOCATION / CONDITION | LOCATION / CONDITION | LOCATION / CONDITION |
| IV Site #1: (R) SC / OK | IV Site #1: (R) SC / OK | IV Site #1: (R) SC / OK |
| IV Site #2: | IV Site #2: | IV Site #2: |
| Comments: Blood return x8 ports. (L) flush x 3 ports | Comments: All ports flush no blood Return in white Port | Comments: Flushed x3 ports Blood return x2 ports |

b(6)-2

## SECTION III - PATIENT INTERVENTIONS & TEACHING

**NEUROVASCULAR**

| SITE: (R) LE · TIME: | 1137 | | 2310 | | | |
|---|---|---|---|---|---|---|
| COLOR | P | P | P | | | |
| CAPILLARY REFILL | 1 | 1 | 1 | | | |
| TEMPERATURE | W | W | W | | | |
| EDEMA | Ø | Ø | Ø | | | |
| SENSATION | S | S | S | | | |
| MOTION | M | M | M | | | |
| PASSIVE FLEXION | — | — | / | | | |
| PERIPHERAL PULSE | 2 | 2 | 2 | | | |

**LEGEND**

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

**SAFETY**

| TIME: | 1137 | | 2310 |
|---|---|---|---|
| ID band visible/legible | [redacted] | | |
| Orient to environment prn | [redacted] | | |
| Side rails (2/4) up | [redacted] | | |
| Bed position low | | | |
| Call light within reach | | | |

**OTHER**

| | | | |
|---|---|---|---|
| Review & post lab results | [redacted] | | |
| Notify MD abnormal labs | [redacted] | | |
| | [redacted] | | |
| Incontinent urine/stool | [redacted] | | |
| Linen change prn | [redacted] | | |
| Turn/reposition q2h | [redacted] | | |
| ROM q2h if immobile | | 7 | |
| Antiembolic hose | | 6 | |

**DIET**

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| TYPE: Regular | TYPE: Reg | TYPE: |
| PERCENT CONSUMED: Pt's family brings food | PERCENT CONSUMED: — | PERCENT CONSUMED: |
| HOW TOLERATED: well | HOW TOLERATED: well | HOW TOLERATED: |
| ☒ SELF ☐ ASSIST ☐ COMPLETE | ☒ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE |

**ADLs**

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

**TEACHING**

| TIME: 1137 INITIALS: [redacted] | TIME: INITIALS: | TIME: 2310 INITIALS: [redacted] |
|---|---|---|
| CONTENT: Medications, Pain management | CONTENT: - Plan of Care - No Δ Dsg till 24 Jan | CONTENT: explained - pain management - call for assist |
| ☒ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding |

| PATIENT IDENTIFICATION | INITIALS | SIGNATURE | SHIFT |
|---|---|---|---|
| C b(6)-4 [redacted] | [redacted] | [redacted] RN | 0-7 |
| | | [redacted] RN | 2 |
| | | [redacted] | N |

SECTION III - INTERVENTIONS & TEACHING (Cont)

| WOUND CARE | TIME | LOCATION OF WOUND | APPEARANCE | TREATMENTS AND DRESSING CHANGE |
|---|---|---|---|---|
| | 1500 | (R) LE | covered c̄ gauze, ace wrap, & immobilizer | assessed |
| | 2310 | (R) LE | gauze wrap/ace wrap ODF c̄ immobilizer | assessed |
| | | | | |
| | | | | |

SECTION IV - NOTES

1500 - No c/o pain at this time, Pt Awake and Alert. Flushed TLC in (R) Subclavian 2 of 3 ports have blood return but all flush con't to monitor [redacted]

b(6)-2

# MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circular 40-5

SECTION I - PATIENT ASSESSMENT 67/65/54/49/38/25/17

DATE: 21 Jan 04 | PATIENT ACUITY LEVEL: II | POST-OP DAY: | HOSPITAL DAY: 68

**TRANSFER**

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

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

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

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

LOC _____ Neurovascular checks _____

Dressing/cast _____ Tubes _____

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

Medication _____

Other _____

Report From _____ Received By _____

**VITAL SIGNS**

| TIME: | 400 | 1200 | 2030 | 400 |
|---|---|---|---|---|
| BP ARTERIAL LINE | | | | |
| BP CUFF | 87/41 | 149/80 | 165/57 | 105/61 |
| TEMPERATURE | 98.2 | 99.0 | 100.1 | 97.4 |
| PULSE | 70 | 97 | 98 | 73 |
| RESPIRATORY RATE | | 16 | 16 | 14 |
| OXYGEN (L/%) | 99 | — | — | |
| PULSE OXIMETER | 99 | 99 | 100 | 99 |
| O2 METHOD | RA | — | RA | RA |

Oxygen Method Key: NC = Nasal cannula; NR = Non rebreather; FM = Face mask; VM = Venturi mask; VT = Vent; RB = Rebreather; A = Ventilator; TC = Trach collar

**PAIN**

| TIME | 2245 | 0400 |
|---|---|---|
| PAIN INTENSITY (10, 5, 0) | X | X |
| MED ADMINISTERED (Y/N) | N | Y |
| RELIEF ACCEPTABLE (Y/N) | | Y |

**SPECIAL NEEDS**

TIME 0615/1530

[redacted]

b(6)-2

[redacted]

YESTERDAY'S WEIGHT _____

TODAY'S WEIGHT _____

WEIGHT CHANGE _____

**OTHER**

| TIME: | |
|---|---|
| FINGER STICK GLUCOSE | |
| INSULIN (Y/N) | |

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

PATIENT IDENTIFICATION

C[redacted]

b(6)-4

open (R) femur fx, (R) tib/fib

ADMISSION DATE 12 NOV 03

b(6)-2

[redacted]

MEDCOM 7-24202

b(6)-2 A11

## SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

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

| | TIME: 0615 INITIAL [redacted] | ME: 1530 INITIAL [redacted] | ME: 2400 INIT [redacted] |
|---|---|---|---|
| **1. NEUROLOGICAL:** Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light. | ☑ | ☑ | ☑ |
| **2. CARDIOVASCULAR:** Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)* | ☑ | ☑ | ☑ |
| **3. PULMONARY:** Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds. | ☑ | ☑ | ☑ |
| **4. G.I.:** Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/ swallowing. Denies constipation, diarrhea or rectal bleeding. | ☑ | ☑ | ☑ |
| **5. G.U.:** Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge. | ☑ | ☑ | ☑ |
| **6. MUSCULOSKELETAL:** Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia. | ☐ ↓ROM 2° to knee immobilizer and (R) knee SIP surgery/injury | ☐ ↓ROM (R) knee 2° immobilizer, ↓ROM (R) hip 2° femoral forceps | ☐ ↓ROM (R) LE 2° to immobilizer |
| **7. SKIN:** Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist. | ☐ (R) subclav. CDI | ☑ | ☐ ↓ RLE |
| **8. PAIN:** No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)* | ☑ | ☑ | ☐ see pg 1 |
| **9. PSYCHOSOCIAL:** Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others. | ☑ | ☑ | ☑ |

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

| TIME: 0615 INITIALS: [redacted] | TIME: 1538 INITIALS: [redacted] | TIME: 0400 INITIAL [redacted] |
|---|---|---|
| IV patency ✓ q ___ hr: | IV patency ✓ q 8 hr: PRN | IV patency ✓ q ___ hr: |
| IV site care provided: | IV site care provided: assessed | IV site care provided: |
| IV tubing changed: | IV tubing changed: | IV tubing changed: |
| LOCATION / CONDITION | LOCATION / CONDITION | LOCATION / CONDITION |
| IV Site #1: (R) SC / CDI | IV Site #1: (R) SC / OK | IV Site #1: (R) SC / OK |
| IV Site #2: / pacer | IV Site #2: | IV Site #2: |
| Comments: | Comments: HL | Comments: HL |

b(6)-2

## SECTION III - PATIENT INTERVENTIONS & TEACHING

**NEUROVASCULAR**

| SITE: RLE TIME: | 0615 | 1530 | 2400 | | | |
|---|---|---|---|---|---|---|
| COLOR | P | P | P | | | |
| CAPILLARY REFILL | 1 | 1 | 1 | | | |
| TEMPERATURE | W | W | W | | | |
| EDEMA | 0 | 0 | 0 | | | |
| SENSATION | S | S | S | | | |
| MOTION | M | Immobilized | M-toes | | | |
| PASSIVE FLEXION | — | | — | | | |
| PERIPHERAL PULSE | 2+ | 2+ | 2P | | | |

LEGEND

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

**SAFETY**

| TIME: | 0615 | 1530 | 2400 | | | |
|---|---|---|---|---|---|---|
| ID band visible/legible | [redacted] | | | | | |
| Orient to environment pr | [redacted] | | | | | |
| Side rails (2/4) up | [redacted] | | | | | |
| Bed position low | | | | | | |
| Call light within reach | | | | | | |

**OTHER**

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

**DIET**

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| TYPE: Regular | TYPE: Regular | TYPE: Reg |
| PERCENT CONSUMED: | PERCENT CONSUMED: | PERCENT CONSUMED: |
| HOW TOLERATED: | HOW TOLERATED: | HOW TOLERATED: |
| ☐ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE |

**ADLs**

| | 0700-1500 | 1500-2300 | 2300-0700 |
|---|---|---|---|
| BATH/ORAL CARE | ☒ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL | ☒ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL | ☒ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL |
| TYPE OF ACTIVITY (Circle all that apply) | BEDREST AMBULATE BSC BRP CHAIR ☐ SELF ☐ ASSIST # TIMES/SHIFT | BEDREST AMBULATE BSC BRP CHAIR ☐ SELF ☒ ASSIST # TIMES/SHIFT | BEDREST AMBULATE BSC BRP CHAIR ☒ SELF ☐ ASSIST # TIMES/SHIFT b(6)-2 |

**TEACHING**

| TIME: INITIALS: | TIME: 1539 INITIALS [redacted] | TIME: 2400 INITIALS [redacted] |
|---|---|---|
| CONTENT: Pain mgmt | CONTENT: 1.) Pain management | CONTENT: explained - call for assist - pain management |
| ☒ Patient/Family Verbalizes Understanding | ☒ Patient/Family Verbalizes Understanding | ☒ Patient/Family Verbalizes Understanding |

| PATIENT IDENTIFICATION | INITIALS | SIGNATURE | SHIFT |
|---|---|---|---|
| b(6)-4 [redacted] | [redacted] | b(6)-2 | D |
| | | LCTAN | E |
| | | [redacted] | N |

MEDCOM FORM 689-R (TEST) (MCHO) MAR 99 Page 3 [redacted]

MEDCOM - 24204

SECTION III - INTERVENTIONS & TEACHING (Cont)

| WOUND CARE | TIME | LOCATION OF WOUND | APPEARANCE | TREATMENTS AND DRESSING CHANGE |
|---|---|---|---|---|
| | 2400 | RLE | ace wrap CDI & Knee immobilizer | Ø |
| | | | | |
| | | | | |
| | | | | |

SECTION IV - NOTES

# MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circular 40-5

SECTION I - PATIENT ASSESSMENT 68/66/56/42/44

DATE: 22 Jan 04 | PATIENT ACUITY LEVEL: II | POST-OP DAY: 26/18 | HOSPITAL DAY: 69

**TRANSFER**

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

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

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

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

LOC _____ Neurovascular checks _____

Dressing cast _____ Tubes _____

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

Medication _____

Other _____

Report From _____ Received By _____

**VITAL SIGNS**

| TIME: | 0000 | 400 | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP ARTERIAL LINE | 105 | | | | | | | | | | | | | |
| BP CUFF | 62 | 100/56 | | | | | | | | | | | | |
| TEMPERATURE | 99 | 97.2 | | | | | | | | | | | | |
| PULSE | 79 | 90 | | | | | | | | | | | | |
| RESPIRATORY RATE | 16 | 18 | | | | | | | | | | | | |
| OXYGEN (L/%) | | | | | | | | | | | | | | |
| PULSE OXIMETER | 100% | 99 | | | | | | | | | | | | |
| O2 METHOD | RA | RA | | | | | | | | | | | | |

Oxygen Method Key: NC = Nasal cannula NR = Non rebreather FM = Face mask VM = Venturi mask VT = Vent tent BP = Partial rebreather A = Aerosol TC = Trach collar

**PAIN**

| TIME: | 0830 | 2000 | 2310 |
|---|---|---|---|
| PAIN INTENSITY (10 / 5 / 0) | X | | |
| MED ADMINISTERED (Y/N) | Y #10c | X | N |
| RELIEF ACCEPTABLE (Y/N) | Y | | |

**SPECIAL NEEDS**

TIME

[illegible]

YESTERDAY'S WEIGHT _____

TODAY'S WEIGHT _____

WEIGHT CHANGE _____

**OTHER**

| TIME: | | | |
|---|---|---|---|
| FINGER STICK GLUCOSE | | | |
| INSULIN (Y/N) | | | |

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

PATIENT IDENTIFICATION

b(6)-4

[redacted]

open (R) femur fx (R) tib/fib

ADMISSION DATE 12 NOV 03

[redacted]

b(6)-2

MEDCOM - 24206

b 1(a)-2 A11

## SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

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

| | TIME: 0830 INITIALS: [redacted] | TIME: 2041 INITIALS: [redacted] | TIME: 2310 INITIALS: [redacted] |
|---|---|---|---|
| 1. NEUROLOGICAL: Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light. | ☑ | ☑ | ☑ |
| 2. CARDIOVASCULAR: Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)* | ☑ | ☑ | ☑ |
| 3. PULMONARY: Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds. | ☑ | ☑ | ☑ |
| 4. G.I.: Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/ swallowing. Denies constipation, diarrhea or rectal bleeding. | ☑ | ☑ | ☑ |
| 5. G.U.: Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge. | ☑ | ☑ | ☑ |
| 6. MUSCULOSKELETAL: Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia. | ☑ ↓ ROM RLE pain 5-10 | ☐ (R) Knee immobilized 2° femur fx. | ☐ ↓ ROM RLE 2° knee immobilization |
| 7. SKIN: Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist. | ☑ (R) Sub clavicle | ☐ (R) SL IV. | ☐ ⊠ RLE |
| 8. PAIN: No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)* | ☑ | ☑ | ☑ |
| 9. PSYCHOSOCIAL: Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others. | ☑ | ☑ | ☑ |

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

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| TIME: 0835 | INITIALS: [redacted] | | TIME: 2042 | INITIALS: [redacted] | | TIME: 0730 | INITIALS: [redacted] | |
| IV patency ✓ q ___ hr: | | | IV patency ✓ q 8 hr: PRN | | | IV patency ✓ q ___ hr: | | |
| IV site care provided: | | | IV site care provided: assessed | | | IV site care provided: | | |
| IV tubing changed: | | | IV tubing changed: | | | IV tubing changed: | | |
| | LOCATION | CONDITION | | LOCATION | CONDITION | | LOCATION | CONDITION |
| IV Site #1: | (R) SC clav | COF | IV Site #1: | (R) SL | OK | IV Site #1: | (R) SC | OK |
| IV Site #2: | | | IV Site #2: | | | IV Site #2: | | |
| Comments: | | | Comments: SL | | | Comments: SL | | |

b(6)-2 All unless otherwise marked

## SECTION III - PATIENT INTERVENTIONS & TEACHING

**NEUROVASCULAR**

| SITE: RLE | TIME: 0830 | 2030 | 2310 | | | |
|---|---|---|---|---|---|---|
| COLOR | P | P | P | | | |
| CAPILLARY REFILL | 2 | 1 | 1 | | | |
| TEMPERATURE | W | W | W | | | |
| EDEMA | Ø | Ø | Ø | | | |
| SENSATION | S | S | S | | | |
| MOTION | P | P | P | | | |
| PASSIVE FLEXION | P | / | / | | | |
| PERIPHERAL PULSE | P | 2+ | 2P | | | |

LEGEND

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

**SAFETY**

| TIME: | | 2030 | 2310 |
|---|---|---|---|
| ID band visible/legible | [redacted] | | |
| Orient to environment prn | | | |
| Side rails (2/4) up | | | |
| Bed position low | | | |
| Call light within reach | | | |

**OTHER**

| | | | |
|---|---|---|---|
| Review & post lab results | [redacted] | | |
| Notify MD abnormal labs | | | |
| | | | |
| Incontinent urine/stool | | | |
| Linen change prn | | | |
| Turn/reposition q2h | | | |
| ROM q2h if immobile | | | |
| Antiembolic hose | N | ✓ | |

**DIET**

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| TYPE: Regular | TYPE: Regular | TYPE: Reg |
| PERCENT CONSUMED: 100% | PERCENT CONSUMED: 100% | PERCENT CONSUMED: 100% |
| HOW TOLERATED: well | HOW TOLERATED: well | HOW TOLERATED: well |
| ☒ SELF ☐ ASSIST ☐ COMPLETE | ☒ SELF ☐ ASSIST ☐ COMPLETE | ☒ SELF ☐ ASSIST ☐ COMPLETE |

**ADLs**

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

**TEACHING**

| TIME: 0800 | TIME: 2030 | TIME: 2310 |
|---|---|---|
| INITIALS: [redacted] | INITIALS: [redacted] | INITIALS: [redacted] |
| CONTENT: Pain Control | CONTENT: 1) Call for assist PRN | CONTENT: explained - pain management - call for assist |
| ☒ Patient/Family Verbalizes Understanding | ☒ Patient/Family Verbalizes Understanding | ☒ Patient/Family Verbalizes Understanding |

| PATIENT IDENTIFICATION | INITIALS | SIGNATURE | SHIFT |
|---|---|---|---|
| b(6)-4 [redacted] | [redacted] | [redacted] | M |
| | | ICTAN | E |
| | | 2CT/AN | N |

SECTION III - INTERVENTIONS & TEACHING (Cont)

| WOUND CARE | TIME | LOCATION OF WOUND | APPEARANCE | TREATMENTS AND DRESSING CHANGE |
|---|---|---|---|---|
| | 08 | R LE | CDT | none |
| | 2310 | RLE | ace wrap c̄ immobilizer DI | ∅ |
| | | | | |
| | | | | |

SECTION IV - NOTES

22 Jan @ 1615 Pt Resting in Bed, no Complaints or questions @ this time. Pain well Controlled c̄ meds. SP[redacted] RWM6

b(6)-2

MEDICAL RECORD - PATIENT ACTIVITIES FLOW SHEET

For use of this form, see MEDCOM Circular 40-5

SECTION I - PATIENT ASSESSMENT 69/60/56/43/41

| DATE: 23 Jan 04 | PATIENT ACUITY LEVEL: | POST-OP DAY: 27/19 | HOSPITAL DAY: 70 |
|---|---|---|---|

**TRANSFER**

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

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

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

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

LOC _____ Neurovascular checks _____

Dressing/cast _____ Tubes _____

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

Medication _____

Other _____

Report From _____ Received By _____

**VITAL SIGNS**

| TIME: | 1200 | 2000 | 2050 | 1020 | 0900 | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP ARTERIAL LINE | | — | | | | | | | | | | | | | | |
| BP CUFF | 130/70 | 81/49 | 84/43 | 94/56 | 115/63 | | | | | | | | | | | |
| TEMPERATURE | 97.7 | 100.1 | 100.1 | 100.1 | 101.4 | | | | | | | | | | | |
| PULSE | 66 | 107 | 103 | 102 | 102 | | | | | | | | | | | |
| RESPIRATORY RATE | 14 | 14 | 16 | 16 | 15 | | | | | | | | | | | |
| OXYGEN (L/%) | — | — | — | | | | | | | | | | | | | |
| PULSE OXIMETER | 98 | 99 | 99 | 100 | 98 | | | | | | | | | | | |
| O2 METHOD | NR | [redacted] | | | | | | | | | | | | | | |

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

**PAIN**

| TIME: | 0900 | 1500 | 2000 | | | | | |
|---|---|---|---|---|---|---|---|---|
| PAIN INTENSITY (10 / 5 / 0) | X | X | X | | | | | |
| MED ADMINISTERED (Y/N) | Y | N | | | | | | |
| RELIEF ACCEPTABLE (Y/N) | Y | Y | | | | | | |

**OTHER**

| TIME: | 0900 | 1500 | 2300 | | | | | |
|---|---|---|---|---|---|---|---|---|
| FINGER STICK GLUCOSE | N | N | N | | | | | |
| INSULIN (Y/N) | N | N | N | | | | | |

**SPECIAL NEEDS**

| TIME: | 0900 | 1500 | 2300 |
|---|---|---|---|
| *Skin breakdown prevention | [redacted] | | |
| *Falls prevention protocol | [redacted] | | |
| *Restraint protocol | [redacted] | | |
| *Seizure precautions | [redacted] | | |
| *Isolation precautions | [redacted] | | |
| b(6)-2 | | | |

YESTERDAY'S WEIGHT: _____

TODAY'S WEIGHT: _____

WEIGHT CHANGE: _____

*Per hospital policy.

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

PATIENT IDENTIFICATION

C[redacted]

b(6)-4

DIAGNOSIS: Open (R) femur fx (R) tib/fib

DRG: — ADMISSION DATE: 12 Nov 03

LOS: — EXPECTED RELEASE: —

CASE MANAGER: b(6)-2

PRIMARY CARE MANAGER: [redacted]

ISOLATION REQUIRED (Specify): —

b(6)-2 A11

## SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

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

| | TIME: 0900 INITIALS: [redacted] | TIME: 1500 INITIALS: [redacted] | TIME: [redacted] INITIALS: 2230 |
|---|---|---|---|
| **1. NEUROLOGICAL:** Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light. | ✓ | ✓ | ✓ |
| **2. CARDIOVASCULAR:** Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)* | ✓ | ✓ | ✓ |
| **3. PULMONARY:** Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds. | ✓ | ✓ | ✓ |
| **4. G.I.:** Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/ swallowing. Denies constipation, diarrhea or rectal bleeding. | ✓ | ✓ | ✓ |
| **5. G.U.:** Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge. | ✓ | ✓ | ✓ |
| **6. MUSCULOSKELETAL:** Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia. | ✓ | ✓ | ✓ |
| **7. SKIN:** Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist. | ✓ (R) Subclavicular line. | ✓ (R) Subclav. line | ✓ SKIN GOOD |
| **8. PAIN:** No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)* | ✓ Pt c/o pain 8/10. Pain. given 0/10 post med. | ✓ No c/o pain at the time. | ✓ denies pain |
| **9. PSYCHOSOCIAL:** Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others. | ✓ | ✓ | ✓ |

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

| TIME: 0900 INITIALS: [redacted] | TIME: 1500 INITIALS: [redacted] | TIME: 2300 INITIALS: [redacted] |
|---|---|---|
| IV patency ✓ q ___ hr: | IV patency ✓ q ___ hr: | IV patency ✓ q ___ hr: |
| IV site care provided: Cleaned area | IV site care provided: Cleaned site | IV site care provided: No access |
| IV tubing changed: N/A | IV tubing changed: N/A | IV tubing changed: |
| LOCATION / CONDITION | LOCATION / CONDITION | LOCATION / CONDITION |
| IV Site #1: (R) Sub clav. * OK | IV Site #1: (R) Sub clav * OK | IV Site #1: |
| IV Site #2: | IV Site #2: | IV Site #2: |
| Comments: | Comments: | Comments: |

b(6)-2 A11

## SECTION III - PATIENT INTERVENTIONS & TEACHING

### NEUROVASCULAR

| SITE: TIME: | 0800 | 1500 | 2300 | | | |
|---|---|---|---|---|---|---|
| COLOR | P | P | P | | | |
| CAPILLARY REFILL | 1 | 1 | 1 | | | |
| TEMPERATURE | W | W | W | | | |
| EDEMA | 2 | 2 | 2 | | | |
| SENSATION | S | S | S | | | |
| MOTION | M | M | M | | | |
| PASSIVE FLEXION | 0 | 0 | 0 | | | |
| PERIPHERAL PULSE | 2 | 2 | 2 | | | |

**LEGEND**

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

### SAFETY

| TIME: | 0800 | 1500 | 2300 |
|---|---|---|---|
| ID band visible/legible | [redacted] | | |
| Orient to environment prn | | | |
| Side rails (2/4) up | | | |
| Bed position low | | | |
| Call light within reach | | | |

### OTHER

| | | | |
|---|---|---|---|
| Review & post lab results | N/A | N/A | I |
| Notify MD abnormal labs | N/A | N/A | I |
| | | | |
| Incontinent urine/stool | N/A | N/A | N/A |
| Linen change prn | [redacted] | | |
| Turn/reposition q2h | | | |
| ROM q2h if immobile | | | |
| Antiembolic hose | N/A | N/A | N/A |
| | | | |
| | | | |
| | | | |

### DIET

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| TYPE: Regular | TYPE: Regular | TYPE: Reg |
| PERCENT CONSUMED: 70% | PERCENT CONSUMED: 30% | PERCENT CONSUMED: 70% |
| HOW TOLERATED: Well | HOW TOLERATED: Well | HOW TOLERATED: Well |
| ☒ SELF ☐ ASSIST ☐ COMPLETE | ☒ SELF ☐ ASSIST ☐ COMPLETE | ☒ SELF ☐ ASSIST ☐ COMPLETE |

### ADLs

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

### TEACHING

| TIME: INITIALS: | TIME: INITIALS: | TIME: 2300 INITIALS: [redacted] |
|---|---|---|
| CONTENT: Pain control | CONTENT: Pain control | CONTENT: pain control Monitor VS PPP/bilat |
| ☐ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding |

| PATIENT IDENTIFICATION | INITIALS | SIGNATURE | SHIFT |
|---|---|---|---|
| | [redacted] | 9/WMG | Day |
| | | 9/WMG | Day |
| | | 2LT/AN | N |

SECTION III - INTERVENTIONS & TEACHING (Cont)

| WOUND CARE | TIME | LOCATION OF WOUND | APPEARANCE | TREATMENTS AND DRESSING CHANGE |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SECTION IV - NOTES

23 Jan 04 @ 2300 NM Note – 2000 VS = 81/49 BP, 100.1 temp, 103 pulse. Pt lwaluated and asymptomatic. MD notified gave verbal order for NS bolus. Pt has no IV access. Pt refused IV access, Interpreter called explained to pt need for IV – pt continues to refuse. BPQ 2220 94/56 bp, 100.2 temp, 107 p. Pt encouraged to drink Water, will pass to Am shift. [redacted]

b(4)-2

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

MEDICAL RECORD - PATIENT ACTIVITIES FLOW SHEET
For use of this form, see MEDCOM Circular 40-5

SECTION I - PATIENT ASSESSMENT 70/68/57/44/42

DATE: 24 Jan 04 | PATIENT ACUITY LEVEL: II | POST-OP DAY: 28/20 | HOSPITAL DAY: 71

**TRANSFER**

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

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

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

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

LOC _____ Neurovascular checks _____

Dressing/cast _____ Tubes _____

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

Medication _____

Other _____

Report From _____ Received By _____

**VITAL SIGNS**

| TIME: | 0630 | 0730 | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP ARTERIAL LINE | / | / | | | | | | | | | | | | | | |
| BP CUFF | | | | | | | | | | | | | | | | |
| TEMPERATURE | 100.1° | 99.7 | | | | | | | | | | | | | | |
| PULSE | | | | | | | | | | | | | | | | |
| RESPIRATORY RATE | | | | | | | | | | | | | | | | |
| OXYGEN (L/%) | | | | | | | | | | | | | | | | |
| PULSE OXIMETER | | | | | | | | | | | | | | | | |
| O2 METHOD | | | | | | | | | | | | | | | | |

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

**PAIN**

| TIME: | 0755 | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| PAIN INTENSITY (10 / 5 / 0) | | | | | | | | |
| MED ADMINISTERED (Y/N) | N | | | | | | | |
| RELIEF ACCEPTABLE (Y/N) | N | | | | | | | |

**OTHER**

| TIME: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| FINGER STICK GLUCOSE | | | | | | | | |
| INSULIN (Y/N) | | | | | | | | |

**SPECIAL NEEDS**

| TIME: | 0755 | | |
|---|---|---|---|
| *Skin breakdown prevention | [redacted] | b6-2 | |
| *Falls prevention protocol | | | |
| *Restraint protocol | | | |
| *Seizure precautions | | | |
| *Isolation precautions | | | |

YESTERDAY'S WEIGHT: _____

TODAY'S WEIGHT: _____

WEIGHT CHANGE: _____

*Per hospital policy.

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

PATIENT IDENTIFICATION

C [redacted]

b(6)-4

DIAGNOSIS: Open (R) femur fx tib/fib

DRC: _____ ADMISSION DATE: 12 Nov 03

LOS: _____ EXPECTED RELEASE: _____

CASE MANAGER: _____

PRIMARY CARE MANAGER: [redacted]

ISOLATION REQUIRED (Specify): b(6)-2

## - I - PATIENT ASSESSMENT - REVIEW OF SYS

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

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

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

| TIME: _____ INITIALS: _____ | TIME: _____ INITIALS: _____ | TIME: _____ INITIALS: _____ |
|---|---|---|
| IV patency ✓ q ___ hr: _____ | IV patency ✓ q ___ hr: _____ | IV patency ✓ q ___ hr: _____ |
| IV site care provided: _____ | IV site care provided: _____ | IV site care provided: _____ |
| IV tubing changed: _____ | IV tubing changed: _____ | IV tubing changed: _____ |
| LOCATION CONDITION | LOCATION CONDITION | LOCATION CONDITION |
| IV Site #1: _____ _____ | IV Site #1: _____ _____ | IV Site #1: _____ _____ |
| IV Site #2: _____ _____ | IV Site #2: _____ _____ | IV Site #2: _____ _____ |
| Comments: no IV access | Comments: | Comments: |

## SECTION III - PATIENT INTERVENTIONS & TEACHING

b(6)-2

### NEUROVASCULAR

| SITE: R Foot | TIME: 0755 |
|---|---|
| COLOR | P |
| CAPILLARY REFILL | 1 |
| TEMPERATURE | W |
| EDEMA | 0 |
| SENSATION | S |
| MOTION | M |
| PASSIVE FLEXION | NA |
| PERIPHERAL PULSE | 2. |

**LEGEND**

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

### SAFETY

| | TIME: 0755 |
|---|---|
| ID band visible/legible | [redacted] |
| Orient to environment prn | ✓ |
| Side rails (2/4) up | ✓ |
| Bed position low | ✓ |
| Call light within reach | ✓ |

### OTHER

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

### DIET

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| TYPE: Reg | TYPE: | TYPE: |
| PERCENT CONSUMED: | PERCENT CONSUMED: | PERCENT CONSUMED: |
| HOW TOLERATED: | HOW TOLERATED: | HOW TOLERATED: |
| ☑ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE |

### ADLs

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

### TEACHING

| TIME: 0755 INITIALS: | TIME: INITIALS: | TIME: INITIALS: |
|---|---|---|
| CONTENT: Plan of care | CONTENT: | CONTENT: |
| ☐ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding |

| PATIENT IDENTIFICATION | INITIALS | SIGNATURE | SHIFT |
|---|---|---|---|
| b(6)-4 C[redacted] | [redacted] | b(6)-2 | D |
| | | | |
| | | | |

SECTION III - INTERVENTIONS & TEACHING (Cont)

| WOUND CARE | TIME | LOCATION OF WOUND | APPEARANCE | TREATMENTS AND DRESSING CHANGE |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SECTION IV - NOTES

24 Jan 04 @ 0155 Pt stable abt & awake ϕ complaints and ambulating c crutches s preflows — [redacted]
24 Jan 04 0910 Patient DC to home, ambulatory c crutches, VS stable, DC summary, orders, and instruction complete. Rx Levofloxacin, Percocet, Bantracin filled — [redacted]

b(6)-2 A11

| MEDICAL RECORD | PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT<br>FOR Use this form. See AR 40-407; the Proponent agency is The Office of the Surgeon General. |
|---|---|
| 1. AGE 31<br>HEIGHT:<br>WEIGHT: | 2. KNOWN ALLERGIC SENSITIVITIES (e.g.. Iodin, Tape, Medication)<br>[X] NKDA ☐ PCN ☐ LATEX ☐ IODINE ☐ TAPE ☐ FOOD<br>REACTION:<br>3. PREVIOUS SURGERY [ ] NO [X] YES (type):<br>Ex Fix Placement |

4. PROPOSED SURGICAL PROCEDURE:
I + D of Wounds

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition Open fx's
Tobacco ? ppd X___ vrs Body Piercing ✓ Diabetes (Y) (N) ROM ↓ (R) leg (R) Hand ASA/Motrin W 72hrs (Y) (N)
ETOH ___ Implants ✓ Respiratory Disease (Asthma COPD) (Y) (N) Anticoagulants (Y) (N)
Glasses/Contact (Y) (N) Dentures ✓ Hypertension (Y) (N) Herbal Medicines (Y) (N) MEDS: see chart

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

9. PATIENT'S IDENTIFICATION: ( For typed or written entries give: Name-last, first, middle; grade, data; hospital or medical facility)
[redacted] b(6)-4
[redacted]
13 NOV 03 b(2)-2

**VERIFICATIONS AT HOLDING AREA:**
! ID/Allergy Band ✓ ! Dentures Removed
! H & P ✓ ! Contacts Removed
! NPO Since MN ! Jewelry Removed
! ~~UHCG/LMP~~ ! Body Pierce Removed
! Consent/Blood Transfusion Signed/Witnessed/Dated ~~Ø~~
! Surgical Site/Consent verified by ~~Ø~~ Pt./Anesthesia/Surgeon
! Contact precautions (Y) (N)
! Family/Friend: ✓

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

[redacted] TE D/ADDITIONAL INTRAOPERATIVE INTERVENTIONS NOTED.

[redacted] PA/AN 13 NOV 03 DATE

[redacted] POSTOPERATIVE EVALUATION : SKIN INTEGRITY: Boyle Pad Site: ☒ Clean and Dry ☐ Red ☐ N/A DRESSING DRY & INTACT: (Y) (N)

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

LEVEL OF ACTIVITY: ☒ MOVES ALL EXTREMITIES ☐ Moves Upper Extremities ☐ Transferred to Litter With ~~roller due to spinal~~ drawsheet BREATHING EASY: (Y) (N)

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

13. POSTOPERATIVE EVALUATION PREPARED [redacted]

DATE: 13 NOV 03 TIME: 0850 13 NOV 03 TIME: 1305

REVERS OF FORM 5179, JUN 91 USAPA V1.0

b(6)-2

MEDCOM - 24219

| MEDICAL RECORD | INTRAOPERATIVE DOCUMENT<br>For use of this form, see AR 40-66, the proponent agency is the office of The Surgeon General. |
|---|---|

PATIENT TRANSPORTED TO OPERATING ROOM
IA BY
DATE TIME PATIENT ARRIVED IN SUITE

2. PATIENT IDENTIFIED, [redacted] PROCEDURE
VERIFIED BY CPT, AA
4. PATIENT IN ROO[redacted]
TIME b(6)-2 NUMBER 2

5. PREOPERATIVE EMOTIONAL STATUS

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

OMMENTS:

6. NURSING PERSONNEL

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

POSITION AND POSITIONAL AIDS *(Specify)* Head to towel. Arms abd <90° to padded armboards, legs straight, bed padded. Position approved by Surgeon.

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

OMMENTS

8. SKIN PREPARATION

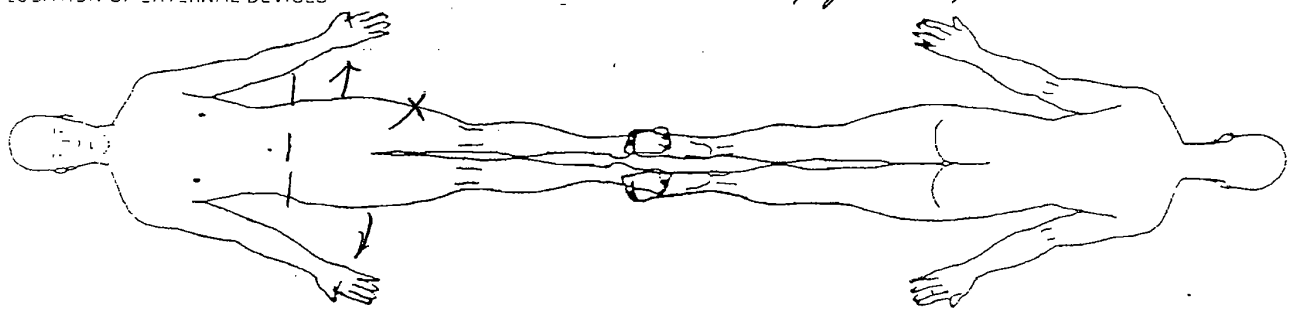
AIR REMOVAL ☒ YES ☐ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

PREP SOLUTION *(Specify)* Betadine / Betadine
SITE: (L) leg BY WHOM: CPT [redacted]
SITE: (R) hand BY WHOM: SSG [redacted]

OMMENTS.

COMMENTS: ϕpool / ϕpow b(6)-2

LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect

| COUNTS | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|
| [illegible]ge | ☒ Yes ☐ No | | | | | |
| [illegible]dle Sharp | ☒ Yes ☐ No | | C | C | | |
| [illegible]strument | ☐ Yes ☒ No | | | | | |
| [illegible]ther | ☐ Yes ☐ No | | | | | |

b(6)-2

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

EPW # [redacted] b(6)-4

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

☒ ESU NO: B
GROUND PAD: BRAND 3M
LOT NO: 1494-11CZ

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

MEDCOM - 24220

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

14. MEDICATIONS/ORDERS

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

| MEDICATIONS SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |

WOUND IRRIGATION ☒ YES ☐ NO. TYPE(S): NSS

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMENS YES ☐ NO ☐ | NAME | NAME |
| FROZEN SECTIONS YES ☐ NO ☐ | NAME | NAME |
| CULTURE ON YES ☐ NO ☐ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS, PACKING YES ☒ NO ☐

| | | | |
|---|---|---|---|
| TYPE SIZE | 1. 16 Fr foley | 2. 5/8" Penrose | 3. |
| SITE | 1. bladder | 2. (R) knee | 3. |

18. DRESSING/IMMOBILIZATION (Specify)
Xeroform
Kerlex
ACE

19. ADDITIONAL INFORMATION

WC II

Surgeon: Bal
Asst: Ward
Anes: Bella Isla

Bovie pad site
Clear postop

20. OPERATION(S) PERFORMED

I&D of (R) 5th digit. (R) hand Ex fix

| 21. PATIENT TRANSFERRED TO | TIME | METHOD |
|---|---|---|
| PACU | 0545 | Litter |

22. REGISTERED NURSE SIGNATURE
b(6)-2 [redacted] CPT, AN

REVERSE OF DA FORM 5179-1, OCT 7 USAPA V1.0

MEDCOM - 24221

**MEDICAL RECORD** — **INTRAOPERAT[illegible] DOCUMENT**

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

1. PATIENT TRANSPORTED TO OPERATING [illegible]OOM
VIA ~~litter~~ gurney BY Anesthesia

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

3. DATE 13 NOV 03 TIME PATIENT ARRIVED IN SUITE 1153

4. PATIENT IN ROOM TIME 1153 NUMBER 1-3

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: NKA

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | PFC [redacted] 910 b(6)-2 | RELIEF SCRUB | Ø |
| ASSIGNED CIRCULATOR | CPT [redacted] 66E | RELIEF CIRCULATOR | Ø |

7. POSITION AND POSITIONAL AIDS *(Specify)* Pt on padded OR Bed, Head on Foam Doughnut, Arms extended out to sides <90° in CAP secured to padded armboards c safety straps.

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

COMMENTS: correct body alignment maintained

8. SKIN PREPARATION

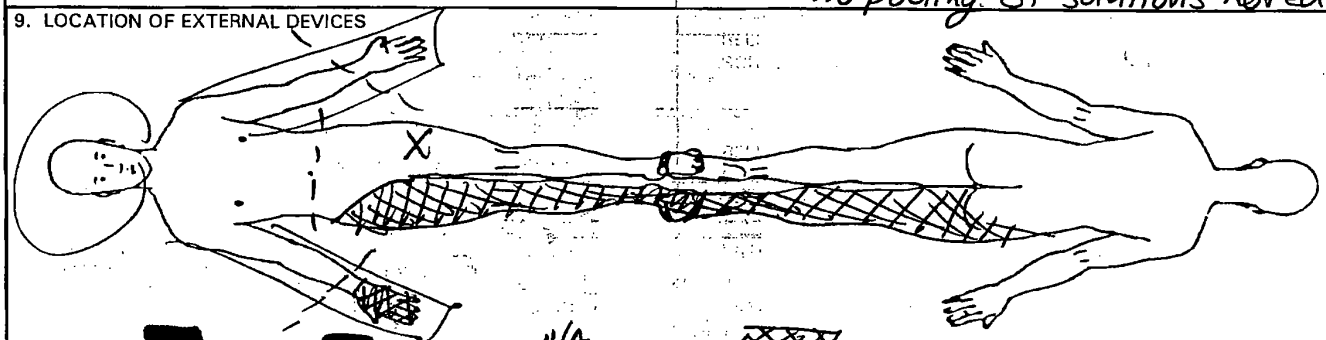
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

PREP SOLUTION *(Specify)* Beta/Beta
SITE: RLE + (R) hand BY WHOM: CPT [redacted]
SITE: BY WHOM:

COMMENTS:

COMMENTS: no pooling of solutions noted.

9. LOCATION OF EXTERNAL DEVICES



LEGEND [redacted] ound Pad [redacted] afety Strap N/A Tourniquet ▨ -prep area

C = Correct I = Incorrect

10. COUNTS

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☐ Yes | ☐ No | | | | | |
| Needle Sharp | ☐ Yes | ☐ No | C | | C | [redacted] | CPT [redacted] |
| Instrument | ☐ Yes | ☐ No | | | | | |
| Other | ☐ Yes | ☐ No | | | | | |

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

# [redacted] b(6)-4
[redacted]
13 NOV 03 b(2)-2

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

☒ ESU NO: R8E-105035
GROUND PAD: BRAND Valleylab Polyhesive II REM
LOT NO: 70337/2005-05

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

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

MEDCOM - 24222

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

14. MEDICATIONS/ORDERS

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

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. 3/8" penrose | 2. | 3. |
| SITE | 1. leg wound | 2. | 3. |

18. DRESSING/IMMOBILIZATION (Specify)
moist Kerlex roll c̄ NaCl
Kerlex Fluffs, Kerlex Roll,
ACE wrap.
(R)SF 2x2 plain sponges - 1" Conform gauze roll.

19. ADDITIONAL INFORMATION · WC-TV
Surgeon: Dr [redacted] b(6)-2
Anesthesia: Gen/LMA-CPT [redacted] CRNA

DA5179 done

20. OPERATION(S) PERFORMED
I+D (R)LE wounds, Ex fix adjustment, (R)SF Dressing Δ

21. PATIENT TRANSFERRED TO PACU (ICU3) TIME ~~500~~ 1300 DA9389 METHOD Litter

22. [redacted] b(6)-2 CPT/AN

USAPA V1.00

MEDCOM - 24223

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

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

| | |
|---|---|
| 1. PATIENT TRANSPORTED TO OPERATING ROOM<br>VIA Pt Gurney BY Anesthesia | 2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY CPT [redacted] b(6)-2 |
| 3. DATE 15 NOV 03 TIME PATIENT ARRIVED IN SUITE | 4. PATIENT IN ROOM TIME 0938 NUMBER 3 |

**5. PREOPERATIVE EMOTIONAL STATUS**

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

COMMENTS: ø

**6. NURSING PERSONNEL**

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

**7. POSITION AND POSITIONAL AIDS *(Specify)***

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

COMMENTS: correct body alignment maintained, arms on padded armboards at less than 90°, bony under (R) hip, position approved by surgeon + anesthesia

**8. SKIN PREPARATION**

HAIR REMOVAL ☐ YES ☒ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Beta Scrub / Beta Paint

SITE (R) leg / hip

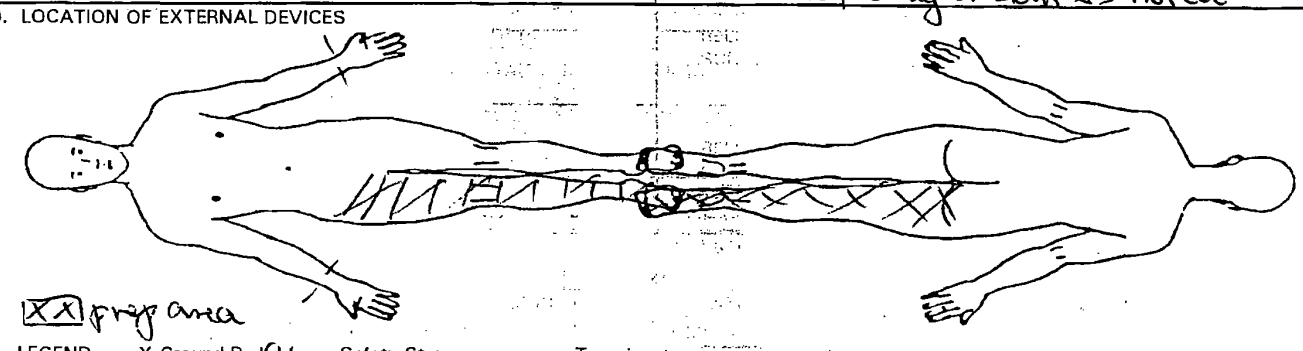
SITE:

BY WHO[illegible] [redacted]

BY WHOM: b(6)-2

COMMENTS: no pooling or skin d's noted

**9. LOCATION OF EXTERNAL DEVICES**



XX prep area

LEGEND X Ground Pad SH → Safety Strap = = = Tourniquet

**10. COUNTS** — C = Correct I = Incorrect b(6)-2

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☒ Yes | ☐ No | | | C | [redacted] | [redacted] |
| Needle Sharp | ☒ Yes | ☐ No | | | C | | |
| Instrument | ☐ Yes | ☒ No | | | | | |
| Other | ☐ Yes | ☒ No | | | | | |

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

[redacted] b(6)-4

[redacted]

15 NOV 03 b(2)-2

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

☐ ESU NO: _____

GROUND PAD: BRAND _____ LOT NO: _____

☐ ESU NO: _____

GROUND PAD: BRAND _____ LOT NO: _____

☐ BIPOLAR NO: _____

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

MEDCOM - 24224

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

14. MEDICATIONS/ORDERS

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

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| none | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | NAME |

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. 3/8 in Penrose | 2. 1 in Penrose | 3. |
| SITE | 1. (R) Leg | 2. (R) Thigh | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*
Fluffs
Kerlix
Acewrap

19. ADDITIONAL INFORMATION
Surgeon: [redacted] b(6)-2
Anesthesia: gustafson
-DA5179 on chart, ∅ Δ's noted

20. OPERATION(S) PERFORMED
I+D (R) Leg wounds

| 21. PATIENT TRANSFERRED TO | TIME | METHOD |
|---|---|---|
| PACU (ICU3) | See DA7389 | PACU bed |

22. REGISTERED NURSE SIGNATURE
[redacted] CPT HAN b(6)-2

REVERSE OF DA FORM 5179-1, OCT 87 MEDCOM - 24225 USAPA V1.00

**MEDICAL RECORD** — **INTRAOPERA OCUMENT**

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

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA stretcher BY anesthesia

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY [redacted] CPT/AN

3. DATE 26 Nov 03 TIME PATIENT ARRIVED IN SUITE →

4. PATIENT IN ROOM TIME 1338 b(a)-2 NUMBER

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

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

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS: Proper body alignment maintained. Hip roll Rt. rip

8. SKIN PREPARATION

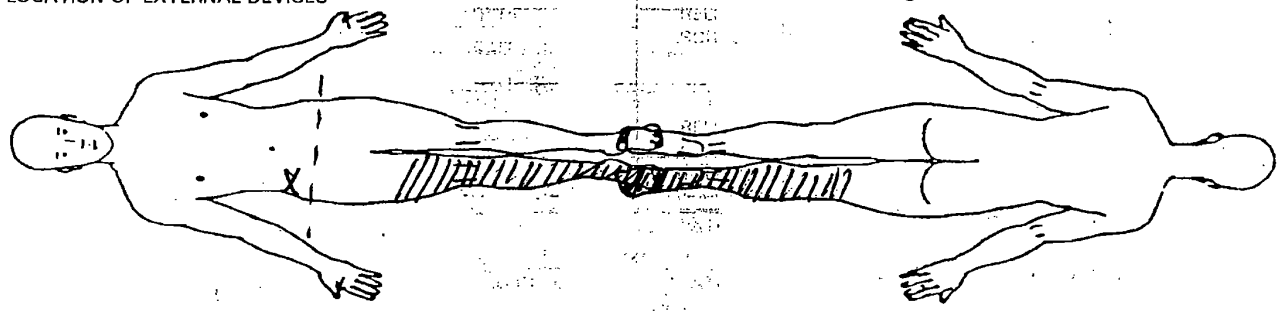
HAIR REMOVAL ☒ YES ☐ NO b(a)-2
DONE BY: ☒ OR [redacted] ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☒ RAZOR ☐ CLIP

COMMENTS: Mult. superficial nicks

PREP SOLUTION *(Specify)* Betadine scrub/soln
SITE: Rt. leg BY WHOM: [redacted]
SITE: BY WHOM:

COMMENTS: No pooling of fluids b(a)-2

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect Initial C [redacted] b(6)-2

| 10. COUNTS | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☒ Yes | ☐ No | / | / | C | [redacted] | [redacted] |
| Needle Sharp | ☒ Yes | ☐ No | | | | | |
| Instrument | ☐ Yes | ☒ No | | | | | |
| Other | ☐ Yes | ☒ No | | | | | |

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

#[redacted]
b(6)-4

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

☒ ESU NO: Force 40 R8E105305 50/50
GROUND PAD: BRAND Valleylab REM
LOT NO: 69441

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

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

MEDCOM - 24226

13. PROSTHESIS, IMPLANTS ☒ YES NO IF YES NAME: ID NUMBER; M. C ER

Synthes ASIF Screw Set
Load # 0332802
Synthes DCP Plates
Load # C232905

8 hole T plate #24 a 16

6.5 cancellous part. threaded
85mm X 2
80mm X 1

4.5 cortical
42mm
38mm
36mm
32mm

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% NS

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| None | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☒ NO ☐ C-Arm IF YES, SITE Rt. Leg

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

| TYPE/SIZE | 1. | 2. | 3. |
|---|---|---|---|
| | J P Drain 10mm | Foley 16FR | |
| SITE | 1. Rt. ~~Med~~ knee | 2. Bladder | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*

Fluffs
Kerlix
Webril
Plaster splint Ace
Rt. Leg

19. ADDITIONAL INFORMATION

Surg: [redacted] b(6)-2 Anesth. [redacted] CRNA Type: General
Asst. [redacted]

20. OPERATION(S) PERFORMED

1. ORIF Rt. Distal Femur
2. Removal of Ex fix

21. PATIENT TRANSFERRED TO PACU TIME 1925 METHOD stretcher

[redacted] NURSE SIGNATURE CPT/AN

[redacted], OCT 87 USAPA V1.00

b(6)-2

MEDCOM - 24227

MEDICAL RECORD

INTRAOPERAT[illegible]JMENT

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

PATIENT TRANSPORTED TO OPERATING ROOM
VIA stretcher BY anesthesia

2. PATIENT IDEN[redacted]ED AND PROCEDURE VERIFIED BY [redacted], CPT/AN b(6)-2

3. DATE 9 DEC 03 TIME PATIENT ARRIVED IN SUITE →

4. PATIENT IN ROOM [redacted] TIME 1158 NUMBER

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

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

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS: Proper body alignment maintained

8. SKIN PREPARATION

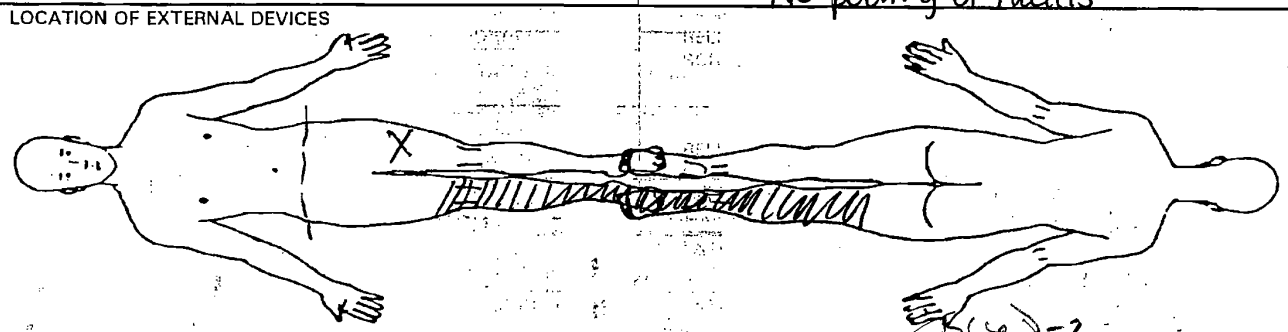
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine scrub/sol'n
SITE: Rt. lower leg BY WHO[redacted]
SITE: BY WHO[redacted]

COMMENTS: No pooling of fluids

9. LOCATION OF EXTERNAL DEVICES




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

C = Correct I = Incorrect Initial C [redacted]

10. COUNTS

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☒ Yes | ☐ No | | | | [redacted] | [redacted] |
| Needle Sharp | ☒ Yes | ☐ No | | | C | | |
| Instrument | ☐ Yes | ☒ No | | | | | |
| Other | ☐ Yes | ☒ No | | | | | |

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

#[redacted]
b(6)-4

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

☐ ESU NO:
GROUND PAD: BRAND
LOT NO: 69441

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

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

MEDCOM - 24228

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

Surgical Simplex 938JJ 2007-10
cement/917JJ/2007-11

Vancomycin 39/021638 Exp 1 MAR 05 } Antibiotic beads

14. MEDICATIONS/ORDERS

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

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| Vancomycin - see above | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION ☑ YES ☐ NO, TYPE(S):

0.9% NS

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| None | | |
| | | |
| | | |
| | | |

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

15. X-RAY IN OPERATING [redacted] IF YES, SITE

YES ☐ NO ☒

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. 10mm Flat J.P. Drain | 2. | 3. |
| SITE | 1. Rt. Knee | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*

Xeroform, 4x8's, Fluffs, Kerlix, Ioban } Rt. Knee

19. ADDITIONAL INFORMATION

Surg: [redacted] Anesth: [redacted] CRNA Type: General w/ LMA

20. OPERATION(S) PERFORMED

1. I&D Rt. Knee w/ placement of antibiotic beads

| 21. PATIENT TRANSFERRED TO | TIME | METHOD |
|---|---|---|
| PACU b(4)-2 | 1310 | Stretcher |

22. REGISTERED NURSE SIGNATURE [redacted] CPT/AN

REVERSE OF DA FORM 5179-1, OCT 87 USAPA V1.00

MEDCOM - 24229

**MEDICAL RECORD** — **INTRAOPERATI[illegible] CUMENT**

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

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA stretcher BY anesthesia

2. PATIENT IDE[illegible] RECORD REVIEWED AND PROCEDURE VERIFIED BY [redacted] CPT/AN

3. DATE 11 DEC 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME 0812 NUMBER

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] 66-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | CPT [redacted] | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS: Bump under Rt. hip. Proper body alignment maintained.

8. SKIN PREPARATION

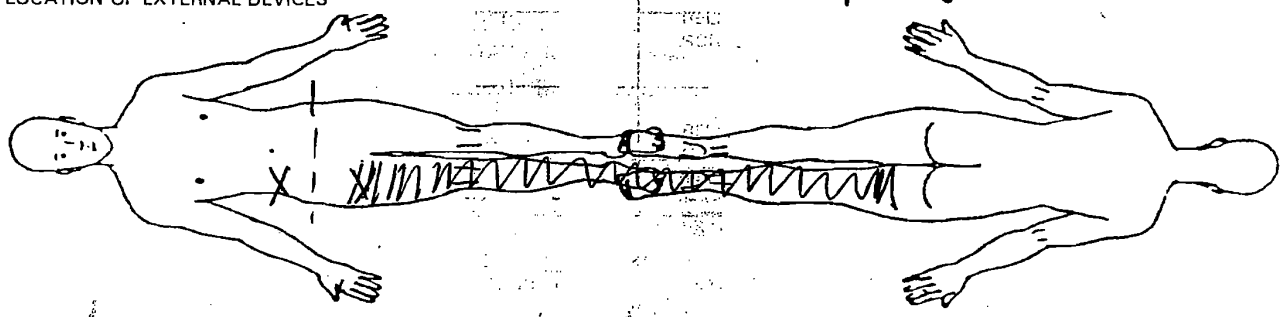
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine scrub/sol'n
SITE: Rt. leg BY WHOM [redacted]
SITE: BY WHOM: 66-2

COMMENTS: No pooling of fluids

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect Initial [redacted] b(6)-2

| 10. COUNTS | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☒ Yes | ☐ No | / | / | C | [redacted] | [redacted] |
| Needle Sharp | ☒ Yes | ☐ No | | | | | |
| Instrument | ☐ Yes | ☒ No | | | | | |
| Other | ☐ Yes | ☒ No | | | | | |

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

#[redacted] b(6)-4

[redacted] b(2)-2

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

☐ ESU NO:
GROUND PAD: BRAND
LOT NO: 70337

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

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

MEDCOM - 24230

Surgical Si[illegible]® P
Howmedi[illegible] de R.L.
Raheen Bus[illegible] Park
Limerick, Ireland.
Full Dose
REF 6191 0 001
LOT CLJ157

13. PROSTHESIS, IMPLANTS ☒ YES ☐ NO IF YES NAME: ID
Tobramycin 1.2gm #3M3TS Exp. 3/05 X2

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% NS

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| None | | |
| | | |
| | | |
| | | |

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

15. X-RAY IN OPERATING [redacted] IF YES, SITE
YES ☐ NO ☐

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

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

18. DRESSING/IMMOBILIZATION *(Specify)*
4x8's
Ioban
Kerlix
Ace

19. ADDITIONAL INFORMATION
Surg: [redacted] b(6)-2 Anesth: [redacted] CRNA Type: General w/ LMA

20. OPERATION(S) PERFORMED
1. I & D Rt. Knee w/ Placement of Antibiotic Beads

21. PATIENT TRANSFERRED TO b(6)-2 PACU TIME 0940 METHOD stretcher

22. REGISTERED NURSE SIGNATURE [redacted] CPT/AN

REVERSE OF DA FORM 5179-1, OCT 87 USAPA V1.00

MEDCOM - 24231

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

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA litter BY anesthesia

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY [redacted] CPT / AN

3. DATE 26 Dec 03 TIME PATIENT ARRIVED IN SUITE —

4. PATIENT IN ROOM TIME 16:40 b(6)-2 NUMBER (8)

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: English Speaker.

6. NURSING PERSONNEL

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

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS:

8. SKIN PREPARATION

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

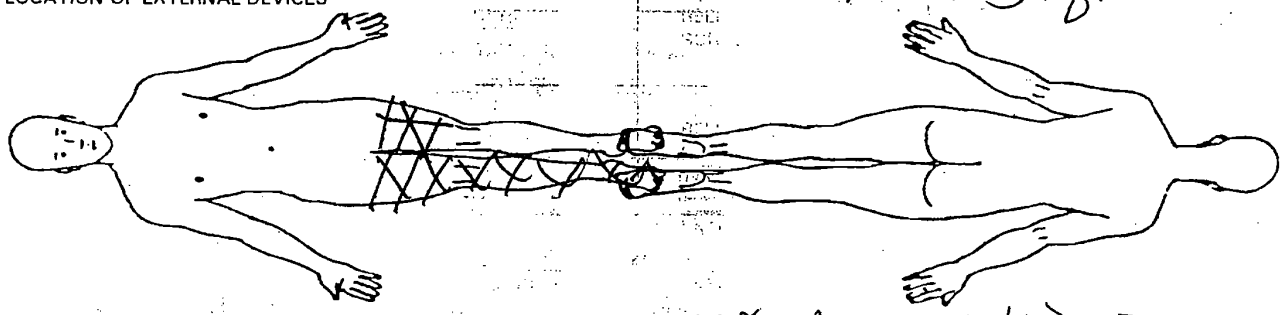
COMMENTS:

PREP SOLUTION *(Specify)* Betadine / Betadine
SITE: R leg BY WHOM: CPT [redacted]
SITE: BY WHOM:

b(6)-2

COMMENTS: no pooling of prep noted

9. LOCATION OF EXTERNAL DEVICES



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

b(6)-2

clinical PFC [redacted] / CPT [redacted]

10. COUNTS

C = Correct I = Incorrect

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☐ Yes | ☐ No | | C | C | PFC [redacted] | CPT [redacted] |
| Needle Sharp | ☐ Yes | ☐ No | | C | C | PFC [redacted] | CPT [redacted] |
| Instrument | ☐ Yes | ☐ No | | | | | |
| Other | ☐ Yes | ☐ No | | | | | |

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

# [redacted] b(6)-4

[redacted] 26 Dec 03 b(2)-2

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

CUT 50 COAG 50

☒ ESU NO: Valleylab
GROUND PAD: BRAND Valleylab E7507
LOT NO: 711400 2005-05

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

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

MEDCOM-24232

13. PROSTHESIS, IMPLANTS [X] YES [ ] NO

Surgical Simplex® P
Howmedica Int. S. de R.L.
Raheen Business Park
Limerick, Ireland.
Full Dose
REF 6191 0 001
LOT CLJ157

BER; FACTURER
- 6 Vancomycin LOT 77777 FEB 2005
C 1.2g Tobramycin LOT 3M3TS 3/05

14. IRRIGATION/MEDICATIONS GIVEN IN OPERATIN ) YES [ ] NO [X]

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION [X] YES [ ] NO, TYPE(S):
0.9% NACL

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

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

15. X-RAY IN OPER[redacted] IF YES, SITE
YES [X] NO [ ] C-ARM (R) Knee

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES [ ] NO [ ] | NAME | NAME |
| FROZEN SECTION (FS) YES [ ] NO [ ] | NAME | NAME |
| CULTURE (C) YES [X] NO [ ] | NAME (R) Knee 1720 | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES [X] NO [ ]

| | 1. | 2. | 3. |
|---|---|---|---|
| TYPE/SIZE | 10mm JP drain | | |
| SITE | (R) Knee. | | |

18. DRESSING/IMMOBILIZATION *(Specify)*
- fluffs
- kerlix
- ace wrap

19. ADDITIONAL INFORMATION
I & D (R) knee

20. OPERATION(S) PERFORMED
I & D (R) knee, (R) knee reconstruction c̄ methyl metacrylate.

| 21. PATIENT TRANSFERRED TO | TIME | METHOD |
|---|---|---|
| 1CU3 b(6)-2 | 1820 | litter |

22. REGIS[redacted] CPT / AN

REV[redacted] OF DA FORM 5179-1, OCT 87 MEDCOM - 24233 USAPA V1.00

**MEDICAL RECORD** — **INTRAOPERATIVE DOCUMENT**

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

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA litter BY anesthesia

2. PATIENT IDENTIFIED AND RECORD REVIEWED AND PROCEDURE VERIFIED BY [redacted] CPT/AN

3. DATE 3JAN04 TIME PATIENT ARRIVED IN SUITE —

4. PATIENT IN ROOM TIME 0835 NUMBER 1-1 (1)

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | PFC [redacted] | RELIEF SCRUB | |
| | PFC [redacted] b(6) | | |
| ASSIGNED CIRCULATOR | CPT [redacted] | RELIEF CIRCULATOR | |
| | | | |

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS:

8. SKIN PREPARATION

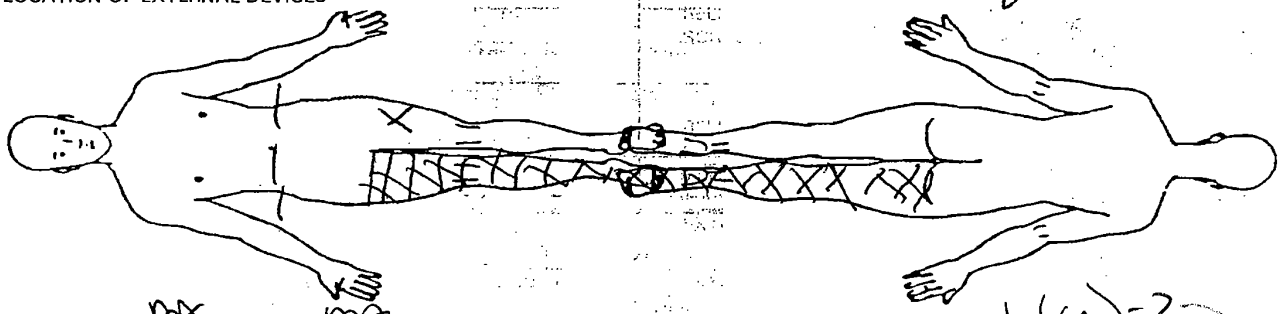
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine/Betadine b(6)-2
SITE: (R) leg BY WHOM: CPT [redacted]
SITE: BY WHOM:

COMMENTS: no pooling of prep noted.

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect

10. COUNTS

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☐ Yes | ☐ No | C | | C | PFC | CPT [redacted] |
| Needle Sharp | ☐ Yes | ☐ No | C | | C | PFC [redacted] | CPT [redacted] |
| Instrument | ☐ Yes | ☐ No | | | | | |
| Other | ☐ Yes | ☐ No | | | | | |

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

[redacted] b(6)-4

[redacted] b(2)-2
3JAN03

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

CUT 30 COAG 30

☐ ESU NO: Valleylab R8E 105305
GROUND PAD: BRAND Valleylab E7507
LOT NO: 71140 2005-05

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

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

MEDCOM - 24234

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

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 [redacted] b(6)-2

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

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☒ NO ☒ | NAME (R) Knee | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

18. DRESSING/IMMOBILIZATION *(Specify)*
- fluffs
- Kerlix
- ace wrap
- Knee immobilizer

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. 3/8 Penrose | 2. | 3. |
| SITE | (R) Knee | 2. | 3. |

19. ADDITIONAL INFORMATION
surgeon:
Dr. [redacted]
b(6)-2

20. OPERATION(S) PERFORMED
I & D (R) knee, central line placement

| 21. PATIENT TRANSFERRED TO | TIME | METHOD |
|---|---|---|
| litter ICU 3 | 1030 | litter |

22. REGISTERED NURSE SIGNATURE
[redacted] CPT/AN b(6)-2

REVERSE OF [redacted] 1, OCT 87 MEDCOM - 24235 USAPA V1.00

b(a)-2

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

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

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

2. PATIENT IDENTIFIED [redacted] AND PROCEDURE
VERIFIED BY MAJ [redacted]

3. DATE 19 Jan 04 TIME PATIENT A[redacted] 1400

4. PATIENT IN ROOM
TIME 1400 NUMBER 2-1

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] b(6)-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | MAJ [redacted] | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

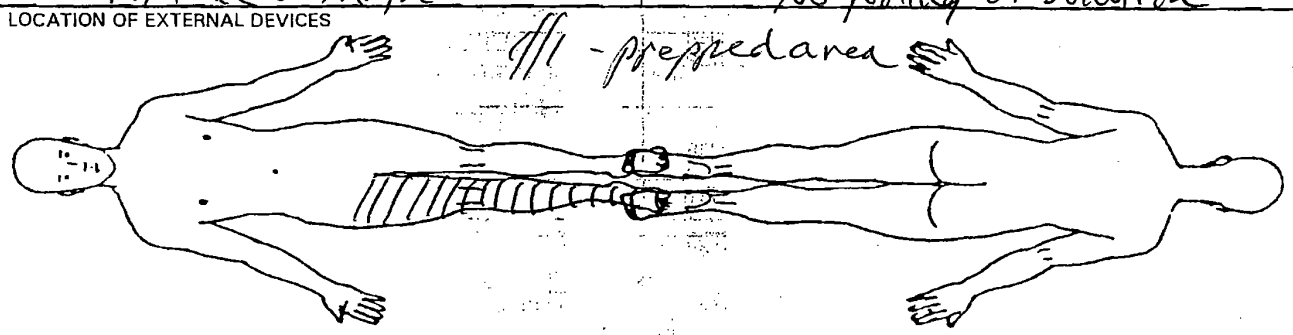
COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL ☑ YES ☐ NO
DONE BY: ☑ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☑ RAZOR ☐ CLIP
COMMENTS: Rt knee + thigh

PREP SOLUTION *(Specify)* Betadine scrub + solution
SITE: Rt leg BY WHOM: MAJ [redacted]
SITE: BY WHOM: b(6)-2
COMMENTS: No pooling of solution

9. LOCATION OF EXTERNAL DEVICES




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

C = Correct I = Incorrect

b(6)-2

| 10. COUNTS | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☑ Yes | ☐ No | | C | C | | |
| Needle Sharp | ☑ Yes | ☐ No | | C | C | | |
| Instrument | ☐ Yes | ☑ No | | | | SPC [redacted] | MAJ [redacted] |
| Other | ☐ Yes | ☑ No | | | | | |

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

# [redacted] b(6)-4

b(2)-2

19 Jan 04 [redacted]

12. ELECTROSURGERY DEVICE(S) (ESU) ☐ YES ☑ NO
Not used

☑ ESU NO: 60366
GROUND PAD: BRAND Valleylab
LOT NO: 74994 Exp 2005-09

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

Surg: Anst:

DA FORM 5179-1 OCT 87 MEDCOM 2[illegible] ACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE

13. PROSTHESIS, IMPLANTS ☐ YE ☑ NO IF YES NAME; ID NUMBER; I ACTURER

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): 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 ☐ NO ☑ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☑ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☑ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☑

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

18. DRESSING/IMMOBILIZATION *(Specify)*

Xeroform
Bacitracin ointment
Fluffs
Kerlix Ace

19. ADDITIONAL INFORMATION

Surgeon: Dr [redacted] assistant: Dr [redacted]
Anes CPT [redacted] b(6)-2

20. OPERATION(S) PERFORMED

STSG to Rt knee from Rt thigh

21. PATIENT TRANSFERRED TO PACU b(6)-2 TIME See SF 517 METHOD OR Litter c̄ siderails up

22. REGISTERED NURSE SIGNATURE [redacted] MAJ AN (USAN OLF

MEDCOM - 24237 USAPA V1.00

511-119 NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

| HOSPITAL DAY | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| POST-DAY | | | | | | | | | | | | | | |
| MONTH-YEAR | DAY | 12 NOV | | 13 | | 13 | | 14 | | 15 | | 15 | | 16 |
| 19 | HOUR | 0930 | 1 | 0900 | 1630 | 1730 | 2 | | 0 | 7 | Post-op | 2 | | 2 |
| PULSE (O) | TEMP. F (•) | | 9 | | | | 0 | | 0 | 7 | | 0 | | 1 |
| | 105° | | 0 | | | | 3 | | 4 | 2 | | 0 | | 0 |
| | | | | | | | 0 | | 5 | 7 | | | | 0 |
| 180 | 104° | | | | | | | | | | | | | |
| 170 | 103° | | | | | | | | | | | | | |
| 160 | 102° | | | | | | | | | | | | | |
| 150 | 101° | | | | | | | | | | | | | |
| 140 | 100° | | | | | | | | | | | | | |
| 130 | 99° | | | | | | | | | | | | | |
| | 98.6° | | | | | | | | | | | | | |
| 120 | 98° | | | | | | | | | | | | | |
| 110 | 97° | | | | | | | | | | | | | |
| 100 | 96° | | | | | | | | | | | | | |
| 90 | 95° | | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | |

TEMP. C: 40.6°, 40.0°, 39.4°, 38.9°, 38.3°, 37.8°, 37.2°, 37.0°, 36.7°, 36.1°, 35.6°, 35.0° (Centigrade Equivalents, for Reference only)

| RESPIRATION RECORD | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Record special data only when so ordered | BLOOD PRESSURE | 145/78 | 138/76 | 122/72 | | | 122/66 | 114/73 | 122/69 | 118/70 | 126/73 | | | D 138/80 |
| | | 130 | | 99 | | | | 101 | 107 | 99.8 | 99.2 | | | 106 |
| | | 97.4 | | 101 | 101 | | 98.8 | 106 | | 96 | 103 | | | 98.1 |
| | HEIGHT: WEIGHT → | 97% | | 94% | | | | | | | | | | 97% |
| | | RA | | RA | | | 93% RA | 94% | 93% | 94% | 92% | 96% | | 94% 95% RA |
| | | | | | | Pulse 97 | | | | | | | | |

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]

blue-4

**VITAL SIGNS RECORDS**

Medical Record

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

MEDCOM - 24238

# MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR | DAY: 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24

19 | HOUR: 1400 | 0800 | 1 | 1 | 0000 | 1 | 8 | 1 | 8 | 1 | 0 | 0644

PULSE (O) | TEMP. F (•) | TEMP. C

105° — 40.6°

180 | 104° — 40.0°

170 | 103° — 39.4°

160 | 102° — 38.9°

150 | 101° — 38.3°

140 | 100° — 37.8°

130 | 99° — 37.2°

98.6° — 37.0°

120 | 98° — 36.7°

110 | 97° — 36.1°

100 | 96° — 35.6°

90 | 95° — 35.0°

80

70

60

50

40

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE

| | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
|---|---|---|---|---|---|---|---|---|
| | 149/78 | 135/75 | 134/71 | 122/67 | 121/74 | 128/76 | 119/65 | 131/79 |
| | 98.6 | 98.6 | | | 98.6 | 97.6 | | 122/57 |
| SpO2 | 94% | 101 | 99.4F | 99.7F | 101 | 96 | 99.6 | |
| HEIGHT: WEIGHT → | 95% | 95% RA | 95% RA | 95% (RA) | 95% (RA) 96% RA | 95% RA | 95% (RA) | 96% 95% RA |

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

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

[redacted]

b(6)-4

MEDCOM - 24239

511-119 NSN 7540-00-634-412

# MEDICAL RECORD — VITAL SIGNS RECORD

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HOSPITAL DAY | | | | | | | | | | | | | | | | | | |
| POST- DAY | | | | | | | | | | | | | | | | | | |
| MONTH-YEAR | DAY | 14 | | 17 | | 18 | | | | 20 | | 22 | | 23 | | | | |
| 19 | HOUR | 4 | 8 | 12 | 4 | 8 | 12 | 4 | 8 | 12 | 4 | 8 | 12 | 4 | 8 | 12 | 4 | 8 |
| PULSE (O) | TEMP. F (°) | | | | | | | | | | | | | | | | | TEMP. C |
| | 105° | | | | | | | | | | | | | | | | | 40.6° |
| 180 | 104° | | | | | | | | | | | | | | | | | 40.0° |
| 170 | 103° | | | | | | | | | | | | | | | | | 39.4° |
| 160 | 102° | | | | | | | | | | | | | | | | | 38.9° |
| 150 | 101° | | | | | | | | | | | | | | | | | 38.3° |
| 140 | 100° | | | | | | | | | | | | | | | | | 37.8° |
| 130 | 99° | | | | | | | | | | | | | | | | | 37.2° |
| | 98.6° | | | | | | | | | | | | | | | | | 37.0° |
| 120 | 98° | | | | | | | | | | | | | | | | | 36.7° |
| 110 | 97° | | | | | | | | | | | | | | | | | 36.1° |
| 100 | 96° | | | | | | | | | | | | | | | | | 35.6° |
| 90 | 95° | | | | | | | | | | | | | | | | | 35.0° |
| 80 | | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | |

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

Record special data only when so ordered

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.

C[redacted]

b(6)-4

**VITAL SIGNS RECORDS**

Medical Record

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

MEDCOM - 24240

# MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY / POST-DAY / MONTH-YEAR Dec 2003 / DAY / HOUR

1 Dec | 2 Dec | 3 Dec | 4 Dec | 5 Dec | 6 Dec | 7 Dec

PULSE (O) — TEMP. F (•) — TEMP. C (Centigrade Equivalents, for Reference only)

| TEMP. F | TEMP. C |
|---|---|
| 105° | 40.6° |
| 104° | 40.0° |
| 103° | 39.4° |
| 102° | 38.9° |
| 101° | 38.3° |
| 100° | 37.8° |
| 99° | 37.2° |
| 98.6° | 37.0° |
| 98° | 36.7° |
| 97° | 36.1° |
| 96° | 35.6° |
| 95° | 35.0° |

| PULSE (O) | TEMP. F (•) |
|---|---|
| 180 | 104° |
| 170 | 103° |
| 160 | 102° |
| 150 | 101° |
| 140 | 100° |
| 130 | 99° |
| 120 | 98° |
| 110 | 97° |
| 100 | 96° |
| 90 | 95° |
| 80 | |
| 70 | |
| 60 | |
| 50 | |
| 40 | |

RESPIRATION RECORD

BLOOD PRESSURE

| | 1 Dec | 2 Dec | 3 Dec | 4 Dec | 5 Dec | 6 Dec | 7 Dec |
|---|---|---|---|---|---|---|---|
| Blood Pressure | 133/74 | 124/68 | 133/75 | 118/68 | 123/68 | 115/69 | 126/72 |
| Pulse | 102 | 101 | 92 | 94 | 101 | 105 | 97 | 106 |
| Temp. | 98.4 | 99.6 | 97.6 | 99.5 | 99.1 | 99.6 | 100.2 | 100 |
| Spo2 | 95% | 94% | 99% | 97% | 98% | 96% | 96% | 98% | 95% |
| Spo2 type | RA | RA | RA | RA | RA | RA | RA | RA |

HEIGHT: WEIGHT →

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

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

[redacted]

bles-4

MEDCOM - 24241

NSN 7540-00-634-4124

CAL RECORD | VITAL SIGNS RECORD

HOSPITAL DAY

DAY

MONTH-YEAR | DAY

19 | HOUR

PULSE (O) | TEMP. F (•) | TEMP. C

105° 40.6°

180 104° 40.0°

170 103° 39.4°

160 102° 38.9°

150 101° 38.3°

140 100° 37.8°

130 99° 98.6° 37.2° 37.0°

120 98° 36.7°

110 97° 36.1°

100 96° 35.6°

90 95° 35.0°

80

70

60

50

40

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: WEIGHT →

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

[redacted]

b(6)-4

**VITAL SIGNS RECORDS**

Medical Record

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

MEDCOM - 24242

511-119 NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

| HOSPITAL DAY | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| POST- DAY | | | | | | | | | |
| MONTH-YEAR / DAY | 8 DEC 03 | 9 | 10 | 11 | 12 | 13 DEC | 14 DEC | | |
| 19 / HOUR | | | | | 0630 | 0445 | 0700 | | |

PULSE (O) / TEMP. F (°): 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98.6°, 98°, 97°, 96°, 95°

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

(Centigrade Equivalents, for Reference only)

180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

RESPIRATION RECORD

| BLOOD PRESSURE | 116/64 | 106/56 | 107/62 | 117/63 | 99 | 101/57 | 112/58 | 110/60 | 110/59 | 110/47 | 120/56 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 96 | 103 | 91 | | 108/61 | | 99 | | H 94 | | H 91 | P 100 |
| | 99 | 100.4 | 99.4 | 99.5 | 98.6 | | T 98.9 | | T 97.6 | | T | T 99.1 |
| HEIGHT: / WEIGHT → | 98.4 | 95% RA | 97.2 | | 98.2 | | 98 | | 98% | | 99% | 98% |
| | RA | | RA | 96% RA | RA | | 96% RA | | RA | | RA | RA |
| | | | 103/63 | 112/62 | | | | | | | | |
| | | | 97% RA | 98% RA | | | | | | | | |

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

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

MEDCOM - 24243

**VITAL SIGNS RECORDS**

Medical Record

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

| MEDICAL RECORD | VITAL SIGNS RECORD |
|---|---|

HOSPITAL DAY

POST- DAY

MONTH-YEAR DEC DAY 15 Dec 16 17 18 19 20

19 2003 HOUR 0000 2000 0800 1600 2000

PULSE (O) — TEMP. F (°) — TEMP. C (Centigrade Equivalents, for Reference only)

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

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: WEIGHT →

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

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

#[redacted]

b(6)-1

511-119 NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR DEC 2003 | DAY | HOUR

PULSE (O) | TEMP. F (°) | TEMP. C

| TEMP. F (°) | TEMP. C |
|---|---|
| 105° | 40.6° |
| 104° | 40.0° |
| 103° | 39.4° |
| 102° | 38.9° |
| 101° | 38.3° |
| 100° | 37.8° |
| 99° | 37.2° |
| 98.6° | 37.0° |
| 98° | 36.7° |
| 97° | 36.1° |
| 96° | 35.6° |
| 95° | 35.0° |

(Centigrade Equivalents, for Reference only)

| PULSE (O) | TEMP. F (°) |
|---|---|
| 180 | 104° |
| 170 | 103° |
| 160 | 102° |
| 150 | 101° |
| 140 | 100° |
| 130 | 98.6° |
| 120 | 98° |
| 110 | 97° |
| 100 | 96° |
| 90 | 95° |
| 80 | |
| 70 | |
| 60 | |
| 50 | |
| 40 | |

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: WEIGHT →

Record special data only when so ordered

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

REGISTER NO.

WARD NO. ICW

[redacted]

b(4)-4

**VITAL SIGNS RECORDS**

Medical Record

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

MEDCOM - 24245

## ,ORD — VITAL SIGNS RECORD

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ,Y | | | | | | | | | | | | | | | |
| | DAY | | | | | | | | | | | | | | | |
| DEC | DAY | 28 | | 29 | | 30 | | 1 JAN | | 1 JAN/2 Jan | | 3 | | 4 | | |
| 10 2003 | HOUR | | | | | 09 | 12 | | 0750 | | | | | | | |
| PULSE (0) | TEMP. F (°) | | | | | | | | | | | | | | | TEMP. C |
| | 105° | | | | | | | | | | | | | | | 40.6° |
| 180 | 104° | | | | | | | | | | | | | | | 40.0° |
| 170 | 103° | | | | | | | | | | | | | | | 39.4° |
| 160 | 102° | | | | | | | | | | | | | | | 38.9° |
| 150 | 101° | | | | | | | | | | | | | | | 38.3° |
| 140 | 100° | | | | | | | | | | | | | | | 37.8° |
| 130 | 99° | | | | | | | | | | | | | | | 37.2° |
| | 98.6° | | | | | | | | | | | | | | | 37.0° |
| 120 | 98° | | | | | | | | | | | | | | | 36.7° |
| 110 | 97° | | | | | | | | | | | | | | | 36.1° |
| 100 | 96° | | | | | | | | | | | | | | | 35.6° |
| 90 | 95° | | | | | | | | | | | | | | | 35.0° |
| 80 | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | |
| RESPIRATION RECORD | | 18 | 20 | 18 | 20 | | 18 | 18 | 18 | 19/57 | | 20 | | 20 | 20 | |
| Record special data only when so ordered | BLOOD PRESSURE | 101/58 | 103/56 | | 98/58 | 101/52 | 90/55 | 96/52 | 107/53 | 98/62 | 108/56 | 107/62 | | 102/60 | 98/60 | |
| | | | | | 96 | 91 | | | H 92 | 99 | | | | | 97 | |
| | | | | | 98.7 | 98.6 | | | T 98.2 | T 98.6 | | | | 97.6 | | |
| | HEIGHT: WEIGHT → | 98% | | 98% | | 98% | | | 98% | 98% | | | | | 99% | |
| | | RA | | | | | | 99% | RA | 98 | 98% RA | | | 97% RA | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

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(4)-4

MEDCOM - 24246

511-119 NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

| HOSPITAL DAY | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| POST- DAY | | | | | | | | | | | |
| MONTH-YEAR | DAY | 5 JAN | 6 JAN | 7 JAN | 8 JAN | 9 JAN | 10 JAN | 11 JAN | | | |
| 19 | HOUR | 0 2 0 1 0 1 0 1 0 1 0 1 0 1 0 1 | | | | | | | | | |

PULSE (O) / TEMP. F (°) / TEMP. C

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

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 18 | 20 | 18 | 20 | 18 | 18 | 16 | 18 | 18 | 20 | 18 | 20 | 18 | 20 | | |

Record special data only when so ordered

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BLOOD PRESSURE | 107/54 | 110/68 | 114/55 | 116/66 | 101/55 | 109/62 | 113/65 | | 119/63 | 118/75 | 118/65 | 103/65 | 110/68 | 118/70 | | |
| | 124 | | | | | | 103/58 | | 108/66 | | 108/48 | | | | | |
| | T 98 | | | | | | | | | | | | | | | |
| HEIGHT: WEIGHT → | 97% | 99% | 98% 97% | 98% | 97% | 98% | | | | | | | | | | |
| | RA | RA | RA RA | RA | | RA | 99% | | 98% | | 97% | | 98% | | | |
| | | | | | | | 98% RA | | 99% RA | | 98% RA | | RA 98 RA | | | |

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

REGISTER NO.

WARD NO.

b(6)-4

[redacted]

**VITAL SIGNS RECORDS**

Medical Record

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

MEDCOM - 24247

| MEDICAL RECORD | | VITAL SIGNS RECORD | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HOSPITAL DAY | | | | | | | | | | | | | | | | | | | | |
| POST- | DAY | | | | | | | | | | | | | | | | | | | |
| MONTH-YEAR | DAY | 12 | | 12 | | 13 | 13 | 14 | | 15 | | | | | | | | | | |
| 19 | HOUR | 9 | 1 | 3 | | 6 | 12 | 0 | 12 | 6 | | | | | | | | | | |
| PULSE (O) | TEMP. F (•) | 98 | 99 | 98 | | 97 | 97 | 97 | 98 | 98 | | | | | | | | | | TEMP. C |
| | 105° | | 100 | | | 98 | 98 | 98 | 98 | 98 | | | | | | | | | | 40.6° |
| 180 | 104° | | | | | | | | | | | | | | | | | | | 40.0° |
| 170 | 103° | | | | | | | | | | | | | | | | | | | 39.4° |
| 160 | 102° | | | | | | | | | | | | | | | | | | | 38.9° |
| 150 | 101° | | | | | | | | | | | | | | | | | | | 38.3° |
| 140 | 100° | | | | | | | | | | | | | | | | | | | 37.8° |
| 130 | 99° | | | | | | | | | | | | | | | | | | | 37.2° |
| | 98.6° | | | | | | | | | | | | | | | | | | | 37.0° |
| 120 | 98° | | | | | | | | | | | | | | | | | | | 36.7° |
| 110 | 97° | | | | | | | | | | | | | | | | | | | 36.1° |
| 100 | 96° | | | | | | | | | | | | | | | | | | | 35.6° |
| 90 | 95° | | | | | | | | | | | | | | | | | | | 35.0° |
| 80 | | | | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | | | |
| RESPIRATION RECORD | | 18 | 18 | 12/72 | | 18 | 18 | 18 | 18 | | | | | | | | | | | |
| Record special data only when so ordered | BLOOD PRESSURE | | | | | 115/72 | | 103/57 | | 90/51 | | | | | | | | | | |
| | | | | 109 | | | | | | | | | | | | | | | | |
| | | | | 99.6 | | 98.8 | | 98.7 | | | | | | | | | | | | |
| | HEIGHT: WEIGHT → | | | 97% | | | | | | | | | | | | | | | | |
| | | 99% | 99% | | | 98 | 98% | 99% | 100% | 99% | | | | | | | | | | |
| | | | | | | | RA | | RA | RA | | | | | | | | | | |
| | | | | | | 99% RA | | 99% RA | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

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.

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

[redacted]

b(6)-4

MEDCOM - 24248

b(2)-2

b(6)-4

Name EPW [redacted] SSN [redacted] Unit _____ Location _____

## PRE-OP/POST-OP

### INTAKE

| Time | Solution | Amount |
|---|---|---|
| 0012 | LR | 1000 mL |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

### OUTPUT

| Time | Source | Amount |
|---|---|---|
| 0038 | FOLEY | 400 cc |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

### VITALS

| Time | HR | B/P | RR | $SaO_2$ | Temp | Notes |
|---|---|---|---|---|---|---|
| 0031 | 90 | 146/82 | 27 | 100 | | |
| 0042 | 86 | 148/78 | | 100 | | |
| 0052 | 80 | 142/80 | 25 | 100 | 6L FM | |
| 0110 | 83 | 140/78 | 26 | 100% | 2L NC | 4mg $MSO_4$ MGT |
| 0115 | 80 | 156/84 | 27 | 100 | 2L NC | 3mg $MSO_4$ MGT |
| 0130 | 78 | 143/78 | 26 | 100 | 2L NC | 3mg $MSO_4$ MGT |
| 0145 | 86 | 156/83 | 28 | 100% | 2L NC | 3mg $MSO_4$ MGT |
| 0200 | | | | | | 3mg $MSO_4$ MGT |
| 0215 | 86 | 140/74 | 22 | 100 | 2L NC | 3mg $MSO_4$ MGT - PT ALERT, EYES CLOSED |
| 0250 | 89 | 147/81 | 22 | 100 | 1L NC | AWAITING OR |
| 0315 | 96 | 145/79 | 22 | 98 | 1L NC | PT TO OR ON LITTER |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**CNS**

| EYES | | VERBAL | | MOTOR | |
|---|---|---|---|---|---|
| SPONT | 4 | ALRT | 5 | ALRT | 6 |
| CMND | 3 | CONFD | 4 | LCL P | 5 |
| PAIN | 2 | INAPR | 3 | WDR P | 4 |
| UNRSP | 1 | INCMP | 2 | FLX | 3 |
| | | UNRSP | 1 | EXT | 2 |
| | | | | UNRSP | 1 |

☐ PERLA ☐ ABNL _____

☐ DIA ☐ PIN ☐ UNI ☐ FIX ☐ SLOW

| Time | Site | ROM | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|
| 0045 | RLG | + | + | <3 | W | Pk |
| 0315 | RLG | + | + | <3 | W | Pk |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

ROM
+ or -
Temp
C=cool
W=warm
Pulse
+ or –
Color
C = cyan
P = pale
Pk= pink

## OUTPUT

| URINE | | | | | | ~~NASOGASTRIC~~ JP drain | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | | | | 0700 | 95cc | bloody | 95cc |
| | | | | | | 1800 | 25cc | bloody | 120cc |
| | | | | | | 28 NOV 03 | | | |
| | | | | | | 1800 | 15cc | | |
| | | | | | | | | DCd | |

| CHEST | | | | | | EMESIS | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| STOOLS | | | | |
|---|---|---|---|---|
| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| OTHER OUTPUT | | | |
|---|---|---|---|
| TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | |
| | | | |
| | | | |
| GRAND TOTAL OUTPUT | | | |

REMARKS

*JP output*

~~26th 27th NOV~~
~~1800 - 1800~~

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

[redacted] b(a)-4

**INTAKE EQUIVALENTS** *(Serving levels cc)*

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

DD FORM 792, JAN 74



MEDCOM - 24250

Ward/Section: CMV | [redacted] b(6)-2 | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

b(6)-4 [redacted] | DATE 12NOV03 | TIME 0400 | [redacted] b(6)-4

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | | 4.8-10.8 x 10³ |
| RBC | | 4.7-6.1 x 10⁶ |
| Hgb | | 14-18 g/dl (M) 12-16 g/dl (F) |
| Hct | | 42-52% (M) 37-47% (F) |
| MCV | | 80-94 fl (M) 81-99 fl (F) |
| Plt | | 130-500 x 10³ verified |
| Lymph % | | 20.5-51.1% |

**(Hematology) Manual Differential**

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

**Coagulation Studies**

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

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | Yellow | N/A |
| App | Hzx | N/A |
| Glu | neg | Negative |
| Bili | neg | Negative |
| Ket | neg | Negative |
| SG | 1.010 | N/A |
| Bld | 3+ | Negative |
| pH | 5.0 | N/A |
| Prot | neg | Negative |
| Urob | neg | 0.2-1.0 |
| Nit | neg | Negative |
| Leuk | 1+ | Negative |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

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

**Microscopic Urinalysis**

WBC - 25-30
RBC - 40-50
Epi - 0-1

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh: A POS

Crossmatch (WITH EVERY UNIT OF BLOOD TESTED)

| | CROSSMATCH |
|---|---|
| | |
| | |
| | |
| | |
| | |

======= PICCOLO =======
12/11/03 07:32 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
BASIC METABOLIC
DISC LOT #: 3325AA4
OPER #: [redacted] DR #: 000
SERIAL #: b(6)-2 0000100684

| | | | |
|---|---|---|---|
| GLU | 221* | 73-118 | MG/DL |
| BUN | 11 | 7-22 | MG/DL |
| CA++ | 7.8* | 8.0-10.3 | MG/DL |
| CRE | 1.2 | 0.6-1.2 | MG/DL |
| NA+ | 135 | 128-145 | MMOL/L |
| K+ | 4.7 | 3.3-4.7 | MMOL/L |
| CL- | 98 | 98-108 | MMOL/L |
| tCO2 | 21 | 18-33 | MMOL/L |

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

REMARKS:

REPORTED BY: [redacted] b(6)-2 | DATE: 12NOV03 | LAB ID NO.:

b(6)-2

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

LAST, FIRST, MI. b(6)-4 [redacted] | DATE 13 NOV | TIME 0445 | SSN/PSEUDO SSN: [redacted] b(6)-4

**(i-STAT)**

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

**Misc. Chemistry**

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

**(Piccolo) Chemistry 12**

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

======= PICCOLO =======
13/11/03 04:59
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3152AA1
OPER #: [redacted] DR #: 000
SERIAL #: b(6)-2 000010069/

| | | | |
|---|---|---|---|
| GLU | 159* | 73-118 | MG/DL |
| BUN | 13 | 7-22 | MG/DL |
| CRE | 1.4* | 0.6-1.2 | MG/DL |
| CK | 1341* | 39-380 | U/L |
| ~~NA+~~ | ~~122*~~ | 128-145 | MMOL/L |
| K+ | 4.6 | 3.3-4.7 | MMOL/L |
| CL- | 99 | 98-108 | MMOL/L |
| tCO2 | 24 | 18-33 | MMOL/L |

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

**(Piccolo) Metabolic Panel**

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

**(Piccolo) Liver Panel Plus**

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

**(Piccolo) Electrolyte**

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

**REMARKS:**

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

**DATE:** 13 Nov 03

**LAB ID NO.:**

Ward/Station: ICW 1

REQUESTING PHYSICIAN:

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

LAST, FIRST, MI:

DATE: 27 Nov

TIME: 0500

SSN: [redacted] b(6) 4

| (i-STAT) | | | (Piccolo) Chemistry 12 | | | (Piccolo) Metabolic Panel | | |
|---|---|---|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| Na | | 138-146 mmol/L | ALB | | 3.5-5.5 g/dl | | | |
| K | | 3.5-4.9 mmol/L | ALP | | 25-84 u/l | | | |
| Cl | | 98-109 mmol/L | ALT | | 10-47 u/l | | | |
| pH | | 7.31-7.45 | AMY | | 14-97 u/l | | | |
| PCO2 | | 35-45 mmHg (art) 41-51 mmHg (ven) | AST | | 11-38 u/l | | | |
| PO2 | | 80-108 mmHg (art) N/A (ven) | TBIL | | 0.2-1.6 mg/dl | | | |
| TCO2 | | 23-27 mmol/L (art) 24-29 mmol/L (ven) | BUN | | 7-22 mg/dl | | | |
| HCO3 | | 22-26 mmol/L (art) 23-28 mmol/L (ven) | CA++ | | 8.9-10.3 mg/dl | | | |
| sO2 | | 95-98% | CHOL | | 100-200 mg/dl | | | |
| BEecf | | (-2) – (+3) mmol/L | CRE | | 0.6-1.2 mg/dl | | | |
| AnGap | | 10-20 mmol/L | GLU | | 73-118 mg/dl | | | |
| Ca | | 1.12-1.32 mmol/L | TP | | 6.4-8.1 g/dl | | | |
| BUN | | 8-26 mg/dl | (Piccolo) Metlyte 8 | | | | | |
| GLU | | 70-105 mg/dl | TEST | RESULT | REF. RANGE | | | |
| Creat | | 0.7-1.5 mg/dl | GLU | | 73-118 mg/dl | | | |
| Hct | | 38-51% PCV | BUN | | 7-22 mg/dl | | | |
| Hgb | | 12-17 g/dl | CRE | | 0.6-1.2 mg/dl | | | |
| Misc. Chemistry | | | CK | | 39-380 u/l (M) 30-190 u/l (F) | | | |
| TEST | RESULT | REF. RANGE | NA+ | | 128-145 mmol | | | |
| Troponin-I | | | K+ | | 3.3-4.7 mmol | | | |
| Drug of Abuse | | | CL- | | 98-108 mmol | | | |
| | | | tCO2 | | 18-33 mmol | | | |

======= PICCOLO =======
27/11/03 05:11
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6) 4
METLYTE 8
DISC LOT #: 3152AA4
OPER #: [redacted] DR #: 000
SERIAL #: b(6) 2 0000100494

| | | | |
|---|---|---|---|
| GLU | 140* | 73-118 | MG/DL |
| BUN | 31* | 7-22 | MG/DL |
| CRE | 2.3* | 0.6-1.2 | MG/DL |
| CK | 146 | 39-380 | U/L |
| NA+ | 137 | 128-145 | MMOL/L |
| K+ | 5.4* | 3.3-4.7 | MMOL/L |
| CL- | 100 | 98-108 | MMOL/L |
| tCO2 | 22 | 18-33 | MMOL/L |

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

REMARKS:

REPORTED BY: DATE: LAB ID NO.:

MEDCOM - 24253

[redacted] b(2)-2

# Microbiology Request Form

Last Name: [redacted] b(6)-4

First Name:

Patient # or SSN:

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

Date: 12/26/03

Time: 1720

Ward: OR

Room:

Bed:

Physician: [redacted]

Source: (R) Knee

Site:

[redacted]

Received by: SRC [redacted] b(6)-2

Date: 26 Dec 03

Time: 1950

Specimen #: W201

## Laboratory Results

Staphylococcus aureus

Reported

Date: 29 Dec 03

Time: 1154

Tech: rgc

Reviewer: [redacted] b(6)-2

Number of attached sheets:

MEDCOM - 24254

DOD-038643

ACLU-RDI 1744 p.214

# Microbiology Report

[redacted] b(2)-2

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

Specimen: W201
Source: Wound/Sterile site
Ward of Iso:

Status: Final
Collected
Attd Phys

1 Staphylococcus aureus Status: Final

## 1 S. aureus

| Drug | MIC | Interps | Drug | MIC | Interps |
|---|---|---|---|---|---|
| Amox/K Clav (c) | >4/2 | R | | | |
| Amp/Sulbactam (c) | <=8/4 | R | | | |
| Ampicillin | >8 | BLAC | | | |
| Azithromycin | >4 | R | | | |
| Cefazolin | >16 | R | | | |
| Cefepime | >16 | R | | | |
| Cefotaxime (c) | >32 | R | | | |
| Ceftriaxone (c) | >32 | R | | | |
| Cephalothin | <=8 | R | | | |
| Chloramphenicol | >16 | R | | | |
| Ciprofloxacin | >2 | R | | | |
| Clindamycin | >2 | R | | | |
| Erythromycin | >4 | R | | | |
| Gatifloxacin | 4 | I | | | |
| Gentamicin | >8 | R | | | |
| Imipenem (c) | >8 | R | | | |
| Levofloxacin | >4 | R | | | |
| Linezolid | <=2 | S | | | |
| Moxifloxacin | 4 | I | | | |
| Nitrofurantoin | 64 | | | | |
| Norfloxacin | >8 | | | | |
| Ofloxacin | >4 | R | | | |
| Oxacillin | >2 | R | | | |
| Penicillin | >8 | BLAC | | | |
| Rifampin | >2 | R | | | |
| Synercid | <=1 | S | | | |
| Tetracycline | >8 | R | | | |
| Trimeth/Sulfa | >2/38 | R | | | |
| Vancomycin | <=2 | S | | | |

Maxipen 1-2 gm q8°
Cefep
Zyvox 600mg QD

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

NR = Not Reported
--- = Not Tested
TFG = Thymidine-dependent strain

BLAC = Beta-lactamase positive
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistance due to extended spectrum beta-lactamases (ESBL)
EBL* = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases
IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases. Potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other combined beta-lactam drugs

For blood and CSF isolates a beta-lactamase test is recommended for Enterococcus species

a: Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections
b: Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (S=S, I=I, R=R). Footnote c also applies to this drug
c: For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci refer to the penicillin interpretation
d: For non beta-lactamase producing enterococci refer to the penicillin interpretation. Footnote f also applies to this drug

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.
For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections use (S=S, I=I, R=R)

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

Specimen: W201
Source: Wound/Sterile site
Ward of Iso:

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

Printed 12/29/2003 11:35:49 AM



Tech: [redacted]

MEDCOM - 24255

[redacted] b(2)-2

# Microbiology Request Form

Last Name: [redacted] b(6)-4

First Name:

Patient # or SSN:

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

Date: 12/26/03

Time: 1720

Ward: OR

Room:

Bed:

Physician: [redacted]

Source: (R) Knee

Site:

[redacted]

Received by: SPC [redacted]

Date: 26 Dec 03

Time: 1850

Specimen #: W201

## Laboratory Results

Staphylococcus aureus (MRSA)

Reported

Date: 29 Dec 03

Time: 1154

Tech: mcu

Reviewer: [redacted] b(6)-2

Number of attached sheets:

MEDCOM - 24256

DOD-038645

ACLU-RDI 1744 p.216

b(2)-2

[redacted]

Name: [redacted]
Patient ID:
Ward/Rm: / b(2)-4

Specimen: W201
Source: Wound/Sterile site
Ward of Iso:

Status: Final
Collected:
Attd. Phys:

1 Staphylococcus aureus Status: Final MRSA

1 **S. aureus**

| Drug | MIC | Interps | Drug | MIC | Interps |
|---|---|---|---|---|---|
| Amox/K Clav (c) | >4/2 | R | | | |
| Amp/Sulbactam (c) | <=8/4 | R | | | |
| Ampicillin | >8 | BLAC | | | |
| Azithromycin | >4 | R | | | |
| Cefazolin | >16 | R | | | |
| Cefepime | >16 | R | | | |
| Cefotaxime (c) | >32 | R | | | |
| Ceftriaxone (c) | >32 | R | | | |
| Cephalothin | <=8 | R | | | |
| Chloramphenicol | >16 | R | | | |
| Ciprofloxacin | >2 | R | | | |
| Clindamycin | >2 | R | | | |
| Erythromycin | >4 | R | | | |
| Gatifloxacin | 4 | I | | | |
| Gentamicin | >8 | R | | | |
| Imipenem (c) | >8 | R | | | |
| Levofloxacin | >4 | R | | | |
| Linezolid | <=2 | S | | | |
| Moxifloxacin | 4 | I | | | |
| Nitrofurantoin | 64 | | | | |
| Norfloxacin | >8 | | | | |
| Ofloxacin | >4 | R | | | |
| Oxacillin | >2 | R | | | |
| Penicillin | >8 | BLAC | | | |
| Rifampin | >2 | R | | | |
| Synercid | <=1 | S | | | |
| Tetracycline | >8 | R | | | |
| Trimeth/Sulfa | >2/38 | R | | | |
| Vancomycin | <=2 | S | | | |

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

N/R = Not Reported
--- = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available, or drug not advisable or tested
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
EBL? = Suspected ESBL Confirmatory tests needed to differentiate ESBL from other beta-lactamases.
IB = Inducible Beta-lactamase Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs

For blood and CSF Isolates, a beta-lactamase test is recommended for Enterococcus species

(a) Use maximum doses of drug with an aminoglycoside for P aeruginosa in patients with granulocytopenia or serious infections
(b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R) Footnote (c) applies to this drug
(c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation
(d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation Footnote (a) also applies to this drug

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints
For S pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R

Name: [redacted]
Patient ID:
Ward/Rm: / b(2)-4

Specimen: W201
Source: Wound/Sterile site
Ward of Iso:

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

Printed 12/29/2003 11:35:49 AM



Tech: [redacted]

MEDCOM - 24257

IBN-SINA HOSPITAL

[redacted] b(2)-2

# Microbiology Request Form

Last Name #[redacted] b(6)-4 | Ward: OR

First Name: | Room:

Patient # or SSN: | Bed:

Physician: [redacted] b(6)-2

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

Date: 03JAN04 | Source: (R) knee

Time: 0915 | Site:

Received by: Ounnarath | Specimen #: W208

Date: 3 JAN 04

Time: 1000

## Laboratory Results

Escherichia Coli

Reported

Date: 5 JAN 04

Time: 1000

Tech: Io

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

MEDCOM - 24258

DOD-038647

ACLU-RDI 1744 p.218

b(2)-2

[redacted]

| | | | | | |
|---|---|---|---|---|---|
| Name: | [redacted] | Specimen: | W208 | Status: | **Final** |
| Patient ID: | | Source: | Wound/Sterile site | Collected: | |
| Ward/Rm: | OR/ b(6)-4 | Ward of Iso: | | Attd. Phys: | |

1 Escherichia coli Status: Final

## 1 E. coli

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

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

N/R = Not Reported
--- = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available or drug not advisable or tested
*ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended specirum beta-lactamases (ESBL)
EBL? = Suspected ESBL Confirmatory tests needed to differentiate ESBL from other beta-lactamases
IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases, potentially they may become resistant to all beta-lactam drugs Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF Isolates, a beta-lactamase test is recommended for Enterococcus species.

(a) Use maximum doses of drug with an aminoglycoside for P aeruginosa in patients with granulocytopenia or serious infections
(b) Breakpoints based on parenteral dose For cefuroxime axetil (PO) use (8=S 8-16=I, >16=R) Footnote (c) applies to this drug
(c) For streptococci refer to penicillin interpretations For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci refer to the penicillin interpretation
(d) For non beta-lactamase producing enterococci refer to the penicillin interpretation Footnote (a) also applies to this drug

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002 Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints
For S pneumoniae cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis For non-meningitis infections use <2=S 2=I >2=R

| | | | | | |
|---|---|---|---|---|---|
| Name: | | Specimen: | **W208** | Status: | **Final** |
| Patient ID: | [redacted] | Source: | Wound/Sterile site | Collected: | b(6)-2 |
| Ward/Rm: | OR/ b(6)-4 | Ward of Iso: | | Req. Phy | [redacted] |

Printed 1/5/2004 8:42:11 AM Page 1 of 1 Tech: [redacted]

MEDCOM - 24259

[redacted] b(2)-2

# Microbiology Request Form

Last Name [redacted] b(6)-4
First Name:
Patient # or SSN:
Collected by: [redacted] b(6)-2
Date: 15 JAN 04
Time: 0080

Ward: ICW#1
Room: 2B
Bed: B
Physician: Oliverio
Site: Throat

[redacted]

Received by: [redacted] b(6)-2
Date: 15 JAN 04
Time: 1400

Specimen #: 7057

## Laboratory Results

Gram positive Cocci
Streptococcus spp.

Reported
Date: ~~16~~ 20 JAN 04
Time: 1000
Tech: IU
Reviewer:

Number of attached sheets:

**Gram Stain: Pick one**

Same Day/ With Result

**Specimen type: Pick one**

Wound
Body Fluid/CSF
Urine
Urine foley
Blood
Throat
Sputum
Stool
GC/Chlamydia
Other:

MEDCOM - 24260

DOD-038649

ACLU-RDI 1744 p.220

b(6)-4

ID: [redacted]
WD

12-11-03
07:16

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 12.1 H | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.87 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 10.6 L | g/dL | 11.0 | 18.0 |
| Hct | 33.8 L | % | 35.0 | 60.0 |
| MCV | 87.3 | fL | 80.0 | 99.9 |
| MCH | 27.4 | pg | 27.0 | 31.0 |
| MCHC | 31.4 L | g/dL | 33.0 | 37.0 |
| Plt | 335. | x10^3/uL | 150. | 450. |
| LY% | 6.3 *L | % | 20.5 | 51.1 |
| LY# | 0.8 * | x10^3/uL | 1.2 | 3.4 |

ID: [redacted]
WD

26-11-03
17:06

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 14.6 H | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.12 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 8.5 L | g/dL | 11.0 | 18.0 |
| Hct | 27.8 L | % | 35.0 | 60.0 |
| MCV | 88.9 | fL | 80.0 | 99.9 |
| MCH | 27.3 | pg | 27.0 | 31.0 |
| MCHC | 30.7 L | g/dL | 33.0 | 37.0 |
| Plt | 629. H | x10^3/uL | 150. | 450. |
| LY% | 16.5 *L | % | 20.5 | 51.1 |
| LY# | 2.4 * | x10^3/uL | 1.2 | 3.4 |

ID: [redacted]
WD

14-12-03
15:48

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 17.8 H | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.34 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 8.2 L | g/dL | 11.0 | 18.0 |
| Hct | 28.9 L | % | 35.0 | 60.0 |
| MCV | 86.7 | fL | 80.0 | 99.9 |
| MCH | 24.6 L | pg | 27.0 | 31.0 |
| MCHC | 28.4 L | g/dL | 33.0 | 37.0 |
| Plt | 777. H | x10^3/uL | 150. | 450. |
| LY% | 11.3 *L | % | 20.5 | 51.1 |
| LY# | 2.0 * | x10^3/uL | 1.2 | 3.4 |

ID: [redacted]
WD

15-11-03
04:58

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 14.9 H | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.52 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 9.7 L | g/dL | 11.0 | 18.0 |
| Hct | 31.1 L | % | 35.0 | 60.0 |
| MCV | 88.5 | fL | 80.0 | 99.9 |
| MCH | 27.7 | pg | 27.0 | 31.0 |
| MCHC | 31.3 L | g/dL | 33.0 | 37.0 |
| Plt | 321. | x10^3/uL | 150. | 450. |
| LY% | .... | % | 20.5 | 51.1 |
| LY# | ---- | x10^3/uL | 1.2 | 3.4 |

b(6)-4

ID: [redacted]
WD

27-11-03
05:05

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 9.3 | x10^3/uL | 4.5 | 10.5 |
| RBC | 2.24 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 6.1 L | g/dL | 11.0 | 18.0 |
| Hct | 19.7 L | % | 35.0 | 60.0 |
| MCV | 87.9 | fL | 80.0 | 99.9 |
| MCH | 27.1 | pg | 27.0 | 31.0 |
| MCHC | 30.9 L | g/dL | 33.0 | 37.0 |
| Plt | 553. H | x10^3/uL | 150. | 450. |
| LY% | 11.1 *L | % | 20.5 | 51.1 |
| LY# | 1.0 * | x10^3/uL | 1.2 | 3.4 |

ID: [redacted]
WD

01-15-04
09:34

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 4.4 L | x10^3/uL | 4.5 | 10.5 |
| RBC | 2.98 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 7.5 L | g/dL | 11.0 | 18.0 |
| Hct | 24.5 L | % | 35.0 | 60.0 |
| MCV | 82.4 | fL | 80.0 | 99.9 |
| MCH | 25.4 L | pg | 27.0 | 31.0 |
| MCHC | 30.8 L | g/dL | 33.0 | 37.0 |
| Plt | 377. | x10^3/uL | 150. | 450. |
| LY% | 33.3 | % | 20.5 | 51.1 |
| LY# | 1.5 | x10^3/uL | 1.2 | 3.4 |

[illegible]

| | | | Patient Limits | |
|---|---|---|---|---|
| [illegible] | [illegible] | [illegible] | 4.5 | 10.5 |
| [illegible] | [illegible] | [illegible] | 4.00 | 6.00 |
| [illegible] | [illegible] | [illegible] | 11.0 | 18.0 |
| [illegible] | [illegible] | [illegible] | 35.0 | 60.0 |
| [illegible] | [illegible] | [illegible] | 80.0 | 99.9 |
| [illegible] | [illegible] | [illegible] | 27.0 | 31.0 |
| [illegible] | 31.7 L | [illegible] | 33.0 | 37.0 |
| [illegible] | [illegible] H | [illegible] | 150. | 450. |
| [illegible] | [illegible] | % | 20.5 | 51.1 |
| [illegible] | [illegible] * | x10^3/uL | 1.2 | 3.4 |

b(6)-4

ID: [redacted]
WD

28-11-03
05:40

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 12.5 H | x10^3/uL | 4.5 | 10.5 |
| RBC | 2.87 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 7.9 L | g/dL | 11.0 | 18.0 |
| Hct | 25.4 L | % | 35.0 | 60.0 |
| MCV | 88.6 | fL | 80.0 | 99.9 |
| MCH | 27.6 | pg | 27.0 | 31.0 |
| MCHC | 31.2 L | g/dL | 33.0 | 37.0 |
| Plt | 469. H | x10^3/uL | 150. | 450. |
| LY% | 12.6 *L | % | 20.5 | 51.1 |
| LY# | 1.6 * | x10^3/uL | 1.2 | 3.4 |

---

i-STAT G3+

pt: [redacted] b(6)-4

Pt Name:_____

TCO2_____25 mmol/L

Pt 570

pH_____7.[illegible]

pCO2_____52.5 mmHg

pO2_____108 mmHg

HCO3_____24 mmol/L

BEecf_____-3 mmol/L

sO2*_____97 %

*calculated

Hb 11
Hct 33
Sample Type

12NOV

b(6)-2

| TEST(S) | | |
|---|---|---|
| SPECIMEN TAKEN | | |
| DATE 14Dec | TIME 1545 A.M. P.M. | |
| RESULTS | REQUESTED | (X) |
| | RBC COUNT | |
| | HEMOGLOBIN | |
| | HEMATOCRIT | |
| | MCV | |
| | MCH | |
| | MCHC | |
| | WBC COUNT | |
| | WBC DIFF AND BLOOD CELL MORPH: IMMATURE | |
| | NEUTRO-BANDS | |
| | NEUTROSEGS | |
| | LYMPHS | |
| | EOSINOPHILS | |
| | BASOPHILS | |
| | MONOCYTES | |
| | PLATELETS | |
| | RBC | |
| | SED. RATE | |
| | PLATELET COUNT | |
| | RETICULOCYTE COUNT | |
| | CLOTTING TIME | |
| | BLEEDING TIME | |
| | PTT: CONTROL | |
| | PTT: PATIENT | |
| | PROTHROMBIN: CONTROL | |
| | PROTHROMBIN: PATIENT | |
| | PROTHROMBIN: % ACTIVITY | |
| | PROTHROMBIN: RATIO | |
| | SICKLING TEST | |
| | LE PREP | |

**HEMATOLOGY** 549-107
STANDARD FORM 549 (Rev. 7-78)

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

REF. ARC

REQUESTING PHYSICIAN'S SIGNATURE

[redacted]

[redacted] b(6)-4

[redacted] b(6)-2

TECH MD DATE 14Dec

HEMATOLOGY

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

PATIENT STATUS: BED ☐ OUTPATIENT ☐ NP ☐ DOW ☐ AMI ☒

SPECIMEN SOURCE: VEIN ☐ CAP ☐ OTHER (Specify)

LAB. ID. NO.

SPECIMEN/LAB RPT. NO.

FCW

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/12/03 07:40

Patient ID: [redacted] b(6)-4
Test Name :PT
Test Result:= 14.1 sec.
Ratio = 1.2
Calculated INR = 1.26
Sample Type:citrated wh. blood
Test Date :11/12/03
Test Time :07:38
Card Lot :080201
Operator : [redacted] b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/12/03 07:44

Patient ID: [redacted] b(6)-4
Test Name :APTT
Test Result:= 36.5 sec.
Sample Type:citrated wh. blood
Test Date :11/12/03
Test Time :07:41
Card Lot :100212
Operator [redacted] b(6)-4

# MEDICAL RECORD — ANESTHESIA

| DRUG | (Units) | |
|---|---|---|
| Fentanyl | (mg) | 50/100 |
| Ketamine | (mg) | 75 |
| SCL | (mg) | 120 |
| Vecuronium | ( ) | 1 3 5 |
| MSO4 | ( ) | 5 5 5 5 |
| Phenylephrine | (mg) | 50 50 |
| VOLAT AGENT | % del | 2.0 ~ 0.5 — 1.0 — 0.5 — 1.0 — 1.0 X |
| | % e.t. | |
| AIR | L/Min | |
| N2O | L/Min | |
| O2 FM | L/Min | 5 — 5 — 5 — 5 — 5 — 5 |

CONTINUOUS / REPEATED DRUGS SPECIFY UNITS – MG / MCG / ML. "CONSTANT INFUSION"

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

Reglan 10 mg IV @ 0340
Decadron 20 mg IV @ 0345

LINE site 14g (R) AC ☐ Warmed — 300 — 0 — 300/600 — 400/1000 cc
☐ Warmed — Hetaspan — 500 — 500 cc
☐ Warmed
☐ Warmed

| LOSSES | | |
|---|---|---|
| EST BLOOD LOSS | 100 | 150 cc — 150 cc |
| URINE – | 400 | 100/500 — 300/800 cc — Clear yellow |

| TOTALS | |
|---|---|
| TOTAL EBL | 150 cc |
| TOTAL URINE | 800 cc |

FLUIDS – SUMMARY
CRYSTALLOID – 1000 cc
COLLOID – Hespan 500 cc
BLOOD –

REMARKS –
Code drugs with numbers, events with letters
(A) Pt ID'd, Assessed IV Good
(B) To OR 2 – Pt ID'd Monitors on
(C) RSI Induction Difficult Int. Gaters DL x 3. Grade IV view Miller 2 – Grade 2 view MAC 3 & 2 DC. cuff visible post cord OV Tped LC sc
(D) Spontaneous Resp, Good reflexes, Head Lift Extubate
(E) To PACU – Spontaneous Resp & Good Air Exchange – Somnolent Responsive – Report to SNCOD RN

PTS STATUS: 1 (2) 3 4 5 (E)
BODY WEIGHT: 70 (KG) LB
HEMATOCRIT: —
INITIAL DATA: BP – 155/81 HR – 98
CHIP CHECK: OK? – (Y) N
IMPLANT RECORDS: X for PROCEDURE? 05
TIME – 0330

TIME → 0330 X 0400 X 30 X 0500 X 30 X 0600

SYMBOLS: BP by cuff (V ∧); Heart rate (●); Resp rate; BP (transduced); TOURNIQUET (T – ✓); ANES – X-X; PROC – (⊙) – Ø

pH 7.26
pCO2 52.5
pO2 108
HCO3 24
BE –3
O2 Sat 97%
Hct 33%

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| VT – ml | | | | | | | | | | |
| f – breaths/min | 20 | 10 | 12 | 10 | 10 | 18 | 16 | 22 | 20 | |
| Peak inf pres / PEEP | | | | | | | | | | |
| MODE – S(pon), A(ssist), C(on) | S | C | C | C | C | A | S | S | S | |
| BP/Auto Cuff / ET CO2 (torr) | 39 | 37 | 40 | 43 | 52 | 41 | 51 | 46 | 45 | |
| BP / oth / FIO2 (Frac or %) | .40 | .59 | .39 | .58 | .42 | .61 | .52 | .56 | .51 | |
| ART line / SpO2 (%) | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | |
| Steth – PC/ES / ECG | SR | SR | SR | SR | SR | SR | SR | SR | SR | |
| Gas analyzer / TEMP – site | | 36.4 | | 36.5 | 36.5 | 36.4 | | 36.4 | | |
| N-M Block (T/4) | | | | | | | | | | |
| Warming blkt | | | | | | | | | | |
| Conv warmer | | | | | | | | | | |

Mark with letters & symbols, explain under REMARKS

EVENTS (A)(B)(C) (D)(E)
Position → Arms < 90° Palms Up P.P.P.P.

RECOVERY AT 0545
PACU ICU (Specify)
OTHER
CONDITION: STABLE
Temp – 98.0 RESP – 20 SpO2 – 97%
BP – 136/73 HR – 108

ANESTHESIA / PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | 0325 | 0330 | 0550 |
| PROC | Ready 0347 | Begin 0359 | End 0539 |

PROCEDURES and CPT Codes
Ex F.X (R) Femur / Repair Hand (R) 5th Digit Amputation

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
GETA RSI 8.5 oral ETT

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
Oral Mac 3, DL x 3 Intubated. cuff R sic Air. Stylette out. EBS/ETCO2 (+). Bleeding noted in hypopharynx

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

SURGEON [redacted]
[redacted] RNA

PROCEDURE 782 FST
LOCATION Fallujah Iraq
DATE 12 Nov 03
PAGE 1 OF 1

MEDICAL RECORD – ANESTHESIA

WAMC OP 376 REVISED 1 Jan 99

PATIENT RECORD
MEDCOM - 24263

# MEDICAL RECORD - ANESTHESIA

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

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Propofol | (mg) | 200 | | | | | | | | | | | | |
| Fentanyl | (cc) | 2/2 | 1 | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | |
| VOLAT AGENT | Forane % del | 4 | 4 | 3 | 1.5 | 0.6 | | | | | | | | |
| | % e.t. | | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | | |
| O2 | L/Min | 8 | 3 | 3 | 3 | 3 | 3 | | | | | | | |

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

**FLUIDS**

| LINE site LR | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ Warmed | 600 | #1 | | | | #2 | | | | | | | |
| ☐ Warmed | | | | | | | | | | | | | |
| ☐ Warmed | | | | | | | | | | | | | |
| ☐ Warmed | | | | | | | | | | | | | |

**LOSSES**

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | | | | | | | | | | | |
| URINE - | | | | | | 1200 | | | | | | | |

**PHYS STATUS** 1 2 3 4 5 E

**BODY WEIGHT:** ? 100 KG LB

**HEMATOCRIT:**

**INITIAL DATA:** BP- 147/78 HR- 104

**EQUIP CHECK** OK?- Y N

**PATIENT RECHECK** OK for PROCEDURE? TIME-

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

**TIME** 1200 1230 1300 1330 1400

**VENTIL.**

| | 1200 | 1230 | 1300 | 1330 | 1400 |
|---|---|---|---|---|---|
| VT - ml | | | 330 | 330 | |
| f - breaths/min | 12 | 17 | 20 | 22 | 26 | 26 |
| Peak inf pres / PEEP | | | | | | |
| MODE - S(pon), A(ssist), C(on) | S/A | SV | SV | SV | SV | SV |

**MONITORS/ACCESSORIES**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | 45 | 46 | 47 | 45 | 38 | 35 |
| BP/oth | FIO2 (Frac or %) | .69 | .70 | .69 | .69 | 0.7 | 0.7 |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ECG | ST | ST | ST | ST | ST | ST |
| Gas analyzer | TEMP-site Nasal | | 37.3 | 37.3 | 37.1 | 36.8 | out |
| | N-M Block (T/4) | | | | | | |
| Warming blkt | | | | | | | |
| Conv warmer | | | | | | | |

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

**TOTALS** 200 / 5 cc — **TOTAL EBL** — **TOTAL URINE**

**FLUIDS SUMMARY** CRYSTALLOID- 1800 cc COLLOID- BLOOD-

**REMARKS** *Code drugs with numbers, events with letters*

To OR #1. Monitors
Pre O2. Smooth IV
induction. Eyes
taped shut
Sk. LMA A/C
To recovery

**RECOVERY AT:** PACU ICU ____ (Specify) OTHER ____

CONDITION: RESP- 20 SpO2- 95% BP- 133/84 HR- 120

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1155 | 1155 | 1315 |
| PROC | Ready | Begin | End |
| | 1205 | 1225 | 1300 |

PROCEDURES and CPT Codes: I+D R Hand + RLE wounds w/debrid

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks* GA

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility* b(6)-4 [redacted] ICW #1

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* to R finger #4.0 LMA ⊼ cuff (+) ET CO2 (+) B=BS

SURGEONS: [redacted] b(6)-2

ANESTHETISTS: [redacted]

PROCEDURE LOCATION: OR #1

DATE: 13 Nov 00

PAGE 1 OF 1

DA FORM 7280, FEB 1998 — MEDCOM - 24264 — COPY 1 - PATIENT'S MEDICAL RECORD

31y/o ♂ NKA  Anecf Gent  PM Hx ? Kidney Stones
S/P Ex Fix (R) Femur, 1x RA PIV ✓  MPCA I  Ex Fix

# MEDICAL RECORD - ANESTHESIA

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

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | | | | | | | | | | | | | | TOTALS | TOTAL EBL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fentanyl | (cc) | 1 | 3 | 2 | | | | | | | | | | | 5 | mi |
| Propofol | (mg) | | 150 | | | | | (50) | | | | | | | | TOTAL URINE |
| Sux | (mg) | | 80 | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | | |
| MSO4 | (mg) | | | | 5/5 | | | | | | | | | | 10 | 300 |
| | ( ) | | | | | | | | | | | | | | | |
| VOLAT AGENT — Sevo | % del | 1.2 | 2 | 2.5 | 1 | X | X | 1.5 | X | | | | | | FLUIDS - SUMMARY | |
| | % e.t. | | | | | | | | | | | | | | CRYSTALLOID- 600 LR | |
| AIR | L/Min | | | | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | | | COLLOID- Ø | |
| O2 | L/Min | 2 | 2 | 3 | 3 | 3 | 3 | 3-8 | | | | | | | | |
| SINGLE DOSE DRUGS-MARK ON GRID → WITH NUMBERS & ENTER IN REMARKS | | | | | | | | | | | | | | | BLOOD- Ø | |

**FLUIDS**

| LINE site | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| R A LR | ☐ Warmed | X | 200 | — | 300 | 600 | 500 | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | |

**LOSSES**

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | | | | | | | | | | | | |
| URINE - | | | | | 300 | | | | | | | | | |

**REMARKS** — *Code drugs with numbers, events with letters*

prep, PIV ✓
to OR, monitors
$O_2$ stbl IV
induction
positive, prep
drape
JP secure
SR extubated
awake

Confusion
Cooperative

| PHYS STATUS | TIME → | 0945 | 10 | X | 30 | X | 11 | X | 30 | X | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 (2) 3 4 5 E | | | | | | | | | | | |

BODY WEIGHT: ~105 (KG) LB

HEMATOCRIT: 27.9

INITIAL DATA:

BP- 118/70

HR- 96

EQUIP CHECK

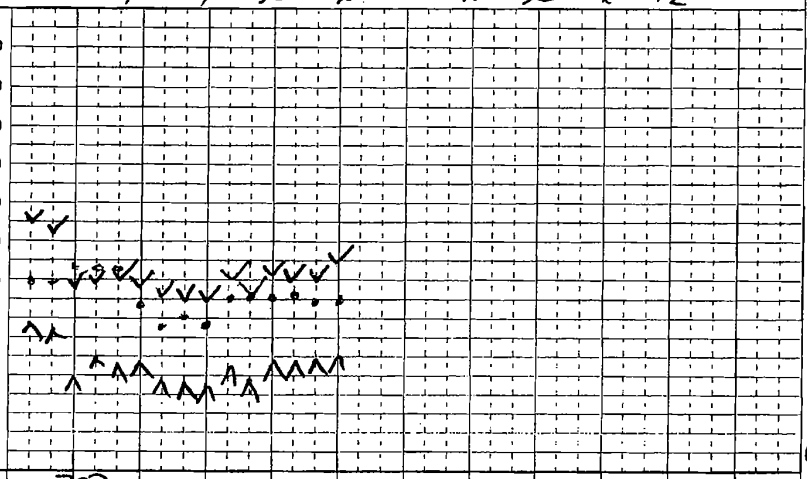
OK?- (Ø) N

PATIENT RECHECK

OK for PROCEDURE? yes

TIME- 0930

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




**VENTIL**

| | | | | | | |
|---|---|---|---|---|---|---|
| VT - ml | | 700 | | | | |
| f - breaths/min | | 10 | 26 | 29 | 24 | 23 |
| Peak inf pres / PEEP | | 16 | | | | |
| MODE - S(pon), A(ssist), C(on) | | S | C | S | S | S | S |

**MONITORS/ACCESSORIES**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| X BP/Auto Cuff | X ET CO2 (torr) | | 42 | 39 | 37 | 37 | |
| BP/oth | X FIO2 (Frac or %) | .8 | .8 | .8 | .8 | .8 | |
| ART line | X SpO2 (%) | 100 | 100 | 100 | 100 | 100 | |
| Steth- PC/ES | ✓ ECG | ST | ST | SR | SR | SR | |
| Gas analyzer | TEMP-site | Axila | | | | | |
| | ✓ N-M Block (T/4) | | | 4/4 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Warming blkt | | | | | | | |
| Conv warmer | | | | | | | |

*Mark with letters & symbols, explain under REMARKS* — EVENTS → *Position* → Neck/Head Neutral Arms 290°

RECOVERY AT 1050

PACU ICU _____ (Specify)

OTHER _____

CONDITION:

RESP- 16 SpO2- 98

BP- 142/77 HR- 88

ANESTHESIA / PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | 0930 | 0938 | 1050 |
| | Ready | Begin | End |
| PROC | 0945 | 1001 | 1048 |

PROCEDURES and CPT Codes:

(R) leg Washout

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

GA DLX1, 4mg IV, prd II 1/kg, 8.0 KTT @ 24 cm

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

BS=B, G.3.3., eyes taped.

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

[redacted] b(6)-4

SURGEON: [redacted] b(6)-4

ANESTHETISTS: [redacted] HTC CRNA

PROCEDURE LOCATION: OR

DATE: 11-15-03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 — COPY 2 - ANESTHESIA PROVIDER — USAPA V1.00

MEDCOM - 24265

# MEDICAL RECORD - ANESTHESIA

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

Wasted

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fent | (mcg) | 150 | | 200 | | 50/100 | | 150/50/50/50/50/50/50 | | | | | |
| Prop | (mg) | 200 | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| MSO4 | (mg) | | | | | | | | | | 4 | 2 | |
| | ( ) | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| VOLAT AGENT | Sevo % del | | 2.0 | 2.5 | 2.5 | 2.5 | 2.7 | (2) → | → | → | → | → | → |
| | % e.t. | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | |
| O2 | L/Min | 8 | 2 | 2 | 2 | 2 | 2 | (3) → | → | → | → | → | → |

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

**FLUIDS**

| LINE site | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18ga @ H | ☐ Warmed | Dilaudid | | | | | | | | | | | |
| 18ga @ H | ☐ Warmed | | | | | | | | (2) → | → | → | → | → |
| | ☐ Warmed | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | |

**LOSSES**

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | | | | | | | 200 | | | | |
| URINE - | | | | | | | | | | | | | |

| PHYS STATUS | TIME → | 1330 | 1400 | 1430 | (1500) | 1530 | (1600) |
|---|---|---|---|---|---|---|---|
| 1 2 3 4 5 E | | | | | | | |

**BODY WEIGHT:** 75 (KG) LB

**HEMATOCRIT:** 31

**INITIAL DATA:**

BP- 122, 62

HR- 88

**EQUIP CHECK**

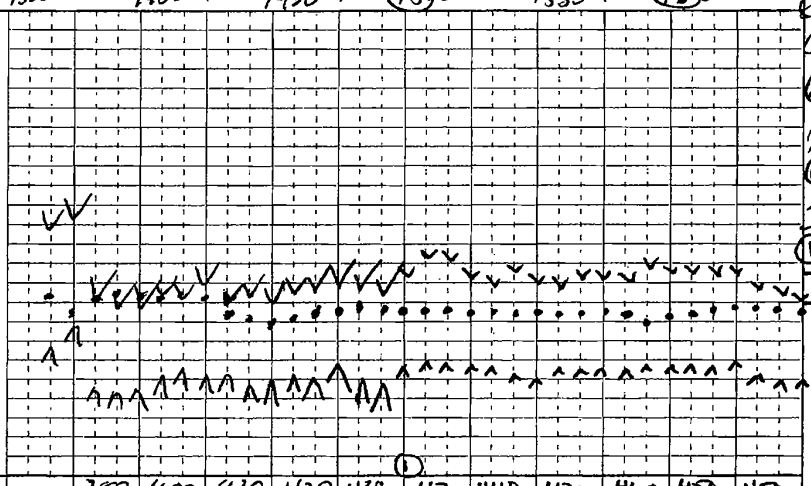
OK?- (Y) N

**PATIENT RECHECK**

OK for PROCEDURE? Y

TIME- 1330

**SYMBOLS:** BP by cuff V ∧ · Heart rate ● · Resp rate · BR (transduced) ╪ · TOURNIQUET T—T · ANES- X-X · PROC- ⊙-Ø




**VENTIL**

| | 1330 | 1400 | 1420 | 1430 | 1500 | 1530 | 1600 | 1630 | 1700 | 1730 | 1800 | 1830 | 1900 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VT - ml | | 380 | 400 | 420 | 430 | 430 | 430 | 440 | 430 | 460 | 450 | 450 | |
| f - breaths/min | | 20 | 12 | 8 | 16 | 16 | 12 | 14 | 14 | 12 | 14 | 16 | |
| Peak inf pres / PEEP | | | | | | | - | - | - | - | - | - | |
| MODE - S(pon), A(ssist), C(on) | S/A | S | S | S | S | S | S | S | S | S | S | S | |

**MONITORS/ACCESSORIES**

| | | 1330 | 1400 | 1420 | 1430 | 1500 | 1530 | 1600 | 1630 | 1700 | 1730 | 1800 | 1830 | 1900 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | | 36 | 40 | 42 | 41.0 | 40 | 43 | 40 | 39 | 38 | 37 | 38 | |
| BP/oth | FIO2 (Frac or %) | .87 | .88 | .88 | .89 | .88 | .88 | 90 | 90 | 90 | 90 | 89 | 88 | |
| ART line | SpO2 (%) | 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 | |
| Gas analyzer | TEMP-site | | | 37.2 | 37.1 | 37.0 | 37 | 36.9 | 36.9 | 36.9 | 36.8 | 36.9 | 36.9 | |
| | N-M Block (T/4) | | | | | | | | | | | | | |
| Warming blkt | | | | | | | | | | | | | | |
| Conv warmer | | | | | | | | | | | | | | |

*Mark with letters & symbols, explain under REMARKS* — EVENTS *Position* → a2

| TOTALS | TOTAL EBL |
|---|---|
| | 500 |
| | TOTAL URINE |
| | N/M |

**FLUIDS - SUMMARY**

CRYSTALLOID- 2800

COLLOID- 500

BLOOD- Ø

**REMARKS**

*Code drugs with numbers, events with letters*

Pt ID'd on IC w/ Dr. / Exit room
Induction
Start/Stop
Ancef 1 gm IV per schedule
Gentamicin 400 mg
IVPB PSR
(1) Dolau, CRNA.

see pg. 2

RECOVERY AT 1925

PACU ICU _____ (Specify)

OTHER _____

CONDITION: stable

RESP. 20 SpO2- 98%

BP- 139/70 HR- 115

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1325 | 1338 | 1930 |
| | Ready | Begin | End |
| PROC | 1350 | 1410 | 1915 |

PROCEDURES and CPT Codes:

ORIF R Knee

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

[redacted]

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

GA

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

LMA #4 placed 3 difficulty, took VOC ~ 18 cm $H_2O$ pressure, eyes taped

[redacted] b(6) - 2

[redacted]

PROCEDURE LOCATION: 1

DATE: 26 Nov 03

PAGE 1 OF 2

DA FORM 7389, FEB 1998 — COPY 2 - ANESTHESIA PROVIDER — USAPA V1.00

MEDCOM - 24266

# MEDICAL RECORD - ANESTHESIA

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

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | 1720 | 1730 | 1740 | 1750 | 1800 | 1810 | 1820 | 1830 | 1840 | 1850 | 1900 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fentanyl | (µg) | 50 | | | | | 50/50/50/50/50 | | | | | |
| | ( ) | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | |
| MSO4 | (mg) | | 2 | 2 | | | | | | | | |
| | ( ) | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | |
| VOLAT AGENT — Sevo % del | | 2.5 | | | | | | | 1.5 | | | 0X |
| % e.t. | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | |
| O2 | L/Min | 3 | | | | | | | | | | 10 |

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

**FLUIDS**

| LINE site | | 1720 | 1730 | 1740 | 1750 | 1800 | 1810 | 1820 | 1830 | 1840 | 1850 | 1900 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ☐ Warmed | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | |
| R hand 18g | ☐ Warmed (2) | | | | | Resp 500 | (3) | | | | | |
| | ☐ Warmed | | | | | | | | | | | |

**LOSSES**

| | 1720 | 1730 | 1740 | 1750 | 1800 | 1810 | 1820 | 1830 | 1840 | 1850 | 1900 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS (200) | 100/300 | | 100/400 | | | 100/500 | | | | | |
| URINE - | | | | | | | | | | | |

| TOTALS | TOTAL EBL |
|---|---|
| | |
| | TOTAL URINE |
| | |

FLUIDS - SUMMARY

CRYSTALLOID-

COLLOID-

BLOOD-

REMARKS

*Code drugs with numbers, events with letters*

1720: H/H = 9/28 surgeon notified.

1900: anesthesiologist added to. LR (3) remainder.

(2) F/C placed per OR-RN. Pt opens eyes, extubated, To PACU, report.

**PHYS STATUS** 1 2 3 4 5 E

**BODY WEIGHT:** KG / LB

**HEMATOCRIT:**

**INITIAL DATA:**

BP-

HR-

**EQUIP CHECK** OK?- Y N

**PATIENT RECHECK** OK for PROCEDURE? TIME-

**TIME** 1730 • (17) • x • (18) • x • (19) • x

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

**VENTIL**

| | 1720 | 1730 | 1740 | 1750 | 1800 | 1810 | 1820 | 1830 | 1840 | 1850 | 1900 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| VT - ml | 450 | 350 | 350 | 350 | 400 | 400 | 350 | 400 | 450 | 520 | 600 |
| f - breaths/min | 14 | 16 | 16 | 16 | 18 | 18 | 18 | 18 | 14 | 16 | 18 |
| Peak inf pres / PEEP | - | - | - | - | - | - | - | - | - | - | - |
| MODE - S(pon), A(ssist), C(on) | S | S | S | S | S | S | S | S | S | S | S |

**MONITORS/ACCESSORIES**

| | | 1720 | 1730 | 1740 | 1750 | 1800 | 1810 | 1820 | 1830 | 1840 | 1850 | 1900 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | 38 | 39 | 38 | 37 | 35 | 35 | 37 | 36 | 36 | 34 | 38 |
| BP/oth | FIO2 (Frac or %) | 88 | 87 | 88 | 88 | 88 | 88 | 88 | 87 | 88 | 88 | 88 |
| ART line | SpO2 (%) | 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 |
| Gas analyzer | TEMP-site Hoth | 36.9 | 37.0 | 36.9 | 37.0 | 37.1 | 37.0 | 37.0 | 37.1 | 37.1 | 37.2 | 37.2 |
| | N-M Block (T/4) | | | | | | | | | | | |
| Warming blkt | | | | | | | | | | | | |
| Conv warmer | | | | | | | | | | | | |

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

RECOVERY AT

PACU ICU _____ (Specify)

OTHER _____

CONDITION:

RESP- SpO2-

BP- HR-

ANESTHESIA / PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | | | |
| PROC | Ready | Begin | End |

PROCEDURES and CPT Codes:

ORIF (R) knee

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

#[redacted] b(6)-4

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

Gen LMA

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

#4 LMA

SURGEONS: [redacted] b(6)-2

[redacted]

PROCEDURE LOCATION: 1

DATE: 26 NOV 03

PAGE 2 OF 2

DA FORM 7389, FEB 1998 — COPY 2 - ANESTHESIA PROVIDER — USAPA V1.00

MEDCOM - 24267

31yO ♂ fx RA HL(R)FA s/PE x fix (R) femur

# MEDICAL RECORD - ANESTHESIA

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

NKDA

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I"=CONSTANT INFUSION

| DRUG (Units) | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fentanyl (mcg) | | 50- | 50-100 | <50> | | | | | | | | | | | | | |
| Lidocaine (mg) | | 100 | | | | | | | | | | | | | | | |
| Propofol (g) | | 180 | | | | 20 | | | | | | | | | | | |
| MSO4 (g) | | | 3 | 5 | 5 | <5> | | | | | | | | | | | |
| ( ) | | | | | | | | | | | | | | | | | |
| ( ) | | | | | | | | | | | | | | | | | |
| VOLAT AGENT | Sev % del | 1.0 | 0.6 | 0.8 | 0.8 | 0.8 | X | | | | | | | | | | |
| | % e.t. | | | | | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | | | | | |
| O2 | L/Min | 10 | 2 | 2 | 2 | 2 | 10 | | | | | | | | | | |

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

**FLUIDS**

| LINE site | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20G (R)A ☒ Warmed | UR | #1 | | | | | | | | | | | | | | |
| ☐ Warmed | | | | | | | | | | | | | | | | |
| ☐ Warmed | | | | | | | | | | | | | | | | |
| ☐ Warmed | | | | | | | | | | | | | | | | |

**LOSSES**

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | | 25 | | | | | | | | | | | | |
| URINE - | | | | | | | | | | | | | | | | |

| TOTALS | TOTAL EBL |
|---|---|
| 250 | <50 |
| 100 | |
| 300 | TOTAL URINE |
| 20 | Ø |

**FLUIDS - SUMMARY**

CRYSTALLOID- 500

COLLOID- Ø

BLOOD- Ø

**REMARKS**

*Code drugs with numbers, events with letters*

(1) Lungs STA (6) HR (4) m
(2) Room, monitor, O2, induced
eyelid taped closed
(3) LMA removed w/ complication
(4) TOPACU - Report to nurse

PHYS STATUS: 1 (2) 3 4 5 E

BODY WEIGHT: 90 (KG) LB

HEMATOCRIT: —

INITIAL DATA:

T- 99.4

BP- 99/50 107/62

HR- 91

EQUIP CHECK OK?- (Y) N

PATIENT RECHECK OK for PROCEDURE? Y

TIME- 1145

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

TIME → 1100 . 30 . 1300 . 30 . 1400

**VENTIL**

| | | | | | | |
|---|---|---|---|---|---|---|
| VT - ml | | + | 260 | 300 | 360 | 340 |
| f - breaths/min | | + | 22 | 18 | 15 | 17 |
| Peak inf pres / PEEP | | — | — | — | — | — |
| MODE - S(pon), A(ssist), C(on) | | S | S | S | S | S |

**MONITORS/ACCESSORIES**

| | | | | | | |
|---|---|---|---|---|---|---|
| ✓ BP/Auto Cuff | ✓ ET CO2 (torr) | + | 41 | 40 | 37 | 37 |
| ✓ BP/oth | ✓ FIO2 (Frac or %) | 0.50 | 0.34 | 0.36 | 0.46 | 0.52 |
| ✓ ART line | ✓ SpO2 (%) | 98 | 100 | 100 | 100 | 100 |
| ✓ Steth- PC/ES | ✓ ECG | SR | SR | SR | SR | SR |
| ✓ Gas analyzer | TEMP-site available | | | | | |
| | N-M Block (T/4) | | | | | |
| | BS | + | | | | |
| ✓ Warming blkt | ✓ x1 Blanket | → | → | → | → | |
| ✓ Conv warmer | | | | | | |

*Mark with letters & symbols, explain under REMARKS* EVENTS (1) (2) (3) (4)
*Position* ↓

RECOVERY AT 1310

PACU CU ____ (Specify)

OTHER ____

CONDITION: Stable awake

RESP- 20 SpO2- 97

BP- 134/80 HR- 87

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1150 | 1200 | 1320 |
| | Ready | Begin | End |
| PROC | 1210 | 1225 | 1310 |

PROCEDURES and CPT Codes:

I&D (R) knee

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

G-LMA

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

LMA #5 placed; seated GPU; BBS; sust ETCO2

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

[redacted]

b(6)-4

SURGEONS: [redacted] b(6)-2

PROCEDURE LOCATION: 2(2)

DATE: 9 Dec 03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 COPY 2 - ANESTHESIA DEPARTMENT USAPA V1.00

MED [redacted] 24268 CRNA/MA [redacted]

# MEDICAL RECORD - ANESTHESIA

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

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I"=CONSTANT INFUSION

| DRUG | (Units) | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PROPOFOL | (mg) | 150 | | | | | | | | | | | | | |
| FENTANYL | (mcg) | 300 | 200 | 200 | | | | | | | | | | | |
| MSO4 | (mg) | | 4 | 6 | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | |
| VOLAT AGENT | 1.0 % del | 2.0 | 1.0 | 1.0 | .8 | .8 | 0 | | | | | | | | |
| | % e.t. | | | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | | | |
| O2 | L/Min | 8 | 1 | 1 | 1 | 1 | 8 | | | | | | | | |
| SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → | | | | | | | | | | | | | | | |

**FLUIDS**

| LINE site | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LR 18 (R) HA | ☐ Warmed | | | 700 | | | 1300 | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | |

**LOSSES**

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | | | | | | | | | | | | |
| URINE - | | | | | | | | | | | | | | |

| TOTALS | TOTAL EBL |
|---|---|
| | <100 |
| | TOTAL URINE |
| | Ø |

**FLUIDS - SUMMARY**

CRYSTALLOID- 1400

COLLOID- Ø

BLOOD- Ø

**REMARKS**

*Code drugs with numbers, events with letters*

PHYS STATUS: 1 2 3 4 5 E

BODY WEIGHT: 70 KG LB

HEMATOCRIT:

INITIAL DATA:

BP- 114/66

HR- 94

EQUIP CHECK

OK?- Ø N

PATIENT RECHECK

OK for PROCEDURE? yes

TIME- 0812

**TIME** 0815 30 0900 30 1000 30 1100

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

**VENTIL**

| | | | | | | |
|---|---|---|---|---|---|---|
| VT - ml | 280 | 330 | 460 | 390 | 530 | 500 |
| f - breaths/min | 16 | 13 | 8 | 7 | 8 | 10 |
| Peak inf pres / PEEP | | | | | | |
| MODE - S(pon), A(ssist), C(on) | S | S | S | S | S | S |

**MONITORS/ACCESSORIES**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | 39 | 40 | 39 | 38 | 35 | 34 |
| BP/oth | FIO2 (Frac or %) | .91 | .91 | .91 | .91 | .91 | .50 |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ECG | SR | SR | SR | SR | SR | SR |
| Gas analyzer | TEMP-site | AVAILABLE | | | | | |
| | N-M Block (T/4) | | | | | | |
| Warming blkt | | | | | | | |
| Conv warmer | | | | | | | |

*Mark with letters & symbols, explain under REMARKS* EVENTS *Position* → O-1

RECOVERY AT 0940

PACU ICU _____ (Specify)

OTHER _____

CONDITION:

RESP- SpO2-

BP- HR-

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 0800 | 0810 | 0900 |
| PROC | Ready | Begin | End |
| | 0815 | 0835 | 0957 |

PROCEDURES and CPT Codes:

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

# [redacted] b(6)-4

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

GENERAL CMA

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

Face-O x 5 min 91% FIO2, IV induction #4 LMA placed x 1 attempt 30cc Foley saline

SURGEONS: [redacted] ⊕ISS ⊕ISTCO2

ANESTHETISTS: [redacted] b(6)-2

PROCEDURE LOCATION: OR1

DATE: 12 FEB 03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 — COPY 3 - ANESTHESIA DEPARTMENT — USAPA V1.00

MEDCOM - 24269

# MEDICAL RECORD - ANESTHESIA

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

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| droperidol | (mg) | 2.5 | | | | | | | | | | | | | | | |
| sufenta | (mcg) | 10 | 10 | 10 | 10 | | 5 | | 5 | | | | | | | | |
| propofol | (mg) | | 200 | | | | | | | | | | | | | | |
| SUX | (mg) | | 140 | | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | | | |
| VOLAT AGENT Iso | % del | | 1.5 | 1.5 | 1.2 | 0.7 | 0.5 | 0.5 | | | | | | | | | |
| | % e.t. | | | | | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | | | | | |
| O2 | L/Min | | 6 | 2 | 1 | 1 | 2 | 2 | 4 | | | | | | | | |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → 1 2 3 4

| TOTALS | TOTAL EBL |
|---|---|
| 50 | min |
| | TOTAL URINE |
| | Ø |

FLUIDS - SUMMARY
CRYSTALLOID- 700
COLLOID- Ø
BLOOD- Ø

**FLUIDS**

| LINE site | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18g LAC | ☐ Warmed | KL | | 500 | | 600 | | 700 | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | | | | |

**LOSSES** — EST BLOOD LOSS / URINE -

PHYS STATUS: 1 2 3 4 5 E

BODY WEIGHT: 75 KG LB

HEMATOCRIT: N/A

INITIAL DATA: BP- 110/63 HR- 92

EQUIP CHECK OK?- Y N

PATIENT RECHECK OK for PROCEDURE? Y TIME- 1635

TIME → 30 17 30 18 30 19 30

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

**VENTIL**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| VT - ml | | | 500 | 240 | 270 | 360 | 300 | 430 | 410 |
| f - breaths/min | | | 12 | 16 | 18 | 10 | 10 | 8 | 11 |
| Peak inf pres / PEEP | | | 30 | ~~160~~ | — | — | — | — | — |
| MODE - S(pon), A(ssist), C(on) | | S | C | S | S | S | S | S | S |

**MONITORS/ACCESSORIES**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | 40 | 40 | 45 | 44 | 46 | 45 | 43 | 41 |
| BP/oth | FIO2 (Frac or %) | 0.8 | 0.8 | 0.8 | 0.8 | 0.8 | 0.8 | 0.8 | 0.8 |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ECG | SR | SR | SR | SR | SR | SR | SR | SR |
| Gas analyzer | TEMP-site avail | | | | | | | | |
| | N-M Block (T/4) | | | | | | | | |
| Warming blkt | | | | | | | | | |
| Conv warmer | | | | | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position → 0 →

**REMARKS**

Code drugs with numbers, events with letters

Chart & pt ✓. No change since prior surgery. S/P multiple anesthetics. Plan GA.
(1) To room, SOC monitors, pre-O2.
(2) I & I.
(3) Droperidol 30mg IV.
(4) 32F nasal airway placed. Pt suctioned & extubated & diff. to PACU stable.

RECOVERY AT 1820

PACU ICU ____ (Specify)

OTHER 95%

CONDITION: RESP- 12 SpO2- 98 BP- 114/70 HR- 85

ANESTHESIA / PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | 1635 | 1640 | 1825 |
| | Ready | Begin | End |
| PROC | 1650 | 1705 | 1815 |

PROCEDURES and CPT Codes:
I&D Rt knee; adjust antibx beads*

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*
Fast Trak LMA → 7.0 ETT

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*
EPW # [redacted] b(6)-4
32 yo ♂, S/P GSW
Smoker

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*
Eyes taped, ETT place via 4.0 Fast Trak LMA. ⊕ ETCO2 & BEB.

SURGEON: [redacted] BMOC)

[redacted] MAJ, CRNA

PROCEDURE LOCATION: 1

DATE: 12/24/03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 — MED[redacted] ANESTHESIA DEPARTMENT — USAPA V1.00

b(6)-1

# MEDICAL RECORD - ANESTHESIA

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

NKDA

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "1" = CONSTANT INFUSION

| DRUG (Units) | | |

# 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) | |
|---|---|---|
| Fentanyl | ( µg ) | 150/100 |
| propo | ( mg ) | 100 |
| MSO4 | ( mg ) | 5/5 |
| | ( ) | |
| | ( ) | |
| | ( ) | |
| VOLAT AGENT: Sevo | % del | 0.8 → ⊗ |
| | % e.t. | |
| AIR | L/Min | |
| N2O | L/Min | |
| O2 | L/Min | 10 - (3) → → |

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

**FLUIDS**

| LINE site | | |
|---|---|---|
| (R) SC TLOC | ☐ Warmed | (1) → → → |
| | ☐ Warmed | |
| | ☐ Warmed | |

**LOSSES**: EST BLOOD LOSS; URINE -

| TOTALS | TOTAL EBL |
|---|---|
| | Ø |
| | TOTAL URINE |
| | N/M |

**FLUIDS - SUMMARY**

CRYSTALLOID- 950

COLLOID- Ø

BLOOD- Ø

**REMARKS**

*Code drugs with numbers, events with letters*

(1) room/O2/monitors SIVI, eyes taped, LMA placed A/T → (2) ETCO2 x T°, BZBS.

(3) LMA removed, O/A placed → PACU, report.

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

**BODY WEIGHT**: 70 (KG) LB

**HEMATOCRIT**:

**INITIAL DATA**:

BP- 117 / 67

HR- 115

**EQUIP CHECK**: OK?- (Y) N

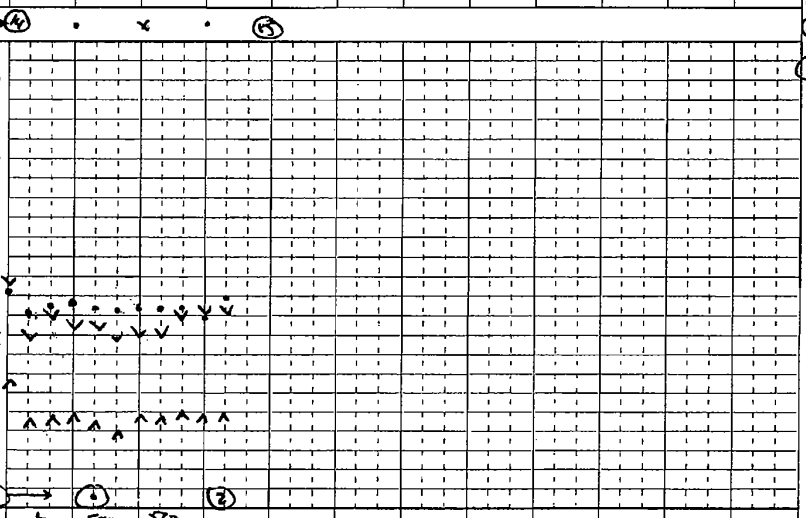
**PATIENT RECHECK**

OK for PROCEDURE? (Y)

TIME- 1400

**TIME** → (4) • x • (5)

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




**VENTIL**

| | (1) | (2) | (3) | |
|---|---|---|---|---|
| VT - ml | + | 500 | 500 | |
| f - breaths/min | 18 | 20 | 24 | |
| Peak inf pres / PEEP | - | - | - | |
| MODE - S(pon), A(ssist), C(on) | S | S | S | S |

**MONITORS/ACCESSORIES**

| | | (1) | (2) | (3) | |
|---|---|---|---|---|---|
| ☒ BP/Auto Cuff | ET CO2 (torr) | + | 38 | 34 | + |
| BP/oth | FIO2 (Frac or %) | 62 | 56 | 53 | 53 |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ECG | ST | ST | ST | ST |
| Gas analyzer | TEMP-site skin | 36 | 36 | 36 | |
| | N-M Block (T/4) | | | | |
| Warming blkt | | | | | |
| Conv warmer | | | | | |

*Mark with letters & symbols, explain under REMARKS* — EVENTS *Position* → (5) BUE on boards <90° @ shoulders, palms ↑

**RECOVERY AT** 1452

(PACU) ICU _____ (Specify)

OTHER _____

CONDITION: stable

RESP- 18 SpO2- 96%

BP- 104/55 HR- 120

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1345 | 1358 | 1455 |
| | Ready | Begin | End |
| PROC | 1408 | 1421 | 1450 |

PROCEDURES and CPT Codes:

STSG (R) knee

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

Gen LMA

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

Civ [redacted] b(6)-4

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

#4 LMA, A/T → free (1)

SURGEONS: [redacted]

ANESTHETISTS: [redacted] b(6)-2

PROCEDURE LOCATION: 2

DATE: 19 Jan 04

PAGE 1 OF 1

DA FORM 7389, FEB 1998 — COPY 3 - ANESTHESIA DEPARTMENT — USAPA V1.00

MEDCOM - 24272

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

# BLOOD OR BLOOD COMPONENT TRANSFUSION

## SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*
- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

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

DATE REQUESTED: 27 NOV 03

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

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

REQUESTING PHYSICIAN *(Print)* [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: ORF Femur

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER [redacted]

DATE VERIFIED: 27 NOV 03

TIME VERIFIED: 1700

## SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. W0016 b(6)-4 [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR
ABO: A
Rh: POS

RECIPIENT
ABO: A
Rh: POS

TEST INTERPRETATION

| ANTIBODY SCREEN | CROSSMATCH |
|---|---|
| NA | Comp |

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

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

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

DATE 27 Nov 03

REMARKS: Exp 27 Nov 03 at 23:59

## SECTION III – RECORD OF TRANSFUSION

### PRE-TRANSFUSION DATA

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

AT *(Hour)* 1715 ON *(Date)* 27 Nov 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER *(Signature)* [redacted] TC, RN b(6)-2

[redacted] LPN.

6.1 H prior
19.7 H to transfusion

PRE-TRANSFUSION VITALS

TEMP. 100.9 PULSE 105 BP 110/61

DATE OF TRANSFUSION: 27 Nov 03

TIME STARTED: 1743

### POST-TRANSFUSION DATA

AMOUNT GIVEN: 350 ML

TIME/DATE COMPLETED/INTERRUPTED: 27 Nov 03 2030

| REACTION | TEMPERATURE | PULSE | BLOOD PRESSURE |
|---|---|---|---|
| [x] NONE [ ] SUSPECTED | 100.7 | 107 | 123/70 |

If reaction is suspected—IMMEDIATELY:
1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION
[ ] URTICARIA [ ] CHILL [ ] FEVER [ ] PAIN
[ ] OTHER *(Specify)*

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

[redacted] NOTING ABOVE b(6)-2

[redacted] 9 Wm6

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

SEX: Male WARD: TCW #1

# [redacted] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION
Medical Record

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

Medical Record Copy

MEDCOM - 24273

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

# BLOOD OR BLOOD COMPONENT TRANSFUSION

## SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* _____ ML

EMARKS:

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

- [x] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 27 nov 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* b(6)-2 [redacted]

ORF Femur

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER b(6)-2 [redacted]

DATE VERIFIED 27 nov 03

TIME VERIFIED 1700

## SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. b(6)-4 [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR: ABO A; Rh pos

RECIPIENT: ABO A; Rh pos

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: Comp b(6)-2

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

SIGNATURE OF PERSON PERFORMING TEST [redacted]

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 27 nov 03

REMARKS: b(6)-2

27 nov 03

## SECTION III – RECORD OF TRANSFUSION

### PRE-TRANSFUSION DATA

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

*(Hour)* 2035 ON *(Date)* 27 nov 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

[redacted] b(6)-2

[redacted] Spc 9 Wmb

PRE-TRA[redacted]

TEMP. 100.1 PULSE 107 BP 123/70

DATE OF TRANSFUSION

TIME STARTED

### POST-TRANSFUSION DATA

AMOUNT GIVEN 350 ML

TIME/DATE COMPLETED/INTERRUPTED 2330 27 Nov 03

REACTION [x] NONE [ ] SUSPECTED

TEMPERATURE 101.0 PULSE 109 BLOOD PRESSURE 118/66

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

[ ] URTICARIA [ ] CHILL [ ] FEVER [ ] PAIN

[ ] OTHER *(Specify)*

OTH[redacted]FICULTIES *(Equipment, clots, etc.)*

[x] [redacted] YES *(Specify)*

[redacted]SON NOTING ABOVE

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

[redacted]

SEX male WARD ICW#1

b(6)-4

# [redacted]

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA, ICMR, FIRMR 41 CFR 201-3.202-1

Medical Record Copy

MEDCOM - 24274

## MEDICAL RECORD - DOCTOR'S ORDERS

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

| ORDER NUMBER | DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS | ORDER NOTED TIME & INITIALS | COMPLETED TIME & INITIALS |
|---|---|---|---|
| | POST ANESTHESIA ORDERS (circled Items) | | |
| 1 | VS q 5 min X 15 min, then q 15 min until discharge. | | |
| 2 | Supplemental oxygen. | | |
| 3 | Morphine / Meperidine 1-2 mg IV now and ~~15~~ 1 mg q 3-5 min prn pain for a | | |
| | max dose of 15 mg. | | |
| 4 | Zofran_____mg IV prn N/V q 15 min, may repeat x _____. | | |
| 5 | Metoclopramide_____mg IV prn N/V x 1. | | |
| 6 | Droperidol_____mg IV prn N/V x 1. | | |
| 7 | Phenergan_____mg IV prn N/V x 1. | | |
| 8 | Benadryl 25-50mg IVP q1 hr prn, itching while in PACU. | | |
| 9 | IVF:_____@_____cc/hr. | | |
| 10 | Discharge from recovery status when PACU discharge criteria met. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | [redacted] b(6)-2 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

PATIENT IDENTIFICATION b(6)-4

[redacted]

Complete the following information on page 1 only. Note any changes on subsequent pages.

Diagnosis: _____

Height: _____ Weight: _____ Diet: _____

Allergies: _____

| Nursing Unit | Room No. | Bed No. | Page No. |
|---|---|---|---|
| PACU, 28th CSH | | | 1 of 1 |

MEDCOM FORM 688-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE MC V1.00

## MEDICAL RECORD - DOCTOR'S ORDER

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

| ORDER NUMBER | DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS | ORDER NOTED TIME & INITIALS | COMPLETED TIME & INITIALS |
|---|---|---|---|
| | Jun 03, 2004 1030 POST ANESTHESIA ORDERS (circled Items) | | |
| 1 | VS q 5 min X 15 min, then q 15 min until discharge. | | |
| 2 | Supplemental oxygen. PRN SaO2 < 95% | | |
| 3 | Morphine / Meperidine ~~____ mg IV now~~ and 2 mg q 3-5 min prn pain for a | | |
| | max dose of 10 mg. | | |
| 4 | Zofran____mg IV prn N/V q 15 min, may repeat x ____. | | |
| 5 | Metoclopramide____mg IV prn N/V x 1. | | |
| 6 | Droperidol____mg IV prn N/V x 1. | | |
| 7 | Phenergan____mg IV prn N/V x 1. | | |
| 8 | Benadryl 25-50mg IVP q1 hr prn, itching while in PACU. | | |
| 9 | IVF: LR @ TKO cc/hr. | | |
| 10 | Discharge from recovery status when PACU discharge criteria met. | | |
| 11 | CXR in PACU | | |
| 12 | Add LR MIVF @ TKO to distal | | |
| | port of CVL | | |
| | Flush Proximal + medial ports c NS | | |
| | [redacted] CRNA / MAJ | | |
| | b(6)-2 | | |

PATIENT IDENTIFICATION

[redacted]

b(6)-4

Complete the following information on page 1 only. Note any changes on subsequent pages.

Diagnosis: _____

Height: _____ Weight: _____ Diet: _____

Allergies: _____

| Nursing Unit | Room No. | Bed No. | Page No. |
|---|---|---|---|
| PACU, 28th CSH | | | 1 of 1 |

MEDCOM FORM 688-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE MC V1.00

## MEDICAL RECORD - DOCTOR'S ORDER

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

| ORDER NUMBER | DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS | ORDER NOTED TIME & INITIALS | COMPLETED TIME & INITIALS |
|---|---|---|---|
| | POST ANESTHESIA ORDERS (circled Items) | | |
| 1 | VS q 5 min X 15 min, then q 15 min until discharge. | | |
| 2 | Supplemental oxygen. prn SpO2 ≤ 94% | | |
| 3 | Morphine / ~~Meperidine~~ ~~10 mg IV now~~ and 2 mg q 3-5 min prn pain for a | | |
| | max dose of 15 mg. ⊕ 5 mg MSO4 IV now | | |
| ~~4~~ | ~~Zofran~~ ____ mg IV prn N/V q 15 min, may repeat x ____. | | |
| ~~5~~ | ~~Metoclo~~pramide ____ mg IV prn N/V x 1. | | |
| ~~6~~ | ~~Droperidol~~ ____ mg IV prn N/V x 1. | | |
| 7 | Phenergan 12.5 mg IV prn N/V x 1. | | |
| ~~8~~ | ~~Benadryl 25-50mg IV~~P q1 hr prn, itching while in PACU. | | |
| 9 | IVF: _____ @ _____ cc/hr. | | |
| 10 | Discharge from recovery status when PACU discharge criteria met. | | |
| | | | |
| | CPT [redacted], CRNA | | |
| | [redacted] b(6)-2 | | |
| | 26 Nov 03 - 1930 | | |

PATIENT IDENTIFICATION

#[redacted]

b(6)-4

Complete the following information on page 1 only. Note any changes on subsequent pages.

Diagnosis: _____

Height: _____ Weight: _____ Diet: _____

Allergies: _____

| Nursing Unit | Room No. | Bed No. | Page No. |
|---|---|---|---|
| PACU, 28th CSH | | | 1 of 1 |

MEDCOM FORM 688-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE MC V1.00

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 12 NOV 03 TIME OF ORDER: 0740 HOURS

LIST TIME ORDER NOTED AND SIGN

1. ADMIT TO ICW-1
2. IV - OPEN (R) SALINE KL, (R) FOLEY IS X, (R) SP ANESTHESIA
3. CONDITION - STABLE
4. VS - ROUTINE
5. BED REST

PATIENT IDENTIFICATION

b(6)-4

[redacted]

b(6)-2 Noted [redacted] 12NOV03 0745

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

6. RESUME DIET, NPO AFTER HOURS ON 13 NOV 03
7. IV - LR AT 125 CCS/HR.
8. TYLENOL 650 MG PO. Q 4 HRS PRN
9. PERCOCET TABS 1-2 P.O. Q 4-6 HRS PRN
10. MSO4 2-6 MG IVP Q 2 HRS PRN
11. CBC, ~~[illegible]~~ 0600 TOMORROW
12. NPO AFTER MIDNIGHT, FOR OR IN AM
13. ANCEF 1 GRAM IVPB Q 8 HRS.

PATIENT IDENTIFICATION

b(6)-4

[redacted]

DATE OF ORDER | TIME OF ORDER

14. GENTAMICIN 400 MG IVPB (R) [redacted]
15. FOLEY TO GRAVITY [redacted]

b(6)-2

NURSING UNIT: 24 0/2100 | ROOM NO.: 12NOV03 | BED NO.: VSW

b(6)-2 [redacted]

PATIENT IDENTIFICATION

b(6)-4

[redacted]

DATE OF ORDER: 13 NOV 03 TIME OF ORDER: 1302 HOURS

1. Resume previous orders
2. Regular Diet
3. Keep lock IV when taking P.O. [redacted]
4. AP pelvis X-RAY
5. CBC in AM.
6. NPO after midnight 13 NOV for OR tomorrow

NURSING UNIT: ICW1 | ROOM NO. | BED NO.

[redacted] (AV) [redacted]

b(6)-2 [redacted]

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 OCT 75 IHNU (R) CHU

MEDCOM - 24278

ACLU-RDI 1744 p.238

DOD-038667

## 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 |
|---|---|---|---|---|---|---|
| b(6)-4 [redacted] | | | | 15 Nov 03 | 1030 HOURS | |
| | | | | (1) Resume previous orders | | |
| | | | | (2) Regular diet | | |
| | | | | (3) Heparlock IV when taking PO. | | |
| NURSING UNIT | | BED NO. | | b(6)-2 [redacted] | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

b(6)-2 Noted [redacted] 15 Nov 03 1325

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

MEDCOM - 24279

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

b(6)-4 [redacted]

Noted [redacted] 17 NOV 03

NURSING UNIT | ROOM NO. | BED NO.

24° 19NOV03 0445 [redacted]

b(6)-2

DATE OF ORDER: 17 NOV 03 TIME OF ORDER: 1630 HOURS

LIST TIME ORDER NOTED AND SIGN

(3) [illegible]

(2) b/c [illegible] b(6)-2 [redacted]

PATIENT IDENTIFICATI [redacted]

b(6)-4 [redacted]

DATE OF ORDER: 19 NOV 03 TIME OF ORDER: 1630 HOURS

(1) UP [illegible] WITH [illegible]

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

24° 0220 20NOV [redacted] b(6)-2

b(6)-2

PATIENT IDENTIFICATION

b(6)-4 [redacted]

Noted [redacted] 23 NOV 03

DATE OF ORDER: 23 NOV 03 TIME OF ORDER: 1545 HOURS

(1) [illegible], [illegible], [illegible]

(R) KUGG. b(6)-2

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

24° 25NOV03 0450 [redacted]

b(6)-2

PATIENT IDENTIFICATION

b(6)-4 [redacted]

DATE OF ORDER: 25 NOV 03 TIME OF ORDER: 1615 HOURS

(1) NPO after midnight for OK tomorrow

b(6)-2 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

24° 25NOV03 0410 A-845

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

MEDCOM - 24280

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT [redacted] ROOM NO. BED NO.

b(6)-2

Noted 26 Nov 03 2205hrs

DATE OF ORDER 26 NOV 03 TIME OF ORDER 1915 HOURS — LIST TIME ORDER NOTED AND SIGN

1. Resume previous orders
2. Regular diet
3. IV D5 ½ NS @ 125 cc/hr, heparin lock when taking P.O. well
4. Foley to gravity
5. MSO4 2-8 mg IV PRN q 1 hr PRN.

PATIENT IDENTIFICATION

NURSING UNIT ROOM NO. BED NO.

DATE OF ORDER TIME OF ORDER HOURS

6. Glucotrol (R) bkf.
7. CBC at 0600
8. Morphine 8 at 0600 [redacted]

b(6)-2

PATIENT IDENTIFICATION

b(6)-4 [redacted] noted [redacted] b(6)-2 27 Nov @ 1600.

NURSING UNIT ROOM NO. BED NO.

DATE OF ORDER 27 NOV 03 TIME OF ORDER 1550 HOURS

1. F+C 2 units PRBC ✓
2. Furosemide 2 units PRBCs over 2 hours each. ✓
3. Benadryl 25 mg IV PRN prior to PRBC transfusion ✓
4. Repeat CBC in a.m. ✓

PATIENT IDENTIFICATION

b(6)-2 [redacted] 27 Nov @ 1730

NURSING UNIT ROOM NO. BED NO.

DATE OF ORDER TIME OF ORDER

8. BP, Lt. OF (R) K [redacted]

27 Nov 03 b(6)-2 [redacted]

US prior to transfusion Temp 100.9, 105, 110

Tylenol 650 mg PO now prior to transfusion ✓

Transfuse each unit over 4 hr ✓

Telephone order Dr [redacted]

LCAN

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

MEDCOM - 24281

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|---|
| [redacted] b(6)-4 | | | 12-8-03 | 1830 HOURS | |
| | | | -NPO p MN | | |
| | | | [redacted] b(6)-2 | | |
| | | | | | |
| | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| [redacted] | | | JPO / 0145 10DEC03 | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| b(6)-4 08DEC03 1800 | | | | HOURS | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| | | | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | HOURS | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| | | | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | HOURS | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| | | | | | |

Noted -WS

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

MEDCOM - 24282

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

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

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 12-9-03 TIME OF ORDER: 1230 HOURS

LIST TIME ORDER NOTED AND SIGN

- New orders ✓
- Routine vitals.
- Up c crutches, NWB (R) LE
- Heplock IV
- Dressing (R) thigh BID, dry
- Record output Drain q Shift
- Regular Diet

PATIENT IDENTIFICATION: [redacted] b(6)-2 noted

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

- Percocet ~~1tp~~ 2 q 4° PRN T 7100.5 or pain
- Demerol ~~50~~ 75 mg IV q 4° PRN severe pain
- Phenergan 25 mg IV q 6° PRN nausea
- Ambien 10 mg po q HS PRN insomnia
- Colace 100 mg po BID
- Levaquin 500 mg IV q D first dose tonight

PATIENT IDENTIFICATION: b(6)-2 [redacted] 12/14/03

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 12-11-03 TIME OF ORDER: 0930 [redacted]

- Resume PreOp orders, meds, activity & diet

b(6)-2 [redacted]

NURSING UNIT (b)(6)-2 | ROOM NO. [redacted] | BED NO. 12DEC03 0125 / No new orders [redacted] 12DEC03 0245

No new orders [redacted] 14DEC03 0100

PATIENT IDENTIFICATION: [redacted] b(6)-2 14Dec03 1501

DATE OF ORDER: 12-14-03 TIME OF [redacted] HOURS 1500

- Remove staples (R) small finger
- CBC
- Add salt to diet [redacted]

b(6)-2

NURSING UNIT | ROOM NO. 24°V | BED NO. 15DEC (0330) [redacted] 2a AM

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

MEDCOM - 24283

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 |
|---|---|---|---|---|---|---|
| b(6)-4 [redacted] | | | | 12-10-03 | 1530 HOURS | |
| | | | | -S/C Gentamycin | b(6)-2 [redacted] | [redacted] |
| | | | | -NPO p MN | | |
| | | | | | | 12/10/03 1600 |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| [redacted] | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| b(6)-4 [redacted] | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| [redacted] | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

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

MEDCOM - 24284

## 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 |
|---|---|---|---|---|---|
| b(6)-4 [redacted] NOTED 15 DEC 03 @ 1225 b(6)-2 [redacted] | | | 12 15-03 — Δ Ambien to 10 mg po Q HS [redacted] | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| 24° V [illegible] 16DEC03 0330 / No new orders [redacted] 18DEC03 0225 | | | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| No new orders [redacted] 19Dec 03 300 [redacted] | | | | HOURS | |
| No new orders [redacted] 19DEC03 2045 | | | | | |
| No new orders [redacted] 21DEC03 0125 | | | | | |
| No new orders [redacted] 22DEC03 0010 24° V 25DEC03 [redacted] | | | 25DEC03 1230 | | |
| b(6)-4 [redacted] b(6)-2 [redacted] 25 DEC 1230 OV | | | (1) NPO P MN → OR 26DEC03 V.O Dr [redacted] b(6)-2 | | |
| NURSING UNIT | ROOM NO. | BED NO. | 24° V 26DEC03 @ 0400 [redacted] ILT, AN | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

DA FORM 4256 REPLACES EDITION OF 1 JUL 68 MEDCOM - 24285, WHICH MAY BE USED

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION b(4)-4 [redacted]

b(6)-2 Noted [redacted]

26DEC03 1955

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| 24° b(4)-2 [redacted] | 26DEC03 | 2200 |

DATE OF ORDER 12/26/03 TIME OF ORDER 1830 HOURS

- Resume pre op orders, meds, activity & diet -
- Record output JP q shift
- Dressing D, dry, 48°
- Nystatin Oral Susp. Swish & swallow 2 tsp qo TID

No new orders 28DEC03 0045 [redacted]

PATIENT IDENTIFICATION

DATE OF ORDER 28 DEC 03 TIME OF ORDER 1130 b(4)-2 HOURS b(4)-2

(1) Daily dry dressings to RLE.

V.O. Dr [redacted]

Note [redacted]

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| 24° b(4)-2 [redacted] | 29DEC03 0115 | |

PATIENT IDENTIFICATION

DATE OF ORDER 12/30/03 TIME OF ORDER 1200 HOURS

- D/C levaquin
- Start Zyvox 600 mg IV q D

1-1-04 1530 [redacted] b(4)-2

- NPO p MN [redacted]

b(6)-2 Noted [redacted] Noted 1530

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| 1CW1 24° | 31DEC03 0410 | [redacted] |

PATIENT IDENTIFICATION [redacted]

DATE OF ORDER 1-5-04 TIME OF ORDER 1700 HOURS

- D/C Zyvox
- D/C Nystatin
- 1.2 gm Amikacin IV q D -

b(6)-2 Noted [redacted]

b(6)-2 [redacted]

[redacted]

DA FORM 1 APR 73 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 24286

b(6)-2 All unless noted differently

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NOTED [redacted]

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| ICW#1 | 24 | 3 |

| DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|
| 1-3-03 | 1000 HOURS | |
| - Resume preop orders, meds, diet | | |
| - Keep leg in knee immobilizer | | |
| - Dressing Δ begin 1-5-03 | | |
| - Add Vancomycin 1.0gm IVPB q12° | | |
| - Central line care & sterile dressing Δ's q3d. | | |

PATIENT IDENTIFICATION

24°V07JAN04R0290 [redacted] 45, AN

[redacted] NOTED 9/WM6 10 AN 0900

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| 24°V [redacted] | 11 JAN 04 | 0900 |

| DATE OF ORDER | TIME OF [redacted] |
|---|---|
| 1-10-04 | 0900 HOURS |
| - D/C Vancomycin | |
| - Restart Synthroid 600mcg IV qD | |

PATIENT [redacted] N

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

| DATE OF ORDER | TIME OF ORDER |
|---|---|
| | HOURS |

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

| DATE OF ORDER | TIME OF ORDER |
|---|---|
| | HOURS |

MEDCOM - 24287

## 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 |
|---|---|---|---|---|---|
| b(6)-4 [redacted] noted 12 Jan 04 0830 [redacted] b(6)-2 | | | 1-12-04 | 1845 HOURS | |
| | | | - Return pt to general ward | | |
| | | | ✓ D/C MRSA precautions | | |
| | | | ✓ Continue general universal precautions | | |
| | | | [redacted] b(6)-2 | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|---|---|
| b(6)-4 [redacted] noted b(6)-2 13 Jan 04 1000 | | | 1-15-04 | 0900 HOURS | |
| | | | ✓ CBC + diff | | |
| | | | ✓ throat culture prior to transfer | | |
| | | | [redacted] b(6)-2 | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|---|---|
| b(6)-4 [redacted] | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|---|---|
| b(6)-4 [redacted] | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

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

MEDCOM - 24288

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.

[redacted]

PATIENT IDENTIFICATION

[redacted]

b(6)-4

| DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|
| 1-15-04 | 0900 HOURS | |
| ✓ - Transfer ICW-2 - Dr [redacted] | | DeO |
| ✓ - Stable | b(6)-2 | |
| ✓ - Routine V. Signs | | |
| ✓ - OOB & ambulate c̄ crutches as tol. | | |
| ✓ - Central line care c̄ sterile dressing | | |
| Δ q 3 days | | |
| ✓ - Regular Diet | | |

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

[redacted]

b(6)-4

NOTED 15 Jan 04

[redacted]

b(6)-2

| DATE OF ORDER | TIME OF ORDER |
|---|---|
| | HOURS |
| ✓ - Percocet II po q4° PRN pain or 7/10 | |
| ✓ - Demerol 50-75 mg IV q4° PRN breakthrough | |
| ✓ - Phenergan 25 mg IV q6° PRN nausea | |
| ✓ - Colace 100 mg po BID | |
| ✓ - Ambien 10 mg po q HS PRN | |
| ✓ - Amikacin 1.2 gm IV qD | |
| - Zyvox 600 mg IV qD | |

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

| DATE OF ORDER | TIME OF ORDER |
|---|---|
| | HOURS |
| ✓ - Wet to dry Dress Δ daily to (R) leg | |
| b(6)-2 [redacted] | |

NURSING UNIT | ROOM NO. | BED NO.

[redacted]

PATIENT IDENTIFICATION

| DATE OF ORDER | TIME OF ORDER | |
|---|---|---|
| 19 Jan '04 | 0920 HOURS | |
| (1) NPO Now | | Noted 19 Jan 04 0920 [redacted] |
| (2) Sp today | | [redacted] |
| b(6)-2 | | [redacted] |

NURSING UNIT | ROOM NO. | BED NO.

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

U.S. GOVERNMENT PRINTING OFFICE: 2002-488-041

b(6)-2 A1
except where noted

CLINICAL RECORD - DOCTOR'S ORDERS
For use of this form, see AR 40-66, the proponent agency is OTSG

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

PATIENT IDENTIFICATION

b(6)-4 [redacted]

DATE OF ORDER 1/29/04 TIME OF ORDER 1500 HOURS

LIST TIME ORDER NOTED AND SIGN

- Resume PreOp orders, meds, activities & diet.
- No dressing d's until 1/29/04 ✓

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

30 Jan 04 [redacted] W/ AN 24° chart ✓

PATIENT IDENTIFICATION

DATE OF ORDER 1/23/2004 TIME OF ORDER 2200 HOURS

Give 1L NS bolus taken by 21 [redacted] from D [redacted]

NURSING UNIT | ROOM NO. | BED NO.

24 ✓ 23 Jan 04 2300 af

PATIENT IDENTIFICATION

DATE OF ORDER 24 Jan 04 TIME OF ORDER 0800 HOURS

1. Discharge Home today
2. Bactrim DS #3 tabs PO bid x 5 days
3. Percocet - 1-2 PO q 4-6 hrs prn #20
4. Levofloxacin 250mg PO q day x 10 days #14
5. F/U 5 days post surgery/staple removal
6. Please give 5 Kcal nodes [redacted] 4/4.

NURSING UNIT | ROOM NO. | BED NO.

noted 24 Jan [redacted]

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

MEDCOM - 24290

CL[illegible]AL RECORD - [illegible]TOR'S ORDERS

For use of this form, see AR 40-66, [illegible] proponent agency is OTSG

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

| PATIENT IDENTIFICATION | | | | DATE OF ORD[illegible] | TIME OF ORDER _____ HOURS | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|---|---|
| | | | | T.O. DR [illegible]NG LABETALOL 40mg X1 | | |
| | | | | IVP FOR BP 169/100 HR 81 | | |
| | | | | noted [redacted] RN | | |
| | | | | blast [redacted] | | |
| NURSING UNIT | ROOM NO. | BED NO. | | done [redacted] | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER _____ HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER _____ HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER _____ HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

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

MEDCOM - 24291

b(6)-2 A11

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12 NOV 03 | [redacted] | VS-routine | 08 18 | [redacted] | | | | | | | | | | | | |
| | | | 08 20 | | | | | | | | | | | | | |
| 12 | [redacted] | Bedrest | 08 18 | | | | | | | | | | DCD | | | |
| | | | 18 20 | | | | | | | | | | | | | |
| 12/15 | [redacted] | Regular diet | 08 18 | | | | | | | | | | | | | |
| | | | 18 20 | | | | | | | | | | | | | |
| 12 | [redacted] | Foley to gravity | 08 18 | | | | | | | | | | | | | |
| | | | 18 20 | | | | | | | | | | | | | |
| 18 NOV | [redacted] | Daily dry dsg Δ @ leg and buttock | 10 | | | | | | | | | | | | | |
| 19 NOV | [redacted] | Upad lib C crutches | 6 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |

Rewritten

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: OPEN @ FEMUR FX, @ TIBIA FX @ SF AMPUTATION

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

# [redacted]

b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

MEDCOM - 24292

b(6)-2 A 11

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo 11 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 12 NOV | [redacted] | Admit to ICW, Cond.-Stable | 12 NOV | — | — | [redacted] |
| 12 | [redacted] | NPO p MN for OR in am | 13 NOV | 0001 | | |
| 12 | [redacted] | CBC, metlyte 8 0000 tom. | 13 | 0500 | done | |
| 11/13 | [redacted] | Resume previous orders | 13 nov | noted | | [redacted] |
| 11/13 | [redacted] | AP Pelvis (X-Ray) | 13 nov | 1500 | — | X-ray |
| 11/13 | [redacted] | CBC in A.M. | 14 nov | 0400 | 0400 | [redacted] |
| 11/13 | [redacted] | NPO p MN 14 nov for OR | 14 nov | 2400 | — | [redacted] |
| | [redacted] | 15 Nov | / | / | / | / |
| 15 NOV | [redacted] | Resume previous orders | 15 | — | — | [redacted] |
| 18 NOV | [redacted] | D/C foley | 18 | — | 1710 | [redacted] |
| 23 NOV | [redacted] | AP/LAT/OBLIQUES of ⓡ KNEE | 23 | — | 1635 DBS | [redacted] |
| 11/25 | [redacted] | NPO p MN for OR tomorrow | 11/26 | 0001 | — | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

USAPA V1.00

b(6)-2

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 01 Yr. 04 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 15 | [redacted] | Vital Signs (q 8) / q 6 / q 4 | D | [redacted] | | | | | | | | | | | | |
| | | ROUTINE | E | | | | | | | | | | | | | |
| | | | N | | | | | | | | | | | | | |
| 15 | [redacted] | Activity: OOB & AMBULATE W | D | [redacted] | | | | | | | | | | | | |
| | | CRUTCHES AD LIB | E | | | | | | | | | | | | | |
| | | | N | | | | | | | | | | | | | |
| 15 | [redacted] | Diet: (Regular) Clear Liquids / Advance | B | [redacted] | | | | | | | | | | | | |
| | | as tolerated / Other _____ | L | [redacted] | | | | | | | | | | | | |
| | | | D | [redacted] | | | | | | | | | | | | |
| 15 | [redacted] | NIO: Time/date IV site and change q 72 hours and prn | 10 | [redacted] | X | X | | X | [redacted] | | | X | | | | |
| 15 | [redacted] | NIO: Time/date IV tubing and change q 72 hours | 10 | [redacted] | X | X | | X | [redacted] | | | X | | | | |
| 15 | [redacted] | NIO: Complete skin assessment on admission/transfer, q 7 days and prn | 10 | [redacted] | X | X | X | X | X | X | | X | X | X | X | X | X |
| | | | | | | | | | | | | | | | | |
| 15 | [redacted] | CENTRAL LINE CARE & STERILE | 10 | FCL 1 [redacted] | X | [redacted] | X | X | [redacted] | X | X | [redacted] | X | X | | X |
| | | DRESSING Δ q 3 DAYS | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 15 | [redacted] | WET TO DRY DRSG Δ DAILY TO | 10 | [redacted] | | | | | / | / | / | / | [redacted] | | | |
| | | (R) LEG (NO DRSG Δs | | | | | | | | | | | | | | |
| | | until 24JAN) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☑ NO
NKDA

PRIMARY DIAGNOSIS: ICW 2
S/P (R) FEMUR FX

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

PATIENT IDENTIFICATION:
b(6)-4
[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 |

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

MEDCOM - 24294

b(6)-2

| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
|---|---|---|---|---|---|---|
| 15 | [redacted] | Admit to ICW 2. Dr [redacted] | | | | done |
| 15 | [redacted] | ondition: STABLE | | | | [redacted] |
| 19 | [redacted] | NPO now, Surgery today | 19 Jan | 1300 | 1300 | [redacted] |
| 19 | [redacted] | NO Drug charges Until 24 Jan | 19 24 JAN | | | b(6)-2 |
| 23 | [redacted] | RETURN TO DUTY | 23 Jan | | | |
| 24 | [redacted] | DC home today, Bilothacol oitment #31 Knees | 24 Jan | | | |
| | ----- | Knees Q Day, Percocet 1-2 PO Q4-6 hrs | | | | |
| | ----- | PRN #20, Levofloxacin 250mg P.O Q Day | | | | |
| | ----- | #14, FU 5 days For suture/staple removal, | | | | |
| | ----- | Please give 5 kerlex rolls and 4x4. | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |

USAPA V1.00

b(4)-2

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 06 | 07 | 8 | 9 | 10 | 11 | R | 13 | 14 | 15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 25 NOV03 | [redacted] | VS routine | 06 14 22 06 | [redacted] | | | | | | | | | |
| 25 | [redacted] | Reg. diet - add salt | 06 14 22 06 | [redacted] | | | | | | | | | |
| 25 | [redacted] | Up ad lib c crutches NWB RLE | 06 14 22 06 | [redacted] | | | | | | | | | |
| 26 | [redacted] | Elevate R leg | 06 14 22 06 | [redacted] | | | | | | | | | |
| 04 DEC | [redacted] | Braden scale QTD | 10 | [redacted] | | | | | | | | | |
| 03 JAN | [redacted] | Keep leg in knee immobilizer | 06 14 22 06 | [redacted] | | | | | | | | | |
| 03 | [redacted] | dsg Δ (begin 1-5-03) WTD c Kerlix *BID* | 10 22 | [redacted] | | | | | | | | | |
| 03 | [redacted] | CL care and sterile dsg Δs Q3D | 10 | [redacted] | | | | | | | | | |
| 04 | [redacted] | NIO: fall risk assessment QTD & prn | 10 | | | | | | W | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: OPEN R FEMUR FX R TIBIA FX/ SF AMP

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION: [redacted]

b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

MEDCOM 52290 MAY BE USED

b(6) - 2 A-1

| Verity 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 |
| 12 Jan | [redacted] | Return pt to general ward | 12 Jan | | [redacted] | |
| 12 Jan | [redacted] | D/C MRSA precautions | 12 Jan | | | |
| 12 Jan | [redacted] | Continue general universal precautions | 12 Jan | | | |
| 15 Jan | [redacted] | CBC c̄ diff | 15 Jan | | | |
| 15 Jan | [redacted] | Throat culture prior to transfer | 15 Jan | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

USAPA V1.00

b(6)-2

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 25 | 26 | 27 | 28 | 29 | 30 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 25Nov03 | [redacted] | VS - Routine | 06-18 | / | [redacted] | | | | | | | | | | | |
| | | | 18-06 | [redacted] | | | | | | | | | | | | |
| 25Nov03 | [redacted] | Regular Diet | 06-18 | / | [redacted] | | | | | | | | | | | |
| | | | 18-06 | [redacted] | | | | | | | | | | | | |
| 25Nov03 | [redacted] | Daily dry dsg Δ (R) leg | 10 | / | [redacted] | | | | | | | | | | | |
| | | and buttock | | / | | | | | | | | | | | | |
| 25Nov03 | [redacted] | UP ad lib c̄ crutches | 06-18 | / | | [redacted] | | | | | | | | | | |
| | | | 18-06 | [redacted] | | | | | | | | | | | | |
| [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | | | | | | | | | | | | |
| 26 | [redacted] | Elevate R leg | 06 | / | / | [redacted] | | | | | | | | | | |
| | | | 18 | / | [redacted] | | | | | | | | | | | |
| 4Dec03 | [redacted] | Braden Scale Q7days | 06 | / | | | | | | | / | | X | | | |
| | | | 18 | / | | | | | | | | | [redacted] | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: (1) Open (R) femur fx / (2) tibia fx (3) 5th Fin. Amp.

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted] b(6)-4 [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 |

MEDCOM - 24298

b(6)-2

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo Nov Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 11/26 | [redacted] | NPO F MN for OR tomorrow | 11/26 | 0001 | | [redacted] |
| 26 | [redacted] | CBC at 0600 | ~~26~~ 27 | 0600 | | [redacted] |
| 26 | [redacted] | Metalyte 8 @ 0600 | 27 | 0600 | | [redacted] |
| 26 | [redacted] | Resume Previous Orders | 26 | 2000 | | [redacted] |
| 27 | [redacted] | ~~T+C 2u PRBC~~ | ~~27~~ | ~~1600~~ | ~~1600~~ | [redacted] |
| ~~27~~ | [redacted] | ~~Transfuse 2u PRBC over 2 hrs~~ | | Rewritten on | | |
| | | each. BR | | White Sheet. | | |
| 27 | [redacted] | ~~Benadryl 25mg IV prior to~~ | 27 Nov | | | |
| | | ~~transfusion.~~ BR | | rewritten on | | White Sheet. |
| 27 | [redacted] | repeat CBC in AM | 28 | 0500 | | [redacted] |
| 27 | [redacted] | AP/LAT (R) Knee | 27th | | done | [redacted] |
| 27 NOV | [redacted] | VS prior to transfusion 100.9 \| 105/20 \| 110/01 | 27 NOV | noted | 1725 | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

USAPA V1.00

b(w)-2

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 12 Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 25NOV | [redacted] | VS-Routine | 06 | [redacted] | | | | | | | | | | | | |
| 9DEC | | | 18 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| | | | 06 | | | | | | | | | | | | | |
| 25NOV | [redacted] | Regular Diet | 06 | [redacted] | | | | | | | | | | | | |
| 9DEC | | (ADD SALT TO DIET) | 18 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| | | | 06 | | | | | | | | | | | | | |
| 25NOV | [redacted] | Daily Dry dsg Δ (R) leg | 10 | [redacted] | | | | | | | | | | | | |
| | | + buttocks | | | | | | | | | | | | | | |
| 25NOV | [redacted] | Upad Lib & crutches | 06 | [redacted] | | | | | | | | | | | | |
| 9DEC | | NWB RLE | 18 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| | | | 06 | | | | | | | | | | | | | |
| 26NOV | [redacted] | Elevate (R) leg | 06 | [redacted] | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| | | | 06 | | | | | | | | | | | | | |
| 4DEC | [redacted] | Braden Scale Q7 days | 06 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| 12/9 | [redacted] | Document SP output | 6 | [redacted] | | | | | | | | | | | | |
| 9DEC | | ~~NPO~~ QS | 18 | | | | | | | | | | | | | |
| 9DEC | [redacted] | Drsg Δ (R) thigh, BID, | 18 | [redacted] | | | | | | | | | | | | |
| | | dry | 22 | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Open (R) Femur Fx
(R) tibia Fx / 5th finger Amp,

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION: Rewritten [redacted] b(w)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

MEDCOM - 24300

b(6)-2

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo 12 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 09 DEC | [redacted] | NPO p MN | 09 DEC | 0001 | — | [redacted] |
| 10/10 | [redacted] | NPO p MN | 10 DEC | 0001 | — | |
| 12/11 | [redacted] | Resume Pre-Op Orders, Meds, Activity & Diet | 11 DEC | NOW | — | [redacted] |
| 14D[redacted] | [redacted] | Remove staples @ small finger | 14 Dec | — | — | [redacted] |
| 14Dec | [redacted] | CBC NOW | 14 Dec | NOW | — | [redacted] |
| 14Dec | [redacted] | Add SALT to diet | 14 Dec | noted | — | [redacted] |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

USAPA V1.00

b(6)-2

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 12 Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 1 | 2 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 25 NOV | [redacted] | VS Routine | 06 18 | [redacted] | | | | | | | | | | | | |
| | | | 18 06 | | | | | | | | | | | | | |
| 25 | [redacted] | Reg diet · add salt | 06 18 | | | | | | | | | | | | | |
| | | | 18 06 | | | | | | | | | | | | | |
| 25 | [redacted] | Up ad lib c | 06 18 | | | | | | | | | | | | | |
| | | crutches NWB RLE | 18 06 | | | | | | | | | | | | | |
| 26 NOV | [redacted] | Elevate (R) leg | 06 18 | | | | | | | | | | | | | |
| | | | 18 06 | | | | | | | | | | | | | |
| 09 DEC | [redacted] | Dsg Δ (R) thigh, BID, | 06 18 | | | | | | | | | | | | | |
| | | dry | 18 06 | | | | | | | | | | | | | |
| 04 DEC | [redacted] | Braden scale q 7 days | 06 18 | | | | / | JR | / | | | | | / | JR | / |
| | | | 18 06 | | | | / | / | / | | | | | / | | / |
| 26 DEC | [redacted] | Record output JP q | 06 18 | | | | | | | [redacted] | | | | | | |
| | | shift | 18 06 | | | | | / | | | | | | | | |
| 28 | [redacted] | Daily dry dsg Δ to | 10 | | | | | | | | [redacted] | | | | | |
| | | RLE | / | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: OPEN (R) FEMUR FX (R) TIBIA FX / 5TH FINGER AMP.

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION: [redacted]

b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

MEDCOM, 24302

b(6)-2

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo 12 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 25DEC | [redacted] | NPO p MN → OR 26 DEC | 26DEC | 0001 | 0001 | [redacted] |
| 26 DEC | [redacted] | Resume pre op orders, meds, act. & diet | 26 | — | — | [redacted] |
| 26 | [redacted] | Dressing Δ, day, 48° | 28 DEC | | | |
| 1JAN | [redacted] | NPO p MN | 2Dec | 0001 | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 24303

b(6)-2

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 3 | 4 | 5 | 6 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 25 NOV | [redacted] | VS Routine | 06 18 | [redacted] | | | | | | | | | | | | |
| | | | 18 06 | | | | | | | | | | | | | |
| 25 | [redacted] | Reg diet · add salt | 06 18 | [redacted] | | | | | | | | | | | | |
| | | | 18 06 | | | | | | | | | | | | | |
| 25 NOV | [redacted] | Up ad lib ⊂ crutches | 06 18 | [redacted] | | | | | | | | | | | | |
| ~~26 NOV~~ 27th | | NWB RLE | 18 06 | | | | | | | | | | | | | |
| 26 NOV | [redacted] | Elevate (R) Leg | 06 18 | [redacted] | | | | | | | | | | | | |
| | | | 18 06 | | | | | | | | | | | | | |
| 04 Dec | [redacted] | Braden Scale Q7 days | 06 18 | / | | | | / | | / | | | | | / | |
| | | | 18 06 | / | | | | / | | / | | | | | / | |
| 28 | [redacted] | Daily dsg Δ to RLE | 10 | D/C'D | | | | | | | | | | | | |
| 3 JAN | [redacted] | Keep leg in knee | 6 | [redacted] | | | | | | | | | | | | |
| | | immobilizer | 18 | | | | | | | | | | | | | |
| 3 JAN | [redacted] | Dsg Δ begin 1-5-03 | 10 | / | / | [redacted] | | | | | | | | | | |
| | | WTD ⊂ Kerlix, | ~~22~~ | / | / | | | | | | | | | | | |
| | | | / | | | | | | | | | | | | | |
| 3 JAN | [redacted] | CL care & sterile dsg | 10 | / | [redacted] | / | / | | / | / | | / | / | | / | / |
| | | Δ's Q3D° | | | | | | | | | | | | | | |
| 4 JAN | [redacted] | NIO: Falls risk assessmt | 10 | / | [redacted] | / | | | | / | | | / | | / | |
| | | QTD or PRN | / | | | | | | | | | | | | | |

| ALLERGIES: ☐ YES ☐ NO | PRIMARY DIAGNOSIS: open (R) Femur Fx (R) tibia Fx / 5th finger amp. | ADDITIONAL PAGES IN USE: ☐ YES ☐ NO PAGE NO: ____ |
|---|---|---|

PATIENT IDENTIFICATION:

# [redacted] b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

--MEDCOM -24304--

| Verity 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 |
| 3 | [redacted] | Resume prevg orders | | | | |
| | ---- | b(6)-2 | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | *INITIAL PROPER COLUMN FOLLOWING COMPLETION* TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

USAPA V1.00

DOW-2 A1

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 23 | 24 |
|---|---|---|---|---|---|
| 23 Jan 04 | [redacted] | Foley | 06 | | [redacted] |
| | | | 18 | | [redacted] |
| 23 Jan 03 | [redacted] | US Routine | 06 | | [redacted] |
| | | | 18 | | [redacted] |
| 23 Jan 03 | [redacted] | Chest tube x2 to 20 | 06 | | [redacted] |
| | | suction continuous | 18 | | [redacted] |
| 23 Jan 04 | [redacted] | NG to LIS irrigate | 06 | | [redacted] |
| | | 30ml h2o q 4° | 18 | | [redacted] |
| 23 Jan 04 | [redacted] | CXR q AM | 06 | | [redacted] |
| | | | 18 | | [redacted] |
| 23 Jan 04 | [redacted] | ABG P vent ss | 06 | | [redacted] |
| | | | 18 | | [redacted] |
| 23 Jan 04 | [redacted] | CBC, Chem 8 - Chem 12 | 06 | | [redacted] |
| | | PT/PTT, ABG | 18 | | [redacted] |
| 23 Jan 04 | [redacted] | vent 800 TV - PEEP 5 - FIO2/100 | 06 | | [redacted] |
| | | RR-18 | 18 | | [redacted] |
| 23 Jan 04 | [redacted] | TRACH CARE | 06 | | [redacted] |
| | | | 18 | | [redacted] |
| 23 Jan 04 | [redacted] | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW Respiratory Arrest, CPR

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 |

MEDCOM - 24306

b(6)-2 A11

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo Jan Yr ~~2003~~ 2004 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 23Jan | [redacted] | CXR NOW | 23Jan | 2200 | 2200 | [redacted] |
| 23Jan | [redacted] | ABG NOW & T PUERTS | 23Jan | 2200 | 200 | [redacted] |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

USAPA V1.00

b(6)-2

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12 Nov 03 | [redacted] | IV: LR @ 125cc/hr | 06 12 18 00 | [redacted] | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| 12 | [redacted] | Ancef 1 gm IVPB q | 06 | [redacted] | | | | | | | | | | | | | |
| | ----- | 8° | 14 | | | | | | | | | | | | | | |
| | ----- | | 22 | | | | | | | | | | | | | | |
| 12 | [redacted] | Gentamycin 400mg | 14 | | | | | | | | | | | | | | |
| | ----- | IVPB q day | | | | | | | | | | | | | | | |
| 11/13/15 | [redacted] | Heplock IV when | 06 12 18 00 | [redacted] | | | | | | | | | | | | | |
| | [redacted] | taking po. well | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: OPEN @ FEMUR FX, @ TIBIA FX @ SF AMPUTATION

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

#[redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 24308

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. 11 Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | b(u)-2 A11 | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12NOV | [redacted] | Tylenol 650mg po q 4-6 prn | D/T | 13NOV 1730 | | | | | | | | | | | | |
| | | | D/I | [redacted] | | | | | | | | | | | | |
| 12 | [redacted] | Percocet tabs 1-2 po q 4-6° prn | D/T | 13NOV 1700 | 13NOV 1600 | 17NOV 1200 | 18NOV 1100 | 18NOV 1705 | 19NOV 1100 | 19NOV 1907 | 20NOV 1030 | 20NOV 1945 | 21NOV 0815 | 21NOV 1910 | 22NOV 0735 | 22NOV 1695 |
| | | | D/I | [redacted] | | | | | | | | | | | | |
| 12 | [redacted] | MSO4 2.6mg IVP q 2° prn | D/T | | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | | |
| 12 | [redacted] | Percocet tabs 1-2 po q 4-6° prn | D/T | 22NOV 2216 | 23NOV 0530 | 23NOV 1700 | 23NOV 8402 | | | | | | | | | |
| | | | D/I | [redacted] | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

*U.S. GPO: 1998-454-110/95216

b(6)-2

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 01 Yr. 00 |
|---|---|---|

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

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 15 | [redacted] | COLACE 100mg PO BID | 08 | [redacted] | | | | | | | | | |
| | | | 20 | | | | | | | | | | |
| 15 | [redacted] | AMIKACIN 1.2gm IV QD | 10 | [redacted] | | | | | | | | | |
| 15 | [redacted] | ZYVOX 600mg IV QD | 10 | [redacted] | | | | | | | | | |

ALLERGIES: ☐ YES ☒ NO — NKDA

PRIMARY DIAGNOSIS: S/P (R) FEMUR FX

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION: [redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

MEDCOM - 24310

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* | | | | Mo. Jan Yr. 04 |
|---|---|---|---|---|---|---|
| **Order Date** | **Clerk/ Nurse** | **SINGLE ORDER, PRE-OPERATIVES** | **Date to be Given** | **Time to be Given** | **Time Given** | **Initials** |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | b(6)-2 A71 | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 15 | [redacted] | Percocet II PO q 4° PRN | 16 Jan 0400 II PO | 16 Jan 0115 II PO | 17 Jan 2030 II PO | 18 Jan 2200 2 tabs | 19 Jan 0200 II PO | 20 Jan 1204 II PO | 20 Jan 1400 II | 21 JAN 03 2 1330 | 21 Jan 0000 II PO | 22 Jan 0830 II PO | 22 Jan 0400 II PO | | | |
| ----- | ----- | Pain or Temp > 100.5 | [redacted] | | | | | | | 2 tabs | | | | | | |
| 15 | [redacted] | Demerol 50-75 mg IV q 4° | | | | | | | | | | | | | | |
| ----- | ----- | PRN BREAKTHROUGH | | | | | | | | | | | | | | |
| 15 | [redacted] | Phenergan 25 mg IV | 22 Jan 0450 | | | | | | | | | | | | | |
| ----- | [redacted] | q 6° PRN NAUSEA | [redacted] | | | | | | | | | | | | | |
| 15 | [redacted] | Ambien 10 mg PO q HS | | | | | | | | | | | | | | |
| ----- | [redacted] | PRN | | | | | | | | | | | | | | |
| 15 | [redacted] | Percocet II PO q 4 PRN | | 23 Jan 1200 | 24 [redacted] 0B3 | | | | | | | | | | | |
| ----- | ----- | Pain or Temp > 100.5 | 23 Jan II PO [redacted] | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |

USAPA V1.00

b(6)-2

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. Nov Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 25 | 26 | 27 | 28 | 29 | 30 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 25Nov03 | [redacted] | Ancef I gram IVPB Q | 06 | / | [redacted] | | | | | | | | | | | | |
| | ----- | 8° | 14 | / | | | | | | | | | | | | | |
| | ----- | | 22 | | | | | | | | | | | | | | |
| 25Nov03 | [redacted] | Gentamycin 400mg IVPB | 10 | / | | | | | | | | | | | | | |
| | ----- | @ Day | | | | | | | | | | | | | | | |
| 25Nov03 | [redacted] | Heplock IV when taking PO | 06-19 | / | [redacted] | | | | | | | | | | | | |
| | ----- | well | 18-06 | | | | | | | | | | | | | | |
| 26 | [redacted] | IV LR @150 cc/hr | 06 | / | / | [redacted] | | | | | | | | | | | |
| | ----- | hep lock when taking PO | 18 | / | [redacted] | | | | | | | | | | | | |
| | ----- | Well | | / | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Open (R) femur fx / (R) Tibia fx / (R) 5th finger Amp.

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION: [redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 4070 — EDITION OF 1 DEC MEDCOM-24312

b(6)-2 A11

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

| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
|---|---|---|---|---|---|---|
| 27 | [redacted] | T+C 2u PRBC | 27th | | [redacted] | [redacted] |
| 27 | [redacted] | Transfuse 2u PRBC over 4 | 27th | not 17 43 | [redacted] | 6 03 0038 35P |
| | | hrs each. | | | | |
| 27th | [redacted] | Benadryl 25mg IV prior to | 27th | | 1635 | [redacted] |
| | | Transfusion | | | | |
| 27th | [redacted] | Tylenol 650mg PO now prior | 27th | now | 1630 | [redacted] |
| | | to transfusion | | | | |
| 27 NOV 03 | [redacted] | VSP A | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 26 Nov 03 | [redacted] | Tylenol 650mg PO q | D/T | 27 22 | 30 NOV 2000 | 3 DEC 2015 | 7 DEC 1900 | | | | | | | | | |
| | | 4° PRN | D/I | [redacted] | | | | | | | | | | | | |
| 26 Nov 03 | [redacted] | Percocet tabs 1-2 PO | D/T | 26 NOV 1400 | 27 1930 | 28 NOV 0950 | 29 NOV 2246 | 30 NOV 0930 | 1 DEC 1000 | 1 DEC 1640 | 1 DEC 1530 | 2 DEC 1400 | 3 DEC 1200 | 4 DEC 1340 | 4 DEC 2030 | 7 DEC 1400 |
| | | Q4-6° prn | D/I | [redacted] | | | | | | | | | | | | 7 DEC 2100 |
| 26 Nov 03 | [redacted] | MSO4 2-6mg IVP Q2° | D/T | ORDER | | | | | | | | | | | | |
| | | prn | D/I | | | | | | | | | | | | | |
| 26 | [redacted] | MSO4 2-8mg | D/T | | | | | | | | | | | | | |
| | | IVP Q1hr PRN | D/I | | | | | | | | | | | | | |
| 1 | | Percocet tabs 1-2 PO | D/T | 8 DEC 0550 | | | | | | | | | | | | |
| | | Q4-6 PRN | D/I | 2 [redacted] | | | | | | | | | | | | |
| 26 NOV | [redacted] | Percoset Tabs 1-2 PO q4-6° prn | D/T | 8 NOV 1320 | | | | | | | | | | | | |
| | | | D/I | 2 [redacted] | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

*U.S. GPO: 1998-454-110/95216

MEDCOM - 24313

b(6)-2 A11

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 12 Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 25NOV | [redacted] | Ancef 1gram IVPB | 06 | [redacted] | | | | | | | | | | | | | |
| | ----- | Q8° | 14 | | | | | | | | | | | | | | |
| | [redacted] | | 22 | | | | | | | | | | | | | | |
| 25NOV | [redacted] | Gentamycin 400mg IVPB | 10 | [redacted] | | | | | | | | | | | | | |
| | [redacted] | QD | | | | | | | | | | | | | | | |
| 26NOV | [redacted] | IV LR @ 150cc/hr | 06 | [redacted] | | | | | | | | | | | | | |
| | ----- | heplock when taking | 1[redacted] | | | | | | | | | | | | | | |
| | [redacted] | PO well | | | | | | | | | | | | | | | |
| 9DEC | [redacted] | HLIV: | 6 | / | [redacted] | | | | | | | | | | | | |
| | [redacted] | | 18 | / | | | | | | | | | | | | | |
| 9DEC | [redacted] | Colace 100mg PO BID | 08 | / | | | | | | | | | | | | | |
| | [redacted] | | 20 | / | | | | | | | | | | | | | |
| 9DEC | [redacted] | Levoquin 500mg IV | 08 | / | | | | | | | | | | | | | |
| | [redacted] | QD | / | / | | | | | | | | | | | | | |
| 15DEC | [redacted] | AMBIEN 10mg PO QHS | 22 | | | | | | / | [redacted] | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: open (R) femur fx (R) finger 5th finger Amp. (R) tibia Fx

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

b(6)-4 [redacted] Rewritten

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. MEDCOM - 24314

Verify by initialing

# THERAPEUTIC DOCUMENTATION CARE PLAN
*(MEDICATIONS)*

Mo. 12 Yr. 03

| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
|---|---|---|---|---|---|---|
| 3 Dec | [redacted] | Ambien to 10mg po qhs | 15 | — | | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | b(6)-2 All | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 26Nov | [redacted] | Tylenol 650mg PO | D/T | | | | | | | | | | | | | |
| | | QH PRN | D/I | | | | | | | | | | | | | |
| 26Nov | [redacted] | Percocet tabs 1-2 PO | D/T | 9Dec 0830 | 9Dec 1300 | 11Dec 1100 | 11Dec 2200 | 12Dec 2100 | 13Dec 1125 | 18Dec 1130 | 19Dec 0900 | 21Dec 2000 | | | | |
| | | Q4-6 PRN pain or T>100.5 | D/I | 2 | HPO | TT | TT | TT | TT | 2 | HPO | TT | | | | |
| | | | D/T | [redacted] | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | | |
| 26Nov | [redacted] | MSO4 2-8mg IVP | D/T | D/C'd 9Dec03 | | | | | | | | | | | | |
| | | Q1hr PRN | D/I | | | | | | | | | | | | | |
| 9Dec | [redacted] | Demerol 75mg IV q4° prn breakthrough | D/T | | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | | |
| 9Dec | [redacted] | Phenergan 25mg IV q6° prn nausea | D/T | [redacted] 1100 | | | | | | | | | | | | |
| | | | D/I | 2359 | | | | | | | | | | | | |
| 9Dec | [redacted] | Ambien 10mg PO QHS prn insomnia | D/T | | | | | | | | | | | | | |

*U.S. GPO: 1998-454-110/95216

MEDCOM - 24315

b(6)-2

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 23 | [redacted] | HLIV | 6 | [redacted] | | | | | | | | | |
| | ----- | | 14 | [redacted] | | | | | | | | | |
| | ----- | | 22 | [redacted] | | | | | | | | | |
| 23 | [redacted] | Colace 100mg po BID | 08 | [redacted] | | | | | | | | | |
| | ----- | | 20 | [redacted] | | | | | | | | | |
| 23 | [redacted] | Ambien 10mg po QHS | 22 | [redacted] | | | | | | | | | |
| 23 | [redacted] | Vancomycin 1.0 gm | 10 | [redacted] | | | | | | | | | |
| | [redacted] | IVPB q12 | 22 | [redacted] DC 10 Jan | | | | | | | | | |
| 23 | [redacted] | Amikacin 1.2 gm | 08 | [redacted] | | | | | | | | | |
| | [redacted] | IV QD | / | | | | | | | | | | |
| 10 JAN | [redacted] | Zyvox 600mg IV QD | 10 | [redacted] | | | | | | | | | |
| | ----- | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Open (R) femur fx (R) TTBfx (R) finger (5th) Amp

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted]

Rewritten

b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678 — EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 24316

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. 01 Yr. 04 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| 10 JAN | [redacted] | D/C Vancomycin Restart Zyvox 600mg IV QD | 10 JAN | 1000 | — | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | b(6)-2 A11 | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 23 | [redacted] | Tylenol 650mg po q4° prn | D/T/1 | 15 Jan 650mg 0830 | | | | | | | | | | | | |
| | | | | [redacted] | | | | | | | | | | | | |
| 23 | [redacted] | Percocet tabs 1-2 po q4-6° prn pain or T>100.5 | D/T/1 | 5 JAN 2030 ++ | 6 JAN 1645 ++ | 9 JAN 1030 | 12 Jan 1630 | 13 Jan 0900 | | | | | | | | |
| | | | | [redacted] | | | | | | | | | | | | |
| 23 | [redacted] | Demerol 75mg IV q4° prn breakthrough | D/T | | | | | | | | | | | | | |
| | | | D/1 | | | | | | | | | | | | | |
| 23 | [redacted] | Phenergan 25mg IV q6° prn n/v | D/T | | | | | | | | | | | | | |
| | | | D/1 | | | | | | | | | | | | | |

*U.S. GPO: 1998-454-110/95216

b(6)-2th

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 23 | [redacted] | HL IV | 06 | [redacted] | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | | |
| 23. | [redacted] | Calcce 100mg PO | 08 | | | | | | | | | | | | | | |
| | | BID | 20 | | | | | | | | | | | | | | |
| 23 | [redacted] | Levaquin 500mg IV | 08 | | | | | | | | | | | | | | |
| | | QD | | | | | | | | | | | | | | | |
| 23 | [redacted] | Ambien 10mg PO | 22 | [redacted] | | | | | | | | | | | | | |
| | | QHS | | | | | | | | | | | | | | | |
| 26 DEC 23 | [redacted] | Nystatin oral susp. | 08 | | | | | | | | | | | | | | |
| | | swish and swallow 2 | 16 | | | | | | | | | | | | | | |
| | | tsp PO TID | 24 | | | | | | | | | | | | | | |
| 23 | [redacted] | Zyvox 600mg IVQD | 08 | | | | | | | | | | | | | | |
| | | (NTD: Give over 1-2 hrs. | / | | | | | | | | | | | | | | |
| | | must pick up from Pharmacy | / | | | | | | | | | | | | | | |
| | | Incompatible c̄ most drug) | / | | | | | | | | | | | | | | |
| 3/MN | [redacted] | Vancomycin 1.0 gm | 10 | | | | | | | | | | | | | | |
| | | IVPB q12 | 22 | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: open (R) femur Fx (R) tib fx (R) finger 5th. Amp.

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION: Rewritten

[redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678 — ITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED

MEDCOM - 24318

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. 12 Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| 30Dec | [redacted] | D/C Levoquin | 12-30 | — | | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | b(4)-2 A11 | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 23 | [redacted] | Tylenol 650mg PO | 29Dec 1500 | | | | | | | | | | | | | |
| | | Q4 PRN | [redacted] | | | | | | | | | | | | | |
| 23 | [redacted] | Percocet tab s 1-2 | 30Dec 1700 | 24Dec 1300 | 24Dec 1850 | 25Dec 2345 | 26Dec 2200 | 28Dec 2030 | 28Dec 1325 | 29 Dec 0815 | 31 Dec 0840 | 31Dec 2160 | Jan 1515 | 2Jan 2300 | 3Jan 2100 | 4Jan 1000 |
| | | po Q4-6 PRN pain | [redacted] | | | | | | | | | | | | | |
| | | or temp >100.5 | | | | | | | | | | | | | | |
| 23 | [redacted] | Demerol 75mg IV | | | | | | | | | | | | | | |
| | | Q4° PRN breakthrough | | | | | | | | | | | | | | |
| 23 | [redacted] | Phenergan 25mg IV | | | | | | | | | | | | | | |
| | | Q6° PRN nausea. | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

*U.S. GPO: 1998-454-110/95216

b(6)-2 All

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

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

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 23 | 24 | 25 |
|---|---|---|---|---|---|---|
| 23Jan04 | [redacted] | IV LR @ ~~75~~ 50cc/hr 125/hr | 06 | / | [redacted] | |
| | | | 18 | [redacted] | | |
| 23Jan04 | [redacted] | ~~IVF~~ Fentanyl gtt | 06 | / | [redacted] | |
| | | Titrate | 18 | [redacted] | | |
| 23Jan04 | [redacted] | Hold sedation for now | 06 | / | [redacted] | |
| | | | 18 | [redacted] | | |
| 23Jan04 | [redacted] | Zosyn 3.375g IVPq 8° | 06 | / | [redacted] | |
| | | | 14 | / | [redacted] | Δd 24 Jan04 |
| | | | 22 | [redacted] | | |
| 23Jan04 | [redacted] | Zantac 50mg IVPq8° | 06 | / | [redacted] | |
| | | | 14 | / | [redacted] | |
| | | | 22 | [redacted] | | |
| 24Jan04 | [redacted] | Zosyn 3.375g IVPq6° | 06 | / | / | |
| | | | 12 | / | [redacted] | |
| | | | 18 | / | [redacted] | |
| | | [redacted] | 24 | / | [redacted] | |
| 1/24/04 | [redacted] | VALPROIC ACID | 06 | X | [redacted] | |
| | [redacted] | 400mg NGT BID | 14 | X | [redacted] | |
| | | | 22 | X | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW Respiratory Arrest, CPR

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION: [redacted] b(6)-2

20/[redacted]

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

[illegible] HERNANDEZ RN MEDCOM - 24320

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. Jan Yr. 04 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| 1/24/04 | [redacted] | LABETALOL 40 mg IVP | | | 1500 | [redacted] |
| | | b(6)-2 | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | b(6)-2 | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1/23 | [redacted] | Labetalol 20mg IVP | 1/24 1440 | | | | | | | | | | | | | |
| | | for systolic BP > 180 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

*U.S. GPO: 1998-454-110/95216

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: **POST-ANESTHESIA CARE UNIT (PACU) FLOW SHEET**

OTSG APPROVED (Date)

DATE: 12 Nov 03

TIME IN: 0745

PROCEDURE: Ex Fix (R) Femur 5th digit Amputation

PRE-OP VS: 155/81 98

TYPE ANESTHESIA: (GEN) SAB EPIDURI NERVE BLOCK IV SED.

OR INTAKE: Crystalloid: 1000 Colloid 500

OR OUTPUT: Urine Output 800 EBL 150

30 Nexium Pre-op
3 cefazolin
10 Reglan
20 decadron

| INTAKE | | | | | | OUTPUT | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | SOLUTION | Amt. Hung | SITE | BY | Amt. Infused | TIME | SOURCE | COLOR | AMT |
| ADM. | LR | 400 | (R) EA | MS | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

X-RAYS DONE:

LABS DRAWN:

| TIME | 0745 | 0750 | 0755 | 0810 | 0825 |
|---|---|---|---|---|---|
| $FiO_2$ | 40 | 40 | 40 | 40 | 40 |
| $O_2$ SAT | 97 | 98 | 99 | 97 | 100 |
| TEMP | | | 96.0 | | |
| RESP | 20 | 18 | 24 | 24 | 18 |
| LOS | | | | | |

BP by Cuff V Heart Rate ^

240, 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20, 0

* LOS Level of Sensation

| REACT SCORE — ACTIVITY SCORE | | IN | 30 Min | OUT |
|---|---|---|---|---|
| (R)espirations | 0 Ventilator essential<br>1 Spont. resp. <10/min; airway essential<br>2 Spont. resp.; no support; >10/min | 2 | 2 | 2 |
| (E)nergy | 0 Does not move legs<br>1 Moves legs, cannot sustain head lift<br>2 Sustains sit up, moves legs | 0 | 1 | 1 |
| (A)lertness | 0 Awakens only with vigorous stimulation<br>1 Awakes only to gentle stimulation<br>2 Awake, seldom dozes | 1 | 2 | 2 |
| (C)irculation Adults | 0 BP 20% pre-anesthesia level<br>1 BP 20–50% pre-anesthesia level<br>2 BP 50% pre-anesthesia level | 2 | 2 | 2 |
| Infants | 0 Carotid only reliable pulse palpable<br>1 Axillary pulse felt feel but not wrist<br>2 Pulse can be felt easily at wrist | | | |
| (T)emperature | 0 Axillary temp. <95 F<br>1 Temp. 95–96 F<br>2 Temp. >96 F | 2 | 2 | 2 |
| | | 7 | 9 | 9 |

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC: WARD 2-D

DATE

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

Adult Iraqi ♂ #2 Surgical pt.

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

MEDDAC FBg OP 173 (Revised) 1 Nov 89 (HSXC-NU)

MEDCOM - 24322

INITIAL ASSESSMENT:

LEVEL OF CONSCIOUSNESS:
- Alert
- Responsive
- Unresponsive

AIRWAY: Spon
- Nasal
- Oral
- Endotracheal
- Tracheostomy

OXYGEN
- Hudson Mask 40%
- Oxygen Mist
- Nasal Cannula
- Room Air

DRAINS Ø
- Hemovac
- Jackson-Pratt
- N/G
- Foley

SIGNATURE:

## MEDICATIONS

ALLERGIES:

| Time | Medication/AMT | Route/Site | BY |
|---|---|---|---|
| | | | |

NURSES NOTES: At on monitor - ST 100's
RPX 97-98%. FM 40% FIO2 +
lethargic. Awaken c stimulation
(+) Cap refill c2 to affected
extremity (+) DP BBS c Rhonchi
Ø % pn. Report given to
Ambulance Crew. On Mark on
RPX 100%. Ø S/S bleeding to
extremity. [redacted] AN
b(6)-2

## DRESSINGS

| SITE | TYPE | DRAINAGE |
|---|---|---|
| | | |

## CBI INFORMATION

| TIME | CBI IN | URINE OUT | COLOR | URINE BAL |
|---|---|---|---|---|
| | | | | |

## PACU FLUID TOTALS

| | | | |
|---|---|---|---|
| CRYSTALLOID IN | | URINE OUTPUT | |
| COLLOID IN | | EMESIS | |
| P.C | | NG TUBE | |
| | | JP DRAIN/HEMOVAC | |
| TOTAL INTAKE | | TOTAL OUTPUT | |

DISCHARGE CRITERIA Time: Date:

REACT Score:

VS: BP / R HR T

Cleared according to WARD 2-D SOP C-2

Charge Nurse Signature:

MEDCOM - 24323

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 13 NOV 03
Time In: 1317
Allergies: —
Pre-op V/S: 147/76 104
Procedures: I&D R thigh RLE

Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 1800 Colloid
OR Output: UOP — EBL —
Meds/Times: Propofol, Fent

| Drains |
|---|
| Hemovac |
| NG |
| JP |
| T-tube |
| Foley |
| TLS |

| Airway |
|---|
| Nasal |
| Oral |
| ETT |
| Trach |
| Other |

Pre Op Meds

History

| Time | 1317 | 1322 | 1327 | 1332 | 1337 | 1350 |
|---|---|---|---|---|---|---|
| SaO2 | 93 | 95 | 96 | 96 | 95 | 94 |
| FiO2 | 4L | NC | 4L | 4L | | |
| Methods | NC | NC | NC | NC | NC | NC |
| 240 | | | | | | |
| 220 | | | | | | |
| 200 | | | | | | |
| 180 | | | | | | |
| 160 | | | | | | |
| 140 | | | | | | |
| 120 | | | | | | |
| 100 | | | | | | |
| 80 | | | | | | |
| 60 | | | | | | |
| 40 | | | | | | |
| 20 | | | | | | |
| RR | 14 | 16 | 32 | 27 | 24 | 23 |
| T | NC | | | | 97 | 3 |

| Time | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Pain (0-10) | | | | | | | | | |
| LOS | | | | | | | | | |

Patient teaching done: Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

### Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1317 | RL | 1000 | R hand | D | 950 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

### Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 1 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 8 | 10 | 10 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
˙ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

[redacted] (Signature & Title) b(6)-2 [redacted]

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 11/13/03

[redacted] (For typed or written entries give: Name – last, first, middle; grade; date; hospital or medical facility)

[redacted] b(6)-4

☐ HISTORY/PHYSICAL
☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION
☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete USAPPC V2.00

MEDCOM - 24324

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | RLE | limited | + | + | B | W | PK |
| 15' | RLE | Limited | Ø | Ø | B | W | PK |
| 30' | RLE | Limited | Ø | Ø | B | W | PK. |
| 45' | RLE | Limited | Ø | Ø | B | W | PK |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

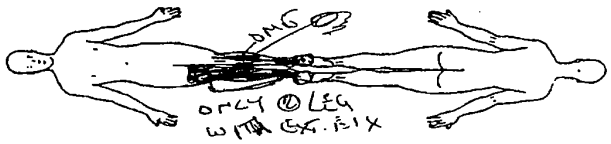
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm 1317 | RLE | ex fix/ace | Ø |
| 30' 1325 | RLE | Ext fix | Ø |
| 60' 1350 | RLE | Ext fix | Ø |
| D/C | | | |




## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| 1317 | Aspy | yellow. | — |
| 1350 | Aspy | yellow | 150cc |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1317 | NSR | O | O |
| | | | |
| | | | |
| | | | |

## NURSING NOTES

Pt received from OR s/p I+D R LE + R Hand. PTSpo2 88%, NC put on 4L/min. SpO2 ↑ 96%, no c/o pain.
1325. Pt easily arousable & light touch and verbal stimuli - foley patent. NC @ 4L O2. Sat at 95%. Pt has bilateral chest movement, breath sounds clear, bowel sounds present. Emesis & deep breathe & cough not ⓡ Ext Fix & lower leg and thighs intact. O2 @ 1350 Pt transferred to TCW2, report given to SPC Jackson-
[redacted]

bLW-2 A-11

**Discharge Criteria:**
**Date:** 11/13/03 **Time:** 1350 **PARS:** 10
**BP:** 125/81 **T:** 97.3 **HR:** 99 **RR:** 24 **Sa02:** 94%
**Pain Level at D/C (0-10):**
**Intake:** 50cc **Output:** 150cc urine
**Additional Data:** —
**Transferred To:** TCW2
**Report Given To:** SPC [redacted]
**Transferred Via:** W/C Stretcher Gurney Ambulance
**Transferred By:** [redacted]
**Cleared IAW Recovery:** [redacted]
**Charge Nurse Signature:** [redacted] 14/Br

WAMC OP 173-E MEDCOM - 24325

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

DTSG APPROVED (Date)

Date: 15 Nov 03
Time In: 1050
Allergies: NKA
Pre-op V/S: 110/70 96
Procedures: (R) TKR without
Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 800 Colloid
OR Output: UOP 300 EBL
Meds/Times: Fentanyl, MSO4

| Drains |
|---|
| Hemovac |
| NG |
| JP |
| T-tube |
| Foley |
| TLS |

| Airway |
|---|
| Nasal |
| Oral |
| ETT |
| Trach |
| Other |

Pre Op Meds

History

| Time | 1050 | 1055 | 1102 | 1115 | 1130 |
|---|---|---|---|---|---|
| SaO2 | 97% | 96 | 97 | 96 | 97 |
| FiO2 | | | | | |
| Methods | RA | RA | RA | RA | RA |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | ✓ | ✓ | ✓ | ✓ | ✓ |
| 120 | | | | | |
| 100 | | | | | |
| 80 | | | | | |
| 60 | ✓ | ✓ | ✓ | ✓ | ✓ |
| 40 | | | | | |
| 20 | | | | | |
| RR | 16 | 17 | 16 | | |
| T | 96 | | | | |

| Time | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Pain (0-10) | | | | | | | | | |
| LOS | | | | | | | | | |

Patient teaching done: Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

### Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1050 | LR | 700 | (R) ARM | DL | 800 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays:

Labs:

### Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity<br>(2) Moves 4 Extremities<br>(1) Moves 2 Extremities<br>(0) Moves 0 Extremities | 1 | 1 | 1 |
| Airway<br>(2) Cough, Deep breath<br>(1) Dyspnea, limited breathing<br>(0) Apnea | 2 | 2 | 2 |
| Blood Pressure<br>(2) SBP =/- 20 of Pre-op<br>(1) SBP =/- 20-50 of Pre-op<br>(0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness<br>(2) Fully Awake, audible crying<br>(1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color<br>(2) Baseline color & appearance<br>(1) pale, mottled, jaundiced<br>(0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years)<br>(2) radial Pulse Palpable<br>(1) Axillary palpable, not radial<br>(0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 8 | 9 | 9 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
" = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

PRE[redacted] b(6)-2

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 15 Nov 03

(written entries give: Name – last, first, middle; grade; date; hospital or medical facility)

[redacted] b(6)-4

☐ HISTORY/PHYSICAL
☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION
☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete USAPPC V2.00

MEDCOM - 24326

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | (R) leg | LROM | + | + | B | W | PC |
| 15' | | | | | | | |
| 30' | | | | | | | |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

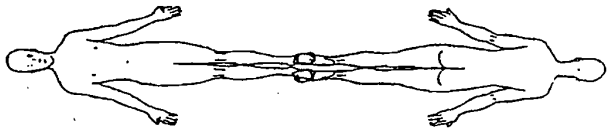
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | (R) leg | Mt. fix c | Mod |
| 30' | | Kerlix | |
| 60' | | | |
| D/C | | | |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1050 | SR | — | — |
| | | | |
| | | | |
| | | | |

## NURSING NOTES

A to recovery room from OR s/p HS (R) leg. Kerlix c Mt fix to (R) leg intact. Mod drainage noted to (R) leg. NVS intact. IV of LR infusing into (R) Arm. VS [redacted] will continue to monitor [redacted]

b(6)-2 All

**Discharge Criteria:**
**Date:** 15 Nov **Time:** 1120 **PARS:** 9
**BP:** 150/82 **T:** 96 **HR:** 93 **RR:** 16 **Sa02:** 94
**Pain Level at D/C (0-10):**
**Intake:** 100 **Output:** —
**Additional Data:**
**Transferred To:** ICW
**Report Given To:** [redacted]
**Transferred Vi** [redacted] **mbulance**
**Transferred By:** [redacted]
**Cleared IAW Reco ery Ro** [redacted]
**Charge Nurse Signature:** [redacted]

WAMC OP 173-E MEDCOM 24327

**MEDICAL RECORD-SUPPLEMENTAL MEDICAL D...**

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

REPORT TITLE: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 26 Nov
Time In: 1930
Allergies: NKDA
Pre-op V/S: 122/62 88
Procedures: ORI of (R) Distal Fem

Anesthesia Type (Circle): General, Spinal, Epidural, IV Sedation, Nerve Block
OR Intake: Crystalloid 2300 Colloid 500
OR Output: UOP Ø EBL 500
Meds/Times: Fent 100mcg; MS04 10

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds

History

| Time | 1930 | 1935 | 1940 | 1945 | 2000 | 2005 |
|---|---|---|---|---|---|---|
| SaO2 | 97 | 96 | 92 | 99 | 93 | 94 |
| FiO2 | | | | | | |
| Methods | RA | RA | RA | RA | RA | RA |
| 240 | | | | | | |
| 220 | | | | | | |
| 200 | | | | | | |
| 180 | | | | | | |
| 160 | | | | | | |
| 140 | | | | | | |
| 120 | | | | | | |
| 100 | | | | | | |
| 80 | | | | | | |
| 60 | | | | | | |
| 40 | | | | | | |
| 20 | | | | | | |
| RR | 23 | 21 | 25 | 22 | 27 | 29 |
| T | | | | 99 | | 99 |

| Time | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Pain (0-10) | | | | | | | | | |
| LOS | | | | | | | | | |

Patient teaching done: Wound Care, Pain Management,
T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1930 | LR | 150 | (R) hand | [illegible] | 100 |
| 1950 | H2O | 150 | PO | [illegible] | 150 |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 2 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 10 | 10 | 10 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

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

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 26 Nov 03

(Attach typed or written entries give: Name — last, first, middle; grade; date; hospital or medical facility)

[redacted] b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete USAPPC V2.00

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| 1935 | | 5mg MSO4 | IVP | | I | [redacted] |
| 1950 | | 3mg MSO4 | IVP | | I | |
| 2035 | | 2mg MSO4 | IVP | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | R Fem | + | + | | S | C | P |
| 15' | " " | + | + | | S | C | P |
| 30' | " " | + | + | | S | C | P |
| 45' | " " | + | + | | S | C | P |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | " " | + | + | | S | C | P |

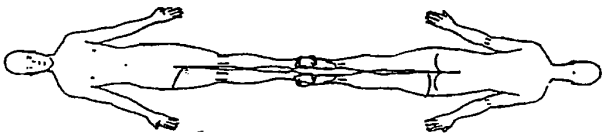
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | R LE | accewrap | Ø |
| 30' | " " | " | Ø |
| 60' | | | |
| D/C | " " | " | Ø |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| 2020 | Foley | yellow clear | 160 |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1930 | ST | Ø | Ø |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

1930: Pt arrived to PACU via gurney from OR in stable condition. C/O pain & given 5mg MSO4. Will cont to monitor. [redacted] PN

2020: Report called to floor & pt transfered via gurney in stable condition. [redacted] PN

**Discharge Criteria:**
**Date:** 26 Nov **Time:** 2020 **PARS:** 10
**BP:** 115/64 **T:** 97.4 **HR:** 116 **RR:** 23 **Sa02:** 95%
**Pain Level at D/C (0-10):**
**Intake:** 2300 **Output:** 160
**Additional Data:**
**Transferred To:** ICW 1
**Report Given To:** SPC [redacted]
**Transferred Via:** W/C Litter Gurney Ambulance
**Transferred By:** SGT [redacted]
**Cleared IAW Recovery Room SOP B-3**
**Charge Nurse Signature** [redacted] TAN

b(6)-2 A11

MEDCOM - 24329

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 9 Dec 03
Time In: 1315
Allergies: Dilaudid 91
Pre-op V/S: NKDA
Procedures: I+D R Knee, JP drain

Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 500 Colloid
OR Output: UOP 0 EBL <50
Meds/Times: 250mcg Fent 20mg MSO4

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds History

| Time | 1305 | 1320 | 1325 | 1330 | 1335 |
|---|---|---|---|---|---|
| SaO2 | 95 | 95 | 98 | 95 | 95 |
| FIO2 | | | | | |
| Methods | RA | RA | RA | RA | RA |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| 120 | | | | | |
| 100 | | | | | |
| 80 | | | | | |
| 60 | | | | | |
| 40 | | | | | |
| 20 | | | | | |
| RR | 18 | 19 | 13 | 19 | 19 |
| T | 99 | | | | |

| Time | |
|---|---|
| Pain (0-10) | |
| LOS | |

Patient teaching done; Wound Care, Pain Management.
T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

### Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

### Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 2 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | 1 | 1 | 1 |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 10 | 10 | 10 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
• = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

[redacted] bled-2

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 09 Dec 03

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

Name — last,

[redacted]

bled-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete

USAPPC V2.00

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | R Knee | limited | + | + | B | W | PK |
| 15' | R Knee | limited | + | + | B | W | PK |
| 30' | R Knee | limited | + | + | B | W | PK |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | R Knee | limited | + | + | B | W | PK |

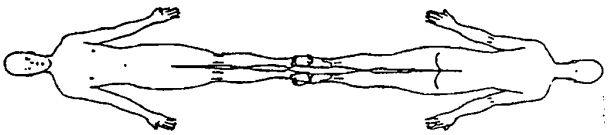
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm 1315 | R Knee | Iodoform | O |
| 30' 1345 | R Knee | " | O |
| 60' | | | |
| D/C | | | |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1315 | NSR | O | O |
| | | | |
| | | | |
| | | | |

## NURSING NOTES

PT RECEIVED FROM OR S/P I+D R KNEE. PT VSS, NO C/O PAIN, SPO2 95% RA, PT AWAKE UPON ARRIVAL. Report given to Sgt [redacted], VSS, NO C/O PAIN [redacted] SPO2 96% RA. Sgt [redacted]

b(6)-2 A11

**Discharge Criteria:**
**Date:** 9 Dec 03 **Time:** 1345 **PARS:** 10
**BP:** 124/82 **T:** 96.5 **HR:** 96 **RR:** 16 **Sa02:** 96
**Pain Level at D/C (0-10):**
**Intake:** — **Output:** —
**Additional Data:** —
**Transferred To:** ICW
**Report Given To:** Sgt [redacted]
**Transferred Via:** W/C [redacted] ambulance
**Transferred By:** Sgt [redacted]
**Cleared IAW Recovery Room SOP B-3**
**Charge Nurse Signature:**

WAMC OP 173-E MEDCOM 24331

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 11Dec 03
Time In: 0546
Allergies: NKDA
Pre-op V/S: 114/64 94
Procedures: I+D ⊕ Le

Anesthesia Type (Circle): General Spinal Epidural
IV Sedation Nerve Block
OR Intake: Crystalloid 1360 Colloid
OR Output: UOP — EBL min
Meds/Times: Propofol, Fent, MSO4

700 Ringer
10 mSO4

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds

History

| Time | 0546 | 0551 | 0556 | 0601 | 1046 |
|---|---|---|---|---|---|
| SaO2 | 98 | 99 | 95 | 94 | 95 |
| FiO2 | RA | RA | RA | 2L | RA |
| Methods | | | | | |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| 120 | | | | | |
| 100 | | | | | |
| 80 | | | | | |
| 60 | | | | | |
| 40 | | | | | |
| 20 | | | | | |
| RR | 14 | 12 | 14 | 13 | 12 |
| T | 96.4 | | | | |

| Time | |
|---|---|
| Pain (0-10) | |
| LOS | |

Patient teaching done: Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

### Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

### Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity<br>(2) Moves 4 Extremities<br>(1) Moves 2 Extremities<br>(0) Moves 0 Extremities | 2 | 2 | |
| Airway<br>(2) Cough, Deep breath<br>(1) Dyspnea, limited breathing<br>(0) Apnea | 2 | 2 | |
| Blood Pressure<br>(2) SBP =/- 20 of Pre-op<br>(1) SBP =/- 20-50 of Pre-op<br>(0) SBP =/- 50 of Pre-op | 1 | 2 | |
| Consciousness<br>(2) Fully Awake, audible crying<br>(1) Arousable to verbal or pain | 1 | 1 | |
| Color<br>(2) Baseline color & appearance<br>(1) pale, mottled, jaundiced<br>(0) Cyanotic | 2 | 2 | |
| Circulation (Peds < 5 Years)<br>(2) radial Pulse Palpable<br>(1) Axillary palpable, not radial<br>(0) Carotid only reliable pulse | / | / | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 8 | 9 | |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
˙ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

[redacted] b(6)-2

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 11Dec03

[redacted] ped or written entries give: Name – last, first, middle; grade; date; hospital or medical facility)

[redacted] b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete
USAPPC V2.00

2541

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | RLE | limited | + | + | B | W | PK |
| 15' | RLE | limited | + | + | B | W | PK |
| 30' | RLE | limited | + | + | B | W | PK |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | RLE | limited | + | + | B | W | PK |

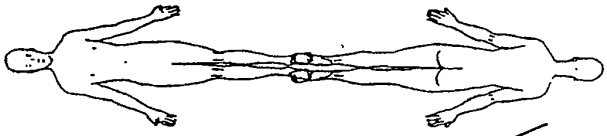
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, PK = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm 0946 | RLE | ace | 0 |
| 30' 1016 | RLE | ace | 0 |
| 60' | | | |
| D/C 1026 | RLE | ace | 0 |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 0946 | NSR | 0 | 0 |
| | | | |
| | | | |
| | | | |

## NURSING NOTES

Pt received from OR s/p I+D RLE. $SpO_2$ 97% RA, no c/o pain, pt awake and talking. Report given to Lt [redacted] + [redacted] No c/o pain. VSS $SpO_2$ 97% RA. Sgt [redacted] LPN

b(6)-2 All

**Discharge Criteria:**
**Date:** 11Dec03 **Time:** **PARS:** 9
**BP:** 124/60 **T:** 96 **HR:** 95 **RR:** 12 **Sa02:** 96%
**Pain Level at D/C (0-10):**
**Intake:** — **Output:** —
**Additional Data:** —
**Transferred To:** TCW
**Report Given To:** Lt [redacted]
**Transferred Via:** W/C [redacted] Ambulance
**Transferred By:** Sgt [redacted]
**Cleared IAW Recovery Room S[redacted]**
**Charge Nurse Signature:**

WAMC OP 173-E MEDCOM - 24333

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 26 Dec 03
Time In: 1825
Allergies: NKDA
Pre-op V/S: 110/63 92
Procedures: 1&D @ knee reconst. lat tib plateau

Anesthesia Type (Circle): General Spinal Epidural endot
IV Sedation Nerve Block
OR Intake: Crystalloid 700 Colloid
OR Output: UOP 0 EBL min
Meds/Times: 50mcg Sut. 30 tramadol

Drains: Hemovac, NG, JP, Tube, Foley, TLS — knee

Airway: Nasal, Oral, ETT, Trach, Other

Pre Op Meds

History

| Time | 1825 | 1830 | 1835 | 1840 | 1845 | 1910 |
|---|---|---|---|---|---|---|
| SaO2 | 95 | 96 | 97 | 98 | 98 | 97 |
| FiO2 | RA | RA | RA | RA | RA | RA |
| Methods | | | | | | |
| 240 | | | | | | |
| 220 | | | | | | |
| 200 | | | | | | |
| 180 | | | | | | |
| 160 | | | | | | |
| 140 | | | | | | |
| 120 | V | V | V | V | V | V |
| 100 | | | | | | |
| 80 | • | • | • | • | • | • |
| 60 | ∧ | ∧ | ∧ | ∧ | ∧ | ∧ |
| 40 | | | | | | |
| 20 | | | | | | |
| RR | | | | | | |
| T | 96 | | 96.8 | | 99 | |

| Time | |
|---|---|
| Pain (0-10) | |
| LOS | |

Patient teaching done: Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

### Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

### Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 1 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | / | / | / |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 8 | 10 | 10 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

PREPARED BY (Signature & Title): [redacted] LtCol

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 26 Dec 03

(If typed or written entries give: Name — last, first, middle; grade; date; hospital or medical facility)

32yom Smoker

[redacted]

b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete USAPPC V2.00

MEDCOM - 24334

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| 1900 | 6 | MsO4 2mg | IVP | 3 | E | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | (R) leg | + | + | P | B | W | PK |
| 15' | (R) leg | + | + | P | B | W | PK |
| 30' | (R) leg | + | + | P | B | W | PK |
| 45' | (R) leg | + | + | P | B | W | PK |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | (R) leg | + | + | P | B | W | PK |

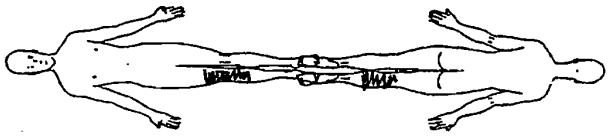
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | (R) knee | ace | JP min |
| 30' | (R) knee | ace | JP min |
| 60' | | | |
| D/C | (R) knee | ace | JP min |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1835 | NSR | Ø | Ø |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

1825- pt arrived via gurney arousable but sleepy. denies pain. moves all extr ⅋ difficulty. JP to (R) knee sang. drainage Ø foley. Sats 96-100% on RA. [redacted]
1835- pt awoke. removed own nasal trumpet. maintaining own airway ⅋ difficulty sats 96-100% RA [redacted]
1900 pt c/o (R) knee pain ~6/10 given 2mg MsO4 IVP - C August
1915- report called pt stable — [redacted]

Ø (Ce) - 2 All

**Discharge Criteria:**
Date: 26 Dec 08 Time: 1915 PARS: 10
BP: 114/73 T: 97.2 HR: 86 RR: 14 Sa02: 97%
Pain Level at D/C (0-10):
Intake: 200cc H2O Output: Ø
Additional Data:
Transferred To: ICW1
Report Given To:
Transferred Via: W/C Litter Gurney Ambulance
Transferred By: [redacted]
Cleared IAW Recovery [redacted]
Charge Nurse Signature: [redacted]

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 03 Jan 04
Time In: 1028
Allergies: NKDA
Pre-op V/S: 99/SS 97
Procedures: I+D (L) Knee
C.L. placement

Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 400 Colloid
OR Output: UOP — EBL 250
Meds/Times: 2.5 Versed 250mcg Fent 10mg M 1604

Drains: Hemovac, NG, JP, T-tube, Foley, TLS

Airway: Nasal, Oral, ETT, Trach, Other

Pre Op Meds History

| Time | 1028 | 1033 | 1038 | 1043 | 1048 |
|---|---|---|---|---|---|
| SaO2 | 99 | 97 | 98 | 97 | 97 |
| FiO2 | | | | | |
| Methods | RA | RA | RA | RA | RA |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| 120 | | | | | |
| 100 | | | | | |
| 80 | | | | | |
| 60 | | | | | |
| 40 | | | | | |
| 20 | | | | | |
| RR | 12 | 17 | 17 | 9 | 16 |
| T | 98 | | | | |

| Time | |
|---|---|
| Pain (0-10) | |

Patient teaching done: Wound Care, Pain Management.
T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

### Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1030 | LR | 50 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

### Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 1 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 1 | 1 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | 1 | 1 | 1 |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 8 | 9 | 9 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
˙ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

[redacted] b(6)-2

DEPARTMENT/SERVICE/CLINIC: ~~03 Jan 04~~ PACU

DATE: 03 Jan 04

Name — last, first, middle; grade; date; hospital or medical facility)

[redacted] b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete

USAPPC V2.00

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| 1044 | | 2mg MSO4 | IV | | | [redacted] |
| 1057 | | 2mg MSO4 | IV | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | Rleg | limited | + | + | B | W | PK |
| 15' | Rleg | " | + | + | B | W | PK |
| 30' | Rleg | " | + | + | B | W | PK |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | Rleg | " | + | + | B | W | PK |

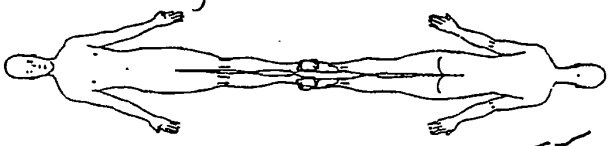
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm 1028 | R leg | Kerlex | — |
| 30' 1058 | R leg | Kerlex | — |
| 60' | | | |
| D/C 1102 | R leg | Kerlex | — |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1028 | NSR | — | — |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

Received pt from OR s/p I&D R leg + central line placement. SpO2 99% RA, pt arousable to verbal, states he has pain. Maj Cherry at bedside to give more MSO4. CXR ordered for CL placement. CXR done, read by Maj Cherry, ~~ia~~ CL is in the correct placement, ports flushed c̄ NS and LR hung through brown port. Report given to Cpt [redacted] SN [redacted]

b(6) 2 A11

**Discharge Criteria:**
**Date:** 03Jan04 **Time:** 1100 **PARS:** 9
**BP:** 114/72 **T:** 96.8 **HR:** 89 **RR:** 19 **Sa02:** 97
**Pain Level at D/C (0-10):**
**Intake:** 50 **Output:** —
**Additional Data:** —
**Transferred To:** ICU [redacted]
**Report Given To:** Cpt [redacted]
**Transferred Via:** W/C [redacted] Gurney Ambulance
**Transferred By:** Sgt [redacted]
**Cleared IAW Recovery Room SOP B-3**
**Charge Nurse Signature:**

MEDCOM - 24337

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 18 Jan 04
Time In: 1455
Allergies: —
Pre-op V/S: 117/67 115
Procedures: SYSG ID
Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 600 LR Colloid —
OR Output: UOP — EBL Ø
Meds/Times: SCC Fent 10 mg MSO4 (R) Voe

LMR (R) SC TL

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds History

| Time | 1455 | 1500 | 1505 | 1510 | 1520 |
|---|---|---|---|---|---|
| SaO2 | 92 | 94 | 95 | 95 | 95 |
| FiO2 | RA | RA | (R) | RA | RA |
| Methods | | | | | |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| 120 | | | | ✓ | ✓ |
| 100 | ✓ | ✓ | ✓ | ✓ | |
| 80 | | | | | |
| 60 | | ^ | ^ | ^ | ^ |
| 40 | ^ | | | | |
| 20 | | | | | |
| RR | 20 | 15 | 21 | 20 | 15 |
| T | 151 | | | | |

| Time | |
|---|---|
| Pain (0-10) | |
| LOS | |

Patient teaching done; Wound Care, Pain Management.
T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1520 | LR | 100 | (R) HR | SCV | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 2 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | / | / | / |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 10 | 10 | 10 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
* = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

[redacted] b(6)-2

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 18 Jan 04

[redacted] ...itten entries give: Name – last, ...e; date; hospital or medical facility)

[redacted] b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete

USAPPC V2.00

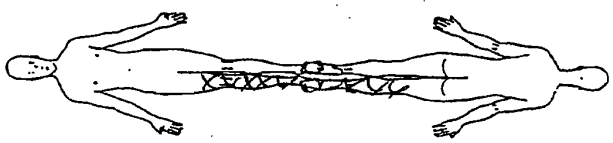
| MEDICATIONS | | | | | | |
|---|---|---|---|---|---|---|
| Allergies: | | | | | | |
| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| NEUROVASCULAR | | | | | | | |
|---|---|---|---|---|---|---|---|
| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
| Adm | (R)foot | + | + | P | B | W | PK |
| 15' | (R)foot | (+) | (+) | P | B | W | PK |
| 30' | (R)foot | (+) | (+) | D | B | W | PK |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

| C-SECTIONS | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

| DRESSINGS | | | |
|---|---|---|---|
| Time | Location | Type | Drainage |
| Adm (R)LE | (R)LE | bulky | Ø |
| 30' (R)LE | (R)LE | bulky | Ø |
| 60' | | | |
| D/C | | | |



| PACU OUTPUT | | | |
|---|---|---|---|
| Time | Source | Color/Appearance | Amount |
| | | | |
| | | | |
| | | | |
| | | | |

| CARDIAC RHYTHM | | | |
|---|---|---|---|
| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
| 1500 | ST | Ø | Ø |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

NURSING NOTES

pt recieved from OR @ 1455 pt c̄ STSG to (R) Knee c̄ (R) thigh as donor site pt doing well @ this time will monitor for Δs — [redacted]

b(6)-2

Discharge Criteria:
Date: 1/6/00 Time: 1525 PARS: 10
BP: 126/40 T: 101.0 HR: 120 RR: 13 Sa02: 98%
Pain Level at D/C (0-10):
Intake: 100 Output: Ø
Additional Data: None
Transferred To: ICW 2
Report Given To:
Transferred Via: W/C Litter Gurney Ambulance
Transferred By [redacted]
Cleared IAW [redacted]
Charge Nurse [redacted]

[redacted] b(6)-2

MEDCOM - 24339

b(2)-2

# Admission and Coding Information

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

| | | | | |
|---|---|---|---|---|
| 1. Reporting MTF [redacted] | 2. MTF Loca. IZ | | | |
| 3. Register Number [redacted] | Name (Last, First, MI) [redacted] b(6)-2 | | 4. Pay Grade FGN | 5. Sex M |
| 6. DoB (YYYYMMDD) 1971-01-01 | 7. Age at Admission 32Y | 8. Race X | 9. Ethnicity 9 | Religion MUSLIM |
| 10. Length of Service | ETS | 11. FMP 99 | 12. Social Security Number 000-00-1290 | |
| Organization (Active Duty Only) | | 13. Marital Status | Hour of Admission 06:35 | 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 Inj | Prev. Admission NO | |
| 20. Source of Admission Direct from ER | Ward: ICW1 | 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 HOME | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) 2004-01-24 | | |
| 24. Clinic Svc - Admitting AEA - ORTHOPEDICS | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) 2003-11-12 | | |
| 27. Location of Occurrence | 28. MTF of Initial Admission | 29. Date of Initial Admission 2003-11-12 | | |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: R LEG EX FIX, 5TH DIGIT AMP

Procedure Narrative(s):

T: 9
Inj: 569

Dx: 82130, 99832, 82310, 8860, 8911, 8770, 6869, 4580, 34690, E9912

PR: 8674, 7815, 7845, 8016, 7935, 8628, 8604, 8401, 9357, 7965, 8309, 8604, 8669

9788, 3893, 9904x2

Blood: y

Cause of Injury Narrative: MVA

b(6)-2

Admitting Officer (Signature, as required) [redacted]

[redacted]

Automated Facsimile - DA FORM 2985, MAR 2000

MEDCOM - 24340

Automated Facsimile

# INPATIENT TREATMENT RECORD COVER SHEET

Use of this form, see AR 40-400, the proponent agency is OTSG

| 1. Register Nbr | 2. Name | 3. Grade | Admission Remarks |
|---|---|---|---|
| [redacted] | [redacted] b(4)-2 | FGN | |

| 4. Sex | 5. Age | 6. Race | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm |
|---|---|---|---|---|---|---|
| M | | X | | | | NO |

| 11. FMP | 12. SSN | 13. Organization | 14. Ward |
|---|---|---|---|
| 99 | [redacted] | b(4)-4 | ICW1 |

| 15. FlyStatus | 17. Dept / Ben | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case |
|---|---|---|---|---|
| NO | K78-PRISONER OF WAR/INTER | | | BC |

| 21. Source of Admission | 22. Hour Of Adm: | 23. Clinic Service |
|---|---|---|
| Direct from ER | 22:00 | ABA - GENERAL SURGERY |

| 24. Name/Relation of Emergency Addressee | 25. Type Disp | 26. Date of Disp |
|---|---|---|
| | TRF-OTH | 2003-11-24 |

| 27a. Address of Emergency Addressee | 27b. Telephone No | 28. Date This Adm: | AdmittingOfficer: |
|---|---|---|---|
| | | 2003-11-12 | DOWNEY |

| 29. ReportingMTF | 30. Date Init Adm | 32. Units Blood Components |
|---|---|---|
| [redacted] b(2)-2 | 2003-11-12 | |

31. Selected Administrative Data

Marital Status: DoB:

In/Out Patient: Inpatient MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

S/P I&D MULTI SHRAPNEL WNDS

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 |

35. Total Days This Facility

| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days |
|---|---|---|---|---|---|
| 0 | 0 | 0 b(6)-2 | 0 | 12 | 12 |

Signature of Attending Medical Officer: [redacted] Signature of PAD or Medical Officer: [redacted]

Automated Facsimile - DA FORM 3647, Mar 74 MEDCOM - 24341 [redacted]

| MEDICAL RECORD | ABBREVIATED MEDICAL RECORD |
|---|---|

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

19 year old ♂ who sustained multiple injuries fm GSW(?) under unclear situation

PMHx Ø
PSHx Ø
meds Ø
NKDA
Ø tob
Last meal @ 2030

PHYSICAL EXAMINATION

P 88 BP 108/55 RR
NCAT
PERRLA
Neck sutures WNL
Abd soft non tender
Distal pulses +2 symmetric
(L) post chest / pm
(+) (L) scrotal laceration / medial (L) buttock
multiple (R) posterior thigh puncture
(R) medial distal thigh
(R) post medial calf
(L) heel (R) plantar

PROGRESS (Enter date of discharge and final diagnosis)

Dx: Multiple shrapnel wounds
to CT pelvis
to OR f scalp Exploration

CXR (-) PTX
add multiple lacs
review trauma
technical US — inter testicular echo of trauma

b(6)-2

| DATE | IDENTIFICATION NO. | ORGANIZATION |
|---|---|---|
| | | |

PA[redacted] (Enter entries first Name last, first, middle, grade, date; hospital or medical facility)

| REGISTER NO. | WARD NO. |
|---|---|
| | |

ABBREVIATED MEDICAL RECORD
Standard Form 539
GENERAL SERVICES ADMINISTRATION AND INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1975
539-105

b(6)-4

MEDCOM - 24342

117

## ABBREVIATED MEDICAL RECORD

**1. ADMISSION DATE** *(YYYYMMDD)*

**2. CHIEF COMPLAINT, PERTINENT HISTORY, AND PERTINENT SYSTEM REVIEW**

16y.o Iraqi male with multiple GSW were for eval.
pmH ⊖
PSH ⊖

**3. PHYSICAL EXAMINATION** *(Including pertinent positives and negatives)*

VSS
Lungs clear
Heart RR
Abd nontender

Ext → all pulses

(L) arm & forearm large defects
(L) hip x3 L ant ax 4 & 8 rib
(L) mid thigh R lower leg R upper thigh
L ankle R med thigh

**4. IMPRESSION** *(Enter admission note with plan on progress notes)*

Imp - multiple GSW c̄ large arm lac
plan - OR

**5. ADMITTING O[redacted]** b(6)-2

**a. SIGNA[redacted]**

**b. DATE SIGNED** *(YYYYMMDD)* 11/12/3

**6. D[redacted]NOTE** *(Brief hospital course, diagn[redacted] procedures, condition on discharge, pertinent discharge information (including medications, diet, activity limitations, follow-up instructions).)*

**7. DISCHARGE DATE** *(YYYYMMDD)*

**8. DISCHARGING OFFICER**

| a. NAME *(Last, First, Middle Initial)* | b. GRADE | c. TITLE | d. SIGNATURE |
|---|---|---|---|
| | | | |

**9. PATIENT IDENTIFICATION** *(For typed or written entries: Name (last, first, middle), grade, SSN, date of birth, hospital or medical facility, ward number, and register number)*

**10. OUTPATIENT/HEALTH RECORD MAINTAINED AT:**

**11. COPY PLACED IN OUTPATIENT RECORD** *(X when done)*

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 0415 13NOV03 | RT note: Pt came in from OR, Nurse + Anesthesiologist at bedside. $SpO_2$ on monitor 77%. Pt was placed on 15L NRB c̄ oral airway. Pt unresponsive but breathing on his own. NT suction via nasal trumpet + suction oral airway c̄ bloody sputum. Narcan given + interpreter called. Pt is in + out of consciousness. ABG drawn @ 0445 7.33/42.1/139/-3/23/99%. Pt followed command to cough. BBS @0450 coarse ⓪ wheezing ⊕ upper airway (coarse snoring) ↓ $FiO_2$ from 15L → 12L. Pt HR 114, RR 20, breath even + unlabored. BP 129/60. HOB 30°. Will continue to monitor — [redacted] b(6)-2 |
| 13NOV03 0705 | Neurosurgery<br>S/O Exam this AM finds no evidence of L5 or S1 radiculopathy.<br>A/P Incidental L5 spondylolysis.<br>Consider Flex/Ext L-spine x-rays when patient is able to stand.<br>[redacted] b(6)-2 |

| RELATIONSHIP TO SPONSOR | LAST | MI | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|
| | | | |

| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO. |
|---|---|---|
| [redacted] EPW-51 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

MEDCOM - 24344

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

| DATE | NOTES b(6)-2 A II |
|---|---|
| 13 Nov 03 0710 | Pt received resting comfortably in bed c̄ NKA c̄ IOL. O2 sats 99-100% c̄ audible wheezing noted. V/S stable, See AA 4700 for initial assessment [redacted] |
| 0800 | Aml care performed. Pt deep suctioned via nasal trumpet and [redacted] Pt vomited moderate amount. Dsgs changed to sacral area & buttocks. Will continue to monitor [redacted] |
| 1200 | Pt continues to rest comfortably in bed s̄ difficulty [redacted] |
| 1345 | MSO4 10mg given for c/o pain [redacted] |
| 1400 | Dsgs changed to sacral area, buttocks, back area. Pt [redacted] s̄ difficulty, will continue to monitor [redacted] |
| 1620 | Pt given MSO4 4mg for c/o pain [redacted] |
| 1830 | Pt given 10mg MSO4 for c/o pain c̄ good effect. VSS. [redacted] |
| 2300 | Pt given 4mg MSO4 for c/o pain c̄ good effect. VSS. [redacted] |
| 14 Nov 03 0030 | Pt bathed linen A'd, wound dsg's A'd except for (B) feet and (L) hip. See wound & skin assessment form. VSS. [redacted] |
| 0230 | Pt given 4mg MSO4 for c/o pain c̄ good effect. VSS. [redacted] |
| 14 Nov 03 0630 | Pt received resting comfortably in bed. V/S stable c̄ O2 sats 95-99% on room air. See AA 4700 for initial assessment [redacted] |
| 0800 | Dsgs A'd by Dr. [redacted] MSO4 5mg given IVP. Aml care performed, report to be given to ICW1 [redacted] |

STANDARD FORM 509 (REV. 5/1998) BACK
USAPA V1.00

MEDCOM - 24345

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 14NOV03@1100 | Assumed care of pt. @ 0850, transfer from ICU. Temp 100, tachy-115. Other V.S.S. Pt. received 2mg MSO4 prior to transfer. Pt. given ii T3's for pain & fever. Pt. has multiple GSW's to soft tissue in LE bilat. Large dressings to (L) buttocks & thigh. DRY dressing Δ's done this AM in ICU, large amount of sero-sang drainage to wounds. Pt. unable to move (L) LE, (+) pulses to all extremities, (+) sensation to all extremities. Foley intact, draining clear yellow urine. D5 1/2 NS c̄ 20 KCl to (R) AC 20G @ 100cc/h. 18G to (L) AC was occluded & D/C'd. Pt. reported urgency to defecate, pt. placed on bedpan, (-) BM ~ 30 min. Pt. is NPO, sign placed above bed. Pt. given ii T3's for pain @ this time. Will cont. to monitor. Pt. in 2-point restraints, (-) signs of skin breakdown. All other assessments WNL — b(6)-2 [redacted] |
| 14 Nov 03 | Assumed care of Pt @ 1800 hrs. Pt in pain Tylenol 3 for pain. Drsgs to Bilat legs feet Butteck and on Back. All punctur wound c̄ minimal Drainage. Drsg Δ'd. D5 1/2 NS c̄ 20 KCL to (R) AC 20 G @ 100 cc/hr. Will Cont to monitor. — [redacted] RN/WMB |
| | b(6)-2 [redacted] |

| 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.

[redacted]

b(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 6/1989)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 24346

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

| DATE | NOTES |
|---|---|
| 15NOV03@1800 | Assumed care of pt. @0600. V.S.S., A&O, ii T3's for pain in AM. Pt. NPO, LR@100cc/h ⊕ AC. FTG → CVU. All dressings Δ'd, MD into assess wounds during DRSNG Δ. Some necrotic tissue to ii puncture wounds to ⓛ buttocks; all other wounds show ∅ signs of infection. Penrose drain intact to ⓡ lower buttocks. Pt. unable to move ⓛLE, ⊕ sensation & ~~peripheral~~ peripheral pulses. Pt. in 2-point restraints, ∅ signs of breakdown to skin. All other assessments WNL. [redacted] |
| 0015 – | assumed care of pt @ 1800. VSS - A+O b(6)-2 ii Tylenol #3 given @ 2323. attempted to ambulate pt. to shower. Pt. ~~[illegible]~~ walked about 5ft. + Refused to go any further. Returned pt. to bed. D/C'd foley @ 2300. ∅ urine output ∅ this time. Conducted drsng Δ's. penrose intact to Buttocks, cleaned all wounds c̄ 1/2 peroxide + 1/2 NS. Pt. tolerated well. Pt. NPO. D5 1/2 NS c̄ zomet @ 100cc/h infusing ⓡ FA. ⊖ signs infection. will cont. to monitor pt. + [redacted] I concur with alone assessment [redacted] |
| 16NOV03 0650 | Pt. voided in urinal 400cc of clear, yellow urine ∃ difficulty b(6)-2 [redacted] |
| 16Nov | Surgery abels, NPO bath, diet 11/17 cont abx |

[redacted]

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

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

MEDCOM - 24347

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 16NOV03 | (1650) Pt requested to get on Bedpan. Pt on bedpan. Pt had large, soft, light brown bowel movement. Informed Dr [redacted] b(6)-2 [redacted] |
| 17NOV03 | 0100 Assumed care of pt @ 0100. LSS-AO 15 CTAB Resp. even unlabored, BS x4, abd. soft non-tender, voiding cyu via urinal. (+) Pedal + Radial pulse. +two pt restraints in place. IV (R) FA infusing 100cc/h of D5 1/2 NS c 20meq KCL. IV cdi (-) s/sx infections. conducted dsng Δ's to (L) heel, (R) foot, Back of (L) knee c staples intact, (L) calf wound (+) s/sx inf. c circle of redness on outside of wound, (R) inner thigh, (L) inner thigh, 12in. incision to (L) hip c staples intact c (-) s/sx inf. two shrapnel wound to (L) Buttock Packed c w→D gauze, Incision to lower back c staples intact, two shrapnel wounds to upper back, penrose intact to buttocks draining min drainage. All cleaned c 1/2 NS + 1/2 peroxide. Pt. has no complaints @ this time. Will cont to monitor. [redacted] |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME (LAST) | (FIRST) | SPONSOR'S ID NUMBER (Other) |
|---|---|---|---|
| F | [redacted] | b(6)-2 | 5 2 7 |

| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

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

b(6)-4 [redacted]

**PROGRESS NOTES**
Medical Record

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

MEDCOM - 24348

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

| DATE | NOTES |
|---|---|
| 0605 | - Pt. had BM. Light Brown. [redacted] b(6)-2 |
| 17Nov | Surgery<br>wounds clean<br>cont wound care +<br>abx<br>prob here 4-7 days<br>b(6)-2 [redacted] |
| 17NOV03 | (1300) NSG-VSS. Completed DSG Δ. Pt tolerated well. C/O pain. Med c̄ ii Ty #3. Dr. [redacted] viewed pt's staples on buttocks. D/C'ed penrose drain. MD wrote new orders. Pt may ~~tol~~ consume po food. Will monitor po intake. b(6)-2 [redacted] |
| 2100- | VSS - A+O completed drsng Δs pt tol. well. staples intact to (C) hip, (L) Bottom knee, (+) s/sx inf. and redness around wound to (R) calf. all other wounds (-) s/sx infection. voiding per urinal Cyu. Pt. resting well @ this time. Two pt. restraints in place c̄ (-) skin break-down (+) circulation. will cont. to monitor pt. [redacted] |

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

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES b(6)-2 |
|---|---|
| 18NOV03 | 0300 - pm had large light brown BM. b(6)-2 [redacted] |
| 18NOV03 | (1540) NSG - VSS. c/o not able to sleep. Will speak c̄ MD ~ pt's complaint. Completed DSG Δ. WTD. Sutures to on buttocks loosely approximated. Staples along outer (L) thigh well-approximated, ⊖ s/sx of infection. Pt OOB to chair ~ 1hr. Tol well. Refused food 2° pt does not like hospital food. Will get MRE from DFAC for pt on b(6)-2 [redacted] |
| 18NOV03 2000 | VSS Multi wounds to Bilateral LE & buttocks clean + redressed as ordered. Tissue to open wounds red + moist. Staples to (L) hip/lateral thigh intact without drainage or crusting and incision well approximated. Voiding clear amber urine. [redacted] Tylenol #3 effective for pain. 2+ Restraint applied without compromising circulation or skin integrity. Will continue c/o pt. [redacted] |
| 19NOV03@1400 | Assumed care of pt. @ 0600. VSS. A&O. ⊕ T3's given for pain + pre-med for DRESSING Δ. Pt. OOB to shower this AM, pt. ambulated c̄ walker to BR. $H_2O_2$ used to clean wounds, dry dressings reapplied. Mod serous drainage to old dressings, ⊖ signs of |

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

| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

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

REGISTER NO. | WARD NO.

EPW# [redacted]

b(6)-4

**PROGRESS NOTES**
Medical Record

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

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

| DATE | NOTES |
|---|---|
| 19NOV03 (cont) | infestation. Ancef ~~II~~ grams IVPB hanging at this time. Urinal @ bedside → CYC, sufficient output. Pt. ~~into~~ (m) in 2-point restraints, Ø signs of skin breakdown. Will cont. to monitor [redacted] b(6)-2 |
| 20NOV03 0020 | – USS – A+O speaking arabic. Completed dsng's to multiple wounds to (B) LE + hip + buttocks. Staples well approximated + intact to hip. All wounds cleaned c̄ H2O2 as ordered per MD. Ø S/Sx inf. New IV BG started to (L) Bicep. Pt. voiding CYC per urinal. Two pt. restraints in place. (–) skin breakdown (+) circulation. Will cont. to monitor pt. b(6)-2 [redacted] I concur with above assessment [redacted] |
| 20NOV03@1500 | Assumed care of pt @ 0600. VSS, A&O ~~II~~ T 3.5 for C/O pain to (L) LE. All wounds cleaned c̄ $H_2O_2$. Sero-sang drainage to (L) buttocks wounds, moderate, thick yellow drainage to other wounds. W → D Dsng Δ to (L) buttocks wounds, Dry Dsng Δ to all other wounds. Pt. ambulated in hallway for 5 min. @ 1330 c̄ walker, drags feet. Pt. cries frequently, worried about family as reported by interpreter. Pt. in 2-point restraints, Ø signs of skin breakdown. Will cont. to monitor. [redacted] b(6)-2 |

STANDARD FORM 509 (REV. 5/1998) BACK

USAPA V1.00

# [redacted] b(6)-4

MEDCOM - 24351

AUTHORIZED FOR L

RD | **PROGRESS NOTES**

NOTES

2/B 2300. assumed care of pt. @ 1800
VSS-A+O 15 CTA (B), Resp. lwen unl
abd. soft nontender BSx4. completed
all dsng Δ's. applied hrcr to all
Ø sx inf. sutures to lower b
loosely in place. One not intact. ir
is not well approximated. Pt. void
cup per urinal. Pt. OOB → chair
13 mins. ambulated to BR c̄ walk
conducted personal hygiene. II Tylo
given for pain. Two pt. Restra
in place c̄ compromise to skin
circulation. Will monitor pt [redacted]
I can with alone assessment
Assumed care 0600 pt awake & oriented x3
pt has Ø c/o of pain at this time, Pedal pulse, Ø ci
to lower extremities, Pt dsg Δd. Hcr applied, followe
by WD, 3½" wound on buttock is loosely held togeth
one staple, some yellow/greenish drainage preseno
most of wounds, pt tolerated dsg change with
medication, pt ambulated x2 with minimal diffic

NSHIP TO SPONSOR

| SPONSOR'S NAME | | | SPONSOR'S ID (SSN or Other) |
|---|---|---|---|
| LAST | FIRST | MI | |

SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO

b(6)-4 [redacted]

MEDCOM - 24352

**PROGRESS NOTES**
Medical Record
**STANDARD FORM 509**

b(6)-2 A11

| DATE | NOTES |
|---|---|
| Nov '03 | pt in restraints x2 ∅ skin breakdown @ [redacted] circulation, IV intact patent (L) wrist [redacted] |
| 1 Nov 03 1700 | I concur c̄ above assessment [redacted] |
| Nov 03 @ 0405 | Assumed care @ 1800; VSS, pt A&O speaking arabic; pain controlled c̄ T#3's; (+) CMS, TBP, brisk cap Ref throughout, NV intact; all dsgs to LEs (B) Δd W→D p̄ they were cleaned c̄ H2O2; pt OOB to amb to BR; S/L patent; cont c̄ IV abx; Restraints in place, (+) circ, ⊖ skin breakdn, cont to monitor [redacted] |
| 22 Nov '03 @ 930 | Pt Awake + Oriented x3 complaining in Arabic, pt c/o of pain, tiredness, boredom. IV intact and patent. 1400 pt premedicated with T#3's prior to [redacted] dsg Δ's. Pt completed personal hygiene prior to dsg change. Some greenish brown drainage from wound, the iodoform gauze soaked with sero-sang drainage. Pt complains of pain in his (L) foot, but doesn't complain during dressing change. Restraints x2 in place (+) circulation (+) pedal pulse, ∅ skin breakdown [redacted] (LCSW) I concur c̄ above assessment. [redacted] |
| 23 Nov 03 @ 0430 | Assumed care @ 1800; VSS, pt A&O speaking arabic, pain controlled c̄ T 3's; all dsgs to LEs Δd W→D, ⊖ s/sx infection; NV intact; pt OOB to amb c̄ walker assistance; S/L patent, cont c̄ IV abx; Restraints in place [redacted] (+) circ, ⊖ skin breakdn, Cont to monitor [redacted] |
| 23 nov 03 @ 1300 | Pt a/o, VSS, drsgs Δ'd to (B) extr & buttocks, Sero-sang drainage noted to buttocks, iodoform gauze saturated c̄ mod. amt sero-sang. NV intact, Pt ambulated to Bathroom x2 c̄ walker. c/o pain but fell asleep. Pt tosses & turns alot requiring frequent drsg Δ's. Will monitor [redacted] 9/wmte |

STANDARD FORM 509 (REV. 5/1999) BA
USAPA V

[redacted]

b(6)-4

MEDCOM - 24353

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 23 NOV @1600 | Pt pulled IV out - catheter intact, new 20ga IV started to (L) FA x 1 attempt. Cont. to monitor [redacted] LPN |
| 24 NOV @ 1530 | Pt a/o, VSS, medicated c̄ Tylenol #3 for pain today @ 1440. drsgs AD [redacted] major Ponder @ BS during drsg Δ, removed staples. Pt c/o pain upon moving (R) leg, (+) pulses, brisk cap refill. IV Ancef now d/c'd, ∅ oozing or s/sx infection noted to wounds. Will monitor [redacted] 91WM6. |
| | b(6)-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. TCN #1 |

#[redacted]

**PROGRESS NOTES**
Medical Record

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

MEDCOM - 24354

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 12Nov03 | Neurosurgery Cons/H |
| 2359 | HPI 19 y/o male suffered multiple shrapnel injuries when struck by presumed gunfire earlier today. Pt underwent workup which included CT abd + pelvis. This showed L5 abnormalities. |
| | PmH Unknown. |
| | Exam Pt under anesthesia for scrotal exploration. No abnormalities noted by 1° team. |
| | CT Scan Chronic L5 spondylolysis with early (≤ Grade I) listhesis, no canal compromise. |
| | Impression: Suspect this is an unrelated abnormality, likely more than several months old, and doubtful unstable condition. |
| | Recs: (1) OK to proceed with treatments as scheduled. |
| | (2) Will need F/U with spine surgeon after 1° injuries are resolved. |
| | (3) I will examine postop + follow. |
| | [redacted] b(6)-2 |
| | [redacted] 1797 |

| HOSPITAL OR MEDICAL FACILITY | STATUS | PART./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.

#[redacted]
b(6)-4

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

MEDCOM - 24355

**Medical Record** **Progress Notes**

# Wound and Skin Assessment

Date and Time 14 Nov 0115 Wound number 13
Stage I-IV _____ Surgical or Non-Surgical _____
Location (R) foot
Shape _____ Measurements _____
Tissue Color _____
Drains and Type _____
Drainage (amt and color) _____
Dressing Type Gauze + ACE wrap
Dressing Change Frequency _____ Wound Cleansing _____
Additional Info (turning, elevation of extremeties, etc.) _____
Dsg from OR left on 1st 24°

Date and Time 14 Nov 0115 Wound number 14
Stage I-IV _____ Surgical or Non-Surgical _____
Location (L) foot
Shape _____ Measurements _____
Tissue Color _____
Drains and Type _____
Drainage (amt and color) Smamt. sanguinous drng through ACE
Dressing Type Gauze + ACE wrap
Dressing Change Frequency _____ Wound Cleansing _____
Additional Info (turning, elevation of extremeties, etc.) _____
Dsg from OR left on 1st 24°

Date and Time _____ Wound number _____
Stage I-IV _____ Surgical or Non-Surgical _____
Location _____
Shape _____ Measurements _____
Tissue Color _____
Drains and Type _____
Drainage (amt and color) _____
Dressing Type _____
Dressing Change Frequency _____ Wound Cleansing _____
Additional Info (turning, elevation of extremeties, etc.) _____

Patient ID: b(6)-4 [redacted] Unit No. ICU2
Standard Form 509

EPW-S1

MEDCOM - 24356

**Medical Record** **Progress Notes**

# Wound and Skin Assessment

Date and Time 14 Nov 03 0115 Wound number 10
Stage I-IV II Surgical or Non-Surgical Shrapnel wound
Location (R) upper inner thigh
Shape circular Measurements 2cm
Tissue Color pink granular edges
Drains and Type none
Drainage (amt and color) sm amt sanguinous
Dressing Type 4x4 DSD
Dressing Change Frequency BID+prn Wound Cleansing water
Additional Info (turning, elevation of extremeties, etc.)

Date and Time 14 Nov 03 0115 Wound number 11
Stage I-IV II Surgical or Non-Surgical Shrapnel wound
Location (R) upper inner thigh
Shape circular Measurements 2cm
Tissue Color pink granular edges
Drains and Type none
Drainage (amt and color) sm amt sanguinous
Dressing Type 4x4 DSD
Dressing Change Frequency BID+prn Wound Cleansing water
Additional Info (turning, elevation of extremeties, etc.)

Date and Time 14 Nov 03 0115 Wound number 12
Stage I-IV Surgical or Non-Surgical Surgical
Location (R) calf
Shape Measurements
Tissue Color
Drains and Type
Drainage (amt and color)
Dressing Type Gauze covered c̄ ACE wrap
Dressing Change Frequency Wound Cleansing
Additional Info (turning, elevation of extremeties, etc.)
original DSG from OR left on 24°

Patient ID: Unit No. ICU2
Standard Form 509

# [redacted] - EPWS-51

b(6)-4

MEDCOM - 24357

**Medical Record** **Progress Notes**

# Wound and Skin Assessment

Date and Time 14Nov03 0115 Wound number 7
Stage I-IV III Surgical or Non-Surgical Surgical
Location (L) hip, upper outer thigh
Shape unknown Measurements Dsg from OR 33cm
Tissue Color
Drains and Type
Drainage (amt and color) Sanguinous noted to upper back + lower portions
Dressing Type Sterile Gauze & loban
Dressing Change Frequency Wound Cleansing
Additional Info (turning, elevation of extremeties, etc.)
Dsg remains from OR for 1st 24°

Date and Time 14Nov03 0115 Wound number 8
Stage I-IV III Surgical or Non-Surgical Surgical
Location bottom of scrotum
Shape linear Measurements 1cm
Tissue Color pink granular edges
Drains and Type penrose x1
Drainage (amt and color) mod amts serosanguinous
Dressing Type Kerlix fluff
Dressing Change Frequency BID + prn Wound Cleansing water
Additional Info (turning, elevation of extremeties, etc.)

Date and Time 14Nov03 0115 Wound number 9
Stage I-IV III Surgical or Non-Surgical Surgical
Location (L) outer lower hamstring
Shape linear Measurements
Tissue Color pink granular edges
Drains and Type none
Drainage (amt and color) sm amt sanguinous drng
Dressing Type 4x4 DSD & staples
Dressing Change Frequency BID + prn Wound Cleansing water
Additional Info (turning, elevation of extremeties, etc.)

Patient ID: b(6)-4 #[redacted] - EPW-51

Unit No. ICU2
Standard Form 509

MEDCOM - 24358

**Medical Record** **Progress Notes**

# Wound and Skin Assessment

Date and Time 14 Nov 03 0115 Wound number 4
Stage I-IV III Surgical or Non-Surgical Surgical
Location (R) Flank
Shape linear Measurements 6 1/4 cm
Tissue Color pink granular edges & red center
Drains and Type none
Drainage (amt and color) mod amt serous drng
Dressing Type staples + 4x4 DSD
Dressing Change Frequency BID + prn Wound Cleansing water
Additional Info (turning, elevation of extremeties, etc.) turned to (R) side

Date and Time 14 Nov 03 0115 Wound number 5
Stage I-IV III Surgical or Non-Surgical Surgical
Location (R) Sacral
Shape linear Measurements 10cm
Tissue Color pink granular edges
Drains and Type penrose x1
Drainage (amt and color) lg amt serous drng
Dressing Type staples + ABD pad DSD
Dressing Change Frequency BID + prn Wound Cleansing water
Additional Info (turning, elevation of extremeties, etc.)

Date and Time 14 Nov 03 0115 Wound number 6
Stage I-IV III Surgical or Non-Surgical Shrapnel wound
Location (R) lower buttock
Shape circular Measurements 2cm
Tissue Color pink granular edges
Drains and Type penrose x1
Drainage (amt and color) mod amt serous
Dressing Type 4x4 DSD
Dressing Change Frequency BID + prn Wound Cleansing water
Additional Info (turning, elevation of extremeties, etc.)

Patient ID: b(6)-4 Unit No. ICU2
#[redacted] - EPW-51 Standard Form 509

MEDCOM - 24359

**Medical Record** **Progress Notes**

# Wound and Skin Assessment

Date and Time 14 Nov 03 0115 Wound number 1
Stage I-IV II Surgical or Non-Surgical Shrapnel wound
Location (L) inner FA
Shape Circular Measurements 1cm x 1cm x ½cm
Tissue Color pink granular edges & red center
Drains and Type none
Drainage (amt and color) Sm. amt. Serosanguinous
Dressing Type Comfeel
Dressing Change Frequency prn Wound Cleansing water
Additional Info (turning, elevation of extremeties, etc.)

Date and Time 14 Nov 03 0115 Wound number 2
Stage I-IV II Surgical or Non-Surgical Shrapnel wound
Location (R) posterior FA
Shape Circular Measurements 2cm x 1cm x ½cm
Tissue Color pink granular edges & red center
Drains and Type none
Drainage (amt and color) Sm amt serosanguinous
Dressing Type Comfeel
Dressing Change Frequency prn Wound Cleansing water
Additional Info (turning, elevation of extremeties, etc.)

Date and Time 14 Nov 03 0115 Wound number 3
Stage I-IV III Surgical or Non-Surgical Surgical
Location (L) Shoulder
Shape linear Measurements 3½ cm
Tissue Color pink granular tissue edges & red center
Drains and Type none
Drainage (amt and color) mod amt serous – serosanguinous
Dressing Type Staples + 4x4 DSD
Dressing Change Frequency BID + prn Wound Cleansing water
Additional Info (turning, elevation of extremeties, etc.) turned to (R) side

Patient ID: Unit No. ICU2
Standard Form 509

b(6)-4
#[redacted] EPW-51

MEDCOM - 24360

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS ES |
|---|---|
| DATE | NOTES |
| 11/17 | DC Summ |
| | admit 11/12/3 |
| | d/c - |
| | d/c dx - multiple GSW: ext, back, legs, foot, pelvis |
| | hx - I male involved in ambushed + sustained multiple wounds |
| | OR - 11/12 Ortho - Deb foot |
| | Gen Surg - Flex Sig (-), Deb wounds (No rectal injury seen) |
| | hosp Course - Admit for eval + tx of wounds, Placed NPO x 4 days, Diet started + wounds healing |
| | DC Meds - Motrin 600mg po tid prn |
| | b(6)-2 [redacted] |

| RELATIONSHIP TO SPONSOR | SPONSOR'S N[redacted] | | NSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|
| | LAST | FIRST [redacted] | |
| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY [redacted] | RECOR[redacted]INTAINED 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(6)-4

MEDCOM - 24361

# NURSING NOTES

(Sign all notes)

| DATE | HOUR A.M. | HOUR P.M. | OBSERVATIONS Include medication and treatment when indicated |
|---|---|---|---|
| 23NOV03 | | | Pt A+O x3, VSS, LS CTA(B), (+) BS |
| 1900 | | | x4, pain controlled c̄ percs, multi- |
| | | | ple dsg's throughout body + LE x2, |
| | | | Δ'd, wound on buttock packed c̄ |
| | | | WTD dsg, beefy red, ø s/sx of infex, |
| | | | staples ODT, iodiform Δ'd, satura- |
| | | | ted c̄ serosang drainage [redacted] |
| | | | x2, voiding s̄ diff [redacted] |
| | | | Foley c̄ alone [redacted] |
| | | | b(6)-2 |

**Medical Record** **Progress Notes**

## Wound and Skin Assessment

Date and Time 24Nov03 2015 Wound number 1
Stage I-IV — Surgical or Non-Surgical
Location (L) hip
Shape linear Measurements 7 inches
Tissue Color well approximated
Drains and Type Ø
Drainage (amt and color) Ø
Dressing Type steristrips
Dressing Change Frequency Ø Wound Cleansing Ø
Additional Info (turning, elevation of extremeties, etc.)

Date and Time 24Nov03 2015 Wound number 2
Stage I-IV — Surgical or Non-Surgical
Location sacral
Shape undefined Measurements 1 inch x 1 inch
Tissue Color pink
Drains and Type Ø
Drainage (amt and color) yellow
Dressing Type 2x2 dry sterile dressing ~~Eurosm~~ D→D
Dressing Change Frequency BID Wound Cleansing
Additional Info (turning, elevation of extremeties, etc.)

Date and Time Wound number
Stage I-IV Surgical or Non-Surgical
Location
Shape Measurements
Tissue Color
Drains and Type
Drainage (amt and color)
Dressing Type
Dressing Change Frequency Wound Cleansing
Additional Info (turning, elevation of extremeties, etc.)

Patient ID: Unit No.
Standard Form 509

EPW b(6)-4
[redacted]

MEDCOM - 24363

Medical Rec ... gress Notes

## Braden Scale Evaluation

Date: 24 NOV 03

| | | | | | |
|---|---|---|---|---|---|
| Sensory Perception | No Impairment | 4 | Mobility | No Limitations | 4 |
| | Slightly Limited | 3 | | Slightly Limited | 3 |
| | Very Limited | 2 | | Very Limited | 2 |
| | Completely Impaired | 1 | | Completely Immobile | 1 |
| Moisture | Rarely Moist | 4 | Nutrition | Excellent | 4 |
| | Occasionally Moist | 3 | | Adequate (Eats >50%) | 3 |
| | Moist | 2 | | Adequate (rarely eats) | 2 |
| | Constantly Moist | 1 | | Very Poor | 1 |
| Activity | Walks Frequently | 4 | Friction and Shear | No Apparent Problem | 3 |
| | Walks Occasionally | 3 | | Potential Problem | 2 |
| | Chairfast | 2 | | Problems | 1 |
| | Bedfast | 1 | | | |

Total Score: 21

| | |
|---|---|
| Above 20 | Low Risk |
| 16-19 | Med Risk |
| 11-15 | High Risk |
| Below 10 | Very High Risk |

Score <15 requires Immediate Ulcer Prevention Program

Date: _____

| | | | | | |
|---|---|---|---|---|---|
| Sensory Perception | No Impairment | 4 | Mobility | No Limitations | 4 |
| | Slightly Limited | 3 | | Slightly Limited | 3 |
| | Very Limited | 2 | | Very Limited | 2 |
| | Completely Impaired | 1 | | Completely Immobile | 1 |
| Moisture | Rarely Moist | 4 | Nutrition | Excellent | 4 |
| | Occasionally Moist | 3 | | Adequate (Eats >50%) | 3 |
| | Moist | 2 | | Adequate (rarely eats) | 2 |
| | Constantly Moist | 1 | | Very Poor | 1 |
| Activity | Walks Frequently | 4 | Friction and Shear | No Apparent Problem | 3 |
| | Walks Occasionally | 3 | | Potential Problem | 2 |
| | Chairfast | 2 | | Problems | 1 |
| | Bedfast | 1 | | | |

Total Score: _____

| | |
|---|---|
| Above 20 | Low Risk |
| 16-19 | Med Risk |
| 11-15 | High Risk |
| Below 10 | Very High Risk |

Score <15 requires Immediate Ulcer Prevention Program

Patient ID:

Unit No. TCW2
Standard Form 509

EPW

[redacted] b(6) -4

MEDCOM - 24364

MEDICAL RECORD

# PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

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

| | |
|---|---|
| 1. AGE: 19<br>HEIGHT:<br>WEIGHT: | 2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication):<br>3. PREVIOUS SURGERY [ C ] NO [ ] YES (type): |

4. PROPOSED SURGICAL PROCEDURE:

5. ADDITIONAL INFORMATION: Last PO: Medical Hx: Implants: Medications:
Jewelry removed: yes/no Family waiting: yes/no

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

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

MEDCOM - 24365

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

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

[redacted] 12 NOV 2003 DATE

11. POSTOPERATIVE EVALUATION:

Bowie site clear
Dressings dry & intact
Betty sponges.

blue - 2 All

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

DATE: 12 NOV 2003 TIME: [illegible]

13. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title) [redacted]

DATE: 13 NOV TIME: 0406

MEDICAL RECORD

# INTRAOPERATIVE DOCUMENT

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

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

2. PATIENT IDENTIFIED AND PROCEDURE VERIFIED BY [redacted]

3. DATE 12 NOV 03 TIME PATIENT ARRIVED IN SUITE 2345

4. PATIENT IN ROOM TIME 2345 NUMBER 2

## 5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: blue - 2 AM

## 6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SP2 [redacted] | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | CP [redacted] | RELIEF CIRCULATOR | |

## 7. POSITION AND POSITIONAL AIDS *(Specify)*

Pt in Dorsal body alignment. Arms on board at < 90°. Post sacral Epidural in + flex sig prep. Pt placed on left side up.

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

COMMENTS: Axillary roll under R axilla, Pillow between arms. Blanket under ankles. Pillow between legs.

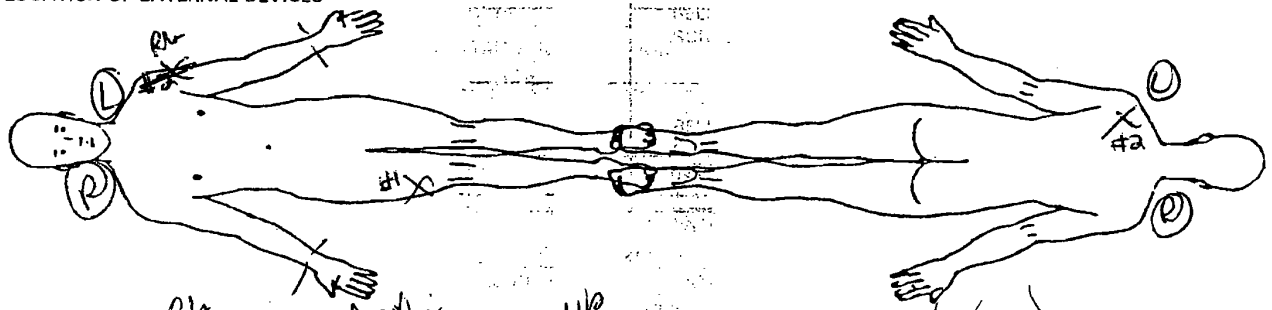
## 8. SKIN PREPARATION

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

COMMENTS:

PREP SOLUTION *(Specify)* Betadine Scrub/Paint
SITE: Scalp, Face, Sternum, Abd BY WHOM: [redacted]
SITE: Left Leg + hip BY WHOM: [redacted]
Left Shoulder + Back [redacted]
COMMENTS: Prepping noted

## 9. LOCATION OF EXTERNAL DEVICES




LEGEND X Ground Pad (RW) -- Safety Strap (Brachial) === Tourniquet (UP)

blue - 2

C = Correct I = Incorrect

Initial count - see scrub/circ [illegible]

## 10. COUNTS

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☒ Yes | ☐ No | C | C | C | [redacted] | [redacted] |
| Needle Sharp | ☒ Yes | ☐ No | C | C | C | | |
| Instrument | ☐ Yes | ☐ No | | | | | |
| Other | ☐ Yes | ☐ No | | | | | |

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

[redacted]

blue - 4

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

☒ ESU NO: R8B 103395
GROUND PAD: BRAND Kellyley
LOT NO: (1) 70337 (2) 70337

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

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

MEDCOM - 24367

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

14. MEDICATIONS/ORDERS

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

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE [redacted]

15. X-RAY IN OPERATING ROOM YES ☒ NO ☐ IF YES, SITE C-Arm (L) hip

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

| TYPE/SIZE | 1. 3/8" Penrose | 2. 3/8" Penrose | 3. |
|---|---|---|---|
| SITE | 1. Scrotum/(D) heel | 2. (R) Buttock x2 | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*
Fluffs & tape scrotum / 4x8 & Ioban xeroform left hip
Fluffs, ABD, kelp, Ace (D) heel
4x8 & Tape

19. ADDITIONAL INFORMATION
Surgeons - Dr [redacted] Dr [redacted] Dr [redacted] Dr [redacted]
Urologic - CDT Stas, CRNA

b(4)-2 All

20. OPERATION(S) PERFORMED
(1) Scrotal Exploration (2) Flex sigmoid bypass (3) left hip Exploration + washout / JAO multiple wounds, (L) shoulder, (R) Buttock, (L) leg, (L) heel (R) heel (R) calf

21. PATIENT TRANSFERRED TO ICU #2 TIME 0400 METHOD Litter

22. REGISTERED NURSE SIGNA[redacted] CDT

REVERSE OF DA FORM 5179-1, OCT[redacted] USAPA V1.00

MEDCOM - 24368

# MEDICAL RECORD

# VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR | DAY | 19 | HOUR

PULSE (O) | TEMP. F (•) | TEMP. C

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

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: | WEIGHT →

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

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

[redacted] b(6)-4

41-119

NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR NOVEMBER 2003 — DAY: 14, 15, 15, 16, 16, 17, 18, 19, 20, 20

HOUR: 2, 0, 0, 0, 0000, 2, 0, 0, 2, 0, 2, 0, 1, 0, 0000

PULSE (0) — TEMP. F (°) — TEMP. C (Centigrade Equivalents, for Reference only)

| TEMP. F (°) | TEMP. C |
|---|---|
| 105° | 40.6° |
| 104° | 40.0° |
| 103° | 39.4° |
| 102° | 38.9° |
| 101° | 38.3° |
| 100° | 37.8° |
| 99° | 37.2° |
| 98.6° | 37.0° |
| 98° | 36.7° |
| 97° | 36.1° |
| 96° | 35.6° |
| 95° | 35.0° |

PULSE (0): 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

RESPIRATION RECORD: 18, 14, 16, 18, 18, 18

511-119 NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HOSPITAL DAY | | | | | | | | | | | | | | | |
| POST- | DAY | 25 | | | | | | | | | | | | | |
| MONTH-YEAR | DAY | | | | | | | | | | | | | | |
| 19 | HOUR | | | | | | | | | | | | | | |
| PULSE (O) | TEMP. F (°) | | | | | | | | | | | | | | TEMP. C |
| | 105° | | | | | | | | | | | | | | 40.6° |
| 180 | 104° | | | | | | | | | | | | | | 40.0° |
| 170 | 103° | | | | | | | | | | | | | | 39.4° |
| 160 | 102° | | | | | | | | | | | | | | 38.9° |
| 150 | 101° | | | | | | | | | | | | | | 38.3° |
| 140 | 100° | | | | | | | | | | | | | | 37.8° |
| 130 | 99° | | | | | | | | | | | | | | 37.2° |
| | 98.6° | | | | | | | | | | | | | | 37.0° |
| 120 | 98° | | | | | | | | | | | | | | 36.7° |
| 110 | 97° | | | | | | | | | | | | | | 36.1° |
| 100 | 96° | | | | | | | | | | | | | | 35.6° |
| 90 | 95° | | | | | | | | | | | | | | 35.0° |
| 80 | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | |

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

Record special data only when so ordered

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.

EPW# [redacted]

b(1)-1

**VITAL SIGNS RECORDS**

Medical Record

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

MEDCOM - 24371

# MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circular

## SECTION I - PATIENT ASSESSMENT

DATE: 24 Nov 05 | PATIENT ACUITY LEVEL: | POST-OP DAY: | HOSPITAL DAY:

**TRANSFER**

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

Time 1640 To 1CW2 From 1CW2 ☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER

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

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

LOC _____ Neurovascular checks _____

Dressing/cast 2 deep wounds - dry dsg Changed Tubes _____

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

Medication T#3 for pain

Other D/C to Camp tomorrow - Cleaning all wounds IAW 202

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

**VITAL SIGNS**

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TIME: | 1730 | 2000 | | | | | | | | | | | | | | |
| BP ARTERIAL LINE | — | | | | | | | | | | | | | | | |
| BP CUFF | 140/69 | 137/63 | | | | | | | | | | | | | | |
| TEMPERATURE | [illegible] | 99.2 | | | | | | | | | | | | | | |
| PULSE | 84 | 81 | | | | | | | | | | | | | | |
| RESPIRATORY RATE | 16 | 16 | | | | | | | | | | | | | | |
| OXYGEN (L/%) | — | | | | | | | | | | | | | | | |
| PULSE OXIMETER | 98% | 98% | | | | | | | | | | | | | | |
| $O_2$ METHOD | RA | | | | | | | | | | | | | | | |

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

**PAIN**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME: | | 1730 | 2000 | | | | | | |
| PAIN INTENSITY | 10 | | | | | | | | |
| | 5 | | X | | | | | | |
| | 0 | X | | | | | | | |
| MED ADMINISTERED (Y/N) | | N | Y | | | | | | |
| RELIEF ACCEPTABLE (Y/N) | | NA | Y | | | | | | |
| Motrin | | | 1 | | | | | | |

**OTHER**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME: | | | | | | | | | |
| FINGER STICK GLUCOSE | | | | | | | | | |
| INSULIN (Y/N) | | | | | | | | | |

**SPECIAL NEEDS**

| | TIME: | 1730 | | |
|---|---|---|---|---|
| *Skin breakdown prevention | | NA | | |
| *Falls prevention protocol | | | | |
| *Restraint protocol | | NA | | |
| *Seizure precautions | | | | |
| *Isolation precautions | | | | |

YESTERDAY'S WEIGHT: _____

TODAY'S WEIGHT: _____

WEIGHT CHANGE: _____

*Per hospital policy.

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

PATIENT IDENTIFICATION

EPW [redacted]

b(6)-4

DIAGNOSIS: Multi soft tissue GSW

DRG: _____ ADMISSION DATE: _____

LOS: _____ EXPECTED RELEASE: _____

CASE MANAGER: b(6)-2

PRIMARY CARE MANAGER: [redacted]

ISOLATION REQUIRED (Specify): _____

SEC - PATIENT ASSESSMENT - REVIEW OF SYS

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

b(6) 2

| | TIME: 1730 INIT[redacted] | TIME: INITIALS: | TIME: 2215 INITIA[redacted] |
|---|---|---|---|
| 1. NEUROLOGICAL: Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light. | ☑ | ☐ | ☑ |
| 2. CARDIOVASCULAR: Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)* | ☑ | ☐ | ☑ |
| 3. PULMONARY: Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds. | ☑ | ☐ | ☑ |
| 4. G.I.: Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/ swallowing. Denies constipation, diarrhea or rectal bleeding. | ☑ | ☐ | ☑ |
| 5. G.U.: Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge. | ☑ | ☐ | ☑ |
| 6. MUSCULOSKELETAL: Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia. | ☐ ↓ ROM to (L) LE 2° to GSW to (L) hip | ☐ | ☐ GSW (L) hip and multiple wounds to sacral area and (L) (R) LE |
| 7. SKIN: Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist. | ☐ Tinasuture line to left hip, Dsg to (L) hip CDI | ☐ | ☐ |
| 8. PAIN: No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)* | ☐ see pg 1 | ☐ | ☐ see pg 1 |
| 9. PSYCHOSOCIAL: Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others. | ☑ b(6)-2 | ☐ | ☐ |

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

| TIME: 1730 INITIALS: [redacted] | TIME: INITIALS: | TIME: 2215 INITIALS [redacted] |
|---|---|---|
| IV patency ✓ q ___ hr: | IV patency ✓ q ___ hr: | IV patency ✓ q 8 hr: PPD |
| IV site care provided: | IV site care provided: | IV site care provided: (L) AC Assessed |
| IV tubing changed: | IV tubing changed: | IV tubing changed: |
| LOCATION / CONDITION | LOCATION / CONDITION | LOCATION / CONDITION |
| IV Site #1: | IV Site #1: | IV Site #1: (L) AC / OK |
| IV Site #2: | IV Site #2: | IV Site #2: |
| Comments: | Comments: | Comments: Flushed 500NS |

## SECTION III - PATIENT INTERVENTIONS & TEACHING

b(6)-2

**NEUROVASCULAR**

| SITE: (L) LE | TIME: 1730 | 2015 | | | | |
|---|---|---|---|---|---|---|
| COLOR | P | P | | | | |
| CAPILLARY REFILL | 2 | 2 | | | | |
| TEMPERATURE | W | W | | | | |
| EDEMA | 1 | 1 | | | | |
| SENSATION | S | S | | | | |
| MOTION | P | P | | | | |
| PASSIVE FLEXION | DP | — | | | | |
| PERIPHERAL PULSE | 2 | 2P | | | | |

LEGEND

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

**SAFETY**

| | TIME: 1730 | 2015 | | |
|---|---|---|---|---|
| ID band visible/legible | AW | [redacted] | | |
| Orient to environment prn | AW | [redacted] | | |
| Side rails (2/4) up | NA | | | |
| Bed position low | | | | |
| Call light within reach | | | | |

**OTHER**

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

**DIET**

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| TYPE: | TYPE: | TYPE: Reg |
| PERCENT CONSUMED: | PERCENT CONSUMED: | PERCENT CONSUMED: 75% |
| HOW TOLERATED: | HOW TOLERATED: | HOW TOLERATED: well |
| ☐ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE | ☒ SELF ☐ ASSIST ☐ COMPLETE |

**ADLs**

| | 0700-1500 | 1500-2300 | 2300-0700 |
|---|---|---|---|
| BATH/ORAL CARE | ☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL | ☒ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL | ☐ SELF ☐ COMPLETE ☒ ASSIST ☐ TOTAL |
| TYPE OF ACTIVITY (Circle all that apply) | BEDREST ☐ SELF<br>AMBULATE ☐ ASSIST<br>BSC<br>BRP # TIMES/SHIFT<br>CHAIR b(6)-2 | BEDREST ☐ SELF<br>AMBULATE ☐ ASSIST<br>BSC<br>BRP # TIMES/SHIFT<br>CHAIR | BEDREST ☐ SELF<br>AMBULATE ☒ ASSIST<br>BSC<br>BRP # TIMES/SHIFT<br>CHAIR b(6)-2 |

**TEACHING**

| TIME: 1730 INITIAL [redacted] | TIME: INITIALS: | TIME: 2015 INITIAL [redacted] |
|---|---|---|
| CONTENT:<br>- Call for assist<br>- EPW restraint protocol | CONTENT: | CONTENT:<br>Call for assist |
| ☒ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding | ☒ Patient/Family Verbalizes Understanding |

| PATIENT IDENTIFICATION | INITIALS | SIGNATURE | SHIFT |
|---|---|---|---|
| EPW [redacted]<br>b(6)-4 | [redacted] b(6)-2 | [redacted] | D |

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

SECTION III - INTERVENTIONS & TEACHING (Con

| WOUND CARE | TIME | LOCATION OF WOUND | APPEARANCE | TREATMENTS AND DRESSING CHANGE |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SECTION IV - NOTES

24 Nov 03 1730 Pt transferred from ICW1 in stable condition. Ambulatory at time of transfer.

[redacted] DC/AP

b(6)-2

# MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circular

## SECTION I - PATIENT ASSESSMENT

DATE: 23 Nov 03 | PATIENT ACUITY LEVEL: II | POST-OP DAY: | HOSPITAL DAY:

**TRANSFER**

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

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

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

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

LOC _____ Neurovascular checks _____

Dressing/cast _____ Tubes _____

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

Medication _____

Other _____

Report From _____ Received By _____

**VITAL SIGNS**

| TIME: | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP ARTERIAL LINE | | | | | | | | | | | | | | | | |
| BP CUFF | | | | | | | | | | | | | | | | |
| TEMPERATURE | | | | | | | | | | | | | | | | |
| PULSE | | | | | | | | | | | | | | | | |
| RESPIRATORY RATE | | | | | | | | | | | | | | | | |
| OXYGEN (L/%) | | | | | | | | | | | | | | | | |
| PULSE OXIMETER | | | | | | | | | | | | | | | | |
| $O_2$ METHOD | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

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

**PAIN**

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

**OTHER**

| TIME: | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| FINGER STICK GLUCOSE | | | | | | | | | |
| INSULIN (Y/N) | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

**SPECIAL NEEDS**

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

YESTERDAY'S WEIGHT: _____

TODAY'S WEIGHT: _____

WEIGHT CHANGE: _____

*Per hospital policy.

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

PATIENT IDENTIFICATION

Civ

[redacted]

b7(c) · 4

DIAGNOSIS: Mult. soft tissue GSW

DRG: _____ ADMISSION DATE: _____

LOS: _____ EXPECTED RELEASE: _____

CASE MANAGER: _____ b7(c) 2

PRIMARY CARE MANAGER: [redacted]

ISOLATION REQUIRED (*Specify*): _____

SECTION III - INTERVENTIONS & TEACHING (Cont)

| WOUND CARE | TIME | LOCATION OF WOUND | APPEARANCE | TREATMENTS AND DRESSING CHANGE |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | b(6)-2 |

SECTION IV - NOTES

1300: PT D/C'd to camp in stable and [redacted]

b(6)-2

b(6)-2

| Ward/Section: EMT | [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: EPW | DATE: 12NOV | TIME: 2205 | [redacted] |

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | | 4.3-10.8 x 10³ |
| RBC | | 4.7-6.1 x 10⁶ |
| Hgb | | 14-18 g/dl (M) 12-16 g/dl (F) |
| Hct | | 42-52% (M) 37-47% (F) |
| MCV | | 80-94 fl (M) 81-99 fl (F) |
| Plt | | 130-500 x 10³ verified |
| Lymph % | | 20.5-51.1% |

**(Hematology) Manual Differential**

| | | | |
|---|---|---|---|
| Segs | | Mono | |
| Bands | | Eos | |
| Lymph | | Baso | |
| Atyp | | Imm | |
| RBC Morph | | | |

| | | |
|---|---|---|
| Serum Hematocrit | | 42-52% (M) 37-47% (F) |
| Sed Rate | | |
| Other | | |

**Coagulation Studies**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| [illegible] | | 9.3-13.6 secs |
| APTT | | 21-34 secs |
| D-Dimer | | <0.5 ug ml |
| FDP | | <10 ug ml |

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | yellow | N/A |
| Appr | clear | N/A |
| Glu | 1g | Negative |
| Bili | neg | Negative |
| Ket | neg | Negative |
| SG | 1.025 | N/A |
| Bld | trace | Negative |
| pH | 5.0 | N/A |
| Prot | 1+ | Negative |
| Urob | norm | 0.2-1.0 |
| Nit | neg | Negative |
| Leuk | neg | Negative |
| HCG | | Negative |

**CSF**

| | | |
|---|---|---|
| Cell Count | | |
| Directigen | | Negative |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | |
|---|---|
| Source | |
| Gram Stain | |
| Oso Bld | Negative |
| H. pylori | Negative |
| Micro Parasites | |
| Malaria | |
| O & P | |
| Other | |

**Microscopic Urinalysis**

SSA - 1+
Glucose - 1%
1-3 RBC
mod mucous
3-4 granular casts

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh

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

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

REMARKS:

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

b(6)-2

| Ward Section: EMT | REQUESTING PERSONNEL: [redacted] | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: EPW | DATE: 12NOV | TIME: 2209 | SSN/PS: [redacted] |

b(6)-4

| (i-STAT) | | | (Piccolo) Chemistry 12 | | | (Piccolo) Metabolic Panel | | |
|---|---|---|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| Na | | 135-146 mmol/L | | | | GLU | | 73-118 mg/dl |
| K | | 3.5-4.9 mmol/L | | | | BUN | | 7-22 mg/dl |
| Cl | | 99-109 mmol/L | | | | CA++ | | 8.0-10.3 mg/dl |
| pH | | 7.31-7.45 | | | | CRE | | 0.6-1.2 mg/dl |
| PCO2 | | 35-45 mmHg (art) 41-51 mmHg (ven) | | | | NA+ | | 128-145 mmol/l |
| PO2 | | 80-105 mmHg (art) N/A (ven) | | | | K+ | | |
| TCO2 | | 23-27 mmol/L (art) 24-29 mmol/L (ven) | | | | Cl | | |
| HCO3 | | 22-26 mmol/L (art) 23-25 mmol/L (ven) | | | | tCO2 | | |
| sO2 | | 95-98% | | | | | | |
| BEecf | | (-2) – (+3) mmol/L | | | | | | |
| AnGap | | 10-20 mmol/L | | | | | | |
| Ca | | 1.12-1.32 mmol/L | | | | | | |
| BUN | | 8-26 mg/dl | | | | | | |
| GLU | | 70-105 mg/dl | | | | | | |
| Creat | | 0.7-1.5 mg/dl | | | | | | |
| Hct | | 38-51% PCV | | | | | | |
| Hgb | | 12-17 g/dl | | | | | | |

| Misc. Chemistry | | |
|---|---|---|
| TEST | RESULT | REF. RANGE |
| Troponin-I | | |
| Drug of Abuse | | |
| | | |
| | | |
| | | |

======= PICCOLO =======
12/11/03 22:17
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
LIVER PANEL PLUS
DISC LOT #: 3154AA7
OPER # [redacted] DR #: 000
SERIAL #: b(6)-2 0000100697

| | | | |
|---|---|---|---|
| ALB | 3.1* | 3.3-5.5 | G/DL |
| ALP | 79 | 26-84 | U/L |
| ALT | 34 | 10-47 | U/L |
| AMY | 29 | 14-97 | U/L |
| AST | 44* | 11-38 | U/L |
| TBIL | 0.4 | 0.2-1.6 | MG/DL |
| GGT | 15 | 5-65 | U/L |
| TP | 6.0* | 6.4-8.1 | G/DL |

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

======= PICCOLO =======
12/11/03 22:31
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
BASIC METABOLIC
DISC LOT #: 3325AA4
OPER #: [redacted] DR #: 000
SERIAL #: b(6)-2 0000100494

| | | | |
|---|---|---|---|
| GLU | 369* | 73-118 | MG/DL |
| BUN | 10 | 7-22 | MG/DL |
| CA++ | 8.5 | 8.0-10.3 | MG/DL |
| CRE | 1.1 | 0.6-1.2 | MG/DL |
| NA+ | 131 | 128-145 | MMOL/L |
| K+ | 4.0 | 3.3-4.7 | MMOL/L |
| CL- | 99 | 98-108 | MMOL/L |
| tCO2 | 20 | 18-33 | MMOL/L |

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

REMARKS:

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

ID: 001305 12-11-03
WB 22:15

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 20.9 H | x10^3/uL | 4.5 | 10.5 |
| RBC | 4.12 | x10^6/uL | 4.0 | 6.00 |
| Hgb | 12.7 | g/dL | 12.0 | 18.0 |
| Hct | 39.9 | % | 35.0 | 60.0 |
| MCV | 96.8 | fL | 80.0 | 99.9 |
| MCH | 30.9 | pg | 27.0 | 31.0 |
| MCHC | 31.9 L | g/dL | 33.0 | 37.0 |
| Plt | 167. | x10^3/uL | 150. | 450. |
| LYM | 16.4 *L | % | 20.5 | 51.1 |
| LYM | 3.4 *H | x10^3/uL | 1.2 | 3.4 |

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/12/03 22:22

Patient ID: [redacted]
Test Name :PT
Test Result:= 14.8 sec.
Ratio = 1.2
Calculated INR = 1.37
Sample Type:citrated wh. blood
Test Date :11/12/03
Test Time :22:20
Card Lot :080201
Operator : CAIN REBECCA

b(6)-1

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/12/03 22:31

Patient ID: [redacted]
Test Name :APTT
Test Result:= 31.9 sec.
Sample Type:citrated wh. blood
Test Date :11/12/03
Test Time :22:22
Card Lot :100202
Operator : CAIN REBECCA

# MEDICAL RECORD - ANESTHESIA

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

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | | | | | | | | | | | | | TOTALS | TOTAL EBL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fentanyl | (mcg) | 100 | 150 | 100 | 50 | 100 | 100 | 50 | 50 | 50 | | 50 | | 800 | 600 |
| Propofol | (mg) | 150 | | | | | | | | | | | | | |
| SUX | (mg) | 100 | | | | | | | | | | | | | TOTAL URINE |
| Neostigmine | (mcg) | | 100 | | | | | | | | | | | | |
| MSO4 | ( ) | | | | | | | 2,2,6 | | | | | | 10 | 440 |
| | ( ) | | | | | | | | | | | | | | |
| VOLAT AGENT 1.50 | % del | 2.5 | 1.5 | 2.0 | 1.5 | 1.5 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | | |
| | % e.t. | | | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | | | |
| O2 | L/Min | 8/2 | 2 | 2 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | | |

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

**FLUIDS**

| LINE site | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18G (D) IAC | ☐ Warmed | | 800 | | 1000 | | | 1700 | | | 2000 | | |
| 18G (R) AC | ☐ Warmed | | 500 | | | 1000 | | 1700 | | | 2000 | | |
| | ☐ Warmed | | | | | | | | | | | | |

**LOSSES**

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | | | | | | 100 | | | | | |
| URINE - | | | 100 | | 100/200 | | 40/240 | | | | | | 40/330 |

**FLUIDS - SUMMARY**

CRYSTALLOID- 8350

COLLOID- Ø

BLOOD- Ø

**REMARKS**

*Code drugs with numbers, events with letters*

2355 NON HYG'S. SUPPRESSING IRAQI TRAUMA - 2400 PT TO OR MONITORS ON SMOOTH RSI INDUCTION - Ø PROBLEM

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

**BODY WEIGHT:** 80 (KG) LB

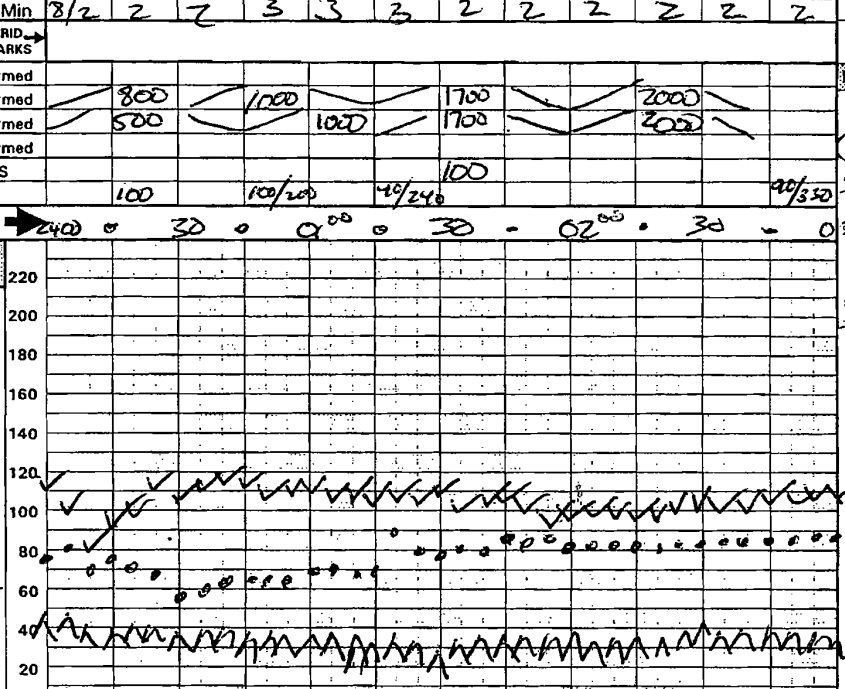
**HEMATOCRIT:** 13/40

**INITIAL DATA:** BP- 113/58 HR- 78

**EQUIP CHECK** OK? (Y) N

**PATIENT RECHECK** OK for PROCEDURE? yes TIME- 2355

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




**VENTIL**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VT - ml | 840 | 130 | 660 | 480 | 480 | 490 | 540 | 630 | 700 | 680 | 620 | 810 |
| f - breaths/min | 10 | 9 | 4 | 6 | 10 | 9 | 11 | 10 | 9 | 6 | 8 | 4 |
| Peak inf pres / PEEP | 31 | | | | | | | | | | | |
| MODE - S(pon), A(ssist), C(on) | C | S | S | S | S | S | S | S | S | S | S | S |

**MONITORS/ACCESSORIES**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | 39 | 54 | 60 | 57 | 51 | 52 | 56 | 56 | 59 | 61 | 59 | 59 |
| BP/oth | FIO2 (Frac or %) | .46 | .46 | .53 | .58 | .58 | .58 | .57 | .58 | .59 | .59 | .59 | .59 |
| ART line | SpO2 (%) | 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 |
| Gas analyzer | TEMP-site | AVAILABLE | | | | | | | | | | | |
| | N-M Block (T/4) | 4/4 | 4/4 | | | | | | | | | | |
| Warming blkt | | | | | | | | | | | | | |
| Conv warmer | | | | | | | | | | | | | |

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

**RECOVERY AT** 0402

PACU ICU 2 (Specify)

OTHER

CONDITION Pt in NAD

RESP. T 95.7 SpO2- 99

BP- 123/67 HR- 127

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 2345 | 2350 | 0417 |
| PROC | Ready | Begin | End |
| | 2400 | 0010 | 0340 |

PROCEDURES and CPT Codes: Scrotal washout Colonoscopy (L) Hyp WEASHOUT.

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

[redacted]

b(6)-4

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

GETA

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

RSI-OO Sim 50% FIO2, RSI c CRICOID, DLXI MIL3 Grade I View, 8.0 ETT PLACED 23cm @ lip (+) BBS

SURGEONS: [redacted]

ANESTH: [redacted]

PROCEDURE LOCATION: OR 2

DATE: 13 NOV 03

PAGE 1 OF 2

b(6)-2

DA FORM 7389, FEB 1998 — [redacted] PATIENT'S MEDICAL RECORD — USAPA V1.00

MEDCOM - 24381

# MEDICAL RECORD - ANESTHESIA

Fr of this form, see AR 40-66; the proponent agen e OTSG

used/wasted

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | | | | |
|---|---|---|---|---|---|
| FENTANYL | (mg) | 50 | 50 | 50 | 50 |
| | ( ) | | | | |
| | ( ) | | | | |
| | ( ) | | | | |
| MRFOY | ( ) | | | | |
| | ( ) | | | | |
| VOLAT AGENT 150 | % del | 1.0 | 1.0 | 1.0 | |
| | % e.t. | | | | |
| AIR | L/Min | | | | |
| N2O | L/Min | | | | |
| O2 | L/Min | 2 | 2 | 2 | |

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

**FLUIDS**

| LINE site | | | |
|---|---|---|---|
| L | ☐ Warmed | 2300 | 2450 |
| R | ☐ Warmed | 2500 | 2900 |
| | ☐ Warmed | | |
| | ☐ Warmed | | |

**LOSSES**

| | |
|---|---|
| EST BLOOD LOSS | |
| URINE - | 110/440 |

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

**BODY WEIGHT:** 80 (KG) LB

**HEMATOCRIT:**

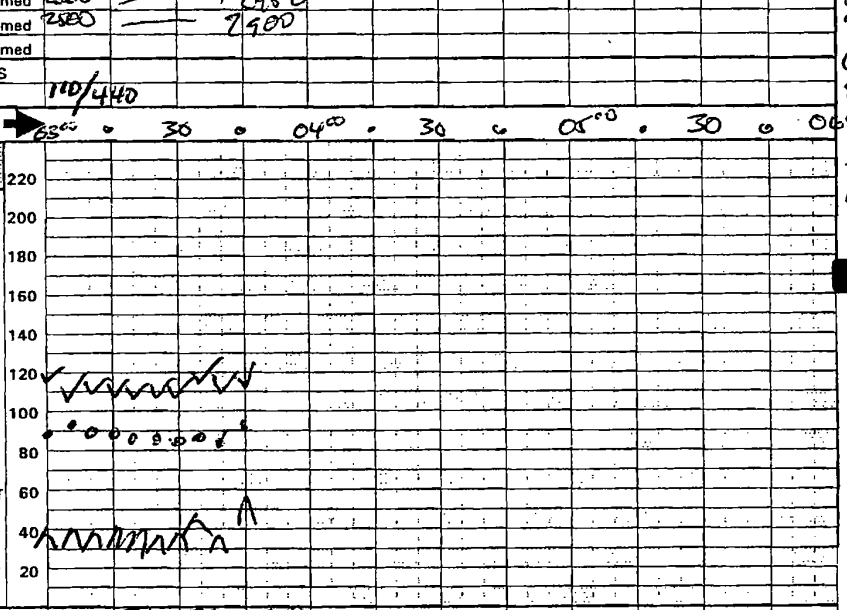
**INITIAL DATA:**
BP- 113/55
HR- 78

**EQUIP CHECK**
OK?- (Y) N

**PATIENT RECHECK**
OK for PROCEDURE? yes
TIME- 2355

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

TIME → 0300 • 30 • 0400 • 30 • 0500 • 30 • 0600




**VENTIL**

| | | | | |
|---|---|---|---|---|
| VT - ml | 690 | 810 | 760 | 1080 |
| f - breaths/min | 7 | 8 | 4 | 18 |
| Peak inf pres / PEEP | | | | |
| MODE - S(pon), A(ssist), C(on) | S | S | S | S |

**MONITORS/ACCESSORIES**

| | | | | | |
|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | 64 | 68 | 68 | 56 |
| BP/oth | FIO2 (Frac or %) | .59 | .59 | .59 | .60 |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ECG | SR | SR | SR | SR |
| Gas analyzer | TEMP-site | AVAILABLE | | | |
| | N-M Block (T/4) | 4/4 | | | |
| Warming blkt | | | | | |
| Conv warmer | | | | | |

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

**TOTALS**
TOTAL EBL: ~~200~~ 1000/100
TOTAL URINE: 110/440

**FLUIDS - SUMMARY**
CRYSTALLOID- 7050/350
COLLOID- Ø
BLOOD- Ø

**REMARKS**
Code drugs with numbers, events with letters
Extubated SV + O2 Sat: SV cont to ICU on O2 - Fm Report to ICU RN
[redacted]
Cpns

**RECOVERY AT**
PACU ICU _____ (Specify)
OTHER _____
CONDITION:
RESP- SpO2-
BP- HR-

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 2345 | 2355 | 0917 |
| | Ready | Begin | End |
| PROC | 2400 | 0010 | 0340 |

PROCEDURES and CPT Codes:

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

#[redacted]
b(6)-4

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*
PG #1

SURGEONS:

ANESTHETISTS: [redacted] b(6)-2

PROCEDURE LOCATION: OR 2
DATE: 13 NOV 03
PAGE 2 OF 2

DA FORM 7389, FEB 1998 — COPY 1 - PATIENT'S MEDICAL RECORD — USAPA V1.00

MEDCOM - 24382

b(6)-2 A1 unless marked otherwise

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

b(6)-4

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

| DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|
| 11/12/03 | 1015 HOURS | |
| ✓ Transfer to ~~ward~~ ICU | | |
| ✓ Dx: multiple shrapnel wounds | | |
| ✓ Condition stable | | |
| ✓ VS q2° | | |
| ✓ Diet NPO | | |
| ✓ LR @ 150 cc/h | | noted [redacted] |
| ~~to CT room for films of pelvis~~ | | |

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

| DATE OF ORDER | TIME OF ORDER | |
|---|---|---|
| ✓ Ancef II gm q 8 | HOURS | |
| ✓ MSO4 2-6 g IVP q 2° PRN | | |
| ✓ Phenergan 12.5 g IVP q 6° PRN nau | | |
| ✓ MCDA | | |
| [redacted] | | |

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

| DATE OF ORDER | TIME OF ORDER | |
|---|---|---|
| | HOURS | |
| ✓ Levaquin 500 mg po q day c sip H2O | | noted [redacted] |
| [redacted] | | |

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

| DATE OF ORDER | |
|---|---|
| [redacted] | |

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

MEDCOM - 24383

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 11-13-03 | OR Note Summary |
| | Fragmented & shrapnel wounds to (D) hip. |
| | Intratubular fragments removed via posterior |
| | approach. Intratubular shrapnel removed. |
| 13 Nov | Op Note |
| | Debridement of multiple wounds |
| | buttock, Back, leg |
| | Flex Sig (-) [redacted] b(6)-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

UTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 11/14 | Surg wounds look good to floor |
| | [redacted] b(6)-7 |

| 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. |
|---|---|---|
| [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

b(6)-2 M1
unless noted otherwise

CLINICAL RECORD - DOCTOR'S ORDERS

For this form, see AR 40-66, the proponent agency is SG

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 |
|---|---|---|---|---|---|---|
| b(6)-4 [redacted] | | | | 11/14 | HOURS | |
| | | | | 1) ICU → ICW | | |
| | | | | 2) S/P GSW | | |
| | | | | 3) VS 94° | | |
| | | | | * 4) NPO | | |
| | | | | - sign over bed | | |
| NURSING UNIT | ROOM NO. | BED NO. | | 5) Tylenol #3 1-2 po 94° prn | | [redacted] |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS | |
| | | | | 6) Ancef 2gm IV q 8° | | |
| | | | | 7) dry dressings on wounds change bid | | |
| NURSING UNIT | ROOM NO. | BED NO. | | 8) D5½NS i 2gm Ancef KVO 100 cc/hr | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | [redacted] | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| b(6)-4 [redacted] NOTED 15NOV03 1600 [redacted] | | | | 15NOV03 @ 1600 | HOURS | |
| | | | | ① D/C FOLEY, | | |
| | | | | V.O. DR, [redacted] 2LT, AN | | |
| | | | | [redacted] | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| 240 | 17 | NOW | | @ 0200 | | |

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

U.S. GOVERNMENT PRINTING OFFICE: 1984-453-710

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 11/17 TIME OF ORDER _____ HOURS

LIST TIME ORDER NOTED AND SIGN

1) Reg Diet

2) hep lock

3) Motrin 600mg + po t.i.d prn

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER _____ HOURS

4) clean all wounds c $H_2O_2$ + pack with 4x4 bid

[redacted]

PATIENT IDENTIFICATION

24° ✓ 19 NOV @ 0200

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER

[redacted]

b(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER _____ HOURS

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

MEDCOM - 24387

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 SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

# [redacted]

b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 24AUG03 | TIME OF ORDER: 0700

(1) D/C ABX

(2) D/C to comp

(3) Start the bell and [redacted]

b(6)-2

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

24 V done

DATE OF ORDER: 24Nov | TIME OF ORDER: 1730

V. O. from Dr [redacted]

Transfer to ICW2

b(6)-2 [redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

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

MEDCOM - 24388

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo Nov Yr. 03 |
|---|---|---|

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

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED 13 | 14 | 15 |
|---|---|---|---|---|---|---|
| 13Nov | [redacted] | Diet: NPO | 06 | [redacted] | | |
| | | | 18 | [redacted] | | |
| 13Nov | [redacted] | VS Q1° | 06 | [redacted] | | |
| | | b(6)-2 | 18 | [redacted] | | |

ALLERGIES: ☐ YES ☒ NO — NKDA

PRIMARY DIAGNOSIS: S/P I+D multiple shrapnel wounds

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

PATIENT IDENTIFICATION:

[redacted] EPW-51

b(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

MEDCOM - 24389

13Nov JH Transfer ICU2 condition Stable - 13Nov 0400 JH

[redacted]

to ICU-4

MEDCOM - 24390

b(6)-2

| CLINICAL RECORD | TH[illegible]EUTIC DOCUMENTATION CARE PL[illegible] [illegible]EDICATIONS) For use of this form, see AR 40-407 the proponent agency is the Office of The Surge[illegible]ral. | Mo 11 Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER CO[illegible]N FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 11/14 | [redacted] | Ancef 2gm IV q8° | 06 | [redacted] | | | | | | | | | | |
| | [redacted] | | 14 | [redacted] | | | | | | | | | | |
| | | | 22 | [redacted] | | | | | | | | | | |
| 11/14 | [redacted] | D5 1/2 NSC 20mEq | 06 | | | | | | | | | | | |
| | [redacted] | KCl/L 10 Deg/hr | 18 | [redacted] | | | | | | | | | | |
| 11/17 | [redacted] | Heplock | 06 | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | |
| | | | 06 | | | | | | | | | | | |

D/C'ed 24hr

D/C'ed 24hr

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION: [redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

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

MEDCOM - 24391

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. Nov Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| 11/24 | [redacted] | D/C Abx | 11/24 | ~~0900~~ | | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | b(2) All | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 14 NOV | [redacted] | TYLENOL #3 1-2 PO | 14 NOV 1050 | 14 NOV 1600 | 15 NOV 0930 | 15 NOV 1347 | 15 NOV 1747 | 16 NOV 0823 | 16 NOV 0600 | 16 NOV 1400 | 17 NOV 1100 | 18 NOV 0900 | 18 NOV 1640 | 18 NOV 2100 | 19 NOV 0845 | 19 NOV 1400 |
| | | Q4° PRN | [redacted] | | | | | | | | | | | | | |
| 11/17 | [redacted] | ~~Motrin 600mg~~ | Urgent written | | | | | | | | | | | | | |
| | [redacted] | ~~1 PO tid prn~~ | D/T | 20 NOV 0800 | 21 NOV 1630 | 21 NOV 2120 | | 22 NOV | 23 NOV 1835 | 23 NOV 2245 | 24 NOV 0600 | 24 NOV 1440 | | | | |
| 11/20 03 | [redacted] | Refur Hen: Tylenol #3 1-2 PO | D/L | | | | 22 NOV | 22 NOV | 2 PO | 2 | 2 | 2 | | | | |
| | [redacted] | Q4° PRN | | | | | | | | | | | | | | |
| 11/17 | [redacted] | motrin 600mg | D/T | | | | | | | | | | | | | |
| | | 1 PO TID PRN | D/I | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

MEDCOM - 24392 USAPA V1.00

| CLINICAL RECORD | THF[illegible]EUTIC DOCUMENTATION CARE PLA[illegible]EDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeo[illegible]l. | Mo. ____ Yr. ____ |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COL[illegible]N FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED | | |
|---|---|---|---|---|---|---|
| | | | / | 13 | 14 | 15 |
| 13Nov | [redacted] | IVF: LR @ 150cc/hr | 06 | [redacted] | | |
| | [redacted] | | 18 | [redacted] | | |
| 13Nov | [redacted] | Ancef 1 gm Q8° | 08 | [redacted] | | |
| | ------ | | 16 | [redacted] | | |
| | ------ | | 24 | [redacted] | | |
| 13Nov04 | [redacted] | Levaquin 500mg PO Qday | 10 | [redacted] | | |
| | ------ | | | | | |
| | ------ | | | | | |
| | ------ | | | | | |
| | ------ | b(6)-2 | | | | |
| | ------ | All | | | | |
| | ------ | | | | | |
| | ------ | | | | | |
| | ------ | | | | | |
| | ------ | | | | | |
| | ------ | | | | | |
| | ------ | | | | | |
| | ------ | | | | | |
| | ------ | | | | | |
| | ------ | | | | | |
| | ------ | | | | | |
| | ------ | | | | | |
| | ------ | | | | | |
| | ------ | | | | | |
| | ------ | | | | | |
| | ------ | | | | | |
| | ------ | | | | | |
| | ------ | | | | | |

ALLERGIES: ☐ YES ☒ NO
NKDA

PRIMARY DIAGNOSIS: S/P I&D multiple shrapnel wounds

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

PATIENT IDENTIFICATION: b(6)-4
[redacted] EPW-S1

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

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

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATION)* | | | | Mo._____ Yr._____ |
|---|---|---|---|---|---|---|
| **Order Date** | **Clerk/ Nurse** | **SINGLE ORDER, PRE-OPERATIVES** | **Date to be Given** | **Time to be Given** | **Time Given** | **Initials** |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | blue-2 All | | | | |
| | - - - - - | | | | | |

| **Order/ Expir Date** | **Clerk/ Nurse** | **PRN MEDICATION, DOSE, FREQUENCY** | *INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION* **TIME/DATE DISPENSED** | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 13Nov | [redacted] | MSO4 2-6mg IVP Q2° prn pain | 11/14 1345 | 11/14 1020 | 13Nov 1530 | 13Nov 2300 | 14Nov 0230 | 14Nov 0400 | 14Nov 0550 | 14Nov 0800 | | | | | | |
| - - - - - | - - - - - | | [redacted] | | | | | | | | | | | | | |
| 13Nov | [redacted] | Phenergan 12.5mg IVP Q6° prn nausea | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 24 | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 24Nov | [redacted] | Ancef 2gm IVq8° | 06 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 14 | | | | | | | | | | | | | | |
| | ----- | | 22 | [redacted] | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| 24Nov | [redacted] | Heplock | D | [redacted] | | | | | | | | | | | | | |
| | ----- | | N | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | b(6)-2 | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO
NKDA

PRIMARY DIAGNOSIS:
Mult soft tissue GSW

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

PATIENT IDENTIFICATION:
EPW [redacted]
b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 24395

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. ____ Yr. ____ |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 14NOV | [redacted] | Tylenol #3 1-2PO | 1125 | | | | | | | | | | | | | |
| | | q4° PRN | 1155 | | | | | | | | | | | | | |
| | | | 11 | | | | | | | | | | | | | |
| | | | 405 | | | | | | | | | | | | | |
| 17NOV | [redacted] | Motrin 600mg | 24Nov 2200 | 25NOV 1200 | | | | | | | | | | | | |
| | | 1 PO TID PRN | 120 | 1 | | | | | | | | | | | | |
| | | | [redacted] | | | | | | | | | | | | | |
| | | bkw-2 A21 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

*U.S. GPO: 1998-454-110/95216

MEDCOM - 24396

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 24 | 25 |
|---|---|---|---|---|---|
| 24 Nov | [redacted] | VS q4° | 00 | / | [redacted] |
| | | | 04 | / | [redacted] |
| | | | 08 | / | [redacted] |
| | | b(2)-3 | 12 | / | |
| | | | 16 | / | |
| | | A11 | 20 | [redacted] | |
| | | | | | |
| 24 Nov | [redacted] | Dry dsg on wounds | 08 | / | |
| | | Δ BID | 20 | | |
| | | | | | |
| | | Reg diet | B | / | |
| | | | L | / | |
| | | | D | [redacted] | |
| | | | | | |
| 24 Nov | [redacted] | Clean all wounds | 08 | / | |
| | | c̄ H2O2 & pack c̄ | 20 | | |
| | | 4x4 BID | | | |

ALLERGIES: ☐ YES ☐ NO — NKDA

PRIMARY DIAGNOSIS: Mult soft tissue GSW

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

EPW [redacted] b(2)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. MEDCOM - 24397 — USAPA V1.00

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo Nov Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 11/4 | [redacted] | ICU → ICW | 11/4 | — | 0850 | [redacted] |
| 11/15 | [redacted] | D/C FOLEY. | 11/15 | | | |
| 11/24 | [redacted] | D/C TO camp. | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | bled-2 | | | | |
| | ---- | | | | | |
| | ---- | AM | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 24398

| Verity 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 |
| 24N[redacted] | [redacted] | D/C to camp | 25Nov | | | [redacted] |
| 24Nov[redacted] | [redacted] | Transfer to ICW2 | 24Nov | | 1730 | [redacted] |
| | ---- | | | | | |
| | ---- | b(6)-2 A1 | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | *INITIAL PROPER COLUMN FOLLOWING COMPLETION* TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

USAPA V1.00

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

REPORT TITLE
# INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED *(Date)*
QA Appr 8Mar 89

**INITIAL SHIFT ASSESSMENT**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| NEURO | TIME | 0615 | INTILAS [redacted] | | INTILAS | | INTILAS |
| | PUPLIS | Pupils 2-3mm and | | | | | |
| | SENSORIUM | reactive. Alert + | | | | | |
| | | Oriented X3. Moves | | | | | |
| | | all extremities. | | | | | |
| | | | | | | | |
| RESPIRATORY | RESPIRATION PATTERN | Lungs CTA bilaterally | | | | | |
| | BREATH SOUNDS | c̄ expiratory wheezing | | | | | |
| | SECRETIONS | noted bilaterally c̄ | | | | | |
| | | O2 sat 96-99% on | | | | | |
| | | room air. | | | | | |
| | | | | | | | |
| SKIN | COLOR | Color normal for | | | | | |
| | INTEGRITY | race. Multiple surgical | | | | | |
| | | wounds noted | | | | | |
| IV SITE | LOCATION | 18ga in (L) AC an | | | | | |
| | CONDITION | (R) forearm. Both | | | | | |
| | | patent c̄ edema + | | | | | |
| | | erythema. | | | | | |
| | | | | | | | |
| | | | | | | | |
| GASTRO | ABDOMEN | Abdomen round + | | | | | |
| | BOWEL SOUNDS | soft c̄ (+) bowel sounds | | | | | |
| | | noted x 4 quads. | | | | | |
| | | | | | | | |
| GU | URINE | Foley to gravity draining | | | | | |
| | COLOR/CLARITY | clear yellow urine | | | | | |
| | | | | | | | |
| CARDIOVASCULAR | CARDIACRHYTHM | Currently sinus tach | | | | | |
| | | c̄ HR in 120's. Underlying | | | | | |
| | | @ 125cc/hr via (L) 18ga | | | | | |
| | | (+) palpable pulses c̄ cap refill < 3 seconds | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

b(6)-2

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

*(Continue on reverse)*

[redacted] /ARI | DEPARTMENT/SERVICE/CINC ICU2 | DATE 14Nov03

PAT[redacted] *middle; grade; date; hospital or medical [redacted]e: Name --Last, First,*

[redacted] EPW-S1

b(6)-4

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

DATE 14 Nov 03 | DX S/P I+D Shrapnel wounds | HOSPITAL DAY 2

| VITAL SIGNS | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TIME | 06 | 07 | 08 | 09 | 00 | 01 | 02 | 03 | | 04 | 05 | 16 | 17 | 18 | 19 | 20 | 21 | |
| BP Arterial line | | | | | | | | | | | | | | | | | | |
| BP Cuff | 137/65 | | | | | | | | | | | | | | | | | |
| Temperature | | 100.7 | | | | | | | | | | | | | | | | |
| Pulse | 117 | 116 | | | | | | | | | | | | | | | | |
| Respiratory Rate | 20 | 13 | | | | | | | | | | | | | | | | |
| Sats | 94 | 95 | | | | | | | | | | | | | | | | |
| map | 90 | | | | | | | | | | | | | | | | | |
| Source | RA | RA | | | | | | | | | | | | | | | | |

| INTAKE | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TIME | 06 | 07 | 08 | 09 | 00 | 01 | 02 | 03 | 8°T | 04 | 05 | 16 | 17 | 18 | 19 | 20 | 21 | 8°T |
| maint | 125 | 125 | 125 | | | | | | | | | | | | | | | |
| IVPB | | | 50 | | | | | | | | | | | | | | | |
| bolus | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | |

| OUTPUT | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| URINE | HOUR / TOTAL | 110 / 110 | 300 / 310 | 200 / 50 | | | | | | | | | | | | | | |
| | SP gr | | | | | | | | | | | | | | | | | |
| | S/A | | | | | | | | | | | | | | | | | |
| NG | OUTPUT | | | | | | | | | | | | | | | | | |
| | PH | | | | | | | | | | | | | | | | | |
| | GUIAC | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | |
| DRAINS | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | |

POST-OP DAY 2 1

ACUITY LEVEL CLASSIFICATION IV

| VITAL SIGNS | 12 | 13 | 14 | 00 | 02 | 03 | 04 | 05 | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| INTAKE | 12 | 13 | 14 | 00 | 02 | 03 | 04 | 05 | 8°T |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| OUTPUT | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| RESPIRATORY | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | TIME | | | | | | | | | | |
| | MODE | | | | | | | | | | |
| | $F_IO_2$ | | | | | | | | | | |
| | TV | | | | | | | | | | |
| | RATE | | | | | | | | | | |
| | PEEP | | | | | | | | | | |
| ABG | pH | | | | | | | | | | |
| | $PCO_2$ | | | | | | | | | | |
| | $pO_2$ | | | | | | | | | | |
| | $HCO_3$ | | | | | | | | | | |
| | SAT | | | | | | | | | | |
| | BASE | | | | | | | | | | |

| LABORATORY | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | TIME | | | | | | | | | |
| | CLUCOSE | | | | | | | | | |
| | Na/K | | | | | | | | | |
| | $Cl/CO_2$ | | | | | | | | | |
| | BUN/Cr | | | | | | | | | |
| | WBC/PLATELET | | | | | | | | | |
| | Hct/Hgb | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| ACTIVITIES OF DAILY LIVING | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | TIME | | | | TURN | TIME | | | | |
| | MOUTH CARE | | | | | | | | | |
| | BATCH | | | | | | | | | |
| | SKIN CARE | | | | | | | | | |
| | FOLEY CARE | | | | SUCTION | | | | | |
| | TRACH CARE | | | | | | | | | |
| | ROM EXERCISES | | | | | | | | | |
| | | | | | | | | | | |

24°180 TOTALS [redacted]

WT Yesterday _____ wt Today _____

INTAKE OUTPUT

IV _____ Urine: _____

Po _____ _____

TOTAL _____ TOTAL _____

BALANCE _____

[redacted] b(6) 2

MEDCOM - 24402

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

# INTENSIVE CARE NURSING FLOW SHEET b(6)-2

OTSG APPROVED *(Date)* QA Appr 8Mar 89

## INITIAL SHIFT ASSESSMENT

| | | | | | | |
|---|---|---|---|---|---|---|
| NEURO | TIME | 0710 | INITIAS [redacted] | 2030 | INITIAS [redacted] | INITIAS |
| | PUPLIS | Pupils 3mm + reactive | | 2mm b/(s)L reaction | | |
| | SENSORIUM | Follows simple | | Alert + O x 3 Follows | | |
| | | commands, A+O x3 | | commands, weak | | |
| | | | | LE, MAE | | |
| | | | | MSO4 for pain | | |
| RESPIRATORY | RESPIRATION PATTERN | Lungs ~~eff~~ + expiratory | | RR 20's unlabored | | |
| | BREATH SOUNDS | wheezing noted | | Sats 97% on RA | | |
| | SECRETIONS | bilaterally Q suct | | LS CTA | | |
| | | 100% on 10L via NRB | | | | |
| SKIN | COLOR | Skin normal for race | | See wound | | |
| | INTEGRITY | + multiple chronic | | assessment | | |
| | | wounds noted | | sheet | | |
| IV SITE | LOCATION | Right 2in antecubital | | 18G (L) AC | | |
| | CONDITION | sites patent + edema | | 18G (R) AC Ø | | |
| | | or erythema | | S/Sx infection | | |
| | | | | noted, LR @ | | |
| | | | | 125cc/hr | | |
| GASTRO | ABDOMEN | Abdomen round + | | abd soft non-tender | | |
| | BOWEL SOUNDS | soft + hyperactive | | ↓ BS x4 quad | | |
| | | bowel sounds | | NPO | | |
| GU | URINE | Foley to gravity | | Foley to gravity | | |
| | COLOR/CLARITY | draining, clear | | drng dl yellow | | |
| | | yellow urine | | sufficient amts | | |
| CARDIOVASCULAR | CARDIACRHYTHM | Sinus tach ~~cff~~ in | | ST 130's ectopy | | |
| | | 120's. ⊕ palpable | | S1 S2 ⊘ murmurs | | |
| | | pulses in all extr. | | 2+ pulses all extrem | | |
| | | | | 1+ edema (B) LE | | |

**LEGEND**

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

b(6)-2

*(Continue on reverse)*

PREPARED [redacted] TAN | DEPARTMENT/SERVICE/CINC ICU2 | DATE 13 Nov 03

PATIENT'S IN[redacted]ve: Name—Last, First, middle; grade; date; hospital or medical facility)

[redacted] EPW-51

b(6)-1

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

DA FORM 1 MAY78 4700
Proponent Dept of Nurs

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

MEDCOM - 24403

DATE 13 Nov 03 | DX Multiple Shrapnel Wounds | HOSPITAL DAY 1

| VITAL SIGNS | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TIME | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | |
| BP Arterial line | | | | | | | | | | | | | | | | | | |
| BP Cuff | 128/61 | | 129/57 | 117/60 | 118/54 | 115/62 | 121/61 | 124/68 | | 127/54 | 125/52 | 122/59 | 123/57 | 110/52 | 134/60 | 134/61 | 124/65 | |
| Temperature | | | 99.6 | | | | | | | | | | | 101.1 | | | | |
| Pulse | 118 | 118 | 114 | 115 | 114 | 118 | 119 | 120 | | 122 | 128 | 139 | 131 | 140 | 131 | 133 | 138 | |
| Respiratory Rate | 22 | 21 | 20 | 17 | 20 | 20 | 20 | 18 | | 21 | 20 | 13 | 16 | 11 | 18 | 16 | 13 | |
| Sats | 100 | 98 | 97 | 98 | 99 | 98 | 98 | 99 | | 98 | 98 | 98 | 96 | 98 | 97 | 96 | 98 | |
| Source | NPB | NPB | RA | RA | RA | RA | RA | RA | | RA | RA | RA | RA | RA | RA | RA | RA | |
| $FiO_2$ | 10L | 10L | RA | | | | | | | | | | | | | | | |

| INTAKE | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TIME | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 8°T | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 8°T |
| Maint | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | |
| IVPB | | | 50 | | | | | | | | | 50 | | | | | | |
| Subtotal | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | 1000 | | | | | | | | | 2100 |

| OUTPUT | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| URINE | HOUR / TOTAL | 100 / 50 | 100 / 300 | 200 / 500 | 110 / 610 | 110 / 720 | 120 / 840 | 110 / 950 | 110 / 1120 | 1120 | 130 / 130 | 130 / 260 | 120 / 380 | 140 / 520 | 100 / 920 | 200 / 1120 | 200 / 1320 | 200 / 1520 | |
| | SP gr | | | | | | | | | | | | | | | | | | |
| | S/A | | | | | | | | | | | | | | | | | | |
| NG | OUTPUT | | | | | | | | | | | | | | | | | | |
| | PH | | | | | | | | | | | | | | | | | | |
| | GUIAC | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | |
| DRAINS | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |

POST-OP DAY: 10 S

ACUITY LEVEL CLASSIFICATION: V

| VITAL SIGNS | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 |
|---|---|---|---|---|---|---|---|---|
| BP | 125/63 | 119/59 | 118/60 | 119/57 | 119/63 | 125/62 | 128/65 | 120/60 |
| T | 101.5 | | | | | | 100.4 | |
| P | 129 | 133 | 128 | 135 | 133 | 124 | 125 | 119 |
| RR | 20 | 11 | 17 | 20 | 12 | 20 | 20 | 20 |
| Sat | 96 | 98 | 95 | 97 | 95 | 93 | 93 | 97 |
| Source | RA | RA | RA | RA | RA | RA | RA | RA |

| INTAKE | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 8°T |
|---|---|---|---|---|---|---|---|---|---|
| I | 125 | 125 | 125 | 125 | 125 | 125 | 125 | 125 | |
| | | | 50 | | | | | | |
| | | | | | | | | 1050 | 3150 |

| OUTPUT | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 |
|---|---|---|---|---|---|---|---|---|
| O | 200 1720 | 200 1920 | 200 2120 | 200 2320 | 200 2520 | 200 2720 | 200 2920 | 110 3030 |
| | | | | | | | | 3030 |

| RESPIRATORY THERAPY | TIME | 1120 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | MODE | SIMV | | | | | | | | |
| | $F_IO_2$ | 60% | | | | | | | | |
| | TV | 750 | | | | | | | | |
| | RATE | 8 | | | | | | | | |
| | PEEP | 10 | | | | | | | | |
| ABG | pH | 7.44 | | | | | | | | |
| | $PCO_2$ | 41.9 | | | | | | | | |
| | $pO_2$ | 73 | | | | | | | | |
| | $HCO_3$ | 4 | | | | | | | | |
| | SAT | 65 | | | | | | | | |
| | BASE | +5 | | | | | | | | |

| LABORATORY | TIME | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | GLUCOSE | | | | | | | | | |
| | Na/K | | | | | | | | | |
| | $Cl/CO_2$ | | | | | | | | | |
| | BUN/Cr | | | | | | | | | |
| | WBC/PLATELET | | | | | | | | | |
| | Hct/Hgb | | | | | | | | | |

| ACTIVITIES DAILY LIVING | TIME | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | MOUTH CARE | 0830 | | | | | | | | |
| | BATH | 0830 | | | | | | | | |
| | SKIN CARE | 0830 | | | | | | | | |
| | FOLEY CARE | 0830 | | | | | | | | |
| | TRACH CARE | | | | | | | | | |
| | ROM EXERCISES | | | | | | | | | |

| TURN | TIME | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| SUCTION | | | | | | | | |

24 HR TOTALS

WT Yesterday _____ wt Today _____

INTAKE: IV _____ Po _____ TOTAL _____

OUTPUT: Urine: _____ TOTAL _____

BALANCE _____

NURSE'S SIGNATURE / INITIALS

[redacted] JH

[redacted] ns

blw-2

MEDCOM - 24405

# MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form [redacted]R 40-66; the proponent agency is the Office of The Surgeon [redacted]l.

REPORT TITLE

**TRAUMA [redacted]WSHEET**
The proponent is Dept of Surgery

[redacted]TSG APPROVED *(Date)*
QI Appr 11 Jun 97

## EMS REPORT

TIME: 2155 ETA: _____ UNIT: _____
MED COM: [Y] [N]

## ARRIVAL STATUS

TIME 2155 ☐ IV x 0 ☐ $O_2$ 0 1/min ☐ C-Spine Immob
Meds: ☐ UKN ☒ None ☐ Yes: _____
Allergies: ☐ UKN ☒ None ☐ Yes: _____
Tetanus: ☒ UKN ☐ Current Last Meal/Fluid Intake _____ hrs
LMP: _____ ☐ _____

## PRIMARY SURVEY

**AIRWAY**
☒ Natural Patient [Y] [N]
☐ ETT ____ ☐ _____
☐ Secretions _____

**BRETHING**
☐ Labored ☒ Unlabored ☐ Absent
TRACHEA: ☐ Midline ☐ Deviated [L] [R]
CHEST SYMMETRY: [L] > = < [R]

**CIRCULATION**
PULSE: ☐ Present ☐ Absent
BLEEDING: [Y] [N]
HEART TONES: ☒ Clear ☐ Muffled
SKIN: ☒ Warn ☐ Cool ☐ Hot
☒ Pink ☐ Pale ☐ Cyanotic ☐ _____
☒ Dry ☐ Moist ☐ Diaphoretic

## SECONDARY SURVEY

**DISABILITY**
GCS: E 4
V 5
M 6
SPHINCTER TONE:
☐ WNL
☐ None

**HEAD**
PUPILS: ☐ Equal ☐ Fixed ☐ React ☐ Dilated [L] [R]
TM: ☐ Clear ☐ Blood [L] [R]

**NECK**
C-Spine Tenderness: [Y] [N]
Pain @ _____
JVD: [Y] [N]

**HEART**
RHYTHM: ☐ Regular ☐ _____
PULSES: ☐ Central ☐ Peripheral

**LUNGS**
BREATH SOUNDS: ☐ Bilat ☐ Equal ☐ Clear
Decreased [L] [R] Absent [L] [R]
Wheezes [L] [R] Crackles [L] [R]

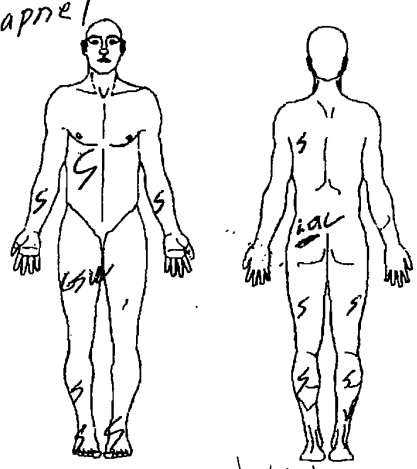
**ABDOMEN**
☐ Soft ☐ Rigid ☐ Non-Tender
☐ Tender: +

**PELVIS**
☐ Stable ☐ Unstable ☐ _____
Blood at meatus/vagina: [Y] [N]
Heme + / - Prostate: ☐ WNL ☐ Abnl

## USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

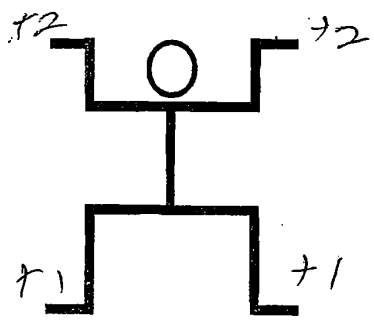
(AB)rasion
(AMP)utation
(AV)ulsion
Battle's Signs
(BL)eeding
(B)urn
(D)eformity
(E)cchymosis
(F)oreign Body
(H)ematoma
(LAC)eration
(P)uncture (W)ound
(Pain)
(S)eatbelt (S)ign
(S)tab (W)ound
(GSW) Gun Shot Wound

(5) Shrapnel




b(6)-2

## VASCULAR ASSESSMENT




| ++ Strong | + Palpable | D Dopler |
|---|---|---|

RN
CPT [redacted] RN

PHYSICIAN [redacted]d *(Continue on reverse)*

PREPARE[redacted]
LT [redacted] RN

DEPA[redacted]VICE/CLINIC: E M T

DATE

PATIENT [redacted]ICATION *(For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)*

EPW
[redacted]
born 1984 b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER *(Specify)*
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

**DA** FORM 1 MAY 78 **4700**

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

EAMC OP 503, 1 Dec 98

| TIME | PROCEDURE | SIZE | SITE | BY | RESULTS |
|---|---|---|---|---|---|
| | ET Intubation | | ☐ Oral ☐ Nasal Teeth | [redacted] | ☐ $ETCO_2$ Change ☐ BBS Post Int ☐ Post CXR |
| | Gastric Tube | | ☐ Oral ☐ Nasal | | ☐ Air ☐ Contents ☐ Verified_____ Suction: Y N |
| 2220 | Urinary | 16Fr | ☒ Meatus ☐ Supra-Public | [redacted] | ☒ Return_____cc ☐ Heme Dip: + - ☐ Secured |
| | DPL | | ☐ Opened ☐ Closed | | ☐ Grossly: + - Cell count Sent@_____ |
| | Chest Tube #1 | | L R | | ☐ Air ☐ Blood ☐ Pleuravac____cm ☐ Autotransfuser |
| | Chest Tube #2 | | L R | | ☐ Air ☐ Blood ☐ Pleuravac____cm ☐ Autotransfuser |
| | 12 Lead | Rhythm: | | Comments | |

| ABG SITE | TIME | $\%O_2$ | pH | BE | $pCO_2$ | $PO_2$ | $O_2$ Sat | $HCO_3$ |
|---|---|---|---|---|---|---|---|---|
| 1) | | | | | | | | |
| 2) | | | | | | | | |

## LABS

| TIME | LABS | |
|---|---|---|
| ~~2220~~ | ~~☐ D-stick~~ | ~~☐ SHct~~ |
| | ☐ D-stick_____ | ☐ SHct_____ |
| | ~~☐ CBC~~ | ~~☐ Chem~~ ~~☐ PT/PTT~~ |
| 2215 | ☐ ETOH | ~~☐ T&S~~ ☐ T&C x_____ |
| | ☐ Tox Screen | |
| ✓ | ~~☐ UA~~ | ☐ HCG |
| | ☐ OTHER | |
| | ☐ OTHER | |

## X-RAYS

| TIME | LABS |
|---|---|
| 2205 | ☒ Chest Initial |
| | ☐ Chest Post ET |
| | ☐ Chest Post CT |
| | ☐ C-Spine |
| 2205 | ☒ Pelvis |
| 2206 | ☒ abd |
| | ☒ Rib fracture |
| 2215 | ☒ (R) femur |

| TIME | PROCEDURE | ACCOMPANED BY | RETURN |
|---|---|---|---|
| | CT Scan: ☐ Con[redacted] | | |
| | ☐ Head ☐ Abd ☐ Pelvis | | |
| | ☐ C-Spine ☐ T/L Spine ☐ Chest | | |
| | ☐ | | |
| | A-Gram Site: | | |

## IV ACCESS & FLUIDS

| TIME | # | GA | IAW | SOP | SITE | IVF TYPE | AMT UP | AMT IN |
|---|---|---|---|---|---|---|---|---|
| 2205 | 1 | 18 | Y | N | (L) AC | LR | | |
| 2215 | 1 | 18 | Y | N | (R) AC | LR | | |
| | | | Y | N | | | | |
| | | | Y | N | | | | |

## MEDICATIONS

| MEDICATION | TIME | DOSE | RTE | TIME | DOSE | RTE | TIME | DOSE | RTE |
|---|---|---|---|---|---|---|---|---|---|
| Id | 2210 | .5cc | IM | | | | | | |
| Ancef | 2210 | 1gm | IV | | | | | | |
| Fent. | 2210 | 100mcg | IV | | | | | | |
| Reglan | 2225 | 10mg | IV | | | | | | |
| Fent. | 2232 | 50mcg | IV | | | | | | |

## BLOOD PRODUCTS

| START | # | TYPE | UNIT# | AMT UP | AMT IN | END | INIT |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## LAB RESULTS

CBC:

Chem: (R) foot
2215 (L) knee
2215 (R) rib

## INTAKE & OUTPUT

| INTAKE | AMOUNT | OUTPUT | AMOUNT |
|---|---|---|---|
| IVF | | Urine | |
| NGT | | NGT | |
| Blood | | EBL | |
| Other | | Other | |
| TOTAL | | TOTAL | |

## TRAUMA TEAM ARRIVAL

| TITLE | NAME (Print) | PAGED | RESPONDED | ARRIVED |
|---|---|---|---|---|
| ED Phys | [redacted] | | | |
| Surgeon | [redacted] | | | |
| Anesth | b(6)-2 | | | |
| | | | | |
| X-Ray | [redacted] | | | |
| RT | | | | |
| Ortho | | | | |
| Neuro | | | | |
| Chaplain | | | | |

## VALUABLES & CLOTHING

| V | STATUS | C |
|---|---|---|
| | None Found | |
| | Given to Patient | |
| | Given to Family | |
| | Inventoried and Released to Patient Trust Fund/NCOD See DA Form 3696 | |
| | Other: See Nursing Notes | |

## DISPOSITION

☐ Home ☐ _____
Admitted to _____
Report Called to _____
Time Transferred _____
Accompanied By _____
Via: ☐ Stretcher ☐ Wheelchair
As per ACLS Precautions: ☐ Yes ☐ No

## VITAL SIGNS

Rectal Temp:

| TIME | BP | HR | RHY | RR | [redacted] | $FIO_2$ | MODE | GCS: E | V | M | T |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2205 | 98/49 | 96 | NSR | 24 | 110 | | | | | | |
| 2215 | 140/92 | 70 | NSR | 20 | 100 | | | | | | |
| 2225 | 120/54 | 94 | NSR | 20 | 110 | | | | | | |
| 2235 | 123/79 | 87 | NSR | 16 | 96 | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |

## GLASGOW COMA SCALE

| EYE OPE[redacted] | VREBLE RESPONSE | MOTOR RESPONSE |
|---|---|---|
| 4 - Spont[redacted] | 5 - Oriented | 6 - Obeys Commands |
| 3 - To Voice | 4 - Confused | 5 - Localizes Pain |
| 2 - To Pain | 3 - Inapp Words | 4 - Withdraws to Pain |
| 1 - None | 2 - Incomp Speech | 3 - Flexion to Pain |
| | 1 - None | 2 - Extension to Pain |
| | | 1 - None |

| TIME | PROCEDURE | PERFORMED BY: |
|---|---|---|
| | ☐ Backboard Removed | BY: |
| | ☐ Downgraded | BY: |

## NOTES

2205 pt arrived wounds exposed CY
2210 X rays started
IV placed + labs sent
meds given CY
2220 foley placed +
VA sent. CY
2225 medium emesis +
starting P.O. contrast by
antiemetic given. [redacted]
2230 wounds irrigated
E irrigation gun.
2232 more pain meds
given. [redacted]
2245 Pt to CT E BV.
X [redacted] By

b(6)-2

(page 3)

☆U.S.GOVERNMENT PRINTING OFFICE 1997-571-7000

| 1. Reporting MTF | 2. MTF Locati. | Admission a... Coding Information<br>For use of this form, see AR 40-400; the proponent agency is OTSG | |
|---|---|---|---|
| [redacted] | IZ | | |
| 3. Register Number | Name (Last, First, MI) | 4. Pay Grade | 5. Sex |
| [redacted] | | FGN | M |

| 6. DoB (YYYYMMDD) | 7. Age at Admission | 8. Race | 9. Ethnicity | Religion |
|---|---|---|---|---|
| | | X | 9 | |

| 10. Length of Service | ETS | 11. FMP | 12. Social Security Number | |
|---|---|---|---|---|
| | | 99 | 000-00-1305 | |

| Organization (Active Duty Only) | 13. Marital Status | Hour of Admission | Branch / Corps: |
|---|---|---|---|
| | | 22:00 | |

| 14. Flying Status | 15. Beneficiary Category | 16. Zip Code of Residence: |
|---|---|---|
| NO | K78-PRISONER OF WAR/INTERNEES | |

| 17. Unit Location | 18. MOS | 19. Trauma | Prev. Admission |
|---|---|---|---|
| | | BC | NO |

| 20. Source of Admission | Ward: | Name / Relationship of Emergency Addressee |
|---|---|---|
| Direct from ER | ICW1 | Address of Emergency Addressee |
| [redacted] b(2)-2 | | Telephone Number of Emergency Addressee |

| 21. Type of Disposition | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) |
|---|---|---|
| TRF-OTH | | 2003-11-24 |

| 24. Clinic Svc - Admitting | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) |
|---|---|---|
| ABA - GENERAL SURGERY | | 2003-11-12 |

| 27. Location of Occurrence | 28. MTF of Initial Admission | 29. Date of Initial Admission |
|---|---|---|
| | | 2003-11-12 |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: S/P I&D MULTI SHRAPNEL WNDS

Procedure Narrative(s):

Cause of Injury Narrative:

878.2
890.0
891.0
892.0
881.00
877.0
756.12
E991.9

86.28
45.24

b(6)-2

| Admitting Officer (Signature, as required) | Signature of Admitting Clerk |
|---|---|
| [redacted] | [redacted] |

Automated Facsimile - DA FORM 2985, [redacted] 2000 MEDCOM - 24409

# ADMISSION . CODING INFORMATION

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

| 1. REPORTING MTF | 2. OCATION (State or Country Code.) |
|---|---|
| 1 2 3 4 5 6 7 8 | |
| A | |

| 3. REGISTER NUMBER | NAME (Last, First, Middle Initial) | 4. PAY GRADE | 5. SEX |
|---|---|---|---|
| 9 10 11 12 13 14 15 | | 16 17 | 18 |

| 6. DATE OF BIRTH (Y Y Y Y M M D D) | 7. AGE AT ADMISSION | 8. RACE | 9. ETHNIC BACK-GROUND | RELIGION |
|---|---|---|---|---|
| 19 20 21 22 23 24 25 26 | 27 28 29 | 30 | 31 | |

| 10. LENGTH OF SERVICE | ETS | 11. FMP | 12. SOCIAL SECURITY NUMBER |
|---|---|---|---|
| 32 33 34 | | 35 36 | 37 38 39 40 41 42 43 44 45 |

| ORGANIZATION (Active Duty Only) | 13. MARITAL STATUS | HOUR OF ADMISSION | BRANCH / CORPS |
|---|---|---|---|
| | 46 | | |

| 14. FLYING STATUS | 15. BENEFICIARY CATEGORY | 16. ZIP CODE OF RESIDENCE |
|---|---|---|
| 47 48 49 | 50 51 52 | 53 54 55 56 57 58 59 60 61 |

| 17. UNIT LOCATION (State or Country Code) | 18. MOS | 19. TRAUMA | PREV. ADMISSION |
|---|---|---|---|
| 62 63 | 64 65 66 67 68 69 70 | 71 | YEAR ☐ NO |

| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | WARD | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE |
|---|---|---|
| 72 | | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) |
| NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE |

| 21. TYPE OF DISPOSITION | 22. MTF TRANSFERRED TO | 23. DATE OF DISPOSITION (Y Y M M D D) |
|---|---|---|
| 73 74 | 75 76 77 78 79 80 | 81 82 83 84 85 86 |

| 24. CLINIC SVC - ADMITTING | 25. MTF TRANSFERRED FROM | 26. DATE THIS ADMISSION (Y Y M M D D) |
|---|---|---|
| 87 88 89 90 | 91 92 93 94 95 96 | 97 98 99 100 101 102 |

| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | 28. MTF OF INITIAL ADMISSION | 29. DATE INITIAL ADMISSION (Y Y M M D D) |
|---|---|---|
| 103 104 | 105 106 107 108 109 110 | 111 112 113 114 115 116 |

FOR LOCAL USE

Dx 8783 8921
88010 E9419
8771
8911
8739

Pr: 4823
8345
E801

Jmy Trauma
4/43

| ADMITTING OFFICER (Signature, as required) | SIGNATURE OF ADMITTING CLERK |
|---|---|
| | |

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE USAPPC V1.00

Automated Facsimile

# NPATIENT TREATMENT RECORD COVER SHEET

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

| 1. Register Nbr | 2. Name | 3. Grade | Admission Remarks |
|---|---|---|---|
| [redacted] | b(4)-4 | FGN | |

| 4. Sex | 5. Age | 6. Race | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm |
|---|---|---|---|---|---|---|
| M | | X | | | | NO |

| 11. FMP | 12. SSN | 13. Organization | 14. Ward |
|---|---|---|---|
| 99 | [redacted] | b(4)-4 | ICW2 |

| 15. FlyStatus | 17. Dept / Ben | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case |
|---|---|---|---|---|
| | K78-PRISONER OF WAR/INTER | | | DIS |

| 21. Source of Admission | 22. Hour Of Adm: | 23. Clinic Service |
|---|---|---|
| Direct from ER | 22:00 | ABA - GENERAL SURGERY |

| 24. Name/Relation of Emergency Addressee | 25. Type Disp | 26. Date of Disp |
|---|---|---|
| | TRF-OTH | 2003-11-18 |

| 27a. Address of Emergency Addressee | 27b. Telephone No | 28. Date This Adm: | AdmittingOfficer: |
|---|---|---|---|
| | | 2003-11-12 | [redacted] |

| 29. ReportingMTF | 30. Date Init Adm | 32. Units Blood Components |
|---|---|---|
| [redacted] b(2)-2 | 2003-11-12 | |

31. Selected Administrative Data

Marital Status: DoB:

In/Out Patient: Inpatient MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

S/P DEBRIM L ARM (MULT (PENETRATING WNDS)

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 | 7 | 7 |

| Signature of Attending Medi[redacted] | Signat[redacted] |
|---|---|

Automated Facsimile - DA[redacted] May 79 b(6)-2

MEDCOM - 24411

b(u)-2 ATL

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES |
|---|---|
| 13 Nov 03 0100 | Pt arrived from EMT via litter. VSS pt has shrapnel wounds to LUE. Wound covered c̄ Kerlex roll. Pt has numerous shrapnel wounds to Bilat LE. Wounds open to air. Pt is NPO for surgery this AM. ~~LSB~~ LS CTA (B). HRRR. (+) BS x4 quads. Pt voiding spontaneously c̄ difficulty. Pt denies pain. Will continue to monitor [redacted] pc 9/12WM6 |
| (1220) | Rt back from OR. S/P debrirment of (R) arm. Rt alg VSS, Ø c/o pain, drsg c̄ Kerlix wrap to (R) arm, small amt. bloody show, Tol. PO well. ace wrap to (L) LE CDI Ø drainage noted. HRRR, LCTAB, (+) BS x4, (+) peripheral pulses. 2 pt restraints on c̄ compromise to skin or circulation, Plan: pain ctrl, monitor drsgs, neurov's, IV ancef, Cont to monitor [redacted] 9/12WM6. |
| (1530) | Pt upset about brother being discharged to camp. Neurov's WNL. Ø c/o pain or other issues. Cont to monitor [redacted] PN |
| 13 NOV03 2000 | VSS Alert & Oriented. Answers questions asked by interpreter but doesn't initiate any conversation (L) arm dry dry & intact. (L) lower leg dry dry & intact covered c̄ ace wrap. (R) AC Saline lock patent |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME LAST | FIRST | [redacted] NUMBER |
|---|---|---|---|
| | | | |

| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT (over) |
|---|---|---|
| | | |

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. ICW #1

b(u)-4

[redacted]

**PROGRESS NOTES**
Medical Record

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

MEDCOM - 24412

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

| DATE | NOTES |
|---|---|
| 13 NOV 2000 | Consumed only 10% of dinner. Drinking P.O fluids. Peripheral pulses palpable +2. Capillary refill to fingers & toes brisk. Voiding clear amber urine. 2+ Restraints applied. Circulation & skin integrity intact. Will continue care as planned. [redacted] b(6)-2 |
| 11/14 | Sym e nonsy clean [redacted] b(6)-2 |
| 14 NOV 03 1100 | Pt a&o, VSS (C slight temp-99). Ø c/o pain expressed. HRRR, LCTAB, ⊕BS x4, (R) arm drsg s'd by Dr [redacted] Penrose drains removed. (L) LE drsg removed by MD. dry drsg applied ⊽ cleaning area c̄ Peroxide. ⊕ peripheral pulses swelling noted around incisions to (R) arm. sutures intact. IV Ancef cont per orders. Pt eating less than 50% of breakfast, only eat fruit / bread & juices. Extra fruit & juice given. voiding cyn via urinal. IV (R) AC Hr'd. 2pt restraints on 5 compromise to skin or circulation. Will monitor [redacted] neurovs WNL. [redacted] 91WM b(6)-2 |

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

MEDCOM - 24413

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 14 NOV 03 2215 | assumed care of pt @ 1800. VSS, no c/o. Alert, speaks some English; LSCTA, NKA, O2 sat 4 quads, voids per urinal clear urine. Tol approx. 25% of dinner. (L) FA drsg CDI, (+) CMS to LUE, +2 radial pulse, +1 edema to (L) hand. LUE elevated on blankets. (L) LE drsg CDI, (+) CMS to (L) foot, +2 DP pulse. (R) ac IV flushed well, IV Abx cont. T#3 given for pain c̄ good relief noted. Plan: cont Abx, monitor neuros, pain control. Will monitor [redacted] Addendum: Pt restrained, ONS s/sx of skin circulation compromise. Will monitor [redacted] |
| 15 Nov | Survey wounds ok b(6)-2 [redacted] |

| 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. |
|---|---|---|
| [redacted] | | |

**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)-4

MEDCOM - 24414

| LAST NAME | IRST NAME | LE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 15 NOV 03 0800 | Assumed care of pt. VSS c/o of small amt of pain to (L) hand neurovascular check intact AEB pt being able to wiggle finger, strong radial pulse, capillary refill and skin coloration WNL. Surgical incision x2 to (L) upper extremity closed wound secured c̄ sutures. small amts of serous drainage to dsg dry 4x4 kerlix wrapped CDI. (L) LE wound 2x2 circular wound minimal active bleed and serous drainage 2x2 dsg kerlix wrap CDI. Lungs clear HRRR active BS. Voiding QS. Ambulates [redacted] Will cont to monitor b(6) 2 [redacted] |
| 15 NOV 03 0100 | Assumed care of pt @ 1800. VSS, no c/o pain. Pt speaks some English. (L) arm dsg CDI, ⊕ CMS to UE. (L) foot dsg CDI, ⊕ CMS. Tol sm amt of reg diet, only 20% of dinner. (P) AC IV flushes well, IV Abx continue. 2pt restraints on S/S of skin/circulation compromise. Plan: encpo intake, monitor dsgs, pain control. [redacted] b(6)2 |
| 16 Nov | Sure<br>wound clean<br>switch to Ketrex<br>[redacted] b(6)-2 |

STANDARD FORM 509 (REV. 5/1999) BAC

USAPA V1.0

MEDCOM - 24415

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 16 NOV 03 0800 | Assumed care of pt. AT0 x3. VSS Denies having pain or discomfort @ this time. AM care given. IV ABX changed to PO. Lungs CTA HRRR Active B.S. x4 quads Urinating spontaneously BS. Nuerovascular check intact. (L) ARM surgical incision x2 intact c̄ sutures. Small amts of serous drainage. Dry dsg 4x4 kerlix wrap CDI Will cont to monitor [redacted] |
| 2200 - | assumed care of pt. @1800. VSS-AO pt. tolerated 30% of dinner. encouraged pt. PO but denied LS CTA (B) NSR, resp. even unlabored, BS x4, and soft non tender. voiding dark yellow urine via urinal. dsng to left foot CDI. Dsng to (L) arm CDI. IV HL (R) AC Flushes well patent. nuero vascular intact. NO C/O pain @ this time. Will cont. to monitor pt. [redacted] I concur c̄ above assessment [redacted] b(4)-2 |
| 0530 - | Pt. resting well @ this time. (+) neuro. insult intact. will cont. to monitor pt. [redacted] |

| 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]

b(4)-4

MEDCOM - 24416

| LAST NAME | FIRST NAME | DLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 17NOV03 1100 | Pt a/o, VSS, ∅ c/o pain, pt able to move (L) arm in all directions (c̄ pain). (+) sensation, brisk cap refill, (+) pulses. (L) arm drsg S'd, small amt serosang drainage on drsg. Sutures intact. (L) foot drsg S'd; small 1 cm wound noted, ∅ drainage. Pt refuses to eat, drinks fluids occasionally, voiding mod. yellow urine, ambulates s̄ difficulty. PO Reflex cont. Discharge meds @ pharmacy. Awaiting D/C to camp. 2 pt restraints on s̄ compromise to skin & circulation. Will monitor [redacted] b(6)-2 LPN. |
| 17NOV03 @2315 | Assumed care of pt @1800. VSS, no c/o pain. Pt speaking some English. Sleeping most of shift but arousens to verbal stimuli. Drsg to RLE CDI, LLE drsg CDI. (+) CMS to LUE/LLE. Poor appetite noted, voiding s̄ difficulty, ↑ amb to BR s̄ assistance. (R) AC IV flushes well. 2 pt restraints on s̄ s/sx skin/circulation compromise. Plan: cont po Abx as ordered, monitor drsg, monitor pain control. D/C possible tomorrow. b(6)-2 [redacted] CPT C |
| 18NOV03 0805 | Pt a/o, VSS, ∅ c/o pain, drsgs to (L) U+L extr. S'd, scant sero-sang drainage noted. Sutures intact to upper extr. pt voiding mod. yellow urine, amb. s̄ difficulty. Cont PO Reflex. (+) pulses to extr + brisk cap refill (+) CMS. 2 pt restraints on |

STANDARD FORM 509 (REV. 5/1999) BACI
USAPA V1.C

MEDCOM - 24417

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES |
|---|---|
| 18 NOV 03 | (con't) 5 compromise to skin/circulation |
| (0805) | Will monitor [redacted] LPN. |
| (1235) | Pt d/c'd to camp. d/c meds given to escorts. [redacted] LPN. |
| | b(6)-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. |
|---|---|
| | |

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

b(6)-4 [redacted]

**PROGRESS NOTES**
Medical Record

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

MEDCOM - 24418

anu
tetanus

| MEDICAL RECORD | **PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT**<br>For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General. |
|---|---|
| 1. AGE: 16<br>HEIGHT:<br>WEIGHT: 50Kg | 2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): NKDA<br>3. PREVIOUS SURGERY [X] NO [ ] YES (type): |

4. PROPOSED SURGICAL PROCEDURE: I+D (B) LE I+D

5. ADDITIONAL INFORMATION: NPO pMHx (-) pm Hx (-)

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| A. PSYCHOSOCIAL<br>X Potential for anxiety related to surgery | o Pt. verbalizes any specific anxiety.<br>o Pt. exhibits relaxed body posture. | o Allow pt. to verbalize freely.<br>o Explain OR environment and answer questions regarding surgery. Via interpreter<br>o Offer comfort measures, (e.g., warm blanket, touch)<br>o Explain all nursing procedures before they are done.<br>o Remain with pt. whenever possible.<br>o Maintain family interface. |
| B. AERATION<br>X Potential for respiratory dysfunction due to anes | o PT. will be able to breathe without difficulty during immediate intra-operative phase. | o Offer to elevate head of litter or offer pillow.<br>o Observe pt. while awaiting surgery for signs of distress<br>o Assist anesthesia during intubation and extubation |
| C. INTEGUMENT<br>X Potential impairment of skin integuity due to ESU, Bovie | o PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas. | o Utilize pressure preventing devices on OR table and accessories.<br>o Check for proper positioning and support to maintain good body alignment.<br>o Pad pressure points.<br>o Place ESU ground pad on non compromised skin surface area.<br>o 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] bilw-4

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

10. [redacted] CPTN 13 NOV 03 DATE

11. POSTOPERATIVE EVALUATION:

Drowsy

Bovie Pad Site C+I

Dressings D+I b(6)-2

b(6)-2

| [redacted] PREPARED BY | 13. PREOPERATIVE EVALUATION PREPARED BY [redacted] CPTN |
|---|---|
| DATE: 13 NOV 03 TIME: 0500 | DATE: 13 NOV TIME: |

*REVERSE OF DA FORM 5179, JUN 91*

USAPA V1.01

MEDCOM - 24420

| MEDICAL RECORD | INTRAOPERATIVE DOCUMENT b(6)-2 |
|---|---|
| | For use of this form, see AR 40-407, the proponent agency is the Office of The Surgeon General. |

| | |
|---|---|
| 1. PATIENT TRANSPORTED TO OPERATING VIA Litter BY Da staff | 2. PATIENT [redacted] AND PROCEDURE VERIFIED BY [redacted] CPT(M) |
| 3. DATE 13 NOV 03 TIME PATIENT ARRIVED IN SUITE — | 4. PATIENT [redacted] TIME 0520 [redacted] NUMBER 2 |

**5. PREOPERATIVE EMOTIONAL STATUS**

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

COMMENTS: NKDA Ø PMHx Ø PSHx thru interpreter

**6. NURSING PERSONNEL**

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | Spc [redacted] ID b(6)-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | CPT [redacted] | RELIEF CIRCULATOR | |

**7. POSITION AND POSITIONAL AIDS *(Specify)***

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

COMMENTS: Pt placed on padded OR table w arms on padded turnboard @ <90°

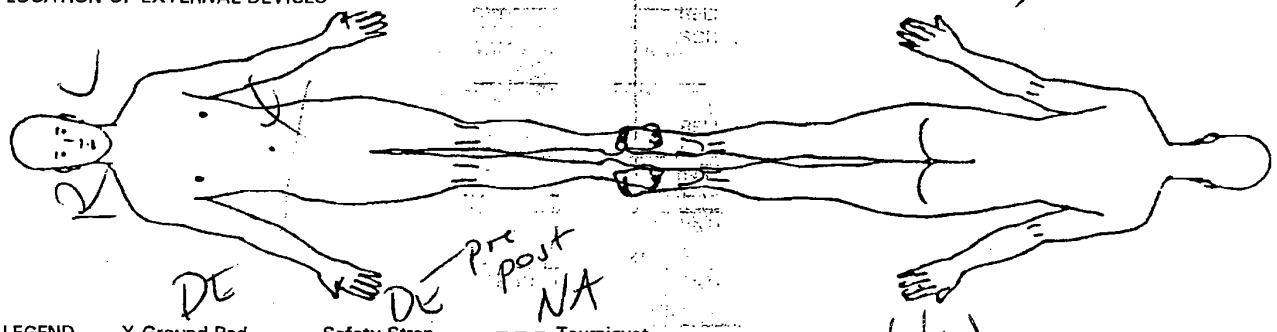
**8. SKIN PREPARATION**

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

COMMENTS:

PREP SOLUTION *(Specify)* Betadine
SITE: (L) UE BY WHOM: [redacted]
SITE: (L) LE BY WHOM: [redacted]
COMMENTS: Ø pooling b(6)-2

**9. LOCATION OF EXTERNAL DEVICES**




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

b(6)-2

C = Correct I = Incorrect

| 10. COUNTS | | | Initial Count | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☑ Yes | ☐ No | | | | [redacted] | [redacted] |
| Needle Sharp | ☑ Yes | ☐ No | | C | C | | |
| Instrument | ☐ Yes | ☑ No | | | | | |
| Other | ☐ Yes | ☑ No | | | | | |

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

# [redacted]

b(6)-4

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

☒ ESU NO: VL Force 40 R8B10235
GROUND PAD: BRAND VL Rem Poly II
LOT NO: 70337

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

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

MEDCOM - 24421

13. PROSTHESIS, IMPLANTS ☐ YE ☒ NO IF YES NAME: ID NU JUFACTURER

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 IF YES, SITE
YES ☐ NO ☐

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☐ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☐ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☐ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. Penrose 3/8 | 2. | 3. |
| SITE | 1. (L) UE | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*
fluffs Kerlix ace wrap (L) foot
fluffs - Kerlix (L) UE

19. ADDITIONAL INFORMATION
[redacted] / [redacted]
[redacted] CRNA
(R) inner thigh scrubbed & Betadine per surgeon
geta

20. OPERATION(S) PERFORMED
(L) UE I&D
(L) LE I&D

21. PATIENT TRANSFERRED TO PACU TIME 1655 METHOD litter

22. REGIS[redacted]

REVERSE OF D[redacted] USAPA V1.00

b(6)-2 MEDCOM - 24422

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY: 1

POST-DAY: 0

MONTH-YEAR Nov 03 | DAY: 13 13/14 15/16 17 17/18 18

19 | HOUR: 0 1 12 01 080 0 01 0

PULSE (O) | TEMP. F (°): 105° 104° 103° 102° 101° 100° 99° 98.6° 98° 97° 96° 95°

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

(Centigrade Equivalents, for Reference only)

PULSE (O): 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40

RESPIRATION RECORD: 18 20 16 18 16 16 115/66 16 18

BLOOD PRESSURE: 140/72 128/80 114/74 117/76 116/70 P89 114/69 118/76 118/69

89 122/74 120/82 T 98.6

99.8 99.1 SA 99 97.9

HEIGHT: | WEIGHT → 98%

98% 97% 98% RA 98% RA 98% RA

98% 97% (RA) RA (RA) 98% RA 118/72 99% (RA)

pulse 92 98% (RA)

Record special data only when so ordered

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

REGISTER NO.

WARD NO. ICW2

STANDARD FORM 511 (REV. 7-95) BACK

C [redacted]

b(6)-4

MEDCOM - 24423

b(6)-2

| Ward/Section: EMT | REQUESTING PHYSICIAN: [redacted] | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: b(6)-4 [redacted] | DATE: 12 Nov 03 TIME: 2110 | SSN/PSEUDO SSN: [redacted] b(6)-4 |

**(i-STAT)**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Na | | 133-146 mmol/L |
| K | | 3.5-4.9 mmol/L |
| Cl | | 98-109 mmol/L |
| pH | | 7.31-7.45 |
| PCO2 | | 35-45 mmHg (art) 41-51 mmHg (ven) |
| PO2 | | 80-105 mmHg (art) N/A (ven) |
| TCO2 | | 23-27 mmol/L (art) 24-29 mmol/L (ven) |
| HCO3 | | 22-26 mmol/L (art) 23-28 mmol/L (ven) |
| sO2 | | 95-98% |
| BEecf | | (-2) – (+3) mmol/L |
| AnGap | | 10-20 mmol/L |
| Ca | | 1.12-1.32 mmol/L |
| BUN | | 8-26 mg/dl |
| GLU | | 70-105 mg/dl |
| Creat | | 0.7-1.5 mg/dl |
| Hct | | 38-51% PCV |
| Hgb | | 12-17 g/dl |

**Misc. Chemistry**

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

**(Piccolo) Chemistry 12**

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

======= PICCOLO =======
12/11/03 22:11
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
BASIC METABOLIC
DISC LOT #: [redacted] 3325AA4
OPER #: [redacted] b(6)-2 DR #: 000
SERIAL #: 0000100494

| | | | |
|---|---|---|---|
| GLU | 169* | 73-118 | MG/DL |
| BUN | 9 | 7-22 | MG/DL |
| CA++ | 8.6 | 8.0-10.3 | MG/DL |
| CRE | 0.6 | 0.6-1.2 | MG/DL |
| NA+ | 133 | 128-145 | MMOL/L |
| K+ | 4.1 | 3.3-4.7 | MMOL/L |
| CL- | 104 | 98-108 | MMOL/L |
| tCO2 | 22 | 18-33 | MMOL/L |

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

**(Piccolo) Metabolic Panel**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |

======= PICCOLO =======
12/11/03 16:23 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
LIVER PANEL PLUS
DISC LOT #: [redacted] 3154AA7
OPER #: [redacted] b(6)-2 DR #: 000
SERIAL #: 0000100684

| | | | |
|---|---|---|---|
| ALB | 3.9 | 3.3-5.5 | G/DL |
| ALP | 430* | 26-84 | U/L |
| ALT | 18 | 10-47 | U/L |
| AMY | 41 | 14-97 | U/L |
| AST | 31 | 11-38 | U/L |
| TBIL | 0.5 | 0.2-1.6 | MG/DL |
| GGT | 9 | 5-65 | U/L |
| TP | 7.5 | 6.4-8.1 | G/DL |

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

REMARKS:

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

b(6)-2

| Ward/Section: EMT | REQUESTING PHYS: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: | DATE: TODAY TIME: 2210 | SSN/PREFIX-SSN: [redacted] |

| (Hematology) CBC | | | Urinalysis | | | Misc. Serology b(6)-4 | | |
|---|---|---|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | | 4.8-10.8 x 10³ | Color | | N/A | RPR | | Negative |
| RBC | | 4.7-6.1 x 10⁶ | Atp | | 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 10³ verified | SG | | N/A | Occ Bld | | Negative |
| Lymph % | | 20.5-51.1% | Bld | | Negative | H. pylori | | Negative |
| (Hematology) Manual Differential | | | pH | | N/A | Micro Parasites | | |
| Segs | | Mono | Prot | | Negative | Malaria | | |
| Bands | | Eos | Urob | | 0.2-1.0 | O & P | | |
| Lymph | | Baso | Nit | | Negative | Other | | |
| Atyp | | Imm | Leuk | | Negative | Microscopic Urinalysis | | |
| RBC Morph | | | HCG | | Negative | | | |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | CSF | | | Blood Bank | | |
| Sed Rate | | | Cell Count | | | MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED | | |
| Other | | | Directigen | | Negative | ABO/Rh | | |

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

REMARKS: TBS

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

ID [redacted] 12-11-03
22:11

| | | | | Patient Limits | |
|---|---|---|---|---|---|
| WBC | 16.7 | H | x10^3/uL | 4.5 | 10.5 |
| RBC | 4.01 | | x10^6/uL | 4.00 | 6.00 |
| Hgb | 11.0 | | g/dL | 11.0 | 18.0 |
| Hct | 38.1 | | % | 35.0 | 60.0 |
| MCV | 95.4 | | fL | 80.0 | 99.9 |
| MCH | 29.7 | | pg | 27.0 | 31.0 |
| MCHC | 31.1 | L | g/dL | 33.0 | 37.0 |
| Plt | 471. | H | x10^3/uL | 150. | 450. |
| LYM% | 15.2 | *L | % | 20.5 | 51.1 |
| LYM# | 2.5 | * | x10^3/uL | 1.2 | 3.4 |

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/12/03 22:14

Patient ID: [redacted] b(6)-4
Test Name :PT
Test Result:= 14.5 sec.
Ratio = 1.2
Calculated INR = 1.32
Sample Type:citrated wh. blood
Test Date :11/12/03
Test Time :22:13
Card Lot [redacted]
Operator [redacted] b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/12/03 22:17

Patient ID: [redacted] b(6)-4
Test Name :APTT
Test Result:= 22.1 sec.
***RESULT OUT OF RANGE***
Sample Type:citrated wh. blood
Test Date :11/12/03
Test Time :22:15
Card Lot :100212
Operator [redacted]
b(6)-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, "I" = CONSTANT INFUSION) | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DRUG | | (Units) | | | | | | | | | | | | | | | |
| Sufenta | | (mcg) | 24 | 20 | | 10 | | | | | | | | | | | |
| Propofol | | (mg) | 120 | | | | | | | | | | | | | | |
| Succ | | (mg) | 75 | | | | | | | | | | | | | | |
| | | ( ) | | | | | | | | | | | | | | | |
| | | ( ) | | | | | | | | | | | | | | | |
| | | ( ) | | | | | | | | | | | | | | | |
| VOLAT AGENT | Iso | % del | | 1.4 | 1.4 | 1.0 | 1.2 | | | | | | | | | | |
| | | % e.t. | | | | | | | | | | | | | | | |
| | AIR | L/Min | | | | | | | | | | | | | | | |
| | N2O | L/Min | | | | | | | | | | | | | | | |
| | O2 | L/Min | 8-2 | 2 | 2 | 2 | 2 | 8 | | | | | | | | | |
| SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS | | | | | | | | | | | | | | | | | |

| FLUIDS | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LINE site | | ☐ Warmed | | | | | | | | | | | | | | | |
| 18Gn R AC | | ☐ Warmed | FI 1000 | 600 | | | | | | | | | | | | | |
| | | ☐ Warmed | | | | | | | | | | | | | | | |
| | | ☐ Warmed | | | | | | | | | | | | | | | |
| LOSSES | EST BLOOD LOSS | | | | | | | | | | | | | | | | |
| | URINE - | | | | | | | | | | | | | | | | |

| TOTALS | TOTAL EBL |
|---|---|
| 50 / 50 | min |
| | TOTAL URINE |
| | Ø measured |
| FLUIDS SUMMARY | |
| CRYSTALLOID | 850 |
| COLLOID | Ø |
| BLOOD | Ø |

PHYS STATUS: 1 2 3 4 5 E

BODY WEIGHT: 50 KG/LB

HEMATOCRIT: 38.2

INITIAL DATA: BP- / HR-

EQUIP CHECK: OK? - Y / N

PATIENT RECHECK: OK for PROCEDURE? Y TIME- 0516

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

TIME → 0530 · 0600 · 0630 · 0700 · 0730 · 0800

| VENTIL | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| VT - ml | | | 850 | 750 | 850 | 740 | | |
| f - breaths/min | | | 10 | 10 | 10 | 8 | | |
| Peak inf pres / PEEP | | | 23 | 22 | 26 | 21 | | |
| MODE - S(pon), A(ssist), C(on) | | S | A C | C | C | C | A | S |
| MONITORS/ACCESSORIES | | | | | | | | |
| BP/Auto Cuff | ET CO2 (torr) | 40 | 37 | 37 | 32 | 37 | 42 | |
| BP/oth | FIO2 (Frac or %) | .69 | .69 | .62 | .57 | .66 | .55 | |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 | 100 | 100 | |
| Steth- PC/ES | ECG | SR | SR | SR | SR | SR | SR | |
| Gas analyzer | TEMP-site | | 37.1 | 37.4 | 37.0 | 36.7 | | |
| | N-M Block (T/4) | | | | | | | |
| Warming blkt | | | | | | | | |
| Conv warmer | | | | | | | | |

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

REMARKS: Code drugs with numbers, events with letters

pt IDd in IW, POC discussed, Ø Int/Ext room, Induction Ø Stop, Ø Succ 0.16 mg IVP, Ø Intubated p SW, + BPS and SV, Cont to PACU [redacted] Ø

| RECOVERY AT | 0655 |
|---|---|
| PACU ICU ____ (Specify) | |
| OTHER | |
| CONDITION: | Pt in NAD |
| T 95.9 T | |
| RESP- 12 | SpO2- 99 |
| BP- 144/44 | HR- 114 |

ANESTHESIA / PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | 0508 | 0520 | 0720 |
| PROC | Ready | Begin | End |
| | 0530 | 0545 | 0635 |

PROCEDURES and CPT Codes: Ø F I+D Ø Elbow Ø LE

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

[redacted] b(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

GETA

AIRWAY MANAGEMENT: Intubation route, blade technique, comments

DL + 7 Emil 2 Grade I view, Ø ETCO2 & BBS, Taped Ø 2 lines Ø lip

SURGEONS: [redacted]

ANESTHETISTS: [redacted] b(6)-2

PROCEDURE LOCATION: 2

DATE: 13 NOV 03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 — COPY 1 - PATIENT'S MEDICAL RECORD — USAPA V1.00

133 | 104 | 9 / 4.1 | 22 | 0.6 < 169

Ca 8.6

16.7 > 11.9 / 38.2 < 471

INR 1.32

Multiple GSW
NPO p ?
NKDA

MEDCOM - 24427

CLINICAL RECORD - DOCTOR'S OR[illegible]

se of this form, see AR 40-66, the proponent [illegible] s OTSG

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

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

Noted 13 Nov 0012 [redacted] b(6)-2

| DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|
| 12 Nov 03 | HOURS | |
| 1) Admit ICW 2 | | |
| 2) DXSV multiple punctures | | |
| 3) Cardiac shot | | |
| 4) Vital Q4° with neurovascular check | | |
| 5) Activity Bedrest | | |
| 6) Diet NPO | | |

PATIENT IDENTIFICATION

| DATE OF ORDER | TIME OF ORDER |
|---|---|
| 7) IV NS at 125cc/L | HOURS |
| 8) Meds Ancef 1gm IV q8° | |
| 9) Ready OR tomorrow / | |

NURSING UNIT | ROOM NO. | BED NO.

[redacted] b(6)-2

PATIENT IDENTIFICATION

b(6)-4 [redacted]

notified BRICH 13NOV 0930

| DATE OF ORDER | TIME OF ORDER |
|---|---|
| 13 Nov | HOURS |
| ✓1) adm. L ICW | |
| ✓2) s/p deb arm | |
| ✓3) VS q4° neurovas ✓ | |
| ✓4) Re, Diet | 8/16/24 |
| ✓5) Hep lock | |
| ✓6) Ancef 1gm IV q8° | |
| ✓7) Morp 2-6mg IV q2° prn | |

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

b(6)-4 [redacted]

| DATE OF ORDER | TIME OF ORDER |
|---|---|
| | HOURS |
| ✓8) Tylenol #3 1-2 po q4° prn | |

b(6)-2 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH [redacted]

MEDCOM - 24428

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 13 Nov | Op Note |
| | Debride & close arm & foot wounds |
| | finding contused / partly transected ulnar nerve at arm & forearm |
| | [redacted] b(6)-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

MEDCOM - 24429

## MEDICAL RECORD - DOCTOR'S O[illegible]S

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

| ORDER NUMBER | DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS | ORDER NOTED TIME & INITIALS | COMPLETED TIME & INITIALS |
|---|---|---|---|
| | POST ANESTHESIA ORDERS (circled Items) | | |
| 1 | VS q 5 min X 15 min, then q 15 min until discharge. | | |
| 2 | Supplemental oxygen. | | |
| 3 | (Morphine) / Meperidine 1 mg IV now and 1 mg q 3-5 min prn pain for a max dose of 10 mg. | 11/13/03 | 0745 |
| 4 | Zofran____ mg IV prn N/V q 15 min, may repeat x ____. | | |
| 5 | Metoclopramide____ mg IV prn N/V x 1. | | |
| 6 | Droperidol 0.625 mg IV prn N/V x 1. (or) | 11/13/03 | |
| 7 | Phenergan 12.5 mg IV prn N/V x 1. | 11/13/03 | |
| 8 | Benadryl 25-50mg IVP q1 hr prn, itching while in PACU. | | |
| 9 | IVF: LR @ KVO cc/hr. | 11/13/03 | |
| 10 | Discharge from recovery status when PACU discharge criteria met. | 11/13/03 | |
| | [redacted] CRNA | | |
| | | | |
| 11 | Meperidine 12.5 mg IVP for shivers up to 25 mg Rodgin S Chuty CRNA | 11/13/03 | 0705 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

PATIENT IDENTIFICATION

[redacted]

D(e)-4

Complete the following information on page 1 only. Note any changes on subsequent pages.

Diagnosis: ____

Height: ____ Weight: 50 Kg Diet: ____

Allergies: NKDA

| Nursing Unit | Room No. | Bed No. | Page No. |
|---|---|---|---|
| PACU, 28th CSH | | | 1 of 1 |

MEDCOM FORM 688-R (TEST) (MCHO) MAR 99 MEDCOM 24430 PREVIOUS EDITIONS ARE OBSOLETE MC V1.00

b(6)-2 A1
unless noted otherwise

**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 |
|---|---|---|---|---|---|
| b(6)-4 [redacted] | | | 11/14 | HOURS | |
| | | | 1) D dressings q day + prn | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| 240/0835 | | | | | |

noted [redacted]

| PATIENT IDENTIFICATION | | | DATE OF ORDER | |
|---|---|---|---|---|
| | | | 11/16 | [redacted] |
| | | | 1) d/c MSO4 | |
| | | | 2) Th/codl #3 1-2 po q 4° prn | |
| | | | 3) d/c Ariet | |
| NURSING UNIT | ROOM NO. | BED NO. | 4) Ichthex 500mg po q d | |

Noted [redacted] USAF 16 NOV 03 1010

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME [redacted] |
|---|---|---|---|---|
| 24° v 17 Nov @ 0200 | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | |

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER |
|---|---|---|---|---|
| | | | 11/17 | HOURS |
| | | | 1) d/c T #3 ✓ | |
| | | | 2) Motrin 400mg po ✓ tid prn | |
| | | | 3) Scripts in chart | |
| NURSING UNIT | ROOM NO. | BED NO. | 4) Cump 11/1[redacted] | |

noted [redacted] 17 Nov 03 0835

240 / 15 Nov 03 0200 [redacted]

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHIC[redacted]

MEDCOM - 24431

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|---|---|
| #[redacted] b(6)-4 | | | | 18NOV03 | 0815 HOURS | |
| | | | 1 | D/C to Camp | | [redacted] |
| | | | | [redacted] b(6)-2 | | 18NOV03 0817 |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| 1CW#1 | | | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

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

MEDCOM - 24432

b(6)-7 A11

**CLINICAL RECORD** | **TH EUTIC DOCUMENTATION CARE PLA ON-MEDICATION)**

For use of this form, see AR 40-4 the proponent agency is the Office of The Surg neral.

Mo. Nov Yr. 2003

VERIFY BY INITIALING | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|---|---|---|---|---|---|---|---|---|---|---|
| 13 Nov | [redacted] | VS q 4° c neurovascular | D | / | [redacted] | | | | | |
| | | checks | N | [redacted] | | | | | | |
| | | | | | | | | | | |
| 13 Nov | [redacted] | Activity: bedrest (?) | D | / | [redacted] | | | | | |
| | | | N | [redacted] | | | | | | |
| | | | | | | | | | | |
| 13 Nov | [redacted] | Diet: NPO | D | / | D/C'd | | | | | |
| | | | N | [redacted] | | | | | | |
| 13 Nov | [redacted] | reg diet | D | [redacted] | | | | | | |
| | | | N | [redacted] | | | | | | |
| 14 Nov | [redacted] | dressings q day | 10 | / | [redacted] | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/p delgr. Arm. s/p multiple penetrating inj.

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted]

b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

DA FORM 4677, 1 OCT 78 | EDITION OF 1 DEC 77 MAY BE USED. | USAPA V1.00

| Verity 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 |
| 13Nov | [redacted] | Admit ICW2 - stable | 13Nov | Done | | [redacted] |
| 13Nov | [redacted] | Ready OR tonight | 13Nov | | | |
| 13Nov | [redacted] | admit ICW | 13Nov | 1135 | 1135 | [redacted] |
| 17Nov | [redacted] | Scrips in chart (@ pharmacy) | | | | [redacted] |
| 17Nov | [redacted] | camp 11/18 | 18Nov | | | |
| 18 Nov | [redacted] | D/C to Camp | 18 Nov | Noted | | [redacted] |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | b(6) - 2 A71 | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 14Nov | [redacted] | Δ dressings ~~Q eat~~ [redacted] | P/T | | | | | | | | | | | | |
| ---- | ---- | PRN | Initial | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | |

MEDCOM - 24434

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

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

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 13 | 14 | 15 | 16 | 17 |
|---|---|---|---|---|---|---|---|---|
| 13 NOV | [redacted] | Heplock IV | D | [redacted] | | | | |
| | ----- | | N | [redacted] | | | | |
| [redacted] | | | | | | | | |
| 16 Nov 03 | [redacted] | Keflex 500mg po | 06 | | | | [redacted] | |
| | ----- | qid | 12 | | | | [redacted] | |
| | ----- | | 18 | | | | [redacted] | |
| | ----- | | 24 | | | | [redacted] | |
| | ----- | | | | | | | |
| | ----- | | | | | | | |
| | ----- | | | | | | | |
| | ----- | | | | | | | |
| | ----- | b(6)-2 A1 | | | | | | |
| | ----- | | | | | | | |
| | ----- | | | | | | | |
| | ----- | | | | | | | |
| | ----- | | | | | | | |
| | ----- | | | | | | | |
| | ----- | | | | | | | |
| | ----- | | | | | | | |
| | ----- | | | | | | | |
| | ----- | | | | | | | |
| | ----- | | | | | | | |
| | ----- | | | | | | | |
| | ----- | | | | | | | |
| | ----- | | | | | | | |

ALLERGIES: ☐ YES ☑ NO

PRIMARY DIAGNOSIS: S/p debrim. (L) arm. (mult. penetrat. injury).

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

(EPW)

# [redacted]

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 24435

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. 11 Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| 16 NOV03 | [redacted] | D/C MSO4 | 16 | — | | [redacted] |
| 16 | [redacted] | D/C Ancef | 16 | — | | [redacted] |
| 17 | [redacted] | D/C T#3 | 17 | — | | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | b(6)-2 A11 | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 13NOV 03 | [redacted] | MSO4 2-6mg IV | D/T | D/C 16 NOV03 | | | | | | | | | | | | |
| | | Q2° PRN | D/I | | | | | | | | | | | | | |
| | | Tylenol #3 1-2 | D/T | 13NOV 1730 | 15NOV 0010 | 15NOV 1400 | 16NOV 0600 | 16NOV 1730 | D/C | | | 17 NOV03 @0830 | | | | |
| 13NOV 16 | [redacted] | PO Q4° PRN | D/I | 2 | [redacted] | | | | | | | | | | | |
| 17NOV | [redacted] | motrin 400mg | D/T | | | | | | | | | | | | | |
| | | TID PRN PO | D/I | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

*U.S. GPO: 1998-454-110/95216

# MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date): QI Appr 11 Jun 97

## EMS REPORT

TIME: 2203 ETA: 2205 UNIT: 1306
MED COM: [Y] [N]

## ARRIVAL STATUS

TIME 2200 ☐ IV x Ø ☐ $O_2$ Ø 1/min ☐ C-Spine Immob
Meds: ☐ UKN ☒ None ☐ Yes:
Allergies: ☐ UKN ☒ None ☐ Yes:
Tetanus: ☐ UKN ☐ Current Last Meal/Fluid Intake ____ hrs
LMP: ☐

## PRIMARY SURVEY

**AIRWAY**
☒ Natural Patient [Y] [N]
☐ ETT ☐
☐ Secretions

**BRETHING**
☐ Labored ☒ Unlabored ☐ Absent
TRACHEA: ☒ Midline ☐ Deviated [L] [R]
CHEST SYMMETRY: [L] [=] [R]

**CIRCULATION**
PULSE: ☒ Present ☐ Absent
BLEEDING: [Y] [N]
HEART TONES: ☒ Clear ☐ Muffled
SKIN: ☒ Warm ☐ Cool ☐ Hot
☒ Pink ☐ Pale ☐ Cyanotic ☐
☒ Dry ☐ Moist ☐ Diaphoretic

## SECONDARY SURVEY

**DISABILITY**
GCS: E ____ V ____ M ____ 15
SPHINCTER TONE: ☐ WNL ☐ None

**HEAD**
PUPILS: ☒ Equal ☐ Fixed ☒ React ☐ Dilated [L] [R]
TM: ☐ Clear ☐ Blood [L] [R]

**NECK**
C-Spine Tenderness: [Y] [N]
Pain @
JVD: [Y] [N]

**HEART**
RHYTHM: ☒ Regular ☐
PULSES: ☐ Central ☒ Peripheral

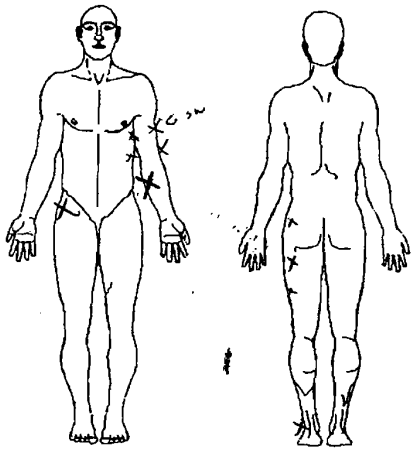
**LUNGS**
BREATH SOUNDS: ☒ Bilat ☒ Equal ☒ Clear
Decreased [L] [R] Absent [L] [R]
Wheezes [L] [R] Crackles [L] [R]

**ABDOMEN**
☒ Soft ☐ Rigid ☒ Non-Tender
☐ Tender:

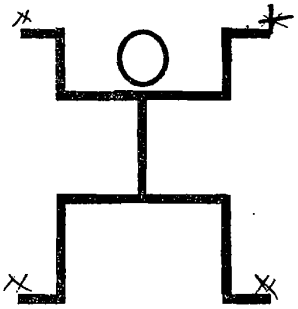
**PELVIS**
☒ Stable ☐ Unstable ☐
Blood at meatus/vagina: [Y] [N]
Heme+/- Prostate: ☐ WNL ☐ Abnl

## USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

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




## VASCULAR ASSESSMENT



| ++ Strong | + Palpable | D Dopler |
|---|---|---|

RN [redacted]

PHYSICIAN [redacted]

(Continue on reverse)

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

DEPARTMENT/SERVICE/CLINIC 78th EMT

DATE 12 NOV 03

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

[redacted]

b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 1 MAY 78 4700

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

EAMC OP 503, 1 Dec 98

| TIME | PROCEDURE | SIZE | SITE | BY | RESULTS |
|---|---|---|---|---|---|
| | ET Intubation | | ❑ Oral ❑ Nasal Teeth | | [redacted] $TCO_2$ Change ❑ BS Post Int ❑ Post CXR |
| | Gastric Tube | | ❑ Oral ❑ Nasal | | ❑ Air ❑ Contents ❑ Verified_____ Suction: Y N |
| | Urinary | | ❑ Meatus ❑ Supra-Public | | ❑ Return_____cc ❑ Heme Dip: + - ❑ Secured |
| | DPL | | ❑ Opened ❑ Closed | | ❑ Grossly: + - Cell count Sent@_____ |
| | Chest Tube #1 | | L R | | ❑ Air ❑ Blood ❑ Pleuravac____cm ❑ Autotransfuser |
| | Chest Tube #2 | | L R | | ❑ Air ❑ Blood ❑ Pleuravac____cm ❑ Autotransfuser |
| | 12 Lead | Rhythm: | | Comments | |

| ABG SITE | TIME | $\%O_2$ | pH | BE | $pCO_2$ | $PO_2$ | $O_2$ Sat | $HCO_3$ |
|---|---|---|---|---|---|---|---|---|
| 1) | | | | | | | | |
| 2) | | | | | | | | |

## LABS

| TIME | LABS | |
|---|---|---|
| | ❑ D-stick_____ | ❑ SHct_____ |
| | ❑ D-stick_____ | ❑ SHct_____ |
| 2205 | ☒ CBC ☒ Chem ☒ PT/PTT | |
| | ☒ ETOH ☒ T&S | ❑ T&C x_____ |
| | ❑ Tox Screen | |
| | ❑ UA ❑ HCG | |
| | ❑ OTHER | |
| | ❑ OTHER | |

## X-RAYS

| TIME | LABS |
|---|---|
| | ☒ Chest Initial |
| | ❑ Chest Post ET |
| | ❑ Chest Post CT |
| | ❑ C-Spine |
| | ☒ Pelvis |
| | ☒ (1) Femurs (2) Groin |
| | ☒ (3) Femur (4) Foot |
| | ❑ |

| TIME | PROCEDURE | ACCOMPANED BY | RETURN |
|---|---|---|---|
| | CT Scan: ❑ Contrast [redacted] | | |
| | ❑ Head ❑ Abd ❑ [redacted] | | |
| | ❑ C-Spine ❑ T/L Spine ❑ Chest | | |
| | ❑ | | |
| | A-Gram Site: | | |

## IV ACCESS & FLUIDS

| TIME | # | GA | IAW SOP | | SITE | IVF TYPE | AMT UP | AMT IN |
|---|---|---|---|---|---|---|---|---|
| 2205 | 1 | 18 | Y | N | RAC | NS | 1L | |
| | | | Y | N | | | | |
| | | | Y | N | | | | |
| | | | Y | N | | | | |

## MEDICATIONS

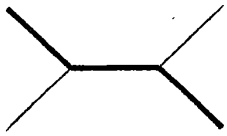
| MEDICATION | TIME | DOSE | RTE | TIME | DOSE | RTE | TIME | DOSE | RTE |
|---|---|---|---|---|---|---|---|---|---|
| Ancef | 2205 | 1Gm | IV | | | | | | |
| tetanus | 2205 | 5cc | IM | | | | | | |
| MSO4 | 2220 | 15mg | IV | | | | | | |

## BLOOD PRODUCTS

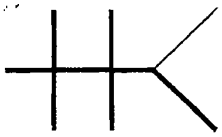
| START | # | TYPE | UNIT# | AMT UP | AMT IN | END | INT. |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## LAB RESULTS

CBC:



Chem:



## INTAKE & OUTPUT

| INTAKE | AMOUNT | OUTPUT | AMOUNT |
|---|---|---|---|
| IVF | | Urine | |
| NGT | | NGT | |
| Blood | | EBL | |
| Other | | Other | |
| TOTAL | | TOTAL | |

## TRAUMA TEAM ARRIVAL

| TITLE | NAME (Print) | PAGED | RESPONDED | ARRIVED |
|---|---|---|---|---|
| ED Phys | [redacted] | ✓ | ✓ | ✓ |
| Surgeon | [redacted] | ✓ | ✓ | ✓ |
| Anesth | | | | |
| | blue-2 | | | |
| | | | | |
| X-Ray | [redacted] | ✓ | ✓ | ✓ |
| RT | | | | |
| Ortho | | | | |
| Neuro | | | | |
| Chaplain | | | | |
| | | | | |
| | | | | |

## VALUABLES & CLOTHING

| V | STATUS | C |
|---|---|---|
| | None Found | |
| | Given to Patient | |
| | Given to Family | |
| ✓ | Inventoried and Released to Patient Trust Fund/NCOD See DA Form 3696 | |
| | Other: See Nursing Notes | |

## DISPOSITION

❑ Home ❑ _____

Admitted to_____

Report Called to_____

Time Transferred_____

Accompanied By_____

Via: ❑ Stretcher ❑ Wheelchair

As per ACLS Precautions: ❑ Yes ❑ No

*(page 2)*

## VITAL SIGNS

Rectal Temp: Temperature 97.[redacted]

GCS: 15

| TIME | BP | HR | RHY | [redacted] | SAO2 | FIO2 | MODE | E | V | M | T |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2206 | 145/72 | 105 | SR | 23 | 98% | | RA | 4 | 5 | 6 | 15 |
| 2220 | 134/71 | 100 | SR | 20 | 98 | | RA | 4 | 5 | 6 | 15 |
| 2240 | 152/81 | 101 | SR | 20 | 99 | | RA | 4 | 5 | 6 | 15 |
| 2310 | 129/83 | 95 | SR | 20 | 99 | | RA | 4 | 5 | 6 | 15 |
| 2325 | 138/77 | 93 | SR | 20 | 98 | | RA | 4 | 5 | 6 | 15 |

## GLASGOW COMA SCALE

| EYE OPENING | VREBLE RESPONSE | MOTOR RESPONSE |
|---|---|---|
| 4 - Spontaneous | 5 - Oriented | 6 - Obeys Commands |
| 3 - To Voice | 4 - Confused | 5 - Localizes Pain |
| 2 - To Pain | 3 - Inapp Words | 4 - Withdraws to Pain |
| 1 - None | 2 - Incomp Speech | 3 - Flexion to Pain |
| | 1 - None | 2 - Extension to Pain |
| | | 1 - None |

| TIME | PROCEDURE | PERFORMED BY: |
|---|---|---|
| | ☐ Backboard Removed | BY: |
| | ☐ Downgraded | BY: |

## NOTES

2200 - 15 y/o IRAQI CIV c̄ GSW to (D) humerus. Airway intact, Lungs CTA bilat. Heart RRR. Open wound to (D) humerus, (D) forearm. Shrapnel to (D) chest, bilat femur, (D) heel. X-RAY & LABS pending. 18g to RAC started c̄ NS. Ancef and Tetanus given. MSO4 1.5mg IV for pain. Wounds to (D) arm covered c̄ Kerlix.
2230 - Ortho & Surgery consult. Pt has ø c/o pain at this time, pt sleeping c̄ brother at bedside.

2400 Report given to ICW2 Lt [redacted] transport to ICW2 via stretcher c̄ staff and MP [redacted] ILt/AN
2430 Report given to ICW1 Cpt [redacted] ILt/AN

b(6) - 2

☆U.S.GOVERNMENT PRINTING OFFICE 1997-571-7000

(page 3)

**MEDICAL RECORD-SUPPLEMENTAL MEDI[illegible]** TA

For use of this form, see AR 40-66; the proponent agency is the Office o[illegible] [illegible]on General.

REPORT TITLE: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 13 NOV 03 Anesthesia Type (Circle)): General Spinal Epidural
Time In: 0705 IV Sedation Nerve Block
Allergies: _____ OR Intake: Crystalloid 850 Colloid _____
Pre-op V/S: _____ OR Output: UOP _____ EBL M.D.
Procedures: _____ Meds/Times: _____
JED (L) elbow BIL LE

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds / History

| Time | 0700 | 0710 | 0715 | 0720 | 0730 | 0740 | 0750 |
|---|---|---|---|---|---|---|---|
| SaO2 | 100 | 100 | 95 | 100 | 99 | 98 | 95 |
| FiO2 | 2/L | 2L | 2L | 2L | 2L | | |
| Methods | NC | NC | NC | NC | NC | NC | RA |
| 240 | | | | | | | |
| 220 | | | | | | | |
| 200 | | | | | | | |
| 180 | | | | | | | |
| 160 | | | | | | | |
| 140 | | | | | 130/95 | | |
| 120 | | | | | 130/36 | | |
| 100 | | | | | | | |
| 80 | | | | | 85 | 85 | |
| 60 | | | | | | | |
| 40 | | | | | | | |
| 20 | | | | | | | |
| HR | | | | | 125 | 130 | |
| RR | 20 | 16 | 20 | 20 | 20 | 20 | 20 |
| T | 98 | | | | | | 99 |

| Time | |
|---|---|
| Pain (0-10) | |
| LOS | |

Patient teaching done; Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 0705 | PL | 500 | RA | JNG | 250 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 9 | 10 | 10 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

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

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 13 NOV 03

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

[redacted]

b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete
USAPPC V2.00

(b)(6)-2 all

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| 0705 | | Demerol 25 mg | IVP | | | [redacted] |
| 0745 | | MSO4 1 mg | IVP | | | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| 0705 | LE | | | | | | |
| Adm | Below | Limited | + | P | B | W | WNL |
| 15' | Below | Limited | + | P | B | W | WNL |
| 30' | Below | Limited | + | P | B | W | Pk |
| 45' | Below | Limited | + | P | B | W | Pk |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

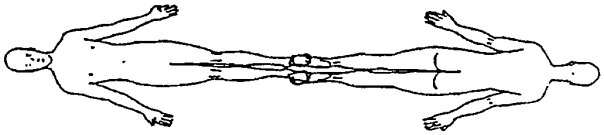
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm 0705 | (L) Arm | Complex | Ø |
| 30' | (R) Foot | ACE | Ø |
| | (R) Arm | Complex | Ø |
| 60' | (R) Foot | ACE | Ø |
| D/C | | | |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 0705 | S, SZ NSR | | |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

Received Pt on OR via gurney USS follows verbal commands Pupils 3mm Lungs CTA B/L Resp reg eum. SpO2 98-99 2L O2 via NC. HR-S, S, NSR T BS (+) x4 quads Peripheral pulses +3 (R) Radial +2. cap refill > 3 sec cdm WNL: [redacted]

0800. Pt alert and responsive to verbal and physical stimuli. Pt has sterile dressing (L) arm and ace bandage (R) foot. Pt resting on (R) heel. Pt left hand edematous +1. dressing intact from above (L) elbow to wrist. (R) foot dressing intact from above toes to above ankle, no drainage [redacted]

0805. Pt b/c to TCWU. Pt alert and oriented x3. Pt in no distress. able to sleep quietly, awakens to deep breathe Q 5 mins - [redacted] Monitoring at 95 [redacted]

**Discharge Criteria:**
**Date:** 11/13/03 **Time:** 0805 **PARS:** 10
**BP:** 146/87 **T:** 99.0 **HR:** 135 **RR:** 20 **SaO2:** 95%
**Pain Level at D/C (0-10):**
**Intake:** 250 cc RL **Output:**
**Additional Data:**
**Transferred To:** TCWU
**Report Given To:** SPC [redacted]
**Transferred Via:** W/C (Litter) Gurney Ambulance
**Transferred By:** [redacted]
**Cleared IAW Recovery Room SOP B-3**
**Charge Nurse Signature** [redacted]

MEDCOM - 24441

(b)(2)-2

# Admission and Coding Information

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

| | | | | |
|---|---|---|---|---|
| 1. Reporting MTF [redacted] | 2. MTF Location IZ | | | |
| 3. Register Number 0015255 | Name (Last, First, MI) [redacted] (b)(6)-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] (b)(6)-4 | |
| Organization (Active Duty Only) | | 13. Marital Status | Hour of Admission 22:00 | 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 DIS | Prev. Admission NO | |
| 20. Source of Admission Direct from ER | Ward: ICW2 | Name / Relationship of Emergency Addressee | | |
| | | Address of Emergency Addressee | | |
| Name and Location of Medical Treatment Facility: [redacted] No Install Provided (b)(2)-2 | | Telephone Number of Emergency Addressee | | |
| 21. Type of Disposition TRF-OTH | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) 2003-11-18 | | |
| 24. Clinic Svc - Admitting ABA - GENERAL SURGERY | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) 2003-11-12 | | |
| 27. Location of Occurrence | 28. MTF of Initial Admission | 29. Date of Initial Admission 2003-11-12 | | |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: S/P DEBRIM L ARM (MULT (PENETRATING WNDS)

Procedure Narrative(s):

Cause of Injury Narrative:

280.03
955.2
892.0
875.0
890.0
E991.9
86.28

Admitting Officer (Signature, as [redacted] (b)(6)-2

Signature of Admitting Clerk [redacted] (b)(6)-2

Automated Facsimile - DA FORM 2985, MAR 2000

MEDCOM - 24442

| 1. REPORTING MTF | | | | | | | | LOCATION (State or Country Code.) |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| A | | | | | | | | |

# ADMISSION CODING INFORMATION

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

| 3. REGISTER NUMBER | NAME (Last, First, Middle Initial) | 4. PAY GRADE | 5. SEX |
|---|---|---|---|
| 9 10 11 12 13 14 15 | | 16 17 | 18 |

| 6. DATE OF BIRTH (YYYYMMDD) | 7. AGE AT ADMISSION | 8. RACE | 9. ETHNIC BACK-GROUND | RELIGION |
|---|---|---|---|---|
| 19 20 21 22 23 24 25 26 | 27 28 29 | 30 | 31 | |

| 10. LENGTH OF SERVICE | ETS | 11. FMP | 12. SOCIAL SECURITY NUMBER |
|---|---|---|---|
| 32 33 34 | | 35 36 | 37 38 39 40 41 42 43 44 45 |

| ORGANIZATION (Active Duty Only) | 13. MARITAL STATUS | HOUR OF ADMISSION | BRANCH / CORPS |
|---|---|---|---|
| | 46 | | |

| 14. FLYING STATUS | 15. BENEFICIARY CATEGORY | 16. ZIP CODE OF RESIDENCE |
|---|---|---|
| 47 48 49 | 50 51 52 | 53 54 55 56 57 58 59 60 61 |

| 17. UNIT LOCATION (State or Country Code) | 18. MOS | 19. TRAUMA | PREV. ADMISSION YEAR | NO |
|---|---|---|---|---|
| 62 63 | 64 65 66 67 68 69 70 | 71 | | |

| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | WARD | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE |
|---|---|---|
| 72 | | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) |
| NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE |

| 21. TYPE OF DISPOSITION | 22. MTF TRANSFERRED TO | 23. DATE OF DISPOSITION (YYMMDD) |
|---|---|---|
| 73 74 | 75 76 77 78 79 80 | 81 82 83 84 85 86 |

| 24. CLINIC SVC - ADMITTING | 25. MTF TRANSFERRED FROM | 26. DATE THIS ADMISSION (YYMMDD) |
|---|---|---|
| 87 88 89 90 | 91 92 93 94 95 96 | 97 98 99 100 101 102 |

| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | 28. MTF OF INITIAL ADMISSION | 29. DATE INITIAL ADMISSION (YYMMDD) |
|---|---|---|
| 103 104 | 105 106 107 108 109 110 | 111 112 113 114 115 116 |

FOR LOCAL USE

Dx 8840 8910 9552 E9912 Pr 8628 Inj Trauma 450

| ADMITTING OFFICER (Signature, as required) | SIGNATURE OF ADMITTING CLERK |
|---|---|
| | |

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE USAPPC V1.00

MEDCOM - 24443

1. Register Nbr
0015286

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

3. Grade
FGN

Admission Remarks

4. Sex
M

5. Age
50Y

6. Race
X

7. Religion

8. LnthOfSvc

9. ETS

10. PrevAdm
NO

11. FMP
99

12. SSN [redacted] (b)(6)-4

13. Organization

14. Ward
ICU2

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:
18:20

23. Clinic Service
ABA - GENERAL SURGERY

24. Name/Relation of Emergency Addressee

25. Type Disp
HOME

26. Date of Disp
2003-11-21

27a. Address of Emergency Addressee

27b. Telephone No

28. Date This Adm:
2003-11-19

AdmittingOfficer: [redacted] (b)(6)-2

29. ReportingMTF [redacted] (b)(2)-2

30. Date Init Adm
2003-11-19

32. Units Blood Components

31. Selected Administrative Data

Marital Status:

DoB: 1953-01-01

In/Out Patient: Inpatient

MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

FACAIL BURNS,MULT CORNEAL PERF OD

871.6
871.0
941.30
945.10
944.17
948.00
366.20
371.20

372.89
364.70
E993
PR 86.28
11.59
11.1

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 | 3 | 3 |

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 | 3 | 3 |

[redacted] (b)(6)-2

Signature of [redacted] (b)(6)-2

Automated Facsimile - DAF-OPM 3947, May 79

MEDCOM - 24444

| MEDICAL RECORD | ABBREVIATED MEDICAL RECORD |
|---|---|

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

29yo male injured explosion 2d ago. Burn to face, superior surgeon to chest. Seen at Bagram, MEDEVAC to US ship 2d later.
NO PU. Can't see clearly.

PMH ∅

PHYSICAL EXAMINATION

120/60
NAD
Neck ∅ clear. Eyes closed; exudate yellow. Unable open fundus only
Neck → ∅ lesions
Chest: CTA
Abd: superficial wounds
GU/Rect: (b) foot burn flat 2cm.

PROGRESS *(Enter date of discharge and final diagnosis)*

A/ 2day old Burn, surgical wound

P/ Admit
Clean out wounds & burn.

| SIGNATURE | DATE | IDENTIFICATION NO | ORGANIZATION |
|---|---|---|---|
| [redacted] | 11/13 | | |

PATIENT'S IDENTIFICATION (b)(6)-2 *(For typed or written entries give name (last, first, middle), grade, date, hospital or medical facility)*

REGISTER NO WARD NO

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRST ISSUE
OCTOBER 1955
USAPPC V1.00

1307

21 Nov DC Home

MEDCOM - 24445

| ST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 5NOV03 (1900) | VSS. Alert & Oriented (L) FA Saline lock patent/intact. OOB → BR. Voided clear yellow urine. Consumed 50% of regular diet for dinner. Burns to face & arms cleaned c̄ sterile NS Bacitracin ointment applied p̄ drying. OU sclera pink in color. Multi eye gtts instilled as ordered. 2 point restraints in place without compromising circulation or skin integrity. Will continue plan of care. [redacted] |
| 26NOV03 | (1325) Assumed care @ 0000. Pt alert, speaking [redacted] Arabic. VSS. Ø c/o pain. Pt amb to BR for Ø shower c̄ diff. SL in ⊙ dc flushes well c̄ s/sx infection/infiltration. cont. OU gtts as ordered. Sclera cont to be pink. Pt applying Bacitracin to burns. Pt to go for eval @ Iraqi hospital on Saturday d/t holiday. 2-point restraints in place c̄ s/sx complications. Will continue to monitor. [redacted] |
| 26NOV03 (1900) | VSS. A&O. (L) FA Saline lock patent & intact. OOB → BR. Consumed 50% of regular diet for dinner. Burns to face & arms clean with sterile NS Bacitracin ointment applied. OU sclera pink. Multi eye gtts instilled as ordered. Consumed 50% of diet for dinner. 2 point restraints in place |

STANDARD FORM 509 (REV. 5/1999) BA[redacted]

(b)(6)-2 all

1307

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

| DATE | NOTES |
|---|---|
| 13NOV03 (1200) | Pt awake, speaking arabic, VSS, ø complaints @ this time. HRRR, LCTAB, ⊕BS x4. Back from OR. S/P burn debridement to face & arm. Four small shrapnel wounds to forehead (packed c̄ iodoform). O2 sats @ 96-97% RA, resp. even & unlabored. Tol. fluids well. Bacitracin to face. Will notify eye clinic about pt. 2 pt restraints on ē any compromise to skin or circulation. Cont. to monitor [redacted] Shrapnel wounds to (B) UE covered c̄ 2x2's, min bloody drainage noted [redacted] |
| 13 NOV03 2000 | VSS c̄ lat & oriented. Refused dinner upon staff attempt to assist c̄ feeding. Groaned liquid from (L) FA heplock patent & intact. Four shrapnel wounds c̄ packing intact. areas < 1cm in dia. Shrapnel wounds to (B) UE ē dry & intact 2x2 cover. Bacitracin oint applied to facial burns. Resp. Even & unlabored, lungs CTAB. O2 SAT 95-97% ra. ⊘ c/o pain/discomfort @ this time. 2 pt restraints applied without any discomfort or injury to skin or restriction on circulation. I'll check with frequently. Will continue c̄ ma unplanned [redacted] |

MEDCOM - 24447

(b)(6)-2 all

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 13NOV.03 | Pt admitted to ICW #1, VSS, LS CTA (B |
| 0100 | BS hypoactive x4, breathing ~~5~~ difficulties |
| | 0%-99%, unlabored breathing, able to |
| | breath through nose, burns to face, |
| | arms and throughout upper body, shrapnel |
| | wounds throughout entire body, face appe |
| | ars puffy, eyelids puffy, unable to open |
| | eyes. IV (L) FA intact infusing LR @ 125cc/h |
| | Ø c/o pain @ this time, NPO to OR in AM, |
| | peripheral pulses +2, equal (B), cap ref < |
| | 3 sec, 2 point restraint, Ø complications, |
| | pt understands some english, speaking |
| | arabic. [redacted] |
| Ø 110 | Will continue to assess [redacted] |
| | ing. [redacted] |
| 13 NOV | Pt awake, speaking arabic, VSS, LCTAB, resp even |
| 0730 | & unlabored, O2 sat @ 98% RA. Pt has facial |
| | burns, eyelids swollen shut, shrapnel |
| | wounds to BE. IV to (R) AC infusing LR @ 125cc/h |
| | NPO awaiting OR. Will monitor [redacted] |

| 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. |
|---|---|---|
| | | |

1307

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 6/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

(b)(6)-2 all

| DICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
| 11/13 | Op Note |
| | Procedure: wound debridement |
| | shrapnel removed |
| | eye exam under anesthesia. |
| | Surgeon Maftuh |
| | Tolmar |
| | Pathology Sarah |
| | Body: numerous frags in face, arm. |
| | Lip closed w/ debridement |
| | corneal abrasions |
| | [redacted] |
| 11/14/03 | Ophth Note |
| | Eval by @ SLE: Hundreds of cornea foreign bodies OU |
| | multiple self sealed full thickness corneal wounds |
| | corneas not stable OU will need to stabilize cornea |
| | wounds & explore in order to better clean corneas & |
| | conj. |
| | Plan Back to OR to remove f.b. [redacted] |

| PITAL OR MEDICAL FACILITY | STATUS | DEPART./SE[redacted] |
|---|---|---|
| NSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR |

ENT'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

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

[redacted] b6-4

MEDCOM - 24449

(b)(6)-2 all

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| 11/14/03 0900 | Pt alo, VSS, ø complaints verbalized, LCTAB, resp even & unlabored, eyelids swollen & shut. cornea red OU. Bacitracin applied to face. 2x2's to (B)UE CDT covering shrapnel wounds. Ancef IV given per orders. IV to (D)FA HL'd, flushing easily. 2pt restraints on while in bed ō compromise to skin or circulation. Will monitor — [redacted] |
| 14NOV03 @2300 | assumed care of pt @ 1930. Pt arrived post-op from recovery, via gurney, placed in bed ī 2pt restraints in place. alert, no c/o of pain/discomfort. (BIL) eyepads in place, CDI. (D)FA IV ī LR@TKO, IVABX. Foley to gravity ī clear/yellow urine. Facial burn healing, bacitracin applied. Multiple shrapnel spray to arms, chest, legs, ø drainage noted. Tol small amt of dinner & juice ī assistance. Plan: monitor disgs, ABX & solumedrol as ordered. Will monitor. — [redacted] |
| 15 NOV03 0800 | - Assumed care pt sleep yet easily arousable across VSS. Denies pain lungs CTA productive cough HCRR Active BS Foley to gravity clear yellow urine QS PIV (L) Ac Hep locked tolerating PO well, Multiple burn sites and shrapnel wounds. Burns to face and bilat arms. bacitracin ointment applied. Bilateral Eyes post op foreign body removal. blood shot red closed shut. photosensitive Eye drops tx cont. IV ABX TX pt afebrile Will cont to monitor — [redacted] |

STANDARD FORM 600 (REV. 6-71) BA

MEDCOM - 24450

(b)(6)-2 all

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 15 NOV 03 @2245 | assumed care of pt @1800. VSS. alert, speaking Arabic. no c/o pain. Eyes swollen, corneas red ou. Difficult to open lids for drops DT edema, gtts cont. @2° as ordered. Bacitracin to face. (L) IV flushes well. IV Abx & IV solumedrol cont. (+) void post-foley D/C, approx. 450cc. Tol. liq diet, approx 50% of dinner. Euc po intake. 2pt restraints on S/S of skin/circulation compromise. Plan: Cont IV abx, eye gtts, euc po intake. Will monitor. [redacted] |
| 16 NOV 03 0800 | - Assumed care of pt. AEO x3. VSS Denies pain or discomfort @ this time Lungs clear HRRR Active BS Tolerating PO well. IV ABX Treatment Urinating spontaneously & difficulty. Eye drop therapy to cont ISC @ LS. Wounds: multiple bruised sites face and (R) arm and anterior trunk. Bacitracin ointment applied to face and arm. Removing effective wound to (R) buttock healing. Will cont to monitor [redacted] |
| 1000 | Upon further assessment & shower noticed wound to (R) buttock hip region appears to be a wound from the blast injury Encourage pt to [redacted] rotate while in bed to prevent breakdown |

| 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.

[redacted] b6-4

**PROGRESS NOTES**
Medical Record

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

MEDCOM - 24451

USAPA V1.00

(b)(6) - 2 all

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

| DATE | NOTES |
|---|---|
| 1000 Cont | Will cont to monitor [redacted] |
| 10/00 | Informed MT [redacted] wound care nurse of pt's wound to (R) buttocks instructions given was to wash wound and dress c̄ duoderm leave for seven days then reassess - actions taken. Breakdown stage II circular superficial approx 3cm x 3cm pink vascular minor eschar removed small amts of bleeding upon washing duoderm intact Will cont to monitor [redacted] |
| 16NOV03 | 2100 - assumed care of pt. @ 1800. VSS - A+O LS CTA (B), Resp. even unlabored, BS x4, abd. soft. non-tender. Pt. ambulated to shower c̄ assistance. (+) BM x1. Pt. showered + washed burns. Bactracin applied to burns. Voiding per urinal. Drops applied to (O) eye as ordered per MD orders. Duoderm applied to (L) Buttock, CDI. Encouraging pt to roll / change positions QC. IV (R) (2) FA, CDI (-) S/S/INF. Will cont. to monitor pt. [redacted] Ice cin with alone [redacted] |

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

MEDCOM - 24452

(b)(6)-2 all

AUTHORIZED FOR LOCAL REPRODUCTIO

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 17 NOV 1400 | Pt A&O, VSS, premedicated c̄ percocet 1 tab earlier today per MD. eye gtts con't, IV meds con't, bacitracin applied to face. ambulating c̄ assistance, voiding mod. yellow urine via urinal. Recub. to (R) butt c̄ comfell dbg on. See wound & skin assessment sheet for further info. Encourage to reposition often. IV HL'd (L) FA, (-) redness or edema @ site. 2 pt restraints on 5 compromise to skin or circulation. will monitor [redacted] |
| 2010 - | VSS, A+O Pt washed ~~fes~~ face + applied bacitracin to burns on face/(R) Arm. Tolerated well. Eye gtts cont. to OU. IV HL (L) FA c̄ (-) s/sx inf, flushes well. Pt. voiding amber urine via urine encouraging pt PO. skin breakdown to (R) Buttock c̄ duoderm in place. Instructed pt. to ROll often. Two pt restraints in place c̄ (-) skin breakdown (+) Circulation, will monitor pt [redacted] |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | |
|---|---|---|
| | LAST | FIRST |

| 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

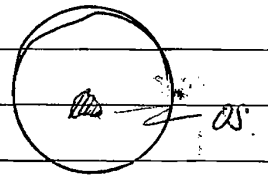
**STANDARD FORM 509** (REV. 5/199
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1
USAPA V1.(

# [redacted] 66-4

MEDCOM - 24453

(b)(6)-2 of 11

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

| DATE | NOTES |
|---|---|
| 18 Nov 03 0545 | Running late on IV meds missed 2400 Solu-Medrol 0600 administered [redacted] |
| 11/18/03 | S/p repair of ruptured globe OS<br>S/p removal of multiple f-b's<br>epithelium is healing  <br>Plan: CPM<br>add Erythromycin oint qid OS<br>[redacted] |
| 18 NOV 03 1000 | Pt alo, VSS, premedicated c̄ ii̇ Percocet PO before going to eye clinic @ 0900. After visit: pt now opens OU. Eyes ~~hazy~~ cloudy c̄ redness decreased. Erythromycin opth. ointment applied to OU. Pt stated that he could see the trash can but it was blurred. Ø clo photosensitivity. Pred. acetate gtt cont Q2°, ocuflux gtts QID. cont. Pt clo not being able to sleep @ night. [redacted] ordered Ambien @ HS. PRN. IV meds cont. 2 pt restraints on while in bed ∓ compromise to skin/circulation. Will monitor [redacted] LPN |
| 1255 | Pt clo headache often (temporal). Tylenol 325mg ii̇ PO given [redacted] |

MEDCOM - 24454 STANDARD FORM 509 (REV. 5/1999) BACI

(b)(6)-2 all

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 19NOV03@ 0700 | assumed care of pt @1800. VSS, no c/o pain. alert, speaking Arabic; LS CTA; ⊕BS, tol reg diet well; void per urinal QS. BIL eyes / corneas red; eye gtts given per schedule. ⊕FA flushes well, ⊖ S/Sx infection. Bactracin applied to face & ⊕FA burns. 2pt restraints on S/Sx skin/circ compromise. plan: cont IV meds & gtts per schedule, monitor pain control. [redacted] |
| 19NOV '03 | assumed care at 0615 pt Awake + Oriented x 3, VSS IV left antecubital patent and intact. Voiding clear yellow urine via urinal. Pt receiving eye drops as scheduled and monitor. DRSG Δd on ⊕ buttock, a little drainage, cleaned and dressed with duoderm. Pt ambulate independent ADL care with minimal assistance. restraints x2 in place, ⊕ circulation [redacted] (1650) I concur c̄ above. [redacted] |
| 20NOV03 @0200 | assumed care of pt @1800. VSS, c/o h/a & tinnitus, MD aware. Alert, speaking some English; LS CTA; ⊕BS, tol reg diet well, void per urinal/toilet QS. ↓ edema to BIL eyes, pt able to open eyes c̄ difficulty, corneas red, eye gtts cont'd. Bactracin to RUE & face applied, burns healing well. Pt amb c̄ assist to BR. 2pt restraints on S/Sx skin/circulation compromise. (cont) |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | [redacted] |
|---|---|---|---|
| | LAST | FIRST | M |

| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

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

[redacted] b6-4

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1999
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1C
USAPA V1.0

MEDCOM - 24455

(b)(6)-2 all

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

| DATE | NOTES |
|---|---|
| 20 NOV 03 @ 0200 | (CONT) Plan: cont eyegtts, monitor pain control, encourage intake, cont bacitracin to wounds. Will monitor. [redacted] |
| 20 NOV 03 | (1422) NSG - VSS. Pt c/o pain. Med c̄ ⅓ perc. pt appears comfortable at this time. Applied Bacitran to wounds. Pt did own AM care + applied Bacitran to face. Infusing IV ABX + Solumedrol to (R) FA. Continuing eye gtts. Pt amb c̄ assistance 1° pt ~~unable to~~ ↓ vision. Pt tol po well. Will continue to monitor pt's pain. [redacted] |
| 11/20/03 | Ophth svc |
| | S: See's shadows |
| | O: Epi healed |
| | Cornea c̄ multiple deep f-bs |
| | A/C <1+ cell OU |
| | Ins (+) Post synechiae present |
| | A: Will need PKP OU. / Imple OD |
| | P: Await status Δ & consider evac for PK |
| | [redacted] |
| | 1/6: (R) F.B's OU s̄ sig vitr [redacted] |
| | add Atropine trd OU. |
| | CPM |
| 21 NOV 03 @ 0415 | Assumed care @ 1800; VSS, pt A&O speaking arabic; Ø c/o pain or discomfort @ this time; pt amb to opthalm clinic for appt c̄ [redacted] c̄ assistance. |

STANDARD FORM 509 (REV. 5/1999) BACI

USAPA V1.0

MEDCOM - 24456

(b)(6)-2 all

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| | (cont) pt applied Bacitracin to face & RUE; cont c̄ eye gtts; S/L in (R) AC patent, easily flushes ō s/sx infection/infiltration; cont c̄ IV abx; Restraint in place, (+) circ, ⊖ skin breakdown, cont to monitor [redacted] |
| 21NOV03 | (1840) NSG - VSS. ⊖ c/o pain. Bacitran applied to face + (R) arm. Pt urinating in urinal ō difficulty. Pt Amb to BR c̄ assist 2° ↓ vision to B/L eyes. Tol Reg diet. B/L eyes redness in sclera. Pt opens eyes c̄ manual assist. IV to (R) AC ⊖ s of infection. Will continue to monitor. [redacted] |
| 22NOV03 @0230 | assumed care of pt @ 1800. VSS. no c/o pain. LSCTA, (+) BS, tol Reg diet, void per urinal QS. Bacitracin applied to face & RUE, both wounds healing well. (BL) eyes c̄ red sclera & cloudy iris. 2 pt restraints ō S/Sx of skin/circulation compromise. Plan: enc po, monitor burns, cont IV meds, pain control prn. [redacted] |
| 22Nov 03 | Assumed care 0600 pt sleeping peacefully. 0601 pt awake + oriented with ⊖ c/o pain. Pt ambulated with guidance to perform AM care. Given drops as scheduled. IV (infiltrated) d/c'd, right ARM, initiated left wrist although running slowly. Bacitracin applied to right arm and pt self-applied to face. Initiated second IV in right AFOG but infiltrated. Restraints x2 in place (+) circulation ⊖ skin breakdown [redacted] |

| 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 V1.01

b6-4

[redacted]

MEDCOM - 24457

(b)(6)-2 of 8

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

| DATE | NOTES |
|---|---|
| 23NOV03 | (1655) I concur c̄ assessment this shift, by SPC [redacted] Tylor. [redacted] |
| 23NOV03 0300 | Assumed care of pt @1800. VSS, no c/o. cont eye gtts OU. (B/L) eyes c̄ reddened sclera. Pt states vision is improving. Bacitracin applied to RUE burns & facial burns. (R) FA IV flushes well, IV Abx cont. ∅ 2pt restraints on ∅ s/sx of skin/circulation compromise. Plan: cont eye gtts, IV Abx, encpo, pain control. [redacted] |
| 23Nov 03 0600 | pt Awake + oriented x3, Vital signs stable, pt c/o of pain from ear + throat area, probably from irritation from the drops. Pt ambulated with ease and shown pt vision in left eye is returning. IV flushes well. Pt self applies bacitracin to face and (B) arm. Restraints x2 in place, ∅ circulation. [redacted] |
| 23Nov03 ~~230~~ 2130 | (1910) I concur c̄ above assessment. [redacted] Pt A&O VSS. Denies Pain @ this time. cont OU gtts. [redacted] ~~Eyes~~ are Scleras ~~red~~ are red (B). Bacitracin applied to face and (R) Arm IV Abx infused via 20G IV cath in (R) FA. Will cont to monitor. [redacted] Ophth svc |
| 24NOV03 | O: Cornea/Vc clearing OS - 20/200 view of retina 2° to cornea flo retinas flat. ∅ Heme settled in inferior retina OS. |
| | OD/ traumatic cataract; more flbs in cornea. Plan → eval d-Haytham if they are unable to fix him will write letter to Ministry to get surgery outside of country. Requires PRP OU; triple [redacted] |

09 (REV. 5/1999) B/
USAPA

MEDCOM - 24458

(b)(6)-2 all

...ED FOR LOCAL REPRODUCTIO

**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES |
|---|---|
| 24 NOV 03 0830 | - Assumed care of pt. VSS Ø c/o pain or discomfort Lungs clear HRRR Active BS x4 quads. Tolerating PO well. Burn wounds to (R) arm and face healing bacitracin cream applied. Both eye starting to regain vision both open eye drops cont- IV Abx TK cont. Will monitor [redacted] |
| 24 NOV 03 2330 | Assumed care of Pt @ 1800 hours. [redacted] ~~Ø~~ LS CTA (B). HRRR. (+) BS x4 quads. Tol PO Well. (R) Arm & Facial Burns healing well. Bacitracin applied to R Arm & Face. OD gtts cont. IV Abx cont via [redacted] 18Gr IV cath R FA. Will cont to monitor. [redacted] |
| 25 NOV 03 (1720) | Assumed care @ 0000. Pt alert, speaking Arabic. VSS. Ø c/o pain. Pt OOB - amb to BR S diff. Cont. OU gtts as ordered. 20g IV started in (L) ac, flushes well S S/Sx infiltration IV in (R) forearm dlcd d/t infiltration. - cathete intact. Bacitracin applied to burns on face and arms by pt. 2 point restraints in place S S/Sx complications. Will cont. to monitor [redacted] |

| 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. 5/199
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1
USAPA V1.0

[redacted] 664

MEDCOM - 24459

(b)(6)-2 all

AUTHORIZED FOR LOCAL REPRODUCTIO

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 27NOV03 1624 | Assume care of PT @ 0600. A+O, VSS Ø c/o pain today. Ambulate c̄ assistance. Exercise consists of ambulating in hallway [redacted] D/C'ed Anect and decreased PRED to 30mg. Eyes are getting better as well as facial burns. In apt restraints & any skin irritation. Will continue to monitor. |
| | 7W SPC Wesly |
| 27 Nov 03 | 1700 I concur c̄ above assessment [redacted] |
| 27 NOV (1900) | VSS Alert & Oriented. OOB → BR without assist just supervision. Ø c/o pain. Eye gts instilled as ordered. IV D/C this AM. Cipro IV not given. ~~with order~~ Bacitracin applied to Burn on face & UE p̄ cleaning c̄ sterile saline. Will continue plan of care. [redacted] |
| 28NOV03 | (0930) NSG. VSS. Ø c/o pain. [redacted] D/C'ed IV Cipro. Orders noted. Continue Eyegtts to ~~B~~OU. Pt amb to BR c̄ assistance 2° ↓ vision. Pt able to open eyes. BOU appear red c̄ semi-opaque film. Will monitor. [redacted] |

| 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. |
|---|---|---|

# [redacted] 664

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1995)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 24460

(b)(6)-2 all

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

| DATE | NOTES |
|---|---|
| 28NOV03 2145 | assumed care of pt @ 1800. VSS. no c/o pain. Pt alert, speaks some English. States can see from (L) eye, vision in (R) eye - cont'd eye gtts as ordered. Pt OOB AMB c̄ min assistance. Tol reg diet, 100% of dinner. Void per urinal QS. 2pt restraints on c̄ S/Sx of skin/circulation compromise. Plan: cont eye gtts, monitor pain control, bacitracin to burns. [redacted] |
| 29NOV03 0915 (ERROR) | Assumed care of pt @ 0800. VSS. A&O. Ø c/o pain. ~~Pt. D/C to comp @ 0920.~~ (ERROR) [redacted] [redacted] T, AN |
| 29NOV03 0920 | Pt. going to Iraqi Hospital for eye exam/eval. @ 0920. [redacted] AN |
| 29NOV03 @ 1230 | Pt. received from Iraqi Hospital @ 1200. Bacitracin ointment applied to affected burned areas. Pt. ambulates well to BR, (+) BM. Pt. in 2-point restraints, Ø signs of skin breakdown. All other assessments WNL. [redacted] 2Cy |
| 30NOV03 @ 0045 | assumed care of pt @ 1800. VSS, no c/o pain. Ø Δ in vision status, cont eye gtts as ordered. Pt applied bacitracin to face/FA. ↑ AMB c̄ min assistance. Tol reg diet well, voiding QS. 2pt restraints on c̄ S/Sx of skin/circulation compromise. Plan: cont eye gtts, monitor pain. [redacted] |

66-4

H [redacted] MEDCOM - 24461 STANDARD FORM 509 (REV. 5/199

(b)(6)-2

1

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES |
|---|---|
| 30 NOV03 @ 1700 | Assumed care of pt. @ 0600. VSS, Ø c/o pain. Ø IV access. Pt. receives all PO & opthalmic meds & bacitracin oint to facial burns. Pt. has vision deficits, more so to OD. Pt. able to ambulate w/ assistance to BR & perform AM care. Pt. eating majority of meals, >75%. Pt. in 2-point restraints in bed, Ø signs of skin breakdown. All other assessments WNL. Will cont. to monitor. [redacted] |
| 01 Dec03 @ 0115 | Assumed care of pt @ 1800. VSS. No c/o pain. Eye gtts cont to BIL eyes. Ø Δ in vision status. Tol PO well, voids to BR w/ difficulty. Pt ↑ AMB to BR w/ minimal assist. Pt restraints cont w/ S/Sx of skin/circulation breakdown. Plan: cont eye gtts, enc PO intake, cont bacitracin to wound. Will monitor. [redacted] |
| 1 Dec03 @ 0840 | Pt resting comfortable in bed @ present time. Pt has facial, trunk and extremity burns. Ø s/s of resp distress, pain or discomfort @ present time. Lungs CTA. BS(+). Ø skin breakdown under restraints. Pt able to see out of OD more than OS. Will continue to monitor and assist as necessary. [redacted] |

| 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.

[redacted] 664

**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)-2011

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

| DATE | NOTES |
|---|---|
| 1Dec03 1615 | Pt ↑ to BR. Pt encourage to ambulate in hallways. Pt ambulate for 20 minutes and returned to bed. ⊖ c/o pain or discomfort during ambulance — [redacted] — |
| 2DEC03 0015 | assumed care of pt @1800. VSS. no ⊖ pain. Cont eye gtts as ordered. ⊖ Δ in vision status. Eyes (Bil) cont to bered (sclera). Pt tol reg diet, 100% of dinner, voiding ⊖ difficulty, ↑ Amb ⊖ min assist. Currently sleeping ⊖ ⊖. 2pt restraint ⊖ ⊖ skin/circulation compromise. Plan: cont eye gtts, encOOB. Will monitor. — [redacted] |
| 2Dec03 1612 | Assume care of PT @ 0600. A+O, VSS ⊖ c/o pain. Ambulate ⊖ minimal assistance due to vision. Vision gets better by the day. Maintaining regular diet. Voiding clear urine. In 2pt restraint ⊖ skin breakdown. Will cont. to monitor. — 9W/SPC [redacted] |
| 2Dec03 1700 | I concur ⊖ above assessment. Pt continues on hourly OU gtts. — [redacted] |
| 2Dec.03 2000 | Pt A+Ox3, VSS, LS CTA(B), ⊕ BSX4, vision improving @ a day by day basis, tol reg diet well, voiding CVU ⊖ difficulties per urinal, eye drops Rx cont, ⊖ c/o pain. [redacted] |
| | I concur ⊖ above assessment [redacted] |
| 3Dec03 0700 | Assumed care of pt. A+Ox3. Sleep yet arousable. Lungs clear SpO2 100% RA. HRRR. Active BS X4 quad. urinates spontaneously ⊖ difficulty per urinal. Active ad lib walk fine. Burn wounds to face and bilat upper |

STANDARD FORM 509 (REV. 5/1999) BAC

USAPA V1.

MEDCOM - 24463

(b)(6) - 2 of 11

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 3Dec 07 cont. | extremities healing Q Day shower and bacitracin ointment applied. Bilateral eyes injuries eye drop treatment cont vision returning will cont to monitor [redacted] |
| 3 Dec 03 1715 | - Pt resting in bed @ this time & c/o pain or discomfort. Will cont to monitor [redacted] |
| 3DEC03 @2330 | assumed care of pt @1800. VSS. no c/o pain. alert, speaks arabic, some English. BIL sclera red, eye gtts cont as ordered. vision impairing per pt (c interpreter) to BIL eyes. Pt tol 100% of dinner meal, ↑ AMB c min assist. Applied bactracin to face & (R) FA burns, both healing well. 2pt restraints ons S/Sx of skin or circulation compromise. Plan: cont eye gtts as ordered, monitor vision status. [redacted] |
| 4Dec 03 | - Assumed care of pt. A+O x3. VSS & c/o pain or dis comfort. Lungs clear HRRR Active BS x4 quads Urinating spontaneously w difficulty AM shower care performed by pt. Burn wounds to face and bilat upper extremities healing bacitracin ointment applied. Bilat eye drop tx cont Pt ate 4 units & s/s of infection Will cont to monitor [redacted] |

| 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. 5/1
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b
USAPA V

[redacted] b6-4

MEDCOM - 24464

(b)(6)-2all

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

| DATE | NOTES |
|---|---|
| 4Dec.03 1930 | Pt A+OX3, eye drops tx cont, (R) eye appears cloudy, Ø c/o pain, voiding CYU per urinal, applied bacitricin to face + arms, Ø s/sx of infex, LS CTA (B), (+) BS x4. — [redacted] I concur with above assessm[redacted] |
| 5 Dec 03 1432 | Assume care of Pt @ 0600. VSS, A+OX3 Ambulate ō assistance. Eye drops q2. Ø c/o pain. Voiding c/y urine. Bacitracin applied to face and arms. No new major changes. On 2pt restraint ō skin breakdown. Will cont. to monitor. — [redacted] (1610) I concur ō above assessment. — [redacted] |
| 5 Dec 03 1845 | Pt A+OX3, VSS, LS CTA (B), (+) BS x4, voiding CYU per urinal, Pred Acetate q 2°, Ø c/o pain, applied bacitricin to ~~eyes~~ face + arms (R) eye appears cloudy. — [redacted] |
| 6 Dec 03 1326 | Assume care of Pt @ 0600. A+O, VSS Ø c/o pain. Ambulate 2pt restraints ō skin breakdown. (R) [redacted] ~~A+ed, dry drsg. No longer [redacted] present.~~ Voiding c/y urine. Administered bacitracin to face and arms on his own. Will cont. to monitor. — [redacted] |
| 6Dec 03@ 1800 | I agree ō previous assessment. — [redacted] 2LT AN |
| 6Dec.03 2100 | Pt A+OX3, VSS, OOB → BR to wash face, applie bacitricin to face + arms, eye drops cont, (R) eye cloudy, CYU per urinal, Ø c/o pain LS CTA (B), (+) BS x4, Ø s/sx of skin break[redacted] STAND[redacted] |

[redacted] b6-4

(b)(6)-2 of 11

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 7 Dec 03 0730 | - Assumed care of pt sleep yet easily aroused AtOx VSS Ø c/o pain or dis comfort. Burn wounds to face and bilateral upper extremities healing bacitracin ointment applied BID. Both eyes redness vision returning eye drops tx cont. lungs clear HRRR Active SS x 4 tolerates PO well. Urinates spontaneously ∑ difficulty Ambulate good. Will cont to monitor [redacted] |
| 2800 - | Assumed care of pt @ 1800 VSS AtO Ø c/o pain or discomfort @ this time. Bactroan ointment applied to Burn wounds. Eye gtts cont. (+) redness to (B) eyes. tol. PO well. voiding c/o via urinal. Pt. in two point restraints. (-) Skin breakdown (+) circulation. will cont. to monitor pt. [redacted] concern [redacted] |
| 8 Dec 03 0630 | Assumed care of pt. AtOx3, VSS, ate 90% of diet; Ø c/o pain, cont eye drops tx, bacitricin ointment applied to burns [redacted] wounds on face + arms |

| 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
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203
USAPA

[redacted] 664

(b)(6) - 2 of 11

| NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| Cont. | voiding CVU per urinal amount sufficient, Ø s/sx of skin breakdown. [redacted] |
| 19DEC03 | (0715) Assumed care @ 1800. Pt der[redacted]ic. VSS. Ø c/o pain. Pt OOB to amb in hallway S diff. Cont OU gts as ordered. Bacitracin applied to burns by pt. WTD dsg placed on (R) thigh wound S s/sx infection, pink and moist. Tol. reg diet well. Voiding S difficulty. 2 point restraints in place, S s/sx complications. Will cont. to monitor. [redacted] |
| 9Dec03 Ø700 | Assumed care of pt., A+Ox3, VSS, Ø c/o pain, cont on eye drops tx, (R) eye has cloudy appearance + Ø vision, able to see from (L) eye, bacitricin cream applied to burn sites on face + arms, ate 90% of diet, (R) thigh wound has pink appearance, Ø s/sx of infex, voiding CVU per urinal S [redacted] complications. [redacted] |
| ØØDEC03 | (2215) Assumed care @ ~~ØØØØ~~ 1800. Pt alert, sp[redacted] VSS. Ø c/o pain. cont. OU gts as ordered. Ø cloudiness noted. Pt amb in hallway S difficulty. Bacitracin applied to burns by pt. Tol. reg diet well. voiding S difficulty. WTD dsg on (R) thigh wound Δd. wound moist and red S s/sx infection. 2 point restraints in place S s/sx complications. Will cont. to monitor. [redacted] |

MEDCOM - 24467

(b)(6)-2 all

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 10 Dec 03 0900 | VSS. Alert & Oriented. Consumed 30% of breakfast. Face cleaned c soap & water during am care. Bacitracin applied to facial lesions. Multiple eye gtts instilled OU as ordered. Denies pain or discomfort @ this time. Voiding clear amber urine without difficulty. Referral summary on chart for visit to al-Hayatham for follow-up eval. Will continue plan of care [redacted] LTA. 2 point restraints in place without compromising circulation or skin integrity [redacted] LTA |
| 11 Dec 03 | (0400) VSS. Ø c/o pain. Pt amb to BR c steady gait. Ø assistance required. Cont. eye gtts. Voids clear, yellow c difficulty. Pt applied own Bacitran to face. * Pt did own PM care. ~~Pt asleep at this~~ Lungsounds CTA, (+) Bowel sounds. Will ~~cont~~ continue to monitor. [redacted] |
| 11 Dec Ø3 1ØØØ | pt. taken to opthalmology clinic [redacted] |
| 11 DECØ3 1245 | pt. return from opthalmology clinic [redacted] |
| 11 DECØ3 @ 16ØØ | Assumed care @ ØØØØ. VSS. A&O. Θ c/o pn. OOB to hallway |

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

| DEPARTMENT/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. ICU

[redacted] b6-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV.
Prescribed by OSD/DMS Fr/R (AFOR) 101-11.20
USAF

MEDCOM - 24468

(b)(6)-2 of 11

| NAME 11 DEC 03 cont | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|

| DATE | NOTES |
|---|---|
| 1600 | toilet ī assistance. Voiding ī difficulty. HRPR. LSCTA, consumed about 25% of regular diet. Apply bacitracin to self. Will continue to monitor — [redacted] |
| 11 Dec 03 1610 | I concur c̄ above assessment. 2 pt. restraint. Ø compromise to skin/circulation — [redacted] |
| 11 Dec 03 | (2050) VSS. Ø c/o pain. Pt applies own Bacitracin to face. Amb c̄ steady gait to BR ī assist. BS CTA, ~~BS~~ BS ⊕ x 4 quads. Voids clear, yellow in urinal ī difficulty. Tol PO well. Consumed 50% meal. 2pt restraints. Ø signs of skin compromise. [redacted] |
| 12 Dec 03 1540 | Assumed care @ Ø600. VSS. A&O, speaking arabic. Θ c/o pain. OOB → hallway, shower. Apply eye drops c̄ pt. opening own OD. 1st stage decub noticed on (R) butt. Moderate sero-sang drainage on old drsg. Dry drsg applied. Apply bacitracin to self. tol. well PO reg. diet. voiding ī difficulty. Θ s/sx of skin compromise on restraints. [redacted] |
| 12 Dec 03 | 1600 I concur c̄ above note. (R) buttock c̄ wet to dry drsg to stage II pressure ulcer. Appears as skin abrasion. Ø drainage. Follow up c̄ Wound care nurse — [redacted] |
| 12 DEC 03 @ 1700 | Dry drsg on (R) butt decub changed to WID drsg [redacted] |
| 13 Dec 03 @0100 | assumed care of pt @1500. VSS. no c/o pain. Eye gets crit. (R) eye cont. to look cloudy. LSCTA, tol po well, voids ī difficulty. Amb c̄ minimal assistance. Applies bacitracin to face/(R) arm per self. 2pt restraints on ī S/Sx of skin/circulation compromise. (R) buttocks drsg CDI, Ø drainage noted. (CONT [redacted] |

MEDCOM-24469

STANDARD FORM [redacted] BACK

(b)(6)-2 all

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 13DEC03 @0100 | (CONT) Will ensure Woundcare nurse consult submitted. Plan: cont eye gtts, enc OOB, enc turn side-to-side, enc independence, monitor drsg. — [redacted] |
| 13DEC03 @1600 | Assumed care of pt. @ 0600. VSS, A&O, Ø c/o pain. Pt. resting quietly in bed on (L) side. Cont. GTTS & oint to OU. WTD DSG Δ to (R) buttock wound, yellow exudate to old DSG, 4cm in diameter. Pt. OOB to BR & ambulated in hallway ī assist., steady gait. Pt. voids ī difficulty CYU. Pt. in 2-point restraints, Ø S/Sx of skin breakdown. Bacitracin oint to face, pt. applies to self. All other assessments WNL. Will cont. to monitor. [redacted] |
| 14DEC03 @ 0030 | assumed care of pt @ 1800. VSS. no c/o pain. Ø Δ in vision. pt ↑ AMB ī assistance, performs ADLs ī assistance. ↑S OTA, ⊕BS, voids ī difficulty. Good appetite noted. Self applies bacitracin to face & arm. (R) buttocks wound drsg CDI. Eye gtts cont. 2pt restraints on ī S/Sx skin or circulation compromise. Plan: cont eye gtts, enc OOB, enc PO intake. [redacted] |
| 14DEC03 @ 1530 | Assumed pt. care @ 0600. VSS, A&O, speaking arabic. Ø c/o pn. OOB → hallway, shower, shaved off his beard. Req. diet tol well. WTD drsg Δ'd on (R) butt decub. sero-sang |

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

DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

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

# [redacted] b6-4

PROGRESS NOTES
Medical Record

STANDARD FORM 51
Prescribed by SGAMCMR (FEB 1970)

(b)(6)-2 of 11

| NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 14DEC CONT 1530 | drain on old dsg. wound healing well. Eye drops, ointment continued per order. Voiding CYU ⊼ difficulty. ⊖ signs of skin compromise on restraints. will continue to monitor. — [redacted] |
| 14 Dec 03 ~~PM~~ | Assume care of Pt @ 1800. A&O [redacted] |
| 2300 | HRRR, ⊕ BS x 4 quads. Voids [redacted] CYU qs ⊼ difficulty. Bacitracin oint. Applied to face. Burn marks to face fading. OU gtts cont. Pt taught and demonstrated proper application of eye gtts. ⊖ s/sx of skin integrity ~~&~~ will cont to monitor. — [redacted] |
| 15 Dec 03 | Opnl Note |
| | Requested info from OOC regarding level of care pt to receive as Walter Reed cannot do surgery. 4 COA given, & pt to receive observation per GTF7 |
| | Plan decrease oral steroids<br>continue topicals on slow taper<br>add aqueous suspensions<br>[redacted] |
| 15 DEC 03 0 1700 | Assumed care of pt. @ 0600. VSS, A&O. Ø c/o pain. OOB to BR this AM, voiding CYU ⊼ difficulty. Pt. able to administer GTTS to eyes. Pt. applied bacitracin to face. Pt. in 2-point restraints, Ø S/Sx of skin breakdown. DSG to intact CDI. All other assessments WNL, — [redacted] |

MEDCOM - 24471 STANDARD FORM 509 REV. 5/1999

(b)(6)-2 all

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 16DEC03 | (0015) Assumed care @ 0000. Pt alert, speaking Arabic. VSS. Ø c/o pain. OOB to amb in hallway s̄ difficulty. Cont. eye gtts as ordered. Pt applies Bactracin to burns. OD cont. to be cloudy. Tol. reg diet well. Voiding s̄ difficulty. 2-point restraints in place s̄ s/sx complications. Will cont. to monitor. [redacted] |
| 16 DEC 03 @ 1530 | Assumed care of pt. @ 0600, VSS. A+O, Ø c/o pain, Pt. OOB to BR for AM care, voids s̄ difficulty, c/w. Pt. applied bacitracin to face. Cont. GTTS to OU. DSG to bilateral CDI. Pt. ambulated in hallway 10 minutes, ambulates well, steady gait. Pt in 2-point restraints, Ø s/sx of skin breakdown. Will cont. to monitor. [redacted] LT, ANC |
| 17DEC03 | (0015) Assumed care of pt @ [redacted] 0000. Pt alert, speaking Arabic. VSS. Ø c/o pain. Cont eye gtts as ordered. OOB to amb s̄ difficulty. Dsg to @ thigh CDI. Tol. reg diet well. Voiding s̄ difficulty. 2-point restraints in place s̄ s/sx complications. Will cont. to monitor. [redacted] |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S NUMBER (SSN or Other) |
|---|---|---|---|---|
| | LAST | FIRST | MI | |
| DEPARTMENT/SERVICE | HOSPITAL OR MEDICAL FACILITY | | RECORDS MAINTAINED AT | |
| PATIENT'S IDENTIFICATION: (For typed or written entries, print: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | | | REGISTER NO. | WARD NO. KW1 |

[redacted] b6-4

PROGRESS NOTES
Medical Record

STANDARD FORM 31
Prescribed by [illegible]

(b)(6)-2all

| NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 17Dec03 1000 | VSS A&O OOB→BR to Shower. Pt applied bacitracin oint to face. Pt escorted to eye clinic for Dr [redacted] request. Ambulate ~steady gait Ø↓O pain noted in notes. Mult eye gtts instilled as ordered. Will continue plan of care. 2 pt restraints in place without compromising circulation in skin integrity [redacted] |
| 17DEC03 | Assumed care at 1615 pt awake oriented x 3 LOC pt hav Ø c/o pain at this time, pt receiving eye drops as per schedule and self applies bacitracin, pt OOB to shower and ambulate, pt performs task without difficulty, restraints x2 in place, Ø skin breakdown will monitor [redacted] |
| 18 | (0245) I concur c above assessment. [redacted] |

STANDARD FORM 509 (REV 9/1999) BF
USAPA

(b)(6)-2-11

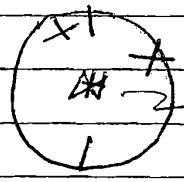
AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |

11/14/03 Opthr Progress / OR Note

attempted I.B removal @ SLE - unable 2° to pt discomfort.

Pre-op dx: multiple corneal f-t OU (ant seg)
perforating corneal injury OD; traumatic cataract
Postop dx SAME + IOFB OD
Findings: multiple corneal perf OD
multiple f-t ant seg OU
PMZ



round hole

repair corneal perf, multiple partial thickness lacs OD
removal of f-t OU

Complete ✓
EBL min
GETA
✓path

[redacted]

| HOSPITAL OR MEDICAL FACILITY | STATUS | PART./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.

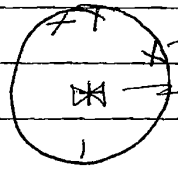
#[redacted] 66-4

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

MEDCOM - 24474

(b)(6)-2 all

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | el-Haytham referral note NOTES |
| 11/25/03 | Patient is an Iraqi soldier who walked out of police station and into an explosion. Sustained bilateral perforation injuries with hundreds of corneal foreign bodies each eye |
| | Exam: Ultrasound - bilateral intraocular foreign bodies<br>-probably glass |
| | OD  limbal perf wound<br>central perf. wound<br>multiple partial thickness wounds |
| | Patient referred for evaluation of traumatic cataract of right eye. |
| | Left eye - vision continues to improve but corneal foreign bodies limit vision - |
| | [redacted] |

| 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. |
|---|---|---|

#[redacted] b6-4

**PROGRESS NOTES**
Medical Record

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

(b)(6)-2all

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 10 Dec 03 | 24 y/o Iraqi victim of car bomb c̄ IOFB OU |
| | traumatic cataract OD c̄ multiple corneal |
| | foreign bodies OU. |
| | Previous eval by yoo. |
| | Developing corneal edema |
| | Vd LP 20/50 Ta 22 |
| | |
| | SLE ½ tarso |
| | conj tarsoing |
| | K multiple cornea foreign bodies – (+) corneal edema |
| | ⅞ lens material OD |
| | Iris ~~[illegible]~~ dilated OD, + synechiae to lens OS |
| | |
| | Meds: Prednisone 40mg po qD |
| | Pred Acetate 1 gtts OD q2° |
| | Homatropine 1 gtts OD bid |
| | Zantac 150mg po bid |
| | |
| | Referral to Al Haytham for follow-up eval lensectomy/ |
| | vitrectomy c̄ IOFB removal [redacted] |

| ATIONSHIP TO SPONSOR | SPONSOR'S NAME [redacted] ER | |
|---|---|---|
| | LAST | FIRST |
| ART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |

NT'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] b6-4

MEDCOM - 24476

PROGRESS NOTES
Medical Record

STANDARD FORM FOR [illegible]

→ (b)(6)-2 all

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 10 Dec03 | 24Y/o Iraqi victim of car bomb c̄ IOFB OU |
| | traumatic cataract OD c̄ multiple corneal |
| | foreign bodies OU. |
| | Previous eval by you. |
| | Developing corneal edema |
| | Va LP 20/50 Ta 22 |
| | |
| | SLE: Y/L tattoo |
| | conj tattooing |
| | K multiple cornea foreign bodies – (+) corneal edema |
| | A/C lens material OD |
| | Ins ~~[illegible]~~ dilated OD, + synechiae to lens OS |
| | |
| | Meds: Prednisone 40mg po qD |
| | Pred Acetate T gtts OD q2° |
| | Hom Atropine T gtts OD bid |
| | Zantac 150mg po bid. |
| | |
| | Referral to al-Haytham for follow-up eval lensectomy/ |
| | vitrectomy c̄ IOFB removal [redacted] |

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST

DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

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

REGISTER NO. | WARD NO.

[redacted] b6-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)

MEDCOM - 24477

(b)(6) - 2 of 11

THORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| | TRANSFER SUMMARY |
| 17DEC03 | PT C̄ CORNEAL DECOMPENSATION, TRAUMATIC |
| | CATARACT & INTRAOCULAR FOREIGN BODY OD |
| | |
| | INTRAOCULAR FOREIGN BODY IS WITH NO INFLAMMATORY |
| | REACTION. |
| | SURGERY EXCEEDS IRARI CAPABILITY - NO CORNEAS AVAILABLE FOR TRANSPLANT |
| | Sc 20/LP PT BEING RETURNED TO CAMP & D/C UNTIL |
| | d/A 40 CAPABILITY IS DEVELOPED |
| | |
| | CORNEA 100'S OF FOREIGN BODIES OU. |
| | A/C OPEN CAPSULE / LENS C̄ LENS MATL IN A/C |
| | INTRAVITREAL FOREIGN BODY |
| | |
| | |
| | MEDS: STEROID TAPER PRED 20 MG po qD x TWK |
| | 15 MG PO qD x TWK |
| | 10 MG PO qD x TWK |
| | 5 MG PO qD x TWK THEN D/C |
| | PRED ACETATE T̄ GTTS OD Q3° |
| | TIMOPTIC T̄ GTTS OD BID |
| | CILOXIN T̄ GTTS OD QID. |

| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART[redacted] |
|---|---|---|
| SPONSOR'S NAME | SSN/ID NO. | RELATION[redacted] |

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] b6-4

**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

| MEDICAL RECORD | **PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT**<br>For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General. |
|---|---|
| 1. AGE: 29<br>HEIGHT:<br>WEIGHT: | 2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): not English NKA<br>3. PREVIOUS SURGERY: [ ] NO [ ] YES (type): unk pt speaking + no translator available |

4. PROPOSED SURGICAL PROCEDURE:
Burn Debridement to Face

5. ADDITIONAL INFORMATION:

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| A. PSYCHOSOCIAL<br>✓ Potential for anxiety related to surgery, OR environment | ✓ Pt. verbalizes any specific anxiety.<br>✓ Pt. exhibits relaxed body posture. | ✓ Allow pt. to verbalize freely. as possible<br>✓ Explain OR environment and answer questions regarding surgery. as pos<br>✓ Offer comfort measures, (e.g., warm blanket, touch)<br>✓ Explain all nursing procedures before they are done.<br>✓ Remain with pt. whenever possible.<br>o Maintain family interface. |
| B. AERATION<br>✓ Potential for respiratory dysfunction due to Burn injury, facial involvement, intubation | ✓ PT. will be able to breathe without difficulty during immediate intra-operative phase. | ✓ Offer to elevate head of litter or offer pillow.<br>✓ Observe pt. while awaiting surgery for signs of distress<br>✓ Assist anesthesia during intubation and extubation |
| C. INTEGUMENT<br>✓ Potential impairment of skin integuity due to injury surgery OR environment equipment | ✓ PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas. | ✓ Utilize pressure preventing devices on OR table and accessories.<br>✓ Check for proper positioning and support to maintain good body alignment.<br>✓ Pad pressure points.<br>✓ Place ESU ground pad on non compromised skin surface area.<br>✓ 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] (b)(6)-4

(b)(6) - 2 all

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

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

[redacted] 13NOV03 DATE

11. POSTOPERATIVE EVALUATION:
Breathing: Reg, Nonlabored
Bovie pad site CDI

| 12. PREOPERATIVE EVALUATION PREPARED BY | 13. POSTOPERATIVE EVALUATION PREPARED |
|---|---|
| [redacted] language barrier<br>DATE: TIME: | [redacted]<br>13NOV03 TIME: 1040 |

REVERSE OF DA FORM 5179, JUN 91 USAPA V1.01

MEDCOM - 24480

(b)(6) - 2 except for very bottom

| MEDICAL RECORD | INTRAOPERATIVE DOCUMENT<br>For use of this form, see AR 40-407, the pr[illegible] agency is the office of The Surgeon General. |
|---|---|

1. PATIENT TRANSPORTED TO OPER[illegible] ROOM
VIA gurney BY Anesthesia

2. PATIENT IDEN[illegible], RECORD REVIEWED AND PROCEDURE VERIFIED BY CPT [redacted]

3. DATE 13NOV03 TIME PATIENT ARRIVED IN SUITE 0850

4. PATIENT IN ROOM TIME 0850 NUMBER 2-3

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: NKA

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | PFC [redacted] 91D | RELIEF SCRUB | [redacted] |
| ASSIGNED CIRCULATOR | CPT [redacted] | RELIEF CIRCULATOR | [redacted] |

7. POSITION AND POSITIONAL AIDS *(Specify)* Pt. on padded OR Bed head on foam doughnut. Arms extended out to sides (90°) in CAP secured to padded armboards. c safety straps. Folded towels under heels.

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

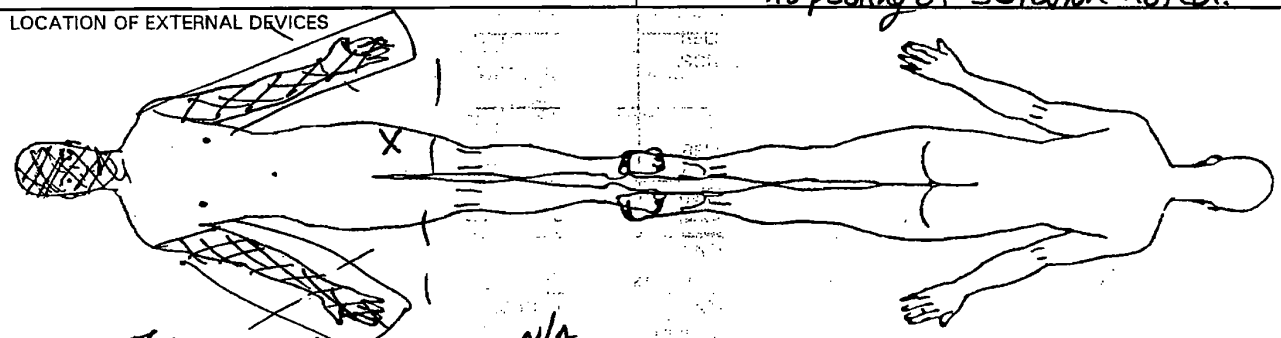
COMMENTS: Correct Body Position Maintained.

8. SKIN PREPARATION

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

PREP SOLUTION *(Specify)* Exidine Scrub Brush
SITE: Face, LUE, RUE BY WHOM: Dr [redacted]
SITE: BY WHOM:
COMMENTS: no pooling of solution noted.

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad TG Safety Strap N/A = = = Tourniquet

10. COUNTS

C = Correct I = Incorrect

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☐ Yes | ☒ No | | | | | |
| Needle Sharp | ☒ Yes | ☐ No | C | | C | PFC [redacted] | CPT [redacted] |
| Instrument | ☐ Yes | ☒ No | | | | | |
| Other | ☐ Yes | ☒ No | | | | | |

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

[redacted] (b)(6)-4

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

☒ ESU NO: R8B 102395 30/30 Blend 1 Fulg
GROUND PAD: BRAND Valleylab Polyhesive II REM
LOT NO: 70337/2005-05

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

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

MEDCOM - 24481

(b)(6)-2 all

13. PROSTHESIS, IMPLANTS ☐ YES NO IF YES NAME: ID NUMBER; M. URER

14. MEDICATIONS/ORDERS

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

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| Bacitracin Ointment | QS | post op | topical | [redacted] | Dr [redacted] |
| | | | | | |
| | | | | | |
| | | | | | |

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

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| [redacted] | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. 16F Foley | 2. 1/4" iodaform gauze | 3. |
| SITE | 1. urinary Bladder | 2. multiple facial wounds | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*
[redacted]

19. ADDITIONAL INFORMATION
WC-IV
Surgeon: Dr [redacted]
Anesthesia: Gen/Endo-CPT [redacted] CRNA

DA 5187 - initiated

20. OPERATION(S) PERFORMED
Burn + Fragment Debridement of Face, LUE, + RUE

21. PATIENT TRANSFERRED TO PACU | TIME 1035 | METHOD gurney

22. REGISTERED NURSE SIGNATURE [redacted] CPT/AN

USAPA V1.00

MEDCOM - 24482

(b)(6)-2 except very bottom

| MEDICAL RECORD | INTRAOPERATIVE DOCUMENT<br>or use of this form, see AR 40-407, the pr agen the office of The Surgeon General. |
|---|---|
| 1. PATIENT TRANSPORTED TO OPERA G ROOM<br>VIA Litter BY Anesthesia | 2. PATIENT IDENT , RECORD REVIEWED AND PROCEDURE<br>VERIFIED BY CPT [redacted] |
| 3. DATE 14 Nov 03 TIME PATIENT ARRIVED IN SUITE / | 4. PATIENT IN ROOM<br>TIME 1498 NUMBER 5 |

**5. PREOPERATIVE EMOTIONAL STATUS**

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

COMMENTS:

**6. NURSING PERSONNEL**

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] | RELIEF SCRUB | SPC [redacted] (1745-EOC) |
| ASSIGNED CIRCULATOR | CPT [redacted] | RELIEF CIRCULATOR | CPT [redacted] (1815-EOC) |

**7. POSITION AND POSITIONAL AIDS *(Specify)***

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

COMMENTS: Proper body alignment maintained. Rt. arm tucked at side.

**8. SKIN PREPARATION**

HAIR REMOVAL ☐ YES ☒ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

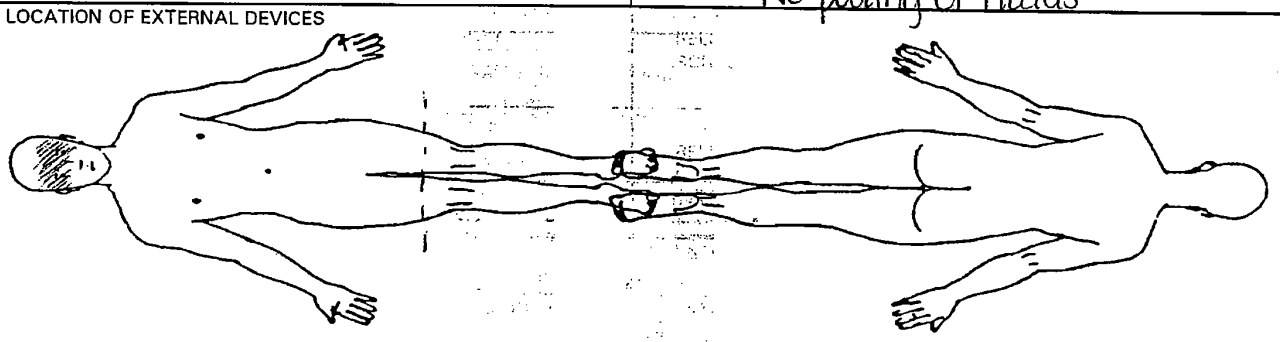
PREP SOLUTION *(Specify)* Betadine sol'n / NS

SITE: Bilat. eyes BY WHOM: [redacted]

SITE: BY WHOM:

COMMENTS: No pooling of fluids

**9. LOCATION OF EXTERNAL DEVICES**



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

C = Correct I = Incorrect Initial C [redacted]

| 10. COUNTS | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☐ Yes | ☒ No | | | C | [redacted] | [redacted] |
| Needle Sharp | ☒ Yes | ☐ No | | | C | | |
| Instrument | ☐ Yes | ☒ No | | | | | |
| Other | ☐ Yes | ☒ No | | | | | |

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

[redacted] (b)(6)-4

14 Nov 03

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

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

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

MEDCOM - 24483

(b)(6)-2 all

13. PROSTHESIS, IMPLANTS ☐ ES NO IF YES NAME: ID NUMBER; M URER

14. MEDICATIONS/ORDERS

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

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| Bacitracin Ophthalmic Oint. | QS | I10 | Topical | [redacted] | [redacted] |
| Tetracaine Ophthalmic Sol. | QS | I10 | Topical gtts | | |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):

BSS

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| none | | |
| | | |
| | | |
| | | |

PHYSICIAN [redacted]

15. X-RA [redacted] IF YES, SITE
YES ☐ NO ☒

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

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

18. DRESSING/IMMOBILIZATION *(Specify)*

Eyepads
Tape

19. ADDITIONAL INFORMATION

Surg: [redacted] Anesth: [redacted] CENA Anesth Type: General

-DA5179 on chart, ∅ 4's noted

20. OPERATION(S) PERFORMED

1. Repair multiple cornea perforation (R) + Removal multiple corneal foreign bodys
2. Removal multiple anterior segment foreign bodys (L)

21. PATIENT TRANSFERRED TO (ICW) PACU | TIME See DA7389 | METHOD PACU bed

22. REGISTERED NURSE SIGNATURE [redacted] CPT/AN | [redacted] CPT/AN

REVERSE OF DA FORM [redacted] 1, OCT 87 MEDCOM - 24484 USAPA V1.00

6A

# MEDICAL RECORD — VITAL SIGNS RECORD

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HOSPITAL DAY | | | | | | | | | | | | | | | | | | | | | | | | | |
| POST- DAY | | | | | | | | | | | | | | | | | | | | | | | | | |
| MONTH-YEAR DEC | DAY | 3 Dec | | | 4 Dec | | | 5 | | | 6 | | | 7 | | | 08 | | | 09 | | | | | |
| 2003 | HOUR | 0700 | | | 0800 | | 2200 | | | | 0800 | | 2200 | | | | 1900 | | | 1900 | | | | | |
| PULSE (0) | TEMP. F (°) | | | | | | | | | | | | | | | | | | | | | | | | TEMP. C |
| | 105° | | | | | | | | | | | | | | | | | | | | | | | | 40.6° |
| 180 | 104° | | | | | | | | | | | | | | | | | | | | | | | | 40.0° |
| 170 | 103° | | | | | | | | | | | | | | | | | | | | | | | | 39.4° |
| 160 | 102° | | | | | | | | | | | | | | | | | | | | | | | | 38.9° |
| 150 | 101° | | | | | | | | | | | | | | | | | | | | | | | | 38.3° |
| 140 | 100° | | | | | | | | | | | | | | | | | | | | | | | | 37.8° |
| 130 | 99° | | | | | | | | | | | | | | | | | | | | | | | | 37.2° |
| | 98.6° | | | | | | | | | | | | | | | | | | | | | | | | 37.0° |
| 120 | 98° | | | | | | | | | | | | | | | | | | | | | | | | 36.7° |
| 110 | 97° | | | | | | | | | | | | | | | | | | | | | | | | 36.1° |
| 100 | 96° | | | | | | | | | | | | | | | | | | | | | | | | 35.6° |
| 90 | 95° | | | | | | | | | | | | | | | | | | | | | | | | 35.0° |
| 80 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | | | | | | | | |

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 109/71 | 112/74 | 103/70 | 106/64 | 115/85 | 121/80 | 107/71 | 111/68 | 115/68 | 107/72 | 104/64 | 107/64 | | | | | | | | | | | | |
| | | H74 | | H73 | 72 | 97 | 115 | 77 | 106 | | 111 | | | | | | | | | | | | | | |
| | | T97.5 | | T97.9 | 97.9 | 97 | 98.3 | 96.9 | 98.2 | | 98.6 | | | | | | | | | | | | | | |
| HEIGHT: | WEIGHT → | 100% | 99% | 99% | 99% | | | | | | | | | | | | | | | | | | | | |
| | | RA | RA | RA | | 99% | 99% | 99% | 99% | 98% | | | | | | | | | | | | | | | |
| | | | | | | | | | | RA | 98% | | | | | | | | | | | | | | |

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

(b)(6)-4

[redacted]

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

MEDCOM - 24485

511-119 NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR Nov DAY 26 26 27 28 29 30 1 2

19 HOUR

PULSE (0) — TEMP. F (°) — TEMP. C (Centigrade Equivalents, for Reference only)

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

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: WEIGHT →

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

[redacted] (b)(6)-4

VITAL SIGNS RECORDS
Medical Record

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

MEDCOM - 24486

| MEDICAL RECORD | VITAL SIGNS RECORD | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| HOSPITAL DAY | | | | | | | | | | | |
| POST- DAY | | | | | | | | | | | |
| MONTH-YEAR NOV / DAY | NOV 20 | | 21 | | 21 | | 22 | | 23 | 23 24 | 25 |
| 19 / HOUR | | | | | | | | | | | |
| PULSE (0) / TEMP. F (°) | | | | | | | | | | | |
| 105° | | | | | | | | | | | |
| 180 / 104° | | | | | | | | | | | |
| 170 / 103° | | | | | | | | | | | |
| 160 / 102° | | | | | | | | | | | |
| 150 / 101° | | | | | | | | | | | |
| 140 / 100° | | | | | | | | | | | |
| 130 / 99° / 98.6° | | | | | | | | | | | |
| 120 / 98° | | | | | | | | | | | |
| 110 / 97° | | | | | | | | | | | |
| 100 / 96° | | | | | | | | | | | |
| 90 / 95° | | | | | | | | | | | |
| 80 | | | | | | | | | | | |
| 70 | | | | | | | | | | | |
| 60 | | | | | | | | | | | |
| 50 | | | | | | | | | | | |
| 40 | | | | | | | | | | | |
| RESPIRATION RECORD | | | | | | | | | | | |
| BLOOD PRESSURE | 118/81 | 126/76 | 113/80 | 115/ | 99 | 127/74 | P70 | BPO | 111/68 | 111/63 | 117/78 |
| | T96.7 | | | 97.5 | 97.9 | | T97.2 | BPO | | | 97.6 |
| | P-69 | | P89 | 89 | 10 | 96.8 | 99 | TEMP | 98.6 | 98.7 | 64 |
| HEIGHT: / WEIGHT → | 99% | 99% | 99% | 99% | | | | TEMP | | | |
| | | | | | 99% | 98% | | O2Sat | 98% | 99% | 98% 98 |
| | | | | | | [redacted] | | SCURE | [redacted] | | |
| | | | | | | (b)(6)-2 | | O2Sat SCURE | | | (b)(6)-2 |
| | | | | | | | | | | | |

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

(Centigrade Equivalents, for Reference only)

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

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

[redacted] (b)(6)-4

119

NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

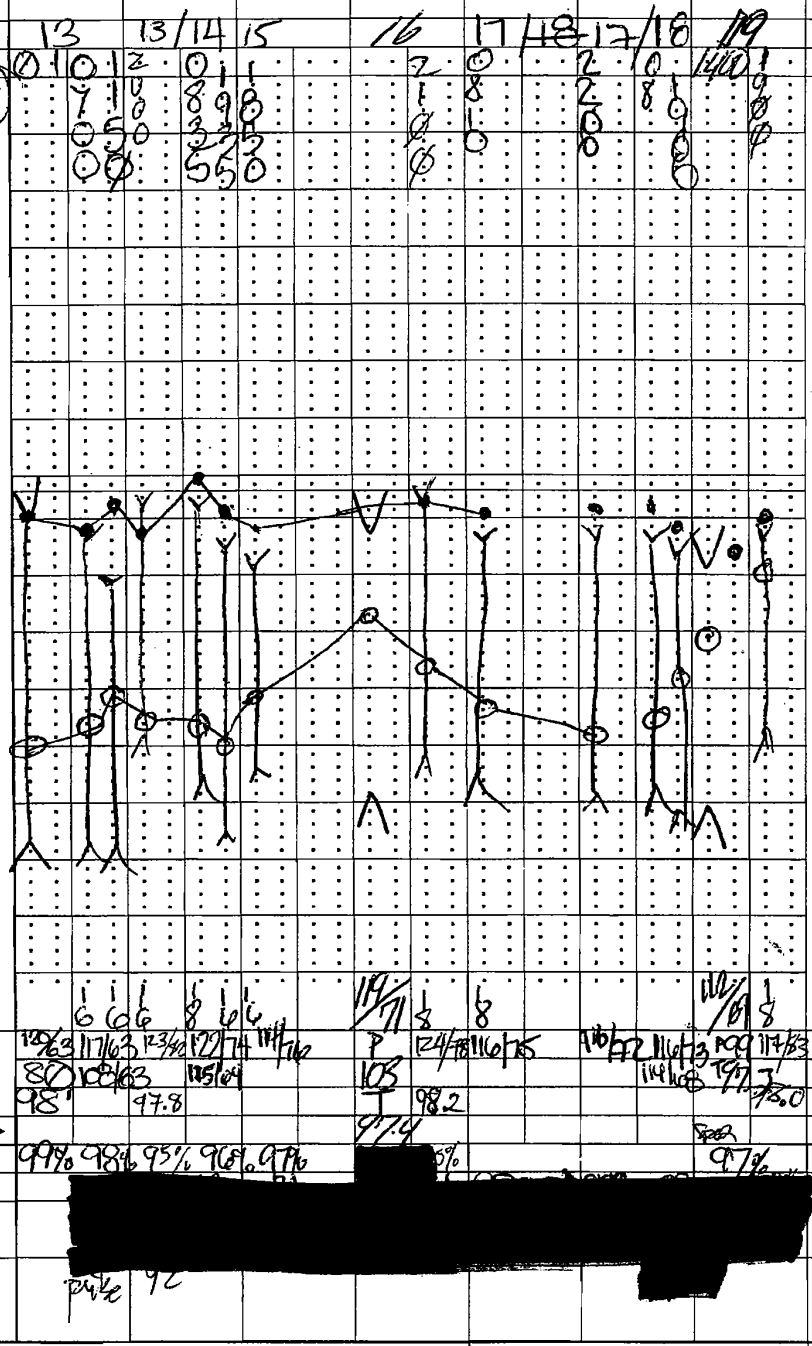
HOSPITAL DAY

POST-OP DAY

MONTH-YEAR | DAY | HOUR

PULSE (O) | TEMP. F (•)

TEMP. C (Centigrade Equivalents, for Reference only)



RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: | WEIGHT →

Record special data only when so ordered

[redacted] (b)(6)-2

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

REGISTER NO.

WARD NO.

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

**VITAL SIGNS RECORDS**

Medical Record

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

MEDCOM - 24488

| MEDICAL RECORD | | VITAL SIGNS RECORD | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HOSPITAL DAY | | | | | | | | | | | | | | | | | | |
| POST- | DAY | | | | | | | | | | | | | | | | | |
| MONTH-YEAR DEC | DAY | 18 | | | | | | | | | | | | | | | | |
| 2003 | HOUR | 8 | | | | | | | | | | | | | | | | |
| PULSE (0) | TEMP. F (°) | 8 | | | | | | | | | | | | | | | | TEMP. C |
| | 105° | 3 | | | | | | | | | | | | | | | | 40.6° |
| 180 | 104° | 0 | | | | | | | | | | | | | | | | 40.0° |
| 170 | 103° | | | | | | | | | | | | | | | | | 39.4° |
| 160 | 102° | | | | | | | | | | | | | | | | | 38.9° |
| 150 | 101° | | | | | | | | | | | | | | | | | 38.3° |
| 140 | 100° | | | | | | | | | | | | | | | | | 37.8° |
| 130 | 99° | | | | | | | | | | | | | | | | | 37.2° |
| | 98.6° | | | | | | | | | | | | | | | | | 37.0° |
| 120 | 98° | | | | | | | | | | | | | | | | | 36.7° |
| 110 | 97° | | | | | | | | | | | | | | | | | 36.1° |
| 100 | 96° | | | | | | | | | | | | | | | | | 35.6° |
| 90 | 95° | | | | | | | | | | | | | | | | | 35.0° |
| 80 | | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | |
| RESPIRATION RECORD | | 18 | | | | | | | | | | | | | | | | |
| BLOOD PRESSURE | | 95/60 | | | | | | | | | | | | | | | | |
| | | 97.2 | | | | | | | | | | | | | | | | |
| HEIGHT: | WEIGHT → | | | | | | | | | | | | | | | | | |
| | | 99% | | | | | | | | | | | | | | | | |
| | | [redacted] (b)(6)-2 | | | | | | | | | | | | | | | | |

(Centigrade Equivalents, for Reference only)

Record special data only when so ordered

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

(b)(6)-4

[redacted]

REGISTER NO.

WARD NO. 1CW1

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

MEDCOM - 24489

# MEDICAL RECORD — VITAL SIGNS RECORD

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HOSPITAL DAY | | | | | | | | | | | | | | | | | | | |
| POST- DAY | | | | | | | | | | | | | | | | | | | |
| MONTH-YEAR | DAY | 10 DEC | | 11 | 11 | 11 | 12 | 13 | 14 | | 15 | 16 | | 17 | | | | | |
| 19 | HOUR | 0 | | 0 | 8 | 2 | 0 | 0 | 2 | 0 | | 0 | 2 | 0 | 2 | 0 | | | |
| PULSE (O) | TEMP. F (•) | 7 | | 0 | 7 | 0 | 8 | 7 | 8 | | | 8 | 8 | | 0 | 3 | | | TEMP. C |
| | 105° | 0 | | 0 | 0 | 5 | 8 | 8 | 0 | | | 0 | 0 | | | 0 | | | 40.6° |
| 180 | 104° | 9 | | | | | | | | | | | | | | | | | 40.0° |
| 170 | 103° | | | | | | | | | | | | | | | | | | 39.4° |
| 160 | 102° | | | | | | | | | | | | | | | | | | 38.9° |
| 150 | 101° | | | | | | | | | | | | | | | | | | 38.3° |
| 140 | 100° | | | | | | | | | | | | | | | | | | 37.8° |
| 130 | 99° | | | | | | | | | | | | | | | | | | 37.2° |
| | 98.6° | | | | | | | | | | | | | | | | | | 37.0° |
| 120 | 98° | | | | | | | | | | | | | | | | | | 36.7° |
| 110 | 97° | | | | | | | | | | | | | | | | | | 36.1° |
| 100 | 96° | | | | | | | | | | | | | | | | | | 35.6° |
| 90 | 95° | | | | | | | | | | | | | | | | | | 35.0° |
| 80 | | | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | | |
| RESPIRATION RECORD | | 16 | | 29 | 18 | 24 | 18 | 20 | 18 | | 20 | 18 | 18 | | 18 | 17 | | | |
| BLOOD PRESSURE | | 118/67 | | 103/70 | 114/71 | 111/72 | 114/76 | 116/60 | 111/73 | | | | | 112/62 | | | | | |
| | | | | 114 | | 111 | | | | | | | | | | 178 | | | |
| HEIGHT: WEIGHT → | | 96.6 | | 101/57 | 97.1 | 97.9 | 97.2 | | 97.2 | | 122/79 | | | | | 198 | | | |
| | | | | 79 | | 99% | | | | | | | | | | 502 | | | |
| | | 99% | | 98% | 98% | [redacted] | 99% | 99% | 99% | | 99% | (b)(6)-2 | | | | 99% | | | |
| | | [redacted] | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

(b)(6)-4

[redacted]

**VITAL SIGNS RECORDS**

Medical Record

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

(b)(6)-2

| Ward/Section: EMT | REQUISITION # [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. # [redacted] (b)(6)-4 | DATE 13 Nov | TIME 0005 | SSN/PSEUDO SSN # [redacted] (b)(6)-4 |

| (Hematology) CBC | | | Urinalysis | | | Misc. Serology | | |
|---|---|---|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | | 4.8-10.8 x 10³ | Color | | N/A | RPR | | Negative |
| RBC | | 4.7-6.1 x 10⁶ | Appr | | N/A | Mono | | Negative |
| Hgb | | 14-18 g/dl (M)<br>12-16 g/dl (F) | Glu | | Negative | Microbiology | | |
| Hct | | 42-52% (M)<br>37-47% (F) | Bili | | Negative | Source | | |
| MCV | | 80-94 fl (M)<br>81-99 fl (F) | Ket | | Negative | Gram Stain | | |
| Plt | | 130-500 x 10³ verified | SG | | N/A | Occ Bld | | Negative |
| Lymph % | | 20.5-51.1% | Bld | | Negative | H. pylori | | Negative |
| (Hematology) Manual Differential | | | pH | | N/A | Micro Parasites | | |
| Segs | | Mono | Prot | | Negative | Malaria | | |
| Bands | | Eos | Urob | | 0.2-1.0 | O & P | | |
| Lymph | | Baso | Nit | | Negative | Other | | |
| Atyp | | Imm | Leuk | | Negative | Microscopic Urinalysis | | |
| RBC Morph | | | HCG | | Negative | | | |

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

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

REMARKS:

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

(b)(6)-4 except very top

| Ward/Section: EMT | REQUESTING PHYSICIAN: [redacted] (b)(6)-2 | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: # [redacted] | DATE: 13 Nov / TIME: 0005 | SSN/PSEUDO SSN: # |

**(i-STAT)**

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

**Misc. Chemistry**

| TEST | RESULT | REF. RANG |
|---|---|---|
| Troponin-I | | |
| Drug of Abuse | | |
| | | |
| | | |
| | | |

**(Piccolo) Chemistry 12**

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

======= PICCOLO =======
13/11/03 00:22
REFERENCE RANGE: MALE
PATIENT #: [redacted]
BASIC METABOLIC
DISC LOT #: 3325AA4
OPER #: 013 DR #: 000
SERIAL #: 0000100494

| | | | |
|---|---|---|---|
| GLU | 86 | 73-118 | MG/DL |
| BUN | 4* | 7-22 | MG/DL |
| CA++ | 9.0 | 8.0-10.3 | MG/DL |
| CRE | 0.7 | 0.6-1.2 | MG/DL |
| NA+ | 138 | 128-145 | MMOL |
| K+ | 4.6 | 3.3-4.7 | MMOL |
| CL- | 104 | 98-108 | MMOL |
| tCO2 | 23 | 18-33 | MMOL |

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

**(Piccolo) Metabolic Panel**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| CA | | 8.0-10.3 mg/dl |
| CRE | | |

======= PICCOLO =======
13/11/03 00:29 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted]
LIVER PANEL PLUS
DISC LOT #: 3154AA7
OPER #: 013 DR #: 000
SERIAL #: 0000100684

| | | | |
|---|---|---|---|
| ALB | 3.0* | 3.3-5.5 | G/DL |
| ALP | 45 | 26-84 | U/L |
| ALT | 12 | 10-47 | U/L |
| AMY | 45 | 14-97 | U/L |
| AST | 30 | 11-38 | U/L |
| TBIL | 0.8 | 0.2-1.6 | MG/DL |
| GGT | 7 | 5-65 | U/L |
| TP | 5.1* | 6.4-8.1 | G/DL |

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

REMARKS:

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

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/13/03 00:34

Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 15.1 sec.
Ratio = 1.2
Calculated INR = 1.41
Sample Type:citrated wh. blood
Test Date :11/13/03
Test Time :00:32
Card Lot :080201
Operator : [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/13/03 00:36

Patient ID: [redacted] (b)(6)-4
Test Name :APTT
Test Result:= 38.5 sec.
Sample Type:citrated wh. blood
Test Date :11/13/03
Test Time :00:34
Card Lot :100212
Operator : [redacted] (b)(6)-2

(b)(6)-4

ID [redacted] 13-07-03
WB 01:55

| | | | | Patient Limits | |
|---|---|---|---|---|---|
| WBC | 17.4 H | | x10^3/uL | 4.5 | 10.5 |
| RBC | 4.88 | | x10^6/uL | 4.00 | 6.00 |
| Hgb | 13.9 | | g/dL | 11.0 | 18.0 |
| Hct | 44.0 | | % | 35.0 | 60.0 |
| MCV | 90.2 | | fL | 80.0 | 99.9 |
| MCH | 28.4 | | pg | 27.0 | 31.0 |
| MCHC | 31.5 L | | g/dL | 33.0 | 37.0 |
| Plt | 249. | | x10^3/uL | 150. | 450. |
| LYM | 22.5 | * | % | 20.5 | 51.1 |
| LYM | 3.9 | * | x10^3/uL | 1.2 | 3.4 |

(b)(6)-2 unless otherwise indicated. - [illegible]

29 YR IRAQI SL NKDA
ASA II BURNS x48 hrs 2° Blast injury
UNOSTICA CSOD ⊘ PMH
RSH = Facial Burns dermabrasion

# MEDICAL RECORD - ANESTHESIA

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

| DRUG (Units) | 15 | 30 | 45 | 1600 | x 30 | x | 1700 | x 30 | x | 1800 | TOTALS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Versed mg | 11 | 11 | | | | | | | | | 5mg |
| LHC/Propofol mg | 100/150 | | | | | | | | | | |
| ~~Propofol mg~~ | | | | | | | | | | | |
| Zemuron (mg) (MG) | 100/ | | | | 6 | | 4 | | | | |
| Fentanyl (MCG) | 150 | | | 100 | | | | | | | 500mg |
| VOLAT AGENT Sevo % del | | | 1.0 | 1.2 | 1.2 | 1.2 | 1.2 | 1.2 | 1.2 | 1.5 | 1.5 |
| % e.t. | | | | | | | | | | | |
| AIR L/Min | Ø | | | | | | | | | | |
| N2O L/Min | Ø | | | | | | | | | | |
| O2 L/Min | 6 | 6 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |

CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → ① 125mg Solumedrol

FLUIDS: LINE site ☐ Warmed; 2 gauge (L) upper ☐ Warmed; ☐ Warmed; ☐ Warmed

LOSSES: EST BLOOD LOSS: minimal; URINE - Foley

PHYS STATUS: 1 (2) 3 4 5 E

BODY WEIGHT: ≈65 (KG) LB

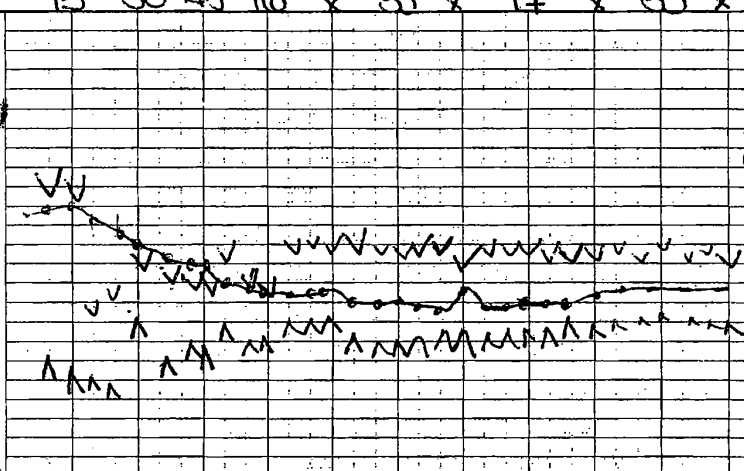
HEMATOCRIT:

INITIAL DATA: BP- 150/60; HR- 134

EQUIP CHECK: OK? - (Y) N

PATIENT RECHECK: OK for PROCEDURE (Y) TIME- 1510

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




| | | 15 | 30 | 45 | 16 | x 30 | x | 17 | x 30 | x | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| VENTIL | VT - ml | | 600 | 700 | 600 | 600 | 600 | 600 | 600 | 600 | 600 |
| | f - breaths/min | 16 | 12 | 9 | 9 | 8 | 8 | 8 | 8 | 8 | 8 |
| | Peak inf pres / PEEP | | 17 | 17 | 16 | 17 | 17 | 17 | 17 | 16 | 16 |
| | MODE - S(pon), A(ssist), C(on) | SV | CV | CV | CV | CV | CV | CV | CV | CV | CV |
| MONITORS/ACCESSORIES | X BP/Auto Cuff / ET CO2 (torr) | +30 | 25 | 26 | 26 | 27 | 29 | 29 | 30 | 29 | 29 |
| | BP/oth / FIO2 (Frac or %) | .89 | .45 | .45 | .41 | .44 | .44 | .40 | .40 | .45 | .46 |
| | ART line / SpO2 (%) | 98 | 99 | 99 | 100 | 100 | 100 | 100 | 100 | 99 | 99 |
| | Steth- PC/ES / ECG II | ST | ST | ST | ST | SR | SR | SR | SR | SR | SR |
| | Gas analyzer / TEMP-site SKIN | | 36° | 36° | 36° | 36° | 36° | 36° | 36° | 36° | 36° |
| | N-M Block (T/4) | 4/4 | 0/4 | 0/4 | 0/4 | 1/4 | 3/4 | 0/4 | 0/4 | 0/4 | 0/4 |
| | Warming blkt / Conv warmer | Room warming | | | | | | | | | |

Mark with letters & symbols, explain under REMARKS. EVENTS Position → Supine. (B) arm tucked. (C) arm 90° abducted.

TOTAL EBL: Minimal

TOTAL URINE: 350 ml

FLUIDS - SUMMARY: CRYSTALLOID- 1500 ml; COLLOID- Ø; BLOOD- Ø

REMARKS (Code drugs with numbers, events with letters)

1455 Chart review NO significant changes in pre-op evaluation
1500 10mg Reglan
10mg Zantac
2.0mg Versed
1510 Preoxygenation
O2 Monitors
Positioning
1515 Induction
Intubation 5 uncuff
90° bed turn
BBS = CTA
1745 to PACU

Report to SGT [redacted] LPN

RECOVERY AT 1840: PACU ICU ____ (Specify) OTHER ____ CONDITION: FOR 9681; RESP 26 SpO2 97%; BP 130/78 HR- 112

ANESTHESIA / PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | 1455 | 1505 | 1845 |
| | Ready | Begin | End |
| PROC | 1515 | 1540 | 1730 |

PROCEDURES and CPT Codes: Repair penetrating comminuted injury of left forehead Bilateral GSW

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

[redacted] (b)(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks [redacted]

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments Dx x 1 Miller 2.0 Grade 1 x (1) 2 ICU lines ETT 6.0 Tube BBS x 3 BBS = CTA 90mm OPA

SURGEONS: [redacted]

ANESTHESIOLOGISTS: [redacted] MAX / CRNA / MSN

PROCEDURE LOCATION: OR 2-1

DATE: 14 Nov 03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 MEDCOM - 24494 COPY 1 - PATIENT'S MEDICAL RECORD USAPA V1.00

(b)(6)-2 unless otherwise indicated

Page 2 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, "I" = CONSTANT INFUSION | DRUG (Units) | 1800 x 30 x 1900 x 30 | | | | | | | | | | | | |
| | Fentanyl (25-50 µg) | 150 | 100 | | | | | | | | | 500µg | | |
| | Vecuronium (mg) | 5 | | | | | | | | | | | | |
| | Propofol (µg) | | 0.625 | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | |
| | VOLAT AGENT Sevoflurane % del | ~2 | | 1.0 | | | | | | | | | | |
| | % e.t. | | | | | | | | | | | | | |
| | AIR L/Min | | | | | | | | | | | | | |
| | N2O L/Min | | | | | | | | | | | | | |
| | O2 L/Min | 2 | 2 | 2 | 2 | 2-6 | | | | | | | | |
| | SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS | | | | | | | | | | | | | |
| FLUIDS | LINE site ☐ Warmed | | | | | | | | | | | | | |
| | LR (1300) ☐ Warmed | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | |
| LOSSES | EST BLOOD LOSS | Min | | | | | | | | | | | | |
| | URINE - (300) | | | 350 | | | | | | | | 1875 | | |

| PHYS STATUS | TIME → | 1800 x 30 x 1900 x 30 |
|---|---|---|
| 1 2 3 4 5 E | SYMBOLS: | |
| BODY WEIGHT: ≈ 65 KG LB | BP by cuff V | 220 |
| HEMATOCRIT: | ∧ | 200 |
| INITIAL DATA: | Heart rate ● | 180 |
| BP- | Resp rate | 160 |
| HR- | BR (transduced) | 140 |
| EQUIP CHECK | ⊕ | 120 |
| OK?- Y N | TOURNIQUET | 100 |
| PATIENT RECHECK | I-I | 80 |
| OK for PROCEDURE? See page 1 | ANES- X-X | 60 |
| TIME- | PROC- ⊙-⊙ | 40 |
| | | 20 |

| VENTIL | | | | | | |
|---|---|---|---|---|---|---|
| | VT - ml | 650 | 650 | 800 | 850 | 1000 |
| | f - breaths/min | 8 | 8 | 8 | 6 | 12 |
| | Peak inf pres / PEEP | 16 | 16 | 18 | 18 | |
| | MODE - S(pon), A(ssist), C(on) | CV | CV | CV | CV | SV |
| MONITORS/ACCESSORIES | BP/Auto Cuff ET CO2 (torr) | 30 | 30 | 30 | 30 | |
| | BP/oth FIO2 (Frac or %) | .40 | .40 | .48 | .90 | .90 |
| | ART line SpO2 (%) | 99 | 99 | 99 | 99 | 99 |
| | Steth- PC/ES ECG II | SR | SR | SR | SR | SR |
| | Gas analyzer TEMP-site | 36° | 36° | 36° | 36° | |
| | N-M Block (T/4) | 0/4 | 0/4 | 0/4 | 4/4 with sustained tetany x5 seconds | |
| | Warming blkt | warmed blanket | | | | |
| | Conv warmer | | | | 9/4 TO PACU HOB 45° | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position → ← See Page 1 →

| TOTALS | TOTAL EBL |
|---|---|
| | TOTAL URINE |

FLUIDS - SUMMARY

CRYSTALLOID-

COLLOID-

BLOOD See Page 1

REMARKS

*Code drugs with numbers, events with letters*

Neuromuscular Reversal.
Neostigmine 5.0 mg
0.5 mg Glycopyrrolate
Extubated 0900
FIO2 1.0
Trained 4/4
Sustained tetany x5 seconds
Head lift x6 sec

RECOVERY AT

PACU ICU _____ (Specify)

OTHER _____

CONDITION:

RESP- SpO2-

BP- HR-

ANESTHESIA/PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | | | |
| PROC | Ready | Begin | End |

PROCEDURES and CPT Codes:

Bilateral Repair corneal injury + FB removal

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

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

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

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

See Page 1

SURGEONS: [redacted]

ANESTHESIOLOGIST: [redacted] Major/CRNA

PROCEDURE LOCATION: OR 2-1

DATE: 14 Nov 03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 — MEDCOM - 24495 — COPY 1 - PATIENT'S MEDICAL RECORD — USAPA V1.00

# MEDICAL RECORD - ANESTHESIA

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

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | 0 | 30 | 60 | 90 | 120 | 150 | 180 | 210 | 240 | 270 | 300 | 330 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| fentanyl | (µg) | 150/100 | | | 100 | | | 50 | | | | | |
| Propofol 1.0% | (mg) | 40/150 | | | | | | | | | | | |
| Zemuron | (mg) | 30 | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| VOLAT AGENT — Sevo | % del | I | → | → | 1.5 | → | → | → | → | 2 | | | |
| | % e.t. | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | |
| O2 | L/Min | 10 | 2 | → | → | → | → | → | → | → | 10 | → | |

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

**FLUIDS**

| LINE site | | 0 | 30 | 60 | 90 | 120 | 150 | 180 | 210 | 240 | 270 | 300 | 330 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| L wrist | ☐ Warmed | 20 | 1 | → | → | → | → | → | 2 | → | → | → | |
| | ☐ Warmed | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | |

**LOSSES** — EST BLOOD LOSS; URINE -

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

**BODY WEIGHT:** 70 KG LB

**HEMATOCRIT:**

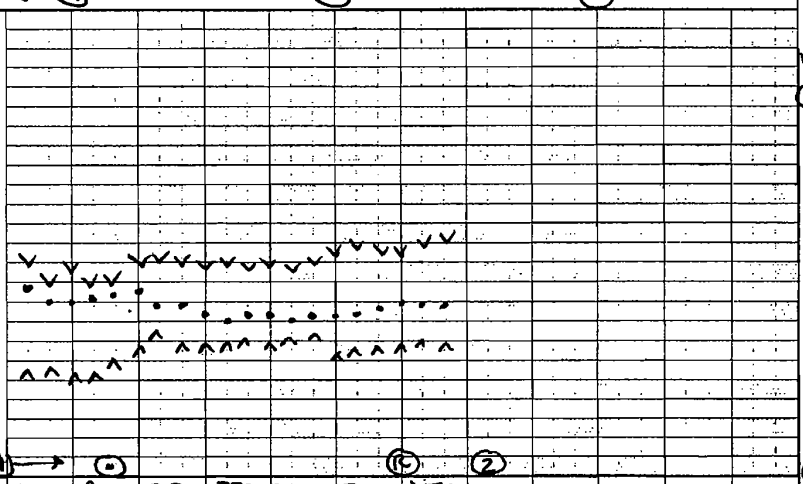
**INITIAL DATA:** BP- 110 / 58; HR- 150

**EQUIP CHECK** OK? (Y) N

**PATIENT RECHECK** OK for PROCEDURE? Y; TIME- 0850

**TIME** 0800 09 • x • 10 • x • 11

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




**VENTIL**

| | 0 | 30 | 60 | 90 | 120 | 150 | 180 |
|---|---|---|---|---|---|---|---|
| VT - ml | - | 600 | 750 | 770 | 760 | 700 | 2500 |
| f - breaths/min | - | 8 | 8 | 8 | 8 | 8 | 28 |
| Peak inf pres / PEEP | - | 18 | 19 | 18 | 19 | 20 | - |
| MODE - S(pon), A(ssist), C(on) | SV | C | C | C | C | C | S/A |

**MONITORS/ACCESSORES**

| | | 0 | 30 | 60 | 90 | 120 | 150 | 180 |
|---|---|---|---|---|---|---|---|---|
| X BP/Auto Cuff | X ET CO2 (torr) | - | 30 | 30 | 31 | 30 | 37 | 36 |
| BP/oth | O FIO2 (Frac or %) | 51 | 50 | 51 | 47 | 45 | 44 | 45 |
| ART line | O SpO2 (%) | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | O ECG | ST | SR | SR | SR | SR | SR | SR |
| Gas analyzer | TEMP-site p/k | - | 95 | 95 | 95 | 95 | 95 | |
| | N-M Block (T/4) | | | | | | | |
| Warming blkt | | | | | | | | |
| Conv warmer | | | | | | | | |

*Mark with letters & symbols, explain under REMARKS* — EVENTS *Position* → (S), BUE on board, < 90° @ shoulders, pulses ↑

| TOTALS | TOTAL EBL |
|---|---|
| | <10 |
| | **TOTAL URINE** |
| | 450 |

**FLUIDS - SUMMARY**

CRYSTALLOID- 1500

COLLOID- Ø

BLOOD- Ø

**REMARKS**

*Code drugs with numbers, events with letters*

(1) room/O2/monitors SIVI, easy mask ventilat c o/A. DVLV1 → OETT Adt → (A) ETCO2 ↑, BSBS, Ø A/W edema noted, grade I view

(2) pt trans'd, extubated to PACU, report

(B) neostig • 2y, robinul 0.2g, IV

**RECOVERY AT** 1035

(PACU) ICU _____ (Specify)

OTHER _____

CONDITION: stable

RESP- 14 SpO2- 96% BP- 124/60 HR- 107

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 0840 | 0850 | 1040 |
| | Ready | Begin | End |
| PROC | 0900 | 0910 | 1025 |

PROCEDURES and CPT Codes: wash/debrid facial burns, BUE, LLE

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks* GETA

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility* [redacted] (b)(6)-4

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* #8.0, Mac 3, 2% elip, Adt, see (1)

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

ANESTHETISTS: [redacted] (b)(6)-2

PROCEDURE LOCATION: ?

DATE: 13 Nov 03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 — MEDCOM - 24496 — COPY 1 - PATIENT'S MEDICAL RECORD — USAPA V1.00

ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 30 DAYS MOS YRS  Sex (✓) MALE ( ) FEMALE

Physical State 1 (2) 3 4 5 E

PROPOSED PROCEDURE: _____

SURGICAL SERVICE: _____

NPO SINCE: _____

WT: 65 (KG/LB HT: _____ IN.

ALLERGIES: NKDA

**HABITS:**

TOBACCO: Yes

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: _____ / _____

U/A: _____

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 | |
| Steriods | N | Y | |
| Thyroid | N | Y | |
| **Neurological:** | | | |
| Seizures | N | Y | |
| Neuropathy | N | Y | |
| Other | N | Y | |
| **Gynecological :** | | | |
| Pregnancy | N | Y | |
| **Other Significant Hx:** | | | |
| | N | Y | |
| | N | Y | |
| **Familial HX** | N | Y | |

**ASSESSMENT**

**PAST SURGICAL/ANESTHETIC**

?

**PHYSICAL EXAMINATION**

BP ___ HR ___ R ___ T ___

Pain Scale 0-10 _____

HEENT - Teeth intact

Trachea midline

TMJ/Neck FROM

Oropharnyx 2nd + 3rd degree burn

Nares

CHEST: BS CTA to face

CARDIAC: RRR (-) MD

EXTREMITIES:

IV Access: PIV

Ulnar Filling: _____

BACK: _____

OTHER: _____

NPO Since Lunch 11-12-03

12NOV03 - Involved in car bombing incident 11-11-03 22:35

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

With Interpreter present counseled for AFOI + P.O. intubation

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

(b)(6)-2

The patie[redacted] agrees. Questions answered.

Signed: [redacted] Date: 13 NOV03 Time: 0800 Hrs

**POST-ANESTHESIA EVALUATION AND NOTE (NON ASU)**

{ } NO APPARENT ANESTHETIC COMPLICATIONS { } OTHER

Signed: _____ Date: _____ Time: _____ Hrs

Patient Identification: (Ward) _____

**SEDATION KEY:**

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

(b)(6)-2 unless otherwise indicated

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: [redacted] (b)(6)-4 [redacted] 15 NOV 03 1530 noted

DATE OF ORDER / TIME OF ORDER / HOURS / LIST TIME ORDER NOTED AND SIGN

1. D/c foley
2. Percocet 1-II po q 4-6° pm pain
3. Pt can shower

[redacted] 6014 LTC

NURSING UNIT: 24°/030 | ROOM NO. | BED NO. 16 NOV 03 [redacted]

PATIENT IDENTIFICATION: 24° ✓ 17 NOV 03 [redacted] (b)(6)-4 noted

DATE OF ORDER: 0200 [redacted] HOURS

1. Erythromycin ophth oint gtd OU

[redacted] 6014 LTC

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: [redacted] (b)(6)-4 noted 17 NOV 03 0910

DATE OF ORDER: 11/~~18~~17/03 TIME OF ORDER: 0905 HOURS

1. Ambien 10mg po qhs pm
2. Tylenol 325 II po q 4-6° pm

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

24°/ 19 NOV 03 [redacted] 0350

PATIENT IDENTIFICATION: [redacted] (b)(6)-4 noted 20 NOV 03 1930

DATE OF ORDER: 11/20/03 TIME OF ORDER: HOURS

Atropine 1% T gtts OU tid
Pred 40mg po q D
D/c Sdum [redacted] 6014

NURSING UNIT | ROOM NO. | BED NO.

24° ✓ 21 NOV 03 0420 [redacted]

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

MEDCOM - 24498

(b)(6)-2 unless otherwise indicated

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

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

DATE OF ORDER: 11/25/03 TIME OF ORDER: 0717 HOURS

To el Hawham for eval [redacted]

LIST TIME ORDER NOTED AND SIGN

NURSING UNIT | ROOM NO. | BED NO.

[redacted]

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

DATE OF ORDER | TIME OF ORDER | HOURS

Decrease Prednisone to 20mg po qD [redacted]

NURSING UNIT | ROOM NO. | BED NO.

240 ✓ 03 Dec 0200

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

DATE OF ORDER: 8 Dec 03 TIME OF ORDER: 0822 HOURS

~~D/C~~ No drops 2400-0600 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

[redacted]

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

DATE OF ORDER: 09DEC03 TIME OF ORDER: 2245 HOURS

↑ Prednisone to 40mg po QD

V.O. [redacted]

NURSING UNIT | ROOM NO. | BED NO.

240 ✓ [redacted] 09DEC03 2250

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

MEDCOM - 24499

(b)(6)-2 unless otherwise indicated

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

#[redacted]

DATE OF ORDER 11/27/03 TIME OF ORDER 0805 HOURS

LIST TIME ORDER NOTED AND SIGN

1. D/C ANCEF
2. D/C IV
3. DECREASE PRED TO 30 MG QD
4. D/C CIPRO

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 11/28/03 TIME OF ORDER 0810 HOURS

D/C [redacted]

noted 28NOV03 0915

NURSING UNIT [redacted] | ROOM NO. | BED NO.

[redacted]

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER _____ HOURS

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER _____ HOURS

NURSING UNIT | ROOM NO. | BED NO.

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

MEDCOM - 24500

(b)(6)-2, unless otherwise indicated

## 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 | NURSING UNIT | ROOM NO. | BED NO. | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|---|---|
| (b)(6)-4 [redacted] | | | | Decrease Prednisone 20mg po qD x 4 days then 15mg po qd x 4 days then 10mg po qd [redacted] | HOURS | |
| PATIENT IDENTIFICATION NOTED 15 DEC [redacted] (b)(6)-4 [redacted] | NURSING UNIT | ROOM NO. | BED NO. | DATE OF ORDER | TIME OF ORDER HOURS | |
| | | | | Timoptic gtts OD bid (N.S.) [redacted] | | |
| 24 [redacted] 16DEC03 | NURSING UNIT | ROOM NO. | BED NO. | | | |
| No new orders [redacted] 17DEC03 No new orders [redacted] 18DEC03 (b)(6)-4 [redacted] | NURSING UNIT | ROOM NO. | BED NO. | DATE OF ORDER 18DEC03 | TIME OF ORDER 1030 HOURS | |
| | | | | D/C TO CAMP [redacted] | | |
| PATIENT IDENTIFICATION (b)(6)-4 [redacted] | NURSING UNIT | ROOM NO. | BED NO. | DATE OF ORDER | TIME OF ORDER HOURS | |

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

MEDCOM - 24501

(b)(6)-2 unless otherwise indicated

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

[redacted]

NOTED [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 11/13/03 TIME OF ORDER: 11/13 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Admit ICW
2. Burn Face
3. Stable
4. NPO
5. IV @ 125 ml/hr
6. VS q-hrly
7. To OR 11/13 [redacted]

PATIENT IDENTIFICATION

(b)(6)-4

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

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

1. Reg diet
2. Hydrotherapy
3. Send pt to optho clinic - coordinate time with Dr [redacted]
4. Ancef Fg inj q8 x 3 doses
5. Bacitracin to face [redacted]

PATIENT IDENTIFICATION

(b)(6)-4

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 11/14/03 TIME OF ORDER: 1100 HOURS [redacted]

Atropine tgtts OU tid
Ocuflox tgtts OU qid
NPO [redacted]

PATIENT IDENTIFICATION

(b)(6)-4

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: TIME OF ORDER: HOURS

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

MEDCOM - 24502

(b)(6)-4 unless otherwise indicated

**CLINICAL RECORD - DOCTOR'S ORDERS**

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

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

PATIENT IDENTIFICATION

#[redacted]

NURSING [redacted] | ROOM NO. | BED NO. [redacted]

~~ICW #1~~

DATE OF ORDER 11/14/03 | TIME OF ORDER 1830 HOURS | LIST TIME ORDER NOTED AND SIGN

Admit to ICW

Dx: Multiple corneal perf. OD

Multiple ant seg foreign bodies OU

Condition stable

Vitals routine

Diet Adv as tolerated

Act Bedrest up i assistance

PATIENT IDENTIFICATION

#[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

AU MEDA _____ HOURS

IV Ancef 1gm IV q8°

Cipro 400mg IV q12

Solumedrol 125mg IV qid

Zantac 150mg po bid

in am begin Pred Acetate 1 gtts OU q2°

Ocuflox 1 gtts OU qid

(b)(6)-2

[redacted]

PATIENT IDENTIFICATION

#[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER

[redacted]

604 LTC

PATIENT IDENTIFICATION

#[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

_____ HOURS

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

MEDCOM - 24503

(b)(6)-2 unless otherwise indicated

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 12 Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | WID | BRADEN SCALE | 6 | [redacted] | / | / | / | / | / | / | [redacted] | / | / | / |
| | | EVAL | 18 | / | / | / | / | / | / | / | / | / | / | / |
| 12 NOV | [redacted] | VS: Routine | 6 | [redacted] | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | |
| 13 NOV | [redacted] | Reg Diet, AAT | 6 | [redacted] | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | |
| 14 NOV | [redacted] | ACT BR ↑ C. Assit. | 6 | [redacted] | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | |
| 15 NOV | [redacted] | Pt. can shower | 10 | [redacted] | | | | | | | | | | |
| | | | 22 | [redacted] | | | | | | | | | | |
| 4 Dec | [redacted] | WID: Braden Scale | 6 | [redacted] | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: facial burns

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

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

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

MEDCOM - 24504

(b)(6)-2 unless otherwise indicated

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 14 | [redacted] | PRED ACETATE + gtt OU | 00 | / | [redacted] | | | | | | | | | | | | |
| | | Q2° | 02 | / | [redacted] | | | | | | | | | | | | |
| | | (Start 11/15/11 AM) | 04 | / | [redacted] | | | | | | | | | | | | |
| | | | 06 | / | [redacted] | | | | | | | | | | | | |
| | | | 08 | [redacted] | | | | | | | | | | | | | |
| | | | 10 | [redacted] | | | | | | | | | | | | | |
| | | | 12 | [redacted] | | | | | | | | | | | | | |
| | | | 14 | [redacted] | | | | | | | | | | | | | |
| | | | 16 | [redacted] | | | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | | | |
| | | | 20 | [redacted] | | | | | | | | | | | | | |
| | | | 22 | [redacted] | | | | | | | | | | | | | |
| 14 | [redacted] | OCUFLOX + gtts OU | 6 | [redacted] | | | | | | | | | | | | | |
| | | QID | 12 | [redacted] | | | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | | | |
| | | | 24 | [redacted] | | | | | | | | | | | | | |
| 18NOV | [redacted] | erythromycin opth. | 06 | / | — | — | / | [redacted] | | | | | | | | | |
| | | ointment qid OU | 12 | / | — | [redacted] | | | | | | | | | | | |
| | | | 18 | / | / | [redacted] | | | | | | | | | | | |
| | | | 24 | / | / | [redacted] | | | | | | | | | | | |
| 20NOV | [redacted] | Pred 40mg PO QD | 08 | / | / | / | / | / | / | [redacted] | | | | | | | 1/27 |
| 20NOV | [redacted] | Atropine 1% | 06 | / | / | / | / | / | / | [redacted] | | | | | | | |
| | | gtts OU TID | 14 | / | / | / | / | / | / | [redacted] | | | | | | | |
| | | | 22 | / | / | / | / | / | [redacted] | | | | | | | | |
| 11/27 | [redacted] | Decrease Pred to | 08 | — | — | — | — | — | — | — | — | — | — | — | — | — | [redacted] |
| | | 30mg q d | | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☒ NO — NKDA

PRIMARY DIAGNOSIS: brainfall / mult corneal perf OD, mult ant seg FB OU

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO — PAGE NO. 2

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

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

(b)(6)-2 except very bottom

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 15 DEC | -mm- | DECREASE PREDNISONE 20mg | 08 | [redacted] | | | | | | | | | | | | | |
| | ----- | PO QD x 4 DAYS, THEN | | | | | | | | | | | | | | | |
| | ----- | 15mg PO QD x 4 DAYS, | 08 | | | | | | | | | | | | | | |
| | ----- | THEN 10mg PO QD | 08 | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| 15 DEC | -mm- | TIMOPTIC ½ GTTS OD BID | 10 | [redacted] | | | | | | | | | | | | | |
| | ----- | (0.5%) | 22 | [redacted] | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: BURN FACE / MULT FB OU

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 24506

(b)(6)-2 except very bottom

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. Dec Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 13 NOV | [redacted] | Bacitracin to face | 10 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 22 | [redacted] | | | | | | | | | | | | | |
| 14 NOV | [redacted] | Zantac 150mg | 10 | [redacted] | | | | | | | | | | | | | |
| | ----- | P.O. BID | 22 | [redacted] | | | | | | | | | | | | | |
| 20 NOV | [redacted] | Atropine 1% 1 gtt OU | 06 | [redacted] | | | | | | | | | | | | | |
| | ----- | TID | 14 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 22 | [redacted] | | | | | | | | | | | | | |
| 8 Dec | [redacted] | Pred acetate 1 gtt OU | 08 | [redacted] | | | | | | | | | | | | | |
| | ----- | Q2° (no gtts 24-06 D) | 10 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 12 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 14 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 16 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 18 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 20 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 22 | [redacted] | | | | | | | | | | | | | |
| 02 Dec | [redacted] | Prednisone ~~20mg~~ 15mg po | 08 | [redacted] | | | | | | | | | | | | | |
| | ----- | QD ↑ to 40mg | | [redacted] | | | | | | | | | | | | | |
| 14 | [redacted] | Ocuflox 1 gtts OU | 06 | [redacted] | | | | | | | | | | | | | |
| | ----- | QID | 12 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 18 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 24 | | | | | | | | | | | | | | |
| 18 | [redacted] | Erythromycin opth. | 06 | [redacted] | | | | | | | | | | | | | |
| | ----- | ointment QID OU | 12 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 18 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 24 | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |

Aid 15 DEC 03 SEE NEXT SHEET

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Burn face/multi fb OU

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678 — EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 24507

(b)(6)-2all

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. 12 Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 15NOV | [redacted] | Percocet 1-II po 94-6° pm | [redacted] | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 18 | [redacted] | Ambien 10mg QHS po pm | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 18 | [redacted] | Tylenol 325mg II po 94-6° pm | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

*U.S. GPO: 1998-454-110/95216

MEDCOM - 24508

(b)(6)-2 except very bottom

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12 | [redacted] | LR@ 125cc/hr | 6 | / | [redacted] | → | | | | | | | | | | | |
| | ------ | Heplock IV | 18 | [redacted] | | / | | | | | | | | | | | |
| 13NOV | [redacted] | HL IV | 6 | / | [redacted] | | | | | | | | | | | | |
| | ------ | | 18 | / | [redacted] | | | | | | | | | | | | |
| 13NOV | [redacted] | Ancef 1gm IVP Q8° | 08 | / | [redacted] | → | | | | | | | | | | | |
| | ------ | x3 doses | 16 | [redacted] | \ | → | | | | | | | | | | | |
| | ------ | | 24 | [redacted] | \ | → | | | | | | | | | | | |
| 13NOV | [redacted] | Bacitracin to face | 10 | \ | [redacted] | | | | | | | | | | | | |
| | ------ | | 22 | \ | [redacted] | | | | | | | | | | | | |
| 14NOV | [redacted] | Atropine 1 gtts OU | 08 | → | / | | | | | | | | | | | | |
| | ------ | TID | 16 | → | [redacted] | | | | | | | | | | | | |
| | ------ | ~~Ocuflox 1 gtt OU~~ | 24 | → | | | | | | | | | | | | | |
| | ------ | ~~TID~~ ERROR(BR) | X | | | | | | | | | | | | | | |
| 14NOV | [redacted] | Ocuflox 1 gtts OU | 08 | → | / | | | | | | | | | | | | |
| | ------ | TID | 16 | → | [redacted] | | | | | | | | | | | | |
| | ------ | | 24 | → | | | | | | | | | | | | | |
| 14NOV | [redacted] | Ancef 1 gm IV Q8° | 8 | / | / | / | [redacted] | | | | | | | | | | |
| | ------ | | 16 | / | / | / | [redacted] | | | | | | | | | | |
| | ------ | | 24 | / | / | / | [redacted] | | | | | | | | | | |
| 14NOV | [redacted] | Cipro 400mg IV Q12° | 10 | / | / | / | [redacted] | | | | | | | | | | |
| | ------ | | 22 | / | / | / | [redacted] | | | | | | | | | | |
| 14NOV | [redacted] | Solumedrol 125mg IV | 6 | — | — | / | [redacted] | | | | | | | | | | |
| | ------ | QID | 12 | — | — | / | [redacted] | | | | | | | | 20 Nov 03 | | |
| | ------ | | 18 | — | — | / | [redacted] | | | | | | | | DIC | | |
| | ------ | | 24 | — | / | [redacted] | | | | | | | | | | | |
| 14NOV | [redacted] | Zantac 150 mg po BID | 10 | — | — | / | [redacted] | | | | | | | | | | |
| | ------ | | 22 | — | / | [redacted] | | | | | | | | | | | |

| ALLERGIES: ☐ YES ☒ NO | PRIMARY DIAGNOSIS: | | ADDITIONAL PAGES IN USE: |
|---|---|---|---|
| NKDA | Burn face | multi corneal perf OD / multi ant seg FB OU | ☒ YES ☐ NO PAGE NO. 1 |

PATIENT IDENTIFICATION:

(b)(6)-4

[redacted]

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

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

MEDCOM - 24509

(b)(6) - 2 all

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. 11 Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 15NOV | [redacted] | Percocet 1-II | 17NOV 0910 | 18NOV 0880 | 19NOV 2100 | 20NOV 1700 | | | | | | | | | |
| | | PO q 4-6 PRN | 2 | 2 | 1 tbs | 1 | [redacted] | | | | | | | | |
| | | PAIN | | | 2 | | | | | | | | | | |
| 18NOV | [redacted] | Ambien 10mg QHS | [redacted] | 22NOV 2300 | | | | | | | | | | | |
| | | PO PRN | [redacted] | 10mg 1 | | | | | | | | | | | |
| 18NOV | [redacted] | Tylenol 325mg II | [redacted] | 23NOV 1330 | | | | | | | | | | | |
| | | PO Q4-6 PRN | [redacted] | 2 tabs | | | | | | | | | | | |

Henry Hen
24 Nov 03

MEDCOM - 24510

USAPA V1.00

(b)(6)-2 except very bottom

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407: the proponent agency is the Office of The Surgeon General. | Mo. 12 Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 29 | 30 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 14 | [redacted] | PRED ACETATE + gtt | 00 | [redacted] | | | | | | | | | | | | | |
| | ----- | OU Q2° | 02 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 04 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 06 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 08 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 10 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 12 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 14 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 16 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 18 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 20 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 22 | [redacted] | | | | | | | | | | | | | |
| 14 | [redacted] | OCUFLOX + gtt OU QID | 6 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 12 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 18 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 24 | [redacted] | | | | | | | | | | | | | |
| 18 | [redacted] | Erythromycin Opth. | 06 | [redacted] | | | | | | | | | | | | | |
| | ----- | Ointment QID OU | 12 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 18 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 24 | [redacted] | | | | | | | | | | | | | |
| 20 | [redacted] | Atropine 1% + gtt OU TID | 6 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 14 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 20 | [redacted] | | | | | | | | | | | | | |
| 27 | [redacted] | Prednisone 30mg po | 08 | [redacted] | | | | | | | | | | | | | |
| | ----- | QD | X | [redacted] | | | | | | | | | | | | | |
| 02 Dec | [redacted] | Prednisone 20mg p.o | 08 | | | | | | [redacted] | | | | | | | | |
| | ----- | QD | | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: BURN FACE / MULT. CORNEAL PERF OD, MULT ANT. SEG FB OU

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO. 2

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

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 24511

(b)(6) - 2 all

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. 12 Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| 03 DEC | [redacted] | No drops 2400 - 0600 | 09 | — | | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 15 NOV | [redacted] | Percocet T-II po q 4-6° pm | [redacted] | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 18 | [redacted] | Ambien 10mg QHS po pm | [redacted] | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 18 | [redacted] | Tylenol 325mg II po q 4-6° pm | [redacted] | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

*U.S. GPO: 1998-454-110/95216

MEDCOM - 24512

(b)(6)-2 except for very bottom

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11/12 Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 26 | 27 | 28 | 29 | 30 | 1 | 2 | 3 | 4 | 05 | 6 | 7 | 8 | 09 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 13 NOV | [redacted] | HL IV | 06 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 18 | [redacted] | | | D/C | 27 | Nov | 03 | | | | | | | |
| 13 NOV | [redacted] | Bacitracin to face | 10 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 2 | [redacted] | | | | | | | | | | | | | |
| 14 NOV | [redacted] | Ancef 1 gm IV | 08 | [redacted] | | | | | | | | | | | | | |
| | ----- | Q8° | 16 | [redacted] | | | | | | | | | Nov | 03 | | | |
| | ----- | | 24 | [redacted] | | | | | | | | | | | | | |
| 14 NOV | [redacted] | Cipro 400mg | 10 | [redacted] | | | | | | | | | | | | | |
| | ----- | IV Q12° | 22 | [redacted] | | | | | | | | | | | | | |
| 14 NOV | [redacted] | ZANTAC 150mg | 10 | [redacted] | | | | | | | | | | | | | |
| | ----- | P.O BID | 22 | [redacted] | | | | | | | | | | | | | |
| 20 NOV | [redacted] | Atropine 1% 1 gtts OU | 06 | | | | | | | | | | | | | | |
| | ----- | TID | 14 | | | | | | | | | | | | | | |
| | ----- | | 22 | | | | | | | | | | | | | | |
| 14 NOV | [redacted] | Pred Acetate 1 gt OU | 06 | | | | | | | | | | | | | | |
| | ----- | Q2° (no gtts 24-06:00) | 08 | | | | | | | | | | | | | | |
| | ----- | | 10 | | | | | | | | | | | | | | |
| | ----- | | 12 | | | | | | | | | | | | | | |
| | ----- | | 14 | | | | | | | | | | | | | | |
| | ----- | | 16 | | | | | | | | | | | | | | |
| | ----- | | 18 | | | | | | | | | | | | | | |
| | ----- | | 20 | | | | | | | | | | | | | | |
| | ----- | | 22 | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Burn face / Mult FB OU

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO. 1

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DRM FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 24513

(b)(6)-2 all

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. 11 Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18 NOV | [redacted] | Percocet 1-2 PO | [redacted] | | | | | | | | | | | | |
| | | P.O Q4-6 PRN | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 18 NOV | [redacted] | Ambien 10mg QHS | | 2300 | 2300 | | | | | | | | | | |
| | | P.O PRN | | tpo | tpo | | | | | | | | | | |
| | | | | (e) | | | | | | | | | | | |
| 18 NOV | [redacted] | Tylenol 325mg | | | | | | | | | | | | | |
| | | 1-2 P.O Q4-6 | | | | | | | | | | | | | |
| | | PRN | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

*U.S. GPO: 1998-454-110/95216

MEDCOM - 24514

(b)(6)-2 except very bottom

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12 | [redacted] | NPO | 6 | / | [redacted] | \ | | | | | | | | | | |
| | | | 18 | [redacted] | | / | | DIC | | | | | | | | |
| 12 14 | [redacted] | VS: Routine | 6 | / | [redacted] | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | | |
| 13NOV | [redacted] | Reg. diet, AAT | 6 | / | [redacted] | | | | | | | | | | | |
| 14NOV | | | 18 | / | [redacted] | | | | | | | | | | | |
| 14NOV | [redacted] | ACT: BR, ↑ Cassist | 6 | / | / | / | [redacted] | | | | | | | | | |
| | | | 18 | / | / | [redacted] | | | | | | | | | | |
| 15NOV | [redacted] | Pt can shower | 10 | — | — | / | [redacted] | | | | | | | | | |
| | | | 22 | — | — | — | / | [redacted] | | | | | | | | |

ALLERGIES: ☐ YES ☒ NO
NKDA

PRIMARY DIAGNOSIS: Burn face / mult corneal perf OD, mult ant seg FB OU

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

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

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

(b)(6)-2 all

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo 11 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 12 | [redacted] | Admit IWW, stabize | 12 | — | | [redacted] |
| 12 | [redacted] | To OR [redacted] 11/13 | 13 | — | — | [redacted] |
| 13NOV | [redacted] | Send pt to ~~ortho~~ ortho-clinic (coord- | 14NOV | | 1100 | [redacted] |
| | ---- | inate time c [redacted] | / | / | / | / |
| 14NOV | [redacted] | NPO | 14NOV | 1100 ASAP | 1100 | [redacted] |
| 15 | [redacted] | D/C Foley | 15NOV | 1600 | — | [redacted] |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

MEDCOM - 24516

(b)(6)-2 except very bottom

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 25 | 26 | 27 | 28 | 29 | 30 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12Nov | [redacted] | VS: Routine | 6 | [redacted] | | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | | |
| 13Nov | [redacted] | Reg Diet, ~~AT~~ AAT | 6 | [redacted] | | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | | |
| 14Nov | [redacted] | ACT BRTE Assist | 6 | [redacted] | | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | | |
| 15Nov | [redacted] | Pt can shower | 10 | [redacted] | | | | | | | | | | | | |
| | | | 22 | [redacted] | | | | | | | | | | | | |
| 4 DEC | [redacted] | NIO: BRADEN SCALE | 06 | / | | | / | [redacted] | / | | | | | / | [redacted] | / |
| | | Q 7 DAYS | 18 | / | | | / | [redacted] | / | | | | | / | [redacted] | / |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: FACIAL BURNS

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

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

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

(b)(6) - 2 all

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)* | | | | Mo 11 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 25 NOV | [redacted] | To Ellsworth for eval. | 25 | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | *INITIAL PROPER COLUMN FOLLOWING COMPLETION* TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

MEDCOM - 24518

24

# 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 14 Nov 03
Time In: 1640
Allergies: NKDA
Pre-op V/S: 150/60 134
Procedures: bil. scrapings to left

Anesthesia Type (Circle): General/Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 1700 Colloid
OR Output: UOP 350 EBL nil
Meds/Times: Fentanyl, Marcaine-lyes

| Drains |
|---|
| Hemovac |
| NG |
| JP |
| T-tube |
| Foley |
| TLS |

| Airway |
|---|
| Nasal |
| Oral |
| ETT |
| Trach |
| Other |

Pre Op Meds History

| Time | 1840 | 1845 | 1850 | 1905 |
|---|---|---|---|---|
| SaO2 | 97 | 100 | 102 | 95 |
| FiO2 | 8L | 8L | 8L | RA |
| Methods | M | M | M | |
| 240 | | | | |
| 220 | | | | |
| 200 | | | | |
| 180 | | | | |
| 160 | | | | |
| 140 | | | | |
| 120 | | | | |
| 100 | | | | |
| 80 | | | | |
| 60 | | | | |
| 40 | | | | |
| 20 | | | | |
| RR | 26 | 26 | 22 | 16 |
| T | 96.7 | 97.1 | | |

| Time | [redacted] |
|---|---|
| Pain (0-10) | |
| LOS | |

Patient teaching done: Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1840 | LR | 300 | L Hand | DC | 700 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 1 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 1 | 1 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C, | 8 | 9 | 9 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
' = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

[redacted] (b)(6)-2

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 14 Nov 03

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

Name – last.

[redacted] (b)(6)-4

☐ HISTORY/PHYSICAL
☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION
☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete USAPPC V2.00

(b)(6)-2 all

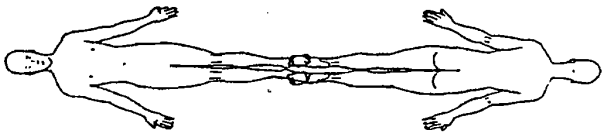
| MEDICATIONS | | | | | | |
|---|---|---|---|---|---|---|
| Allergies: | | | | | | |
| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| NEUROVASCULAR | | | | | | | |
|---|---|---|---|---|---|---|---|
| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
| Adm | | | | | | | |
| 15' | | | | | | | |
| 30' | | | | | | | |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

| C-SECTIONS | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

| DRESSINGS | | | |
|---|---|---|---|
| Time | Location | Type | Drainage |
| Adm | L eye | patch | — |
| 30' | | | |
| 60' | | | |
| D/C | | | |



| PACU OUTPUT | | | |
|---|---|---|---|
| Time | Source | Color/Appearance | Amount |
| 1915 | Urine | Clr | 200 |
| | | | |
| | | | |
| | | | |

| CARDIAC RHYTHM | | | |
|---|---|---|---|
| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
| 1840 | SR | — | — |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

NURSING NOTES

Pt to Urology from Chemo via gurney s/p Orchiectomy. Dressing removed from both eyes. Bil eye patches intact. IV of LR infusing into (L) wrist. → S/S of redness or swelling. VSS. Will continue to monitor [redacted]

Discharge Criteria:
Date: 4/NOV Time: 1915 PARS: 9
BP: 127/72 T: 96.8 HR: 101 RR: 12 Sa02: 95
Pain Level at D/C (0-10):
Intake: 200 Output: 200
Additional Data:
Transferred To: [redacted]
Report Given To
Transferred Via:
Transferred By:
Cleared IAW Recovery
Charge Nurse Signature

MEDCOM - 24520

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 11/13/03 Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block

Time In: 1630

Allergies: _____ OR Intake: Crystalloid 1500 Colloid _____

Pre-op V/S: 115/80 12/100 OR Output: UOP 450cc Urin EBL 200 cc

Procedures: WASH & DEBRIDE Meds/Times: 10cc FENTANYL

FACIAL BURNS

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

### Pre Op Meds History

| Time | 1030 | 1235 | 1040 | 1045 | 1150 |
|---|---|---|---|---|---|
| SaO2 | 98 | 100 | 100 | 99 | 100 |
| FiO2 | RA | / | / | / | / |
| Methods | RA | OP | RA | OP | RA |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | 142 |
| 120 | 124 | 122 | 128 | 130 | |
| 100 | | | | | |
| 80 | | | | | |
| 60 | 68 | 69 | 72 | 74 | 69 |
| 40 | | | | | |
| 20 | | | | | |
| HR | 75 | 86 | 72 | 90 | 101 |
| RR | 18 | 15 | 15 | 20 | 16 |
| T | 96.5 | | | | |

| Time | |
|---|---|
| Pain (0-10) | |
| LOS | |

### Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1030 | RL | 475 | Q Arm | IV | 50 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

### Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 9 | 10 | 10 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
" = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done; Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures

Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

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

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 11/13/03

PATI[redacted] written entries give: Name – last, first, middle; grade; [redacted] hospital or medical facility)

[redacted] (b)(6)-4

[redacted]

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete

USAPPC V2.00

(b)(6)-2 all

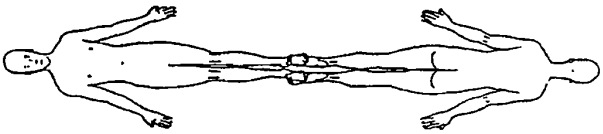
| MEDICATIONS | | | | | | |
|---|---|---|---|---|---|---|
| Allergies: | | | | | | |
| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| NEUROVASCULAR | | | | | | | |
|---|---|---|---|---|---|---|---|
| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
| Adm | L.R. | A | A | P | B | C | PK |
| 15' | L.R. | A | A | P | B | C | PK |
| 30' | L.R. | A | A | P | B | CW | PK |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | A | P | B | W | PK |
| D/C | L.R. | A | A | P | B | W | PK |

Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

| C-SECTIONS | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

| DRESSINGS | | | |
|---|---|---|---|
| Time | Location | Type | Drainage |
| Adm 1030 | FOREHEAD | PACKING | Q |
| 30' | | | |
| 60' | | | |
| D/C 1115 | | | |



| PACU OUTPUT | | | |
|---|---|---|---|
| Time | Source | Color/Appearance | Amount |
| 10:30 | FOLEY. | YELLOW. | — |
| 11:15 | FOLEY. | YELLOW. | 50cc |
| | | | |
| | | | |

| CARDIAC RHYTHM | | | |
|---|---|---|---|
| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
| 1030 | NSR | S1S2 PRESENT. | |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

NURSING NOTES

1030. Pt admitted to PACU on stretcher. Pt has burn to hand - 2nd degree. Pt has shrapnel wounds about body, particularly face and R leg. Pt awake & open eyes fully due to blast injuries. Has packing to shrapnel head wounds on forehead. Blast on R side. Has abrasion and injuries from shrapnel wounds. Pt has good O2 perfusion, obey verbal commands.

1115 Pt follows verbal commands through interpreter. Pt encouraged to deep breathe and remain awake. VS stable. Arrangements made to PACU. [redacted]

Discharge Criteria:
Date: 11/13/03 Time: 11:15 PARS: 10
BP: 140/80 T: HR: 76 RR: 15 Sa02: 99
Pain Level at D/C (0-10):
Intake: RL 50 Output: FOLEY 50cc
Additional Data: Q
Transferred To: TCW1
Report Given To: [redacted]
Transferred Via: W/C [redacted] Gurney Ambulance
Transferred By:
Cleared IAW Recovery [redacted]
Charge Nurse Signature [redacted] LE AW

MEDCOM - 24522

# AEROMEDICAL EVACUATION PATIENT RECORD

## PATIENT IDENTIFICATION

| 1. NAME (Last, First, Middle Initial) | 2. SSN | 3a. STATUS | 3b. SERVICE | 4. PRECEDENCE U / P / R | 5. GRADE |
|---|---|---|---|---|---|
| [redacted] (b)(6)-4 | | | | | |

| 6. AGE | 7. SEX | 8. WEIGHT | 9. BLOOD TYPE | 10. CLASSIFICATION (1A-5F) | 11. ACCEPTING PHYSICIAN | 12. CITE/AUTHORITY NO. |
|---|---|---|---|---|---|---|
| 30 | X Male / Female | | | AMBULATORY / X LITTER | 2A | |

| 13. APPT/SURG DATE | 14a. ORIGINATING FACILITY | 15a. DESTINATION FACILITY | 16. NUMBER OF ATTENDANTS |
|---|---|---|---|
| | 14b. ORIGINATING FACILITY PHONE NUMBER | 15b. DESTINATION FACILITY PHONE NUMBER | 16a. MEDICAL / 16b. NON MED |

**17. DIAGNOSIS**

BURNS TO FACE AND EYES

**18.** BATTLE CASUALTY / DISEASE / NON-BATTLE INJURY

**19. CLINICAL ISSUES** *(Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)*

| | YES | NO | ISSUE | | YES | NO | ISSUE | | YES | NO | ISSUE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| a. | | | HYPERTENSION | f. | | | MOTION SICKNESS | k. | | | AMBULATORY |
| b. | | | CARDIAC HX | g. | | | VISION IMPAIRED | l. | | | AMBULATORY AID |
| c. | | | DIABETES | h. | | | VOIDING PROBLEMS | m. | | | SELF-MEDS |
| d. | | | RESPIRATORY | i. | | | BOWEL PROBLEMS | n. | | | ADEQUATE SUPPLY OF MEDS |
| e. | | | EARS/SINUS | j. | | | SELF-CARE | o. | | | OTHER |

**20. PHYSICIANS ORDERS**

| 20a. DATE | 20b. TIME | 20c. ALLERGIES |
|---|---|---|
| | | |

20d. DIET: REG / 3GM NA / CARDIAC / DIABETIC ____ CALS

- RENAL ____ Gm prot ____ Gm Na ____ Meq K ____ mg PO4
- TUBE ____ TYPE ____ cc/hr, 1/2, 3/4, FULL STRENGTH
- PEDIATRIC: AGE ____ OTHER *(Specify)* ____
- TPN: Change to D10 at ____ cc/hr for max of ____ days
- TUBE FEEDING ____ at ____ strength at ____ cc/hr

20e. IV/BLOOD

20f. SPECIAL EQUIPMENT

| | | |
|---|---|---|
| | TRACTION | ORTHOPEDIC BRACES |
| SUCTION | IV PUMP | CHEST TUBE/HEIMLICH |
| NG TUBE | TRACH | RESTRAINTS |
| STRYKER FRAME | MONITOR | OTHER *(Explain in 23)* |
| INCUBATOR | FOLEY | |

$O_2$: LITERS: ROUTE:

VENTILATOR SETTINGS

20g. ALTITUDE RESTRICTION:

20h. RECORDS TO ACCOMPANY PATIENT

| | | |
|---|---|---|
| OUTPATIENT RECORDS | X-RAYS | FINANCIAL |
| INPATIENT RECORDS | OB RECORDS | OTHER *(Specify)* |
| NARRATIVE SUMMARY | DENTAL RECORDS | |

**20i. MEDICATIONS/TREATMENTS**

**21. PRE-FLIGHT VITALS**

| 21a. DATE/TIME | 21b. TEMP | 21c. PULSE | 21d. RESP | 21e. BP |
|---|---|---|---|---|
| | | | | |

**22. BRIEF NARRATIVE**

30 yo [illegible] given [illegible] via C-130 [illegible] [illegible] [illegible]

(b)(6)-2 unless indicated otherwise

**MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA**

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

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

OTSG APPROVED (Date): QI Appr 11 Jun 97

## EMS REPORT

TIME: 1200 ETA: _____ UNIT: _____

MED COM: [Y] [N] _____

## ARRIVAL STATUS

TIME 0005 ☐ IV x 1 ☐ $O_2$ _____ l/min ☐ C-Spine Immob

Meds: ☐ UKN ☑ None ☐ Yes: _____

Allergies: ☐ UKN ☑ None ☐ Yes: _____

Tetanus: ☐ UKN ☑ Current Last Meal/Fluid Intake _____ hrs

LMP: _____ ☐ _____

## PRIMARY SURVEY

**AIRWAY**

☑ Natural Patient [Y] [N]

☐ ETT ____ ☐ _____

☐ Secretions _____

**BRETHING**

☐ Labored ☑ Unlabored ☐ Absent

TRACHEA: ☐ Midline ☐ Deviated [L] [R]

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

**CIRCULATION**

PULSE: ☑ Present ☐ Absent

BLEEDING: [Y] [N]

HEART TONES: ☐ Clear ☐ Muffled

SKIN: ☐ Warm ☐ Cool ☐ Hot

☐ Pink ☐ Pale ☐ Cyanotic ☐ _____

☐ Dry ☐ Moist ☐ Diaphoretic

## SECONDARY SURVEY

**DISABILITY**

GCS: E _____ V _____ M _____

SPHINCTER TONE: ☐ WNL ☐ None

**HEAD**

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

TM: ☑ Clear ☐ Blood [L] [R]

**NECK**

C-Spine Tenderness: [Y] [N]

Pain @ _____

JVD: [Y] [N]

**HEART**

RHYTHM: ☑ Regular ☐ _____

PULSES: ☑ Central ☑ Peripheral

**LUNGS**

BREATH SOUNDS: ☑ Bilat ☑ Equal ☑ Clear

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

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

**ABDOMEN**

☑ Soft ☐ Rigid ☑ Non-Tender

☐ Tender: —

**PELVIS**

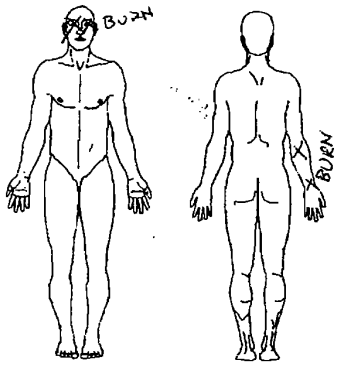
☑ Stable ☐ Unstable ☐ _____

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

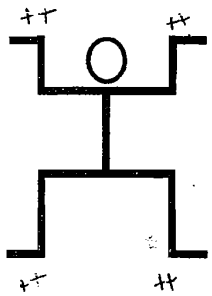
Heme + / - Prostate: ☐ WNL ☐ Abnl

## USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

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




## VASCULAR ASSESSMENT




| ++ Strong | + Palpable | D Dopler |
|---|---|---|

RN: LT [redacted]

PHYSICIAN: [redacted]

(Continue on reverse)

PREPARED BY (Signature & Title): [redacted]

DEPARTMENT/SERVICE/CLINIC: [redacted] (b)(2)-2

DATE

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

EPW (b)(6)-4

# [redacted]

☐ 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 DO FORM 2005. PREVIOUS EDITION IS OBSOLETE.

EAMC OP 503, 1 Dec 98

| TIME | PROCEDURE | SIZE | SITE | BY | RESULTS |
|---|---|---|---|---|---|
| | ET Intubation | | ☐ Oral ☐ Nasal Teeth | | ☐ $ETCO_2$ Change ☐ BBS Post Int ☐ Post CXR |
| | Gastric Tube | | ☐ Oral ☐ Nasal | | ☐ Air ☐ Contents ☐ Verified_____ Suction: Y N |
| | Urinary | | ☐ Meatus ☐ Supra-Public | | ☐ Return_____cc ☐ Heme Dip: + - ☐ Secured |
| | DPL | | ☐ Opened ☐ Closed | | ☐ Grossly: + - Cell count Sent@_____ |
| | Chest Tube #1 | | L R | | ☐ Air ☐ Blood ☐ Pleuravac____cm ☐ Autotransfuser |
| | Chest Tube #2 | | L R | | ☐ Air ☐ Blood ☐ Pleuravac____cm ☐ Autotransfuser |
| | 12 Lead | Rhythm: | | Comments | |

| ABG SITE | TIME | %$O_2$ | pH | BE | $pCO_2$ | $PO_2$ | $O_2$ Sat | $HCO_3$ |
|---|---|---|---|---|---|---|---|---|
| 1) | | | | | | | | |
| 2) | | | | | | | | |

## LABS

| TIME | LABS |
|---|---|
| | ☐ D-stick_____ ☐ SHct_____ |
| | ☐ D-stick_____ ☐ SHct_____ |
| | ☒ CBC ☒ Chem ☒ PT/PTT |
| | ☐ ETOH ☐ T&S ☐ T&C x_____ |
| | ☐ Tox Screen |
| | ☒ UA ☐ HCG |
| | ☐ OTHER |
| | ☐ OTHER |

## X-RAYS

| TIME | LABS |
|---|---|
| 0015 | ☒ Chest Initial |
| | ☐ Chest Post ET |
| | ☐ Chest Post CT |
| | ☐ C-Spine |
| | ☐ Pelvis |
| | ☐ |
| | ☐ |
| | ☐ |

| TIME | PROCEDURE | ACCOMPANED BY | RETURN |
|---|---|---|---|
| | CT Scan: ☐ Contrast | | |
| | ☐ Head ☐ Abd ☐ Pelvis | | |
| | ☐ C-Spine ☐ T/L Spine ☐ Chest | | |
| | ☐ | | |
| | A-Gram Site: | | |

## IV ACCESS & FLUIDS

| TIME | # | GA | IAW SOP | | SITE | IVF TYPE | AMT UP | AMT IN |
|---|---|---|---|---|---|---|---|---|
| ARRIVED WITH | 1 | ? | (Y) | N | (R) FOREARM | SODIUM LACTATE | /L | |
| | | | Y | N | | | | |
| | | | Y | N | | | | |
| | | | Y | N | | | | |

## MEDICATIONS

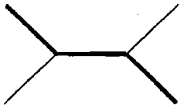
| MEDICATION | TIME | DOSE | RTE | TIME | DOSE | RTE | TIME | DOSE | RTE |
|---|---|---|---|---|---|---|---|---|---|
| 75 Fentanyl | 0009 | | IV | | | | | | |

## BLOOD PRODUCTS

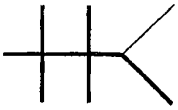
| START | # | TYPE | UNIT# | AMT UP | AMT IN | END | INIT |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

## LAB RESULTS

CBC:



Chem:



## INTAKE & OUTPUT

| INTAKE | AMOUNT | OUTPUT | AMOUNT |
|---|---|---|---|
| IVF | | Urine | |
| NGT | | NGT | |
| Blood | | EBL | |
| Other | | Other | |
| TOTAL | | TOTAL | |

## TRAUMA TEAM ARRIVAL

| TITLE | NAME (Print) | PAGED | RESPONDED | ARRIVED |
|---|---|---|---|---|
| ED Phys | | | | |
| Surgeon | | | | |
| Anesth | | | | |
| | | | | |
| | | | | |
| X-Ray | | | | |
| RT | | | | |
| Ortho | | | | |
| Neuro | | | | |
| Chaplain | | | | |
| | | | | |
| | | | | |

## VALUABLES & CLOTHING

| V | STATUS | C |
|---|---|---|
| | None Found | |
| | Given to Patient | |
| | Given to Family | |
| | Inventoried and Released to Patient Trust Fund/NCOD See DA Form 3696 | |
| | Other: See Nursing Notes | |

## DISPOSITION

☐ Home ☐ _____

Admitted to_____

Report Called to_____

Time Transferred_____

Accompanied By_____

Via: ☐ Stretcher ☐ Wheelchair

As per ACLS Precautions: ☐ Yes ☐ No

*(page 2)*

## VITAL SIGNS

Rectal Temp:

| TIME | BP | HR | RHY | RR | $SAO_2$ | $FIO_2$ | MODE | GCS: E | V | M | T |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0001 | 135/75 | 110 | | 16 | 98 | | | | | | |
| 0009 | 168/101 | 91 | | 18 | 99 | | | | | | |
| 0025 | 144/68 | 76 | | 16 | 99 | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |

## GLASGOW COMA SCALE

| EYE OPENING | VREBLE RESPONSE | MOTOR RESPONSE |
|---|---|---|
| 4 - Spontaneous | 5 - Oriented | 6 - Obeys Commands |
| 3 - To Voice | 4 - Confused | 5 - Localizes Pain |
| 2 - To Pain | 3 - Inapp Words | 4 - Withdraws to Pain |
| 1 - None | 2 - Incomp Speech | 3 - Flexion to Pain |
| | 1 - None | 2 - Extension to Pain |
| | | 1 - None |

| TIME | PROCEDURE | PERFORMED BY: |
|---|---|---|
| | ☐ Backboard Removed | BY: |
| | ☐ Downgraded | BY: |

## NOTES

☆U.S.GOVERNMENT PRINTING OFFICE 1997-671-7000

29/10 ♂ iraqi s/p car bomb in BRS 2 days
Ago. sent to US. Ex pt ABOD3 on dual
CPAP.

USION - only can see light.

| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|---|
| | | | | | | |

NAME (Last, First, Middle Initial)

| 4. PAY GRADE | |
|---|---|
| 16 | 17 |
| | |

| 5. SEX |
|---|
| 18 |
| |

| 6. DATE OF BIRTH (YYYYMMDD) | | | | | | | | 7. AGE AT ADMISSION | | | 8. RACE | 9. ETHNIC BACK-GROUND | RELIGION |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| | | | | | | | | | | | | | |

| 10. LENGTH OF SERVICE | | | ETS | 11. FMP | | 12. SOCIAL SECURITY NUMBER | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 32 | 33 | 34 | | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 |
| | | | | | | | | | | | | | | |

| ORGANIZATION (Active Duty Only) | 13. MARITAL STATUS | HOUR OF ADMISSION | BRANCH / CORPS |
|---|---|---|---|
| | 46 | | |

| 14. FLYING STATUS | | | 15. BENEFICIARY CATEGORY | | | 16. ZIP CODE OF RESIDENCE | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 |
| | | | | | | | | | | | | | | |

| 17. UNIT LOCATION (State or Country Code) | | 18. MOS | | | | | | | 19. TRAUMA | PREV. ADMISSION | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | YEAR | ☐ NO |
| | | | | | | | | | | | |

| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | WARD | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE |
|---|---|---|
| 72 | | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) |
| | | |

| NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE |
|---|---|
| | |

| 21. TYPE OF DISPOSITION | | 22. MTF TRANSFERRED TO | | | | | | 23. DATE OF DISPOSITION (YYMMDD) | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 |
| | | | | | | | | | | | | | |

| 24. CLINIC SVC - ADMITTING | | | | 25. MTF TRANSFERRED FROM | | | | | | 26. DATE THIS ADMISSION (YYMMDD) | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 |
| | | | | | | | | | | | | | | | |

| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | | 28. MTF OF INITIAL ADMISSION | | | | | | 29. DATE INITIAL ADMISSION (YYMMDD) | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 103 | 104 | 105 | 106 | 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 |
| | | | | | | | | | | | | | |

FOR LOCAL USE

Dx: 8715
94100
94303
36622
E9919

Pr: 8345
9513

Inj Trauma
443 1

| ADMITTING OFFICER (Signature, as required) | SIGNATURE OF ADMITTING CLERK |
|---|---|
| | |

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE USAPPC V1.00

# Admission and Coding Information

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

| | | | | |
|---|---|---|---|---|
| 1. Reporting MTF (b)(2)-2 [redacted] | 2. MTF Location IZ | | | |
| 3. Register Number ~~00155222~~ 0095256 | Name (Last, First, MI) [redacted] (b)(6)-4 | | 4. Pay Grade FGN | 5. Sex M |
| 6. DoB (YYYYMMDD) 1953-01-01 | 7. Age at Admission 50Y | 8. Race X | 9. Ethnicity 9 | Religion |
| 10. Length of Service | ETS | 11. FMP 99 | 12. Social Security Number [redacted] (b)(6)-4 | |
| Organization (Active Duty Only) | | 13. Marital Status | Hour of Admission 18:20 | 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 DIS | Prev. Admission NO |
| 20. Source of Admission Direct from ER | Ward: ICU2 | | Name / Relationship of Emergency Addressee<br>Address of Emergency Addressee<br>Telephone Number of Emergency Addressee | |
| Name and Location of Medical Treatment Facility: [redacted] No Install Provided (b)(2)-2 | | | | |
| 21. Type of Disposition HOME | 22. MTF Transferred To | | 23. Date of Disposition (YYYYMMDD) 2003-11-21 | |
| 24. Clinic Svc - Admitting ABA - GENERAL SURGERY | 25. MTF Transferred From | | 26. Date this Admission (YYYYMMDD) 2003-11-19 | |
| 27. Location of Occurrence | 28. MTF of Initial Admission | | 29. Date of Initial Admission 2003-11-19 | |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: FACAIL BURNS,MULT CORNEAL PERF OD

Procedure Narrative(s):

Cause of Injury Narrative:

(b)(6)-2

Admitting Officer (Signature, or [redacted]

Signature of Admitting Clerk [redacted] (b)(6)-2

Automated Facsimile - DA FORM 2985, MAR 2000

MEDCOM - 24529

5179-1

## Pre-operative Notes

| | 0015 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| FENTANYL 100 | | | | | | | | | | | |
| STP 300 | | | | | | | | | | | |
| Roc 35 | | | | | | | | | | | |
| MuPOH | 3 | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Time | | | | | | | | | | | |
| Chart Code | 200 | | | | | | | | | | |
| | 180 | | | | | | | | | | |
| Pulse ● | 160 | | | | | | | | | | |
| | 140 | | | | | | | | | | |
| Resp. ○ | 120 | | | | | | | | | | |
| B.P. V ^ | 100 | | | | | | | | | | |
| | 80 | | | | | | | | | | |
| C.V.P. + | 60 | | | | | | | | | | |
| | 40 | | | | | | | | | | |
| Opn. ⊙ | 20 | | | | | | | | | | |
| FiO2 | | .35 | .35 | .35 | .35 | .35 | | | | | |
| SpO2 | | 99 | 99 | 99 | 99 | 99 | | | | | |
| ET CO2 | | 4.4 | 4.6 | 4.8 | 4.8 | 4.8 | | | | | |
| Fluids | 1 | | | 2 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

**Summary**

18g LFA.

Pre $O_2$

IV induct Fent / STP / Roc

gel II intubat 8.0 RAE

IPPV Pneumpacl TSA $O_2$ / Air

① IVI CSC 1000

Signature (Anaesthetist)

MEDCOM [redacted] (6)(6) - 2

Medical-In-Confidence

# Anaesthetic Record

F/Med 245A
Revised 5/93

| Operation Proposed | Surname and forenames |
|---|---|
| FACIAL/EYE WOUND TOILET | [redacted] (b)(6)-4 |

| Date | Time | Service No. | Rank | Regt/Corps |
|---|---|---|---|---|
| 12/11/03 | 0001 | [redacted] | CIV | |

| Anaesthetist | Surgeon | Ship/Unit | Hospital No. |
|---|---|---|---|
| [redacted] | [redacted] / [redacted] | | |

| Wt | Date of Birth | BP | Urine | Allergies/Sensitivities |
|---|---|---|---|---|
| | | | | Nil known |

| Teeth | Smoking | Hb | LMP |
|---|---|---|---|
| | | | |

**Preoperative Assessment**

previous fit healthy.
- drugs / allergies
- prev GA.

involved in IED incident 16hrs ago.
Facial / Eye burns but prelim escam of mouth shows no oral mucosal burns

**Drugs**

nil

**Investigations/Results**

ABG on air
pH 7.43
$pO_2$ 14
$pCO_2$ 4.8
BxS 2

**Special Precautions**

**Intubation Score**

MP III - painted with dye

**ASA**

CL 1/2 : CP.

1

**Record of Premedication/Effect**

**Nil by mouth from:**

0600

**Per-operative Complications**

**Anaesthetist/Grade**

MED[redacted]

F Med 245B
(Revised 7/95)

# Surgical Operation Notes

| Operation Performed | | Surname and Forename(s) | | |
|---|---|---|---|---|
| EUA, OPHTHALMIC TOILET<br>BURNS TOILET BOTH LEGS & (R) ARM | | | | |
| Operation Code | | Service No. | Rank | Regt/Corps |
| Date | Time | | | |
| 12/11/03 | | Ship/ Unit | | Hospital No. |
| Surgeon | Scrub Nurse | | | |
| [redacted] | (b)(6)-2 | | | |
| Assistants | | Tourniquet On | | |
| [redacted] (b)(6)-2 | | Tourniquet Off | | |

## Operation Notes

(R) Eye – lids retracted much black debris adherent to lids, conjunctiva & sclera. ~~Cornea~~ Cornea opaque – No red reflex obtained. Much conjunctival oedema. One laceration to sclera at 9 O'clock close to limbus but not apparently perforating. Damage to inner contents to [redacted] sac.

(L) eye similar to (R). Cornea less opaque & weak red reflex obtained. One scleral laceration at 6 O'clock, close to cornea, again appears not to penetrate.

Thorough irrigation & cleaning of both eyes. Most but not all debris removed.

Chloramphenicol eye ointment.

Eye patches.

Rest of face scrubbed & cleaned. Most burnt area superficial, some tissue loss ?? dull thickness [illegible] MEDCOM 24532 [illegible].

cont.

A number of small perforations of skin – no metallic foreign body detected, all appear to penetrate only into soft tissues.

Liquid paraffin to face.

Both legs & left arm thoroughly scrubbed.

Little superficial burn to both legs.

(R) arm all superficial burn ½–1% total.

Scrubbed. Small lacerations & perforations esp one over (R) middle finger – does not enter joint.

Para vet vaseline gauze. [redacted] (b)(6)-2

Bandage + crêpe

Total burn area 3% [redacted]

(b)(6)-4 unless otherwise indicated

(Revised 12/95)

# In-Patient Case Sheet

PPQ = 100

| | | | |
|---|---|---|---|
| 1. Full Service Number [redacted] | 2. Rank/Rating CIV | 7. Ship/Regt./Corps/RAF Station | |
| 3. Surname [redacted] | | 8. Branch/Trade | 9. Religion |
| 4. Forename(s) [redacted] | | 10. Theatre from which admitted | 11. Time in10 |
| 5. Hospital Number [redacted] | 6. Date of Birth 1973 | 12. Type of Enlistment | 13. Total Full Time Service |
| 14. Name address and relationship of person to be notified Mr [redacted] (UNCLE) [redacted] (LOCAL PHONE) | | 15. Name and address of Doctor | |

| 16. Name of Unit in which admitted | Ward | Date/Time in | Date out | No. of Days |
|---|---|---|---|---|
| Direct admission to [redacted] (b)(6)-2 | | | | |
| Transferred to WARD ONE | | | | |
| Transferred to | | | | |

| | | | |
|---|---|---|---|
| 17. Final Disposal (Duty, Invaliding, Death) | | To Unit | Number of days under treatment |
| Med Cat | No. of days recommended sick leave | Out-patient appointment | |

18. Principal diagnosis/injury — ICD CODES

BURNS TO FACE/(R) ARM / EYES.

19. Complications or sequelae

20. Secondary diagnoses unrelated to 18

21. Nature of operation/investigation

| | |
|---|---|
| 22. Special information in accordance with current instructions | 23. Surgeon/Physician in charge |

**Injury and Wounded Cases only** (to be completed by MO first seeing patient)

| | | |
|---|---|---|
| 24. Enemy or Non-Enemy Action | 25. Date of MOD Form 298 | 26. Nature of Weapon or cause of injury |

27. Activity at time of injury — On ☐ Off ☐ Duty [✓ relevant box]

MEDCOM - 24534

To MOIC [ ] Hospital/Ward

**The patient named overleaf is referred to you for admission**

Provisional diagnosis *(In cases of injury **Boxes 24-27** will be completed):*

| Date | Clinical Notes *(To be signed by medical officers, giving rank/appointment/2nd name in BLOCK CAPITALS after the first entry).* |
|---|---|
| | Give (1) history of disability *(including* (a) *date and place of disability* (b) *personal and family history when relevant)* and (2) condition on examination. |
| 11.11.03 | 30 ish yr old Iraqi prisoner under armed guard. |
| 22.30 | Involved in IED incident 07.45 today |
| | Initially taken to Basra General Hospital |
| | transferred here this evening (no prior notice) |
| | |
| | Burns - mainly face |
| | swollen lips |
| | |
| | |
| | Airway - lips swollen but actual airway clear |
| | No suspicion of C-spine injury |
| | L exp L=R=good |
| | BS vesic - nil added. |
| | P 100 BP 136/81 RR 14 $O_2$ sat 99% |
| | UUP → HS 1+11+0 |
| | |
| | Abdo. soft. |
| | No suspicion of long bone fracture. |
| | |
| | Speaking with interpreter - A on AVPU |
| | |
| | CXR |
| | Airway assessed by anaesthetist - no immediate concerns. |
| | ABGs - NAD |
| | FBC / U+E |
| | |
| | burns estimation. max 5% - forehead full thickness |
| | unable to open eyes at present. |
| | |
| | catheterize. |
| | |
| | Seen by ENT - bilat bilat tymp membr perforation |
| | rhine -ve bilat. |
| | |

MEDCOM - 24535

(b)(6)-2 all

Dear Dr. [redacted]

I'm glad to hear from you again

This poor man had badly traumatized cornea, cataract & IOFB OD.. No evidence of RD. This eye needs a combined Keratoplasty and lensectomy as a first step, which we cannot afford for him because no donor cornea available

(L) eye has multiple intraconeal F.B.s. early traumatic cataractous changes., IOFB. & a flat retina. The IOFB.s. looks inert & the eye seems quiet that I prefere to observe him since there is no retinal damage.

Best regards.

[redacted]

MEDCOM - 24536

(b)(6) - 2 all

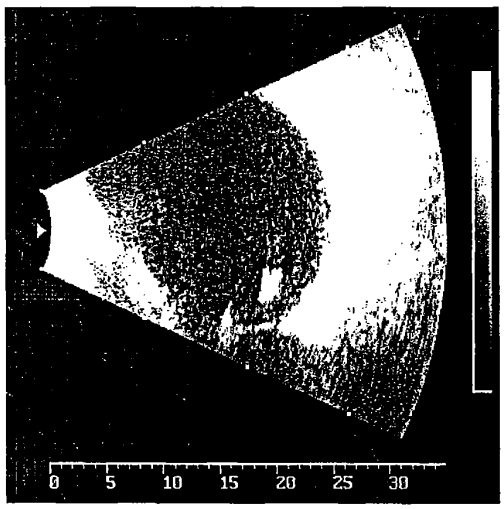
Printed: 05/12/00 00:01:54

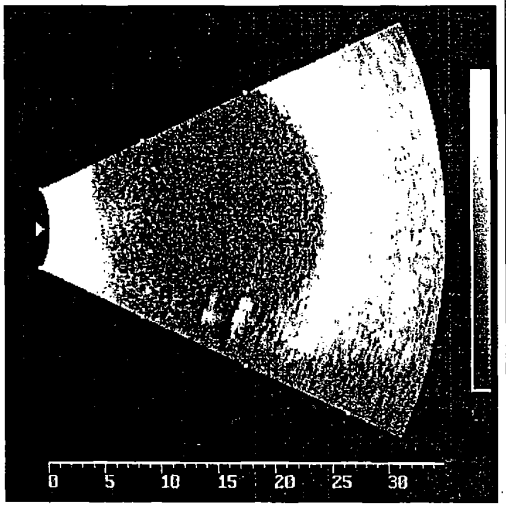
zain;mrem;fade;tara

Patient:

Physician: Dr.

Advent™ A/B SYSTEM




| OD | | | OS | | |
|---|---|---|---|---|---|
| | Gain: 85 dB | | | Gain: 85 dB | |
| | Freq: 12.5 MHz | | | Freq: 12.5 MHz | |
| 05/12/00 | Range: 35 mm | Gamma: linear | 05/12/00 | Range: 35 mm | Gamma: linear |
| 00:00:51 | TGC: vit/ret | Reject:off | 00:01:30 | TGC: vit/ret | Reject:off |
| | T.Avg: off | Vel: 1550 m/s | | T.Avg: off | Vel: 1550 m/s |

c — 12/11

u/s shows

echogenic cont. seq. opacity of Both eye.

OD There is about 2 IOFB at inf. part of vit. Cavity.

OS clear vit. Cavity but there is about 2 IOFB at inf. part of vit. Cavity.

NO R.D. in Both eye.

MENTOR OPHTHALMICS

00A000 TFQ292008

[redacted]

MEDCOM - 24537

# TPR and BP Chart

**F/Med 13**
Revised 8/90

Date 12/11/03

Time 6 10 14 18 22 | 6 10 14 18 22 | 6 10 14 18 22 | 6 10 14 18 22 | 6 10 14 18 22 | 6 10 14 18 22

Temperature: 41, 40, 39, 38, 37, 36, 35, 34, 33

Pulse / Blood Pressure (IN RED): 200, 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70

Respiration: 60, 50, 40, 30, 20, 10, 0

300, 290, 280, 270, 260, 250, 240, 230, 220, 210, 200, 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40, 30, 20, 10, 0

98.2 09
4L

+

Special Checks (Black Ink)

**Patient Label** (b)(6) - 4

Name [redacted]

Rank CIV.

Number

Hospital Number [redacted]

**Admission Date**

MEDCOM - 24538

## Observation Chart

Date

Time: 02:00, 01:30, 03:00, 03:30, 03:40, 04:00, 05:00, 0600

Temperature: 41, 40, 39, 38, 37, 36, 35, 34, 33

Pulse Blood Pressure (IN RED): 200, 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40, 30, 20, 10, 0

Respiration: 300, 290, 280, 270, 260, 250, 240, 230, 220, 210, 200, 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40, 30, 20, 10, 0

SATS: 100 100 100 100 100 100 99 99 99

O2: 4L 2L 2L 2L 2L 2L 2L 2L

Special Checks

**Patient Label**

Name

Rank

Number

Hospital Number

**Special Instructions**

Alternative Scale

MEDCOM - 24539

# Drug Record

F Med 152
(Revised 6/91)
PPQ = 100

Patient Label

| | | | |
|---|---|---|---|
| Surname | [redacted] (b)(6)-4 | Allergies | HAY FEVER |
| Forename(s) | [redacted] (b)(6)-4 | Ward | ONE |
| Service/Hospital No | [redacted] | Ht / Wt / SA | |
| Date of Birth | 1973 | Date of Admission | 11 / 11 03. |
| Consultant | | | |

## Once Only and Premedication Drugs

| Date | Once Only Drugs | Time | Dose | Route | Signature | Given Time | Given Sig |
|---|---|---|---|---|---|---|---|
| | BENZYL PENICILLIN | | 1.2 g | IV | [redacted] | 2255 | [illegible] |
| | FLUCLOXACILLIN | | 1 g | IV | [redacted] | 2250 | [illegible] |
| | TET TOX | | 0.5 ml | im | [redacted] | 2245 | [illegible] |
| | TET IMMUNOGLOBULIN | | 500 iu | im | [redacted] | 2308 | [illegible] |
| | MORPHINE | 22-55 | 5 mg | IV | [redacted] | 2255 | [illegible] |
| | MORPHINE | | 3 mg | IV | [redacted] | 2305 | [illegible] |
| | | | | | (b)(6)-2 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**General Instructions for Use**

1. This record is valid for fourteen days from commencement. On expiry the patient's medication is to be reviewed by the doctor and a new record commenced if appropriate.
2. Only one prescription record is to be used at any time.
3. Only GENERIC names of drugs are to be used.
4. Prescriptions are to be clearly written in BLOCK CAPITALS.
5. Any alteration in drug therapy must be written as a new entry on the record.
6. Discontinue a drug as follows: ~~PENICILLIN~~ and a similar line through the remaining administration days.
7. Discontinuations of drugs must be signed and dated by the doctor.
8. REGULAR PRESCRIPTION times of administration must be inserted by a doctor.
9. The nurse (or doctor) must complete the record after administering the medication.
10. Special circumstances which cause a drug to be omitted or postponed require to be recorded as follows:
    a. Mark the appropriate box with an ✘.
    b. Enter the details in the section provided.
11. All Pre-Op and Post-Op medication must be prescribed on this record.
12. This record must accompany the pa[illegible] theatre.

MEDCOM - 24540

## As Required Prescriptions

| | Date | Time | Dose | Given | Date | Time | Dose | Given | Date | Time | Dose | Given |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Drug MORPHINE | | | | | | | | | | | | |
| Dose 10 mg / Route IM / Freq. 8° | | | | | | | | | | | | |
| Signature/Date [redacted] | | | | | | | | | | | | |
| DIRECTIONS b62 | | | | | | | | | | | | |
| Drug VICODIN | | | | | | | | | | | | |
| Dose 50 mg / Route IV/IM / Freq. 8° | | | | | | | | | | | | |
| Signature/Date [redacted] | | | | | | | | | | | | |
| DIRECTIONS | | | | | | | | | | | | |
| Drug Codydramol | | | | | | | | | | | | |
| Dose II / Route po / Freq. 6° | | | | | | | | | | | | |
| Signature [redacted] | | | | | | | | | | | | |
| DIRECTIONS | | | | | | | | | | | | |
| Drug Diclofenac | | | | | | | | | | | | |
| Dose 50 mg / Route po / Freq. 8° | | | | | | | | | | | | |
| Signature [redacted] | | | | | | | | | | | | |
| DIRECTIONS | | | | | | | | | | | | |
| Drug SOFT YELLOW PARAFFIN | | | | | | | | | | | | |
| Dose T / Route LIPS / Freq. PRN | | | | | | | | | | | | |
| Signature/Date 17/11/03 [redacted] | | | | | | | | | | | | |
| DIRECTIONS | | | | | | | | | | | | |
| Drug | | | | | | | | | | | | |
| Dose / Route / Freq. | | | | | | | | | | | | |
| Signature/Date | | | | | | | | | | | | |
| DIRECTIONS | | | | | | | | | | | | |
| Drug | | | | | | | | | | | | |
| Dose / Route / Freq. | | | | | | | | | | | | |
| Signature/Date | | | | | | | | | | | | |
| DIRECTIONS | | | | | | | | | | | | |

## OBSERVATIONS

| Time | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| hour | 22 | 22 | 22 | 22 | 22 | 23 | 23 | 23 | 23 | 23 | 23 | 23 |
| mins | 35 | 40 | 45 | 50 | 55 | 00 | 05 | 10 | 15 | 20 | 30 | 40 |

BLOOD PRESSURE mmHg: 230, 220, 210, 200, 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70

PULSE RATE
• REGULAR
• IRREGULAR: 60, 50, 40, 30

Temp°C: 40, 39, 38, 37, 36, 35, 34, 33, 32, 31, 30

CVP — CVP $H_2O$

| | | | | | | | | | | | |

(b)(6) - 2 all

| Date | Clinical notes: To be signed by Medical Officers, giving Rank and appointment. |
|---|---|
| | Capt [redacted] will review tomorrow & liaise with ward staff. [redacted] |
| 12/1/03 | 02:00 – Pt admitted to the ward following [redacted] admission straight to theatre. Observations within normal limits, eye pads given and soaked in Normal saline, prior to application, no c/o pain. [redacted] 04:00 Pt's B.P. has been dropping over time, fluids tpm increased, sats, pulse, temp remain normal. Pt has not paid. [redacted] RN(o) CA. 06:00 Eye pads changed, [redacted] RN(n) CA. |
| 12/4/03 | WR Watkins / Hand<br>Afebrile<br>c/o sore throat + lips<br>feels thirsty<br>Rx free fluids<br>[redacted]<br>MO |
| 12/1/03 | Reviewed on the ward. Burning to right was clean and intact - for change on Friday (on the ward) facial burn will require further cleansing with normasol as tolerated and re-application of liquid paraffin to keep skin moist. Discussed further chloramphenicol with GP and Watkins - for review in 24°, trying to arrange transfer for opthalmic review. [redacted] |
| | Contacted by FLT/LT Cavell re - opthalmic review - trying to arrange with Americans - re number for FLT/LT [redacted] |

# Clinical Continuation Sheet

(Rev.5/95)
PPQ = 100

To be used to continue the clinical notes from forms in the F Med series (ie Fs Med 1, 10, 19).
This form is to be securely attached to the original.

| Continued from F Med | dated | Name including forenames [redacted] (b)(6)-4 | |
|---|---|---|---|
| | | Service No. | Rank/Rating: MR. | Regt./Corps |
| Date | Clinical notes: To be signed by Medical Officers, giving Rank and appointment. | Ship/Unit/Station. Attach label if used. | Hospital No. |

BNOVCS.
1130HRS Showered with assistance. Dressing (RT) arm removed in situ. Facial burns cleaned with N/saline & liquid paraffin applied. Eye pads changed. Continues IV fluids. Re: contacted by FB/LT COLL - explained that transfer to Iraq is urgent for further management. Awaiting further advice re: helicopter flight to ETA [redacted] ORBOATEAS ESC (NOK)

1200HRS Phone call [redacted] FB/LT COLL Pt to be transferred by road to Basra by RAF uno/medic & RAF Police escort. For onward journey to Baghdad @ approx 1700HRS. [redacted] RAN 08/09/1998 ESC (NOK).

MEDCOM - 24544

**Medical in Confidence** F/Med/827 (Revised )

# R.N./ARMY/R.A.F.
## Field Medical Card Continuation Sheet
## Fiche Medical De L'Avant

(b)(6)-4

| 1. ~~Service~~ No. Numero Matricule | 2. ~~Rank~~ or ~~Grade~~ | 3. Surname Nom [redacted] | 4. Sheet No. |
|---|---|---|---|
| | | | 1 |

| Medical unit in which treated and Date | Clinical Notes (To be signed by M.O. giving rank and appointment) |
|---|---|
| IN FLIGHT: | IVI Continues - Hartmans ILT |
| 2030hrs | Analgesia Given - 2x paracetamol |
| 12/11/03 | Passing urine well, |
| | Remains comfortable |
| | No problems identified |

MEDCOM - 24545

# Consent Form

F/Med 660 (Revised 9/92)

**for medical or dental investigation, treatment or operation**

| Hospital | | | Hospital No. |
|---|---|---|---|
| Service No. | Rank/Title (b)(6)-4 | Sex | Date of Birth |
| Surname [BLOCK CAPITALS] [redacted] | | Forenames [redacted] (b)(6)-4 | |
| Ship/Unit/Station/Address [redacted] | | | Service/Corps |

***This Part to be completed by the doctor or dentist.*** *[see notes on reverse of this form]*

Type of operation, investigation or treatment

Cleaning of wounds & burns to face & both eyes.

I confirm that I have explained the operation, investigation or treatment and such appropriate options as are available and the type of anaesthetic, if any (general/regional/sedation) proposed, to the patient in terms which in my judgement are suited to the understanding of the patient and/or to one of the parents or guardians of the patient.

Name of doctor/dentist [BLOCK CAPITALS] (b)(6)-2 [redacted]

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

Date 11/11/03

## Patient/Parent/Guardian

*Please read this form and the notes overleaf very carefully.*

*If there is anything you do not understand about the explanation, or if you want more information, you should ask the doctor or dentist. Please check that all the information is correct. If it is, and you understand the explanation, then sign the form.*

**I am the patient/parent/guardian.** *(delete as necessary)*

- ☐ **I agree**
  - ◆ to what is proposed which has been explained to me by the doctor/dentist named on this form
  - ◆ to the use of the type of anaesthetic that I have been told about.
- ☐ **I understand**
  - ◆ that the procedure may not be done by the doctor/dentist who has been treating me so far
  - ◆ that any procedure in addition to the investigation or treatment described on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons.
- ☐ **I have told**
  - ◆ the doctor/dentist about any additional procedures I would **NOT** wish to be carried out straightaway without my having the opportunity to consider them first.

Name [redacted] Consent

Date

Address *(if not the patient)*

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

Witness [redacted]

MEDCOM - 24546

# Daily Fluid Balance Chart

F/Med 100
(Revised 6/91)

| Post-op day | Date |
|---|---|
| | |

| Time | Intake: Oral mls | Oral: Nature of Fluid | Intravenous mls | Intravenous: Nature of Fluid | mls | Fluid | Output: urine mls | mls | mls | mls | Tests |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0100 | | | 2000 | Normal intake | | | | | | | |
| 0200 | | | | | | | | | | | |
| 0300 | | | 1000 | Normal @. | | | | | | | |
| 0400 | | | | | | | | | | | |
| 0500 | | | 1000 | Hartmans (A) | | | ✓ +++ (on floor). | | | | |
| 0600 | | | 1000 | Hartmans (C) | | | 300 | | | | |
| 0700 | | | | | | | | | | | |
| 0800 | 100 | TEO. | | | | | 600 | | | | |
| 0900 | | | | | | | 200 | | | | |
| 1000 | 100 | TEO. | | | | | 300 | | | | |
| 1100 | 000 | COFF. | | | | | 375 | | | | |
| 1200 | | | | | | | 500 | | | | |
| 1300 | | | | | | | | | | | |
| 1400 | | | 1000 | (B) NSAL (D) (L) | | | | | | | |
| 1500 | | | | | | | | | | | |
| 1600 | | | | | | | | | | | |
| 1700 | | | | | | | | | | | |
| 1800 | | | | | | | | | | | |
| 1900 | | | | | | | | | | | |
| 2000 | | | | | | | | | | | |
| 2100 | | | | | | | | | | | |
| 2200 | | | | | | | | | | | |
| 2300 | | | | | | | | | | | |
| 2400 | | | | | | | | | | | Estimated invisible losses |
| Totals | | | | | | | | | | | |

| Patient label | |
|---|---|
| Name | [redacted] (b)(6)-2 |
| Rank | CIVILIAN |
| Number | [redacted] |
| Hospital Number | [redacted] |

| | |
|---|---|
| Total in | |
| Total out | |
| Balance | |
| ✓ box if form to be retained | ☐ |

**Special Instructions**

MEDCOM - 24547

**Pathology: 33 Field Hospital: BMH Shabiah: BEPO 645**

**PATIENT RESULTS**

(b)(6)-4 (b)(6)-4

Rank: CIV Surname: [redacted] Forename: [redacted] DOB:

Ward: A+E Hospital/Reg No: [redacted] Lab No: 7174

**Haematology**

| | | | | |
|---|---|---|---|---|
| WBC: | 12.3 | 4.0 – 10 x 10^9/L | Manual Diff | |
| RBC: | 4.50 | 3.8 – 5.5 x 10^12/L | Neutrophil: | |
| Hb: | 11.9 | 12.0 – 17 g/L | Lymphocyte: | |
| PCV: | 0.364 | 0.36 – 0.60 | Monocyte: | |
| MCV: | 80.9 | 83 – 98 fL | Eosinophil: | |
| MCH: | 26.4 | 27 – 32 pg | Basophil: | |
| MCHC: | 32.7 | 31.5 – 34.5 g/dL | ICT Malaria: | NEG/POS |
| Platelets: | 225 | 150 – 400 x 10^9/L | Monospot: | NEG/POS |
| Film Comment: | | | | |

**Coagulation**

| | | | | |
|---|---|---|---|---|
| PT: | | 13 – 17 secs | D-Dimer: | NEG/POS |
| APTT: | | 30 – 44 secs | FDP: | NEG/POS |

**Blood Gas** 2235 hrs

| | | | | | |
|---|---|---|---|---|---|
| pH: | 7.447 | 7.36 – 7.44 | pCO2: | 4.98 | 4.8 – 5.9 |
| PO2: | 14.2 | 11.3 – 13.3 | HCO3: | 26 | 21 – 25 |
| TCO2: | 27 | 22 – 26 | BE: | +2.0 | -3.0 – +3.0 |
| O2 Sats: | 98 | | | | |

**Biochemistry**

| | | | | | |
|---|---|---|---|---|---|
| Sodium: | 137 | 137 – 145 | T Protein: | | 63 – 82 |
| Potassium: | 4.0 | 3.60 – 5.0 | Albumin: | | 39 – 50 |
| TCO2: | | 22 – 31 | T Bilirubin: | | 2 – 23 |
| Urea: | 2.2 | 2.5 – 7.1 | ALT: | | 8 – 61 |
| Creatinine: | | 62 – 133 | AST: | | 8 – 50 |
| Glucose: | | 3.6 – 6.1 | GGT: | | 8 – 78 |
| Calcium: | | 2.10 – 2.54 | ALP: | | 38 – 126 |
| Phosphate: | | 0.81 – 1.45 | CK: | | 30 – 170 |
| Amylase: | | 30 – 110 | CKMB: | | |
| Serum Osmolality: | | 282 – 300 mOsm/kg | CKMB%: | | <4% |
| Urine Osmolality: | | 50 – 1200 mOsm/kg | | | |

Date: Authorised by: [redacted] Name: [redacted]

Time taken: Position: [redacted]

66-2

MEDCOM 24548

ACLU-RDI 1744 p.508

DOD-038937

(b)(6)-2 except for top

# ntravenous Fluid Prescription and Administration Record

Patient Label

| | |
|---|---|
| Surname | [redacted] (b)(6)-4 |
| Forename(s) | |
| Service/Hospital No. | [redacted] |
| Date of Birth | |

lse of Chart

a separate IV continuation sheet is in use
is to be firmly attached to this chart.

| Doctor's Prescription | | | | | | | Nursing Record of Administration | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | Nature of Fluid | Volume | Additive | Rate | Line No. | Doctor's Signature | Start Time | Signature: Nurse | Signature: Checked by | Time Comp. | Batch No. |
| 03 | HARTMANS | 1L | | 1hr | | [redacted] | 2235 | [redacted] | | | 01H112 |
| | ~~[illegible]~~ HARTMANS | 1L | | 1 hr | | [redacted] | 2313 | [redacted] | | | 01H112 |
| | ~~[illegible]~~ + REPLEN. | | | | | [redacted] | 0 | | | | |
| | Hartmanns | 1000 | | 60 | | [redacted] | 03.15 | [redacted] | | | 01H112 Ex 02 |
| | Hartmanns | 1000 | | 80 | | [redacted] | 0800 | [redacted] | 1440 | | 01H112- |
| 12/4/03 | N.SALINE | 1L | 20mlKCl | 80 | | [redacted] | 1440. | [redacted] | | | |
| 2/4/03 | - | | | 80 | | | | | | | |

MEDCOM - 24549

ACLU-RDI 1744 p.509

DOD-038938

# COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

[ ] Offense against Civilian(s) [check one]. If "Other" then describe:

- [ ] Arson (I.P.C. 392)
- [ ] Solicitation of Fornication/Prostitution (I.P.C. 399)
- [ ] Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 402)
- [ ] Murder (I.P.C. 405)
- [ ] Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)
- [ ] Maiming (I.P.C. 412)
- [ ] Simple Assault (I.P.C. 415)
- [ ] Kidnapping (I.P.C. 421)
- [ ] Burglary or Housebreaking (I.P.C. 428)
- [ ] Extortion/Communicating Threats (I.P.C. 430)
- [ ] Theft (I.P.C. 439)
- [ ] Destruction of Property (I.P.C. 477)
- [ ] Obstructing a Public Highway/Place (I.P.C. 487)
- [ ] Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 455)
- [ ] Riot or Breach of Peace (I.P.C. 495(3))
- [ ] Other

[X] Offense against Coalition Forces [check one]. If "Other" then describe: CAR Bomb Incident

- [ ] Violation of Curfew
- [ ] Illegal Possession of Weapon
- [ ] Assault/Attack on Coalition Forces
- [ ] Theft of Coalition Force Property
- [ ] Trespass on Military Installation or Facility
- [ ] Photographing/Surveilling Military Installation or Facility
- [ ] Obstructing Performance of Military Mission
- [ ] Other

Apprehending Unit: UK Contingent; BASRA Location Grid:

| Date of Incident: (D/M/Y) | Time of Incident: | Date of Report: (D/M/Y) | Time of Report: |
|---|---|---|---|
| 11/1/03 to / / | hrs to hrs | / / | hrs |

| | |
|---|---|
| Detainee #: (b)(6)-4 | Key Connected Person: [ ] Victim [ ] Witness |
| Last Name: [redacted] | 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: [X] M [ ] F Phone#: DOB D/M/Y: [ ] Mobile [ ] Regular | Ethn/Tribe/Sect: Sex: [ ] M [ ] F Phone#: DOB D/M/Y: [ ] Mobile [ ] Regular |
| [ ] Passport [ ] Dr. license [ ] Other (specify) Document #: | [ ] Passport [ ] Dr. license [ ] Other (specify) Document #: |

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

[ ] Vehicle Information Vehicle Number ___ of ___ Vehicle(s) Owner:

| | | | |
|---|---|---|---|
| Make: | Color: | VIN: | |
| Model: | Type: | Plate No.: | Number of People in Vehicle: |
| Year: | Names of People in Vehicle: | | |
| Contraband/Weapons in Vehicle: | | | |

[ ] Property/Contraband [ ] Weapon Photo Taken of Suspect with Weapon/Contraband. Yes/ No

| | | | |
|---|---|---|---|
| Type: | Model: | Color/Caliber: | |
| Serial No.: | Quantity: | Make: | Receipt Provided to Owner Yes/ No |
| Other Details | Where Found | Owner | |

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

| | |
|---|---|
| Detaining Soldier's Name (Print): British/UK Contingent BASRA | Supervisor Officer's Name (Print): |
| Signature: CPT [redacted] (b)(6)-2 Last, First MI | Signature: Last, First MI |
| Email: (30th MP) | Email: |
| Unit Phone: 631-0108 Date: / / | Unit Phone: Date: / / |

MEDCOM - 24550

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM (b)(2)2

Why was this person detained? Transfered to the [redacted] from the British field Hosp in Basra. He was in the vicinity of a Car Bomb. His Direct involvement is unknown. He claims to be an Policeman but this information has not been verified.

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

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

Who was with this person?

What weapons was this person carrying?

What contraband was this person carrying?

What other weapons were seized?

What other information did you get from this person?

Additional Helpful Information

MEDCOM - 24551

[redacted]

| Medical unit in which treated and date | Clinical Notes (To be signed by M.O. giving rank and appointment) | | | | |
|---|---|---|---|---|---|
| Date: ...../...../..... | .....hrs | .....hrs | .....hrs | .....hrs | .....hrs |
| Resp Rate / min | ..... | ..... | ..... | ..... | ..... |
| Pulse Rate / min | ..... | ..... | ..... | ..... | ..... |
| Blood Pressure | ...../..... | ...../..... | ...../..... | ...../..... | ...../..... |
| Capillary Refill | < 2 : > 2 sec | < 2 : > 2 sec | < 2 : > 2 sec | < 2 : > 2 sec | < 2 : > 2 sec |
| Cool / Clammy | Y : N | Y : N | Y : N | Y : N | Y : N |
| GCS EYES | ..... | ..... | ..... | ..... | ..... |
| Verbal | ..... | ..... | ..... | ..... | ..... |
| Motor | ..... | ..... | ..... | ..... | ..... |
| Pupils | Rt Lt | Rt Lt | Rt Lt | Rt Lt | Rt Lt |
| (cumulative) | | | | | |
| Total IV Fluids | .....mls | .....mls | .....mls | .....mls | .....mls |
| Total Urine Vol | .....mls | .....mls | .....mls | .....mls | .....mls |
| Chest Rt | .....mls | .....mls | .....mls | .....mls | .....mls |
| Drainage Lt | .....mls | .....mls | .....mls | .....mls | .....mls |
| NM Drainage | .....mls | .....mls | .....mls | .....mls | .....mls |

| IV Fluid | Vol | Time Started |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

face & eyes to be cleaned, dressed etc asap.

10 Haptamins IV stat. Monitor BP & pulse.

No airway or resp probs. C-S requires IV fluids & will require dressings & abx

Involved in IED incident this morning at about 07.45 in Baqubah city centre (Bafa. Red Zl & Sim 5). Taken to general hospital ? Given IV fluids & antibiotics here, but they were unable to tell me as there seemed to be no notes on him & a different doctor here now. He doesn't complain of any pain. He passed urine while I was at hospital (? how much as I didn't see).

He is suspected in IED attack therefore must be kept for further questioning when fit [redacted]

Imp - Dec '05 Zoy 10 blast

seen by [redacted]
& I was asked to transfer him to BMH Shaibah asap

Medical In Confidence

# RN./ARMY/R.A.F. Field Medical Card / Fiche Medical De L'avant

F/Med/826 Revised (7/94)

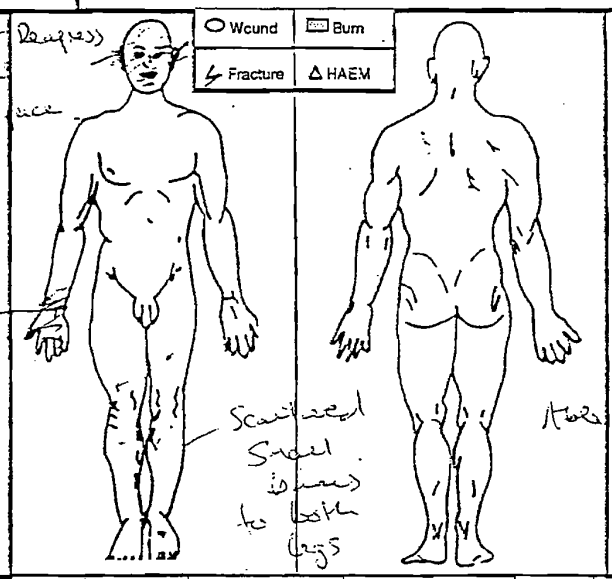
(?Polivar) -Iraqi

IRAQI

| 1. Service No. Numero Matricule | 2. Rank or Grade | 3. Surname Nom | 4. Nationality Nationalite | 5. Religion |
|---|---|---|---|---|
| | | [redacted] | (b)(6)-4 | |

| 6. (a) Unit Unite | (b) Regt or Corps RN/RAF/Allied | 7. Theatre/Fleet or Station in which admitted | 8. Married/Single Widowed | 9. Age |
|---|---|---|---|---|
| | | BASRAH CITY CENTRE | | |

| 10. Date of Casualty or Illness Date de la Blessure ou Maladie | 12. Diagnosis Diagnostic | 13. Chemical casualty |
|---|---|---|
| 11. Time of Wounding Heure | Type of casualty: Battle [ ] DNBI [ ] Stress [ ] | YES/NO OUI/NON |




| 15. Treatment Given/ Traitement Donne | Dose | Time Given | Date | Dose | Time Given | Date | Dose | Time Given | Date |
|---|---|---|---|---|---|---|---|---|---|
| Morphia/ Morphine | | | | | | | | | |
| Antibiotic/ (a) Antibiotique | | | | | | | | | |
| (b) | | | | | | | | | |
| Atropine, Oxime/ | | | | | | | | | |
| Tetanus/ Tetanos | | | | 16. Tourniquet Applied Garrot Place | | YES/NO OUI/NON | Time Heure | | Date |

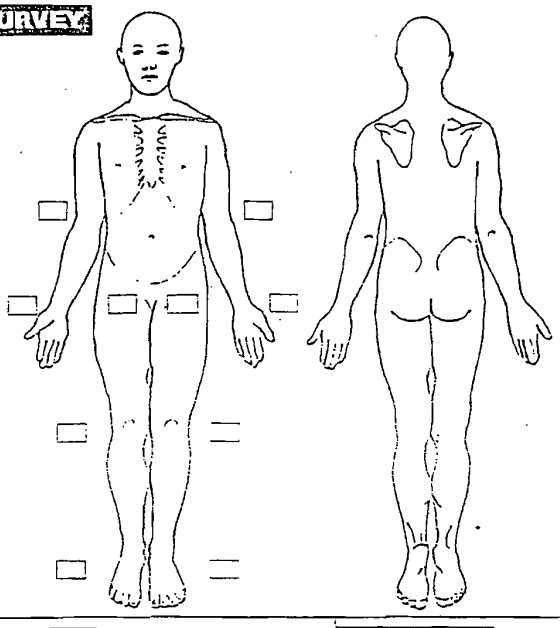
## Principal Diseases, etc.

17. Final diagnosis or principal disease or injury leading to admission.

| 18. * Principal complication or sequel of 17 | 19. * Secondary disease(s) or injury(ies) aetiologically unconnected with 17. |
|---|---|
| *If these arise after admission, state date of onset. | |
| 20. Nature of any surgical operations (Full details will be given in "Clinical Notes" but NOT here) | 21. Special information in accordance with current instructions |

MEDCOM - 24553

## SECONDARY SURVEY



LACERATION +++

FRACTURE #

BRUISING/ ABRASION ////

☐ Alcohol/Drug intoxication suspected
If yes, why?
.....

☐ LOG ROLL

☐ RECTAL EXAM.

## X-RAYS

X-RAYS
- ☐ C-SPINE
- ☑ CXR
- ☐ PELVIS
- ☐ SPINE
- ☐ OTHER
- ☐ US
- ☐ CT

RESULTS:-

## BLOODS

BM STICK _____ mmols/l

| | | | |
|---|---|---|---|
| ☐ Hb | | ☐ ABG pO2 | |
| ☐ WCC | | pCO2 | |
| ☐ PLATELETS | | pH | |
| ☐ Na | | BE | |
| ☐ K | | ☐ CO | |
| ☐ UREA | | ☐ AMYLASE | |
| ☐ CREATININE | | ☐ ALCOHOL | |
| ☐ BLOOD GLUCOSE | | ☐ TOXICOLOGY | |

## URINE

CATHETERISED
- ☐ URETHRAL
- ☐ SUPRAPUBIC

| | |
|---|---|
| BLOOD | |
| KETONES | |
| SUGAR | |
| PROTEIN | |
| β – HCG | POS / NEG |

## PERITONEAL LAVAGE

PERFORMED BY _____

TIME _____

MICRO RBC ...../mm³

WBC ...../mm³

BACTERIA/FOOD Y / N

ALLERGIES _____ LAST ATE / DRANK _____

MEDICATIONS _____

PAST MEDICAL HISTORY _____

EVENTS _____

## INCIDENT DETAILS

TYPE OF INJURY
- ☐ PENETRATING
- ☐ BLUNT
- ☐ BURN

- ☐ FALL ☐ >2m ☐ <2m
- ☐ RTA
- ☐ ASSAULT
- ☐ SPORT

RTA DETAILS:-
- ☐ DRIVER
- ☐ FSP
- ☐ RSP
- ☐ MOTOR CYCLIST
- ☐ PILLION

- ☐ INTRUSION
- ☐ EJECTION
- ☐ ENTRAPMENT
- ☐ DEATH OF ANOTHER
- ☐ SEAT BELT
- ☐ AIR BAG

MEDCOM - 24554

## FLUID INPUT

IV Site 1 | IV Site 2 | IV other | URINE OUTPUT | OTHER

| Time | Fluid | Volume | Fluid | Volume | Fluid | Volume | Time | Volume | Time | Volume |
|---|---|---|---|---|---|---|---|---|---|---|
| 2255 | HARTMANS | 1L | | | | | | | | |
| 2310 | HARTMANS | 1L | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| TOTAL | | TOTAL | | TOTAL | | TOTAL | | TOTAL | | |

TOTAL INPUT | TOTAL OUTPUT

## DRUG TREATMENT

| NAME | DOSE | ROUTE | DRs SIGNATURE | GIVEN BY | TIME GIVEN |
|---|---|---|---|---|---|
| TETANUS TOXOID 763283 EXP 12/03 | 0.5 ml | IM | | | 2245 |
| TETANUS IMMUNOGLOBULIN 5TONS1527 EXP 12/03 | 250/500 I.U. | IM | | | 2305 |
| FLUCLOXACILLIN 2A40HY EXP 9/05 | 500mg | IV | | | 2250 |
| ANTIBIOTICS | | | | | |
| BENZYL PENICILLIN 3119070 EXP 7/05 | 1.2g | IV | | | 2255 |
| morphine | 5mg<br>3mg | IV<br>IV | | | 2255<br>2305 |

## STAFF PRESENT DURING RESUSCITATION

| | GRADE | TIME CALLED | TIME ARRIVED |
|---|---|---|---|
| ☐ ACCIDENT AND EMERGENCY | | : hrs | : hrs |
| ☐ ANAESTHETIST | | : hrs | : hrs |
| ☐ GENERAL SURGEON | | : hrs | : hrs |
| ☐ ORTHOPAEDIC SURGEON | | : hrs | : hrs |
| ☐ OTHER | | : hrs | : hrs |

TEAM LEADER INITIALLY | FINALLY

## DISPOSAL

☐ CT
☐ THEATRE
☐ ITU
☐ WARD
☐ TRANSFER TO
☐ OTHER

☐ PATIENT DIED TIME hrs
☐ NEXT OF KIN INFORMED TIME hrs

CHART COMPLETED BY

Nurse Sig.
Print Name
Doctor Sig.
Print Name

MEDCOM - 24555

TUDOR TRAUMA CHART (6)(6)-4 HOSPITAL

NAME [redacted] A&E NUMBER [redacted]

DATE OF ATTENDANCE 11 / 11 / 03 TIME 22 : 35 hrs

PRE-HOSPITAL CARE

TIME OF ARRIVAL ON SCENE : hrs TIME LEFT SCENE : hrs

ON SCENE:- RR PULSE BP GCS

$O_2$ VIA MASK OROPHARYNGEAL AIRWAY NASOPHARYNGEAL AIRWAY ET TUBE

IV CANNULA FLUIDS GIVEN mls CERVICAL IMMOBILISATION Y N

SPINAL BOARD

ASSESSMENT

PRIMARY SURVEY

AIRWAY

CLEAR

COMPROMISED

GAG Y / N

RESUSCITATION

$O_2$ VIA MASK %

OROPHARYNGEAL AIRWAY

NASOPHARYNGEAL AIRWAY

VENTILATED

ET TUBE SIZE

NG TUBE

C SPINE

NORMAL SUSPECT INJURY SEMI-RIGID COLLAR IN LINE IMMOBILISATION

BREATHING

SPONTANEOUS

RESP. RATE

Sa $O_2$ %

BREATH SOUNDS NORMAL

FLAIL SEGMENT R / L

TENSION PNEUMOTHORAX R / L

PNEUMOTHORAX OPEN/CLOSED R / L

HAEMOTHORAX R / L

CARDIAC TAMPONADE

VENTILATED Y / N

| | L | R |
|---|---|---|
| NEEDLE THORACOCENTESIS | | |
| CHEST DRAIN SITE | | |
| SIZE | | |

CIRCULATION

SYSTOLIC BP ON ARRIVAL

HAEMORRHAGE

EXTERNAL SITE

INTERNAL

CHEST

ABDO

PELVIS

DIRECT PRESSURE

IV CANNULA 1 SITE WRIST SIZE PINK

2 SITE SIZE PINK

IO LINE SITE

BLOOD ORDERED: TIME

O NEG UNITS

GROUP SPECIFIC UNITS

X MATCH UNITS

G & S

EXTERNAL CARDIAC MASSAGE

DISABILITY

ALERT

EYES OPEN TO VERBAL STIMULUS

EYES OPEN TO PAINFUL STIMULUS

UNRESPONSIVE

PUPILS EQUAL AND REACTIVE Y / N

IN LINE STABILISATION OF WHOLE SPINE

EXPOSURE

FULLY UNDRESS.

MEDCOM - 24556

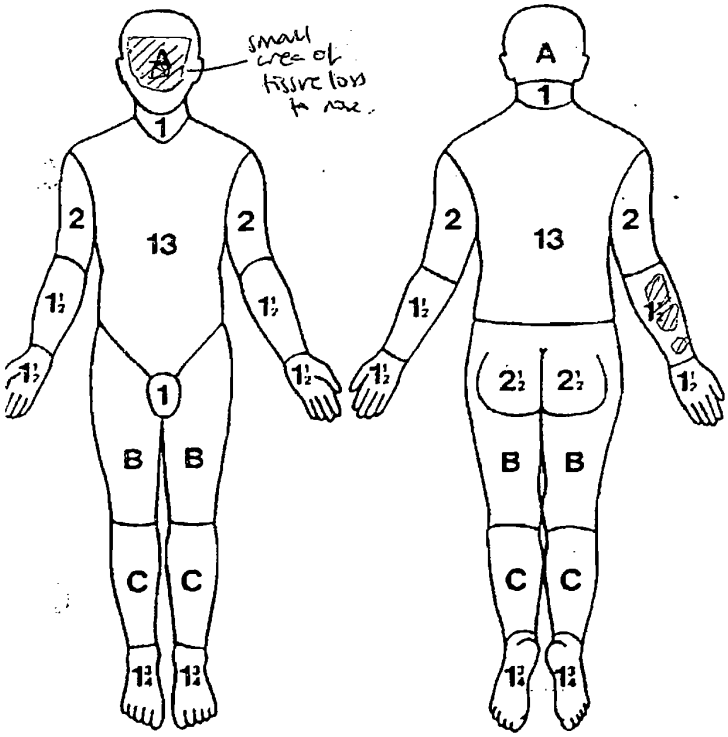
# CHART FOR ESTIMATING SEVERITY OF BURN WOUND

(b)(6)-4

NAME [redacted] RD 1 NUMBER [redacted] DATE 11.11.03

AGE 30 ADMISSION WEIGHT _____

**LUND AND BROWDER CHARTS**




IGNORE
SIMPLE ERYTHEMA

Partial thickness loss (PTL)

Full thickness loss (FTL)

| REGION | % PTL | % FTL |
|---|---|---|
| HEAD | 2 | |
| NECK | | |
| ANT.TRUNK | | |
| POST.TRUNK | | |
| RIGHT ARM | 1 | |
| LEFT ARM | | |
| BUTTOCKS | | |
| GENITALIA | | |
| RIGHT LEG | | |
| LEFT LEG | | |
| TOTAL BURN | 3% | |
| | 3% | |

RELATIVE PERCENTAGE OF BODY SURFACE AREA AFFECTED BY GROWTH

| AREA | AGE 0 | 1 | 5 | 10 | 15 | ADULT |
|---|---|---|---|---|---|---|
| A=½ OF HEAD | 9½ | 8½ | 6½ | 5½ | 4½ | 3½ |
| B=½ OF ONE THIGH | 2¾ | 3¼ | 4 | 4½ | 4½ | 4¾ |
| C=½ OF ONE LEG | 2½ | 2½ | 2¾ | 3 | 3¼ | 3½ |


For further supplies of this pad or of Flamazine* Cream for the prevention and treatment of infection in burns contact 0708 349333 or your Smith & Nephew Pharmaceutical representative.

*Trade mark

Smith & Nephew

MEDCOM - 24557 [redacted]

**DEMOGRAPHICS**

Military / Hospital No: [redacted] | Rank CIV (6)(6)-4
Surname [redacted] (6)(6)-4 | First Name [redacted]
DOB | Regt/Corps
FMed 830 No:

**INJURY**

Date & approx time (Delta) 11/11/03 2235 | Equipment (Helmet, CBA) N/A
Mechanism BURNS - IED | Trapped Y (N) (N/A)
Place DETAINEE CAMP | How long
Type (Blunt/Penetrating) / | Intent
Seatbelt (Y / N) | Alcohol / Drugs

**PRE-FD HOSP**

Time of 1st med Tx (Delta) 0745 | CPR Y N
Est' of time at scene | Airway
Emergency care by USA SOLDIERS → BASRA HOSP | Drugs
Pulse | IV Cannula Y N
Resps | Fluid
BP | Volume
GCS ...../15

**FD HOSP RESUS**

Date & Time (Delta) 11/11/03 2235 | BP 135/75 | Eye ...../4
Transport | Pulse 115 | Verbal ...../5
Airway CLEAR | Resps 16 | Motor ...../6
Chest Drain (N) L R BL | Temp | CPR Y / N
Fluid Type | Time of Intubation /
Volume | X-ray
DPL ~~Y~~ (N) +ve / -ve | Disposal Theatre - WD1
SonoSite Y N +ve / -ve | Time to Theatre (<15 mins, <30, <45, <60, 60 mins

**DIAGNOSIS / INJURIES (Written in text) & Red Cross wound classification (EXCFVM)**

1 FACIAL BURNS 3% (Full thickness) | 5
2 Deaf due to IED Blast | 6
3 Superficial burns to (L) leg + (R) wrist | 7
4 | 8

**TREATMENT / OPERATIONS PERFORMED**

Date 12/11/03 Procedure Irrigation + cleaning of eyes
Date Procedure
Date Procedure

**DISCHARGE**

RTU Y / N | Transferred to:
DTG Aeromed requested | Reason for Aeromed
DTG Aeromed departed BMH
DTG Aeromed Arrived UK
Time of arrival at receiving Hospital / Unit

**NOTES**

# Drug Record

F Med 152
(Revised 6/91)
PPQ = 100

Patient Label (b)(6)-4

| | | | |
|---|---|---|---|
| Surname | [redacted] | Allergies | HAY FEVER |
| Forename(s) | [redacted] (b)(6)-4 | Ward | CARE |
| Service/Hospital No. | [redacted] | Ht / Wt / SA | |
| Date of Birth | 1973 | | |
| Consultant | | Date of Admission | 11 / 11 / 03. |

## Once Only and Premedication Drugs

| Date | Once Only Drugs | Time | Dose | Route | Signature | Given Time | Given Sig |
|---|---|---|---|---|---|---|---|
| | BENZYL PENICILLIN | | 1.2g | IV | [redacted] | 2255 | [redacted] |
| | FLUCLOXACILLIN | | 1g | IV | [redacted] | 2250 | [redacted] |
| | TET TOX | | 0.5ml | im | [redacted] | 2245 | [redacted] |
| | TET IMMUNOGLOBULIN | | 500iu | im | [redacted] | 2300 | [redacted] |
| | MORPHINE | 22.55 | 5mg | IV | [redacted] | 2255 | [redacted] |
| | MORPHINE | | 3mg | iv | [redacted] (b)(6)-2 | 2305 | [redacted] |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**General Instructions for Use**

1. This record is valid for fourteen days from commencement. On expiry the patient's medication is to be reviewed by the doctor and a new record commenced if appropriate.
2. Only one prescription record is to be used at any time.
3. Only GENERIC names of drugs are to be used.
4. Prescriptions are to be clearly written in BLOCK CAPITALS.
5. Any alteration in drug therapy must be written as a new entry on the record.
6. Discontinue a drug as follows: ~~PENICILLIN~~ and a similar line through the remaining administration days.
7. Discontinuations of drugs must be signed and dated by the doctor.
8. REGULAR PRESCRIPTION times of administration must be inserted by a doctor.
9. The nurse (or doctor) must complete the record after administering the medication.
10. Special circumstances which cause a drug to be omitted or postponed require to be recorded as follows:
    a. Mark the appropriate box with an ✘.
    b. Enter the details in the section provided.
11. All Pre-Op and Post-Op medication must be prescribed on this record.
12. This record must accompany the pati[illegible] heatre.

MEDCOM -24559

# Clinical Continuation Sheet

(Rev.5/95)
PPQ = 100

To be used to continue the clinical notes from forms in the F Med series (ie Fs Med 1, 10, 19).
This form is to be securely attached to the original.

| Continued from F Med 10 dated 111103 | Name including forenames [redacted] (b)(6)-4 | |
|---|---|---|
| | Service No. [redacted] / Rank/Rating CIV | Regt./Corps |
| Date | Clinical notes: To be signed by Medical Officers, giving Rank and appointment. | Ship/Unit/Station. Attach label if used. / Hospital No. [redacted] |

2° survey - nil else identified
· grazes/abrasions cont at legs
log rolled - nil on back.

morphine
tet tox + immunoglob.
benzyl. pen + flucox

Surgical cons. now present
Specialist burns nurse present. [redacted] (b)(6)-2

* Pt fasting no hot/ eaten since morning.

12/11/03 By Gp Capt WATKINS.
In view of serious eye involvement & inability to properly examine for eye toilet + burns toilet under GA. Consent ✓ (b)(6)-2

[redacted]

Post op
Eye pads.
Apply liquid paraffin before 6 times daily.
4 hrly TPR
Dress L & R every 2 days.

MEDCOM 24560

Automated Facsimile

# INPATIENT TREATMENT RECORD COVER SHEET

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

| 1. Register Nbr | 2. Name | 3. Grade | Admission Remarks |
|---|---|---|---|
| 0015257 | [redacted] (b)(6)-4 | FGN | |

| 4. Sex | 5. Age | 6. Race | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm |
|---|---|---|---|---|---|---|
| M | 11Y | X | | | | NO |

| 11. FMP | 12. SSN | 13. Organization | 14. Ward |
|---|---|---|---|
| 20 | [redacted] (b)(6)-4 | | ICW1 |

| 15. FlyStatus | 17. Dept / Ben | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case |
|---|---|---|---|---|
| | K78-PRISONER OF WAR/INTER | | | DIS |

| 21. Source of Admission | 22. Hour Of Adm: | 23. Clinic Service |
|---|---|---|
| Direct from ER | 00:30 | AAA - INTERNAL MEDICINE |

| 24. Name/Relation of Emergency Addressee | 25. Type Disp | 26. Date of Disp |
|---|---|---|
| | TRF-OTH | 2003-11-13 |

| 27a. Address of Emergency Addressee | 27b. Telephone No | 28. Date This Adm: | AdmittingOfficer: |
|---|---|---|---|
| | | 2003-11-13 | [redacted] (b)(6)-2 |

| 29. ReportingMTF | 30. Date Init Adm | 32. Units Blood Components |
|---|---|---|
| [redacted] (b)(2)-2 | 2003-11-13 | |

31. Selected Administrative Data

Marital Status: DoB: 1992-01-01

In/Out Patient: Inpatient MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

L ARM FRAGMENTS

884.1

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 (b)(6)-2 | 0 | 0 |

Signature of Attending M[redacted] Signatu[redacted] (b)(6)-2

Automated Facsimile - DA FORM 3647, May 79 MEDCOM - 24561

| MEDICAL RECORD | ABBREVIATED MEDICAL RECORD |
|---|---|

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

PHYSICAL EXAMINATION

See BH evaluation Form [redacted] 9/8-2

PROGRESS *(Enter date of discharge and final diagnosis)*

| SIGNATURE OF PHYSICIAN | DATE | IDENTIFICATION NO. | ORGANIZATION |
|---|---|---|---|
| | | | |

| PATIENT'S IDENTIFICATION (*For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility*) | REGISTER NO. | WARD NO. |
|---|---|---|
| | | |

**ABBREVIATED MEDICAL RECORD**
**Standard Form 539**
GENERAL SERVICES ADMINISTRATION AND INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1975 539-106

117

MEDCOM - 24562

(b)(6)-2 except very bottom

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES |
|---|---|
| 13NOV03 @0130 | Pt admitted from EPW, ambulatory, unknown security status (EPW vs CIV), currently in 2pt restraints c̄ s/sx of skin or circulation compromise. VSS, speaking arabic, alert. c/o "little" pain, motrin given. (L) deltoid c̄ sm frag wound, cleaned & dressed c̄ 2x2 drsg. Pt refused food. H2O provided, clean pjs provided. Interpreter explained restraints & plan of care. Plan: monitor (L) arm drsg, pain control, pr Abx. [redacted] Addendum: (+) CMS to LUE, neurovascintact. [redacted] |
| 13NOV @1100 | Pt a/o, VSS, ∅ c/o pain, 2x2 drsg over frag wound c̄ ∅ drainage. Pt. tolerated c̄d. to camp @ 1130 today. — [redacted] 91WM6 SPC |

| 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. ICW #1

[redacted] (b)(6)-4

**PROGRESS NOTES**
Medical Record

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

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

| DATE | NOTES |
|---|---|
| | D/C Summary |
| 13 AUG 03 | Pt s/p GSW to (L) arm c̄ resultant superficial soft tissue injury. ⊘ bone damage. Pt to be discharged to comp c̄ 7 days Abx + q 72 dressing Δs until healed. |
| | (b)(6)-2 |
| | [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 24564

511-119

NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HOSPITAL DAY | | | | | | | | | | | | | | | | | |
| POST- | DAY | | | | | | | | | | | | | | | | |
| MONTH-YEAR | DAY | 13 | | | | | | | | | | | | | | | |
| 19 | HOUR | 00 | | | | | | | | | | | | | | | |
| PULSE (0) | TEMP. F (°) | 16 | | | | | | | | | | | | | | | TEMP. C |
| | 105° | 03 | | | | | | | | | | | | | | | 40.6° |
| 180 | 104° | 05 | | | | | | | | | | | | | | | 40.0° |
| 170 | 103° | | | | | | | | | | | | | | | | 39.4° |
| 160 | 102° | | | | | | | | | | | | | | | | 38.9° |
| 150 | 101° | | | | | | | | | | | | | | | | 38.3° |
| 140 | 100° | | | | | | | | | | | | | | | | 37.8° |
| 130 | 99° | | | | | | | | | | | | | | | | 37.2° |
| | 98.6° | | | | | | | | | | | | | | | | 37.0° |
| 120 | 98° | | | | | | | | | | | | | | | | 36.7° |
| 110 | 97° | | | | | | | | | | | | | | | | 36.1° |
| 100 | 96° | | | | | | | | | | | | | | | | 35.6° |
| 90 | 95° | | | | | | | | | | | | | | | | 35.0° |
| 80 | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | |
| RESPIRATION RECORD | | 18 | | | | | | | | | | | | | | | |
| Record special data only when so ordered | BLOOD PRESSURE | 120/80 | | | | | | | | | | | | | | | |
| | | 124/78 | | | | | | | | | | | | | | | |
| | HEIGHT: WEIGHT → | | | | | | | | | | | | | | | | |
| | | 98% | | | | | | | | | | | | | | | |
| | | (RA) | | | | | | | | | | | | | | | |

(Centigrade Equivalents, for Reference only)

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

[redacted] (6)(6)-4

REGISTER NO.

WARD NO.

**VITAL SIGNS RECORDS**

Medical Record

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

MEDCOM - 24565

To Camp [redacted]

(b)(6)-4

# COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

**Offense against Civilian(s) [check one]** If "Other" then describe:

- [ ] Arson (I.P.C. 342)
- [ ] Solicitation of Fornication/Prostitution (I.P.C. 399)
- [ ] Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 402)
- [ ] Murder (I.P.C. 405)
- [ ] Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)
- [ ] Maiming (I.P.C. 412)
- [ ] Simple Assault (I.P.C. 415)
- [ ] Kidnapping (I.P.C. 421)
- [ ] Burglary or Housebreaking (I.P.C. 428)
- [ ] Extortion/Communicating Threats (I.P.C. 430)
- [ ] Theft (I.P.C. 439)
- [ ] Destruction of Property (I.P.C. 477)
- [ ] Obstructing a Public Highway/Place (I.P.C. 487)
- [ ] Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 495)
- [ ] Riot or Breach of Peace (I.P.C. 495(3))
- [ ] Other

**Offense against Coalition Forces [check one]** If "Other" then describe: Mortars

- [ ] Violation of Curfew
- [ ] Illegal Possession of Weapon
- [x] Assault/Attack on Coalition Forces
- [ ] Theft of Coalition Force Property
- [ ] Trespass on Military Installation or Facility
- [ ] Photographing/Surveiling Military Installation or Facility
- [ ] Obstructing Performance of Military Mission
- [ ] Other

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

| | | | |
|---|---|---|---|
| Apprehending Unit: [redacted] | | Location Grid: [redacted] | |
| Date of Incident: (D/M/Y) 12/11/08 / / | Time of Incident: 1822 hrs to hrs | Date of Report: (D/M/Y) / / | Time of Report: hrs |

| | | | | | |
|---|---|---|---|---|---|
| Detainee #: (b)(6)-4 | | | Key Connected Person: [ ] Victim [ ] Witness | | |
| Last Name: [redacted] | | | Last Name: | | |
| First Name: [redacted] | Given Name: | | First Name: | Given Name: | |
| Hair Color: Black | 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: [x] M [ ] F | Phone#: DOB D/M/Y: [ ] Mobile [ ] Regular | Ethn/Tribe/ Sect: | Sex: [ ] M [ ] F | Phone#: DOB D/M/Y: [ ] Mobile [ ] Regular |
| [ ] Passport [ ] Dr. license [ ] Other (specify) Document #: | | | [ ] Passport [ ] Dr. license [ ] Other (specify) Document #: | | |

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

| | | | |
|---|---|---|---|
| [ ] Vehicle Information | Vehicle Number ____ of ____ Vehicle(s) | | Owner: |
| Make: | Color: | VIN: | |
| Model: | Type: | Plate No.: | Number of People in Vehicle: |
| Year: | Names of People in Vehicle: | | |
| Contraband/Weapons in Vehicle: | | | |

| | | | |
|---|---|---|---|
| [ ] Property/Contraband | [ ] Weapon | Photo Taken of Suspect with Weapon/Contraband. Yes/ No | |
| Type: | | Model: | Color/Caliber: |
| Serial No.: | Quantity: | Make: | Receipt Provided to Owner: Yes/ No |
| Other Details: | | Where Found | Owner: |

| | |
|---|---|
| Name of Assisting Interpreter: | Email, Phone, or Contact Info. |

| | |
|---|---|
| Detaining Soldier's Name (Print): Last, First MI | Supervising Officer's Name (Print): Last, First MI |
| Signature: | Signature: |
| Email: (b)(2)-2 Unit Phone: [redacted] e. / / | Email: Unit Phone: e. / / |

MEDCOM - 24566

## CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted] (b)(6)-4

[redacted] (b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

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

0030 13 NOV 03 HOURS

Admit to 7CW - [redacted] (b)(6)-2

Dx: ① arm fracture, right

Cardiac: stable

Vitals: per routine

Allergies: NKDA

meds: 250 mg Keflex p.o. Q.I.D

650 mg Tylenol p.o. Q.I.D prn pain

voided urine 0115

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER

HOURS

Norco 500 mg p.o. T.I.D prn pain

Diet: Regular

Activity: As tolerated

plan: recheck in AM - Probable D/C

FU: ⊘

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2 [redacted]

2260

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER

13 NOV 03 1000 HOURS

(b)(6)-2

① D/C to Comp [redacted]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER

HOURS

NURSING UNIT | ROOM NO. | BED NO.

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

MEDCOM - 24567

(b)(6)-2 except for very bottom

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

| VERIFY BY INITIALING | | | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED | | | | | | | | | | | | |
| | | | | 12 | 13 | | | | | | | | | | | |
| 13 | [redacted] | [redacted]: routine | 6 | / | [redacted] | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | | |
| 13 | [redacted] | DIET: regular | 6 | / | [redacted] | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | | |
| 13 | [redacted] | ACT: as tol | 6 | / | [redacted] | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO
NKDA

PRIMARY DIAGNOSIS:
Darm fragmentation injury

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

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

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

MEDCOM - 24568

(b)(6)-2 except for bottom

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo.____ Yr.____ |
|---|---|---|

*VERIFY BY INITIALING* — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 12 | 13 |
|---|---|---|---|---|---|
| 13 | -hg- | Keflex 250mg po QID | 6 | / | [redacted] |
| | | | 12 | / | |
| | | | 18 | / | |
| | | | 24 | [redacted] | |

ALLERGIES: ☐ YES ☑ NO
NKDA

PRIMARY DIAGNOSIS: ① arm frag injury

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO. _____

PATIENT IDENTIFICATION:

(b)(6)-4

[redacted]

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

DA FORM 4678, 1 FEB 79 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. USAPA V1.00

(b)(6)-2 all

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* | | | | Mo._____ Yr._____ |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| 13 | [redacted] | IV=Ø | [redacted] | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 13 | [redacted] | Tylenol 650mg po QID pen pain | D/T | | | | | | | | | | | | | |
| | | | D/1 | | | | | | | | | | | | | |
| 13 | [redacted] | Motrin 800mg po TID pen pain | D/T | 13NOV 0100 | | | | | | | | | | | | |
| | | | D/1 | 800mg [redacted] | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 24570

| 1. Reporting MTF (b)(2)-2 [redacted] | 2. MTF Location IZ | Admission and Coding Information<br>For use of this form, see AR 40-400; the proponent agency is OTSG | |
|---|---|---|---|
| 3. Register Number 0015257 | Name (Last, First, MI) (b)(6)-4 [redacted] | 4. Pay Grade FGN | 5. Sex M |
| 6. DoB (YYYYMMDD) 1992-01-01 | 7. Age at Admission 11Y | 8. Race X | 9. Ethnicity 9 | Religion |
| 10. Length of Service | ETS | 11. FMP 20 | 12. Social Security Number (b)(2)-2 [redacted] |
| Organization (Active Duty Only) | 13. Marital Status | Hour of Admission 00:30 | 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 DIS | Prev. Admission NO |
| 20. Source of Admission Direct from ER | Ward: ICW1 | Name / Relationship of Emergency Addressee<br>Address of Emergency Addressee | |
| (b)(2)-2 Name and Location of Medical Treatment Facility: [redacted] Iraq; No Install Provided | | Telephone Number of Emergency Addressee | |
| 21. Type of Disposition TRF-OTH | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) 2003-11-13 | |
| 24. Clinic Svc - Admitting AAA - INTERNAL MEDICINE | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) 2003-11-13 | |
| 27. Location of Occurrence | 28. MTF of Initial Admission | 29. Date of Initial Admission 2003-11-13 | |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: L ARM FRAGMENTS

Procedure Narrative(s):

Cause of Injury Narrative:

| Admitting Officer (Signature, as requir [redacted] (b)(2)-2 | Signature of Admitting Clerk (b)(2)-2 [redacted] |
|---|---|

Automated Facsimile - DA FORM [redacted] MEDCOM - 24571

| 1. REPORTING MTF | 2. [illegible] LOCATION (State or Country Code.) | ADMISSION [illegible] ING INFORMATION |
|---|---|---|
| 1 2 3 4 5 6 | | For use of this form, see AR [illegible], the proponent agency is OTSG |
| A | | |

| 3. REGISTER NUMBER | NAME (Last, First, Middle Initial) | 4. PAY GRADE | 5. SEX |
|---|---|---|---|
| 9 10 11 12 13 14 15 | | 16 17 | 18 |

| 6. DATE OF BIRTH (YYYYMMDD) | 7. AGE AT ADMISSION | 8. RACE | 9. ETHNIC BACK-GROUND | RELIGION |
|---|---|---|---|---|
| 19 20 21 22 23 24 25 26 | 27 28 29 | 30 | 31 | |

| 10. LENGTH OF SERVICE | ETS | 11. FMP | 12. SOCIAL SECURITY NUMBER |
|---|---|---|---|
| 32 33 34 | | 35 36 | 37 38 39 40 41 42 43 44 45 |

| ORGANIZATION (Active Duty Only) | 13. MARITAL STATUS | HOUR OF ADMISSION | BRANCH / CORPS |
|---|---|---|---|
| | 46 | | |

| 14. FLYING STATUS | 15. BENEFICIARY CATEGORY | 16. ZIP CODE OF RESIDENCE |
|---|---|---|
| 47 48 49 | 50 51 52 | 53 54 55 56 57 58 59 60 61 |

| 17. UNIT LOCATION (State or Country Code) | 18. MOS | 19. TRAUMA | PREV. ADMISSION |
|---|---|---|---|
| 62 63 | 64 65 66 67 68 69 70 | 71 | YEAR ☐ NO |

| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | WARD | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE |
|---|---|---|
| 72 | | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) |
| NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE |

| 21. TYPE OF DISPOSITION | 22. MTF TRANSFERRED TO | 23. DATE OF DISPOSITION (YYMMDD) |
|---|---|---|
| 73 74 | 75 76 77 78 79 80 | 81 82 83 84 85 86 |

| 24. CLINIC SVC - ADMITTING | 25. MTF TRANSFERRED FROM | 26. DATE THIS ADMISSION (YYMMDD) |
|---|---|---|
| 87 88 89 90 | 91 92 93 94 95 96 | 97 98 99 100 101 102 |

| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | 28. MTF OF INITIAL ADMISSION | 29. DATE INITIAL ADMISSION (YYMMDD) |
|---|---|---|
| 103 104 | 105 106 107 108 109 110 | 111 112 113 114 115 116 |

FOR LOCAL USE

Dx: 8840
E9912

Ins Trauma
450 1

| ADMITTING OFFICER (Signature, as required) | SIGNATURE OF ADMITTING CLERK |
|---|---|
| | |

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE USAPPC V1.00

MEDCOM - 24572

Automated Facsimile

# INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400, the proponent agency is OTSG

| 1. Register Nbr | 2. Name | | | | | 3. Grade | Admission Remarks |
|---|---|---|---|---|---|---|---|
| 0015268 | [redacted] (b)(6)-4 | | | | | FGN | |
| 4. Sex | 5. Age | 6. Race | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm | |
| M | 22Y | X | | | | NO | |
| 11. FMP | 12. SSN | 13. Organization | | | | 14. Ward | |
| 20 | [redacted] | (b)(6)-4 | | | | ICW2 | |
| 15. FlyStatus | 17. Dept / Ben | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case | | | |
| | K78-PRISONER OF WAR/INTER | | | DIS | | | |
| 21. Source of Admission | 22. Hour Of Adm: | 23. Clinic Service | | | | | |
| Direct from ER | 14:00 | AEA - ORTHOPEDICS | | | | | |
| 24. Name/Relation of Emergency Addressee | 25. Type Disp | 26. Date of Disp | | | | | |
| | TRF-A | 2004-01-29 | | | | | |
| 27a. Address of Emergency Addressee | 27b. Telephone No | 28. Date This Adm: | AdmittingOfficer | | | | |
| | | 2003-11-14 | [redacted] (b)(6)-2 | | | | |
| 29. ReportingMTF | 30. Date Init Adm | 32. Units Blood Components | | | | | |
| [redacted] (b)(2)-2 Iraq | 2003-11-14 | | | | | | |

31. Selected Administrative Data

Marital Status:

In/Out Patient: Inpatient

DoB: 1981-10-12

MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

GSW R THIGH

Dx: 820.32
E991.2

Proc: 77.15
78.15
88.29

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 | 76 | 76 |

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 | 76 | 76 |

Signature of Attending Medical Officer [redacted] (b)(6)-2 [redacted] (b)(6)-2

Automated Facsimile - DA FORM 3647, May 79

MEDCOM - 24573

**MEDICAL RECORD** | 1400 14 Nov **ABBREVIATED MEDICAL RECORD**

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION (*Enter date of admission*)

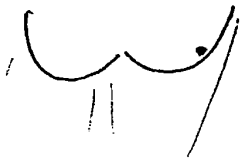
50 y/o GSW c/in post th, pt a farmer
Med ō Allo ō Sh ō smoke
PMH ō known hxy
ō op

PHYSICAL EXAMINATION 130/70 108 99% $O_2$ sat

PERRL
teeth - poor dentition
chest - MRR, lungs clear
abd - soft ōm
genit - bil undescended testicle
~~neck~~ - good tmg ō thorax back

PROGRESS (*Enter date of discharge and final diagnosis*)

eyes -



~ 8X8 cm ant open wound (R) thigh
able to move toes bil
X LWT PT pulse on (R), DP on (L)
XR - prox femur fx (subtrochanteric)
P - ortho

| SIGNATURE OF PHYSICIAN | DATE | IDENTIFICATION NO. | ORGANIZATION |
|---|---|---|---|
| | | | |

PATIENT'S IDENTIFICATION (*For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility*) | REGISTER NO. | WARD NO.

[redacted] (b)(6)-4

**ABBREVIATED MEDICAL RECORD**
**Standard Form 539**
GENERAL SERVICES ADMINISTRATION AND INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1975 539-108

MEDCOM - 24574

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | |
| | Orthopedic Note |
| 14 NOV 03 1705 | Pre-Op Dx - Grade III open (R) subtrochanteric femur fracture s/p GSW |
| | Post-Op Dx - same |
| | Procedure - (1) I+D (R) femur and thigh (2) X-FIX (R) femur |
| | Surgeon - [redacted] / [redacted] |
| | EBL - 100 cc |
| | Findings - Comminuted (R) subtrochanteric femur fracture, 3x3mm posterior entrance wound, 5x5mm exit wound. Lots of necrotic quadriceps muscle. X-FIX applied, good position under fluoroscopy. Calibrate leads, one sling placed along femur. |
| | PLAN - Repeat I+D in 48 hrs OR. IV cefazolin, gentamicin. [redacted] (b)(6)-2 [redacted] |

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

[redacted] (b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR)
USAPPC V1.00

MEDCOM - 24575

13

PROGRESS NOTES

| DATE | |
|---|---|
| 18 NOV 03 1830 | Nutrition Note: Pt appears thin, missing several teeth, remaining teeth appear decayed. NSG reports poor po intake. Pt communicates through translator that his appetite is good, but he does not like American food. Pt is told he must eat to heal + upon encouragement, pt begins to eat bread, meat, rice. Recommend continuing regular diet c̄ lots of encouragement to ↑ po intake. [redacted] RD/LD (b)(6)-2 |

STANDARD FORM 509 (REV. 7-91) BACK
USAPPC V1.00

MEDCOM - 24576

(b)(6) - 2 except for very bottom

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 24 JAN 04 | (1100) ASSUMED CARE OF PT AT 0636. PT IS ALERT, & COMPLAINS OF PAIN + DISCOMFORT. LUNGS CTA, BOWEL SOUNDS ACTIVE X 4 QUADRANTS. DR [redacted] ORDERED 2 UNITS OF PRBC'S FOR PT. UNABLE TO START 18G IV ON PT. PT HAS STUCK 5X + ALL ATTEMPTS WERE UNSUCCESSFUL. DR [redacted] HAS CONTACTED AND HE STATED HE WOULD SEND SOMEONE FROM ANESTHESIA TO TRY. IV INFUSING IN R. LEG & S/S OF INFILTRATION. JEVITY INFUSING AT 75CC/HR & NO COMPLICATIONS NOTED. 2 POINT RESTRAINT INTACT. WILL CONTINUE TO MONITOR ——— [redacted] |
| 24 JAN 04 | PT WAS UNABLE TO RECEIVE HIS 0800 CARD DUE TO IV NOT RUNNING, BECAUSE OF INFILTRATION ——— [redacted] |
| signoff @ 23es | assumed care @ 2200. post transfusion vitals remain stable and remains afebrile. no s/s of reactive symptoms, dx A&Ox3. Urinating clear yellow urine after been given lasix about 120cc since 2200. Lung sound are clear bilat. Extremities without edema. BS + in all quadrants and soft. Jevity @ 75/hr. Skin integrity in back and sacral area checked. no s/s of any decub ulcer present. ——— [redacted] |
| ~~25 Jan 04~~ 0210 | ~~Assumed care of pt @ 1900. VSS; pt is A+Ox3; no c/o pain or distress at this time; cath. line in place = Ø S/Sx of infiltration; central line running LR @ 75cc/hr; NG tube running Jevity @ 75cc/hr = Ø S/S of infection~~ ——— [redacted] |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | | | | |

| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO. |
|---|---|---|
| | | |

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

[redacted]

MEDCOM - 24577

(b)(6) - 2 of 11

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 26 JAN 04 0720 | assumed care of patient from night shift, patient assessment essentially unremarkable, pt had coarse lung sounds that cleared c̄ forceful cough, instructed pt to use I.S. c̄ inspiratory x10/1°, c. line intact c̄ LR @ 75u/hr c̄ pump patent. Will continue to monitor for Abs [redacted] |
| @1400 | - 008 to BSC c̄ physical therapy assistance. MP's secured patient to chair patient tolerating well. [redacted] 91WM6 |
| @ 1530 | pt. returned to bed by PT & c/o pain received II percocet. central line secured to @ [redacted] neck. will continue to monitor [redacted] 91WM6. |
| 27 Jan 04 @ 0200 | Assumed care of pt @ 1900; VSS; A&O x3; Pt's central line was ~~at~~ falling down, secured ~~w~~ tape - kept on peeling off - will continue to monitor; IV NS was replaced c̄ a new bag & tubing this am; Ø c/o pn or discomfort @ this time; Jenity given thru NG tube @ 80cc/hr - need to locate more - supply room is out; Ø s/sx of infiltration or infection @ either sites - [redacted] 91WM6 |
| 27 JAN 04 | assumed care of pt @ 0720. pt awakes easily and is oriented this a.m. talking with roommates. VSS lungs CTA & heart RRR. eating breakfast and tolerating well. Jenity continues NG & c/o intact ex-fix intact. [redacted] 91WM6 |
| 28 Jan 04 @ 0400 | Assumed care of pt @ 1900; VSS; A&O x3; pt's central line unchanged from yesterday - still falling off, even after reenforcement with tape; new IV NS was placed; Ø c/o pn or discomfort. [redacted] |
| 28 Jan '04 @ 0315 | Assumed care of pt @ 1900; VSS; A&O; c/o pn to @ LE - II Percocet given - tol well; Central [redacted] line still falling - reinforced c̄ tape - still fell; central line is running LR @ 75cc/hr c̄ Ø s/sx of infiltration; pt needs to be reminded & encouraged to use IS 10x/hr while awake; Jenity & Dobhoff has been D/C'd per phy Siana orders; pt on restraints c̄ Ø s/sx of vascular compromise; will continue to monitor - [redacted] |
| @0700 | Pt c/o pn to @ LE. Requested that foot drop be removed. Once removed foot redadent [redacted] in pt. Informed Charged Nurse & Wardmaster. Will cont. to monit [redacted] |

STANDARD FORM 509 (REV. 5/1999) BAC

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** — **PROGRESS NOTES**

| DATE | NOTES |
|---|---|
| 29 JAN 04 | assumed care of pt, denies complaints & eating well. assessment done c̄ ∅ significant changes noted. ex-fix-clean & intact. will continue to monitor. SVT [redacted] gwm (b)(6)-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, print: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO. |
|---|---|---|
| Pt # [redacted] (b)(6)-4 | | |

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 6/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.2030(b)(1)
USAPA V1.00

558-103 (See Instructions on Back of this Sheet) NSN 7540-01-075-3786

# EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY (Stamp)

LOG NUMBER: AMR

| ARRIVAL DATE DAY | MONTH | YR. | TIME |
|---|---|---|---|
| 14 | NOV | 03 | |

TRANSPORTATION TO HOSPITAL (Attach care enroute sheet): ☐ PRIVATE VEHICLE ☒ AMBULANCE ☐ OTHER (Specify)

CURRENT MEDS. (tetanus immunization and other data)

HISTORY OBTAINED FROM: ☐ PATIENT ☐ OTHER (Specify)

ALLERGIES: Ø

PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code)

HOME TELE. NO. (Inc. area code)

CHIEF COMPLAINT(S) (Include symptom(s), duration)

SEX: ♂ AGE: 50

POSSIBLE THIRD PARTY PAYER? ☐ YES ☐ NO

| VITAL SIGNS | | | |
|---|---|---|---|
| TIME | 1400 | 1420 | |
| BP | 102/52 | 142/76 | |
| PULSE | 120 | 83 | |
| RESP. | 20 | 20 | |
| TEMP. | 96 | | |
| WT. (Child) | 100% | 100% | |

CATEGORY (See reverse)
- ☐ EMERGENT
- ☐ URGENT
- ☐ NON-URGENT

DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up)

50% ♂ Fragmentation shot in (R) femur @ 2 T through

Ø 6th time

pt c/o

TIME SEEN BY PROVIDER

| ORDERS | INITS. | TIME |
|---|---|---|
| CBC/MET 8 | | |
| Tx Cuso x 4 | | |
| Ur 350 mg Keftriaxone IV stat | | |
| Ancef 1gm IV | Ø | |
| Tetanus 0.5 cc IM | Ø | |

Rh Ø
BJ Ø
Sickle Ø
Medi Ø

O: Aox x4 in mod distress
Heart: ok/no clear/not m
Chest: CTA(B) —
Ab: nm ↑ w/ NT
Abd: soft, NT
rectal: NL tone Ø gross blood
Ext: (L) ankle (R) upper thigh post @ gluteal fold
Xrays: (R) femur

ASSESSMENT/DIAGNOSIS
Gsw (R) thigh

A/P (1) stable
open fx prox femur

DISPOSITION (Check all that apply)
- ☐ HOME ☐ FULL DUTY
- QUARTERS: ☐ 24 Hrs. ☐ 48 Hrs. ☐ 72 Hrs.
- MODIFIED DUTY UNTIL: DAY / MONTH / YEAR
- REFERRED TO (Indicate clinic)
- ☐ EMERGENCY ☐ TODAY
- ☐ 72 HOURS ☐ ROUTINE
- ADMIT. TO HOSP. UNIT/SERVICE

CONDITION UPON RELEASE
- ☐ IMPROVED ☐ UNCHANGED
- ☐ DETERIORATED

TIME OF RELEASE:

(CONTINUE ON SF 507, IF NEEDED) [redacted] (b)(6)-2

PATIENT'S IDENTIFICATION (Mechanical imprint) FOR WRITTEN ENTRIES GIVE: Name - last, first, middle; SSN; DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD).

[redacted] (b)(6)-4

SIGNATURE OF PROVIDER AND ID STAMP [redacted]

INSTRUCTIONS TO PATIENT (Include medication [redacted] and follow-up plans)

MEDCOM - 24580

EMERGENCY CARE AND TREATMENT

| MEDICAL RECORD | INTRAOPERATIVE DOCUMENT<br>For use of this form, see AR 40-407, the proponent agency is the office of The Surgeon General. |
|---|---|

| | |
|---|---|
| 1. PATIENT TRANSPORTED TO OPERATING ROOM<br>VIA Litter BY Anesthesia | 2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY CPT [redacted] (b)(6)-2 |
| 3. DATE 14 NOV 03 TIME PATIENT ARRIVED IN SUITE / | 4. PATIENT IN ROOM TIME 1435 NUMBER 4 |

**5. PREOPERATIVE EMOTIONAL STATUS**

☒ CALL ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS: /

**6. NURSING PERSONNEL**

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | PJC [redacted] (b)(6)-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | CPT [redacted] (b)(6)-2 | RELIEF CIRCULATOR | |

**7. POSITION AND POSITIONAL AIDS *(Specify)***

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: correct body alignment maintained, arms on padded armboards at less than 90°, position approved by surgeon + anesthesia

**8. SKIN PREPARATION**

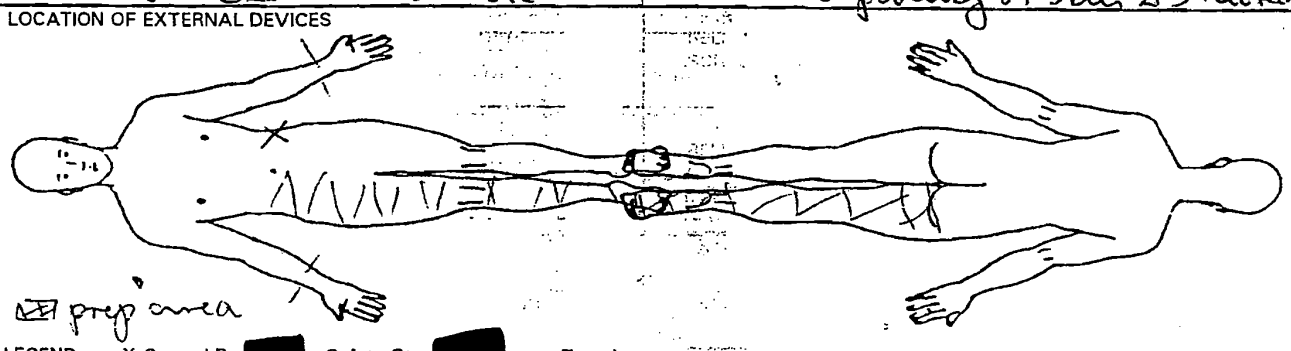
HAIR REMOVAL ☒ YES ☐ NO
DONE BY: ☒ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☒ RAZOR ☐ CLIP

COMMENTS: no nicks or cuts noted

PREP SOLUTION *(Specify)* Betadine / Betadine Paint
SITE: (R) leg to umbilicus BY WHOM [redacted]
SITE: BY WHOM:

COMMENTS: no pooling or skin Δ's noted

**9. LOCATION OF EXTERNAL DEVICES**




LEGEND X Ground Pad [redacted] -- Safety Strap [redacted] = = = Tourniquet

C = Correct I = Incorrect

| 10. COUNTS | | Other** | First Closing Count | Final Closing Count | SCRUB (b)(6)-2 | CIRCULATOR (b)(6)-2 |
|---|---|---|---|---|---|---|
| Sponge | ☒ Yes ☐ No | / | / | C | [redacted] | [redacted] |
| Needle Sharp | ☒ Yes ☐ No | / | / | C | | |
| Instrument | ☐ Yes ☒ No | / | / | / | | |
| Other | ☐ Yes ☒ No | / | / | / | | |

**11. PATIENT IDENTIFICATION** *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

[redacted] (b)(6)-4 SI

[redacted] (b)(2)-2

14 NOV 03

**12. ELECTROSURGERY DEVICE(S) (ESU)** ☒ YES ☐ NO

30130

☒ ESU NO: Valleylab Force 40 REF 105 305
GROUND PAD: BRAND VL Dual Polyhesive II
LOT NO: 7 0337 2005-05

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

MEDCOM - 24581

Surgical Simplex® P
Howmedica Int. S. de R.L.
Raheen Business Park
Limerick, Ireland.
(A) Full Dose
REF 6191 0 001
LOT CLJ157

13. PROSTHESIS, IMPLANTS ☒ YES ☐ NO
Hoffman II Set
CMS #[redacted]
Pins x 5 (5012-6-180)

14. MEDI... MANUFACTURER

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☒

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):
0.9% NaCl

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| none | | |

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☒ NO ☐ C-arm IF YES, SITE (R) Leg

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

| | 1. | 2. | 3. |
|---|---|---|---|
| TYPE/SIZE | 16F FIC * | | |
| SITE | Bladder | | |

18. DRESSING/IMMOBILIZATION *(Specify)*
Fluffs
Kerlix
Acewrap

19. ADDITIONAL INFORMATION
Surgeon: [redacted]
Anesthesia: [redacted]

*FIC placed in EMT
-DA 5179 initiated

20. OPERATION(S) PERFORMED
I+D (R) Femur Fx
Ex Fix Placement

21. PATIENT TRANSFERRED TO ICU3 (PACU) TIME 22 DA7389 METHOD PACU bed

22. REGISTERED NURSE SIGNATURE [redacted] CPT IAN

REVE[redacted] (b)(6)-2 MEDCOM - 24582 USAPA V1.00

(b)(6)-2 unless otherwise indicated

# 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 |
|---|---|---|---|---|---|---|
| (b)(6)-4 [redacted] | | | | 1/25 | HOURS | |
| | | | (1) | D/C Vanco | | |
| | | | (2) | D/C Cipro | | |
| | | | | [redacted] | | |
| NURSING UNIT | ROOM NO. | BED NO. | | MA [redacted] | | |

NOTED [redacted] 25JAN'04 1800

| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|---|---|---|
| | | | | 1/28 | 0715 HOURS | |
| | | | | X-Ray - AP/Lateral (R) Femur | | |
| | | | | - D/C Levaquin | | |
| | | | | + D/C Dobhoff [redacted] | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|---|---|---|
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|---|---|---|
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

☆U.S. GOVERNMENT PRINTING OFFICE: 2002-488-041

"USE BALL POINT PEN-PRESS FIRMLY I NO CARBON PAPER REQUIRED"

MEDCOM - 24583

(b)(6)-2 except for very bottom

# 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 14 NOV 03
Time In: 1705
Allergies: NKDA
Pre-op V/S: 114/58, 50
Procedures: [illegible]

Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 3500 Colloid
OR Output: UOP 300 EBL 400
Meds/Times: Fentanyl, MSO4

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds History

| Time | 1705 | 1710 | 1715 | 1720 | 1725 |
|---|---|---|---|---|---|
| SaO2 | 100 | 100 | 97 | 95 | 97 |
| FiO2 | | | | | |
| Methods | [redacted] | | | | |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| 120 | | | | | |
| 100 | | | | | |
| 80 | | | | | |
| 60 | | | | | |
| 40 | | | | | |
| 20 | | | | | |
| RR | 22 | 18 | 22 | 22 | 22 |
| T | 96.7 | | | | |

| Time | |
|---|---|
| Pain (0-10) | |
| LOS | |

Patient teaching done: Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1705 | LR | 1400 | LH(L) AC | DL | 3500 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 1 | 1 | |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 8 | 9 | 9 |

Codes:
AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
* = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

[redacted] PN

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 14 Nov 03

PATIENT IDENTIFICATION (For typed or written entries give: Name — last, first, middle; grade; date; hospital or medical facility)

# [redacted] (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete
USAPPC V2.00

(b)(6)-2 all

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | (R) leg | WNL | + | + | B | C | PK |
| 15' | | | | | | | |
| 30' | | | | | | | |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

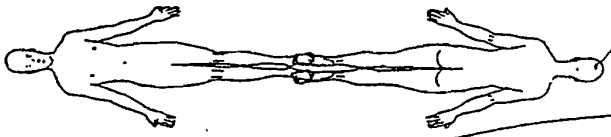
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | (R) leg | Ace wrap | -0 |
| 30' | | fix | |
| 60' | | | |
| D/C | | | |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1705 | NSR | -0 | -0 |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

Pt to recovery room from OR via gurney s/p (R) femur fx int fix. Placement "extra" c ally. Wrap to (R) leg. NVS intact. Pt ve wiggling into (R) + (L) + c. Both dp patent. -0 s/s of hardness or swelling to left thigh site. VSS. Pt's mental to alertness + assess: [redacted] LR

Discharge Criteria:
Date: 14 Nov 03 Time: PARS: 9
BP: 120/60 T: 96.3 HR: 76 RR: 6 Sa02: 97
Pain Level at D/C (0-10):
Intake: 200 Output: -0
Additional Data:
Transferred To: PACU
Report Given To:
Transferred Via: W/C Litter Gurney Ambulance
Transferred By: [redacted]
Cleared IAW Recovery Room SOP B-3
Charge Nurse Signature: [redacted]

MEDCOM - 24585

# Admission and Coding Information

For use of this form, see AR 40-400; the proponent agency is OTSG

| | | | | |
|---|---|---|---|---|
| 1. Reporting MTF (b)(2)-2 [redacted] | 2. MTF Location IZ | | | |
| 3. Register Number 0015268 | Name (Last, First, MI) (b)(6)-4 [redacted] | | 4. Pay Grade FGN | 5. Sex M |
| 6. DoB (YYYYMMDD) 1981-10-12 | 7. Age at Admission 22Y | 8. Race X | 9. Ethnicity 9 | Religion |
| 10. Length of Service | ETS | 11. FMP 99 | 12. Social Security Number (b)(6)-4 [redacted] | |
| Organization (Active Duty Only) | | 13. Marital Status | Hour of Admission 14:00 | 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 DIS | Prev. Admission NO | |
| 20. Source of Admission Direct from ER | Ward: ICW2 | Name / Relationship of Emergency Addressee | | |
| | | Address of Emergency Addressee | | |
| Name and Location of Medical Treatment Facility: [redacted] Iraq; No Install Provided (b)(2)-2 | | Telephone Number of Emergency Addressee | | |
| 21. Type of Disposition TRF-A | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) 2004-01-29 | | |
| 24. Clinic Svc - Admitting AEA - ORTHOPEDICS | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) 2003-11-14 | | |
| 27. Location of Occurrence | 28. MTF of Initial Admission | 29. Date of Initial Admission 2003-11-14 | | |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: GSW R THIGH

Procedure Narrative(s):

Cause of Injury Narrative:

(b)(6)-2 (b)(6)-2

Admitting Officer (Signature, as required) [redacted] [redacted] of Admitting Clerk [redacted]

Automated Facsimile - DA FORM 2985, MAR 2000

1316

# COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

**[ ] Offense against Civilian(s) [check one] If "Other" then describe:**

- [ ] Arson (I.P.C. 342)
- [ ] Solicitation of Fornication/Prostitution (I.P.C. 399)
- [ ] Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 402)
- [ ] Murder (I.P.C. 405)
- [ ] Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)
- [ ] Maiming (I.P.C. 412)
- [ ] Simple Assault (I.P.C. 415)
- [ ] Kidnapping (I.P.C. 421)
- [ ] Burglary or Housebreaking (I.P.C. 428)
- [ ] Extortion/Communicating Threats (I.P.C. 430)
- [ ] Theft (I.P.C. 439)
- [ ] Destruction of Property (I.P.C. 477)
- [ ] Obstructing a Public Highway/Place (I.P.C. 487)
- [ ] Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 495)
- [ ] Riot or Breach of Peace (I.P.C. 495(3))
- [ ] Other

**[✓] Offense against Coalition Forces [check one] If "Other" then describe:** Emplacing IED

- [ ] Violation of Curfew
- [ ] Illegal Possession of Weapon
- [ ] Assault/Attack on Coalition Forces
- [ ] Theft of Coalition Force Property
- [ ] Trespass on Military Installation or Facility
- [ ] Photographing/Surveilling Military Installation or Facility
- [ ] Obstructing Performance of Military Mission
- [✓] Other

| | | | |
|---|---|---|---|
| Apprehending Unit: 2/319th AFAR | | Location Grid: MB 41127912 | |
| Date of Incident: (D/M/Y) 04/11/03 to / / | Time of Incident: 1945 hrs to hrs | Date of Report: (D/M/Y) / / | Time of Report: hrs |

| | | | | | |
|---|---|---|---|---|---|
| Detainee # FAOA-0011 (b)(6)-4 | | | Key Connected Person: [ ] Victim [ ] Witness | | |
| Last Name: [redacted] | | | 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: [✓] M [ ] F | Phone#: DOB D/M/Y: 6 Aug 81 [ ] Mobile [ ] Regular | Ethn/Tribe/ Sect: | Sex: [ ] M [ ] F | Phone#: DOB D/M/Y: [ ] Mobile [ ] Regular |
| [ ] Passport [ ] Dr. license [ ] Other (specify) | | | [ ] Passport [ ] Dr. license [ ] Other (specify) | | |
| Document #: | | | Document #: | | |

Total Number of Persons Involved 3 (list names/identifying info on reverse under "Additional Helpful Information")

| | | | |
|---|---|---|---|
| [ ] Vehicle Information | Vehicle Number ____ of ____ Vehicle(s) | | Owner: |
| Make: | Color: | VIN: | |
| Model: | Type: | Plate No.: | Number of People in Vehicle: |
| Year: | Names of People in Vehicle: | | |
| Contraband/Weapons in Vehicle: | | | |

| | | | |
|---|---|---|---|
| [ ] Property/Contraband | [ ] Weapon | Photo Taken of Suspect with Weapon/Contraband: Yes/ No | |
| Type: | | Model: | Color/Caliber: |
| Serial No.: | Quantity: | Make: | Receipt Provided to Owner: Yes/ No |
| Other Details: | | Where Found: | Owner: |

| | |
|---|---|
| Name of Assisting Interpreter: | Email, Phone, or Contact Info: |

| | |
|---|---|
| Detaining Soldier's Name (Print): | Supervising Officer (Print): [redacted] (b)(6)-2 |
| Last, First MI | |
| Signature: | Signature: [redacted] |
| Email: | Email: |
| Unit Phone: / / | Unit Phone: 582-5 Date: 14/11/03 |

MEDCOM - 24587

## COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

Why was this person detained? He was emplacing an IED, IED detonated prematurely, he was ~~detained at the scene~~ I.D. at the scene and detained at Al Yarmook hospital

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)? Car

Who was with this person? [redacted] (b)(6)-4

What weapons was this person carrying?

What contraband was this person carrying?

What other weapons were seized?

What other information did you get from this person?

Additional Helpful Information:

MEDCOM - 24588

(b)(6)-2 unless otherwise indicated

Automated Facsimile

# INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400, the proponent agency is OTSG

| 1. Register Nbr | 2. Name | | | | | 3. Grade | Admission Remarks |
|---|---|---|---|---|---|---|---|
| 0015270 | [redacted] (b)(6)-4 | | | | | FGN | |
| 4. Sex | 5. Age | 6. Race | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm | |
| M | 22Y | X | | | | NO | |
| 11. FMP | 12. SSN | 13. Organization | | | | 14. Ward | |
| 20 | [redacted] (b)(6)-4 | | | | | ICW1 | |
| 15. FlyStatus | 17. Dept / Ben | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case | | | |
| | K78-PRISONER OF WAR/INTER | | | BC | | | |
| 21. Source of Admission | 22. Hour Of Adm: | 23. Clinic Service | | | | | |
| Direct from ER | 15:50 | AEA - ORTHOPEDICS | | | | | |
| 24. Name/Relation of Emergency Addressee | 25. Type Disp | 26. Date of Disp | | | | | |
| | TRF-OTH | 2003-11-22 | | | | | |
| 27a. Address of Emergency Addressee | 27b. Telephone No | 28. Date This Adm: | AdmittingOfficer: | | | | |
| | | 2003-11-14 | [redacted] | | | | |
| 29. ReportingMTF (b)(2)-2 | | 30. Date Init Adm | 32. Units Blood Components | | | | |
| [redacted]raq | | 2003-11-14 | | | | | |

31. Selected Administrative Data

Marital Status: DoB: 1981-08-06

In/Out Patient: Inpatient MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

S/P HD MF SHRAPNEL WND R FA AND R 3RD FINGER

872.61
951.5
879.4
816.10
959.8
682.9
E991.2

79.34
86.22 x2

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 | 9 | 9 |

35. Total Days This Facility

| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days |
|---|---|---|---|---|---|
| 0 | 0 | [redacted] | 0 | 9 | 9 |

Signature of Attending Medical Offi[redacted] Signature of PAD or Medical Records Officer [redacted]

Automated Facsimile - DA FORM 3647, May 79

MEDCOM - 24589

| MEDICAL RECORD | ABBREVIATED MEDICAL RECORD |
|---|---|

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION *(Enter date of admission)*

22 y/o blew self up 10 days ago setting DOD.
Treated initially at Iraq hospital then transferred
to CAW CASP.

PMHx: ø
PSHx: ø
Meds: ø
Allergies: NKDA

PHYSICAL EXAMINATION

HEENT: [illegible]
Chest: CTA
CVS: S1 S2
Ext: medial & lateral wounds and open medial phalanx c̄ purulent D/C

XR: Pr Fx

PROGRESS *(Enter date of discharge and final diagnosis)*

(A) Open (R) mid Pr Fx chron
(P) Admit IVAB

(b)(6)-2

| [redacted] | DATE 11/14/03 | IDENTIFICATION NO | ORGANIZATION |
|---|---|---|---|
| [redacted] | | REGISTER NO | WARD NO |

*(Continuation entries, give Name, last, first, middle, grade, date, hospital or medical facility.)*

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
PRIOR 41 CFR 201-45.505
OCTOBER 1975
USAPPC V1.00

MEDCOM - 24590

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 24 NOV 03 2130 | On the Op Note |
| | Pre-Op Dx - Infected open (R) middle finger middle phalangeal fracture 2° GSW |
| | Post-Op Dx - Same |
| | Procedure - I&D (R) middle finger |
| | Surgeon - [redacted] |
| | ASA - MN BLOOD - LR - 650 |
| | Findings - Grossly contaminated through and through wound for (R) MF, with necrotic skin, necrotic fat floating bone fragments in wound, Flexor tendon with segmental loss, Radial digital artery and nerve disrupted. |
| | Plan: NV 03X5, repeat I+D 16 NOV 03, possible amputation |
| | [redacted] (b)(6)-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. |
|---|---|---|
| [redacted] (b)(6)-4 | | |

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 16 NOV 03 | Orthro Op Note |
| 1730 | |
| | Pre-Op Dx: Infected (R) middle finger f/b |
| | Post Op Dx: Same |
| | Procedure: I+D (R) middle finger |
| | Surgeon: [redacted] |
| | ASA L-2N |
| | Findings: No pus. Minimal necrotic tissue |
| | Plan: Repeat I+D 18 NOV. Will either pin fx or do arthrodesis |
| | [redacted] |
| | (b)(6)-2 |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

(b)(6) - 2 except very bottom

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 14Nov03@1730 | [redacted] Pt admitted to ICW I from EMT via amb in stable condition; VSS, pt A&O speaking arabic; ⊕ cms, +2 PP, brisk cap Ref x4; S1S2, LS CTA⊖ abd soft NTTP; pt voiding per urinal ∃ difficulty; PIV to ⓡ FA patent infusing D5½ NS@100 cc/hr ∃ s/sx infection/infiltration; Superficial shrapnel wounds RUQ, RLQ, & distal aspect of RUE; [redacted] 2nd finger to ⓡ hand wrapped c̄ kerlix; deep wound to medial aspect of finger & Superficial wound to lateral aspect of finger; finger edematous & erythematous, [redacted] min. purulent drainage, ⊕ s/sx infection; pt remains NPO per MD; 2 point restraints in place, ⊕ circ, ⊖ skin break↓; cont to monitor [redacted] |
| 15Nov03@1730 | Assumed care @ 0600; VSS, A&O speaking arabic; ⊖ c/o pain or discomfort @ this time; dsg to ⓡ hand CDI, ⊖ drainage; Superficial fragmentary wounds to ⓡ aspect of trunk & distal aspect of RUE OTA, ⊖ drainage, ⊖ s/sx infection; pt voiding QS per urinal; New PIV started in ⓛ FA, cont c̄ IV abx; pt TOI Reg diet well; Restraints in place, ⊕ circ ⊖ skin break↓, cont to monitor [redacted] |
| 15Nov03 2300 | Pt resting in bed. VSS A&O Denies pain at this time. Drsg to ⓡ hand CDI. ⊖ Drainage. Multiple superficial wounds to ⓡ Torso & RUE. OTA. LS CTA⊖ S1S2 present ⊕ BS x4 quads. Will cont to Monitor [redacted] 9WMb |

| 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] (b)(6) - 4

MEDCOM - 24593

(b)(6)-2all

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 16 Nov 03 0900 | Assumed care @ 0600. Pt A & O able to make needs known. Lungs CTAB. Resp even/unlabored. (+) BS x4. Voiding clear yellow urine quantity sufficient as usual. ~~IV~~ Heplock flushed/patent per CLFA. (R) hand drsg intact. Pt c multiple healing abrasions wounds to (R) torso area. Pt NPO since MN for OR today. 2 pt restraint s̄ compromise to skin/circulation. Will continue to monitor. denies pain at this time. [redacted] |
| 16 Nov 03 1245 | Pt returned from PACU via gurney. A & O. No distress. Drsg to (R) middle finger CDI. Moves fingers s̄ difficulty. Nailbeds pink c̄ brisk capillary refill. Pt denies pain & requesting food. HL patent. Will continue to monitor & provide emotional support. Pt sitting in chair [redacted] |
| 16 Nov 03 | Assumed care of Pt @ 1800. Pt A & O. VSS LS CTA (B) HRRR (+) BS x4 quads. Drsg to (R) middle finger CDI. Will cont to monitor. [redacted] |
| 17 Nov 03 1240 | Pt AO x3, CDC, c̄ hx of c̄o pain at this time. Pt voiding dark yellow urine. Pt ambulates without difficulty. (R) middle finger drsg CDI. Restraints x2 (+) circulation. [redacted] |
| 17 Nov 03 1630 | I concur c̄ above assessment. Neurovascular intact. Will continue monitoring [redacted] |

STANDARD FORM 509 (REV. 5/1999) BAC
USAPA V1.

MEDCOM - 24594

(b)(6)-2 all

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 18NOV03 | (1420) Assumed care @ 0600. Pt alert, speaking Arabic RSS. Ø c/o pain. Pt to OR this am for I/D. Pt. returned from OR in stable cond. via gurney. Ø c/o pain. Drsg to (R) 3rd finger CDI. Pt tol. reg diet well. IVFs [redacted] sld in IV in (L) forearm. Ø S&Sx infection/infiltration. Pt amb well in hallway. voiding ~ difficulty. 2 point restraints in place ~ S&Sx complications. Will cont. to monitor. [redacted] |
| 18NOV03 2000 | VSS OOB → BR for shower per pt's request. (R) 3rd finger dressing covered ~ plastic prior to shower. Drsg remained dry & intact. Mult shrapnel wounds to (R) FA small ~ scabs. (L) FA saline lock patent & intact. Ø c/o pain noted. +2 restraints in place without compromising circulation or skin integrity. Will continue care as planned. [redacted] |
| 19NOV03 1506 | Assume care of Pt @ 0600. Auto, VSS Ø c/o pain today. Maintains a regular diet. Drsg to (R) 3rd finger is intact. Moved IV from lower (L) forearm to upper (L) forearm, due to being pulled out while performing personal hygiene. 2pt restraint without skin irritation. Will cont. to monitor. [redacted] |
| | (1700) I concur ~ above. [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACI
USAPA V1.0

MEDCOM - 24595

(b)(6)-2 except for very bottom

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 17Nov03 | Assumed care of Pt @ 1800. VSS A&O |
| 2200 | Denies pain. Drsg to (R) middle finger, CDI. Tol PO well. Cont IV Antibiotics will continue to monitor [redacted] Sc 9W/MG |
| | (1120) Pt to OR via gurney in stable cond. [redacted] |
| 18Nov03 | (S) PRTO OR ADTU |
| 1320 | |
| | Pre-Op Dx: (R) mf P2 crushed for finger |
| | Post-Op Dx: Same |
| | Procedure: I+D, (R) mf |
| | (2) longitudinal pinning of (R) mf |
| | Surgeon: [redacted] |
| | Findings: Wounds clean. Previous culture negative for bacteria. Wound irrigated. Fixed with longitudinal 045 K-wire through P3 → P1 in good position, joint stable. |
| | Plan: Admit |
| | [redacted] |

| 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. |
|---|---|---|
| #[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 V1.01

MEDCOM - 24596

(b)(6)-2 all

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| (cont'd) | nsng to (R) 3rd finger CDI c (+) cap. refill. Good ROM to finger. IV HL (L) AC CDI (+) s/sx inf. flushes well. Two patient restraints in place s compromise to skin/circulation. Will cont. to monitor pt. [redacted] I concur c calm assessment [redacted] |
| 21 NOV 03 0800 | -Assumed care of pt. A+O x3. VSS sitting up at bedside eating breakfast. Lungs CTA HRRR Active BS x4 quads. Urinating spontaneously s difficulty. AM shower care given. Wound to (R) hand middle digit healing dsg CDI. OK for discharge. Assessment WNL Will cont to monitor [redacted] |
| 21Nov03@2045 | Assumed care @ 1800; VSS, pt A&O speaking arabic; Ø c/o pain, pt in NAD; dsg to (R) finger CDI, Ø drainage noted; s,s2, LS CTA (R); (+) BSx4; pt voiding QS, per urinal; Ø Δs in assessment; pt awaiting D/C; Restraints in place, (+) circ, Ø skin breakdown, cont to monitor [redacted] |
| 22 NOV 03 0730- | Assumed care of pt. A+O x3. VSS Ø c/o pain or discomfort @ this time Ambulated s difficulty. Lungs CTA. HRRR Active BS Urinating spontaneously PO intake well. (R) hand middle digit dsg CDI OK for discharge Will cont to monitor [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.0

MEDCOM - 24597

(b)(6)-2 except for very bottom

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 19 NOV 03 1900 | VSS. (L) FA Saline lock patent & intact OOB → BR. (R) 3rd finger dry dry intact. Consumed 50% of regular diet for dinner. (R) FA c multi superficial abraded wounds c scabs. ↓ S/S of infec. Q C/O pain or discomfort. Will continue plan of care. +2 restraints in place without compromising circulation or skin integrity. [redacted] RN |
| 20 Nov 03 1457 | Pt A&O able to make needs known. VSS. (R) 3rd finger dry CDI. Pt moves fingers purposefully. Multiple healing abraded wounds to RUE. Heplock patent to (L) AC. (P) BS x 4 quads. Voiding per urinal & BR clear yellow urine. Will continue monitoring & Abx therapy as ordered. 2 point restraint on ↓ compromise to skin/circulation [redacted] RN |
| 2010 – | Assumed care of pt. @ 1800. VSS A+O pt. speaking in arabic. LS CTA (B), Resp. even, unlabored, NSR, Abd. soft non-tender, BS x 4. voiding [redacted] clear yellow urine per urinal. → |

| 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. ICW |
|---|---|---|
| #[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

MEDCOM - 24598

PREVIOUS EDITION IS USABLE

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 2315 | HPI: 20 yo I EPW s/p injury to (R) arm 2° IED |
| | occurring 3 days prior to presentation. Seen |
| | @ Iraqi hospital and evacuated for intravenous |
| BP 142/86 | Surgical wound to (R) FA & s/p injury to |
| PR 125 | (R) 3rd finger. (+) HL |
| R 18 | |
| Spo2 99 | O\ [illegible] |
| T 97.6 | Heart: [illegible] RRR, no M, R, TTP only |
| | Neuro: [illegible] |
| ~~NEAR~~ | (R) FA mild swell. Erythema. min TTP. full compartment |
| | 3rd finger joint, pronated, deformed w/ [illegible]. |
| | (+) TTP w/ flexor & volar compartments. |
| | CR < 2 sec. s/p TTP |
| | (R) Thenar, (R) hypothenar. [illegible] 3rd MP Fx. |
| | A/P: Surgical wound (R) 3rd finger w/ open fracture - |
| | Unasyn 3.0 g IV [illegible] Tetanus |
| AFT. course | Toradol 30mg IV |
| Minimal swelling | Soft tissue injury 2° shrapnel w/ min cellulitis |
| Scratched [illegible] | TD CSTI in ARM. |
| ~~End~~ w/ minimal pain | (R) tympanic membrane rupture w/ hearing loss. |
| | [redacted] b(6)-2 |
| | [illegible] |

| 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.

[redacted]

# [redacted] b(6) EPW

**CHRONOLOGICAL RECORD OF MEDICAL CARE**
Medical Record
**STANDARD FORM 600** (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

MEDCOM - 24599

558-103 (See Instructions on Back of this Sheet) b(2)-2 NSN 7540-01-075-3786

# EMERGENCY CARE AND TREATMENT [redacted]
(Medical Record)

LOG NUMBER

| ARRIVAL DATE DAY | MONTH | YR. | TIME | TRANSPORTATION [redacted] (Attach care enroute sheet) | CURRENT MEDS. (tetanus immunization and other data) | HISTORY OBTAINED FROM |
|---|---|---|---|---|---|---|
| 14 | Nov | 83 | 1600 | ☐ PRIVATE VEHICLE ☐ AMBULANCE ☒ OTHER (Specify) | Ø | ☐ PATIENT ☐ OTHER (Specify) |
| | | | | | | ALLERGIES: Ø |

PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code)

HOME TELE. NO. (Inc. area code)

CHIEF COMPLAINT(S) (Include symptom(s), duration)

SEX: M AGE: 22

POSSIBLE THIRD PARTY PAYER? ☐ YES ☐ NO

| VITAL SIGNS | | | |
|---|---|---|---|
| TIME | 1600 | | |
| BP | 118/70 | | |
| PULSE | 100 | | |
| RESP. | 16 | | |
| TEMP. | 97.8 | | |
| WT. (Child) | 97 | | |

CATEGORY (See reverse)
- ☐ EMERGENT
- ☐ URGENT
- ☒ NON-URGENT

| ORDERS | INITS. | TIME |
|---|---|---|
| | | |

ASSESSMENT/DIAGNOSIS

DISPOSITION (Check all that apply)
- ☐ HOME ☐ FULL DUTY
- QUARTERS: ☐ 24 Hrs. ☐ 48 Hrs. ☐ 72 Hrs.
- MODIFIED DUTY UNTIL: DAY / MONTH / YEAR
- REFERRED TO (Indicate clinic)
- ☐ EMERGENCY ☐ TODAY
- ☐ 72 HOURS ☐ ROUTINE
- ADMIT. TO HOSP. UNIT/SERVICE

CONDITION UPON RELEASE
- ☐ IMPROVED ☐ UNCHANGED
- ☐ DETERIORATED

TIME OF RELEASE:

DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up)

TIME SEEN BY PROVIDER

(CONTINUE ON SF 507, IF NEEDED)

PATIENT'S IDENTIFICATION (Mechanical imprint) FOR WRITTEN ENTRIES GIVE: Name - last, first, middle; SSN; DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD).

[redacted] EPN

b(6)-4

SIGNATURE OF PROVIDER AND ID STAMP

INSTRUCTIONS TO PATIENT (Include medications ordered, any limitations and follow-up plans)

EMERGENCY CARE AND TREATMENT
MEDCOM 24600 Medical Record Copy

STANDARD FORM 558 (Rev. 6-82)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

## SKIN AND WOUND ASSESSMENT

**MEDICAL RECORD** **PROGRESS NOTES**

Admission Date: 14Nov03 Diagnosis: Shrapnel wounds HD: POD:

### Braden Scale Evaluation (See Braden Evaluation Table for Details)

| | | | | | |
|---|---|---|---|---|---|
| **Sensory Perception** | No impairment | 4 | **Mobility** | No limitations | 4 |
| | Slightly limited | 3 | | Slightly limited | 3 |
| | Very limited | 2 | | Very limited | 2 |
| | Completed | 1 | | Completely immobile | 1 |
| **Moisture** | Rarely moist | 4 | **Nutrition** | Excellent | 4 |
| | Occasionally moist | 3 | | Adequate (Eats >50%) | 3 |
| | Moist | 2 | | Adequate (Rarely eats) | 2 |
| | Constantly moist | 1 | | Very poor | 1 |
| **Activity** | Walks frequently | 4 | **Friction and Shear** | No apparent problem | 3 |
| | Walks occasionally | 3 | | Potential problems | 2 |
| | Chairfast | 2 | | Problems | 1 |
| | Bedfast | 1 | | | |

NPO

*Add the total score* **Total Score** 19

| | |
|---|---|
| Above 20 | Low Risk |
| Between 16 and 20 | ~~Medium Risk~~ |
| Between 11 and 15 | High Risk |
| Below 10 | Very High Risk |

Note: A Braden Scale Score of less than or equal to 15 indicates **HIGH RISK** –Requires immediate Ulcer prevention program.

Surgical wound (s): Yes ~~No~~ Location:_____ Size: _____ Drainage: _____
Tubes: _____ Appearance:_____
Dressing change:_____

Pressure Ulcer (s): Yes (No)
Stage I, II, III, IV (Circle the one that applies and describe below)

Location:_____ Size: _____
Wound character: Pint_____ Moist _____ Dry _____ Granulation tissue _____ Yellow slough_____
Odor _____ Purulent discharge _____ Eschar _____ Exudates _____

Type of dressing change: Wet-to-dry_____ Comfeel dressing _____ Carrasyn V-Gel_____ Alginate _____

Physician notified/consulted for wound debridement: Yes_____ No_____
CNS notified/consulted for Stage II and greater: Yes_____ No_____
Nutrition Referral: Yes _____ No _____
Physical Therapy Referral: Yes_____ No _____
Action Taken: _____ Date & Time: _____

| REGISTER NO. | WARD NO. |
|---|---|
| | |

Patient's Identification (For typed or written entries give: Name-last, first, middle: Grade; rank; hospital or medical facilithy)

#[redacted]

b)(6)-4

PROGRESS NOTES

Medical Record
STANDARD FORM 509

| MEDICAL RECORD | **PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT**<br>For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General. |
|---|---|
| 1. AGE: 30²<br>HEIGHT:<br>WEIGHT: | 2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): None<br>3. PREVIOUS SURGERY [ ] NO [ ] YES (type): ?? |

4. PROPOSED SURGICAL PROCEDURE:
(R) Hand I&D

5. ADDITIONAL INFORMATION: Last PO: ?? Medical Hx: ?? Implants: ?? Medications: ??
Jewelry removed: (yes)/no Family waiting: yes/(no)

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| A. PSYCHOSOCIAL<br>___ Potential for anxiety related to traumatic injury; language barrier; family separation; surgical environment | o Pt. verbalizes any specific anxiety.<br>o Pt. exhibits relaxed body posture. | o Allow pt. to verbalize freely.<br>o Explain OR environment and answer questions regarding surgery.<br>o Offer comfort measures, (e.g., warm blanket, touch)<br>o Explain all nursing procedures before they are done.<br>o Remain with pt. whenever possible.<br>o ~~Maintain family interface.~~ |
| B. AERATION<br>___ Potential for respiratory dysfunction due to sedation; positioning; injury | o PT. will be able to breathe without difficulty during immediate intra-operative phase. | o Offer to elevate head of litter or offer pillow.<br>o Observe pt. while awaiting surgery for signs of distress<br>o Assist anesthesia during intubation and extubation |
| C. INTEGUMENT<br>___ Potential impairment of skin integuity due to bovie pad; position; fluid shift | o PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas. | o Utilize pressure preventing devices on OR table and accessories.<br>o Check for proper positioning and support to maintain good body alignment.<br>o Pad pressure points.<br>o Place ESU ground pad on non compromised skin surface area.<br>o 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]

b(6)-4

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| D. CIRCULATION<br>___ Potential for inadequate tissue perfusion due to anesthesia; traumatic injury; position; shock; previous surgery | o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse). | o Check for support stockings or ace wraps. If none, check with doctors.<br>o Check that safety straps are correctly applied.<br>o Offer pillow for under knees.<br>o Place and take down legs from stirrups with slow bilateral motion.<br>o Check that rings have been removed. |
| E. NEUROMUSCULAR CONTROL<br>E.1. ___ Potential impairment of mobility due to sedation; pain; injury<br>E.2. ___ Potential discomfort due to injury; pain | o Pt. will be transferred to OR table without difficulty.<br>o Pt. will not experience unnecessary physical discomfort. | o Have sufficient people available for transfer.<br>o Insure proper body alignment.<br>o Allow patient to lie in position of comfort while waiting for surgery.<br>o Offer support (i.e., pillows, bathtowels, etc.) for positioning. |
| F. NEUROMUSCULAR CONTROL<br>F.1. ___ Disminished visual perception due to being injury; sedation;<br>F.2. ___ Potential for decreased communictaion due to language barrier; sedation<br>F.3. Potential injury due to dentures. ___ | o Pt. will be made aware of surroundings prior to anesthesia induction.<br>o Pt. will be transferred safely to OR table.<br>o Pt. will be able to understand instructions.<br>o Minimize danger of injury during intraop period. | o Introduce self. Keep pt. informed as to where he/she is and what is happening.<br>o Inform pt. in which direction to move and assist if necessary.<br>o Speak clearly and slowly.<br>o Address pt. from ___ side.<br>o Validate pt.'s understanding of verbal communications.<br>o Verify removal of dentures. |
| G. OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs. | OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes. | OTHER NURSING INTERVENTIONS. Or continuation of above interventions. |

10. OR NURSING INTERVENTIONS COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

___ ___DATE

11. POSTOPERATIVE EVALUATION:

ABLE TO MOVE, awake, alert. able to follow directions (signals). Bowel sounds clear, dry intact. Dressing dry and clean

| 12. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title) | 13. PREOPERTIVE EVALUATION PREPARED (Signature and Title) |
|---|---|
| [redacted] | [redacted] |
| DATE: 14NOV07 TIME: 2014 b(6)-2 | DATE: 14NOV07 TIME: 2113 |

*REVERSE OF DA FORM 5179, JUN 91*

USAPA V1.01

MEDCOM - 24603

b(4)-2 (A)
unless noted otherwise

**MEDICAL RECORD** | **INTRAOPERATIVE DOCUMENT**

For use of this form, see AR 40-66, the proponent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA: Litter BY ANESTHESIA

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY [redacted] (Emergency)

3. DATE 14 Nov 03 TIME PATIENT ARRIVED IN SUITE 2016

4. PATIENT IN ROOM TIME 2016 NUMBER 1

5. PREOPERATIVE EMOTIONAL STATUS

☑ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER (Specify)

COMMENTS: Pt able to follow commands, ? sedating. awake. able to move.

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | MAJ [redacted] | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS (Specify) Pt placed on bed. anatomically aligned neutral.

☐ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: Arm on armboard, 90° supported STRAP above knee 2M ALL PPP.

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☐ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

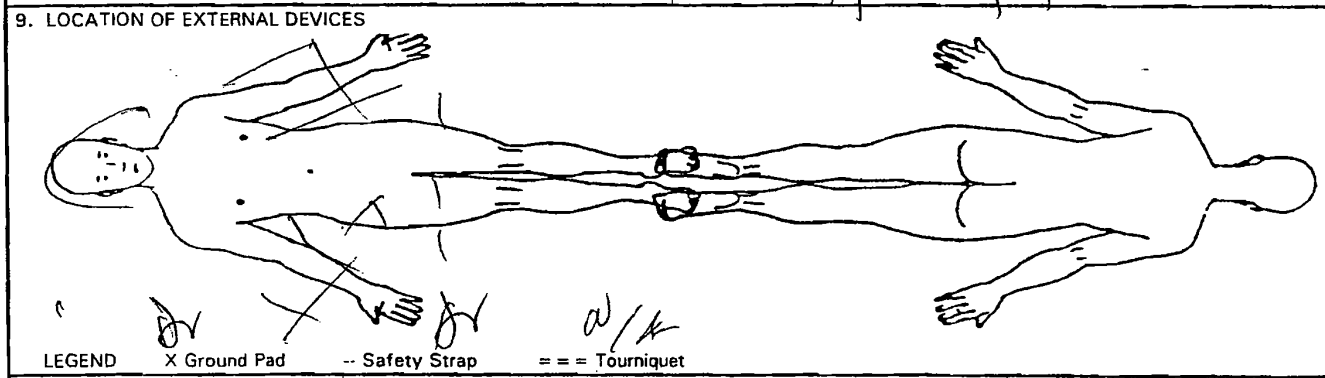
PREP SOLUTION (Specify) BETA / BETA

SITE: R Jaw BY WHOM: [redacted]

SITE: ~~[illegible]~~ BY WHOM: [redacted]

COMMENTS: ↑ pooling of solution noted

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

10. COUNTS

C = Correct I = Incorrect

| | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|
| Sponge | ☒ Yes ☐ No | | C | C | [redacted] | [redacted] |
| Needle Sharp | ☒ Yes ☐ No | | | | | |
| Instrument | ☐ Yes ☒ No | | | | | |
| Other | ☐ Yes ☒ No | | | | | |

11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)

[redacted]

b(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☑ YES ☐ NO

☑ ESU NO: Valley lab 40 Room 1 cut 30 coag 30

GROUND PAD: BRAND 3M 9165

LOT NO: 2005/11 RA

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.01

13. PROSTHESIS, IMPLANTS ☐ YES ☒ NO IF YES NAME: ID NUMBER; MANUFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☒

| MEDICATIONS.SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S): Nacl

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☒ NO ☐ IF YES, SITE C-arm (R) hand

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☒ NO ☐ | NAME | NAME |
| NAME (R) middle finger Gangrene | NAME | NAME |
| NAME (R) middle finger Gram stain | NAME | NAME |

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. | 2. | 3. |
| SITE | 1. | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*
Iodoform Gauze
fluff
Kerlix
Tubular Gauze

19. ADDITIONAL INFORMATION
S. ALBERTSON A. SMITH TYPE GETA

Bruise site clean, dry intact pre-post OP
Dressing clean, dry intact.

20. OPERATION(S) PERFORMED
(R) hand I & D

21. PATIENT TRANSFERRED TO Place PACU TIME 2112 METHOD Litter

[redacted] SIGNATURE MAJ AN

REVERSE OF DA FORM 5179-1, OCT 87 USAPA V1.01

MEDCOM - 24605

MEDICAL RECORD

INTRAOPERA[illegible] DOCU[illegible]ENT

For use of this form, see AR 40-407, the propo[illegible]ency [illegible]e office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA PACU bed BY Anesthesia

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY CPT [redacted] b(6)-2

3. DATE 16 NOV 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME 1135 NUMBER 4

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS: ✓

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] 91 D b(6)-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | CPT [redacted] E | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS *(Specify)*

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: correct body alignment maintained, (L) arm on padded arm board at less than 90°, (R) arm on 2 padded armboards for hand table, position approved by surgeon and anesthesia

8. SKIN PREPARATION

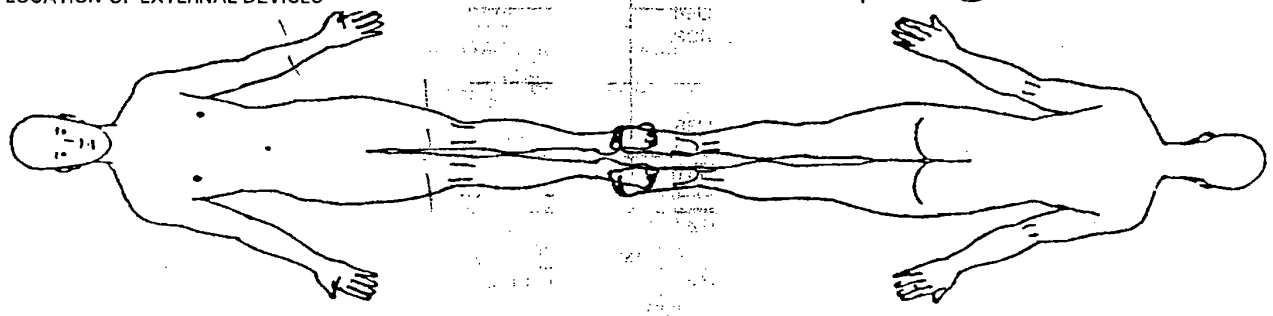
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine / Betadine Paint
SITE: (R) BY WHOM [redacted]
SITE: BY WHOM [redacted] b(6)-2

COMMENTS: no peeling or skin d's noted

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

10. COUNTS

C = Correct I = Incorrect b(6)-2

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☒ Yes | ☐ No | | | C | [redacted] | [redacted] |
| Needle Sharp | ☒ Yes | ☐ No | | | | | |
| Instrument | ☐ Yes | ☒ No | | | | | |
| Other | ☐ Yes | ☒ No | | | | | |

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

A [redacted] b(6)-4
[redacted] b(2)-2
16 NOV 03

12. ELECTROSURGERY DEVICE(S) (ESU) ☐ YES ☒ NO

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:
☐ ESU NO:
GROUND PAD: BRAND
LOT NO:
☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

MEDCOM - 24606

13. PROSTHESIS, IMPLANTS YES ☒ NO IF YES NAME: ID NUMBER .CTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☒

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):
0.9 % NaCl

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| none | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM IF YES, SITE
YES ☐ NO ☒

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

18. DRESSING/IMMOBILIZATION *(Specify)*
~~Fluffs~~
~~Kerlix~~
Surgitube

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. 1/4in Iodoform | 2. | 3. |
| SITE | 1. (R) MF | 2. | 3. |

19. ADDITIONAL INFORMATION
Surgeon: [redacted]
Anesthesia:
b(6)-2
-DA 5179 on chart, ø's noted

20. OPERATION(S) PERFORMED
I+D (R) MF

| 21. PATIENT TRANSFERRED TO | TIME | METHOD |
|---|---|---|
| ICU3 (PACU) b(6)-2 | see DA7389 | PACU bed |

22. REGISTERED NURSE SIGNATURE
[redacted] (PACU)

REVERSE OF DA FORM [redacted]7 USAPA V1.00

MEDCOM - 24607

MEDICAL RECORD

# INTRAOPERAT[illegible]OCUMENT

For use of this form, see AR 40-407, the propo[illegible]ency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA gurney BY Anesthesia

2. PATIENT IDENTIFIED [illegible]VED AND PROCEDURE VERIFIED BY CPT [redacted] b(6)-2

3. DATE 18NOV03 TIME PATIENT ARRIVED IN SUITE 1134

4. PATIENT IN ROOM TIME 1124 NUMBER 1-4

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER (Specify)

COMMENTS: NKA

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SGT [redacted] 91D b(6)-2 | RELIEF SCRUB | Ø |
| ASSIGNED CIRCULATOR | CPT [redacted] 66E | RELIEF CIRCULATOR | Ø |

7. POSITION AND POSITIONAL AIDS (Specify) Pt on padded OR Bed, Head on Foam doughnut. LUE extended out to side ~90° in CAP, secured to padded armboard c̄ safety strap, RUE extended out to side c̄ 90° + prepped into sterile field. Folded Towel under heels. Correct Body Alignment Maintained

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☒ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

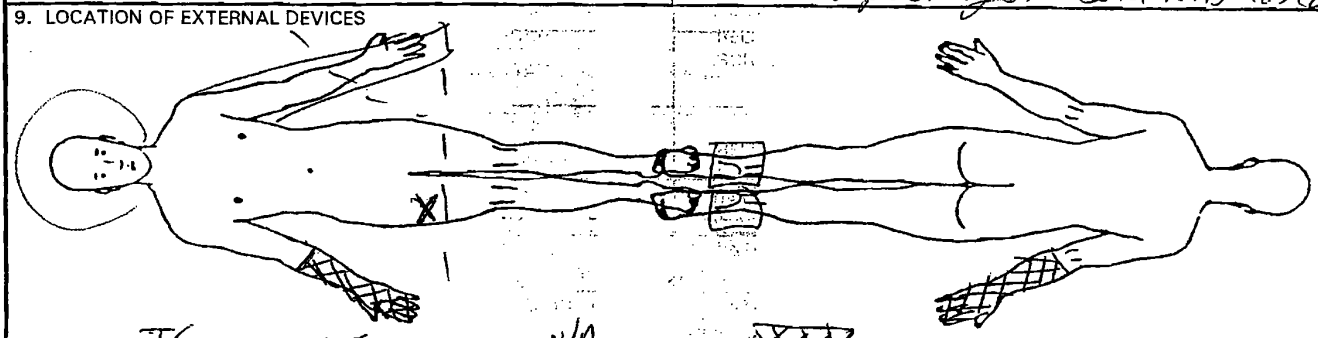
PREP SOLUTION (Specify) Beta/Beta

SITE: RUE (as below) BY WHOM: CPT [redacted] b(6)-2

SITE: BY WHOM:

COMMENTS: no pooling of solutions noted

9. LOCATION OF EXTERNAL DEVICES



LEGEND TG X Ground Pad TG Safety Strap N/A = = Tourniquet ▨ = prep

C = Correct I = Incorrect

b(6)-2

| 10. COUNTS | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|
| Sponge | ☐ Yes ☒ No | | | | | |
| Needle Sharp | ☒ Yes ☐ No | C | | C | SGT [redacted] | CPT [redacted] |
| Instrument | ☐ Yes ☒ No | | | | | |
| Other | ☐ Yes ☒ No | | | | | |

11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)

# [redacted]

b(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☒ YES ☐ NO

☒ ESU NO: RSE 105305 30/50 Blend 2 Spray

GROUND PAD: BRAND Valley/ab Pal/Adhesive II REM

LOT NO: 69441/2005-03

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

MEDCOM - 24608

13. PROSTHESIS IMPLANTS ☒ YES ☐ NO IF YES NAME: ID NUMBER; CTURER

0.45 K-wire x1 from K-wire set - CMS load # 063206

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☒

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):

0.9% NaCl - QS > 3000cc

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☒ NO ☐ IF YES, SITE flouro of RMF/Hand via C-arm

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

| TYPE/SIZE | 1. | 2. | 3. |
|---|---|---|---|
| SITE | 1. | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*

2x2 plain sponges Zeroform Gauze, Tubegauze.

19. ADDITIONAL INFORMATION

WC = IV

Surgeon: Dr [redacted] b(6)-2

Anesthesia: Gen/Endo - MAJ [redacted] RNA

Bovie pad site pre-op CDI - post-op CDI

20. OPERATION(S) PERFORMED

I+D + pinning of (R) MF

21. PATIENT TRANSFERRED TO PACU TIME 1235 METHOD gurney

b(6)-2

[redacted] CDT/AW

[redacted] 79-1, OCT 87 USAPA V1.00

MEDCOM - 24609

511-119 NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HOSPITAL DAY | | | | | | | | | | | | | | | | | | | |
| POST- | DAY | | | | | | | | | | | | | | | | | | |
| MONTH-YEAR | DAY | 14 Nov 03 | | 15 | | | 16 | | | | | | | | | | | | |
| 19 | HOUR | 1 | | | | | | | | | | | | | | | | | |
| PULSE (0) | TEMP. F (°) | 7 2 5 | | | | | | | | | | | | | | | | | TEMP. C |
| | 105° | | | | | | | | | | | | | | | | | | 40.6° |
| 180 | 104° | | | | | | | | | | | | | | | | | | 40.0° |
| 170 | 103° | | | | | | | | | | | | | | | | | | 39.4° |
| 160 | 102° | | | | | | | | | | | | | | | | | | 38.9° |
| 150 | 101° | | | | | | | | | | | | | | | | | | 38.3° |
| 140 | 100° | | | | | | | | | | | | | | | | | | 37.8° |
| 130 | 99° | | | | | | | | | | | | | | | | | | 37.2° |
| | 98.6° | | | | | | | | | | | | | | | | | | 37.0° |
| 120 | 98° | | | | | | | | | | | | | | | | | | 36.7° |
| 110 | 97° | | | | | | | | | | | | | | | | | | 36.1° |
| 100 | 96° | | | | | | | | | | | | | | | | | | 35.6° |
| 90 | 95° | | | | | | | | | | | | | | | | | | 35.0° |
| 80 | | | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | | |
| RESPIRATION RECORD | | | | | | | 110/62 | | | | | | | | | | | | |
| BLOOD PRESSURE | | 127/72 | 137/74 | | | | P 83 | | | | | | | | | | | | |
| | | | | | | | T 97.5 | | | | | | | | | | | | |
| HEIGHT: | WEIGHT → | 952 lbs | 97% | | | | SpO2 98 | | | | | | | | | | | | |

Record special data only when so ordered

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)*

REGISTER NO.

WARD NO.

(Centigrade Equivalents, for Reference only)

b(6)-4

[redacted]

**VITAL SIGNS RECORDS**

Medical Record

**STANDARD FORM 511** (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 24610

511-119

NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HOSPITAL DAY | | | | | | | | | | | | | | | | | |
| POST- DAY | | | | | | | | | | | | | | | | | |
| MONTH-YEAR NOVEMBER | DAY | 16 | | 17 | | 18 | | 19 | | 20 | | | | | | | |
| 19 2003 | HOUR | 2 | | | | 8 | 2 | 0 | 1 | 0 | 2 | | | | | | |
| PULSE (O) | TEMP. F (°) | 0 | | | | | 0 | 7 | 9 | 8 | 4 | | | | | | TEMP. C |
| | 105° | 0 | | | | | 0 | 4 | 0 | 8 | 0 | | | | | | 40.6° |
| | | | | | | | 0 | 9 | 0 | 8 | 0 | | | | | | |
| 180 | 104° | | | | | | | | | | | | | | | | 40.0° |
| 170 | 103° | | | | | | | | | | | | | | | | 39.4° |
| 160 | 102° | | | | | | | | | | | | | | | | 38.9° |
| 150 | 101° | | | | | | | | | | | | | | | | 38.3° |
| 140 | 100° | | | | | | | | | | | | | | | | 37.8° |
| 130 | 99° | | | | | | | | | | | | | | | | 37.2° |
| | 98.6° | | | | | | | | | | | | | | | | 37.0° |
| 120 | 98° | | | | | | | | | | | | | | | | 36.7° |
| 110 | 97° | | | | | | | | | | | | | | | | 36.1° |
| 100 | 96° | | | | | | | | | | | | | | | | 35.6° |
| 90 | 95° | | | | | | | | | | | | | | | | 35.0° |
| 80 | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | |
| RESPIRATION RECORD | | 8 | | 12 3/4 | | 8 | | 8 | 8 | 8 | | | | | | | |
| Record special data only when so ordered: BLOOD PRESSURE | | 120/61 | | 178 | | 124/61 | 111/61 | 109/71 | 111/59 | 118/63 | 109/62 | | | | | | |
| | | | | 79 84 | | | | 98.4 | | 97.8 | | | | | | | |
| | TEMP | 98.8 F | | | | | | 83 | 98.6 | 85 | | | | | | | |
| HEIGHT: | WEIGHT TEMP | | | 92 98% | | | | | | | | | | | | | |
| | O2Sat | 97% | | | | 99% (Ra) | | 98% | 96% | 98% 99% | | | | | | | |
| | Source | RA | | | | | | | RA | | | | | | | | |
| | O2Sat Source | | | | | | | | | | | | | | | | |
| | pulse pulse | 85 | | | | | | | | | | | | | | | |

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.

EPW #

[redacted]

b(6)-4

**VITAL SIGNS RECORDS**

Medical Record

**STANDARD FORM 511** (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 24611

b(6)-2

| Ward/Section: EMT | REQUESTING PHYSICIAN: Dr [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: 1316 | DATE: 14 Nov 08 TIME: 16:45 | SSN: PSEUDO SSN: 1316 |

(Hemoglobin/Hct)

| Urinalysis | | | Misc. Serology | | |
|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| Color | | N/A | RPR | | Negative |
| App | | N/A | Mono | | Negative |
| Glu | | Negative | Microbiology | | |
| Bili | | Negative | Source | | |
| Ket | | Negative | Gram Stain | | |
| SG | | N/A | Occ Bld | | Negative |
| Bld | | Negative | H. pylori | | Negative |
| pH | | N/A | Micro Parasites | | |
| Prot | | Negative | Malaria | | |
| Urob | | 0.2-1.0 | O & P | | |
| Nit | | Negative | Other | | |
| Leuk | | Negative | Microscopic Urinalysis | | |
| HCG | | Negative | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | CSF | | | Blood Bank | |
| Sed Rate | | | Cell Count | | | MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED | |
| Other | | | Directigen | | Negative | ABO/Rh | |

| Coagulation Studies | | | Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED) | | |
|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | UNIT | TYPE | CROSSMATCH |
| PT | | 9.8-13.5 secs | | | |
| APTT | | 21-34 secs | | | |
| D-Dimer | | <[illegible] ug/ml | | | |
| FDP | | <[illegible] ug/ml | | | |

REMARKS:

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|

MEDCOM - 24612

b(6) - 2

| Ward/Section: ENT | REQUESTING [redacted] | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: 1316 | DATE: 17 Nov 03 / TIME: 1645 | SSN/PSEUDO SSN: B16 |

**(i-STAT)**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Na | | 133-146 mmol/L |
| K | | 3.5-4.9 mmol/L |
| Cl | | 95-109 mmol/L |
| pH | | 7.31-7.45 |
| PCO2 | | 35-45 mmHg (art) 41-51 mmHg (ven) |
| PO2 | | 80-105 mmHg (art) N/A (ven) |
| TCO2 | | 23-27 mmol/L (art) 24-29 mmol/L (ven) |
| HCO3 | | 22-26 mmol/L (art) 23-25 mmol/L (ven) |
| sO2 | | 95-98% |
| BEecf | | (-2) – (+3) mmol/L |
| AnGap | | 10-20 mmol/L |
| Ca | | 1.12-1.32 mmol/L |
| BUN | | 8-26 mg/dl |
| GLU | | 70-105 mg/dl |
| Creat | | 0.7-1.5 mg/dl |
| Hct | | 38-51% PCV |
| Hgb | | 12-17 g/dl |

**Misc. Chemistry**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Troponin-I | | |
| Drug of Abuse | | |
| | | |
| | | |
| | | |

**(Piccolo) Chemistry 12**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.5-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| BUN | | 7-22 mg/dl |
| CA$^{++}$ | | 8.0-10.3 mg/dl |
| CHOL | | 100-200 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| GLU | | 73-118 mg/dl |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Metlyte 8**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| CK | | 39-330 u/l (M) 30-190 u/l (F) |
| NA$^{+}$ | | 128-145 mmol/l |
| K$^{+}$ | | 3.3-4.7 mmol/l |
| CL$^{-}$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**(Piccolo) Metabolic Panel**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| CA$^{++}$ | | 8.0-10.3 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| NA$^{+}$ | | 128-145 mmol/l |
| K$^{+}$ | | 3.3-4.7 mmol/l |
| CL$^{-}$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**(Piccolo) Liver Panel Plus**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.5-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| GGT | | 5-65 u/l |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Electrolyte**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| NA$^{+}$ | | 128-145 mmol/l |
| K$^{+}$ | | 3.3-4.7 mmol/l |
| CL$^{-}$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

REMARKS:

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

MEDCOM - 24613

[redacted] b(2)-2

# Microbiology Request Form

Preliminary Report

Last Name: [redacted]
First Name: [redacted] b(6)-4
Patient # or SSN:
Collected by: [redacted] b(6)-2
Date: 14NOV03
Time: 2030

Ward: ICW1
Room:
Bed:
Physician:
Source: R hand wound
Site: middle finger

Received by: rgc
Date: 14NOV03
Time: 2120

Specimen #: W1216

## Preliminary Laboratory Results

no organisms seen (gram stain)

Reported
Date: 14NOV03
Time: 2140
Tech: rgc
Reviewer: [redacted] b(6)-2

Number of attached sheets:

Preliminary Report

MEDCOM - 24614

DOD-039003

ACLU-RDI 1744 p.574

[redacted] b(2)-2

# Microbiology Request Form

Last Name [redacted]
First Name: [redacted] b(6)-4
Patient # or SSN:

Collected by [redacted] b(6)-2
Date: 14 NOV 03
Time: 2030

Ward: ICW
Room:
Bed:
Physician:

Source: (R) hand. Wound
Site: middle finger

AEROBIC & GRAM STAIN

[redacted]

Received by [redacted]
Date: 14NOV03
Time: 2120

Specimen #: W 1216

## Laboratory Results

No Growth

Reported
Date: 16 NOV 03
Time: 1000
Tech: IV
Reviewer: [redacted] b(6)-2

Number of attached sheets:

MEDCOM - 24615

DOD-039004

ACLU-RDI 1744 p.575

# 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) | 2015 | 30 | 45 | 2100 | 15 | 30 | 45 |
|---|---|---|---|---|---|---|---|---|
| Fentanyl 50 µg/ml | (1) | 100 | 100 | 50 | | | | |
| | ( ) | | | | | | | |
| | ( ) | | | | | | | |
| | ( ) | | | | | | | |
| | ( ) | | | | | | | |
| VOLAT AGENT | Forane % del | 3 | 2 | 1.5 | 1 | | | |
| | % e.t. | | | | | | | |
| AIR | L/Min | | | | | | | |
| N2O | L/Min | | | | | | | |
| O2 3 | L/Min | | | | | | | |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS →

**FLUIDS**

| LINE site | | 2015 | 30 | 45 | 2100 | 15 | 30 | 45 |
|---|---|---|---|---|---|---|---|---|
| RL-100 | ☐ Warmed | 100 RL | | | | | | |
| | ☐ Warmed | | | | | | | |
| | ☐ Warmed | | | | | | | |
| | ☐ Warmed | | | | | | | |

**LOSSES**: EST BLOOD LOSS; URINE -

PHYS STATUS: 1 2 (3) 4 5 (E)

BODY WEIGHT: KG / LB

HEMATOCRIT:

INITIAL DATA: BP- 111/64; HR- 106 98%

EQUIP CHECK: OK?- Y N

PATIENT RECHECK: OK for PROCEDURE? TIME-

TIME → 2015 30 45 2100 15 30 45

SYMBOLS: BP by cuff V Λ; Heart rate ●; Resp rate ✓; BR (transduced) ╪; TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø

**VENTIL**

| | 2015 | 30 | 45 | 2100 |
|---|---|---|---|---|
| VT - ml | | 510 | 460 | |
| f - breaths/min | | 10 | 11 | 14 |
| Peak inf pres / PEEP | | 14 | 12 | 14-4 |
| MODE - S(pon), A(ssist), C(on) | | CV | CV | AS |

**MONITORS/ACCESSORIES**

| | | 2015 | 30 | 45 | 2100 | 15 |
|---|---|---|---|---|---|---|
| BP/Auto Cuff | ET-CO2 (torr) | | 40 | 42 | 48 | |
| BP/oth | FIO2 (Frac or %) | | 64% | 63% | 62% | |
| ART line | SpO2 (%) | | 100 | 100 | 98 | 97 |
| Steth- PC/ES | ECG | ST | SR | SR | SR | |
| Gas analyzer | TEMP-site | | | | | |
| | N-M Block (T/4) | | | | | |
| Warming blkt | | | | | | |
| Conv warmer | | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position (1) (2) (3) (4) (5)

| TOTALS | TOTAL EBL |
|---|---|
| | <5 |
| | TOTAL URINE |
| | 0 |

FLUIDS - SUMMARY: CRYSTALLOID- 600; COLLOID-; BLOOD-

REMARKS (Code drugs with numbers, events with letters)

(1) U/S Taken
(2) Induction
Fentanyl 100µgm
Lidocaine 20mg
Diprivan 160mg
Anectine 60mg
LMA inserted
(3) Procedure begun
(4) Procedure ended
(5) Breathing well, O2, LMA out
To recovery

RECOVERY AT

PACU ICU _____ (Specify)

OTHER

CONDITION: Stable

RESP- 16 SpO2- 97
BP- 122/73 HR- 79

ANESTHESIA / PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | 1951 | 2016 | 2114 |
| PROC | Ready | Begin | End |
| | 2037 | 2040 | 2107 |

PROCEDURES and CPT Codes: I&D (R) middle finger

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: Gen

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: #5 LMA

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility

#[redacted]

SURG[redacted]

PROCEDURE LOCATION: OR

DATE: 14 Nov '03

PAGE 1 OF

DA FORM 7389, FEB 1998 — COPY 2 - ANESTHESIA PROVIDER — USAPA V1.00

MEDCOM - 24616

Itogi ♂ PSH - Intruder
Ø PMH NKDA

# MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-66; the proponent agency is the OTSG

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | x | 1200 | x | | | | | | | | | TOTALS | TOTAL EBL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| fentanyl | (MCG) | 50 100 | 100 | | | | | | | | | 250 mcg/drip | | minimal |
| Versed | (mg) | (5) | | | | | | | | | | 5mg/hr drip | | |
| propofol | (mg) | 150 50 | | | | | | | | | | 200 mg | TOTAL URINE | |
| | ( ) | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | Ø |
| VOLAT AGENT Sevo | % del | 2 | 3 | x | | | | | | | | | FLUIDS - SUMMARY | |
| | % e.t. | | | | | | | | | | | | CRYSTALLOID- 200 ml LR | |
| AIR | L/Min | | | | | | | | | | | | COLLOID- Ø | |
| N2O | L/Min | | | | | | | | | | | | | |
| O2 | L/Min | 2 | 4 | 4 | | | | | | | | | BLOOD- Ø | |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS →

**FLUIDS**

| LINE site | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18GA (L) FA | ☐ Warmed | LR | 200 | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | |

**LOSSES**: EST BLOOD LOSS; URINE -

**PHYS STATUS**: 1 (2) 3 4 5 E

**BODY WEIGHT**: 160 KG (LB)

**HEMATOCRIT**:

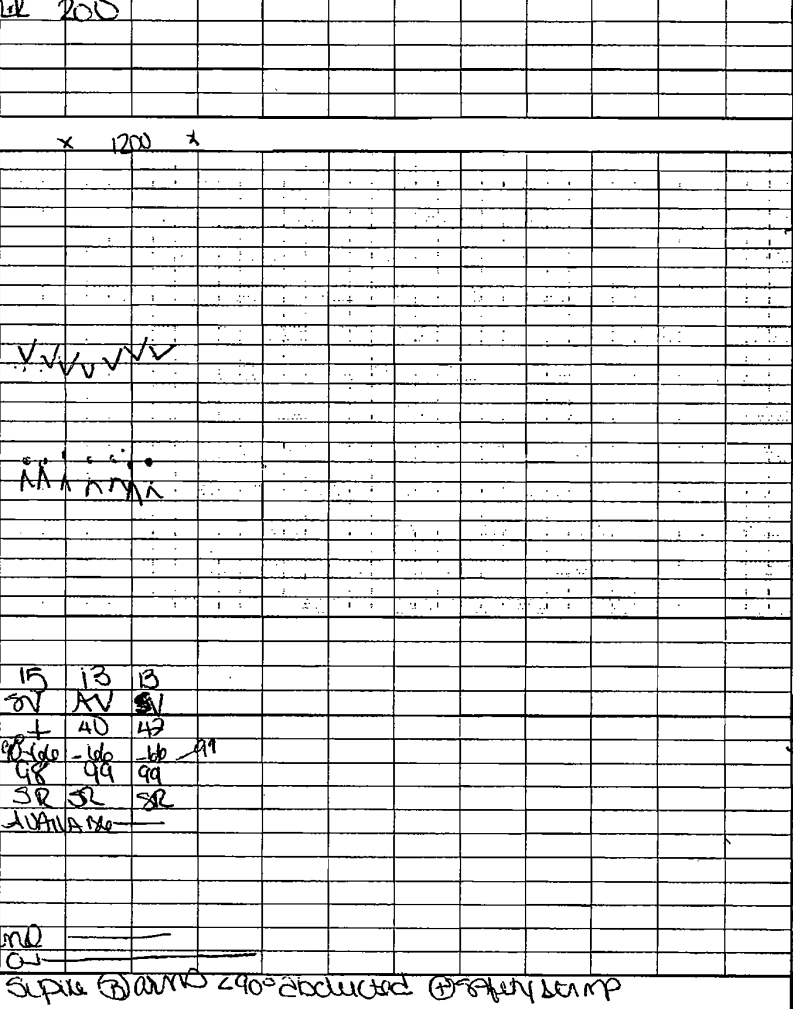
**INITIAL DATA**: BP- 134/76; HR- 80

**EQUIP CHECK**: OK? (Y) N

**PATIENT RECHECK**: OK for PROCEDURE? LLD; TIME- 1140

**TIME** → x 1200 x

SYMBOLS: BP by cuff V; Heart rate ●; Resp rate; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø




**VENTIL**

| | | | |
|---|---|---|---|
| VT - ml | | | |
| f - breaths/min | | | |
| Peak inf pres / PEEP | 15 | 13 | 13 |
| MODE - S(pon), A(ssist), C(on) | SV | AV | SV |

**MONITORS/ACCESSORIES**

| | | | | | |
|---|---|---|---|---|---|
| ☒ BP/Auto Cuff | ☒ ET CO2 (torr) | 41 | 40 | 42 | |
| BP/oth | ☒ FIO2 (Frac or %) | 60-100 | 60 | 60 | 99 |
| ART line | ☒ SpO2 (%) | 98 | 99 | 99 | |
| Steth- PC/ES | ☒ ECG | SR | SR | SR | |
| Gas analyzer | TEMP-site | Axilla | | | |
| | N-M Block (T/4) | | | | |
| Warming blkt | Room warmed | | | | |
| Conv warmer | | ON | | | |

Mark with letters & symbols, explain under REMARKS. EVENTS Position → supine (R) arm ≤90° abducted (+) tourniquet

**REMARKS**

Code drugs with numbers, events with letters

1100 #13116
NPO ≥ 10 hours
NKDA
1135 O2 Rx
Monitors
1140 LMA
Placed Sincitx
1205 LMA removed
Responding to
voice stimulus
OTOB OK
1206 90% on OPA
placed
1210 Report to
SSG Itogi by LPN
133/62 P74
R 22 T 94.5
PAR 6 - 2 motor
- 2 airway
- 1 loc
1215 OPA
Removed by pt.

RECOVERY AT: PACU

(PACU) ICU 1200 (Specify)

OTHER

CONDITION: 945

RESP- 20 SpO2- 99%
BP- 133/62 HR- 74

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1120 | 1135 | 1215 |
| | Ready | Begin | End |
| PROC | 1140 | 1155 | 1200 |

PROCEDURES and CPT Codes:
I&D (R) middle finger

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*
#[redacted]
b(6)-4

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*
GAE LMA #4

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*
ECG, Mask ventilation, eyes taped closed -

[redacted] b(6)-2
NAM/CRNA

PROCEDURE LOCATION: OR#1
DATE: 16 Nov 03
PAGE 1 OF 1

DA FORM 7389, FEB 1998 — COPY 1 - PATIENT'S MEDICAL RECORD — USAPA V1.00

MEDCOM - 24617

# 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) | 100 |
|---|---|
| Fentanyl / 50g/cc | |
| Norcuron 10mg/cc | |
| VOLAT AGENT: Forane % del | 3-2.25-1.5-1-1 |
| % e.t. | |
| AIR L/Min | |
| N2O L/Min | |
| O2 3 L/Min | |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS →

**FLUIDS**

| LINE site | |
|---|---|
| RL 950 | ☐ Warmed |
| | ☐ Warmed |
| | ☐ Warmed |
| | ☐ Warmed |

250

**LOSSES**: EST BLOOD LOSS; URINE -

**PHYS STATUS** 1 2 3 4 5 E

**BODY WEIGHT**: KG / LB

**HEMATOCRIT**:

**INITIAL DATA**: BP- 130 / 79; HR- 94 96%

**EQUIP CHECK** OK?- Y N

**PATIENT RECHECK** OK for PROCEDURE? TIME-

**SYMBOLS**: BP by cuff V; Heart rate Λ; Resp rate ●; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø

TIME → 1130 45 1200 15 30 45 1300

**VENTIL**

| | 1130 | 1200 | 1230 |
|---|---|---|---|
| VT - ml | | 680 | 720 |
| f - breaths/min | | 8 | 8 |
| Peak inf pres / PEEP | | 14 | 14 |
| MODE - S(pon), A(ssist), C(on) | | CV | CV |

**MONITORS/ACCESSORIES**

| | | 1130 | 1200 | 1230 |
|---|---|---|---|---|
| ✓ BP/Auto Cuff | ✓ ET CO2 (torr) | | 34 | 32 |
| BP/oth | ✓ FIO2 (Frac or %) | | 85 | 86 |
| ART line | ✓ SpO2 (%) | 96 | 99 | 99 |
| Steth- PC/ES | ✓ ECG | | SR | SR |
| ✓ Gas analyzer | TEMP-site | | | |
| | N-M Block (T/4) | | | |
| Warming blkt | | | | |
| Conv warmer | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position: 1 2 3 4 5

**TOTALS**: TOTAL EBL <5; TOTAL URINE —

**FLUIDS - SUMMARY**: CRYSTALLOID- 2500; COLLOID-; BLOOD-

**REMARKS** (Code drugs with numbers, events with letters)

1. Y's Taken
2. Induced
   Lidocaine 20mg
   Diprivan 160mg
   Anectine 80mg
   O2, Forane
   LMA #4
3. Procedure begun
4. Procedure ended
5. NARCAN 0.1g
   O2, breathing
   To recovery

**RECOVERY AT**: PACU ICU _____ (Specify); OTHER _____

CONDITION: Stable

RESP- SpO2- 99; BP- 110/37 HR- 92

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1102 | 1124 | 1237 |
| | Ready | Begin | End |
| PROC | 1139 | 1148 | 1220 |

PROCEDURES and CPT Codes: W/O (R) Middle Finger c̄ Pinning

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: Gen

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: #4 LMA

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility

# [redacted] b(6)-4

[redacted] b(6)-2 CRNA

PROCEDURE LOCATION: OR

DATE: 18 Nov 03

PAGE 1 OF

DA FORM 7389, FEB 1998 — COPY 2 - ANESTHESIA PROVIDER — USAPA V1.00

MEDCOM - 24618

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

[redacted]

b(6)-4

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| ICW 1 | | |

DATE OF ORDER 11-14-03 TIME OF ORDER 1630 HOURS

LIST TIME ORDER NOTED AND SIGN

- Admit ICW-1 Dr. [redacted]
- Stable
- Continue tests
- Bath or sponge pt. & bathe today
- IVF D5 1/2 NSC 100 cc/hr
- Percocet 1 po q4hr

[redacted] 11-14-03 1657

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

- Demerol 50 mg IM q4hr PRN breakthrough
- Phenergan 25 mg IM q6hr pain or nausea
- Ambien 10 mg po q HS PRN
- NPO

[redacted]

b(6)-2

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

b(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER 14 NOV 03 TIME OF ORDER 2110 HOURS

1. to ICW-1
2. S/P I+D (R) middle finger
3. US - normal
4. VP 60 L/B per GPW routine
5. Nebulizer diet
6. N-LR at 125 cc/hr. Hep lock when tolerated PO
7. Ancef 1 Gram IVPB Q 8 hrs
8. Gentamycin 350 mg IVPB Q 12 hrs
9. Percocet 1-2 P.O. Q 4-6 hrs PRN
10. Tylenol 650 mg P.O. Q 4 hrs PRN
11. Phenergan 25 mg IVP Q 6 hrs PRN nausea
12. Robitussin 10 mg P.O. Q 4 hrs PRN
13. NPO after midnight 15 NOV for [redacted] 14 NOV 03

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

[redacted]

b(6)-2

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 24619

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION b(6)-4 [redacted]

b(6)-2 [redacted]

NURSING UNIT [redacted] BED NO. 15 1635

DATE OF ORDER 15 Nov 03 TIME OF ORDER 1650 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) NPO after midnight for OR tomorrow

b(6)-2 [redacted]

PATIENT IDENTIFICATION [redacted] b(6)-4

DATE OF ORDER 16 Nov 03 TIME OF ORDER 1200 HOURS

[redacted]

(2) Resume Prograf order

(3) Regular diet

(4) NPO after midnight 17 Nov for OR 18 Nov

(5) Keep lock IV when taking PO meds

NURSING UNIT ICW ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER [redacted]

b(6)-2 A-1

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

NURSING UNIT ROOM NO. BED NO.

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 24620

## MEDICAL RECORD - DOCTOR'S ORDERS

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

| ORDER NUMBER | DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS | ORDER NOTED TIME & INITIALS | COMPLETED TIME & INITIALS |
|---|---|---|---|
| | POST ANESTHESIA ORDERS (circled Items) | | |
| 1 | VS q 5 min X 15 min, then q 15 min until discharge. | | |
| 2 | Supplemental oxygen. PRN | | |
| 3 | Morphine / ~~Meperidine~~ 2-3 mg IV now and 2-3 mg q ~~3-5~~ 5-10 min prn pain for a | | |
| | max dose of 10 mg. | | |
| 4 | Zofran_____mg IV prn N/V q 15 min, may repeat x _____. | | |
| 5 | Metoclopramide_____mg IV prn N/V x 1. | | |
| 6 | Droperidol_____mg IV prn N/V x 1. | | |
| 7 | Phenergan 25 mg IV prn N/V x 1. | | |
| 8 | Benadryl 25-50mg IVP q1 hr prn, itching while in PACU. | | |
| 9 | IVF: RL @ 125 cc/hr. | | |
| 10 | Discharge from recovery status when PACU discharge criteria met. | | |
| | [redacted] CRNA | | |
| | MA | | |
| | Demerol 25 mg IVP Q 3 hrs prn | | |
| | [redacted] | | |
| | b(6)-2 | | |

PATIENT IDENTIFICATION

Complete the following information on page 1 only. Note any changes on subsequent pages.

Diagnosis: _____

Height: _____ Weight: _____ Diet: _____

Allergies: _____

| Nursing Unit | Room No. | Bed No. | Page No. |
|---|---|---|---|
| PACU, 28th CSH | | | 1 of 1 |

MEDCOM FORM 688-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE MC V1.00

MEDICAL RECORD - DOCTOR'S ORDERS
For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

| ORDER NUMBER | DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS 11/18/03 1315 | ORDER NOTED TIME & INITIALS | COMPLETED TIME & INITIALS |
|---|---|---|---|
| | POST ANESTHESIA ORDERS (circled Items) | | |
| 1 | VS q 5 min X 15 min, then q 15 min until discharge. | [redacted] 11/18/03 1315 | 11/18/03 1315 [redacted] |
| 2 | Supplemental oxygen. PRN 5-0 | [redacted] 1315 | |
| 3 | Morphine / ~~Meperidine~~ 4 mg IV now and 2-3 mg q ~~2-3~~ min prn pain for a | [redacted] 11/18/03 1315 | [redacted] 11/18/03 1315 |
| | max dose of 10 mg. | | |
| 4 | Zofran_____mg IV prn N/V q 15 min, may repeat x _____. | | |
| 5 | Metoclopramide_____mg IV prn N/V x 1. | | |
| 6 | Droperidol_____mg IV prn N/V x 1. | | |
| 7 | Phenergan_____mg IV prn N/V x 1. | | |
| 8 | Benadryl 25-50mg IVP q1 hr prn, itching while in PACU. | | |
| 9 | IVF: LR @ 100 cc/hr. | 11/18/03 1315 [redacted] | 11/18/03 1317 [redacted] |
| 10 | Discharge from recovery status when PACU discharge criteria met. | | |
| | [redacted] | | |

PATIENT IDENTIFICATION

#[redacted]

b(6)-4

Complete the following information on page 1 only. Note any changes on subsequent pages.

Diagnosis: _____

Height: _____ Weight: _____ Diet: _____

Allergies: _____

| Nursing Unit | Room No. | Bed No. | Page No. |
|---|---|---|---|
| PACU, 28th CSH | | | 1 of 1 |

MEDCOM FORM 688-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE MC V1.00

## 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 |
|---|---|---|---|---|---|---|
| b(6)-4 [redacted] | | | | 18 NOV 03 | 1220 HOURS | |
| | | | | (1) Resume previous orders | | |
| | | | | (2) Regular diet | | |
| | | | | (3) Heparin lock IV when taking P.O. well; IV at 125 cc/hr. | | |
| NURSING UNIT [redacted] | | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF O[redacted] | |
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

b(6)-2 Noted [redacted] 18NOV03 1400

2400 0200 24 hrs

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

MEDCOM - 24623

## 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 |
|---|---|---|---|---|---|---|
| b(6)-4 [redacted] | | | | 20 MAY 03 | 1120 HOURS | |
| b(6)-4 [redacted] | | | 1 | DISCHARGE TO EPW CAMP | | |
| | | | 2 | LEVAQUIN 250 MG P.O. QDAY | | |
| | | | 3 | FOLLOW-UP 1 WEEK | | |
| NURSING UNIT | | BED NO. | | [redacted] | | |
| | | 1130 | | 24 ✓ 0800 DINNER | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER HOURS | b(6)-2 |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 24624

b(6)-2

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 11/14 | [redacted] | Routine Vitals | 06 | [redacted] | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| | | | 06 | | | | | | | | | | | | | |
| 11/14 | [redacted] | Bath or assist pt | 06 | | | | | | | | | | | | | |
| | | c̄ bath 1x/day | 18 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| | | | 06 | | | | | | | | | | | | | |
| 11/14 | [redacted] | NPO | 06 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| | | | 06 | | | | | | | | | | | | | |
| 14 | [redacted] | up ad lib per EPW | 6 | [redacted] | | | | | | | | | | | | |
| | | bathed | 18 | | | | | | | | | | | | | |
| 11/18 | [redacted] | Reg diet | 6 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |

DIC ONE TIME ORDER

DIC

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: (SPHD MF) Shrapnel Wound (R)4 & (R)3rd Finger

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

SPN # [redacted]

b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

b1(6)-2A11

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo Nov Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 11/14 | [redacted] | Admit ICW-1 - Dr Alberston | 11/14 | | | |
| 11/14 | [redacted] | Stable | 11/14 | noted | | [redacted] |
| 14 | [redacted] | NPO p MN 15NOV for OR 16NOV | 11/15 | 2359 | | [redacted] |
| 15 NOV | [redacted] | NPO pMN for OR tom | 16 NOV | 0001 | | [redacted] |
| 16 nov | [redacted] | Resume previous Orders | 16 nov | noted | | [redacted] |
| 16 nov | [redacted] | NPO p mn 17 nov for OR | 17 NOV | 2400 | — | [redacted] |
| | [redacted] | 18 nov | / | / | / | [redacted] |
| 18 NOV | [redacted] | Resume previous orders | 18 NOV | — | — | [redacted] |
| 20 NOV | [redacted] | DC to SPN camp - F/U 1 week | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

USAPA V1.00

b(6)-2

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo 11 Yr. 03 |
|---|---|---|

*VERIFY BY INITIALING* — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 11/14 | [redacted] | IVF D5½ NS @ 100cc/h | [redacted] | | | | | | | | | |
| | | | 20 06 | | | D/C | | | | | | |
| 14/18 | [redacted] | LR @ 125cc/hr | 4 | [redacted] | | | | | | | | |
| | | AL when for po. | 18 | | | | | | | | | |
| 14 | [redacted] | Ancef + gm IVPB Q8° | | | | | | | | | | |
| 14 | [redacted] | Gentamycin 350mg IVP QD | 10 | [redacted] | | | | | | | | |
| 14 | [redacted] | Ancef + gm IV Q8° | 6 | [redacted] | | | | | | | | |
| | | | 14 | | | | | | | | | |
| | | | 22 | | | | | | | | | |
| 1 | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Plegnal Wound (RFA & (R) 3rd Finger

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

EPW # [redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

DA FORM 4678, 1 FEB 79 — EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. MEDCOM - 24627 — USAPA V1.00

| Verify by Initialing | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | Mo. Nov Yr. 03 |
|---|---|---|

| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
|---|---|---|---|---|---|---|
| 11/16 | [redacted] | keep heplock IV when taking | 11/16 | noted | | [redacted] |
| | | p.o. well | | | | |
| 20 NOV | [redacted] | levofloxacin 250mg po qday | 20 NOV | Rx to pha | | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | D(c) - 2 A11 | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 11/14 | [redacted] | Percocet 11 po | Date | 2 NOV | | | | | | | | | | | |
| | | q 4° prn | Time | 1600 | | | | | | | | | | | |
| | | | Dose | | | | | | | | | | | | |
| | | | Initials | | | | | | | | | | | | |
| | | | 1/E | | | | | | | | | | | | |
| 11/14 | [redacted] | Phenergan 25mg | | | | | | | | | | | | | |
| | | IVP q 6° prn | | | | | | | | | | | | | |
| | | nausea | | | | | | | | | | | | | |
| 11/14 | [redacted] | Ambien 10mg | | | | | | | | | | | | | |
| | | po q HS prn | | | | | | | | | | | | | |
| 14 | [redacted] | Tylenol 650mg po | D/4 | | | | | | | | | | | | |
| | | q4° prn | D/1 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

USAPA V1.00

## MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 14 NOV 03
Time In: 2127
Allergies: 1V 04 106
Pre-op V/S: _____
Procedures: IED R) hand

Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid _____ Colloid _____
OR Output: UOP _____ EBL _____
Meds/Times: _____

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds _____ History _____

| Time | 2127 | 2135 | 2126 | 2125 | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SaO2 | 99 | 99 | 99 | 100 | | | | | | | | | | | | |
| FiO2 | | | | | | | | | | | | | | | | |
| Methods | RA | RA | RA | RA | | | | | | | | | | | | |
| 240 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 220 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 180 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 160 | | | | | | | | | | | | | | | | |
| | V | V | | | | | | | | | | | | | | |
| 140 | | | | V | | | | | | | | | | | | |
| | | | V | | | | | | | | | | | | | |
| 120 | | | | | | | | | | | | | | | | |
| | • | | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | | | |
| | ^ | ^ | ^ | ^ | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| RR | 10 | 14 | 10 | 14 | | | | | | | | | | | | |
| T | 99 | | | | | | | | | | | | | | | |

| Time | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Pain (0-10) | | | | | | | | | |
| LOS | | | | | | | | | |

Patient teaching done: Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

### Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: _____ Labs: _____

### Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity<br>(2) Moves 4 Extremities<br>(1) Moves 2 Extremities<br>(0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway<br>(2) Cough, Deep breath<br>(1) Dyspnea, limited breathing<br>(0) Apnea | 2 | 2 | 2 |
| Blood Pressure<br>(2) SBP =/- 20 of Pre-op<br>(1) SBP =/- 20-50 of Pre-op<br>(0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness<br>(2) Fully Awake, audible crying<br>(1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color<br>(2) Baseline color & appearance<br>(1) pale, mottled, jaundiced<br>(0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years)<br>(2) radial Pulse Palpable<br>(1) Axillary palpable, not radial<br>(0) Carotid only reliable pulse | / | / | / |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 9 | 10 | 10 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
* = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

PREPARED BY (Signature & Title) SGT [redacted] 9/C20

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 14NOV03

PATIENT'S IDENTIFICATION (For typed or written entries give: first, middle; grade; date; hospital or medical facility) Name – last,

[redacted]

b(6) - 4

☐ HISTORY/PHYSICAL
☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION
☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete

USAPPC V2.00

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| 2130 | | Shivers Demerol 25 | IVP | | E | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time 2112 | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | R hand | Limited | + | P | B | C | WNL |
| 15' | R hand | Limited | + | P | B | C | WNL |
| 30' | R hand | Limited | + | P | B | C | WNL |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | R hand | Limited | + | P | B | C | WNL |

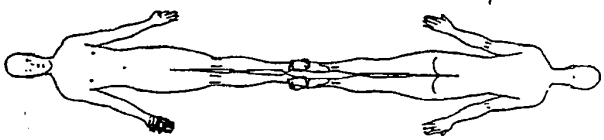
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm 2121 | R hand | Gauze | Ø |
| 30' 2145 | R hand | Gauze | Ø |
| 60' | | | |
| D/C 2200 | R hand | Gauze | Ø |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symplomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 2112 | NSR | Ø | Ø |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

2115 Admitted from OR via gurney VSS - Alert x3. IV of LR to (R) FA is patent Perrl @ 4mm - HR - NSR S1S2 - Lungs CTABIL resp even reg. BS (+) x4 quads - Pedal pulses +2 Radial +2 CMS >3 sec. color WNL Skin cool, Drsg of Gauze to (R) C/D/I. Ø c/o Pain or discomfort to (R) hand. Demerol 25mg IVP given for shakes, was effective in few minutes. - Sg [redacted] 9/C20 b(6)-2

**Discharge Criteria:**
Date: 14 Nov 03 Time: 2200 PARS: 10
BP: 141/87 T: HR: 93 RR: 19 Sa02: 98
Pain Level at D/C (0-10): Ø
Intake: Cool h2o Output: Ø
Additional Data: Ø
Transferred To: ICW #1
Report Given To: SPL [redacted]
Transferred Via: W/C [redacted] Ambulance
Transferred By: Sg [redacted] 9/C20
Cleared IAW Recover[redacted]
Charge Nurse Signatu[redacted] b(6)-2

MEDCOM - 24630

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 16 Nov 03 Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block

Time In: 1210

Allergies: NKDA OR Intake: Crystalloid 200 LR Colloid

Pre-op V/S: 134/76 80 OR Output: UOP Ø EBL min

Procedures: Meds/Times:

IND (R) mole Eye

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds History

| Time | 1210 | 1215 | 1220 | 1225 | 1240 |
|---|---|---|---|---|---|
| SaO2 | 99 | 99 | 98 | 98 | |
| FIO2 | RA | RA | RA | RA | |
| Methods | | | | | |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| | ✓ | | ✓ | | ✓ |
| 120 | | ✓ | | | |
| 100 | | | | | |
| 80 | | | | | |
| 60 | | | | | |
| 40 | | | | | |
| 20 | | | | | |
| RR | 22 | 20 | 24 | 22 | 20 |
| T | 99 | | | | |

| Time | |
|---|---|
| Pain (0-10) | |
| LOS | |

Patient teaching done: Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures

Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

### Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

### Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity<br>(2) Moves 4 Extremities<br>(1) Moves 2 Extremities<br>(0) Moves 0 Extremities | Ø | 2 | 2 |
| Airway<br>(2) Cough, Deep breath<br>(1) Dyspnea, limited breathing<br>(0) Apnea | 1 | 2 | 2 |
| Blood Pressure<br>(2) SBP =/- 20 of Pre-op<br>(1) SBP =/- 20-50 of Pre-op<br>(0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness<br>(2) Fully Awake, audible crying<br>(1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color<br>(2) Baseline color & appearance<br>(1) pale, mottled, jaundiced<br>(0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years)<br>(2) radial Pulse Palpable<br>(1) Axillary palpable, not radial<br>(0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 6 | 10 | 14 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

PREPARE[redacted] b(6)-2 DSC/CPN

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 16 Nov 03

PATIENT [redacted] ten entries give: Name – last, first, middle; grade; date; hospital or medical facility)

[redacted]

b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete USAPPC V2.00

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | | | | | | | |
| 15' | | | | | | | |
| 30' | | | | | | | |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

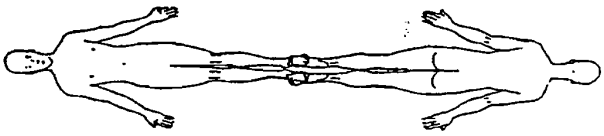
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | | | |
| 30' | | | |
| 60' | | | |
| D/C | | | |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

male Iraq admitted to PACU S/P ZID
@ middle fingers PSD, 95% on RA. USS
Unable to speak denies pain "Helm"
IVLR @ TKO @ Arm @ [redacted] CDI. —
[redacted] SSG/CPW
Gentamycin [redacted] OR —
[redacted] SSG/CPW.
b(6)-2

**Discharge Criteria:**
**Date:** 16 Nov 03 **Time:** 1240 **PARS:** 10
**BP:** 135/91 **T:** **HR:** 95 **RR:** 20 **Sa02:** 98% RA
**Pain Level at D/C (0-10):**
**Intake:** 600 cc **Output:** Ø
**Additional Data:**
**Transferred To:** ICW [redacted]
**Report Given To:** Maj [redacted]
**Transferred Via:** W/C [redacted] Ambulance
**Transferred By:** SSG [redacted] b(6)-2
**Cleared IAW Recovery Room** [redacted]
**Charge Nurse Signature:**

MEDCOM - 24632

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 11/18/03
Time In: 1235
Allergies: 130/
Pre-op V/S: 137/75
Procedures: ZTD Bilateral

Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 2000 cc Colloid
OR Output: UOP EBL <100 cc
Meds/Times:

Accient
Fentanyl
1 Morcan

| Drains |
|---|
| Hemovac |
| NG |
| JP |
| T-tube |
| Foley |
| TLS |

| Airway |
|---|
| Nasal |
| Oral |
| ETT |
| Trach |
| Other |

Pre Op Meds / History

| Time | 1235 | 1242 | 1245 | 1300 | 1315 | 1245 |
|---|---|---|---|---|---|---|
| SaO2 | 94% | 96 | 98 | 99 | 98 | 98 |
| FIO2 | RA | RA | RA | RA | RA | RA |
| Methods | | | | | | |
| 240 | | | | | | |
| 220 | | | | | | |
| 200 | | | | | | |
| 180 | | | | | | |
| 160 | | | | | | |
| 140 | | | | | | |
| 120 | | | | | | |
| 100 | | | | | | |
| 80 | | | | | | |
| 60 | | | | | | |
| 40 | | | | | | |
| 20 | | | | | | |
| RR | 26 | 22 | 24 | 19 | 19 | 20 |
| T | 96.4 | | | | 97.6 | |

| Time | |
|---|---|
| Pain (0-10) | |
| LOS | |

Patient teaching done; Wound Care, Pain Management,
T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

### Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1235 | RC | 1000 | RA | [redacted] | 100 cc |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

### Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 1 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 1 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 1 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 6 | 10 | 10 |

Codes:
AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula
V/S
X = A-line BP
° = Cuff BP
= Pulse
TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal
LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

PREPARED BY (S [redacted] b(6)-2

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 18 Nov 03

PATIENT'S ID [redacted] first, middle; grade; date; hos [redacted] Name – last,

[redacted] b(6)-4

☐ HISTORY/PHYSICAL
☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION
☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete

USAPPC V2.00

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| 1325 | 6 | 4mg morphine | IV | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| | (R) HAND | | + | P | | | |
| Adm | (R) MIDDLE FINGER | Limited | + | | DSG | C | Pk |
| 15' | | | | | | | |
| 30' | (R) Hand | + | + | P | DSG | C | Pk |
| 45' | (R) Finger | Limited | Limited | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

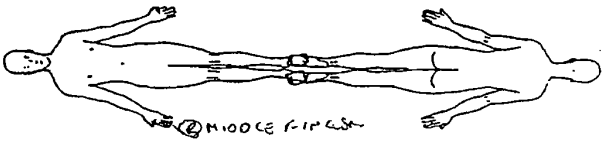
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm 1235 | (R) MIDDLE FINGER | KNUCKLE | + |
| 30' | | | |
| 60' | | | |
| D/C | | | |




## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| 1235 | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1235 | S, R, (P) | NO | |
| | | | |
| | | | |
| | | | |

## NURSING NOTES

1235 Male Iraqi admitted to PACU S/P 2nd (R) middle finger

1240 Pt in gurney, encourage to cough and deep breathe. Pt alert and responsive & verbal and tactile stimuli. Pt has bilateral stat rales and lung sounds clear. Bowel sounds present too. Radial pulses and pedal pulses present. No other signs injury (-)

1300 Pt alert and responsive & verbal [redacted] b(6)-2

1325 Pt complained of pain. Medicated IVP 4mg Morphine, able to rest quietly.

1345 Pt able to rest quietly. no complaint at present. DSG on (R) middle finger dry. IV stable - Transferred in gurney to TCWI [redacted] b(6)-2

## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| 1235 | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1235 | S, R, (P) | NO | |
| | | | |
| | | | |
| | | | |

**Discharge Criteria:**
**Date:** 11/18/03 **Time:** 1345 **PARS:** 10
**BP:** 125/73 **T:** 97 **HR:** 84 **RR:** 19 **Sa02:** 97%
**Pain Level at D/C (0-10):** 0
**Intake:** 100 cc. **Output:**
**Additional Data:**
**Transferred To:** TCWI
**Report Given To:** SPC [redacted]
**Transferred Via:** [redacted] Gurney Ambulance
**Transferred By:** [redacted]
**Cleared IAW Recovery** [redacted]
**Charge Nurse Signature:** [redacted] b(6)-2

WAMC OP 173-E

MEDCOM - 24634

# Admission and Coding Information

For use of this form, see AR 40-400; the proponent agency is OTSG

| | | | | |
|---|---|---|---|---|
| 1. Reporting MTF [redacted] | 2. MTF Location IZ b(4)-4 | | | |
| 3. Register Number [redacted] | Name (Last, First, MI) [redacted] | | 4. Pay Grade FGN | 5. Sex M |
| 6. DoB (YYYYMMDD) 1981-08-06 | 7. Age at Admission 22Y | 8. Race X | 9. Ethnicity 9 | Religion |
| 10. Length of Service | ETS | 11. FMP 20 | 12. Social Security Number [redacted] b(6)-4 | |
| Organization (Active Duty Only) | | 13. Marital Status | Hour of Admission 15:50 | 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: ICW1 | 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 TRF-OTH | 22. MTF Transferred To 0607 | 23. Date of Disposition (YYYYMMDD) 2003-11-22 | | |
| 24. Clinic Svc - Admitting AEA - ORTHOPEDICS | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) 2003-11-14 | | |
| 27. Location of Occurrence | 28. MTF of Initial Admission | 29. Date of Initial Admission 2003-11-14 | | |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: S/P HD MF SHRAPNEL WND R FA AND R 3RD FINGER

Procedure Narrative(s):

Cause of Injury Narrative:

Dx 8161D Proc 8604K
8726 7859
9032 Trauma 9
9553 Inj 599
b9k

b(4)-2

| | |
|---|---|
| Admitting Officer (Signature, as required) [redacted] | Signature of Admitting Clerk [redacted] |

Automated Facsimile - DA FORM 2985, MAR 2000

MEDCOM - 24635

Automated Facsimile

# INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400, the proponent agency is OTSG

| 1. Register Nbr | 2. Name | 3. Grade | Admission Remarks |
|---|---|---|---|
| [redacted] | [redacted] | FGN | |

| 4. Sex | 5. Age | 6. Race | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm |
|---|---|---|---|---|---|---|
| M | 21Y | X | | | | NO |

| 11. FMP | 12. SSN | 13. Organization | 14. Ward |
|---|---|---|---|
| 20 | [redacted] | | ICW1 |

| 15. FlyStatus | 17. Dept / Ben | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case |
|---|---|---|---|---|
| | K78-PRISONER OF WAR/INTER | | | DIS |

| 21. Source of Admission | 22. Hour Of Adm: | 23. Clinic Service |
|---|---|---|
| Direct from ER | 15:50 | AEA - ORTHOPEDICS |

| 24. Name/Relation of Emergency Addressee | 25. Type Disp | 26. Date of Disp |
|---|---|---|
| | TRF-OTH | 2003-11-22 |

| 27a. Address of Emergency Addressee | 27b. Telephone No | 28. Date This Adm: | AdmittingOfficer: |
|---|---|---|---|
| | | 2003-11-14 | [redacted] |

| 29. ReportingMTF | 30. Date Init Adm | 32. Units Blood Components |
|---|---|---|
| [redacted] b(2)-2 | 2003-11-14 | |

31. Selected Administrative Data

Marital Status: DoB: 1982-09-04

In/Out Patient: Inpatient MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

R ELBOW FX

812.43
958.3
E993

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 | 9 | 9 |

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 | 9 | 9 |

Signature of Attending Medical Officer [redacted]

b(6)-2

Automated Facsimile - DA FORM 3647, May 79 MEDCOM - 24636

| MEDICAL RECORD | ABBREVIATED MEDICAL RECORD |
|---|---|

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION *(Enter date of admission)*

2/10 Dug: 0⁷ got exploded by IED 10 days ago. Originally treated at Iraqi hospital & then sent to Prison camp.

PMH: -
PSH: -
MOS 5
Allergies -

PHYSICAL EXAMINATION

HEENT: WNL
Chest: CTA
CVS: S1
Ext: (R) arm. Non limited (ext/flex) by pain. b(6)-2
2 medial wounds, 1 lateral wound, serosanguinous drainage.
Ulnar nerve palsy

Ul: displaced medial condyle Fx
[redacted]

PROGRESS *(Enter date of discharge and final diagnosis)*

(A) Open (B) medial elbow epicondyle Fx (1 day out)
(P) Admit. IED, ORef

b(6)-2

| SIGN [redacted] | DATE 11-14-03 | IDENTIFICATION NO | ORGANIZATION |
|---|---|---|---|
| PATIENT [redacted] *(Surname, first name, middle initial, grade, date, original or medical facility)* | | REGISTER NO | WARD NO |

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR 41 CFR 201-1.908

MEDCOM - 24637

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 13 NOV Cont'd | 3) WOC to 2P CSH in a.m. → orthoeval. |
| | 4) Tylenol 325g 1-2 tabs Q4-6h |
| | 5) Motrin 800 → PO TID 10F |
| | 6) Seen c̄ Dr [redacted] → ER Physicians [redacted] b(6)-2 |
| | b(6)-2 USA PHC |

STANDARD FORM 600 (REV. 6-97) BACK

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| | Fistula & Multiple infected, granulation wound, exhibiting thermal injury expected. Other exposed sharp wounds debrided, cleaned with 6 liters irrigation lavage. Cultures taken. Plan: DC wet ad gentamycin. Repeat I&D in 48 hrs. [redacted] b(6)-2 |
| 15 NOV 03 1739 | Assume care of PT @ 0600. VSS, AOX3. went to surgery this afternoon for elbow. C/O ø pain. ⊖ new orders. Ambulate to bathroom without any assistance. In 2pt restraint without any skin breakdown. Splint on (R) elbow still intact, ø signs of bleeding. Will continue to monitor. [redacted] b(6)-2 |
| 15 NOV 03 2000 | VSS. AOO. OOB → AMB to BR. (R) UE c̄ splint + covered c̄ Ace wrap which is dry + intact. Radial (R) pulse +2. Capillary refill brisk to (R) fingers. Denies numbness/tingling to (R) UE per interpreter. +2 restraints applied without compromise circulation or skin integrity. Will continue care as planned. b(6)-2 [redacted] |

MEDCOM - 24639

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.0

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES |
|---|---|
| 14NOV03 | (1735) Pt admitted to unit from EMT, ambulatory, in stable cond. Pt alert, speaking Arabic. VSS. Ø c/o pain. Drsg/splint to RUE CDI. Pt able to move fingers. Shrapnel wounds noted on R side of back and RLE. Ø sign infection. Pt assisted c̄ bed bath. IVFs infusing into IV in R forearm s̄ sign infection/infiltration. Pt aware of NPO status. 2 point restraints in place s̄ s/s ~~infection~~ complications. Will continue to monitor. b(u)-7 [redacted] DAW |
| 15NOV03 | (0300) VSS. Ø c/o pain. Pt NPO for surgery in AM. R elbow in splint + wrapped. Ø pulse in R hand. Brisk cap refill. Pt able to move fingers. IVFs infusing into L FA. b(u)-2 [redacted] |
| 15NOV03 | Pre-Op Dx: Infected R elbow metal specific fracture<br>Post-Op Dx: Same<br>Procedure: I&D R elbow<br>[redacted] b(u)-2 |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST [redacted] | FIRST | MI | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | | | | |

| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO. |
|---|---|---|
| #[redacted] b(u)-4 | | |

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.0(

MEDCOM - 24640

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 16 Nov 03 1640 | Assume care of PT @ 0600. VSS, A+O x3, Ambulate to restroom. Ø c/o pain today. Maintains a regular diet. (R) arm is in a splint, Ø signs of bleeding or any signs of fluids. Splint is intact. Conducted personal hygiene. Will cont. to monitor — 9/USAR [redacted] |
| 16 Nov 03 1645 | I concur c above. Assessed for pink nailbeds & brisk capillary refill. Will [redacted] |
| 16 NOV 03 2018 | VSS. Alert & oriented. Consumed 60% of Kosher diet for dinner. (R) arm splint in place. (R) radial pulse +2. (R) fingers capillary refill brisk. Ø c/o pain or discomfort. (L) FA IV patent & intact. +2 restraints applied without compromising circulation or sensation. Will continue care as planned. [redacted] |
| 17 NOV 03 0140 | c/o pain to (R) FA IV site. Site is slightly swollen. Ø flashback noted. (L) FA IV d/c c cath intact. Wrist warm compress applied. Will restart IV later due to unable to use (R) arm d/t splint to (R) arm. [redacted] |
| 17 Nov 03 1240 | Pt A+O x3, VSS, pt has Ø c/o of pain at this time. Pt NPO awaiting surgery. IV started left wristwatch area. patent Given IV meds as ordered. (L) hand capillary refill good. Pt c/o pain during swelling of left wrist. Right arm splint intact. Pt returned from OR with ace wrap. Penrose in right elbow. Pt eating regular diet. Restraints x2 in place (R) circulation. Sgt [redacted] |
| 17 Nov 03 1640 | I concur c above note. Will continue to monitor — [redacted] |

ARMY FORM 509 (REV. 5/1999) BACK
USAPA V1.00

MEDCOM - 24641

AUTHORIZED FOR LOCAL REPRODUC

| DICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |

b(4)-2
A11

17 Nov 03
1430

On the Op Note

Pre Op Dx: Infected (R) elbow fx
Post Op Dx: same
Procedure: I & D (R) elbow
Surgeon: [redacted]
Anesthesia: General
Findings: Wound then irrigated with pulse lavage. Lateral wound closed with 3-0 nylon loosely
Plan: Next to OR during
Surgeon Report [redacted]

| PITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED / |
|---|---|---|---|
| NSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR | |

ENT'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 N

CHRONOLOGICAL RECORD OF MEDICAL C
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

MEDCOM - 24642

b(4)-2 A1

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 18 Nov 03 @ 0515 | Assumed care @ 1900; USS, pt A&O speaking arabic; Ø c/o pain @ this time; dsg to (R) arm CDI, ⊕ CMS + 2 FP, brisk cap ref to affected extremity; S/L patent, easily flushes, cont ≈ IV abx; pt OOB to amb in hall/B.R. x2 ≈ difficulty; pt TOL Reg diet; voiding ≈ difficulty; Restraints in place, ⊕ circ, Ø skin break, cont to monitor [redacted] |
| 18 NOV 03 0700 | -Assumed care of pt. A+O x3. USS Denies heavy pain or discomfort @ this time Lungs clear HRRR Active BS x4 Tolerating PO well. (R) elbow wound wet to dry dsg A CDI Neurovascular check intact AEB of being able to wiggle fingers, strong radial pulse Cap refill and skin coloration WNL. error [redacted] ~~Foley to gravity under [redacted]~~. Afebrile IV ABX IV. Cont Will monitor. [redacted] 2/urc |
| 18 Nov 03 @ 0505 | Assumed care @ 1800; USS, pt A&O speaking arabic; Ø c/o pain/discomfort @ this time; dsg to (R) elbow Δd w→D, Ø drainage, Ø s/sx infection, penrose drain intact; pt OOB to BR x2; pt TOL Reg diet well; S/L to (L) wrist patent, easily flushes, cont ≈ IV abx; NV intact to affected arm; Restraints in place, ⊕ circ, Ø skin break, cont to monitor [redacted] |
| 19 NOV 03 0800 | -Assumed care of pt. USS. A+O x3. AM shower care given. Lungs clear bilat. HRRR Active BS x4 quads. Tolerating PO well. Urinating spontaneously ≈ difficulty Wound assessment |

| 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. |
|---|---|---|

#[redacted]

b(4)-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

MEDCOM - 24643

b(6)-2 A/1

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| cont 19 NOV 03 0800 | : (R) elbow dsg wet & dry kerlix wrapped c̄ pen rose drain present several open wounds. Ø s/o of infection IV ABX TX cont. PIV (L) FA new site: 20 g HL patent. Pt. remains febrile. Will cont to monitor — [redacted] 91WM6 |
| 19 Nov 03 2118 | Assumed care @ 1800. A&O Denies pain. VSS LS CTA(B), HRRR. (+) BS x4quads. Drsg to R elbow d/d. 4 open wounds on elbow pink, moist & health in appearance. Will cont to monitor. — [redacted] Spc 91WM6 |
| 20 NOV 03 @1045 | Pt a/o, VSS, Ø c/o pain expressed, drsg to (R) arm D&WID Ø S/Sx infection noted, 4 small open wounds seen. IV cipro + primaxin cont per MD orders. ambulated x2 ≅ difficulty. voiding c̄ µ, (+) pulses to (R) arm c̄ brisk cap refill. (+) movement. awaiting d/c to EPW camp. c̄ follow up in 1 week. Will cont to monitor — [redacted] 91WM6. |
| 1400 | (R) arm now splinted ( [redacted] LPN. |
| 20 Nov 03 2100 | Pt A&O VSS Ø c/o pain. Cast on (R) arm. Cont IV Antibiotics. Pt awaiting Transfer to EPW Camp. Will cont to monitor. — [redacted] Spc 91WM6 |
| 21 NOV 03 @0900 | Pt a/o, VSS, Ø c/o pain, (R) arm splinted, (+) CMS, voiding c̄ µ, ambulating ≅ difficulty. brisk cap refill to extr. all other findings WNL. 2 pt restraints on while in bed ≅ compromise to skin or circulation — [redacted] 91WM6. |

STANDARD FORM 509 (REV. 5/1999) BAC
USAPA V1.

[redacted] b(6)-4

MEDCOM - 24644

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 24NOV03 @0300 | assumed care of pt @1500. VSS, no c/o, laughing, speaking some English. ~~Acute~~ [redacted] LS CTA, ⊕BS, voiding qs, ↑ amb to BR. RUE in splint, small x3 WTD dsgs around elbow, ⊖drainage noted, ⊕CMS, +2 radial pulse. 2pt restraints on S/Sx of skin/circulation compromise. Pain: enc independence, monitor pain, D/C to EPW camp when ride available. [redacted] rg |
| | (1200) Pt stable for d/c to camp-amb-escorted by MPs. RL given. [redacted] mh |
| | b(6)-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

b(6)-4
# [redacted]

MEDCOM - 24645

MEDICAL RECORD

# EMERGENCY CARE AND TREATMENT (Patient)

PATIENT'S HOME ADDRESS OR DUTY STATION

STREET ADDRESS

CITY

STATE | ZIP CODE

SEX: M

AGE: 21

DUTY/LOCAL PHONE: AREA CODE | NUMBER

HOME PHONE: AREA CODE | NUMBER

CURRENT MEDICATIONS: Ø

ALLERGIES: NKA

CHIEF COMPLAINT: (R) Arm/Elbow

LOG NUMBER | TREATMENT FACILITY MAINTAINED AT

ARRIVAL: DATE (Day, Month, Year) | TIME

TRANSPORTATION TO FACILITY

THIRD PARTY INSURANCE

ADDITIONAL INSURANCE | YES | NO

DD 2568 IN CHART

NAME OF INSURANCE COMPANY

EMERGENCY ROOM VISIT: DATE LAST VISIT | 24 HOUR RETURN ☐ YES ☐ NO

TETANUS: DATE LAST SHOT | COMPLETED INTITIAL SERIES ☐ YES ☐ NO

MILITARY STATUS

| ITEM | YES | NO | N/A |
|---|---|---|---|
| PRP | | | |
| FLYING STATUS | | | |

MEDICAL HISTORY OBTAINED FROM

INJURY OR OCCUPATIONAL ILLNESS

| ITEM | YES | NO | WHEN (Date) |
|---|---|---|---|
| IS THIS AN INJURY? | | | |
| INJURY/SAFETY FORMS | | | |
| HOW | | | WHERE |

CATEGORY OF TREATMENT

☐ EMERGENT

☐ URGENT

☒ NON-URGENT

TIME: 1554

INITIALS: [redacted]

VITAL SIGNS

| | | | | | |
|---|---|---|---|---|---|
| TIME | 1555 | | | | |
| BP | 124/69 | | | | |
| PULSE | 99 | | | | |
| RESP | 14 | | | | |
| TEMP | | | | | |
| WT | | | | | |

LAB ORDERS: ☐ CBC/DIFF ☐ URINE C&S ☐ BLOOD C&S X ☐ ABG ☐ UA MSCC/CATH ☐ PT/PTT ☐ BHCG/URINE/BLOOD/QUANT ☐ CHEM:

☐ PULSE OX

TIME

ORDERS

X-RAY ORDERS: ☐ CXR PA & LAT/PORTABLE ☐ ACUTE ABDOMEN ☐ SINUS ☐ ANKLE R/L ☐ C-SPINE ☐ LS SPINE ☐ HEAD CT

ORDERS | BY | ☐ MONITOR | COMPLETED BY | TIME

DISPOSITION

HOME ☐ FULL DUTY

RESTRICTED DUTY UNTIL

DISPOSITION QUARTERS /OFF DUTY ☐ 24 HRS. ☐ 48 HRS. ☐ 78 HRS.

RETURN TO DUTY

PATIENT'S RESPONSE ☐ ECG

DISCHARGED UPON RELEASE

IMPROVED

AGGRAVATED ☐ UNCHANGED

ADMIT TO UNIT/SERVICE

TIME OF RELEASE

PATIENT/DISCHARGE INSTRUCTIONS

REFERRED ▶ TO

I have received and understand these instructions.

PATIENT'S SIGNATURE | WHEN

IDENTIFICATION (For typed or written entries, give: Name – last, first, middle; ID no. (SSN or other); hospital or medical facility)

[redacted]

b(6)-4

EMERGENCY CARE AND TREATMENT (Patient)
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 24646

| MEDICAL RECORD | PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT<br>FOR Use this form. See AR 40-407: the Proponent agency is The Office of the Surgeon General. |
|---|---|
| 1. AGE 21<br>HEIGHT:<br>WEIGHT: | 2. KNOWN ALLERGIC SENSITIVITIES (e.g.. Iodin, Tape, Medication)<br>☒ NKDA ☐ PCN ☐ LATEX ☐ IODINE ☐ TAPE ☐ FOOD<br>REACTION:<br>3. PREVIOUS SURGERY [X] NO [ ] YES (type): |

4. PROPOSED SURGICAL PROCEDURE:
I+D (R) Elbow

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition R elbow ↑x
Tobacco 2 ppd X___ yrs Body Piercing / Diabetes (Y) (N) ROM ✓ (R) ↓ ASA/Motrin W 72hrs (Y) (N)
ETOH / Implants / Respiratory Disease (Asthma COPD) (Y) (N) Anticoagulants (Y) (N)
Glasses/Contact (Y) (N) Dentures / Hypertension (Y) (N) Herbal Medicines (Y) (N) MEDS: see chart

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| A. PSYCHOSOCIAL<br>/ potential for anxiety related to:<br>/ 1) Surgical Procedure& Operating Room Environment<br>___ 2) Separation Anxiety (Child).<br>/ 3) Surgical Outcomes | Ø Pt. verbalizes any specific anxiety.<br>Ø Pt. Exhibits relaxed body posture.<br>communication as possible, pt. is Iraqi national, does not speak English | O. Allow pt. to verbalize freely.<br>O. Explain Or environment and answer questions regarding surgery.<br>O. Offer comfort measures. (e.g. warm blanket. touch).<br>O. Explain all nursing procedures before they are done.<br>O. Remain with pt. Whenever possible.<br>O. Maintain family interface. Parents to stay with pt. |
| B. AERATION<br>/ Potential for respiratory dysfunction due to:<br>/ 1) Positioning<br>/ 2) Effects of Anesthesia<br>___ 3) Medical/Smoking History | O Pt. will be able to breath without difficulty during immediate intraoperative phase. | O. Offer to elevate head of litter or offer pillow.<br>O. Observe pt. While awaiting surgery for signs of distress.<br>O. Assist anesthesia during intubatior and extubation. |
| C. INTEGUMENT<br>/ Potential Impairment of Skin Integrity due to:<br>/ 1) Intraoperative Immobility<br>/ 2) ESU Pad Placement<br>/ 3) Positional Aids<br>___ 4) Prosthesis<br>/ 5) Pooling of Prep Solutions | O Pt. will exhibit signs of impairment of skin integrity (e.g., reddened areas). | O. Utilize pressure preventing devices on OR table and accessories.<br>O. Check for proper positioning and support to maintain good body alignment.<br>O. Pad pressure points.<br>O. Place ESU ground pad on non compromised skin surface area.<br>O. Keep prep fluids form pooling. |

9. PATIENT'S IDENTIFICATION: ( For typed or written entries give: Name-last, first, middle; grade, data; hospital or medical facility)
#[redacted] blank
[redacted]
15 Nov 03 blank

**VERIFICATIONS AT HOLDING AREA:**
! ID/Allergy Band / ! Dentures Removed
! H & P / ! Contacts Removed
! NPO Since MN ! Jewelry Removed
! ~~UHCG/LMP~~ ! Body Pierce Removed
! Consent/Blood Transfusion Signed/Witnessed/Dated /
! Surgical Site/Consent verified by Pt./Anesthesia/Surgeon /
! Contact precautions (Y) (N)
! Family/Friend: /

MEDCOM - 24647

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| D. CIRCULATION<br>✓ Potential for inadequate tissue perfusion due to:<br>✓ 1) Intraoperative Mobility<br>✓ 2) Positioning<br>✓ 3) Existing Disease<br>✓ 4) Safety Devices<br>✓ 5) Hypothermia | O Pt. will exhibit signs of adequate tissue perfusion (e.g. color, warmth. pedal pulse. | O Check foe support stocking or ace warps. if none, check with doctors.<br>O Check that safety straps are correctly applied.<br>O Offer pillow for under knees.<br>O Place and take down legs from stirrups with slow bilateral motion.<br>O Check that rings and all body piercing has been removed. |
| E. NEUROMUSCULAR CONTROL<br>E.I. ✓ Potential Impairment of Mobility due to:<br>✓ 1) Pain<br>✓ 2) Intra operative Hazzards<br>3) prosthesis<br>✓ 4) Positioning<br>✓ 5) Transfer pt. To/form OR table<br>E.2. ✓ Potential Discomfort Due to:<br>✓ 1) Length of Surgery<br>✓ 2) Positioning<br>3) Arthritis | O pt. will be transferred to OR table without difficultly.<br>O pt. will be not experience unnecessary physical discomfort. | O Have sufficient people available for transfer.<br>O Insure proper body alignment.<br>O Allow patient to lie in position of comfort while waiting for surgery.<br>O Offer support (i,e..pillows. Bath towel. etc) for positioning. |
| F. Special Senses<br>F.I. ✓ Diminished visual perception due to being:<br>✓ 1). pre-medicated<br>2) W O GLASSES<br>F.2. ✓ Potential for Decreased Communication due to:<br>1) Diminished Hearing<br>✓ 2) Language Barrier – Iraqi national<br>F.3. Potential Injury due to Dentures:<br>1) Upper 4) Caps<br>2) Lower 5) Crowns<br>3) Bridges | O pt. will be made aware of surroundings prior to anesthesia induction.<br>O pt. will be transferred safely to OR table.<br>O pt. will be able to understand instructions.<br>O Minimize danger of injury during intraop period. | O Introduce self. keep pt informed as to where he. she is and what is happening.<br>O Inform pt. in which direction to move and assist if necessary.<br>O Speak clearly and slowly.<br>O Address pt. from ~~[illegible]~~ side.<br>O Validate pt.'s understanding of verbal communication. as possible<br>O Verify removal of dentures. |
| G. OTHER PATIENT PROBLEMS NEEDS OR Continuation of Above problems/needs. | OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes. | OTHER NURSING INTERVENTIONS OR continuation of above interventions. |

10. OR NURSING INTERVENTION COMPLETE D/ADDITIONAL INTRAOPERATIVE INTERVENTIONS NOTED.

b(6) [redacted] CPT I AN 15 NOV 03 DATE

11. POSTOPERATIVE EVALUATION: SKIN INTEGRITY: Bovie Pad Site: ☒ Clean and Dry ☐ Red ☐ N/A DRESSING DRY & INTACT: (Y) (N)

LEVEL OF CONSCIOUSNESS: ☐ A&O ☒ Drowsy ☐ Sleepy ☐ Intubated

LEVEL OF ACTIVITY: ☒ MOVES ALL EXTREMITIES except (R) ankle ☐ Moves Upper Extremities ☐ Transferred to Litter With roller due to spinal

BREATHING EASY: (Y) (N)

12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title) [redacted] CPT I AN b(6)

DATE: 15 NOV 03 TIME: 0300

13. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title) [redacted] CPT I AN b(6)

DATE: 15 NOV 03 TIME: 0915

REVERS OF FORM 5179, JUN 91 USAPA V1.0

MEDCOM - 24648

**MEDICAL RECO[illegible]** | **INTRAOPE[illegible] [illegible]OCUMENT**

For use of this form, see AR 40-407, the propo[illegible] [illegible]ncy is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING [illegible]M
VIA Litter (pad bed) BY Anesthesia

2. PATIENT IDENTIFI[illegible] [illegible]CORD REVIEWED AND PROCEDURE
VERIFIED BY CPT [redacted] b(6)-2

3. DATE 15 NOV 03 TIME PATIENT ARRIVED IN SUITE /

4. PATIENT IN ROOM
TIME 0805 NUMBER 1

**5. PREOPERATIVE EMOTIONAL STATUS**

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS: ø

**6. NURSING PERSONNEL**

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] b(6)-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | CPT [redacted] | RELIEF CIRCULATOR | |

**7. POSITION AND POSITIONAL AIDS *(Specify)***

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

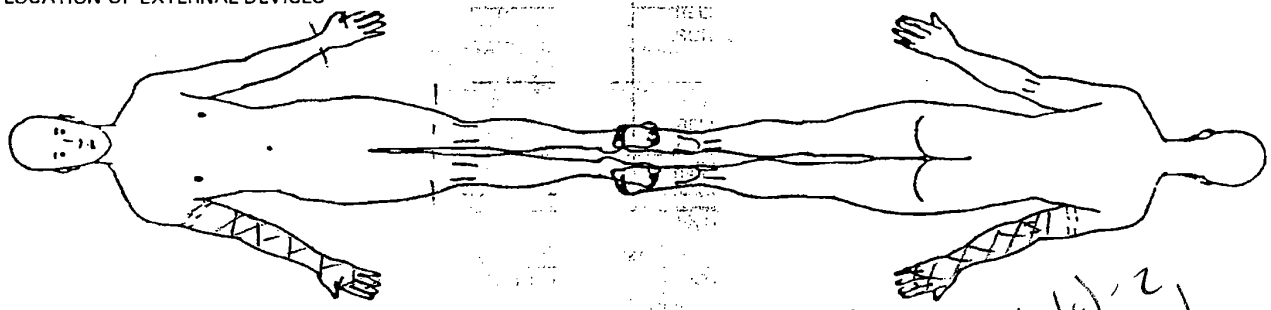
COMMENTS: Correct body alignment maintained. (L) arm padded on board at less than 90° (R) arm resting on 2 padded arm boards used as handrail. Position approved by surgeon + anesthesia

**8. SKIN PREPARATION**

HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP
COMMENTS:

PREP SOLUTION *(Specify)* Beta Scrub / Beta Paint
SITE (R) arm up to 2in BY WHOM: [redacted]
SITE: below elbow BY WHOM: b(6)-2
COMMENTS: no pacing or skin d's noted

**9. LOCATION OF EXTERNAL DEVICES**



LEGEND X Ground Pa[redacted] -- Safety Stra[redacted] = = = Tourniquet placed by Dr. [redacted] b(6)-2

**10. COUNTS**

C = Correct I = Incorrect

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☒ Yes | ☐ No | / | / | C | [redacted] | [redacted] |
| Needle Sharp | ☒ Yes | ☐ No | / | / | C | | |
| Instrument | ☐ Yes | ☒ No | / | / | / | | |
| Other | ☐ Yes | ☒ No | / | / | / | / | / |

**11. PATIENT IDENTIFICATION** *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

# [redacted] b(6)-2
[redacted]
15 NOV 03 b(6)-2

**12. ELECTROSURGERY DEVICE(S) (ESU)** ☐ YES ☒ NO

☒ ESU NO: Valleylab Force 40 FRE 165305
GROUND PAD: BRAND VL Rem Polyhesive II
LOT NO: 65706 2004-11

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

MEDCOM-24649

13. PROSTHESIS, IMPLANTS ☐ YES ☒ NO IF YES NAME: ID NUMBER MANUFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☒

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S): 0.9% NaCl (QS)

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| none | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☒ NO ☐ C-arm IF YES, SITE (R) elbow

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☒ NO ☐ | NAME (1) Aerobic Cx (R) elbow wound | NAME (2) Anaerobic Cx (R) elbow wound |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. Plain Iodoform | 2. | 3. |
| SITE | 1. (R) elbow | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*
Pluffs Airway
Kerlix
ABD
webril
Splint

19. ADDITIONAL INFORMATION

surgeon: [redacted]
anesthesia: [redacted]

20. OPERATION(S) PERFORMED
I + D (R) elbow

| 21. PATIENT TRANSFERRED TO | TIME | METHOD |
|---|---|---|
| ICU3 (PACU) | See DA7389 | PACU bed |

22. REGISTERED NURSE SIGNATURE [redacted] CPT USN

REVERSE [redacted] R7 MEDCOM - 24650 USAPA V1.00

MEDICAL RECORD

# INTRAOPERATIVE DOCUMENT

For use of this form, see AR 40-407, the proponent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA gurney BY Anesthesia

2. PATIENT IDENTIFIED, CONSENT REVIEWED AND PROCEDURE VERIFIED BY CPT [redacted] b(6)-2

3. DATE 17NOV03 TIME PATIENT ARRIVED IN SUITE 1325

4. PATIENT IN ROOM TIME 1325 NUMBER 1-3

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER (Specify)

COMMENTS: NKA

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] 91D b(6)-2 | RELIEF SCRUB | Ø |
| ASSIGNED CIRCULATOR | CPT [redacted] 66E | RELIEF CIRCULATOR | Ø |

7. POSITION AND POSITIONAL AIDS (Specify) Pt on padded OR Bed, Head on foam doughnut. LUE extended out to side <90° in CAB secured to padded armboard c̄ safety strap

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

RUE prepped into sterile field.

COMMENTS: Correct Body Alignment Maintained.

8. SKIN PREPARATION

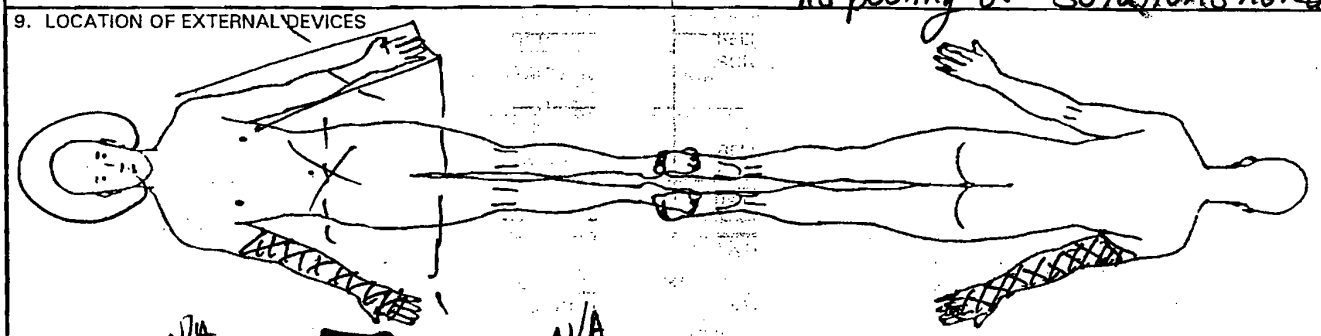
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION (Specify) Beta/Beta
SITE: R BY WHOM: CPT [redacted]
SITE: BY WHOM:

COMMENTS: no pooling of solutions noted b(6)-2

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad N/A [redacted] Safety Strap N/A = = = Tourniquet

b(6)-2

10. COUNTS

C = Correct I = Incorrect

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☐ Yes | ☒ No | | | | | |
| Needle Sharp | ☒ Yes | ☐ No | C | | C | SPC [redacted] | CPT [redacted] |
| Instrument | ☐ Yes | ☒ No | | | | | |
| Other | ☐ Yes | ☒ No | | | | | |

11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)

# [redacted]

b(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☐ YES ☒ NO

☐ ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____

☐ ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____

☐ BIPOLAR NO: _____

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

MEDCOM-24651

13. PROSTHESIS, IMPLANTS ☐ ☒ IF YES NAME: ID NUMBER UFACTUR

[redacted] b6-2

14. MEDICATIONS/ORD[redacted]

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☒

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):
0.9% NaCl - QS (>3,000cc)

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☐ NO ☒ IF YES, SITE

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

18. DRESSING/IMMOBILIZATION *(Specify)*
Kerlex Fluffs, Kerlex Roll
Webril, ACE, Plaster Splint

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. 3/8" penrose | 2. | 3. |
| SITE | 1. (R) Elbow | 2. | 3. |

19. ADDITIONAL INFORMATION
WC-IV
Surgeon: Dr [redacted]
Anesthesia: CPT [redacted]
b(u)-2

20. OPERATION(S) PERFORMED
I+D (R) Elbow
b(u)-2

21. PATIENT TRANSFERRED TO PACU TIME 1415 METHOD gurney

22. [redacted] CPT/AN

[redacted] MEDCOM - 24652 USAPA V1.00

511-119

NSN 7540-00-634-4124

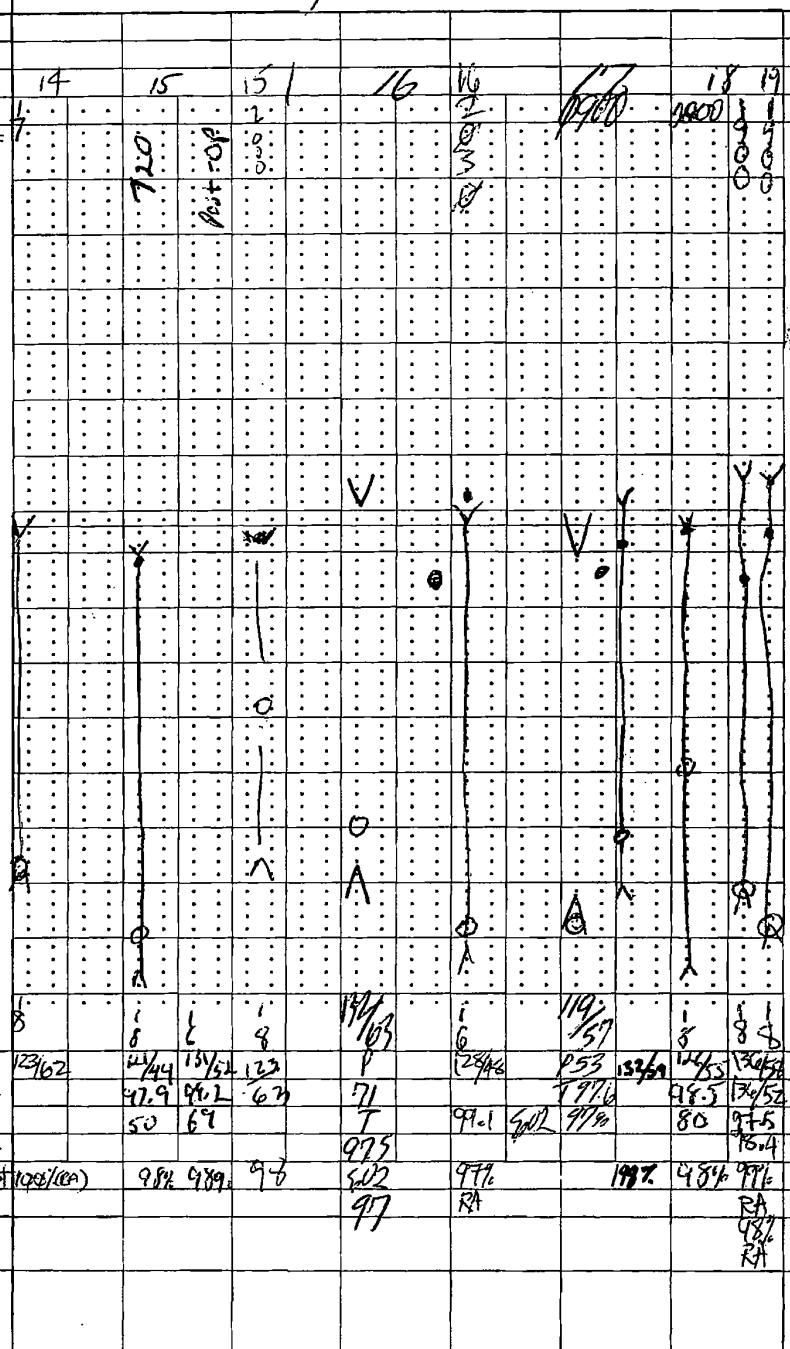
# MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR NOV 2003 — DAY: 14, 15, 15, 16, 16, 17, 18, 19 — HOUR

PULSE (O) — TEMP. F (°) — TEMP. C




(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: WEIGHT →

Record special data only when so ordered

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)*

REGISTER NO.

WARD NO. ICW1

#[redacted]

b(a)-4

**VITAL SIGNS RECORDS**

Medical Record

**STANDARD FORM 511** (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 24653

| MEDICAL RECORD | | VITAL SIGNS RECORD | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HOSPITAL DAY | | | | | | | | | | | | | |
| POST- | DAY | | | | | | | | | | | | |
| MONTH-YEAR | DAY | 20 | 21 | | | | | | | | | | |
| 19 | HOUR | 8 | 6 | | | | | | | | | | |
| PULSE (0) | TEMP. F (•) | 8 | 7 | | | | | | | | | | TEMP. C |
| | 105° | | 3 | | | | | | | | | | 40.6° |
| 180 | 104° | | 0 | | | | | | | | | | 40.0° |
| 170 | 103° | | | | | | | | | | | | 39.4° |
| 160 | 102° | | | | | | | | | | | | 38.9° |
| 150 | 101° | | | | | | | | | | | | 38.3° |
| 140 | 100° | | | | | | | | | | | | 37.8° |
| 130 | 99° | | | | | | | | | | | | 37.2° |
| | 98.6° | | | | | | | | | | | | 37.0° |
| 120 | 98° | | | | | | | | | | | | 36.7° |
| 110 | 97° | | | | | | | | | | | | 36.1° |
| 100 | 96° | | | | | | | | | | | | 35.6° |
| 90 | 95° | | | | | | | | | | | | 35.0° |
| 80 | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | |
| RESPIRATION RECORD | | 16 | 18 | | | | | | | | | | |
| Record special data only when so ordered | BLOOD PRESSURE ① | 132/58 | 9/62 | | | | | | | | | | |
| | ② | | | | | | | | | | | | |
| | ① TEMP | 98.1 | | | | | | | | | | | |
| | HEIGHT: WEIGHT ② TEMP | | | | | | | | | | | | |
| | ① O2 Sat | 98% | 98% | | | | | | | | | | |
| | Scuffle | (RA) | (RA) | | | | | | | | | | |
| | ② O2 Sat Scuffle | | | | | | | | | | | | |

(Centigrade Equivalents, for Reference only)

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.

**STANDARD FORM 511** (REV. 7-95) **BACI**

# [redacted]

b(4)-1

MEDCOM - 24654

IBN-SINA HOSPITAL

[redacted] b(2)-2

① Aerobic Cx
~~② Anaerobic Cx~~

# Microbiology Request Form

Last Name 1317
First Name:
Patient # or SSN:
Collected by: Dr. [redacted] b(6)-2
Date: 15 NOV 03
Time: 0835

Ward: ICW1
Room:
Bed:
Physician: [redacted] b(6)-2
Source: Wound
Site: (R) elbow

[redacted]

Received by: [redacted] b(6)-2
Date 15 NOV 03
Time: 1015

Specimen #: W127

## Laboratory Results

Acinetobacter baumannii/haemolyticus

Reported
Date: 18 NOV 03
Time: 1000
Tech: IO
Reviewer:

Number of attached sheets:

# Microbiology Report

IBN SINA - HOSPITAL Laboratory

| | | | | | |
|---|---|---|---|---|---|
| Name: | [redacted] b(6)-4 | Specimen: | **W127** | Status: | **Final** |
| Patient ID: | | Source: | Wound/Sterile site | Collected: | |
| Ward/Rm: | W1/ | Ward of Iso: | | Attd. Phys: | |

1 Acinetobacter baumannii/haemolyticus Status: Final

## 1 Ac baumann/haem

| Drug | MIC | Interps | Drug | MIC | Interps |
|---|---|---|---|---|---|
| Amox/K Clav (c) | <=8/4 | | | | |
| Amp/Sulbactam (c) | <=8/4 | S | | | |
| Ampicillin | >16 | | | | |
| Aztreonam | <=8 | S | | | |
| Cefazolin | >16 | | | | |
| Cefepime | <=8 | S | | | |
| Cefotaxime (c) | 32 | I | | | |
| Cefotetan | >32 | | | | |
| Cefoxitin | >16 | | | | |
| Ceftazidime (a) | <=8 | S | | | |
| Ceftriaxone (c) | 32 | I | | | |
| Cefuroxime (b) | >16 | | | | |
| Cephalothin | >16 | | | | |
| Chloramphenicol | >16 | R | | | |
| Ciprofloxacin | <=1 | S | | | |
| ESBL-a Scrn | >4 | | | | |
| ESBL-b Scrn | >1 | | | | |
| Gatifloxacin | <=2 | | | | |
| Gentamicin | >8 | R | | | |
| Imipenem (c) | <=4 | S | | | |
| Levofloxacin | <=2 | S | | | |
| Meropenem (c) | <=4 | S | | | |
| Moxifloxacin | <=2 | | | | |
| Nitrofurantoin | >64 | | | | |
| Norfloxacin | <=4 | | | | |
| Piperacillin (a) | <=16 | S | | | |
| Tetracycline | >8 | R | | | |
| Ticar/K Clav (a) | <=16 | S | | | |
| Tobramycin | >8 | R | | | |
| Trimeth/Sulfa | >2/38 | R | | | |

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
--- = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available, or drug not advisable or tested
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
EBL? = Suspected ESBL Confirmatory tests needed to differentiate ESBL from other beta-lactamases
IB = Inducible Beta-lactamase Appears in place of Sensitive with species known to possess inducible beta-lactamases, potentially they may become resistant to all beta-lactam drugs Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs

For blood and CSF Isolates, a beta-lactamase test is recommended for Enterococcus species

(a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections
(b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
(c) For streptococci refer to penicillin interpretations For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation
(d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002 Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints
For S pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.


| | | | | | |
|---|---|---|---|---|---|
| Name: | [redacted] b(6)-4 | Specimen: | **W127** | Status: | **Final** |
| Patient ID: | | Source: | Wound/Sterile site | Collected: | b(6)-2 |
| Ward/Rm: | W1/ | Ward of Iso: | | Req. Phys: | [redacted] |


Printed 11/18/2003 10:01:29 AM



Tech: IO

MEDCOM - 24656

DOD-039046

IBN SINA HOSPITAL [redacted] b(2)-2

(1) Aerobic Cx
~~(2) Anaerobic Cx~~

# Microbiology Request Form

| | |
|---|---|
| Last Name 1317 | Ward: ICW |
| First Name: | Room: |
| Patient # or SSN: | Bed: |
| | Physician: [redacted] |
| Collected by: Dr. [redacted] b(6)-2 | |
| Date: 15 NOV 03 | Source: Wound |
| Time: 0835 | Site: (R) elbow |
| [redacted] | |
| Received by: [redacted] | Specimen #: W127 |
| Date: 15 NOV 03 | |
| Time: 10 15 | |

## Laboratory Results

Acinetobacter baumannii/haemolyticus

| | |
|---|---|
| Reported | |
| Date: 18 NOV 03 | |
| Time: 1000 | |
| Tech: IO [redacted] b(6)-2 | |
| Reviewer: | Number of attached sheets: |

MEDCOM - 24657

ACLU-RDI 1744 p.617

# Microbiology Report

[redacted] b(2)-2

Name: [redacted] b(6)-4
Patient ID:
Ward/Rm: W1/

Source: Wound/Sterile site
Ward of Iso:

Status: Final
Collected:
Attd. Phys:

1 Acinetobacter baumannii/haemolyticus Status: Final

## 1 Ac baumann/haem

| Drug | MIC | Interps | Drug | MIC | Interps |
|---|---|---|---|---|---|
| Amox/K Clav (c) | <=8/4 | | | | |
| Amp/Sulbactam (c) | <=8/4 | S | | | |
| Ampicillin | >16 | | | | |
| Aztreonam | <=8 | S | | | |
| Cefazolin | >16 | | | | |
| Cefepime | <=8 | S | | | |
| Cefotaxime (c) | 32 | I | | | |
| Cefotetan | >32 | | | | |
| Cefoxitin | >16 | | | | |
| Ceftazidime (a) | <=8 | S | | | |
| Ceftriaxone (c) | 32 | I | | | |
| Cefuroxime (b) | >16 | | | | |
| Cephalothin | >16 | | | | |
| Chloramphenicol | >16 | R | | | |
| Ciprofloxacin | <=1 | S | | | |
| ESBL-a Scrn | >4 | | | | |
| ESBL-b Scrn | >1 | | | | |
| Gatifloxacin | <=2 | | | | |
| Gentamicin | >8 | R | | | |
| Imipenem (c) | <=4 | S | | | |
| Levofloxacin | <=2 | S | | | |
| Meropenem (c) | <=4 | S | | | |
| Moxifloxacin | <=2 | | | | |
| Nitrofurantoin | >64 | | | | |
| Norfloxacin | <=4 | | | | |
| Piperacillin (a) | <=16 | S | | | |
| Tetracycline | >8 | R | | | |
| Ticar/K Clav (a) | <=16 | S | | | |
| Tobramycin | >8 | R | | | |
| Trimeth/Sulfa | >2/38 | R | | | |

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
--- = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available or drug not advisable or tested
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
ESBL? = Suspected ESBL Confirmatory tests needed to differentiate ESBL from other beta-lactamases
IB = Inducible Beta-lactamase Appears in place of Sensitive with species known to possess inducible beta-lactamases potentially they may become resistant to all beta-lactam drugs Monitoring of patients during/after therapy is recommended Avoid other/combined beta-lactam drugs

For blood and CSF isolates a beta-lactamase test is recommended for Enterococcus species

(a) Use maximum doses of drug with an aminoglycoside for P aeruginosa in patients with granulocytopenia or serious infections
(b) Breakpoints based on parenteral dose For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R) Footnote (c) applies to this drug
(c) For streptococci refer to penicillin interpretations For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci refer to the penicillin interpretation
(d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation Footnote (a) also applies to this drug

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002 Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints
For S pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis For non-meningitis infections use <2=S 2=I >2=R

Name: [redacted] b(6)-4
Patient ID:
Ward/Rm: W1/

Specimen: W127
Source: Wound/Sterile site
Ward of Iso:

Status: Final b(6)-2
Collected:
Req. Phys: [redacted]

Printed 11/18/2003 10:01:29 AM



Tech: IO

MEDCOM - 24658

b(6)-2

| Ward/Section: EMT | REQUESTING PHYSICIAN: Dr [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|

| LAST, FIRST, MI. | DATE | TIME | SSN/PSEUDO SSN: |
|---|---|---|---|
| [redacted] b(6)-4 | 19NOV03 | 16:45 | [redacted] b(6)-4 |

| (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)<br>12-16 g/dl (F) | Glu | | Negative | **Microbiology** | | |
| Hct | | 42-52% (M)<br>37-47% (F) | Bili | | Negative | Source | | |
| MCV | | 80-94 fl (M)<br>81-99 fl (F) | Ket | | Negative | Gram Stain | | |
| Plt | | 130-500 x $10^3$ verified | SG | | N/A | Occ Bld | | Negative |
| Lymph % | | 20.5-51.1% | Bld | | Negative | H. pylori | | Negative |
| **(Hematology) Manual Differential** | | | pH | | N/A | Micro Parasites | | |
| Segs | | Mono | Prot | | Negative | Malaria | | |
| Bands | | Eos | Urob | | 0.2-1.0 | O & P | | |
| Lymph | | Baso | Nit | | Negative | Other | | |
| Atyp | | Imm | Leuk | | Negative | **Microscopic Urinalysis** | | |
| RBC Morph | | | HCG | | Negative | | | |
| Spun Hematocrit | | 42-52% (M)<br>37-47% (F) | **CSF** | | | **Blood Bank** | | |
| Sed Rate | | | Cell Count | | | **MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED** | | |
| Other | | | Directigen | | Negative | ABO/Rh | | |

| Coagulation Studies | | | Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED) | | |
|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | UNIT | TYPE | CROSSMATCH |
| PT | | 9.8-13.6 secs | | | |
| APTT | | 21-34 secs | | | |
| D dimer | | <20 ug/ml | | | |
| FDP | | <10 ug/ml | | | |

**REMARKS:**

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|

| Ward/Section: EMT | REQUESTING PHYSICIAN: Dr [redacted] b(6)-2 | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST: [redacted] b(6)-4 | DATE: 14 Nov 03 / TIME: 16:45 | SSN/PSEUDO SSN: [redacted] b(6)-4 |

| (ESTAT) | | | (Piccolo) Chemistry 12 | | | (Piccolo) Metabolic Panel | | |
|---|---|---|---|---|---|---|---|---|
| *TEST* | *RESULT* | *REF. RANGE* | *TEST* | *RESULT* | *REF. RANGE* | *TEST* | *RESULT* | *REF. RANGE* |
| Na | | 138-146 mmol/L | ALB | | 3.5-5.5 g/dl | GLU | | 73-118 mg/dl |
| K | | 3.5-4.9 mmol/L | ALP | | 26-84 u/l | BUN | | 7-22 mg/dl |
| Cl | | 98-109 mmol/L | ALT | | 10-47 u/l | $CA^{++}$ | | 8.0-10.3 mg/dl |
| pH | | 7.31-7.45 | AMY | | 14-97 u/l | CRE | | 0.6-1.2 mg/dl |
| PCO2 | | 35-45 mmHg (art)<br>41-51 mmHg (ven) | AST | | 11-38 u/l | $NA^+$ | | 128-145 mmol/l |
| PO2 | | 80-105 mmHg (art)<br>N/A (ven) | TBIL | | 0.2-1.6 mg/dl | $K^+$ | | 3.3-4.7 mmol/l |
| TCO2 | | 23-27 mmol/L (art)<br>24-29 mmol/L (ven) | BUN | | 7-22 mg/dl | $CL^-$ | | 98-108 mmol/l |
| HCO3 | | 22-26 mmol/L (art)<br>23-28 mmol/L (ven) | $CA^{++}$ | | 8.0-10.3mg/dl | $tCO_2$ | | 18-33 mmol/l |
| sO2 | | 95-98% | CHOL | | 100-200 mg/dl | (Piccolo) Liver Panel Plus | | |
| BEecf | | (-2) – (+3) mmol/L | CRE | | 0.6-1.2 mg/dl | *TEST* | *RESULT* | *REF. RANGE* |
| AnGap | | 10-20 mmol/L | GLU | | 73-118 mg/dl | ALB | | 3.3-5.5 g/dl |
| Ca | | 1.12-1.32 mmol/L | TP | | 6.4-8.1 g/dl | ALP | | 26-84 u/l |
| BUN | | 8-26 mg/dl | (Piccolo) Metlyte 8 | | | ALT | | 10-47 u/l |
| GLU | | 70-105 mg/dl | *TEST* | *RESULT* | *REF. RANGE* | AMY | | 14-97 u/l |
| Creat | | 0.7-1.5 mg/dl | GLU | | 73-118 mg/dl | AST | | 11-38 u/l |
| Hct | | 38-51% PCV | BUN | | 7-22 mg/dl | TBIL | | 0.2-1.6 mg/dl |
| Hgb | | 12-17 g/dl | CRE | | 0.6-1.2 mg/dl | GGT | | 5-65 u/l |
| Misc. Chemistry | | | CK | | 39-380 u/l (M)<br>30-190 u/l (F) | TP | | 6.4-8.1 g/dl |
| *TEST* | *RESULT* | *REF. RANGE* | $NA^+$ | | 128-145 mmol/l | (Piccolo) Electrolyte | | |
| Troponin-I | | | $K^+$ | | 3.3-4.7 mmol/l | *TEST* | *RESULT* | *REF. RANGE* |
| Drug of Abuse | | | $CL^-$ | | 98-108 mmol/l | $NA^+$ | | 128-145 mmol/l |
| | | | $tCO_2$ | | 18-33 mmol/l | $K^+$ | | 3.3-4.7 mmol/l |
| | | | | | | $CL^-$ | | 98-108 mmol/l |
| | | | | | | $tCO_2$ | | 18-33 mmol/l |

**REMARKS:**

| **REPORTED BY:** | **DATE:** | **LAB ID NO.:** |
|---|---|---|
| | | |

PMH Ø PSH Ø NKA

# MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-66; the proponent agency is the OTSG

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Prop | (mg) | 180 | | | | | | | | | | | |
| Fent | (mcg) | 100 | | 50 | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| VOLAT AGENT | Sevo % del | 2 | 2 | 2 | 2 | 2 | 2 | | | | | | |
| | % e.t. | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | |
| O2 | L/Min | 8 | 2 | 2 | 2 | 2 | 8 | | | | | | |
| SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS | | 0 | 0 | 1 | 1 | 0 | 0 | | | | | | |

**FLUIDS**

| LINE site | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18ga L FA | ☑ Warmed | 1000 | | | | | | | | | | | |
| PIVC | ☐ Warmed | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | |

**LOSSES**

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | | | | | | | | | | | |
| URINE - | | | | | | | | | | | | | |

**PHYS STATUS**: 1 2 3 4 5 E

**BODY WEIGHT**: 70 KG LB

**HEMATOCRIT**:

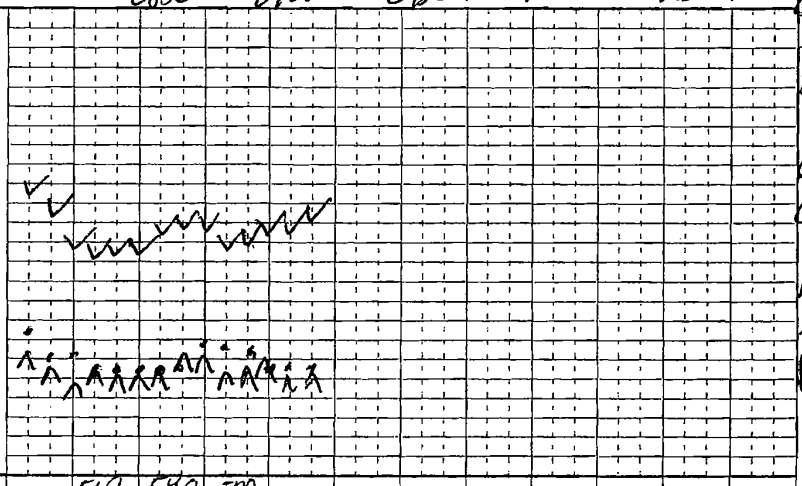
**INITIAL DATA**: BP- / HR-

**EQUIP CHECK** OK?- Y N

**PATIENT RECHECK** OK for PROCEDURE? Y TIME- 0800

**SYMBOLS**: BP by cuff V ^ ; Heart rate ●; Resp rate ✓; BR (transduced) ╪; TOURNIQUET T—T; ANES- X-X PROC- ⊙-Ø

TIME → 0800, 0900, 0930, 1000, 1030




**VENTIL**

| | | | | | |
|---|---|---|---|---|---|
| VT - ml | | 510 | 540 | 550 | |
| f - breaths/min | | 5 | 5 | 5 | 5 |
| Peak inf pres / PEEP | | | | | |
| MODE - S(pon), A(ssist), C(on) | SA | S | S | S | S |

**MONITORS/ACCESSORIES**

| | | | | | | |
|---|---|---|---|---|---|---|
| BP/Auto Cuff | EF CO2 (torr) | + | 52 | 54 | 53 | 36 |
| BP/oth | FIO2 (Frac or %) | .63 | .63 | .60 | .65 | .73 |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ECG | SR | SB | SB | SB | SB |
| Gas analyzer | TEMP-site | | | | | |
| | N-M Block (T/4) | | | | | |
| Warming blkt | | | | | | |
| Conv warmer | | | | | | |

*Mark with letters & symbols, explain under REMARKS* EVENTS *Position* →

| TOTALS | TOTAL EBL |
|---|---|
| 150/100 min | |
| | TOTAL URINE |
| | Ø measured |

**FLUIDS - SUMMARY**

CRYSTALLOID- 600

COLLOID- Ø

BLOOD- Ø

**REMARKS**

*Code drugs with numbers, events with letters*

Pt IDB on ICU1
Rt/Left room
Induction Start
Stop Anest Tim
IV ⊽ ETD ⊽
wound cultures ASR
Rto PACU,
OMA removed. SV
cont to PACU
Report to PACU
Nurse
[redacted]
b(6)-2 NCHAD

**RECOVERY AT** 0916

PACU ICU _____ (Specify)

OTHER _____

CONDITION: Pt in NAD
T 95.0 RESP- 16 SpO2- 99
BP- 143/71 HR- 72

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 0757 | 0802 | 0921 |
| | Ready | Begin | End |
| PROC | 0810 | 0827 | 0913 |

PROCEDURES and CPT Codes: I+D R Elbow

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

# [redacted] b(6)-4

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

GA

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*

LMA #5 difficulty ⊽ETCO2

SURGEONS: [redacted] b(6)-2

ANESTHETISTS: [redacted]

PROCEDURE LOCATION: 1-1

DATE: 15 Nov 03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 — COPY 2 - ANESTHESIA PROVIDER — USAPA V1.00

MEDCOM - 24661

# 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FENTANYL | (MCG) | 100 | 100 | 50 | | | | | | | | | | | 250 |
| | ( ) | | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | |
| VOLAT AGENT | SEVO % del | 3.0 | 2.0 | 1.5 | 1.5 | | | | | | | | | | |
| | % e.t. | | | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | | | |
| O2 | L/Min | 8 | 2 | 2 | 2 | | | | | | | | | | |

SINGLE DOSE DRUGS-MARK ON GRID → WITH NUMBERS & ENTER IN REMARKS

**TOTAL EBL:** min

**TOTAL URINE:** Ø

**FLUIDS - SUMMARY**

CRYSTALLOID- 300

COLLOID- Ø

BLOOD- Ø

**FLUIDS**

| LINE site | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ Warmed | | | | | | | | | | | | | | |
| ☐ Warmed | | | | | | | | | | | | | | |
| ☐ Warmed | | | | | | | | | | | | | | |
| ☐ Warmed | | | | | | | | | | | | | | |

**LOSSES**

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | | | | | | | | | | | | |
| URINE - | | | | | | | | | | | | | | |

**REMARKS**

*Code drugs with numbers, events with letters*

**PHYS STATUS:** 1 (2) 3 4 5 (E)

**BODY WEIGHT:** 70 (KG) LB

**HEMATOCRIT:**

**INITIAL DATA:**

BP- 136 / 58

HR- 70

**EQUIP CHECK**

OK?- (Y) N

**PATIENT RECHECK**

OK for PROCEDURE? yes

TIME-

**TIME** → 1330 • 1400 • 30 • 1500 • 30 • 1600 • 30

**SYMBOLS:** BP by cuff V ; Heart rate ∧ ; Resp rate ● ; BR (transduced) ; TOURNIQUET T—T ; ANES- X-X ; PROC- ⊙-Ø

220 / 200 / 180 / 160 / 140 / 120 / 100 / 80 / 60 / 40 / 20

**VENTIL**

| | | | | |
|---|---|---|---|---|
| VT - ml | 420 | 480 | 450 | 640 |
| f - breaths/min | 7 | 5 | 8 | 10 |
| Peak inf pres / PEEP | | | | |
| MODE - S(pon), A(ssist), C(on) | S | S | S | S |

**MONITORS/ACCESSORIES**

| | | | | | |
|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | 38 | 56 | 54 | 50 |
| BP/oth | FIO2 (Frac or %) | .61 | .61 | .59 | .59 |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ECG | SR | SB | SR | SB |
| Gas analyzer | TEMP-site | A via | Nasal | — | — |
| | N-M Block (T/4) | | | | |
| Warming blkt | | | | | |
| Conv warmer | | | | | |

*Mark with letters & symbols, explain under REMARKS* — EVENTS *Position* → 6 J

**RECOVERY AT** 1418

PACU ICU _____ (Specify)

OTHER _____

CONDITION:

RESP- SpO2-

BP- HR-

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1315 | 1325 | 1420 |
| | Ready | Begin | End |
| PROC | 1335 | 1350 | 1418 |

PROCEDURES and CPT Codes:

(R) ARM VASHOU

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

IF [redacted] b(6)-4

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

General MASK

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* - Natural airway; mask induction; nasal airway placed

SURGEONS: [redacted] b(6)-7

ANESTHESIOLOGISTS: SJAS [redacted] b(6)-2

PROCEDURE LOCATION: ORI

DATE: 17 NOV 03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 — [redacted] 2 - ANESTHESIA PROVIDER — USAPA V1.00

MEDCOM - 24662

b(6)-2 unless marked diff.

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION: b(6)-4 [redacted]

DATE OF ORDER: 11-14-03 TIME OF ORDER: _____ HOURS

LIST TIME ORDER NOTED AND SIGN

- Adant (CW-1 [redacted]
- (R) Elbow Fx
- Splint
- Routine vitals
- IVF - D5 1/2 NS @ 100 ml/hr
- Percocet 1 PO q 4 prn
- Demerol 50 mg IV q 4 prn pain [redacted]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: TIME OF ORDER:

- NPO
- Bath Patient tray or Assist [redacted]
- Anergan 25 mg IVP q 6 prn nau
- Ambien 10 mg PO q HS prn

Noted [redacted] 14NOV03 1700

NURSING UNIT | ROOM NO. | BED NO.

24° ✓ [redacted] 24 IAN 15NOV03 @ 0315

PATIENT IDENTIFICATION

DATE OF ORDER: 15 NOV 03 TIME OF ORDER: 0915 HOURS

1. Resume previous orders
2. Keep lock IV when taking PO well
3. Regular diet
4. NPO after midnight 16 NOV for OR 17 NOV.
5. Gentamicin 350 mg IVPB Q DAY
6. Ancef 1 gram IVPB Q 8 hrs.

Noted [redacted] 15NOV03 0940

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

24° ✓ [redacted]

DATE OF ORDER: 17 NOV @ 0200 TIME OF ORDER: [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 24663

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

[redacted] b(4)-4

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

| DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|
| 17 NOV 03 | 1420 HOURS | [redacted] |

(1) Resume previous orders
(2) Regular diet
(3) Flip lock when taking P.O. med
(4) X-ray: 6 Vg LRS, 03 LOBVW OF
(R) elbow
(5) Wet to dry dressing to (R) elbow

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| 24 ✓ 17 Nov 03 @ 2000 | | [redacted] |

| DATE OF ORDER | TIME OF ORDER |
|---|---|
| 6230W BD beginning in A.M. | HOURS |

[redacted] b(4)-2

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| [redacted] | | |

| DATE OF ORDER | TIME OF ORDER |
|---|---|
| 19 NOV 03 | 0830 HOURS |

(1) D/C Gent
(2) D/C Bicillin
(3) Ciprofloxacin 400 mg IVPB Q12 HRS
(4) Primaxin 500 mg IVPB Q 8 HRS

[redacted] b(4)-2

Noted 19 Nov 03 0850

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| [redacted] | | |

| DATE OF ORDER | TIME OF ORDER |
|---|---|
| 20 NOV 03 | 1100 HOURS |

(1) DISCHARGE TO FDW CAMP
(2) LEVOFLOXACIN 250 MG Q DAY #14
(3) F/U IN WOMC.
(4) PAPERWORK IN CHART.

[redacted] b(4)-2 b(4)

Noted 20 Nov 03 1125

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

MEDCOM - 24664

b(6)-2

**CLINICAL RECORD**

**THERAPEUTIC DOCUMENTATION CARE PLAN** *(NON-MEDICATION)*
For use of this form, see AR 40-407;
the proponent agency is the Office of The Surgeon General.

*Mo.* 11 *Yr.* 2003

*VERIFY BY INITIALING* — *INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION*

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 14 Nov 03 | [redacted] | Routine vitals | 06 15 | [redacted] | | | | | | | |
| | | | 18 06 | | | | | | | | |
| 14 | [redacted] | NPO | 06 18 | [redacted] | DC 15 Nov 03 | | | | | | |
| | | | 18 06 | | | | | | | | |
| 15 Nov 03 | [redacted] | Regular diet | 06 18 | / | [redacted] | | | | | | |
| | | | 18 06 | / | | | | | | | |
| 17 Nov | [redacted] | Wet to dry dress. to | 10 | | | | / | [redacted] | | | |
| | | (R) elbow BID beginning | 20 | | | | / | | | | |
| | | In A.M. | / | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: (R) ELBOW FX

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

#[redacted]

b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

b(6)-2 All

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo 11 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 14 NOV | [redacted] | Admit to ICW' - Stable | 14 NOV | — | — | [redacted] |
| 14 | [redacted] | Bath pt today or assist | 14 | — | 1710 | [redacted] |
| 15 NOV | [redacted] | Resume previous orders | 15 | — | — | [redacted] |
| 15 | [redacted] | NPO p MN 16NOV03 for OR 17NOV03 | 17 NOV03 | 0001 | | |
| 11/17 | [redacted] | Resume previous orders | 17 Nov | [redacted] | | [redacted] |
| 11/17 | [redacted] | AP / Lat oblique of (R) elbow | 17 Nov | | | [redacted] |
| 20 NOV | [redacted] | DC to EPW camp, F/U 1 week | | | | [redacted] |
| 20 | [redacted] | Paperwork in chart | 20 | — | — | [redacted] |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 24666

b(6)-2 A11

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 03 |
|---|---|---|

*VERIFY BY INITIALING* — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 14 Nov03 | [redacted] | IV: D5½NS @ 100cc/hr | 06 | [redacted] | | | | | | | |
| | [redacted] | (HL when taking po well) | 18 | | | | | | | | |
| 15 Nov03 | [redacted] | Gentamycin 350mg | 06 | | | | | | | | |
| | | IVPB q day | 10 | | | | | | | | |
| 15 | [redacted] | Ancef 1gm IVPB q | 08 | [redacted] | | | | | | | |
| | | 8° | 16 | | | | | | | | |
| | | | 24 | | | | | | | | |
| 19 Nov03 | [redacted] | Ciprofloxacin 400mg | 10 | | | | | | | | |
| | | IVPB q12° | 22 | | | | | | | | |
| 19 | [redacted] | Primaxin 500mg | 08 | | | | | | | | |
| | | IVPB q8° | 16 | | | | | | | | |
| | | | 24 | | | | | | | | |
| 19 | [redacted] | Ciprofloxacin 400mg | 08 | | | | | | | | |
| | | IVPB q12° | 20 | | | | | | | | |
| 19 | [redacted] | Primaxin 500mg IVPB | 06 | | | | | | | | |
| | | q8° | 14 | | | | | | | | |
| | | | 22 | | | | | | | | |

DC 19 NOV

SEE BELOW

[redacted]

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: @ ELBOW FX

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

#[redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

b(6)-2 All

| Verify by Initialing | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | Mo. 11 Yr. 03 |
|---|---|---|

| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
|---|---|---|---|---|---|---|
| 19 NOV | [redacted] | DC Gent, Ancef | 19 | — | — | [redacted] |
| 20 NOV | [redacted] | Levofloxacin 250mg q day | 20 NOV | Rx to pharm. | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 14 NOV | [redacted] | Percocet ∓ PO q4° pm | D/T | | | | | | | | | | | | | |
| | | | D/T | | | | | | | | | | | | | |
| 14 | [redacted] | Demerol 50mg IV q6° pm breakthrough | D/T | | | | | | | | | | | | | |
| | | | D/T | | | | | | | | | | | | | |
| 14 | [redacted] | Phenergan 25mg IVP q6° prn nausea | D/T | | | | | | | | | | | | | |
| | | | D/T | | | | | | | | | | | | | |
| 14 | [redacted] | Ambien 10mg PO q HS pm | D/T | | | | | | | | | | | | | |
| | | | D/T | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 24668

# 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 15 Nov 03
Time In: 0910
Allergies: NKDA
Pre-op V/S:
Procedures: [redacted]

Anesthesia Type (Circle): General Spinal Epidural [redacted] IV Sedation Nerve Block

OR Intake: Crystalloid 600 Colloid
OR Output: UOP EBL 1700
Meds/Times: Fentanyl

b(6)-2

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds History

| Time | 0910 | 0915 | 0920 | 1535 |
|---|---|---|---|---|
| SaO2 | 99 | 98 | 99 | 97 |
| FiO2 | RA | RA | RA | RA |
| Methods | | | | |
| 240 | | | | |
| 220 | | | | |
| 200 | | | | |
| 180 | | | | |
| 160 | | | | |
| 140 | V | V | V | V |
| 120 | | | | |
| 100 | | | | |
| 80 | | | | |
| 60 | ^ | ^ | ^ | ^ |
| 40 | | | | |
| 20 | | | | |
| RR | 16 | 14 | 12 | |
| T | 98.6 | | 98.2 | |
| Time | | | | |
| Pain (0-10) | [redacted] | | | |
| LOS | | | | |

Patient teaching done: Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

b(6)-2

## Pacu Intake

| Time | Solution | Amount | Site | [redacted] | Infused |
|---|---|---|---|---|---|
| 0910 | NC | 400 | D/A | | 100 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

b(6)-2

## Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 1 | 1 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 1 2 | 1 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 8 | 8 | 9 |

Codes:
AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

b(6)-2

[redacted] CRNA

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 15 NOV 03

PATIENT'S IDENTIFICATION (For typed or written entries give: Name — last, first, middle; grade; date; hospital or medical facility)

[redacted]

b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete USAPPC V2.00

MEDCOM - 24669

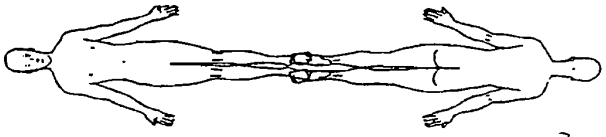
| MEDICATIONS | | | | | | |
|---|---|---|---|---|---|---|
| Allergies: | | | | | | |
| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| NEUROVASCULAR | | | | | | | |
|---|---|---|---|---|---|---|---|
| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
| Adm | (R) Arm | WNL | + | + | B | W | PK |
| 15' | | | | | | | |
| 30' | | | | | | | |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

| C-SECTIONS | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

| DRESSINGS | | | |
|---|---|---|---|
| Time | Location | Type | Drainage |
| Adm | (R) Arm | Splint | — |
| 30' | | | |
| 60' | | | |
| D/C | | | |



| PACU OUTPUT | | | |
|---|---|---|---|
| Time | Source | Color/Appearance | Amount |
| | | | |
| | | | |
| | | | |
| | | | |

| CARDIAC RHYTHM | | | |
|---|---|---|---|
| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
| 1910 | SR | — | — |
| | | | |
| | | | |
| | | | |

NURSING NOTES

Pt to recovery room from OR via Gurney s/p R.D. elbow splint, w/ heart. IV of NS infusing into L hand. D/S/S of Neurovascular Dx swelling to the RUE. Will continue to monitor [redacted] b(6)-2

b(6)-2 All

Discharge Criteria:
Date: Time: PARS:
BP: 140/75 T: 96 HR: 57 RR: 16 Sa02: 96
Pain Level at D/C (0-10): 0
Intake: 100 Output: —
Additional Data:
Transferred To: ICW #1
Report Given To:
Transferred Via: W/C Litter Gurney Ambulance
Transferred By: [redacted]
Cleared IAW Recovery Room SOP R-2 [redacted]
Charge Nurse Signature [redacted]

WAMC OP 173-E

MEDCOM - 24670

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 11/17/03
Time In: 1415
Allergies: NKA
Pre-op V/S: 135/78 HR 78
Procedures: NASIFORE (B) ACM

Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 300 cc Colloid
OR Output: UOP EBL MIN.
Meds/Times: ASUP NAL 100 MCG.

| Drains |
|---|
| Hemovac |
| NG |
| JP |
| T-tube |
| Foley |
| TLS |

| Airway |
|---|
| Nasal |
| Oral |
| ETT |
| Trach |
| Other |

Pre Op Meds History

| Time | 1415 | 1430 | 1445 | 1530 | 1545 | 1550 |
|---|---|---|---|---|---|---|
| SaO2 | 98 | 100 | 98 | 98 | 98 | |
| FiO2 | | | | | | |
| Methods | RA | RA | RA | RA | RA | RA |
| 240 | | | | | | |
| 220 | | | | | | |
| 200 | | | | | | |
| 180 | | | | | | |
| 160 | | | | | | |
| 140 | | | | | | |
| 120 | | V | V | V | V | |
| 100 | V | | | | | |
| 80 | | | | | | |
| 60 | ^ | ^ | ^ | ^ | ^ | |
| 40 | | | | | | |
| 20 | | | | | | |
| RR | 19 | 18 | 19 | 20 | 12 | |
| T | 98.6 | | | | | |

| Time | |
|---|---|
| Pain (0-10) | |
| LOS | |

Patient teaching done; Wound Care, Pain Management, T. C. & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

### Pacu Intake

b(6)-2

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1415 | LR | 200 | LA | [redacted] | 100 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

### Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 2 | 2 | |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 10 | 10 | |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
" = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

PREPARED BY (Signature & Title) [redacted] b(6)-2 SR

DEPARTMENT/SERVICE/CLINIC: PPCU

DATE: 11/17/03

PATIENT [redacted] (For typed or written entries give: Name – last, first, middle; gra[redacted] hospital or medical facility)

[redacted]

b(6)-4

- ☐ HISTORY/PHYSICAL
- ☐ FLOW CHART
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ OTHER (Specify)
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| 1415 | (R) arm | | | | | | |
| Adm | (R) arm | Limited | + | [illegible] | + | W | Pk |
| 15' | (R) arm | Limited | + | cast | + | W | Pk |
| 30' | | | | | | | |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

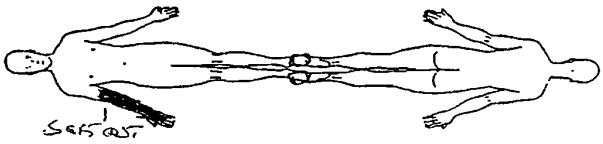
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm 1415 | (R) arm | soft cast | + |
| 30' | | | |
| 60' | | | |
| D/C | | | |




## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| 1415 | S | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1415 | S, S, + | No. | |
| | | | |
| | | | |
| | | | |

## NURSING NOTES

1415 PT escorted on gurney to PACU. PT alert and oriented. (R) arm in soft cast, no S/S drainage. (pressure bilt in dressing). PT on RL 1000, infusing in (L) arm. PT has bilateral breath sounds, bowel sounds. Strong peds / pulses and radial pulses present in (L) arm. [redacted]

1430 PT alert and oriented x3. Fully awake. (R) arm elevated [redacted]

1500 PT alert and oriented x3 VS stable - no drainage - on reinforced dressing. Cap refill (R) arm present - able to move cast and reposition arm [redacted]

b(6)-2 All

**Discharge Criteria:**
**Date:** 11/17/03 **Time:** 1500 **PARS:** 10
**BP:** 106/50 **T:** **HR:** 52 **RR:** 10 **SaO2:** 100%
**Pain Level at D/C (0-10):**
**Intake:** 100cc RL **Output:** 0
**Additional Data:** —
**Transferred To:** ICW I
**Report Given To:** SPC SKIPW - TOK WA
**Transferred Via:** W/C Litter Gurney Ambulance
**Transferred By:** (R) Bay
**Cleared IAW Recovery Room SOP R-2** [redacted]
**Charge Nurse Signature:** [redacted]

WAMC OP 173-E

MEDCOM - 24672

b(2)-2

# Admission a... Coding Information

For use of this form, see AR 40-400; the proponent agency is OTSG

| | | | | |
|---|---|---|---|---|
| 1. Reporting MTF<br>0580 [redacted] | 2. MTF Locatio.<br>IZ | | | |
| 3. Register Number<br>0015271 | Name (Last, First, MI)<br>[redacted] b(4) | | 4. Pay Grade<br>FGN | 5. Sex<br>M |
| 6. DoB (YYYYMMDD)<br>[redacted] | 7. Age at Admission<br>21Y | 8. Race<br>X | 9. Ethnicity<br>9 | Religion |
| 10. Length of Service | ETS | 11. FMP<br>20 | 12. Social Security Number<br>000-00[redacted] b(4)-4 | |
| Organization (Active Duty Only) | | 13. Marital Status | Hour of Admission<br>15:50 | Branch / Corps: |
| 14. Flying Status | 15. Beneficiary Category<br>K78-PRISONER OF WAR/INTERNEES | | 16. Zip Code of Residence: | |
| 17. Unit Location | 18. MOS | 19. Trauma<br>DIS | Prev. Admission<br>NO | |
| 20. Source of Admission<br>Direct from ER | Ward:<br>ICW1 | Name / Relationship of Emergency Addressee<br>Address of Emergency Addressee | | |
| Name and Location of Medical Treatment Facility:<br>[redacted] b2-2 | | Telephone Number of Emergency Addressee | | |
| 21. Type of Disposition<br>TRF-OTH | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD)<br>2003-11-22 | | |
| 24. Clinic Svc - Admitting<br>AEA - ORTHOPEDICS | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD)<br>2003-11-14 | | |
| 27. Location of Occurrence | 28. MTF of Initial Admission | 29. Date of Initial Admission<br>2003-11-14 | | |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: R ELBOW FX

Procedure Narrative(s):

Cause of Injury Narrative:

b(4)-2

| | |
|---|---|
| Admitting Officer (Signature, as required) [redacted] | Signature of Admitting Clerk [redacted] |

Automated Facsimile - DA FORM 2985, MAR 2000

MEDCOM - 24673

| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|---|
| | | | | | | |

4. PAY GRADE: 16 17

5. SEX: 18

6. DATE OF BIRTH (YYYYMMDD): 19 20 21 22 23 24 25 26

7. AGE AT ADMISSION: 27 28 29

8. RACE: 30

9. ETHNIC BACK-GROUND: 31

RELIGION

10. LENGTH OF SERVICE: 32 33 34

ETS

11. FMP: 35 36

12. SOCIAL SECURITY NUMBER: 37 38 39 40 41 42 43 44 45

ORGANIZATION (Active Duty Only)

13. MARITAL STATUS: 46

HOUR OF ADMISSION

BRANCH / CORPS

14. FLYING STATUS: 47 48 49

15. BENEFICIARY CATEGORY: 50 51 52

16. ZIP CODE OF RESIDENCE: 53 54 55 56 57 58 59 60 61

17. UNIT LOCATION (State or Country Code): 62 63

18. MOS: 64 65 66 67 68 69 70

19. TRAUMA: 71

PREV. ADMISSION YEAR

☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION: 72

WARD

NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION: 73 74

22. MTF TRANSFERRED TO: 75 76 77 78 79 80

23. DATE OF DISPOSITION (YYMMDD): 81 82 83 84 85 86

24. CLINIC SVC - ADMITTING: 87 88 89 90

25. MTF TRANSFERRED FROM: 91 92 93 94 95 96

26. DATE THIS ADMISSION (YYMMDD): 97 98 99 100 101 102

27. LOCATION OF OCCURRENCE (Battle Casualty Only): 103 104

28. MTF OF INITIAL ADMISSION: 105 106 107 108 109 110

29. DATE INITIAL ADMISSION (YYMMDD): 111 112 113 114 115 116

FOR LOCAL USE

Dx 81253
E9919

Pr 7961 (3)

tng 443

Trauma
1

ADMITTING OFFICER (Signature, as required)

SIGNATURE OF ADMITTING CLERK

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE USAPPC V1.00

MEDCOM - 24674

Automated Facsimile

# INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400, the proponent agency is OTSG

| 1. Register Nbr | 2. Name | | | | | 3. Grade | Admission Remarks |
|---|---|---|---|---|---|---|---|
| [redacted] | [redacted] b(6)-4 | | | | | FGN | |
| 4. Sex | 5. Age | 6. Race | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm | |
| M | 34Y | X | | | | NO | |
| 11. FMP | 12. SSN | 13. Organization | | | | 14. Ward | |
| 20 | [redacted] | b(6)-4 | | | | ICU3 | |
| 15. FlyStatus | 17. Dept / Ben | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case | | | |
| | K78-PRISONER OF WAR/INTER | | | DIS | | | |
| 21. Source of Admission | 22. Hour Of Adm: | 23. Clinic Service | | | | | |
| Direct from ER | 23:00 | ABA - GENERAL SURGERY | | | | | |
| 24. Name/Relation of Emergency Addressee | 25. Type Disp | 26. Date of Disp | | | | | |
| | HOME | 2004-01-22 | | | | | |
| 27a. Address of Emergency Addressee | 27b. Telephone No | 28. Date This Adm: | AdmittingOfficer | | | | |
| | | 2003-11-17 | [redacted] b(6)-2 | | | | |
| 29. ReportingMTF | | 30. Date Init Adm | 32. Units Blood Components | | | | |
| [redacted] b(2)-2 | | 2003-11-17 | | | | | |

31. Selected Administrative Data

Marital Status: DoB: [redacted]

In/Out Patient: Inpatient MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

GSW L ARM/ABDOMIN

35. Total Days This Facility

| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days |
|---|---|---|---|---|---|
| Ø | Ø | Ø | Ø | 6 | 6 |

35. Total Days This Facility

| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days |
|---|---|---|---|---|---|
| Ø | Ø | Ø | Ø | 6 | 6 |

| Signature of Attending Medical Officer | Signature of PA[redacted] Officer |
|---|---|
| [redacted] b(6)-2 | For [redacted] |

Automated Facsimile - DA FORM [redacted] MEDCOM - 24675

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES |
|---|---|
| 11 JAN 04 @ | 0800 - Assumed care of pt A+O x3. VSS. Denies pain or discomfort @ this time. Lungs CTA. HRRR. Active BS x 4 q vents. Tolerating PO well. Urinating spontaneously w/ difficulty. (B) LE external fixators remain, pin care given. DSG to (R) upper extremity complete flap remains intact. Afebrile. No s/s of infection. Will cont. to monitor. b(6)-2 [redacted] |
| 11 JAN 04 @ 2200 | Assumed care @ 1400 - VSS. A&O. (-) c/o pn nor discomfort at this time - pin care done w/ (-) s/sx of infex on site. Drsg on (R) arm CDI. CL on (L) SC patent, drsg intact. Tol diet well. Voiding clear yellow urine w/ difficulty. Will cont. to monitor. [redacted] b(6)-2 [redacted] |
| 12 JAN 04 | (DAYS) Assumed care @ 2200. Pt alert, speaking Arabic. VSS. (-) c/o pain @ this time. Pin care done to BLE ex fix. Abd/(R) arm dsg CDI, arm bolstered w/ ace wrap. (R) SC TL flushes well w/ s/sx infection/infiltration. 2 point restraints in place w/ s/sx b(6)-2 complications. Will cont. to monitor. [redacted] |
| 12 JAN 04 | @ 0800 - Assumed care pt. A+O x3. VSS. Denies pain or discomfort. medicated for pain percocet II tabs @ 0630 - Lungs CTA. HRRR. Central line (L) subclavian. DSG |

| 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. |
|---|---|---|
| | | |

[redacted] b(6)-4

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1989)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES b(a)-2 A11 |
|---|---|
| cont | CDI triple lumen patent. Active BS x4 quads. Voiding spontaneously s difficulty. External fixator to bilat upper extremities intact pin care given. (R)UE immobilized skin flap intact DSG CDI will cont to monitor [redacted] WMC. |
| 12JAN04 (1630) | Pt alo, VSS, demerol for pain, premedicated for drsg Δ. Flap irrigated c̄ MD @ BS. Glutes applied, (R) arm bolstered & supported. ex fix intact (B)UE, pin care done, (+) pulses (L) hand c̄ some sensation & movement except for pinky finger. Restraints on LE s̄ compromise. Cont to monitor [redacted] LPN |
| 13JAN03 | (0015) Assumed care @ 2200. Pt alert, speaking Arabic. VSS. Φ c/o pain. Pin care done to BUE ex fix. min. amount sero-sang drainage @ pin sites. @ arm remains bolstered to and c̄ ace wrap. Dsg CDI. voiding s̄ difficulty. @ SC TL flushes well s̄ S/Sx infection/infiltration. 2-point restraints in place s̄ S/Sx complications. will cont. to monitor. [redacted] |
| 13JAN04 @ 0630 | Assumed care of pt. A+ox3. VSS, Ø c/o pain or discomfort. Medicated prior shift. Lungs CTA HRRR. Active BS x4 quads. Tolerating reg diet s̄ diff. External fix to (B)UE in place. pin care given. Dressing to (R)UE skin flap intact. Afebrile Ø S/S of infection. Will cont to monitor [redacted] WMC |
| (1800) | Pt alo, VSS, med c̄ Demerol for drsg Δ. LCTAB, (+) BS x4, pin care done, drsgs Δ'd, NPO p̄ MN for OR tm. (R) arm bolstered & supported, (L) SC TL drsg CDI flushes x2 ports. IV abx cont. IS enc c̄ assist. |

STANDARD FORM 509 (REV. 5/1998) BACK

USAPA V1.00

MEDCOM - 24677

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES b(6)-2 ATL |
|---|---|
| Cont (1800) 13Jan04 | ance. good appetite today, drinking H2O often amb to BR x 1, 2pt restraint on left's any compromise. Cont to monitor [redacted] |
| 14JAN04@0330 | Assumed care of pt. @ 2200. VSS. Demerol 75mg IV for c/o pain to (R) UE. (R) UE intact to abd. c bolster, CDI, able to move fingers. Ex-fix to (L) UE, pin care done, scant serosang. drainage. Pt. NPO since MN. Pt. asleep @ this time. TLC to to (L) SC, 2 ports flush well, 1 port occluded. Pt. in 2 pt. restraints, ∅ signs of skin breakdown. All other assessments WNL. Will cont. to monitor. [redacted] |
| 14JAN04@ | 0700 - Assumed care of pt. A+O x 3. VSS Remains NPO pending MD on call for surgery. Lungs CTA. NRRR Central line (Groshong) in place. (R) UE ex fix in place. (R) UE remains immobile - skin flap intact. Afebrile. DSG c̄ active steady small amounts. irrigation c̄ dsg & IV + PO. ABX Tx cont. With minity [redacted] |
| (1530) | Pt back from PACU, S/P removal of ex-fix (R) + (L) arm, ORIF (L) radius c̄ interculary fibular autograft, + iliac crest bone graft. Pt AK VSS, med c̄ Demerol 75mg IVP for pain per orders. drags CDI to (L) + (R) arm, (L) iliac crest (R) abd, (cont |

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | SPONSOR'S ID NUMBER (SSN or Other)

DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO.

# [redacted] b(6)-4

**PROGRESS NOTES**
Medical Record

STANDARD FORM 509 (REV. 6/1989)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1)
USAPA V1.0X

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | |

Op Note

1-14-04 Preop Dx: - Open (R) Distal humerus fx c soft tissue defect
- Open (L) B3 L/A Fx c segmental bone loss fracture.

Postop Dx: Same

Procedure: Take down of abdominal flap c STSG (R) Arm
ORIF (R) Radius c intercalary fibula & ICBG, removal of Ex Fix (R) UE

Surgeon [redacted] / [redacted] / [redacted] b(6)-2

Asst:

Fluids: 2000 cc LR, 1 u PRBC

Findings: Viable abdominal flap, granulation tissue (R) Arm, segmental bone loss ulna & left (L) Radius.

Complications

Drains: Penrose 3/8 (R) Arm. b(6)-2

[redacted]

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; [redacted] hospital or medical facility)

REGISTER NO.

WARD NO.

[redacted]

b(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR)
USAPPC V1.00

b(w)-2 K11

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 4Jan04 (1530) | (cont). JP intact to (L) LE, drsg intact (L) LE c̄ ace wrap, no drainage noted. (+) pulses error [redacted], brisk cap refill. (L) arm elevated, IVF NS TKO from OR / PACU transfer. (L) SC TL drsg CDI. ICTAB, (+) BS, given H2O. 2 pt restraints on 3 compromise. Cont to monitor ( [redacted] LPN |
| | unable to palpate upper extr. pulses. d/T drags c̄ ace/cast. ( [redacted] LPN |
| 2000 | |
| [redacted] | 1500-2000 JP output [redacted] |
| 5JAN04 @ 0300 | Assumed care of pt @ 2200. Temp 101.1, HR 133. 8mg MSO4 IV for C/O severe pain to (L) UE @ 2400. ii Percs for C/O pain @ 020 7mg MSO4 for c/o pain to (L) UE @ 0300. I.S. encouraged & assisted. TCL to (L) SC, 1 port occluded. Drg's to (L) UE, (R) UE, (R) LE, (L) LE, CDI, Ø DSG Δ's as per MD order. Pt. assisted c̄ PO H2O intake, voids dark CYU c̄ assistance. (+) BS x 4 quads. Pt. in 1 pt. restraints, Ø signs of skin breakdown. Will cont. to monitor. [redacted] ICT, AM |
| 15 Jan 05 | VSS WNL. Drainage serosanguinous fluid to outside of (R) arm. Penrose drain intact. DSG to (L) arm CDI. (+) CVS to (R) hand and (+) Z pulse - CVS diminished to (L) hand @ four fingers. (+) 1 pulse to (L) radial. JP drain c̄ 7cc of BRB output this AM. CL DSG Δ'd c̄ difficulty. 45 ICTAB. |
| 1035 | 15 (+) x 4. PPPLA. Several c/o severe pain to (L) and (R) arm and receiving RTC morphine, ibuprofen, percocet prn. ¢ s/s of infection to wound sites. ¢ s/s of skin breakdown. [redacted] |
| 1100 | Transfer to FCW-2 [redacted] |

STANDARD FORM 509 (REV. 6/1999) BACK

USAPA V1.00

MEDCOM - 24680

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |

0 JAN 04 S: 34 y/o RHD civilian male s/p (R) Distal Humerus Fx w/ soft tissue defect and open (L) BB Fx w/ segmental bone loss of Radius + partial ext. muscle comp. loss (L)
DOI: 11 JAN 04. DOS: 12 JAN 04
ORIF [redacted] (L) Radius w/ autograft + iliac crest bone graft + ABD free flap to (R) arm.
Patient demonstrating understanding + motivation to perform exercise program. He reports "I have to be able to use my hands"
Translator present. ADLS - min ASSIST = DRESSING UE/LE - BATHING - DSG CHNG

O: AROM (R) shoulder ✓ 70 (L) SHLDR ✓ 130
(R) elbow 40/90 e/f (L) elbow e/f 20/130
(R) wrist 65/65 (L) wrist e/f 0/50
(R) TH opposition to (R) RF (-) (R) composite fist (actively) (L) Digits (-) composite fist
MMT (R) Intrinsics 2-/5 (+) hook fist posture (L)

[redacted] A: Instructed patient in home program.
(B) shoulder r/l, ABD; ADD; elbow e/f, forearm sup/pro, wrist e/f, ud/rd, and fisting / w/ opposition.
Splint wrist cock-up during HS - + ulnar palsy splint during waking hours.

A: Patient is 10 days s/p ORIF (L) Radius w/ autograft + iliac crest bonegraft + ABD free flap to (R) Arm.

| 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. 6/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

[redacted]

b(6)-4

MEDCOM - 24681

STANDARD FORM 509 (REV. 5/1989) BACK
USAFA V1.00

Patient is performing ADLs w/ min-mod Assist
2' to Burning s to BUE + decreased BUE ROM.
P: In patient care/ treatment. AROM / AAROM
to (B) SHOR, elbow, forearm, wrist + digits
splint fabrication. HEP. AROM (see above)
10x each hour -
STG 1) Increase (B) SHLDR e/f by 10° each x 1 week
2) Increase (B) elbow e/f by 10° each x 1 week
3) Increase (B) forearm sup/pro by 10° each x 1 week
4) Increase (B) wrist e/f by 5° x [redacted] each x 1 week.
LTG 1) [redacted] 5) full composite (B) fists x 12 wks -
2) Patient will perform UE + LE DSG
+ Bathing independently x 12 wks -
Patient motivated + concurs w/ plan -
[redacted] CPT, OTR/L
b(6), 2

| DATE | NOTES |
|---|---|
| | |

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

MEDCOM - 24682

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 1-22-04 | D/C Summary |
| | Iraqi male, initially EPW, shot by U.S. Forces sustaining injuries to (B) UE. Open (R) distal humerus Fx c̄ elbow heave loss & large soft tissue defect. (L) BB F.A. Fx c̄ soft tissue + radial bone loss & wharton's |
| | Inpt > 50 days c̄ multiple procedures. |
| | (1) ORIF (R) distal humerus c̄ abdominal & STSG |
| | (2) ORIF (L) ulna + radius c̄ fibular bone graft & STSG, iliac crest bone graft. |
| | Wounds are healed. Pt is D/C'd home & to f/u for wound c/, suture removal & XR 1 week. |
| | [redacted] b(6)-2 |

| 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. |
|---|---|---|
| [redacted] b(6)-4 | | |

**CHRONOLOGICAL RECORD OF MEDICAL CARE**
Medical Record
**STANDARD FORM 600** (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

MEDCOM - 24683

1/15/04 ght shift

# MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circular 40-5

## SECTION I - PATIENT ASSESSMENT

DATE: 1-16-04 | PATIENT ACUITY LEVEL: III | POST-OP DAY: 7 | HOSPITAL DAY: 7

**TRANSFER**

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:

Time _____ To _____ From _____ ☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER

Total ER/RR/PACU time _____ Physician _____ Anesthesia (Specify): _____

Procedure/Diagnosis _____ B/P _____ P _____ R _____ T _____

LOC _____ Neurovascular checks _____

Dressing/cast _____ Tubes _____

Intake (IV, po) _____ Output (EBL, other) _____ Voided ☐ No ☐ Yes Amount: _____

Medication _____

Other _____

Report From _____ Received By _____

**VITAL SIGNS**

| TIME: | 1200 | 0000 | 0400 | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP ARTERIAL LINE | 99 | | | | | | | | | | | | | | |
| BP CUFF | 62 | 124/60 | 90/40 | | | | | | | | | | | | |
| TEMPERATURE | 99.4 | 100.4 | 99.3 | | | | | | | | | | | | |
| PULSE | 114 | 101 | 103 | | | | | | | | | | | | |
| RESPIRATORY RATE | 18 | 15 | 16 | | | | | | | | | | | | |
| OXYGEN (L/%) | ✓ | | | | | | | | | | | | | | |
| PULSE OXIMETER | 97% | 88% | 97% | | | | | | | | | | | | |
| O2 METHOD | RA | RA | RA | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

Oxygen Method Key: NC = Nasal cannula; MT = Mist tent; NR = Non rebreather; PR = Partial rebreather; FM = Face mask; A = Aerosol; VM = Venturi mask; TC = Trach collar

**PAIN**

| TIME: | 0850 | 0400 | | | | | | |
|---|---|---|---|---|---|---|---|---|
| PAIN INTENSITY (10 / 5 / 0) | 0 | 2 | | | | | | |
| MED ADMINISTERED (Y/N) | N | N | | | | | | |
| RELIEF ACCEPTABLE (Y/N) | Y | NA | | | | | | |
| | | | | | | | | |

**SPECIAL NEEDS**

| TIME: | 2300 | | |
|---|---|---|---|
| *Skin breakdown prevention | NA | | |
| *Falls prevention protocol | ↓ | | |
| *Restraint protocol | | | |
| *Seizure precautions | | | |
| *Isolation precautions | | | |
| | | | |

YESTERDAY'S WEIGHT: _____

TODAY'S WEIGHT: _____

WEIGHT CHANGE: _____

*Per hospital policy.

**OTHER**

| TIME: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| FINGER STICK GLUCOSE | | | | | | | | |
| INSULIN (Y/N) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| 24 HOUR TOTALS | PO | IV #1 | IV #2 | | | | | TOTAL IN | Urine | | Stool | | | TOTAL OUT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

PATIENT IDENTIFICATION

C[redacted] b(6)-4

DIAGNOSIS: GSW BUE

DRG: _____ ADMISSION DATE: _____

LOS: _____ EXPECTED RELEASE: _____

CASE MANAGER: _____

PRIMARY CARE MANAGER: _____

ISOLATION REQUIRED (Specify): _____

b(6)-2

## SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

*DIRECTIONS: A check ✓ in the small box indicates patient assessment criteria have been MET. If all the stated criteria are not met, a brief explanation of abnormal findings will be noted in the appropriate column.*

| | TIME: 2300 INITIALS: [redacted] | TIME: 0850 INITIALS: [redacted] | TIME: 1915 INITIALS: [redacted] |
|---|---|---|---|
| 1. NEUROLOGICAL: Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light. | ✓ | ✓ | ✓ |
| 2. CARDIOVASCULAR: Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)* | ✓ | ✓ | ✓ |
| 3. PULMONARY: Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds. | ✓ | ✓ | ✓ |
| 4. G.I.: Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/swallowing. Denies constipation, diarrhea or rectal bleeding. | ✓ mL AGD incision COI | ✓ | ✓ |
| 5. G.U.: Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge. | ✓ | ✓ | ✓ |
| 6. MUSCULOSKELETAL: Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia. | ☐ DSG to BUE. ØROM fingers (L) hand x little finger. DSG to LLE 2° int. fix. | ☐ Dsgs to BUE CDI. Penrose drain to (R) UE draining bloody drainage. mL ↓ dirsion intact. Dsg LLE COI. Unable to move (L) hand. | ☐ Ace wrap ↓ ROM (R) UE 2° ace wrap, unable to bend ring, middle and pointer fingers. ↓ ROM (L) LE 2° to injury |
| 7. SKIN: Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist. | ☐ GSW to BUE JP to LLE Penrose RUE | ☐ Dsgs to (R) UE, LLE - intact. | ☐ x (R) UE, (L) LE lower and (L) abd |
| 8. PAIN: No complaints of pain/discomfort. *(See page 1 for documenting pain intensity.)* | ✓ See pg 1 | ✓ | ☐ see pg 1 |
| 9. PSYCHOSOCIAL: Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others. | ✓ | ☐ b(6)-2 | ✓ |

10. IV SITE ASSESSMENT: (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness * - Central line)

| TIME: 2300 INITIALS: [redacted] | TIME: 0850 INITIALS: [redacted] | TIME: 1915 INITIALS: [redacted] |
|---|---|---|
| IV patency ✓ q 8 hr: PRN | IV patency ✓ q 8 hr: | IV patency ✓ q ___ hr: |
| IV site care provided: assessed/flushed | IV site care provided: | IV site care provided: |
| IV tubing changed: | IV tubing changed: | IV tubing changed: |
| LOCATION / CONDITION | LOCATION / CONDITION | LOCATION / CONDITION |
| IV Site #1: CL / only 1 port | IV Site #1: (L) SC * / OK | IV Site #1: (L) SC / OK |
| IV Site #2: / funct. | IV Site #2: | IV Site #2: |
| Comments: SL | Comments: Distal port patent only. | Comments: SL - distal port patent only |

b(6)-2

## SECTION III - PATIENT INTERVENTIONS & TEACHING

**NEUROVASCULAR**

| SITE: BUE / LLE TIME: | 2300 | | 0850 | | | | 1915 | | |
|---|---|---|---|---|---|---|---|---|---|
| COLOR | L P | R P | P | P | P | P | P | P | P |
| CAPILLARY REFILL | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| TEMPERATURE | W | W | W | W | W | W | W | W | W |
| EDEMA | / | / | Ø | Ø | Ø | Ø | Ø | Ø | Ø |
| SENSATION | S | S | S | S | S | S | S | S | S |
| MOTION | / | / | P | U | M | M | M | U | M |
| PASSIVE FLEXION | / | / | Ø | / | / | Ø | WTA | WTA | Ø |
| PERIPHERAL PULSE | / | / | 2+ | / | / | 2P | WTA (R) upper | WTA (L) | 2P (L) LLE |

**LEGEND**

Color: P-pink (normal); C-cyanotic; W-pale, white
Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(>5 secs)
Temperature: C-cool; W-warm; H-hot
Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting
Sensation: A-absent; N-numb; T-tingling; S-sensation (present)
Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM
Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain
Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding; D-doppler, P-palpable

**SAFETY / OTHER**

| TIME: | 2300 | 0850 | 1915 |
|---|---|---|---|
| ID band visible/legible | [redacted] | | |
| Orient to environment prn | | | |
| Side rails (2/4) up | NA | NA | |
| Bed position low | | | |
| Call light within reach | | | |
| | | | |
| Review & post lab results | | | |
| Notify MD abnormal labs | | | |
| | | | |
| Incontinent urine/stool | | | |
| Linen change prn | | [redacted] | |
| Turn/reposition q2h | | NA | |
| ROM q2h if immobile | | | |
| Antiembolic hose | | | |

**DIET**

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| TYPE: Regular | TYPE: | TYPE: Reg |
| PERCENT CONSUMED: | PERCENT CONSUMED: | PERCENT CONSUMED: 10% |
| HOW TOLERATED: | HOW TOLERATED: | HOW TOLERATED: well |
| ☐ SELF ☑ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☒ ASSIST ☐ COMPLETE |

**ADLs**

| | 0700-1500 | 1500-2300 | 2300-0700 |
|---|---|---|---|
| BATH/ORAL CARE | ☐ SELF ☐ COMPLETE ☑ ASSIST ☐ TOTAL | ☐ SELF ☐ COMPLETE ☒ ASSIST ☐ TOTAL | ☐ SELF ☐ COMPLETE ☒ ASSIST ☐ TOTAL |
| TYPE OF ACTIVITY (Circle all that apply) | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☑ ASSIST; # TIMES/SHIFT | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☑ ASSIST; # TIMES/SHIFT | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☒ ASSIST; # TIMES/SHIFT |

**TEACHING**

| TIME: 2300 INITIALS: [redacted] | TIME: 0850 INITIALS: [redacted] | TIME: 1915 INITIALS: [redacted] |
|---|---|---|
| CONTENT: 1.) Pain management 2) Call for assist PRN | CONTENT: - Plan of care - pain management | CONTENT: explained - pain management - call for assist |
| ☒ Patient/Family Verbalizes Understanding | ☒ Patient/Family Verbalizes Understanding | ☒ Patient/Family Verbalizes Understanding |

b(6)-2

| PATIENT IDENTIFICATION | INITIALS | SIGNATURE | SHIFT |
|---|---|---|---|
| b(6)-4 [redacted] | [redacted] | [redacted] ICTAN | N |
| | | [redacted] | |
| | | [redacted] 2CT/RN | N |

SECTION III - INTERVENTIONS & TEACHING (Cont)

| WOUND CARE | TIME | LOCATION OF WOUND | APPEARANCE | TREATMENTS AND DRESSING CHANGE |
|---|---|---|---|---|
| | 1000 | | | |
| | 1915 | (R) LE | gauze & acewrap - CDI | Δ QD |
| | | (L) LE | gauze wrap - CDI | Δ QD |
| | | (L) LE | gauze wrap - CDI | Δ QD |
| | | abd | staples - ∅ S&S of infection | ∅ |

SECTION IV - NOTES

0850: Awake & alert. Denies pain @ this time. Unable to move (L) hand. Will continue to monitor. [redacted] blue) - 7

# MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circular 40-5

## SECTION I - PATIENT ASSESSMENT

DATE: [redacted] | PATIENT ACUITY LEVEL: III | POST-OP DAY: ? | HOSPITAL DAY: ?

**TRANSFER**

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:

Time _____ To _____ From _____ ☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER

Total ER/RR/PACU time _____ Physician _____ Anesthesia (*Specify*): _____

Procedure/Diagnosis _____ B/P _____ P _____ R _____ T _____

LOC _____ Neurovascular checks _____

Dressing/cast _____ Tubes _____

Intake (IV, po) _____ Output (EBL, other) _____ Voided ☐ No ☐ Yes Amount: _____

Medication _____

Other _____

Report From _____ Received By _____

**VITAL SIGNS**

| TIME: | 1300 | 2000 | 0400 | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP ARTERIAL LINE | | | — | | | | | | | | | | | | | |
| BP CUFF | 99/73 | 102/71 | 96/70 | | | | | | | | | | | | | |
| TEMPERATURE | 97.6 | 100.3 | 99.1 | | | | | | | | | | | | | |
| PULSE | 133 | 107 | 109 | | | | | | | | | | | | | |
| RESPIRATORY RATE | 16 | 18 | 18 | | | | | | | | | | | | | |
| OXYGEN (L/%) | — | — | — | | | | | | | | | | | | | |
| PULSE OXIMETER | 98% | 95% | 95% | | | | | | | | | | | | | |
| O2 METHOD | RA | RA | RA | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

Oxygen Method Key: NC = Nasal cannula; MT = Mist tent; NR = Non rebreather; PR = Partial rebreather; FM = Face mask; A = Aerosol; VM = Venturi mask; TC = Trach collar

**PAIN**

| TIME: | 1200 | 1800 | 2000 | 0400 | | | | |
|---|---|---|---|---|---|---|---|---|
| PAIN INTENSITY (10 / 5 / 0) | X | X | X | X | | | | |
| MED ADMINISTERED (Y/N) | Y | Y | | | | | | |
| RELIEF ACCEPTABLE (Y/N) | Y | Y | | | | | | |
| Percocet | 2 | — | | | | | | |
| Demerol | — | 75mg | | | | | | |

**OTHER**

| TIME: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| FINGER STICK GLUCOSE | | | | | | | | |
| INSULIN (Y/N) | | | | | | | | |
| | | | | | | | | |

**SPECIAL NEEDS**

| TIME: | | | |
|---|---|---|---|
| *Skin breakdown prevention | | | |
| *Falls prevention protocol | | | |
| *Restraint protocol | | | |
| *Seizure precautions | | | |
| *Isolation precautions | | | |
| | | | |

YESTERDAY'S WEIGHT: _____

TODAY'S WEIGHT: _____

WEIGHT CHANGE: _____

*Per hospital policy.

| 24 HOUR TOTALS | PO | IV #1 | IV #2 | | | | | TOTAL IN | Urine | | Stool | | | TOTAL OUT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | |

PATIENT IDENTIFICATION

[redacted]

b(6)-4

DIAGNOSIS: GSW Upper Extremities

DRG: _____ ADMISSION DATE: _____

LOS: _____ EXPECTED RELEASE: _____

CASE MANAGER _____

PRIMARY CARE MANAGER _____

ISOLATION REQUIRED (*Specify*): _____

## SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

*DIRECTIONS: A check ✓ in the small box indicates patient assessment criteria have been MET. If all the stated criteria are not met, a brief explanation of abnormal findings will be noted in the appropriate column.*

| | TIME: 1300 INITIALS: | TIME: INITIALS: | TIME: INITIALS: |
|---|---|---|---|
| **1. NEUROLOGICAL:** Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light. | ☑ | ☐ | ☐ |
| **2. CARDIOVASCULAR:** Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)* | ☐ tachy | ☐ | ☐ |
| **3. PULMONARY:** Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds. | ☑ | ☐ | ☐ |
| **4. G.I.:** Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/swallowing. Denies constipation, diarrhea or rectal bleeding. | ☐ Midline Abd incision Covered & dressing C/D/I | ☐ | ☐ |
| **5. G.U.:** Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge. | ☑ | ☐ | ☐ |
| **6. MUSCULOSKELETAL:** Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia. | ☐ ↓ ROM in RUE/LUE ↓ Rom in LLE but weight bearing ok | ☐ | ☐ |
| **7. SKIN:** Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist. | ☐ Dressing on GSW wound on LUE, RUE. Dressing on Bone graft site LLE, Dressing on marrow site + skin | ☐ | ☐ |
| **8. PAIN:** No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)* | ☐ graft site, RUE draining serous fluid at tip of Penrose tube Pain 9/10/7/10 Percocet Demerol given | ☐ | ☐ |
| **9. PSYCHOSOCIAL:** Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others. | ☑ | ☐ | ☐ |

**10. IV SITE ASSESSMENT:** (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness * - Central line)

| TIME: 1300 INITIALS: 793 | TIME: INITIALS: | TIME: INITIALS: |
|---|---|---|
| IV patency ✓ q 8 hr: PRN | IV patency ✓ q hr: | IV patency ✓ q hr: |
| IV site care provided: Flushed | IV site care provided: | IV site care provided: |
| IV tubing changed: | IV tubing changed: | IV tubing changed: |
| LOCATION / CONDITION | LOCATION / CONDITION | LOCATION / CONDITION |
| IV Site #1: * L Subclave / OK | IV Site #1: | IV Site #1: |
| IV Site #2: | IV Site #2: | IV Site #2: |
| Comments: Flushed, Red Bat will not flush | Comments: | Comments: |

LLE

## SECTION III - PATIENT INTERVENTIONS & TEACHING

**NEUROVASCULAR**

| SITE: RUE, RLE, | TIME: 1300 | 1300 | 1300 | | | |
|---|---|---|---|---|---|---|
| COLOR | W | P | P | | | |
| CAPILLARY REFILL | 1 | 1 | 1 | | | |
| TEMPERATURE | C | W | W | | | |
| EDEMA | 0 | 0 | 0 | | | |
| SENSATION | A | S | S | | | |
| MOTION | U | P | M | | | |
| PASSIVE FLEXION | — | — | — | | | |
| PERIPHERAL PULSE | — | — | — | | | |

**LEGEND**

Color: P-pink (normal); C-cyanotic; W-pale, white
Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(>5 secs)
Temperature: C-cool; W-warm; H-hot
Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting
Sensation: A-absent; N-numb; T-tingling; S-sensation (present)
Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM
Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain
Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding; D-doppler, P-palpable

**SAFETY / OTHER**

| | TIME: 7CB | | |
|---|---|---|---|
| ID band visible/legible | | | |
| Orient to environment prn | | | |
| Side rails (2/4) up | | | |
| Bed position low | | | |
| Call light within reach | | | |
| | | | |
| Review & post lab results | | | |
| Notify MD abnormal labs | | | |
| | | | |
| Incontinent urine/stool | | | |
| Linen change prn | | | |
| Turn/reposition q2h | | | |
| ROM q2h if immobile | ✓ | | |
| Antiembolic hose | | | |

**DIET**

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| TYPE: | TYPE: Reg | TYPE: |
| PERCENT CONSUMED: | PERCENT CONSUMED: 0% | PERCENT CONSUMED: |
| HOW TOLERATED: | HOW TOLERATED: — | HOW TOLERATED: |
| ☐ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☒ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE |

**ADLs**

| | 0700-1500 | 1500-2300 | 2300-0700 |
|---|---|---|---|
| BATH/ORAL CARE | ☒ SELF ☐ COMPLETE ☒ ASSIST ☐ TOTAL | ☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL | ☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL |
| TYPE OF ACTIVITY (Circle all that apply) | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☒ ASSIST; # TIMES/SHIFT | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☐ ASSIST; # TIMES/SHIFT | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☐ ASSIST; # TIMES/SHIFT |

**TEACHING**

| TIME: INITIALS: | TIME: INITIALS: | TIME: INITIALS: |
|---|---|---|
| CONTENT: (1) Pain Control (2) Call for assist | CONTENT: | CONTENT: |
| ☒ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding |

PATIENT IDENTIFICATION

| INITIALS | SIGNATURE b(6)-2 | SHIFT |
|---|---|---|
| 7CB | [redacted] | D |

SECTION III - INTERVENTIONS & TEACHING (Cont)

| WOUND CARE | TIME | LOCATION OF WOUND | APPEARANCE | TREATMENTS AND DRESSING CHANGE |
|---|---|---|---|---|
| | 1300 | RUE, ~~RT~~LLE, LLE | all covered c̄ Bandages CDI | Ø |
| | | | | |
| | | | | |
| | | | | |

SECTION IV - NOTES

1745-Pt voided 500cc urine, urine was yellow & blood, ~~tagged~~ MD to be called [redacted]

b(6)-2

MEDCOM FORM 689-R (TEST) (MCHO) MAR 99

MEDCOM - 24691

# MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circular 40-5

## SECTION I - PATIENT ASSESSMENT

DATE: 17 Jan 04 | PATIENT ACUITY LEVEL: III | POST-OP DAY: ? | HOSPITAL DAY: ?

**TRANSFER**

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:

Time _____ To _____ From _____ ☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER

Total ER/RR/PACU time _____ Physician _____ Anesthesia (Specify): _____

Procedure/Diagnosis _____ B/P _____ P _____ R _____ T _____

LOC _____ Neurovascular checks _____

Dressing/cast _____ Tubes _____

Intake (IV, po) _____ Output (EBL, other) _____ Voided ☐ No ☐ Yes Amount: _____

Medication _____

Other _____

Report From _____ Received By _____

**VITAL SIGNS**

| TIME: | 1200 | 2000 | 0400 | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP ARTERIAL LINE | | | | | | | | | | | | | | | |
| BP CUFF | 120/80 | 96/58 | 113/52 | | | | | | | | | | | | |
| TEMPERATURE | 97.8 | 99.8 | 99.5 | | | | | | | | | | | | |
| PULSE | 76 | 97 | 80 | | | | | | | | | | | | |
| RESPIRATORY RATE | 16 | 16 | 18 | | | | | | | | | | | | |
| OXYGEN (L/%) | | | | | | | | | | | | | | | |
| PULSE OXIMETER | 99 | 99% | 98% | | | | | | | | | | | | |
| O2 METHOD | RA | RA | RA | | | | | | | | | | | | |

Oxygen Method Key: NC = Nasal cannula; NR = Non rebreather; FM = Face mask; VM = Venturi mask; MT = Mist tent; PR = Partial rebreather; A = Aerosol; TC = Trach collar

**PAIN**

| TIME: | 0700 | 1845 | | | | | | |
|---|---|---|---|---|---|---|---|---|
| PAIN INTENSITY (10 / 5 / 0) | | X | | | | | | |
| MED ADMINISTERED (Y/N) | N | N | | | | | | |
| RELIEF ACCEPTABLE (Y/N) | Y | N/A | | | | | | |

**SPECIAL NEEDS**

| TIME: | 0700 | 1845 |
|---|---|---|
| *Skin breakdown prevention | [redacted] | [redacted] |
| *Falls prevention protocol | | |
| *Restraint protocol | | |
| *Seizure precautions | | |
| *Isolation precautions | | |

*Per hospital policy.

**OTHER**

| TIME: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| FINGER STICK GLUCOSE | | | | | | | | |
| INSULIN (Y/N) | | | | | | | | |

YESTERDAY'S WEIGHT: _____

TODAY'S WEIGHT: _____

WEIGHT CHANGE: _____

| 24 HOUR TOTALS | PO | IV #1 | IV #2 | | | | | TOTAL IN | Urine | | Stool | | | TOTAL OUT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

PATIENT IDENTIFICATION

[redacted]

DIAGNOSIS: GSW BLE

DRG: _____ ADMISSION DATE: _____

LOS: _____ EXPECTED RELEASE: _____

CASE MANAGER: _____

PRIMARY CARE MANAGER: [redacted]

ISOLATION REQUIRED (Specify): _____

MEDCOM - 24692

## SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

*DIRECTIONS: A check ✓ in the small box indicates patient assessment criteria have been MET. If all the stated criteria are not met, a brief explanation of abnormal findings will be noted in the appropriate column.*

| | TIME: 0700 INITIALS: [redacted] | TIME: 1845 INITIALS: [redacted] | TIME: INITIALS: |
|---|---|---|---|
| **1. NEUROLOGICAL:** Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light. | ☑ | ☑ b(6)-2 | ☐ |
| **2. CARDIOVASCULAR:** Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)* | ☑ | ☑ | ☐ |
| **3. PULMONARY:** Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds. | ☑ | ☑ | ☐ |
| **4. G.I.:** Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/ swallowing. Denies constipation, diarrhea or rectal bleeding. | ☑ | ☑ | ☐ |
| **5. G.U.:** Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge. | ☑ | ☑ | ☐ |
| **6. MUSCULOSKELETAL:** Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia. | ☐ ROM TO (L) HAND ↓ ROM TO RLE D/T CAST | ☐ Weakness to LLE RLE c̄ cast | ☐ |
| **7. SKIN:** Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist. | ☐ DSGS TO BHLF LLE RLE CRUSH DRAINAGE LLE, LLE COI | ☐ ~~RLE Swelling~~ (R) Flank c̄ sutures intact Staples to LLE intact (L) Flank staples intact | ☐ |
| **8. PAIN:** No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)* | ☐ PT DENIES | ☐ 6/10 percocet @ 1700 | ☐ |
| **9. PSYCHOSOCIAL:** Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others. | ☑ | ☑ | ☐ |

**10. IV SITE ASSESSMENT:** (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness * - Central line)

| TIME: 1845 INITIALS: [redacted] | TIME: INITIALS: | TIME: INITIALS: |
|---|---|---|
| IV patency ✓ q S hr: | IV patency ✓ q ___ hr: | IV patency ✓ q ___ hr: |
| IV site care provided: assess | IV site care provided: | IV site care provided: |
| IV tubing changed: flush | IV tubing changed: | IV tubing changed: |
| LOCATION / CONDITION | LOCATION / CONDITION | LOCATION / CONDITION |
| IV Site #1: (L) SC / OK | IV Site #1: | IV Site #1: |
| IV Site #2: | IV Site #2: | IV Site #2: |
| Comments: DISTAL ⊕ Flush ⊕ bld return | Comments: | Comments: |
| Proximal tied off | | |
| Medial ⊕ flush | | |

b(6)-2

## SECTION III - PATIENT INTERVENTIONS & TEACHING

**NEUROVASCULAR**

| SITE: LUE LE | TIME: 0700 | 1845 | | | | |
|---|---|---|---|---|---|---|
| COLOR | P | P | P | | | |
| CAPILLARY REFILL | 1 | 1 | 1 | | | |
| TEMPERATURE | W | W | W | | | |
| EDEMA | 1 | 2 | 1 | | | |
| SENSATION | S | S | S | | | |
| MOTION | ↓M | ↓M | M | | | |
| PASSIVE FLEXION | Ø | Ø | Ø | | | |
| PERIPHERAL PULSE | 2 | 2 | WTA | | | |

**LEGEND**

Color: P-pink (normal); C-cyanotic; W-pale, white
Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(>5 secs)
Temperature: C-cool; W-warm; H-hot
Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting
Sensation: A-absent; N-numb; T-tingling; S-sensation (present)
Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM
Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain
Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding; D-doppler, P-palpable

**SAFETY**

| | TIME: 0700 | 1845 | |
|---|---|---|---|
| ID band visible/legible | [redacted] | [redacted] | |
| Orient to environment prn | | | |
| Side rails (2/4) up | ✓ | ✓ | |
| Bed position low | | | |
| Call light within reach | | | |

**OTHER**

| | | | |
|---|---|---|---|
| Review & post lab results | | | |
| Notify MD abnormal labs | | | |
| | | | |
| Incontinent urine/stool | | | |
| Linen change prn | | | |
| Turn/reposition q2h | | | |
| ROM q2h if immobile | | | |
| Antiembolic hose | | | |

**DIET**

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| TYPE: REG | TYPE: REG | TYPE: Reg |
| PERCENT CONSUMED: 75% | PERCENT CONSUMED: 80% | PERCENT CONSUMED: 0 100 |
| HOW TOLERATED: WELL | HOW TOLERATED: WELL | HOW TOLERATED: well |
| ☐ SELF ☑ ASSIST ☐ COMPLETE | ☐ SELF ☑ ASSIST ☐ COMPLETE | ☑ SELF ☐ ASSIST ☐ COMPLETE |

**ADLs**

| | 0700-1500 | 1500-2300 | 2300-0700 |
|---|---|---|---|
| BATH/ORAL CARE | ☐ SELF ☐ COMPLETE ☑ ASSIST ☐ TOTAL | ☑ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL | ☑ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL |
| TYPE OF ACTIVITY (Circle all that apply) | BEDREST, AMBULATE, BSC, BRP, CHAIR ☐ SELF ☐ ASSIST # TIMES/SHIFT | BEDREST, AMBULATE, BSC, BRP, CHAIR ☐ SELF ☐ ASSIST # TIMES/SHIFT | BEDREST, AMBULATE, BSC, BRP, CHAIR ☐ SELF ☐ ASSIST # TIMES/SHIFT |

**TEACHING**

| TIME: 0700 INITIALS: CB | TIME: 1845 INITIALS: [redacted] | TIME: INITIALS: |
|---|---|---|
| CONTENT: PAIN CONTROL RADLIB | CONTENT: Call for assist personal hygiene | CONTENT: |
| ☐ Patient/Family Verbalizes Understanding | ☑ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding |

| PATIENT IDENTIFICATION | INITIALS | SIGNATURE | SHIFT |
|---|---|---|---|
| b(6)-4 [redacted] | [redacted] | b(6)-2 [redacted] SGT, Guard | N |
| | | SPC/SHARE | N |

| SECTION III - INTERVENTIONS & TEACHING (Cont) | | | | |
|---|---|---|---|---|
| WOUND CARE | TIME | LOCATION OF WOUND | APPEARANCE | TREATMENTS AND DRESSING CHANGE |
| | 1815 | (L) LE | Staples intact | |
| | 1845 | (L) Flank | Staples intact | Assess |
| | 1845 | (R) Flank | Sutures intact. Dsg c̄ Vaseline gauze | |
| | | | | |

SECTION IV - NOTES

# MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circular 40-5

## SECTION I - PATIENT ASSESSMENT

DATE: 18JAN04 | PATIENT ACUITY LEVEL: IV | POST-OP DAY: | HOSPITAL DAY:

**TRANSFER**

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:

Time _____ To _____ From _____ ☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER

Total ER/RR/PACU time _____ Physician _____ Anesthesia (Specify): _____

Procedure/Diagnosis _____ B/P _____ P _____ R _____ T _____

LOC _____ Neurovascular checks _____

Dressing/cast _____ Tubes _____

Intake (IV, po) _____ Output (EBL, other) _____ Voided ☐ No ☐ Yes Amount: _____

Medication _____

Other _____

Report From _____ Received By _____

**VITAL SIGNS**

| TIME: | 1200 | 2000 |
|---|---|---|
| BP ARTERIAL LINE | | |
| BP CUFF | 110/54 | 100/44 |
| TEMPERATURE | 99.1 | 99.1 |
| PULSE | 93 | 99 |
| RESPIRATORY RATE | 16 | 16 |
| OXYGEN (L/%) | | |
| PULSE OXIMETER | 97% | 98% |
| O2 METHOD | RA | RA |

Oxygen Method Key: NC = Nasal cannula, MT = Mist tent, NR = Non rebreather, PR = Partial rebreather, FM = Face mask, A = Aerosol, VM = Venturi mask, TC = Trach collar

**PAIN**

| TIME: | 0745 | 1500 |
|---|---|---|
| PAIN INTENSITY (10 / 5 / 0) | 0 | 0 |
| MED ADMINISTERED (Y/N) | N | N |
| RELIEF ACCEPTABLE (Y/N) | Y | N/A |

**OTHER**

| TIME: | | | | |
|---|---|---|---|---|
| FINGER STICK GLUCOSE | | | | |
| INSULIN (Y/N) | | | | |

N/A

**SPECIAL NEEDS**

| TIME: | 0745 |
|---|---|
| *Skin breakdown prevention | b(6)-2 [redacted] |
| *Fall prevention protocol | |
| *Restraint protocol | |
| *Seizure precautions | |
| *Isolation precautions | |

YESTERDAY'S WEIGHT: _____

TODAY'S WEIGHT: _____

WEIGHT CHANGE: _____

*Per hospital policy.

| 24 HOUR TOTALS | PO | IV #1 | IV #2 | TOTAL IN | Urine | Stool | TOTAL OUT |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

PATIENT IDENTIFICATION

Civ [redacted] b(6)-4

LOCATION: GSW BLUE

ADMISSION DATE: 11JAN04

EXPECTED RELEASE: b(6)-2 [redacted]

MEDCOM - 24696

## SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

*DIRECTIONS: A check ✓ in the small box indicates patient assessment criteria have been MET. If all the stated criteria are not met, a brief explanation of abnormal findings will be noted in the appropriate column.*

| | TIME: 0745 INITIALS: [redacted] | TIME: INITIALS: | TIME: 2245 INITIALS: [redacted] |
|---|---|---|---|
| **1. NEUROLOGICAL:** Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light. | ☑ | ☑ b(6)-2 | ☑ |
| **2. CARDIOVASCULAR:** Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)* | ☑ | ☑ | ☑ |
| **3. PULMONARY:** Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds. | ☑ | ☑ | ☑ |
| **4. G.I.:** Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/ swallowing. Denies constipation, diarrhea or rectal bleeding. | ☑ | ☑ | ☑ |
| **5. G.U.:** Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge. | ☑ | ☑ | ☑ |
| **6. MUSCULOSKELETAL:** Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia. | ☐ Cast to RUE. Dsg to (L)UE ↓ROM to (R)UE. | ☐ Cast to RUE Small Drsg RUE ↓Rom RUE, ↓ROM (R) Hand | ☐ ↓ ROM (R)UE 2° to Cast on (R)UE and accumap (L)UE ↓ROM (L)LE 2° GSW |
| **7. SKIN:** Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist. | ☐ Dsgs to (R)UE CDI. wound to (R) Flank - dsg intact. (L) C Incision, staples intact | ☐ Drsg RUE, LUE CDI. (R) Hip Drsg intact LLE fructsion staples Intact | ☐ Trabd, (R)UE and (L)LE |
| **8. PAIN:** No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)* | ☑ | ☑ | ☐ See pg 1 |
| **9. PSYCHOSOCIAL:** Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others. | ☑ b(6)-2 | ☑ | ☑ |

**10. IV SITE ASSESSMENT:** (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness * - Central line)

| | TIME: 0745 INITIALS: [redacted] | TIME: 1500 INITIALS: [redacted] | TIME: 2245 INITIALS: [redacted] |
|---|---|---|---|
| IV patency ✓ q 8 hr: | | PRN | |
| IV site care provided: | | Flush Heparin | |
| IV tubing changed: | | | |
| | LOCATION / CONDITION | LOCATION / CONDITION | LOCATION / CONDITION |
| IV Site #1: | (L)SC / OK | * (L)SC | (L)SC / OK |
| IV Site #2: | | | |
| Comments: | Distal port patent | Brown port patent | Distal port patent SL - flushed c heparin |

R —

## SECTION III - PATIENT INTERVENTIONS & TEACHING

**NEUROVASCULAR**

| SITE: (B) UE TIME: | 0745 | 1500 | 2245 | | | |
|---|---|---|---|---|---|---|
| COLOR | P | P | P | P | P | P |
| CAPILLARY REFILL | 1 | 1 | 1 | 1 | 1 | 1 |
| TEMPERATURE | W | W | W | W | W | W |
| EDEMA | 1 | 1 | 1 | 1 | 0 | 1 |
| SENSATION | S | S | S | S | S | S |
| MOTION | M | U | M | P | M | P |
| PASSIVE FLEXION | / | / | / | / | / | / |
| PERIPHERAL PULSE | 4P | 2P | 4 | 2P | 4P | 2P |

(R) (L)

LEGEND

Color: P-pink (normal); C-cyanotic; W-pale, white
Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(>5 secs)
Temperature: C-cool; W-warm; H-hot
Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting
Sensation: A-absent; N-numb; T-tingling; S-sensation (present)
Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM
Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain
Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding; D-doppler, P-palpable

**SAFETY / OTHER**

| | TIME: 0745 | 1500 | 2245 |
|---|---|---|---|
| ID band visible/legible | [redacted] | | |
| Orient to environment prn | | | |
| Side rails (2/4) up | NA | NA | |
| Bed position low | | | |
| Call light within reach | | | |
| | | | |
| Review & post lab results | | | |
| Notify MD abnormal labs | | | |
| | | | |
| Incontinent urine/stool | | | |
| Linen change prn | [redacted] | | |
| Turn/reposition q2h | NA | NA | |
| ROM q2h if immobile | | | |
| Antiembolic hose | | | |

**DIET**

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| TYPE: Regular | TYPE: Reg | TYPE: |
| PERCENT CONSUMED: | PERCENT CONSUMED: 25% | PERCENT CONSUMED: |
| HOW TOLERATED: well | HOW TOLERATED: well | HOW TOLERATED: |
| ☑ SELF ☐ ASSIST ☐ COMPLETE | ☒ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE |

**ADLs**

| | 0700-1500 | 1500-2300 | 2300-0700 |
|---|---|---|---|
| BATH/ORAL CARE | ☐ SELF ☑ COMPLETE ☑ ASSIST ☐ TOTAL | ☒ SELF ☐ COMPLETE ☒ ASSIST ☐ TOTAL | ☐ SELF ☐ COMPLETE ☒ ASSIST ☐ TOTAL |
| TYPE OF ACTIVITY (Circle all that apply) | BEDREST, AMBULATE, BSC, BRP, CHAIR ☐ SELF ☑ ASSIST # TIMES/SHIFT | BEDREST, AMBULATE, BSC, BRP, CHAIR ☐ SELF ☒ ASSIST # TIMES/SHIFT | BEDREST, AMBULATE, BSC, BRP, CHAIR ☒ SELF ☒ ASSIST # TIMES/SHIFT |

**TEACHING**

| TIME: 0745 INITIALS: [redacted] | TIME: INITIALS: | TIME: 2245 INITIALS: [redacted] |
|---|---|---|
| CONTENT: Plan of care | CONTENT: - Plan of care - Call for pain meds. | CONTENT: explained - pain management - call for assist |
| ☑ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding |

| PATIENT IDENTIFICATION | INITIALS | SIGNATURE | SHIFT |
|---|---|---|---|
| b(6)-4 [redacted] | [redacted] | b(6)-2 [redacted] | 2/N |

SECTION III - INTERVENTIONS & TEACHING (Cont)

| WOUND CARE | TIME | LOCATION OF WOUND | APPEARANCE | TREATMENTS AND DRESSING CHANGE |
|---|---|---|---|---|
| | 1800 | (1)(L) FA (3)(L) calf<br>(2)(L) hip (4)(R) abd | (1) staples intact (4)<br>(2) No S/S infection<br>(3) | Dry gauze |
| | | | | |
| | 0745 | (L) UE<br>(R) UE | gauze wrap - CDI<br>cast - CDI | Δ QD |
| | | (L) LE<br>Abd | ~~gauze wrap~~ staples OTA<br>staples / drsg CDI | ØSSS infection |

SECTION IV - NOTES

b(6)-2

0745: Awake & alert. No c/o pain @ this time. Sitting up in bed, will continue to monitor. [redacted] 1600 - MSO4 given 5mg for Pain c/o, Pt. states that pain was relieved to 1/10. Pt. Drsg on LUE was loose and falling off, Δ'd Dressing @ 1600 C/DI. [redacted]

b(6)-2

# MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circular 40-5

## SECTION I - PATIENT ASSESSMENT

DATE: 19 Jan 04 | PATIENT ACUITY LEVEL: II | POST-OP DAY: ? | HOSPITAL DAY: ?

**TRANSFER**

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:

Time _____ To _____ From _____ ☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER

Total ER/SR/PACU time _____ Physician _____ Anesthesia (Specify): _____

Procedure/Diagnosis _____ B/P _____ P _____ R _____ T _____

LOC _____ Neurovascular checks _____

Dressing/cast _____ Tubes _____

Intake (IV, po) _____ Output (EBL, other) _____ Voided ☐ No ☐ Yes Amount: _____

Medication _____

Other _____

Report From _____ Received By _____

**VITAL SIGNS**

| TIME: | 400 | 2000 | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP ARTERIAL LINE | | | | | | | | | | | | | |
| BP CUFF | 100/48 | 110/60 | | | | | | | | | | | |
| TEMPERATURE | 98 | 98.8 | | | | | | | | | | | |
| PULSE | 72 | 100 | | | | | | | | | | | |
| RESPIRATORY RATE | 16 | 16 | | | | | | | | | | | |
| OXYGEN (L/%) | | | | | | | | | | | | | |
| PULSE OXIMETER | 99 | 98 | | | | | | | | | | | |
| O2 METHOD | RR | RR | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Oxygen Method Key: NC = Nasal cannula; NR = Non rebreather; FM = Face mask; VM = Venturi mask; MT = Mist tent; PR = Partial rebreather; A = Aerosol; TC = Trach collar

**PAIN**

| TIME: | 0730 | 2330 |
|---|---|---|
| PAIN INTENSITY (10 / 5 / 0) | 0 | |
| MED ADMINISTERED (Y/N) | N | Y |
| RELIEF ACCEPTABLE (Y/N) | Y | Y |

**OTHER**

| TIME: | | |
|---|---|---|
| FINGER STICK GLUCOSE | | |
| INSULIN (Y/N) | | |
| | | |

**SPECIAL NEEDS**

| TIME: | 0730 | 2330 |
|---|---|---|
| [illegible] | 66-2 | [redacted] |
| [illegible] | | |
| [illegible] | | |
| [illegible] | | |
| [illegible] | | |

YESTERDAY'S WEIGHT _____

TODAY'S WEIGHT _____

WEIGHT CHANGE _____

*Report to attending physician

| 24 HOUR TOTALS | PO | IV #1 | IV #2 | TOTAL IN | Urine | Stool | TOTAL OUT |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

PATIENT IDENTIFICATION

[redacted] b(6)-4

GSW (BLUE)

ADMISSION DATE: 11 Jan 04

66-2

[redacted]

MEDCOM - 24700

## SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

*DIRECTIONS: A check ✓ in the small box indicates patient assessment criteria have been MET. If all the stated criteria are not met, a brief explanation of abnormal findings will be noted in the appropriate column.*

| | TIME: 0730 INITIALS: [redacted] | TIME: 1511 INITIALS: [redacted] | TIME: 2330 INITIALS: [redacted] |
|---|---|---|---|
| 1. NEUROLOGICAL: Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light. | ☑ | ☑ | ☑ |
| 2. CARDIOVASCULAR: Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)* | ☑ | ☑ | ☑ |
| 3. PULMONARY: Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds. | ☑ | ☑ | ☑ |
| 4. G.I.: Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/ swallowing. Denies constipation, diarrhea or rectal bleeding. | ☑ | ☑ b/(w) 2 A/N | ☑ |
| 5. G.U.: Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge. | ☑ | ☑ | ☑ |
| 6. MUSCULOSKELETAL: Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia. | ☐ CAST TO RUE INHIBITS ROM TO WRIST/ ELBOW | ☐ cast to RUE, DSG to LUE c̄ ↓ ROM to BUE, ↓ ROM fingers (B) hands | ☐ cast to RUE LUE normal OTA ↓ ROM. BUE fingers |
| 7. SKIN: Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist. | ☐ CAST TO RUE STAPLES TO LUE, LLE, (B) HIP CDI | ☐ Staples to LLE, (B) hip, OTA CDI. | ☐ Staples LLE OTA xeroform RUQ abd |
| 8. PAIN: No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)* | ☑ | ☑ | ☑ |
| 9. PSYCHOSOCIAL: Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others. | ☑ | ☑ | ☑ |

**10. IV SITE ASSESSMENT:** (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness * - Central line)

| | | |
|---|---|---|
| TIME: 0730 INITIALS: [redacted] | TIME: 1513 INITIALS: [redacted] | TIME: 2330 INITIALS: [redacted] |
| IV patency ✓ q 5 hr: | IV patency ✓ q 8 hr: PRN | IV patency ✓ q 5 hr: |
| IV site care provided: Flush | IV site care provided: assessed/flushed | IV site care provided: assess |
| IV tubing changed: | IV tubing changed: | IV tubing changed: |
| LOCATION / CONDITION | LOCATION / CONDITION | LOCATION / CONDITION |
| IV Site #1: (L) SL / OK | IV Site #1: (L) SC / OK | IV Site #1: (L) SC / |
| IV Site #2: | IV Site #2: | IV Site #2: |
| Comments: HL | Comments: SL. Distal port patent | Comments: blue port flush red port flush white port ø |

b(6)-2

## SECTION III - PATIENT INTERVENTIONS & TEACHING

**NEUROVASCULAR**

| SITE: RUE/LUE TIME: | 0730 | 1513 | | | | | | |
|---|---|---|---|---|---|---|---|---|
| COLOR | P | P | P | P | P | | | |
| CAPILLARY REFILL | 1 | 1 | 1 | 1 | 1 | | | |
| TEMPERATURE | W | W | W | W | W | | | |
| EDEMA | 1 | Ø | Ø | Ø | Ø | | | |
| SENSATION | T | S | S | S | S | | | |
| MOTION | M | P | P | P | P | | | |
| PASSIVE FLEXION | Ø | Ø | Ø | Ø | Ø | | | |
| PERIPHERAL PULSE | UTA | / | / | / | Ø | | | |

LEGEND

Color: P-pink (normal); C-cyanotic; W-pale, white
Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(>5 secs)
Temperature: C-cool; W-warm; H-hot
Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting
Sensation: A-absent; N-numb; T-tingling; S-sensation (present)
Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM
Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain
Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding; D-doppler, P-palpable

**SAFETY / OTHER**

| TIME: | 0730 | 1814 | 2830 |
|---|---|---|---|
| ID band visible/legible | [redacted] | | |
| Orient to environment prn | | | |
| Side rails (2/4) up | | NA | NA |
| Bed position low | | | |
| Call light within reach | | | |
| | | | |
| Review & post lab results | | | |
| Notify MD abnormal labs | | | |
| | | | |
| Incontinent urine/stool | | | |
| Linen change prn | | | |
| Turn/reposition q2h | | | |
| ROM q2h if immobile | | | |
| Antiembolic hose | | | |

**DIET**

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| TYPE: REG | TYPE: REG | TYPE: Reg. |
| PERCENT CONSUMED: 25% | PERCENT CONSUMED: 70% | PERCENT CONSUMED: |
| HOW TOLERATED: WELL | HOW TOLERATED: WELL | HOW TOLERATED: |
| ☒ SELF ☐ ASSIST ☐ COMPLETE | ☒ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE |

**ADLs**

| | 0700-1500 | 1500-2300 | 2300-0700 |
|---|---|---|---|
| BATH/ORAL CARE | ☒ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL | ☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL | ☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL |
| TYPE OF ACTIVITY (Circle all that apply) | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☒ ASSIST; # TIMES/SHIFT | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☐ ASSIST; # TIMES/SHIFT | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☐ ASSIST; # TIMES/SHIFT |

**TEACHING**

| TIME: 0730 INITIALS: [redacted] | TIME: 2330 INITIALS: [redacted] | TIME: INITIALS: |
|---|---|---|
| CONTENT: ASSISTE ASG ADL'S<br>PT ASSIST<br>PAIN CONTROL | CONTENT: b(6)-2<br>~~ASS~~<br>call for assist<br>pain control | CONTENT: |
| ☐ Patient/Family Verbalizes Understanding | ☒ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding |

| PATIENT IDENTIFICATION | INITIALS | SIGNATURE | SHIFT |
|---|---|---|---|
| b(6)-4 [redacted] | [redacted] | b(6)-2 SGT 91W2MG | D |
| | | LCT/AN | E |

MEDCOM FORM 689-R (TEST) (MCHO) MAR 99

Page 3 of 4 pages

MEDCOM# 24702

## SECTION III - INTERVENTIONS & TEACHING (Cont)

| WOUND CARE | TIME | LOCATION OF WOUND | APPEARANCE | TREATMENTS AND DRESSING CHANGE |
|---|---|---|---|---|
| | 07 30 | ABD, (L) HIP, (R) LE, L UE | STABLES WELL APPROXIMATED ↓ ERYTHEMA ∅ S/S INFECTION | DRY GAUZE DSG TO LUE |
| | | Abd<br>LLE<br>(L) hip | Staples Intact ∅ drainage<br>Erythema intact | Assess |
| | | | | |
| | | | | |

## SECTION IV - NOTES

MEDCOM FORM 589-R (TEST) (MCHO) MAR 99

# MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circular 40-5

## SECTION I - PATIENT ASSESSMENT

DATE: 20Jan04 | PATIENT ACUITY LEVEL: | POST-OP DAY: 6 | HOSPITAL DAY: 10

**TRANSFER**

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:

Time _____ To _____ From _____ ☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER

Total ER/RR PACU time _____ Physician _____ Anesthesia (Specify): _____

Procedure Diagnosis _____ B/P _____ P _____ R _____ T _____

LOC _____ Neurovascular checks _____

Dressing/cast _____ Tubes _____

Intake (IV, po) _____ Output (EBL, other) _____ Voided ☐ No ☐ Yes Amount: _____

Medication _____

Other _____

Report From _____ Received By _____

**VITAL SIGNS**

| TIME: | 400 | 1200 | 2000 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP ARTERIAL LINE | / | 122 | | | | | | | | | | | |
| BP CUFF | 97/58 | 69 | 100/72 | | | | | | | | | | |
| TEMPERATURE | 98.6 | 98.3 | 100.3 | | | | | | | | | | |
| PULSE | 97 | 90 | 114 | | | | | | | | | | |
| RESPIRATORY RATE | 14 | 14 | 16 | | | | | | | | | | |
| OXYGEN (L/%) | / | — | | | | | | | | | | | |
| PULSE OXIMETER | 98 | 99% | 98% | | | | | | | | | | |
| O2 METHOD | RA | RA | RA | | | | | | | | | | |

Oxygen Method Key: NC = Nasal cannula; NR = Non rebreather; FM = Face mask; VM = Venturi mask; MT = Mist tent; RR = Rebreather; A = Aerosol; TC = Trach collar

**PAIN**

| TIME: | 0700 | 1200 | 2000 | 2330 | 0045 |
|---|---|---|---|---|---|
| PAIN INTENSITY (10 / 5 / 0) | X | | | X | |
| MED ADMINISTERED (Y/N) | Y | X | [redacted] | N | Y |
| RELIEF ACCEPTABLE (Y/N) | Y | | | NA | Y |
| | Percocet | | 66-2 | | T1 |

**SPECIAL NEEDS**

b(6)-2

| | 0700 | 1600 | 2330 |
|---|---|---|---|
| [redacted] | NA | NA | |

YESTERDAY'S WEIGHT _____

TODAY'S WEIGHT _____

WEIGHT CHANGE _____

**OTHER**

| TIME: | | | |
|---|---|---|---|
| FINGER STICK GLUCOSE | | | |
| INSULIN (Y/N) | | | |

24 HOUR TOTALS: PO _____ IV #1 _____ IV #2 _____ TOTAL IN _____ Urine _____ Stool _____ TOTAL OUT _____

PATIENT IDENTIFICATION: CIV [redacted] b(6)-4

GSW BLE

ADMISSION DATE: 11Jan04

Nice

MEDCOM FORM 24704 MEDCOM / 24704

## SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

*DIRECTIONS: A check ✓ in the small box indicates patient assessment criteria have been MET. If all the stated criteria are not met, a brief explanation of abnormal findings will be noted in the appropriate column.*

| | TIME: 0700 INITIALS: [redacted] | TIME: 1600 INITIALS: [redacted] | TIME: 2330 INITIALS: [redacted] |
|---|---|---|---|
| 1. NEUROLOGICAL: Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light. | ☑ | ☑ | ☑ |
| 2. CARDIOVASCULAR: Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)* | ☑ | ☑ | ☑ |
| 3. PULMONARY: Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds. | ☑ | ☑ | ☑ |
| 4. G.I.: Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/ swallowing. Denies constipation, diarrhea or rectal bleeding. | ☑ | ☑ b(4)-2 ATT | ☑ |
| 5. G.U.: Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge. | ☑ | ☑ | ☑ |
| 6. MUSCULOSKELETAL: Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia. | ☐ ↓ROM TO (L) HAND ↓ROM TO (R) ELBOW D/T CAST | ☐ ↓Rom to (L) hand, (L) wrist, (R) shoulder, (R) elbow, (L) arm. needs assist amb. | ☐ ↓ ROM to (R) LE 2° to wounds DES. Able to move (R) fingers. Pt unable to move fingers on (L) hand |
| 7. SKIN: Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist. | ☐ INTACT STAPLES TO (L) FOREARM, HIP, CALF -XERO FORM TO (L) ABD -CASTE ACE TO RUE | ☐ staples to (L) arm, hip, calf. xeroform to RUE ABD - Drsg to RUE | ☐ Staples to (L) FA, DPI staples to (L) calf Drainage but some redness |
| 8. PAIN: No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)* | ☐ SEE Pg 1 | ☑ | ☐ See pg 1 |
| 9. PSYCHOSOCIAL: Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others. | ☑ | ☑ | ☑ |

**10. IV SITE ASSESSMENT:** (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness * - Central line)

| | TIME: 0700 INITIALS: [redacted] | TIME: 1600 INITIALS: [redacted] | TIME: 2330 INITIALS: [redacted] |
|---|---|---|---|
| IV patency ✓ q | 8 hr: | 8 hr: PRN, | 8 hr: |
| IV site care provided: | FLUSHED | flushed | insertion site slightly redden |
| IV tubing changed: | | | |
| | LOCATION / CONDITION | LOCATION / CONDITION | LOCATION / CONDITION |
| IV Site #1: | (L) SC [redacted] OK | (L) SC OK | (L) SC OK |
| IV Site #2: | | | triple lumen |
| Comments: | 2 PORTS FLUSH C̄ DIFFICULTY | one port tied off, not working | White port tied off blue port: flush + blood return brown: flush ∅ blood return |

b(6)-2

## SECTION III - PATIENT INTERVENTIONS & TEACHING

**NEUROVASCULAR**

| SITE: RUE TIME: | 0700 | 1600 | 2200 | 2200 | |
|---|---|---|---|---|---|
| COLOR | P | P | P | P | P |
| CAPILLARY REFILL | 1 | 1 | 1 | 1 | 1 |
| TEMPERATURE | W | W | W | W | W |
| EDEMA | 1 | 1 | 1 | Ø | Ø |
| SENSATION | T | T/N | S | T | S |
| MOTION | M | P | P | U | M |
| PASSIVE FLEXION | Θ | / | Ø | P | Ø |
| PERIPHERAL PULSE | UTA | 2+ | 2 RUE | UTA LUE | |

LEGEND

Color: P-pink (normal); C-cyanotic; W-pale, white
Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(>5 secs)
Temperature: C-cool; W-warm; H-hot
Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting
Sensation: A-absent; N-numb; T-tingling; S-sensation (present)
Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM
Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain
Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding; D-doppler, P-palpable

**SAFETY / OTHER**

| | TIME: 0700 | 1613 | 2230 |
|---|---|---|---|
| ID band visible/legible | [redacted] | | |
| Orient to environment prn | [redacted] | | |
| Side rails (2/4) up | | NA | NA |
| Bed position low | | | |
| Call light within reach | | | |
| Review & post lab results | | | |
| Notify MD abnormal labs | | | |
| Incontinent urine/stool | | | |
| Linen change prn | | | |
| Turn/reposition q2h | | | |
| ROM q2h if immobile | | | |
| Antiembolic hose | | | |

**DIET**

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| TYPE: REG | TYPE: REG | TYPE: Reg |
| PERCENT CONSUMED: 70% | PERCENT CONSUMED: 60% | PERCENT CONSUMED: |
| HOW TOLERATED: Ø GAND | HOW TOLERATED: WELL | HOW TOLERATED: |
| ☐ SELF ☒ ASSIST ☐ COMPLETE | ☐ SELF ☒ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE |

**ADLs**

| | 0700-1500 | 1500-2300 | 2300-0700 |
|---|---|---|---|
| BATH/ORAL CARE | ☐ SELF ☐ COMPLETE ☒ ASSIST ☐ TOTAL | ☐ SELF ☐ COMPLETE ☒ ASSIST ☐ TOTAL | ☐ SELF ☐ COMPLETE ☒ ASSIST ☐ TOTAL |
| TYPE OF ACTIVITY (Circle all that apply) | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☐ ASSIST; # TIMES/SHIFT | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☒ ASSIST; # TIMES/SHIFT | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☒ ASSIST; # TIMES/SHIFT |

**TEACHING**

| TIME: 0700 INITIALS: [redacted] | TIME: 2200 INITIALS: [redacted] | TIME: INITIALS: |
|---|---|---|
| CONTENT: ↑ c ASSIST PAIN CONTROL CALL FOR ASSIST | CONTENT: Call for assist Pain management Ambulation | CONTENT: b(6)-2 AM |
| ☒ Patient/Family Verbalizes Understanding | ☒ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding |

| PATIENT IDENTIFICATION | INITIALS | SIGNATURE | SHIFT |
|---|---|---|---|
| C [redacted] b(6)-4 | [redacted] | [redacted] SGT, RCW, MC | D |
| | | [redacted] /AN | E |
| | | | N |

SECTION III - INTERVENTIONS & TEACHING (Cont)

| WOUND CARE | TIME | LOCATION OF WOUND | APPEARANCE | TREATMENTS AND DRESSING CHANGE |
|---|---|---|---|---|
| | Ø | (L) HIP, CALF, FOREARM | STAPLES INTACT Ø% INFECTION | (L) TA |
| | Ø | (R) ABD | DSG INTACT Ø DRAINAGE NOTED | A XEROFORM QD |
| | 1600 | (R) arm | DSG Δ'd by MD. | DSG CDI |
| | | | | |
| | | | | |

SECTION IV - NOTES



ACLU-RDI 1744 p.667

DOD-039096

# MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circular 40-5

## SECTION I - PATIENT ASSESSMENT

DATE: 21Jan04 | PATIENT ACUITY LEVEL: III | POST-OP DAY: 7 | HOSPITAL DAY: 7

**TRANSFER**

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:

Time _____ To _____ From _____ ☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER

Total ER, RR PACU time _____ Physician _____ Anesthesia (Specify): _____

Procedure Diagnosis _____ B.P _____ P _____ R _____ T _____

LOC _____ Neurovascular checks _____

Dressing cast _____ Tubes _____

Intake (IV, po) _____ Output (EBL, other) _____ Voided ☐ No ☐ Yes Amount: _____

Medication _____

Other _____

Report From _____ Received By _____

**VITAL SIGNS**

| TIME: | 400 | 1200 | 2000 |
|---|---|---|---|
| BP ARTERIAL LINE | | | 103 |
| BP CUFF | 164/5 | 92/50 | 64 |
| TEMPERATURE | 96.4 | 97.2 | 97.9 |
| PULSE | 87 | 77 | 68 |
| RESPIRATORY RATE | 14 | 16 | 16 |
| OXYGEN (L/%) | | | |
| PULSE OXIMETER | 98 | 97 | 97% |
| $O_2$ METHOD | RA | RA | RA |

Oxygen Method Key: NC = Nasal cannula; NR = Non rebreather; FM = Face mask; VM = Venturi mask; MT = Mist tent; RR = Rebreather; A = Aerosol; TC = Trach collar

**PAIN**

| TIME: | 0640 | 1500 | 2000 |
|---|---|---|---|
| PAIN INTENSITY (0–10) | | X | X |
| MED ADMINISTERED (Y/N) | X N | Y X | N |
| RELIEF ACCEPTABLE (Y/N) | Y | Y | NA |

**OTHER**

| TIME: | | | |
|---|---|---|---|
| FINGER STICK GLUCOSE | | | |
| INSULIN (Y/N) | | | |

**SPECIAL NEEDS**

| TIME: | 0640 | 2000 |
|---|---|---|
| [illegible] | b(6)-2 [redacted] | NA |
| [illegible] | | |
| [illegible] | | |
| [illegible] | | |
| [illegible] | | |
| YESTERDAY'S WEIGHT | | |
| TODAY'S WEIGHT | | |
| WEIGHT CHANGE | | |
| [illegible] | | |

| 24 HOUR TOTALS | PO | IV #1 | IV #2 | TOTAL IN | Urine | Stool | TOTAL OUT |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

PATIENT IDENTIFICATION: CIV b(6)-4 [redacted]

GSW BUE

ADMISSION DATE: 11Jan04

b(6)-2 [redacted]

MEDCOM / 24708

## SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

*DIRECTIONS: A check ✓ in the small box indicates patient assessment criteria have been MET. If all the stated criteria are not met, a brief explanation of abnormal findings will be noted in the appropriate column.*

| | TIME: 0640 INITIALS: [redacted] | TIME: 1500 INITIALS: [redacted] | TIME: 2230 INITIALS: [redacted] |
|---|---|---|---|
| **1. NEUROLOGICAL:** Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light. | ☑ | ☑ | ☑ |
| **2. CARDIOVASCULAR:** Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)* | ☑ | ☑ | ☑ |
| **3. PULMONARY:** Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds. | ☑ | ☑ | ☑ |
| **4. G.I.:** Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/ swallowing. Denies constipation, diarrhea or rectal bleeding. | ☑ | ☑ b(4)-2 AM | ☑ |
| **5. G.U.:** Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge. | ☑ | ☑ | ☑ |
| **6. MUSCULOSKELETAL:** Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia. | ☐ ∅ ROM (R) ELBOW MINIMAL ROM TO (R) HAND | ☐ ↓ ROM 2° RUE + LUE. Slight ↓ ROM to LLE. | ☐ ↓ ROM to RUE 2° to bulky dsg ↓ ROM to LLE 2° to incision & staples |
| **7. SKIN:** Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist. | ☐ SEE WOUND ASSESSMENT SHEET | ☐ Dsg to RUE + LUE C/D/I. Staples to Abd + LLE open to air C/D/I | ☐ - Dsg to (R) UE C/D/I - Staples to (L) FA C/D/I - Staples to (L) LEG C/D/I |
| **8. PAIN:** No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)* | ☑ PT DENIES PAIN | ☑ see pg 1 | ☐ see pg 1 |
| **9. PSYCHOSOCIAL:** Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others. | ☑ | ☑ | ☑ |

**10. IV SITE ASSESSMENT:** (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness * - Central line)

| | | |
|---|---|---|
| TIME: 0640 INITIALS: [redacted] | TIME: 1500 INITIALS: [redacted] | TIME: 2230 INITIALS: [redacted] |
| IV patency ✓ q 5 hr: | IV patency ✓ q hr: | IV patency ✓ q 8 hr: |
| IV site care provided: HEPARINIZED | IV site care provided: Flushe | IV site care provided: |
| IV tubing changed: | IV tubing changed: | IV tubing changed: |
| LOCATION / CONDITION | LOCATION / CONDITION | LOCATION / CONDITION |
| IV Site #1: RSC * / OK | IV Site #1: (R) SC / OK | IV Site #1: (R) TL SC / OK |
| IV Site #2: | IV Site #2: | IV Site #2: |
| Comments: 2 PORTS FLUSH | Comments: 2 Ports Flush | Comments: 2 ports flush (White port tied off) |

b(6)-2

## SECTION III - PATIENT INTERVENTIONS & TEACHING

**NEUROVASCULAR**

| SITE: RUE TIME: | 0640 | 1500 | 2230 | 2230 | | |
|---|---|---|---|---|---|---|
| COLOR | P | P | P | P | P | |
| CAPILLARY REFILL | 2 | 2 | 1 | 1 | 1 | |
| TEMPERATURE | W | W | W | C | W | |
| EDEMA | 1 | 1 | 1 | Ø | 1 | |
| SENSATION | T | T | S | T | S | |
| MOTION | M | M | P | P | P | |
| PASSIVE FLEXION | Ø | Ø | Ø | Ø | Ø | |
| PERIPHERAL PULSE | UTA | U | D | U | 1 | |

LEGEND

Color: P-pink (normal); C-cyanotic; W-pale, white
Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(>5 secs)
Temperature: C-cool; W-warm; H-hot
Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting
Sensation: A-absent; N-numb; T-tingling; S-sensation (present)
Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM
Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain
Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding; D-doppler, P-palpable

**SAFETY**

| TIME: | 0640 | 1500 | 2230 |
|---|---|---|---|
| ID band visible/legible | [redacted] | | |
| Orient to environment prn | [redacted] | | |
| Side rails (2/4) up | | N/A | N/A |
| Bed position low | | | |
| Call light within reach | | | |

**OTHER**

| | | | |
|---|---|---|---|
| Review & post lab results | | | |
| Notify MD abnormal labs | | | |
| | | | |
| Incontinent urine/stool | | | |
| Linen change prn | | [redacted] | |
| Turn/reposition q2h | | N/A | |
| ROM q2h if immobile | | | |
| Antiembolic hose | | | |

**DIET**

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| TYPE: REG | TYPE: REG | TYPE: |
| PERCENT CONSUMED: 50% | PERCENT CONSUMED: NP | PERCENT CONSUMED: |
| HOW TOLERATED: well | HOW TOLERATED: | HOW TOLERATED: |
| ☒ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE |

**ADLs**

| | 0700-1500 | 1500-2300 | 2300-0700 |
|---|---|---|---|
| BATH/ORAL CARE | ☐ SELF ☐ COMPLETE ☒ ASSIST ☐ TOTAL | ☒ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL | ☒ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL |
| TYPE OF ACTIVITY (Circle all that apply) | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☐ ASSIST; # TIMES/SHIFT | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☒ ASSIST; # TIMES/SHIFT | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☒ ASSIST; # TIMES/SHIFT |

**TEACHING**

| TIME: 0640 INITIALS: [redacted] | TIME: INITIALS: | TIME: 2230 INITIALS: [redacted] |
|---|---|---|
| CONTENT: NOOB, PAIN CONTROL, CALL FOR ASSIST b(6) | CONTENT: - Call for assist - leaving tomorrow - call for assist | CONTENT: - Call for assist - Pain management - OOB to chair |
| ☐ Patient/Family Verbalizes Understanding | ☒ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding |

| PATIENT IDENTIFICATION | INITIALS | SIGNATURE | SHIFT |
|---|---|---|---|
| Civ b(6)-4 [redacted] | [redacted] | [redacted] SGT, SNMB | D |
| | | [redacted] LCC/RN | 2 N |

SECTION III - INTERVENTIONS & TEACHING (Cont)

| WOUND CARE | TIME | LOCATION OF WOUND | APPEARANCE | TREATMENTS AND DRESSING CHANGE |
|---|---|---|---|---|
| | 06-30 | (L) ARM, CALF, HIP<br>(R) ARM<br>(R) ABD | STAPLES INTACT & Ø ERYTHEMA<br>DSG CDI<br>VERIFORM DSG CDI | OTA<br>DONE BY MD<br>A & D |
| | 1-30 | LUE RUE<br>LLE<br>Abd | Drsg C/D/I<br>Staples OTA, C/D/I | Assessed |
| | | | | |
| | | | | |

SECTION IV - NOTES



ACLU-RDI 1744 p.671

DOD-039100

MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circular 40-5

SECTION I - PATIENT ASSESSMENT

DATE: 22 Jan 04 | PATIENT ACUITY LEVEL: III | POST-OP DAY: 8 | HOSPITAL DAY: 8

**TRANSFER**

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:

Time _____ To _____ From _____ ☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER

Total ER/RR/PACU time _____ Physician _____ Anesthesia (*Specify*): _____

Procedure/Diagnosis _____ B/P _____ P _____ R _____ T _____

LOC _____ Neurovascular checks _____

Dressing/cast _____ Tubes _____

Intake (IV, po) _____ Output (EBL, other) _____ Voided ☐ No ☐ Yes Amount: _____

Medication _____

Other _____

Report From _____ Received By _____

**VITAL SIGNS**

| TIME: | 400 | 1200 | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP ARTERIAL LINE | | | | | | | | | | | | | | | | |
| BP CUFF | 85/54 | 91/52 | | | | | | | | | | | | | | |
| TEMPERATURE | 99.4 | 99.8 | | | | | | | | | | | | | | |
| PULSE | 100 | 102 | | | | | | | | | | | | | | |
| RESPIRATORY RATE | 16 | 14 | | | | | | | | | | | | | | |
| OXYGEN (L/%) | | | | | | | | | | | | | | | | |
| PULSE OXIMETER | 98 | 98 | | | | | | | | | | | | | | |
| $O_2$ METHOD | RA | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

Oxygen Method Key: NC = Nasal cannula; MT = Mist tent; NR = Non rebreather; PR = Partial rebreather; FM = Face mask; A = Aerosol; VM = Venturi mask; TC = Trach collar

**PAIN**

| TIME: | 0800 | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| PAIN INTENSITY (10 / 5 / 0) | | | | | | | | |
| MED ADMINISTERED (Y/N) | N | | | | | | | |
| RELIEF ACCEPTABLE (Y/N) | Y | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**OTHER**

| TIME: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| FINGER STICK GLUCOSE | | | | | | | | |
| INSULIN (Y/N) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**SPECIAL NEEDS**

| TIME: | 0800 | | |
|---|---|---|---|
| *Skin breakdown prevention b(6)-2 | [redacted] | | |
| *Falls prevention protocol | ✓ | | |
| *Restraint protocol | | | |
| *Seizure precautions | | | |
| *Isolation precautions | ✓ | | |
| | | | |
| | | | |

YESTERDAY'S WEIGHT: _____

TODAY'S WEIGHT: _____

WEIGHT CHANGE: _____

*Per hospital policy.

| 24 HOUR TOTALS | PO | IV #1 | IV #2 | | | | | TOTAL IN | Urine | | Stool | | | TOTAL OUT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | |

PATIENT IDENTIFICATION

b(6)-4

C [redacted]

DIAGNOSIS: GSW (B) VE

DRG: _____ ADMISSION DATE: 16 Jan 04

LOS: _____ EXPECTED RELEASE: _____

CASE MANAGER: _____

PRIMARY CARE MANAGER: [redacted] b(6)-2

ISOLATION REQUIRED: _____

MEDCOM FORM [illegible] (TEST)(MACHO) MAR 95 PREVIOUS EDITIONS ARE OBSOLETE [illegible] pages [illegible] V1.00

## ON II - PATIENT ASSESSMENT - REVIEW OF [illegible] MS

*DIRECTIONS: A check ✓ in the small box indicates patient assessment criteria have been MET. If all the stated criteria are not met, a brief explanation of abnormal findings will be noted in the appropriate column.*

| | TIME: 0800 INITIALS: [redacted] | TIME: INITIALS: | TIME: INITIALS: |
|---|---|---|---|
| **1. NEUROLOGICAL:** Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light. | ☑ b(6)-2 | ☐ | ☐ |
| **2. CARDIOVASCULAR:** Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)* | ☑ MILD EDEMA TO (R) HAND | ☐ | ☐ |
| **3. PULMONARY:** Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds. | ☑ | ☐ | ☐ |
| **4. G.I.:** Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/ swallowing. Denies constipation, diarrhea or rectal bleeding. | ☑ | ☐ | ☐ |
| **5. G.U.:** Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge. | ☑ | ☐ | ☐ |
| **6. MUSCULOSKELETAL:** Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia. | ☐ ↓ ROM TO (R) ELBOW W/T DSG ↓ ROM TO (L) WRIST | ☐ | ☐ |
| **7. SKIN:** Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist. | ☐ SECONDARY ASSESSMENT SHEET | ☐ | ☐ |
| **8. PAIN:** No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)* | ☑ ~~PT~~ DENIES | ☐ | ☐ |
| **9. PSYCHOSOCIAL:** Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others. b(6)-2 | ☑ | ☐ | ☐ |

**10. IV SITE ASSESSMENT:** (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness * - Central line)

| TIME: 0800 INITIALS: [redacted] | TIME: INITIALS: | TIME: INITIALS: |
|---|---|---|
| IV patency ✓ q 5 hr: | IV patency ✓ q hr: | IV patency ✓ q hr: |
| IV site care provided: FLUSHED | IV site care provided: | IV site care provided: |
| IV tubing changed: | IV tubing changed: | IV tubing changed: |
| LOCATION / CONDITION | LOCATION / CONDITION | LOCATION / CONDITION |
| IV Site #1: RSC ✓ / OK | IV Site #1: | IV Site #1: |
| IV Site #2: | IV Site #2: | IV Site #2: |
| Comments: 2 PORTS FLUSH | Comments: | Comments: |

## ON III - PATIENT INTERVENTIONS & TEACHI

**NEUROVASCULAR**

| SITE: LUE | TIME: 0800 | | | | | |
|---|---|---|---|---|---|---|
| COLOR | P | | | | | |
| CAPILLARY REFILL | 2 | | | | | |
| TEMPERATURE | W | | | | | |
| EDEMA | 0 | | | | | |
| SENSATION | T | | | | | |
| MOTION | M | | | | | |
| PASSIVE FLEXION | 0 | | | | | |
| PERIPHERAL PULSE | 2 | | | | | |

LEGEND

Color: P-pink (normal); C-cyanotic; W-pale, white
Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(>5 secs)
Temperature: C-cool; W-warm; H-hot
Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting
Sensation: A-absent; N-numb; T-tingling; S-sensation (present)
Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM
Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain
Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding; D-doppler, P-palpable

**SAFETY**

| | TIME: 0800 | | |
|---|---|---|---|
| ID band visible/legible | [redacted] | | |
| Orient to environment prn | | | |
| Side rails (2/4) up | ✓ | | |
| Bed position low | | | |
| Call light within reach | | | |

**OTHER**

| | | | |
|---|---|---|---|
| Review & post lab results | | | |
| Notify MD abnormal labs | | | |
| | | | |
| Incontinent urine/stool | | | |
| Linen change prn | | | |
| Turn/reposition q2h | | | |
| ROM q2h if immobile | | | |
| Antiembolic hose | ✓ | | |

**DIET**

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| TYPE: REG | TYPE: REG | TYPE: |
| PERCENT CONSUMED: 50% | PERCENT CONSUMED: 75% | PERCENT CONSUMED: |
| HOW TOLERATED: WELL | HOW TOLERATED: WELL | HOW TOLERATED: |
| ☐ SELF ☒ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE |

**ADLs**

| | 0700-1500 | 1500-2300 | 2300-0700 |
|---|---|---|---|
| BATH/ORAL CARE | ☐ SELF ☐ COMPLETE ☒ ASSIST ☐ TOTAL | ☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL | ☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL |
| TYPE OF ACTIVITY (Circle all that apply) | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☐ ASSIST; # TIMES/SHIFT | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☐ ASSIST; # TIMES/SHIFT | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☐ ASSIST; # TIMES/SHIFT |

**TEACHING**

| TIME: 0800 INITIALS: [redacted] b(6)-2 | TIME: INITIALS: | TIME: INITIALS: |
|---|---|---|
| CONTENT: PSYCHOTROPIC D/C<br>PAD CLB<br>PO INTAKE | CONTENT: | CONTENT: |
| ☐ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding |

| PATIENT IDENTIFICATION | INITIALS | SIGNATURE | SHIFT |
|---|---|---|---|
| C[redacted] b(6)-4 | [redacted] b(6)-2 | [redacted] SGT, NURSING | D |

## SECTION III - INTERVENTIONS & TEACHING (Cont)

| WOUND CARE | TIME | LOCATION OF WOUND | APPEARANCE | TREATMENTS AND DRESSING CHANGE |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## SECTION IV - NOTES

1400 PT D/C TO HOME & MEDS PT TO F/U IN 7 DAYS [redacted] SGT, USMC

b(6)-2

**MEDICAL RECORD** — **INTRAOPERA[illegible] DOCUMENT**

For use of this form, see AR 40-407, the propo[illegible] y is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATI[illegible] M
VIA stretcher BY anesthesia

2. PATIENT IDENTIFI[illegible] ORD REVIEWED AND PROCEDURE VERIFIED BY [redacted] CPT/AN b(6)-2

3. DATE 14JAN04 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME 0756 NUMBER

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SGT [redacted] b(6)-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | CPT [redacted] | RELIEF CIRCULATOR | MAJ [redacted] (0950-1150) |

7. POSITION AND POSITIONAL AIDS *(Specify)*

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

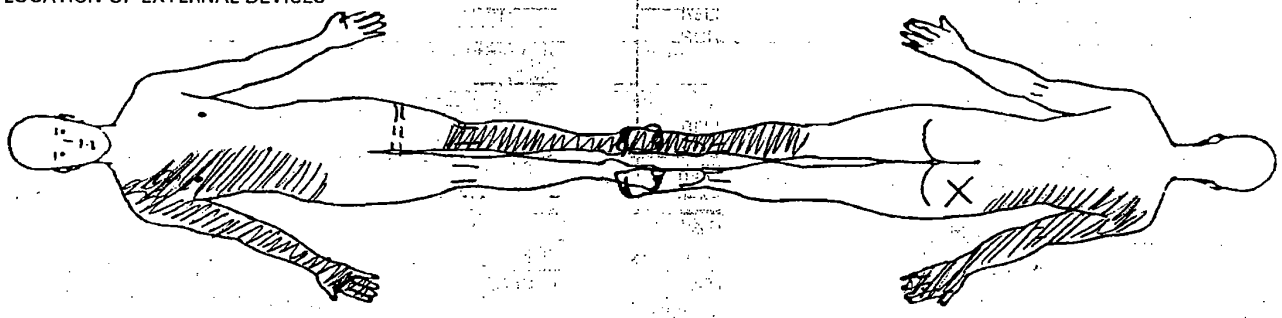
COMMENTS: b(6)-2

8. SKIN PREPARATION

HAIR REMOVAL ☒ YES ☐ NO [redacted]
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☒ RAZOR ☐ CLIP
COMMENTS: No nicks in skin noted

PREP SOLUTION *(Specify)* Betadine scrub/sol'n
SITE: Rt. arm/Abd BY WHOM [redacted]
SITE: (L) leg BY WHOM: [redacted]
(L) arm
COMMENTS: No pooling of fluids

9. LOCATION OF EXTERNAL DEVICES




LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

C = Correct I = Incorrect Initial C [redacted]

10. COUNTS

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☒ Yes | ☐ No | | | | [redacted] | [redacted] |
| Needle Sharp | ☒ Yes | ☐ No | | C | C | | |
| Instrument | ☐ Yes | ☒ No | | | | b(6)-2 | |
| Other | ☐ Yes | ☒ No | | | | | |

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

# [redacted]

b(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☒ YES ☐ NO

☒ ESU NO: Force 40 R8E105305 50/50
GROUND PAD: BRAND Valleylab REM
LOT NO: 74994
☐ ESU NO:
GROUND PAD: BRAND
LOT NO:
☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

MEDCOM - 24716

13. PROSTHESIS, IMPLANTS ☒ YES ☐ NO IF YES NAME: ID NUMBER ACTURER

Sm. Frag Set Load # 0500802
Screw set DCP Load # 0500802
DCP plates Load # 0400202
9 hole plate
cortical screws 18mm X 4 22mm X 1 20mm X 4

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☒ NO ☐

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| Mineral Oil | | intraop | topical | | [redacted] |
| Superstat | | ↓ | topical | | [redacted] |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):

0.9% NS

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| None | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGN [redacted] b(a)-2

15. X-RAY IN OPERATING ROOM YES ☒ NO ☐ C-Arm IF YES, SITE (L) arm

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☑ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. 7mm Jackson Pratt | 2. | 3. |
| SITE | 1. Lt Lower Leg | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*

Lt lower leg - fluffs, kerlix, Ace
Rt arm - Bacitracin, Xeroform, Cotton Roll,
Lt arm - fluffs, kerlix, webril, plaster splint, ace
(L) iliac crest - fluffs, xeroform, tape

19. ADDITIONAL INFORMATION

Surg: [redacted] b(a)-2 Asst: [redacted] b(a)-2 Anesth: [redacted] CRNA Type: General

Zimmer ATS1500 Tourniquet #EE089617 (L) thigh 250mmHg
↑0924 ↓0955
↑1108 ↓1308 (R) arm

20. OPERATION(S) PERFORMED

1. Completion of Abd free flap w/ STSG to (R) arm
2. ORIF (L) Radius w/ intercalary fibular autograft & iliac crest bone graft
3. Removal of Ex Fix (R) arm, (L) arm

| 21. PATIENT TRANSFERRED TO | TIME | METHOD |
|---|---|---|
| PACU b(a)-2 | 1330 | stretcher c̄ siderails up |

22. REGISTERED NURSE SIGNATURE

[redacted] CPT/AN [redacted] MAJ AN

REVERSE OF DA FORM 5179-1, OCT 87 MEDCOM - 24717 USAPA V1.00

| MEDICAL RECORD | VITAL SIGNS RECORD | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HOSPITAL DAY | | | | | | | | | | | | | | | | | | | | | | | | |
| POST- DAY | | | | | | | | | | | | | | | | | | | | | | | | |
| MONTH-YEAR | DAY | | | 15 | | | | 16 | | | | 17 | | | | 18 | | | | 19 | | | | 20 | | | | 21 | | | |
| 19 2004 | HOUR | | | | | | | 02 | | | | 02 | | | | 02 | | | | 4 | | | | 9 12 | | | | 9 | | | |
| PULSE (O) | TEMP. F (°) | | | | | | | 4 8 | | | | 4 8 | | | | 4 8 | | | | 8 | | | | 8 2 8 | | | | 8 | | | TEMP. C |
| | 105° | | | | | | | 0 | | | | 0 | | | | 0 | | | | 0 | | | | 0 | | | | 0 | | | 40.6° |
| 180 | 104° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 40.0° |
| 170 | 103° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 39.4° |
| 160 | 102° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 38.9° |
| 150 | 101° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 38.3° |
| 140 | 100° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 37.8° |
| 130 | 99° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 37.2° |
| | 98.6° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 37.0° |
| 120 | 98° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 36.7° |
| 110 | 97° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 36.1° |
| 100 | 96° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 35.6° |
| 90 | 95° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 35.0° |
| 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

RESPIRATION RECORD

BLOOD PRESSURE 10/77 124 102

HEIGHT: WEIGHT → 99 lb.

Rx

Record special data only when so ordered

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)*

REGISTER NO.

WARD

STANDARD FORM

MEDCOM - 24718

NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR JAN DAY 09 10 10 11 JAN 12 13 13 14 14

19 2004 HOUR 8 08 8 12 2 8 2 1 2 1 2 0 1 2

PULSE (O) — TEMP. F (°) — TEMP. C (Centigrade Equivalents, for Reference only)

| TEMP. F (°) | TEMP. C |
|---|---|
| 105° | 40.6° |
| 104° | 40.0° |
| 103° | 39.4° |
| 102° | 38.9° |
| 101° | 38.3° |
| 100° | 37.8° |
| 99° / 98.6° | 37.2° / 37.0° |
| 98° | 36.7° |
| 97° | 36.1° |
| 96° | 35.6° |
| 95° | 35.0° |

| PULSE (O) |
|---|
| 180 |
| 170 |
| 160 |
| 150 |
| 140 |
| 130 |
| 120 |
| 110 |
| 100 |
| 90 |
| 80 |
| 70 |
| 60 |
| 50 |
| 40 |

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: WEIGHT →

Record special data only when so ordered

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)*

REGISTER NO.

WARD NO.

[redacted]

b(6)-4

**VITAL SIGNS RECORDS**

Medical Record

**STANDARD FORM 511** (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 24719

*(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)*

| TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET | FROM ____ HOURS TO ____ HOURS | TOTAL HOURS COVERED | DATE |
|---|---|---|---|

**INTAKE**

| | TIME | ~~ORAL~~ JP (L) Hb. TYPE | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|
| | ~~1500~~ | | | |
| 14 JAN | 2000 | 20cc bloody | | 20cc |
| 15 JAN | 1040 | 7cc BRB | | 27cc |
| 16 JAN | 0500 | | | |
| | | | | |
| | | | | |
| |

b(6)-2

| Ward/Section: ICW#1 | R[illegible]ESTING [redacted] | [illegible]ORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. # [redacted] | DATE 14JAN04 | TIME 0000 | SSN/PSEUDO [redacted] # [redacted] b(6)-4 |

b(6)-4

**(Hematology) CBC**

| TEST | [redacted] | | | Patient Limits | |
|---|---|---|---|---|---|
| WBC | | | | | |
| RBC | | | | | |
| Hgb | | | | | |
| Hct | | | | | |
| MCV | | | | | |
| Plt | | | | | |
| Lymph % | | | | | |

**(Hematology) Manual Differential**

| | | | |
|---|---|---|---|
| Segs | | Mono | |
| Bands | | Eos | |
| Lymph | | Baso | |
| Atyp | | Imm | |
| RBC Morph | | | |

| | | |
|---|---|---|
| Spun Hematocrit | | 42-52% (M) 37-47% (F) |
| Sed Rate | | |
| Other | | |

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | N/A |
| App | | N/A |
| Glu | | Negative |
| Bili | | Negative |
| Ket | | Negative |
| SG | | N/A |
| Bld | | Negative |
| pH | | N/A |
| Prot | | Negative |
| Urob | | 0.2-1.0 |
| Nit | | Negative |
| Leuk | | Negative |
| HCG | | Negative |

**CSF**

| | | |
|---|---|---|
| Cell Count | | |
| Directigen | | Negative |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | |
|---|---|
| Source | |
| Gram Stain | |
| Occ Bld | Negative |
| H. pylori | Negative |
| Micro Parasites | |
| Malaria | |
| O & P | |
| Other | |

**Microscopic Urinalysis**

**Blood Bank**

**MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED**

**Coagulation Studies**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| PT | | 9.8-13.6 secs |
| APTT | | 21-34 secs |
| D dimer | | <20 ug/ml |
| FDP | | <10 ug/ml |

**Blood Bank Unit Crossmatch**
**(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)**

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**REMARKS:** CBC

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

MEDCOM,- 24721

| Ward/Section: | REQUESTING PHYSICIAN: [redacted] b(6)-2 | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|

| LAST, FIRST, MI. | DATE | TIME | SSN/PSEUDO SSN: |
|---|---|---|---|
| [redacted] b(6)-4 | 14 Jan 04 | 0830 | |

**(Hematology) CBC**

| TEST | |
|---|---|
| WBC | |
| RBC | |
| Hgb | |
| Hct | |
| MCV | |
| Plt | |
| Lymph % | |

**(Hematology) Manual Differential**

| | | | |
|---|---|---|---|
| Segs | | Mono | |
| Bands | | Eos | |
| Lymph | | Baso | |
| Atyp | | Imm | |
| RBC Morph | | | |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | |
| Sed Rate | | | |
| Other | | | |

**Coagulation Studies**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| PT | | 9.8-13.6 secs |
| APTT | | 21-34 secs |
| D dimer | | <20 ug/ml |
| FDP | | <10 ug/ml |

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | N/A |
| App | | N/A |
| Glu | | Negative |
| Bili | | Negative |
| Ket | | Negative |
| SG | | N/A |
| Bld | | Negative |
| pH | | N/A |
| Prot | | Negative |
| [illegible] | | 0.2-1.0 |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | |
|---|---|
| Source | |
| Gram Stain | |
| Occ Bld | Negative |
| H. pylori | Negative |
| Micro Parasites | |
| Malaria | |
| O & P | |
| [illegible]her | |

**Microscopic Urinalysis**

**Blood Bank**

[illegible]UST SUBMIT SF 518 WITH [illegible]VERY UNIT REQUESTED

[illegible]O/Rh

[illegible]rossmatch [illegible]VERY UNIT OF BLOOD [illegible]ED)

| | CROSSMATCH |
|---|---|
| | |
| | |
| | |
| | |

4
SERIAL #005485 01/14/04 09:08

Patient ID: [redacted] b(6)-4
Test Name :PT
Test Result:= 14.1 sec.
Ratio = 1.2
Calculated INR = 1.26
Sample Type:citrated wh. blood
Test Date :01/14/04
Test Time :09:06
Card Lot :080201
Operator : [redacted] b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 01/14/04 09:11

Patient ID: [redacted] b(6)-4
Test Name :APTT
Test Result:= 42.7 sec.
Sample Type:citrated wh. blood
Test Date :01/14/04
Test Time :09:08

**REMARKS:**

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

T=36

| Ward/Section: | REQUESTING PHYSICIAN: | | **CHEMISTRY RESULT FORM** (Subject to the Privacy Act of 1974) |
|---|---|---|---|
| LAST, FIRST, MI | FIO2 58% | DATE / TIME | SSN/PSEUDO SSN: |

**(i-STAT)**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Na | | |
| K | | |
| Cl | | |
| pH | | |
| PCO2 | | |
| PO2 | | |
| TCO2 | | |
| HCO3 | | |
| sO2 | | |
| BEecf | | |
| AnGap | | |
| Ca | | |
| BUN | | |
| GLU | | |
| Creat | | |
| Hct | | |
| Hgb | | |

Pt: [redacted] b(6)-4

Pt Name:_____

Na_____135 mmol/L
K_____3.8 mmol/L
TCO2_____29 mmol/L
iCa_____1.18 mmol/L
Hct_____23 %PCV
Hb*_____8 g/dL
*via Hct

At 37C
pH_____7.466
PCO2_____38.3 mmHg
PO2_____312 mmHg
HCO3_____28 mmol/L
BEecf_____4 mmol/L
sO2*_____100 %
*calculated

Sample Type_:

14JAN04 09:04

Oper: [redacted] b(6)-2

Physician:_____

| TEST | |
|---|---|
| Troponin-I | |
| Drug of Abuse | |
| | |
| | |
| | |

**(Piccolo) Chemistry 12**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| | | 3.5-5.5 g/dl |
| | | 26-84 u/l |
| | | 10-47 u/l |
| | | 14-97 u/l |
| | | 11-38 u/l |
| | | 0.2-1.6 mg/dl |
| | | 7-22 mg/dl |
| | | 8.0-10.3mg/dl |
| | | 100-200 mg/dl |
| | | 0.6-1.2 mg/dl |
| | | 73-118 mg/dl |
| | | 6.4-8.1 g/dl |

**(Piccolo) Metlyte 8**

| RESULT | REF. RANGE |
|---|---|
| | 73-118 mg/dl |
| | 7-22 mg/dl |
| | 0.6-1.2 mg/dl |
| | 39-380 u/l (M) 30-190 u/l (F) |
| | 128-145 mmol/l |
| | 3.3-4.7 mmol/l |
| | 98-108 mmol/l |
| | 18-33 mmol/l |
| | |
| | |

**(Piccolo) Metabolic Panel**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| $CA^{++}$ | | 8.0-10.3 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| $NA^{+}$ | | 128-145 mmol/l |
| $K^{+}$ | | 3.3-4.7 mmol/l |
| $CL^{-}$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**(Piccolo) Liver Panel Plus**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.3-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| GGT | | 5-65 u/l |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Electrolyte**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| $NA^{+}$ | | 128-145 mmol/l |
| $K^{+}$ | | 3.3-4.7 mmol/l |
| $CL^{-}$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**REMARKS:**

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

# MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-66; the proponent agency is the OTSG

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PROPIFOL | ( ) | 190 | | | | | | | | | | | | |
| MS | ( ) | 4 | | | | | 6 | | | | | | | |
| Vecuronium | ( ) | 10 | | | | | 10 | | | | | | 2 | |
| LIDOCAINE | ( ) | 100 | | | | | | | | | | | | |
| ANCEF | ( ) | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | |
| VOLAT AGENT | 1.50 % del | 1.0 | 1.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | |
| | % e.t. | | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | | |
| O2 | L/Min | 10 2 | 2 2 | 2 2 | 2 1 | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 | |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS →

| TOTALS | TOTAL EBL |
|---|---|
| | |
| | TOTAL URINE |
| | |

FLUIDS - SUMMARY
CRYSTALLOID-
COLLOID- 0
BLOOD- 300

**FLUIDS**

| LINE site | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TRIPLE L | ☑ Warmed | 200 | 400 | 500 | 600 | 800 | 1000 | 1000 | 1050 | 1100 | 1200 | 1300 | 1500 |
| PRBC | ☐ Warmed | | | | | | | | X | --- | --- | --- | --- |
| | ☐ Warmed | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | |

**LOSSES**

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | — | — | — | — | — | — | — | — | — | — | — | — |
| URINE - | | — | — | — | — | — | — | — | — | — | — | — | — |

REMARKS

*Code drugs with numbers, events with letters*

Sensitive Trachea!
Supine. Head on pillow
EKG 6 lead II, 5 lead
Bipolar, Arms
at sides. 100% O2. Induction
smooth atraumatic
8.0 Nonnett DVL
BBS x2 apices
ETCO2 waveform
20G Kanul A-line
(R) by 3 attempts
sutures 850 applied

**PHYS STATUS** 1 (2) 3 4 5 E

**BODY WEIGHT:** 120 KG (LB)

**HEMATOCRIT:** 8.2 / 24.2

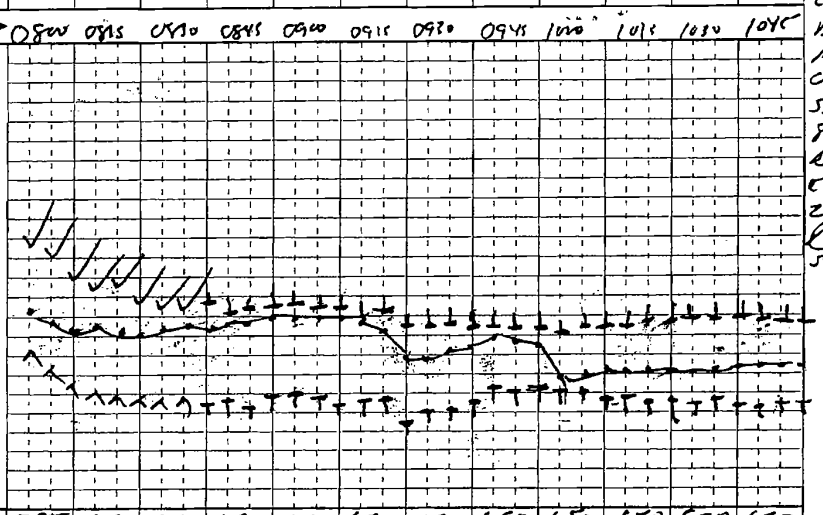
**INITIAL DATA:** BP-124/89 / — / — HR-75-95

**EQUIP CHECK** OK?- (Y) N

**PATIENT RECHECK** OK for PROCEDURE? yes TIME- 0745

**TIME** → 0800 0815 0830 0845 0900 0915 0930 0945 1000 1015 1030 1045

SYMBOLS: BP by cuff V ∧; Heart rate ●; Resp rate √√; BR (transduced) ╪; TOURNIQUET T-T; ANES- X-X; PROC- ⊙-∅




**VENTIL**

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VT - ml | | SPT | 650 | 650 | 650 | 650 | 650 | 650 | 650 | 650 | 650 | 650 | 650 |
| f - breaths/min | | 12 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| Peak inf pres / PEEP | | — | 20 | 20 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 |
| MODE - S(pon), A(ssist), C(on) | | S | A C | C | C | C | C | C | C | C | C | C | C |

**MONITORS/ACCESSORIES**

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | 38 | 36 | 35 | 34 | 32 | 31 | 30 | 30 | 31 | 31 | 30 | 30 |
| BP/cath | FIO2 (Frac or %) | .57 | .57 | .57 | .57 | .57 | .57 | .57 | .57 | .57 | .57 | .57 | .57 |
| ART line | SpO2 (%) | 99 | 99 | 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 |
| Gas analyzer | TEMP-site | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 35 | 35 | 35 | 35 | 35 |
| | N-M Block (T/4) | 4/4 | 0/4 | 0/4 | 0/4 | 4/4 | 0/4 | 0/4 | 0/4 | 0/4 | 0/4 | 0/4 | 1/1 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Warming blkt | | | | | | | | | | | | | |
| Conv warmer | | | | | | | | | | | | | |

*Mark with letters & symbols, explain under REMARKS* EVENTS *Position* →

RECOVERY AT
PACU ICU _____ (Specify)
OTHER _____
CONDITION:
RESP- 16 SpO2- 99
BP- 108/72 HR- 75

ANESTHESIA / PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | 0745 | 0810 | 1345 |
| | Ready | Begin | End |
| PROC | 0900 | 0915 | 1315 |

PROCEDURES and CPT Codes:

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

[redacted]
b(6)-4

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*
IV- Halothane b(6)-2

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*
GA ETT 8.0 Nonnett DVL BBS x2 apices ETCO2 (+)

SURGEONS: DR [redacted]

ANESTHETISTS: [redacted] CRNA

PROCEDURE LOCATION: 01

DATE: 14 Jan 04

PAGE 1 OF 2

DA FORM 7389, FEB 1998 COPY 3 [redacted]THESIA DEPARTMENT USAPA V1.00

MEDCOM - 24724

Tourniquet 250mm Hg

# MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-66; the proponent agency is the OTSG

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | | | | | | | | | | | | | TOTALS | TOTAL EBL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Propofol | ( ) | | | | | | | | | | | | | 190 | 200 |
| MS | ( ) | 5 | 5 | | | | | | | 10 | | | | 30 | |
| Vecuronium | ( ) | | 2 | | 2 | | 2 | | | | | | | 28 | TOTAL URINE |
| Lidocaine | ( ) | | | | | | | | | | | | | 190 | |
| Neo/Glyco | ( ) | | | | | | | | | | | 4/8 | | 4/8 | Ø |
| Fentanyl | ( ) | | | | | | | | | 250 | | | | 250 | |
| VOLAT AGENT | % del 0.58 | | | | | | | | | | | | | FLUIDS - SUMMARY | |
| | % e.t. | 0.8 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | | | | CRYSTALLOID- 2000 | |
| AIR | L/Min | | | | | | | | | | | | | COLLOID- Ø | |
| N2O | L/Min | | | | | | | | | | | | | | |
| O2 | L/Min | 1.0 | 1.2 | 1.2 | 1.2 | 1.2 | 1.2 | 1.2 | 1.2 | 1.2 | | | | BLOOD- 300 | |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS →

**FLUIDS**

| LINE site | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Triple | ☐ Warmed | 1500 | 1500 | 1500 | 1600 | 1600 | 1600 | 1600 | 1600 | 1600 | 1700 | 1900 | 2000 |
| PRBC | ☐ Warmed | | | | | | | | | | | | |
| LR | ☐ Warmed | — | — | 200 | — | — | 300 | 300 | — | — | — | — | — |
| | ☐ Warmed | | | | | | | | | | | | |

**LOSSES**

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | — | — | — | 200 | — | — | — | — | — | — | — | — |
| URINE - | — | — | — | — | — | — | — | — | — | — | — | — |

**REMARKS**

*Code drugs with numbers, events with letters*

↑ 11:08 ↓ 1303 TT = 120MM

PRBC infused

Tourniquet time 1 hr (60min)

Surgeons infiltrate 1208PM.

90min surgery time 1238PM

Procedure Dr Mulness

Given T4 4/4

RAVSS

AA OR 3

Sitts, Paul

PHYS STATUS: 1 (2) 3 4 5 E

BODY WEIGHT: 120 KG (LB)

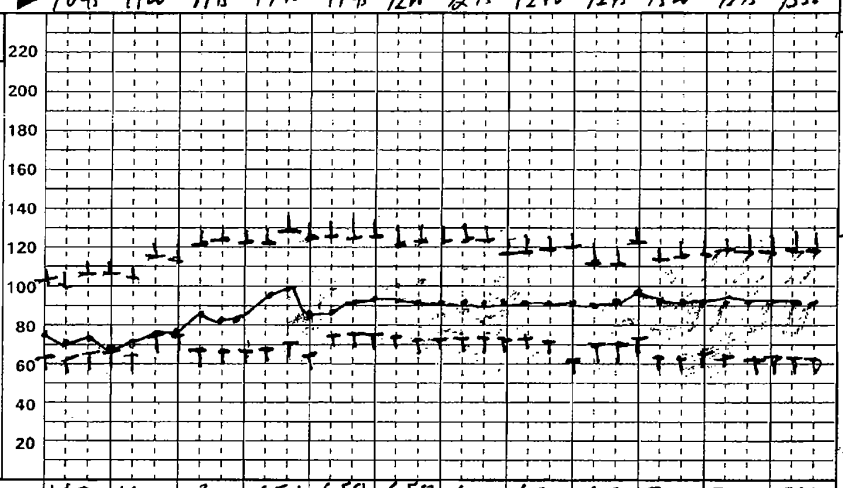
HEMATOCRIT: 8.2 / 24.2

INITIAL DATA: BP- 124/84 ___/___ HR- 75-95

EQUIP CHECK: OK? (Y) N

PATIENT RECHECK: OK for PROCEDURE? yes TIME- 0745

SYMBOLS: BP by cuff V ^ ; Heart rate ● ; Resp rate ; BR (transduced) ; TOURNIQUET T—T ; ANES- X-X ; PROC- ⊙-Ø




**VENTIL**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VT - ml | 660 | 660 | 630 | 650 | 650 | 650 | 650 | 650 | 650 | 780 | 750 | 750 |
| f - breaths/min | 8 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 6 | 6 |
| Peak inf pres / PEEP | 18 | 18 | 17 | 17 | 17 | 17 | 19 | 19 | 19 | 21 | 21 | 21 |
| MODE - S(pon), A(ssist), C(on) | S | S | S | S | C | C | C | C | C | C | C | C |

**MONITORS/ACCESSORIES**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | 28 | 29 | 32 | 32 | 32 | 32 | 31 | 31 | 31 | 32 | 32 | 32 |
| BP/oth | FIO2 (Frac or %) | .60 | .60 | .60 | .60 | .60 | .60 | .60 | .60 | .60 | .60 | .60 | .60 |
| ART line | SpO2 (%) | 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 |
| Gas analyzer | TEMP-site | 35 | 35 | 35 | 35 | 35 | 35 | 35 | 35 | 35 | 35 | 35 | 35 |
| | N-M Block (T/4) | 4/4 | 4/4 | 4/4 | 4/4 | 4/4 | 4/4 | 4/4 | 4/4 | 3/4 | 4/4 | 4/4 | 4/4 |
| Warming blkt | | | | | | | | | | | | | |
| Conv warmer | | | | | | | | | | | | | |

*Mark with letters & symbols, explain under REMARKS* — EVENTS → Position

**RECOVERY AT**

PACU ICU _____ (Specify)

OTHER _____

CONDITION:

RESP- 16 SpO2- 99

BP- 108/78 HR- 75

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 0745 | 0820 | 1348 |
| PROC | Ready | Begin | End |
| | 0900 | 0915 | 1315 |

PROCEDURES and CPT Codes: Completion Amp. Flap. Sitsl Orif (LT) Radius, Tibia, Iliac Crest Bone Graft.

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

[redacted]

b(6)-4

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

IV-Inhalational

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*

GA ETT 5ss pg I

SURGEONS: [redacted] b(6)-2 [redacted]

ANESTHETISTS: [redacted] CRNA

PROCEDURE LOCATION: OR

DATE: 14 Jan 04

PAGE 2 OF 2

DA FORM 7389, FEB 1998 — COPY 3-ANESTHESIA DEPARTMENT — USAPA V1.00

MEDCOM - 24725

518-124 NSN 7540-00-634-415

MEDICAL RECORD

# BLOOD OR BLOOD COMPONENT TRANSFUSION

## SECTION I – REQUISITION

COMPONENT REQUESTED (Check one)

- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS (Pool of _____ units)
- [ ] CRYOPRECIPITATE (Pool of _____ units)
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER (Specify) _____

VOLUME REQUESTED (If applicable) _____ ML

REMARKS:

TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 14 JAN 04

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify):

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN (Print): [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: TRAUMA.

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient [redacted] the specimen tube label to b[redacted]

[redacted] VERIFIER: [redacted] b(6)-2

VERIFIED: 14 JAN 04

TIME VERIFIED: 0840

## SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: b(6)-4 [redacted]

TRANSFUSION NO.

PATIENT NO.

RECIPIENT

ABO: O

Rh: Pos

ABO: O

Rh: Pos

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: Comp b(6)

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT

DATE

REMARKS: Exp 14 Jan 04

## SECTION III – RECORD OF TRANSFUSION

### PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY (Signature): [redacted] b(6)-2

TIME (Hour): 1000 ON (Date): 14 Jan 04

IDENTIFICATION

I h[redacted] Blood Component container label and this form and I find all info[redacted] the container with the intended recipient matches item by item. [redacted] the person named on this Blood Component Transfusion Form and [redacted] cation tag.

[redacted] T, AN, CRNA b(6)-2

[redacted] b(6) MAS AN, CRNA

PRE-TRANSFUSION

TEMP. 36. PULSE 89 BP 128/74

DATE OF TRANSFUSION: 14 Jan 04

TIME STARTED: 1000 AM — 1130 AM

### POST-TRANSFUSION DATA

AMOUNT GIVEN: 300 (TOTAL) ML

TIME/DATE COMPLETED/INTERRUPTED: 14 JAN 04

REACTION: [x] NONE [ ] SUSPECTED

TEMPERATURE: 36 PULSE: 87 BLOOD PRESSURE: 120/71

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER (Specify)

OTHER DIFFICULTIES (Equipment, clots, etc.)

- [x] NO
- [ ] YES (Specify)

SIGNATURE OF PERSON NOTING ABOVE: [redacted] b(6)-2 MAS/AN/CRNA

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)

SEX: M

WARD: OR

#[redacted]

b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-

Medical Record Copy

MEDCOM - 24726

## .DICAL RECORD - DOCTOR'S ORDER.

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

| ORDER NUMBER | DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS | ORDER NOTED TIME & INITIALS | COMPLETED TIME & INITIALS |
|---|---|---|---|
| | POST ANESTHESIA ORDERS (circled Items) | | |
| 1 | VS q 5 min X 15 min, then q 15 min until discharge. | | |
| 2 | Supplemental oxygen. | | |
| 3 | Morphine / Meperidine 1-2 mg IV now and 2 mg q 3-5 min prn pain for a | | |
| | max dose of 15 mg. | | |
| 4 | Zofran 4 mg IV prn N/V q 15 min, may repeat x ____. [redacted] | | |
| 5 | Metoclopramide____mg IV prn N/V x 1. | | |
| 6 | Droperidol .62 mg IV prn N/V x 1. | | |
| 7 | Phenergan____mg IV prn N/V x 1. | | |
| 8 | Benadryl 25-50mg IVP q1 hr prn, itching while in PACU. | | |
| 9 | IVF:_____@_____cc/hr. | | |
| 10 | Discharge from recovery status when PACU discharge criteria met. | | |
| | [redacted] | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| PATIENT IDENTIFICATION | Complete the following information on page 1 only. Note any changes on subsequent pages.<br>Diagnosis: _____<br>Height: _____ Weight: _____ Diet: _____<br>Allergies: _____ | | | |
|---|---|---|---|---|
| | Nursing Unit<br>PACU, 28th CSH | Room No. | Bed No. | Page No.<br>1 of 1 |

MEDCOM FORM 688-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE MC V1.00

b(4)-2 AM
unless marked
otherwise

# 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 |
|---|---|---|---|---|---|
| b(6)-4 [redacted] | | | 11JAN04 | 1100 HOURS | |
| | | | CXR Port for Line Placement | | |
| | | | [redacted] | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| ICW1 | 2407 | 23B/C [redacted] | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| b(6)-4 [redacted] | | | 12JAN04 | 10:30 HOURS | |
| | | | - XRAY - AP + LAT | | |
| | | | (B) forearm | | |
| | | | [redacted] | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| [redacted] | | | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| b(6)-4 | | | 13JAN04 | 2000 HOURS | |
| # [redacted] | | | NPO F MN + CBC | | |
| | | | Vo: DR [redacted] | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| [redacted] | | | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

noted 12Jan04 1030 [redacted] DCT

noted [redacted] 13Jan 2000

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 24728

b(6)-2; All unless marked otherwise

# CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

b(6)-4 [redacted]

noted 14Jan04 [redacted]

| DATE OF ORDER | TIME OF ORDER ____ HOURS | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|
| ✓ | - Resume Prop medications, | |
| ✓ | Diet & activity | |
| | - No dressing b's-to (R) arm until 1/19/04, (L) arm 1/16/04, (L) leg 1/16/04, (R) abdomen 1/12/04 | |

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

noted 14Jan04 [redacted]

| DATE OF ORDER | TIME OF ORDER ____ HOURS | |
|---|---|---|
| 14Jan04 | 1700 | |
| V.O. - Dr [redacted] / LT [redacted] | | |
| MSO4 2-8mg IVP Q3-2° PRN PAIN | | |
| Demerol 50-75mg IV Q3° PRN | | |
| 24° 15 JAN04 0320 [redacted] LT.AN | | |

NURSING UNIT | ROOM [redacted] | BED NO.

PATIENT IDENTIFICATION 14JAN04 [redacted] STAN

| DATE OF ORDER | TIME OF ORDER ____ HOURS | |
|---|---|---|
| 23-04 | 2320 | |

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

| DATE OF ORDER | TIME OF ORDER ____ HOURS | |
|---|---|---|

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 24729

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

- [redacted]

b(6)-6

| DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|
| 1-15-04 | 1-15-04 HOURS | |
| - Transfer ICW-2 Dr. [redacted] | | |
| - Stable | | |
| - Routine vitals | | |
| - OOB and ambulate c assistance | | |
| - Assist c voiding | | |
| - Central line care c sterile dressing 1's q 3 days | | |

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

NOK [redacted] b(6)-2

1245 15 Jan 04

| DATE OF ORDER | TIME OF ORDER | |
|---|---|---|
| - Dressing D (dry) @ Arm, hip, leg, abdomen qD Reg. 1/Ke | HOURS | |
| - OOB to chair QID | | |
| - Regular Diet | | |
| - Record output JP drain q Shift | | |
| - Percocet II po q4h prn pain | | |
| - Demerol 75 mg IV q4h prn breakthrough pain | | |
| - Phenergan 25 mg IV q6h prn nausea | | |
| - Neurontin 300 mg po TID | | |

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

| DATE OF ORDER | TIME OF ORDER | |
|---|---|---|
| | HOURS | |
| - Zantac 150 mg po BID | | |
| - Maalox 30 cc po q6h prn upset stomach | | |
| - Aspirin 325 mg po qD | | |
| - Augmentin 500 mg po TID | | |
| - Metformin 2 gm IVPB q8h b(6)-2 | | |
| - Colace 100 mg po BID | | |
| - Ambien 10 mg po qHS [redacted] | | |

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

CW [redacted]

b(6)-4

| DATE OF ORDER | TIME OF ORDER | |
|---|---|---|
| | HOURS | |

NURSING UNIT | ROOM NO. | BED NO.

ICW2

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

U.S. GOVERNMENT PRINTING OFFICE: 2002-488-041
MEDCOM - 24730

## 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 |
|---|---|---|---|---|---|
| b(6)-2 [redacted] | | | 1-22-04 | 1330 HOURS | |
| | | | - D/C to home | | |
| | | | - Remove staples (L) hip, (L) arm, (L) leg | | |
| | | | - Continue Augmentin 500 mg po TID | | |
| NURSING UNIT | ROOM NO. | BED NO. | - Provide Kerlex roll fluffs, and bacitracin for daily dressing d's x 1 week. | | |
| 1 CW2 | | | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| b(6)-2 [redacted] | | | | HOURS | |
| | | | - Pt may bath at home. | | |
| | | | - F/u 1 week (1-29-04) | | |
| | | | - D/C central line [redacted] | | |
| | | | b(6)-2 | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 24731

(b)(6)-2 A11

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. JAN Yr. 04 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 15 | [redacted] | Vital Signs (q8) / q6 / q4 | D | [redacted] | | | | | | | | | | | | | |
| | | Routine | E | | | | | | | | | | | | | | |
| | | | N | | | | | | | | | | | | | | |
| 15 | [redacted] | Activity: OOB AND AMBULATE | D | [redacted] | | | | | | | | | | | | | |
| | | c̄ ASSISTANCE | E | | | | | | | | | | | | | | |
| | | ASSIST c̄ VOIDING | N | | | | | | | | | | | | | | |
| 15 | [redacted] | Diet: (Regular) / Clear Liquids / Advance | B | [redacted] | | | | | | | | | | | | | |
| | | as tolerated / Other _____ | L | | | | | | | | | | | | | | |
| | | | D | | | | | | | | | | | | | | |
| | | NIO: Time/date IV site and change q 72 hours and prn | 10 | [redacted] | | | | | | | | | | | | | |
| | | NIO: Time/date IV tubing and change q 72 hours | 10 | [redacted] | | | | | | | | | | | | | |
| | | NIO: Complete skin assessment on admission/transfer, q 7 days and prn | 10 | [redacted] | X | X | X | X | X | X | [redacted] | X | X | X | X | X | X |
| | | | | | | | | | | | | | | | | | |
| 15 | [redacted] | CENTRAL LINE CARE c̄ STERILE | 10 | [redacted] | | X | X | [redacted] | X | X | [redacted] | | | | | | |
| | | DRESSING Δ's q̄ 3 DAYS | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 15 | [redacted] | DRESSING (DRY) (L) ARM, HIP, LEG | 10 | [redacted] | | | | | | | | | | | | | |
| | | ABDOMEN q̄ D | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 15 | [redacted] | OOB TO CHAIR QID | D | [redacted] | | | | | | | | | | | | | |
| | | | E | | | | | | | | | | | | | | |
| | | | N | [redacted] | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 15 | [redacted] | RECORD OUTPUT SPRAN q̄ SHIFT | D | [redacted] | | | | | | | | | | | | | |
| | | | E | | | | | | | | | | | | | | |
| | | | N | [redacted] | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

DCed

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: ICW 2

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION: b(6)-4 [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 |

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

MEDCOM - 24732

| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
|---|---|---|---|---|---|---|
| 15 | [redacted] | Admit to ICW 2. Dr. OLIVARIO | 15 JAN | — | | [redacted] |
| 15 | [redacted] | Condition: STABLE | 15 JAN | — | | [redacted] |
| 22 | [redacted] | D/C TO HOME | 22 JAN | | | |
| 22 | [redacted] | REMOVE STAPLES @ HIP (BILATERAL) | | DONE | | [redacted] |
| 22 | [redacted] | CON'T AUGMENTIN 500mg TID | | DONE | | [redacted] |
| 22 | [redacted] | F/U 1 WK | | | | |
| 22 | [redacted] | D/C CENTRAL LINE | | DONE | | [redacted] |
| 22 | [redacted] | KEFLEX ROCL FLUFFS & BACITRACIN FOR DAY | | | | |
| ~~22~~ | | DSGA's X 1 WK | | | | |
| 22 | [redacted] | PT MAY BATHE AT HOME | 22 JAN | | | |
| ~~22~~ | | | | | | |
| | | | | | | |
| | | | | | | |
| | | b(6) 2 A11 | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

USAPA V1.00

b(6)-2 A21

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 01 Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 28DEC | [redacted] | Routine vitals | 06-14 | [redacted] | | | | | | | | | | | | |
| | | | 14-22 | | | | | | | | | | | | | |
| | | | 22-06 | | | | | | | | | | | | | |
| [redacted] | [redacted] | [redacted] | 06 | [redacted] | | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | | |
| | | | 22-06 | | | | | | | | | | | | | |
| | [redacted] | | 06 | | | | | | | | | | | | | |
| | | | 10 | | | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | | |
| | [redacted] | | 10 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 28 | [redacted] | OOB to chair · amb | 06-14 | [redacted] | | | | | | | | | | | | |
| | | c̄ arm support | 14-22 | | | | | | | | | | | | | |
| | | | 22-06 | | | | | | | | | | | | | |
| 28 | [redacted] | Regular diet | 06-14 | [redacted] | | | | | | | | | | | | |
| | | | 14-22 | | | | | | | | | | | | | |
| | | | 22-06 | | | | | | | | | | | | | |
| 28 | [redacted] | central line dsg Δs | 20 | [redacted] | | | [redacted] | | | [redacted] | | | [redacted] | | | |
| | | (sterile) q 3 days | | | | | | | | | | | | | | |
| 04 JAN | [redacted] | N10: Falls assessment | 10 | | | | | | [redacted] | | | | | | | |
| | | Q7D | | | | | | | | | | | | | | |
| 4Jan | [redacted] | Record JP output Q | 06-14 | | | | | | | | | | [redacted] | | | |
| | | shift (N10) | 14-22 | | | | | | | | | [redacted] | | | | |
| | | | 22-06 | | | | | | | | | [redacted] | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P ABD FLAP · RUE
S/P BUE EX FIX

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted]

b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

MEDCOM - 24734

b(6) 2 A1

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo 01 Yr ~~2003~~ 2004 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 11 | [redacted] | PCXR | 11JAN | 1100 | | |
| 12 | [redacted] | AP/LAT (L) Fore Arm | 12Jan | | | [redacted] |
| 13 | [redacted] | NPO p MN | 14JAN | 0001 | 0001 | [redacted] |
| 13 | [redacted] | CBC | 14JAN | 0500 | 0500 | [redacted] |
| 13 | [redacted] | Resume pre-op medications, diet, & activity | 14Jan | | | [redacted] |
| 14 | [redacted] | No dressings Δ's for (R) arm until 1/19/04, | 14Jan | | | [redacted] |
| | ---- | (L) arm 1/16/04, (L) hip 1/16/04, (R) abd 1/16/04 | | | | [redacted] |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

USAPA V1.00

b(4)-2 A11

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 01 Yr. 04 |
|---|---|---|

*VERIFY BY INITIALING* — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 28Dec | [redacted] | Neurontin 300mg PO | 06 | [redacted] | | | | | | | | | | | | | |
| | ----- | TID | 14 | | | | | | | | | | | | | | |
| | ----- | | 22 | | | | | | | | | | | | | | |
| 30Dec | [redacted] | Mefoxin 2gm IVPB | 06 | | | | | | | | | | | | | | |
| | ----- | Q8° | 14 | | | | | | | | | | | | | | |
| | ----- | | 22 | | | | | | | | | | | | | | |
| 28Dec | [redacted] | ASA 325mg 1 PO QD | 08 | | | | | | | | | | | | | | |
| 28Dec | [redacted] | Zantac 150mg PO | 08 | | | | | | | | | | | | | | |
| | ----- | BID | 20 | | | | | | | | | | | | | | |
| 28Dec03 | [redacted] | Augmentin 500mg PO | 06 | | | | | | | | | | | | | | |
| | ----- | TID | 14 | | | | | | | | | | | | | | |
| | ----- | | 22 | | | | | | | | | | | | | | |
| 28Dec | [redacted] | Colace 100mg PO BID | 08 | | | | | | | | | | | | | | |
| | ----- | | 20 | | | | | | | | | | | | | | |
| 28Dec | [redacted] | Ambien 10mg PO QHS | 22 | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: (B) UE Ex-fix, S/P STSG

ADDITIONAL PAGES IN USE: ☐ YES ☒ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 24736

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. 01 Yr. 04 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| 14Jan | [redacted] | Resume pre-op meds, diet, & activity | 14Jan | — | — | [redacted] |
| | | b(6)-2 A1 | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 28Dec | [redacted] | Percocet II PO Q4° PRN | D/T | 11JAN 1200 | 13JAN 1100 | 13Jan 1500 | 15JAN 0200 | 15JAN [redacted] | | | | | | | | |
| | | temp >100.5° or Pain | D/I | II | II | 2 | II | [redacted] | | | | | | | | |
| 28Dec | [redacted] | Demerol 50-75mg IV Q3° Q4° | D/T | 12Jan 1600 | 12Jan 2000 | 13Jan 1600 | 13Jan 2035 | 14JAN 0025 | 14Jan 1600 | 14Jan 2000 | 15JAN 0004 | | | | | |
| | | PRN breakthrough pain [redacted] | D/I | 50mg | 50mg | 50mg | 50mg | 75mg | 75mg | 25mg | 30 | | | | | |
| 28Dec | [redacted] | Phenergan 25mg IVP Q6° | D/T | 14Jan 1600 | | | | | | | | | | | | |
| | | PRN nausea | D/I | 25mg [redacted] | | | | | | | | | | | | |
| 28Dec | [redacted] | Maalox 2TBSP PO Q6° | D/T | | | | | | | | | | | | | |
| | | PRN | D/I | | | | | | | | | | | | | |
| 14Jan | [redacted] | MSO4 2-8mg IVP Q1-2° PRN pain | D/T | 14Jan 1715 | 14Jan 2000 | 14Jan 2200 | 15JAN 0000 | 15JAN 0300 | 15JAN 0550 | 15JAN 0730 | | | | | | |
| | | | D/I | 8mg | 2mg | 6mg | 8mg | 7mg | 5mg | 5 | | | | | | |

*U.S. GPO: 1998-454-110/95216

MEDCOM - 24737

b(6)-2 A71

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. Jan Yr. 04 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 15 | [redacted] | NEURONTIN 300mg PO TID | 06 | [redacted] | | | | | | | |
| | ----- | | 14 | [redacted] | | | | | | | |
| | ----- | | 22 | [redacted] | | | | | | | |
| | ----- | | | | | | | | | | |
| 15 | [redacted] | ZANTAC 150mg PO BID | 08 | [redacted] | | | | | | | |
| | ----- | | 20 | [redacted] | | | | | | | |
| | ----- | | | | | | | | | | |
| 15 | [redacted] | ASPIRIN 325mg PO QD | 10 | [redacted] | | | | | | | |
| | ----- | | | | | | | | | | |
| 15 | [redacted] | AUGMENTIN 500mg TID | 06 | [redacted] | | | | | | | |
| | ----- | | 14 | [redacted] | | | | | | | |
| | ----- | | 22 | [redacted] | | | | | | | |
| | ----- | | | | | | | | | | |
| 15 | [redacted] | COLACE 100mg PO BID | 08 | [redacted] | | | | | | | |
| | ----- | | 20 | [redacted] | | | | | | | |
| | ----- | | | | | | | | | | |
| 15 | [redacted] | AMBIEN 10mg PO QHS | 22 | [redacted] | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | MEFOXIN 2gm IVPB q8° | 06 | [redacted] | | | | | | | |
| | ----- | | 14 | [redacted] | | | | | | | |
| | ----- | | 22 | [redacted] | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 24738

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. ____ Yr. ____ |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | blw 2 ml | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 15 | [redacted] | Percocet 1/1 PO q 4° PRN | 1230 15 Jan | 1·15 2015 | 115 [redacted] | 1·15 [redacted] | 16 Jan 1205 | 16 Jan 1615 | 16 Jan 2000 | 17 Jan 0800 | 17 Jan [redacted] | 17 Jan 0230 | 18 Jan 1020 | 18 Jan 2230 | 19 Jan 0550 | 19 Jan 1000 | 19 Jan 2000 |
| | | Pain | 1/1 7/03 | [redacted] | [redacted] | 0445 | 1/1 PO | 1/1 PO | 1/1 PO | 1/1 PO | 1/1 PO | 1/1 PO | 1/1 PO | 1/1 PO | 1/1 PO | 1/1 PO | [redacted] |
| 15 | [redacted] | Demerol 75mg IV q 4° | 15 Jan 1354 75mg | | | | | | | | | | | | | | |
| | | PRN BREAKTHROUGH PAIN | [redacted] | | | | | | | | | | | | | | |
| 15 | [redacted] | Phenergan 25mg IV | 15 Jan 1355 25mg IVP | | | | | | | | | | | | | | |
| | | q 6° PRN NAUSEA | [redacted] | | | | | | | | | | | | | | |
| 15 | [redacted] | Maalox 2 TBSP PO q 6° | | | | | | | | | | | | | | | |
| | | PRN UPSET STOMACH | | | | | | | | | | | | | | | |
| 15 | [redacted] | MSO4 2-8mg IVP | 1·15 1534 | 1·15 2110 | 1·15 0536 | 1·19 [redacted] | 16 Jan 1900 | 16 Jan 1615 | 16 Jan 2330 | 18 Jan 0330 | 18 Jan 1020 | 18 Jan 1836 | 18 Jan 2100 | 1·19 2015 | 19 Jan 2320 | [redacted] | |
| | | Q 1-2° PRN Pain | 8mg IVP | [redacted] | [redacted] | [redacted] | 5mg IVP | 5mg IVP | 6mg IVP | 5mg IVP | 5mg IV | 5mg IVP | 5mg IVP | 5mg IVP | 5mg IVP | 0033 | |
| | | | | | | | | | | | | | | | | | |
| 1·19 | [redacted] | Percocet 1/1 Q 4° PRN | 1·19 1534 | 4 Jan 2230 | 20 Jan 0700 | 21 Jan 0930 | 21 Jan 2030 | 22 Jan 0330 | | | | | | | | | |
| | | Pain. | 1/1 [redacted] | [redacted] | 1/1 PO | [redacted] | 1/1 [redacted] | 1/1 PO | | | | | | | | | |

*U.S. GPO: 1996-454-110/95216

**MEDICAL RECORD-SUPPLEMENTAL MEDICAL DA...**

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE: Post-Anesthesia Care Unit (PACU) Flow Sheet — Completion ABD Flap, Filowlar Tract Bone

OTSG APPROVED (Date)

Date: 14 JAN 04 — Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block

Time In: 1445 — Allergies: — OR Intake: Crystalloid 2L — Colloid — EBL 200

Pre-op V/S: — OR Output: UOP — Meds/Times:

Procedures: 30 mg oral, 5 mg Fent, rec Reclerol, propofol

Pre Op Meds: 1gm Ancef 100 History

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| Tube | Trach |
| Foley | Other |
| TLS | |

| Time | 1345 | 1355 | 1400 | 1405 | 1410 | 1415 | 1420 | 1425 | 1430 | 1435 | 1440 | 1445 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SaO2 | 98 | 99 | 100 | 100 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 |
| FiO2 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 |
| Methods | | | | | | | | | | | | |
| 240 | | | | | | | | | | | | |
| 220 | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | |
| 180 | | | | | | | | | | | | |
| 160 | | | | | | | | | | | | |
| 140 | | | | | | | | | | | | |
| 120 | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | |
| RR | 11 | 16 | 16 | 20 | 16 | 16 | 20 | 12 | 16 | 18 | 10 | 10 |
| T | | | | | | | 98 | | | | 98 | |
| Time | | | | | | | | | | | | |
| Pain (0-10) | | | | | | | | | | | | |
| LOS | | | | | | | | | | | | |

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1400 | NS | 450 | L/C | [redacted] | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 1 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 1 | 1 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | 1 | 1 | 1 |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 8 | 9 | 9 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
" = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done: Wound Care, Pain Management, T, C, & DB, Incentive Spirometer, Comfort Measures, Safety, SR up X 2, Falls Precautions, Privacy Maintained

(Continue on reverse)

PREPARED BY: [redacted] — DEPARTMENT/SERVICE/CLINIC: PCU 3 — DATE: 14 JAN 04

PATIENT: [redacted] (first, middle, grade, date, hospital or medic... Name – last,

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

b(6)-7

b(6)-4

DA FORM 4700, MAY 78 — WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) — Previous edition is obsolete — USAPPC V2.00

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| 1410 | [illegible] | MSO4 2mg | IV | | | [redacted] |
| 1425 | ↓ | [illegible] 2mg | IV | | | [redacted] |
| 1445 | ↓ | [illegible] 2mg | IVP | — | | [redacted] |
| 1450 | — | MSO4 2mg | IVP | — | | [redacted] |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | x4 | — | + | + | <3 | Cool | [illegible] |
| 15' | | | | | | | |
| 30' | | | | | | | |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

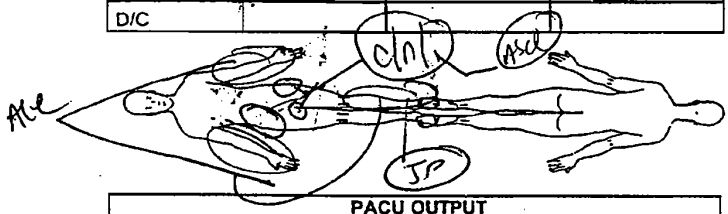
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | | | |
| 30' | | | |
| 60' | | | |
| D/C | | | |




## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| 1715 | JP | bloody | 25 |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

Pt received for or. Pt able to verbalize pain; ⊖ sos. Pt at 4L NC, will decrease as ordered. Pt voided. D/C'd ⓟ radial fr. L/c ⓐ 1550. Pt [illegible] [redacted] Sinus [illegible] ⓛ rc x3 L/c intact; ns ⓐ bru ⓣ 95°. applied chest cuddler. [redacted]

1425: 2mg IVP MSO4 for pain to ⓛ/c. [redacted]

b (w) - 2 All

**Discharge Criteria:**
Date: 14 Jan Time: 1515 PARS: 9
BP: 170/80 T: 96.5 HR: 94 RR: 10 Sa02: 97
Pain Level at D/C (0-10):
Intake: [redacted] Output: 25 (JP
Additional Data:
Transferred To: [illegible]
Report Given To: [illegible]
Transferred Via [redacted] Gurney Ambulance
Transferred By: [redacted]
Cleared IAW Recov [redacted]
Charge Nurse Signat [redacted]

b(2)-2

# Admission and Discharge Information

For use of this form, see AR 40-400; the proponent agency is OTSG

| | | | | |
|---|---|---|---|---|
| 1. Reporting MTF [redacted] | 2. MTF Location [redacted] | | | |
| 3. Register Number [redacted] | Name (Last, First, MI) [redacted] | | 4. Pay Grade FGN | 5. Sex M |
| 6. DoB (YYYYMMDD) 1969-02-01 | 7. Age at Admission 34Y | 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 23:00 | 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 DIS | Prev. Admission NO | |
| 20. Source of Admission Direct from ER | Ward: ICU3 | Name / Relationship of Emergency Addressee | | |
| | | Address of Emergency Addressee | | |
| Name and Location of Medical Treatment Facility: [redacted] | | Telephone Number of Emergency Addressee | | |
| 21. Type of Disposition HOME | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) 2004-01-22 | | |
| 24. Clinic Svc - Admitting ABA - GENERAL SURGERY | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) 2003-11-17 | | |
| 27. Location of Occurrence IZ | 28. MTF of Initial Admission | 29. Date of Initial Admission 2003-11-17 | | |

b(2)-2

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: GSW L ARM/ABDOMIN

Procedure Narrative(s):

Cause of Injury Narrative:

Dx: 81250, 81393, E9912, 9571

Px: 7931, 7961, 7932, 7962, 7803, 7779, 0581, 8064

Admitting Officer (Signature, as requi[redacted]

b(6)-2

Signature of [redacted]

Automated Facsimile - DA FORM 2[redacted] MEDCOM - 24742

Automated Facsimile

# INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400, the proponent agency is OTSG

| 1. Register Nbr | 2. Name | | | | | 3. Grade | Admission Remarks |
|---|---|---|---|---|---|---|---|
| [redacted] | [redacted] b(4)-4 | | | | | FGN | |
| 4. Sex | 5. Age | 6. Race | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm | |
| M | 24Y | X | | | | NO | |
| 11. FMP | 12. SSN | 13. Organization | | | | 14. Ward | |
| 99 | [redacted] | [redacted] b(4)-4 | | | | ICU1 | |
| 15. FlyStatus | 17. Dept / Ben | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case | | | |
| | K78-PRISONER OF WAR/INTER | | | BC | | | |
| 21. Source of Admission | 22. Hour Of Adm: | 23. Clinic Service | | | | | |
| Direct from ER | 23:00 | AEA - ORTHOPEDICS | | | | | |
| 24. Name/Relation of Emergency Addressee | 25. Type Disp | 26. Date of Disp | | | | | |
| | TRF-OTH | 2003-11-25 | | | | | |
| 27a. Address of Emergency Addressee | 27b. Telephone No | 28. Date This Adm: | AdmittingOfficer: | | | | |
| | | 2003-11-17 | [redacted] | | | | |
| 29. [redacted] b(2)-2 | | 30. Date Init Adm | 32. Units Blood Components | | | | |
| | | 2003-11-17 | | | | | |

31. Selected Administrative Data

Marital Status: DoB: 1979-06-16

In/Out Patient: Inpatient MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

S/P I & D L SHOULDER/ L RING FINGER PARTIAL AMP

(L) proximal humerus Fx

812.19
886.0
910.0
E991.2
(11/18) 79.61
(11/18) 84.01
(11/20) 79.61

| DX | PROC. | T | I |
|---|---|---|---|
| 8219 | | | |
| 8860 | 8401 | 1 | 450 |
| 9100 | 7961 | | |
| E9912 | | | |

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 | 9 | 9 |

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 | 9 | 9 |

Sig[redacted] Medical Officer b(4)-2 Signature of [redacted]

Automated Facsimile - DA FORM 3647, May 79 MEDCOM - 24743

MEDICAL RECORD | 0100 18 Nov ~~ABB~~REVIATED MEDICAL RECORD

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION (Enter date of admission)

25 y/o ♂ passenger in vehicle, shot ~ 4h ago

Medic dello PMH per apply ō med prob

GCS 15 130/80 110 20 100% ra

PHYSICAL EXAMINATION

any scalp abrasion
PERRL
mouth OK
neck - non tender
chest c clear
cv - ō (H)
abd - soft
pelv stable
rectal - good tone

extr - RUE, LLE OK
RLE puncture wound mid lg
xcnt pulse bil LE
xcnt (L) radial
Ax prox LUE (proximal humerus shaft
radial/median/ulna n. intact, Ax 4th
rec'd Ancef prior to arrival
rec'd tetanus tox

PROGRESS (Enter date of discharge and final diagnosis)

A - 25 y/o ō shattered proximal humerus (L) 4th distal digital tuft
px wound RLE (xcnt pulse

P - OR per ortho

17 14/45 203 142/106 3.8/23 PT 16 PTT 35 anyl 18 BUN 14

head CT nl
CXR OK? right tuft on (L) crest 1,2

[redacted] b(6)-2

SIGNATURE OF PHYSICIAN | DATE | IDENTIFICATION NO 18 Nov | ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give name last, first, middle grade, date, in-patient or medical facility)

REGISTER NO | WARD NO

[redacted] b(6)-4

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FPMR 101-11.4 CFR 201-45.108
OCTOBER 1993
SSAPPG 21.00

MEDCOM - 24744

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES b(6)-2 A1 |
|---|---|
| 18 Nov 03 0615 | Received report + care of patient from [redacted] SK LPN |
| 0930 | Pt c/o pain to (R) shoulder + received 5mg MsO4 for pain control. VSS. Will cont to monitor [redacted] |
| 1100 | Pt c/o pain and received 5mg MsO4 for pain control. VSS. Will cont to monitor [redacted] |
| 1400 | Pt VSS c/o pain and received 5mg MsO4 for pain control will continue to monitor [redacted] SK LPN |
| 1600 | Pt VSS. Pt c/o pain and was given 5mg MsO4 for pain control will cont to monitor [redacted] |
| 1800 | Report + care of pt given to oncoming shift [redacted] SK LPN |
| 1820 | Report recieved from PFC [redacted] |
| 1830 | Received report on Pt-1340. PT stable at this time. PT request interpreter. Will continue to monitor. [redacted] LT/AN |
| 1900 | 5mg morphine given. [redacted] LT/AN |
| 2000 | 5mg morphine given. PT temp 102. mb awake. states to encourage incentive spirometry. Pt already started. [redacted] LT/AN |

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | SPONSOR'S ID NUMBER (SSN or Other)

DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO. ICU 1

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1998)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

[redacted]

b(6)-4

MEDCOM - 24745

b(6)-2 A-11

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 0200 | PT repeatedly keep asking for pain medication 2mg given. PT is drowsy but arousable and RR dropping below 8. KIM hold all medication for atleast the next 4hrs. [redacted] |
| 0400 | Morning Labs drawn. [redacted] |
| 0600 | T. 102.5. 1000mg Tylenol given [redacted] |
| 0615 | Received report + care of pt. from previous shift. [redacted] |
| 11/19/03 | [illegible] - H/H 11/36. T: 100.8 - decreased urine output - D/C Foley, NW RLA, Fluids/bowels [redacted] |
| 1800 | PT VSS. & c/o pain or distress. T. 101.5 pt. given 1000mg Tylenol. will continue to monitor [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

MEDCOM - 24746

b(a)-2 A11

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 19NOV03 | (1715) Pt admitted to unit via WC in stable cond. Pt alert, speaking Arabic. VSS. ↑ temp 101.3. Pt medicated c̄ Ti Percos for temp and pain. Temp @ this time 100.8. @ femoral cordis dlcd-cathete intact. 20g IV started in (R) forearm - sld - flushe c̄ s/sx infiltration. Pt amb in hallway. WC in sling. Hemovac intact draining sm. amount sero-sang drainage. 2 point restraints intact c̄ s/sx complications. Will cont. to monitor. [redacted] |
| 19Nov03 2110 | Assumed Pt care 1800. A&O. Able to communicate needs. Temp 101.8 @ 1900. @ 2030 101.4. Encouraged IS to pt 10x hr whil Awake. Will monitor temp. Pt c/o pain in (L) Shoulder. 2 percocets given. 20G IV R FA. Flushe & Patent. Drsg to R shoulder CDI. R UE in sling. Hemo vac to R shoulder. Will cont [redacted] or. Spec 91WM6 |
| 20nov03 @ 1100 | Pt c/o, temp 100.8, Ti Percocet [redacted] given for c/o pain to (R) shoulder. (R) arm in sling, hemovac in-tact draining small amt. bloody drainage. drsg to (R) shoulder, ø shadowing or drng seen thru drsg. IS use encouraged. (+) pulses to (R) |

| 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. |
|---|---|---|
| [redacted] b(6)-4 | | |

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1995)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 24747

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES b(6)-2 A11 |
|---|---|
| (con't) | |
| 20NOV03 @ 1100 | UE. brisk cap refill. Pt amb x2, had Bm x1, brown & formed. drsg to (L) ankle & (d), dry drsg applied. (+) edema (non-pitting) to (B) feet. elevated, NPO for OR today. (Pt consumed a piece of turkey bacon & sips of H2O this AM, although NPO). MD aware. Will monitor [redacted] LPN. |
| 1720 | Pt back from PACU, S/P I&D (L) shoulder, A&O, VSS & temp 99.2, 0 c/o pain. bulky drsg to (L) shoulder, hemovac intact, bloody drainage in tubing. Tol fluids & PO well. Will monitor [redacted] 91WMB. |
| 20NOV03 | Assumed care @1800 A&O VSS. Demerol & Phergan for pain. LS CTA (B), HRRR. (D) 3500 & 4 qunts. Voids spontaneously c/o. (R) shoulder Drsg CDI. Hemovac in place. Drsg [redacted] (R) LE CDI. Will cont to monitor [redacted] 91WMB |
| 21NOV03 0835 | Pt A&O, VSS & temp 99.1, medicated c̄ Percocet for pain to (L) shoulder. (L) shoulder c̄ bulky drsg CDI. Hemovac intact draining bloody fluid. 95cc emptied @0700 this am. (+) pulses to (B) UE, brisk cap refill. ~~pt does not move (L) arm or hand~~ (ERROR [redacted]), (L) arm in sling. pt able to move fingers c̄ difficulty. Pt does not move (L) arm or hand d/t pain. Pt tol. Reg diet well, consumed 50% of breakfast this AM. AM care provided. IV ancef & levaquin cont per MD orders. Will monitor [redacted] 91WMB. |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.0

[redacted] b(6)-1

MEDCOM - 24748

b(6)-2 +1

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 21 Nov 03 2300 | Pt A&O VSS. C/O pain controlled w/ percocet. Drsg to (L) shoulder CDI w/ removal. Neuro V to (L) hand WNL. Lung sounds CTA Bilaterally. $S_1$ $S_2$ present. HRRR. (+) BS x4 quads. Pt void spontaneously c/v w/ difficulty. Pt recieved Ambien for insomnia. Ineffective. Pt pulled IV out of (R) FA. Will cont to monitor. [redacted] Spec 9 WMC |
| 22 NOV @ 1600 | Assumed care of pt. @ 0600. VSS, A&O. C/O pain to (L) shoulder frequently. ÷ Percs x 2 this shift for pain. Physical therapist Δ'd DRSNG to (L) shoulder & removed hemovac drain, staples intact to (L) shoulder incision, ∅ drainage, edges well approx, ∅ S/Sx of infection. Pt. ambulates w/ difficulty to BR and is following. (L) arm in sling, elevated in bed. Urinal @ bedside → C/V. New IVSL to (R) hand, 20G, flushes well. Pt. in 3-point restraints, ∅ signs of skin breakdown. All other assessments WNL. Will cont. to monitor. [redacted] 2CT ARC |
| 22 NOV 03 1900 | USS (L) shoulder dry/dry/intact. (L) arm sling intact. (L) radial pulse palpable +2. (R) hand saline lock patent/intact. 2 restraints implace without compromise circulation or skin integrity. Verbally clear — |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | LAST | FIRST | MI | over |

| 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(6)-4

MEDCOM - 24749

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | (Continued) NOTES b(6)-2 A11 |
|---|---|
| 22NOV03 (1900) | yellow urine. No c/o pain or discomfort @ this time [redacted] |
| 23NOV03@1600 | VSS. A&O. Ø c/o pain this shift. Dressing to shoulder intact, small amount of serous drainage to old removal site. (L) arm in sling & elevated on blankets. 2+ pitting edema to (L) UE. Pt. OOB to BR, ambulates ∓ assist. Pt. in 2-point restraints. Ø signs of skin breakdown. Friend @ bedside. C/O (+) BS all 4 quads. All other assessments WNC. [redacted] |
| 23NOV03 1900 | VSS Alert & Oriented (L) shoulder dry & intact. (L) UE c̄ sling in place. (L) Radial pulses palpable +2. OOB → BR. Consumed 80% of Regular diet for ~~[illegible]~~ dinner. Percocets effective for pain management. HOB ↑ 15°. 2 point restraints in place without compromising circulation or skin integrity. Will continue plan of care. [redacted] |
| 23NOV03@1900 | Assumed care of pt. @ 0600. VSS. A&O. Ø c/o pain. Pt. OOB → shower this AM. Staples to (L) shoulder intact, Ø drainage. (L) UE in sling, elevated in bed. 2+ pitting edema to (L) hand. Pt. ambulates ∓ difficulty in hallway. Pt. in 2-point restraints, Ø sign of skin breakdown. All other assessments WNC. 20G to (R) hand IVSL, flushes well. Will cont. to monitor. [redacted] |

#[redacted]

b(6)-4

STANDARD FORM 509 (REV. 5/1999) BACI
USAPA V1.0

MEDCOM - 24750

Medical Record Progress Notes

## Braden Scale Evaluation

Date: 24 Nov 03

| | | | | | |
|---|---|---|---|---|---|
| Sensory Perception | No Impairment | 4 | Mobility | No Limitations | 4 |
| | Slightly Limited | 3 | | Slightly Limited | 3 |
| | Very Limited | 2 | | Very Limited | 2 |
| | Completely Impaired | 1 | | Completely Immobile | 1 |
| Moisture | Rarely Moist | 4 | Nutrition | Excellent | 4 |
| | Occasionally Moist | 3 | | Adequate (Eats >50%) | 3 |
| | Moist | 2 | | Adequate (rarely eats) | 2 |
| | Constantly Moist | 1 | | Very Poor | 1 |
| Activity | Walks Frequently | 4 | Friction and Shear | No Apparent Problem | 3 |
| | Walks Occasionally | 3 | | Potential Problem | 2 |
| | Chairfast | 2 | | Problems | 1 |
| | Bedfast | 1 | | | |

Total Score: 20

| | |
|---|---|
| Above 20 | Low Risk |
| 16-19 | Med Risk |
| 11-15 | High Risk |
| Below 10 | Very High Risk |

Score <15 requires Immediate Ulcer Prevention Program

Date: _____

| | | | | | |
|---|---|---|---|---|---|
| Sensory Perception | No Impairment | 4 | Mobility | No Limitations | 4 |
| | Slightly Limited | 3 | | Slightly Limited | 3 |
| | Very Limited | 2 | | Very Limited | 2 |
| | Completely Impaired | 1 | | Completely Immobile | 1 |
| Moisture | Rarely Moist | 4 | Nutrition | Excellent | 4 |
| | Occasionally Moist | 3 | | Adequate (Eats >50%) | 3 |
| | Moist | 2 | | Adequate (rarely eats) | 2 |
| | Constantly Moist | 1 | | Very Poor | 1 |
| Activity | Walks Frequently | 4 | Friction and Shear | No Apparent Problem | 3 |
| | Walks Occasionally | 3 | | Potential Problem | 2 |
| | Chairfast | 2 | | Problems | 1 |
| | Bedfast | 1 | | | |

Total Score: _____

| | |
|---|---|
| Above 20 | Low Risk |
| 16-19 | Med Risk |
| 11-15 | High Risk |
| Below 10 | Very High Risk |

Score <15 requires Immediate Ulcer Prevention Program

Patient ID:

Unit No. _____
Standard Form 509

EPW [redacted] b(a)-4

MEDCOM - 24751

**Medical Record** **Progress Notes**

# Wound and Skin Assessment

Date and Time 24Nov 03 Wound number 1
Stage I-IV — Surgical or Non-Surgical
Location (D) Shoulder
Shape linear Measurements approx 5 inches
Tissue Color Pink/well approximated
Drains and Type Ø
Drainage (amt and color) Ø
Dressing Type Staples OTA
Dressing Change Frequency — Wound Cleansing Ø
Additional Info (turning, elevation of extremeties, etc.) Ø

Date and Time _____ Wound number _____
Stage I-IV _____ Surgical or Non-Surgical _____
Location _____
Shape _____ Measurements _____
Tissue Color _____
Drains and Type _____
Drainage (amt and color) _____
Dressing Type _____
Dressing Change Frequency _____ Wound Cleansing _____
Additional Info (turning, elevation of extremeties, etc.) _____

Date and Time _____ Wound number _____
Stage I-IV _____ Surgical or Non-Surgical _____
Location _____
Shape _____ Measurements _____
Tissue Color _____
Drains and Type _____
Drainage (amt and color) _____
Dressing Type _____
Dressing Change Frequency _____ Wound Cleansing _____
Additional Info (turning, elevation of extremeties, etc.) _____

Patient ID: Unit No. _____
Standard Form 509

EPW

[redacted]

b(6)-4

MEDCOM - 24752

# MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circular 40-5

## SECTION I - PATIENT ASSESSMENT

DATE: 24 23 Nov 03 | PATIENT ACUITY LEVEL: II | POST-OP DAY: / | HOSPITAL DAY: —

**TRANSFER**

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:

Time _____ To _____ From _____ ☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER

Total ER/RR/PACU time _____ Physician _____ Anesthesia (*Specify*): _____

Procedure/Diagnosis _____ B/P _____ P _____ R _____ T _____

LOC _____ Neurovascular checks _____

Dressing/cast _____ Tubes _____

Intake (IV, po) _____ Output (EBL, other) _____ Voided ☐ No ☐ Yes Amount: _____

Medication _____

Other _____

Report From _____ Received By _____

**VITAL SIGNS**

| TIME: | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP ARTERIAL LINE | | | | | | | | | | | | | | | | |
| BP CUFF | | | | | | | | | | | | | | | | |
| TEMPERATURE | | | | | | | | | | | | | | | | |
| PULSE | | | | | | | | | | | | | | | | |
| RESPIRATORY RATE | | | | | | | | | | | | | | | | |
| OXYGEN (L/%) | | | | | | | | | | | | | | | | |
| PULSE OXIMETER | | | | | | | | | | | | | | | | |
| $O_2$ METHOD | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

Oxygen Method Key: NC = Nasal cannula; MT = Mist tent; NR = Non rebreather; PR = Partial rebreather; FM = Face mask; A = Aerosol; VM = Venturi mask; TC = Trach collar

**PAIN**

| TIME: | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| PAIN INTENSITY (10 / 5 / 0) | | | | | | | | | |
| MED ADMINISTERED (Y/N) | | | | | | | | | |
| RELIEF ACCEPTABLE (Y/N) | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

**OTHER**

| TIME: | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| FINGER STICK GLUCOSE | | | | | | | | | |
| INSULIN (Y/N) | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

**SPECIAL NEEDS**

| | TIME: | | |
|---|---|---|---|
| *Skin breakdown prevention | | | |
| *Falls prevention protocol | | | |
| *Restraint protocol | | | |
| *Seizure precautions | | | |
| *Isolation precautions | | | |
| | | | |
| | | | |

YESTERDAY'S WEIGHT: _____

TODAY'S WEIGHT: _____

WEIGHT CHANGE: _____

*Per hospital policy.

| 24 HOUR TOTALS | PO | IV #1 | IV #2 | | | | | TOTAL IN | Urine | | Stool | | | TOTAL OUT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

PATIENT IDENTIFICATION

EPW [redacted] b(6)-1

DIAGNOSIS: S/P I&D L Shoulder / Drainage finger amputation

DRG: _____ ADMISSION DATE: 2

LOS: _____ EXPECTED RELEASE: _____

CASE MANAGER: _____

PRIMARY CARE MANAGER: [redacted] b(6)

ISOLATION REQUIRED (*Specify*): [redacted]

MEDCOM - 24753

## SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

*DIRECTIONS: A check ✓ in the small box indicates patient assessment criteria have been MET. If all the stated criteria are not met, a brief explanation of abnormal findings will be noted in the appropriate column.*

| | TIME: INITIALS: | TIME: INITIALS: | TIME: INITIALS: |
|---|---|---|---|
| **1. NEUROLOGICAL:** Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light. | ☐ | ☐ | ☐ |
| **2. CARDIOVASCULAR:** Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)* | ☐ | ☐ | ☐ |
| **3. PULMONARY:** Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds. | ☐ | ☐ | ☐ |
| **4. G.I.:** Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/ swallowing. Denies constipation, diarrhea or rectal bleeding. | ☐ | ☐ | ☐ |
| **5. G.U.:** Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge. | ☐ | ☐ | ☐ |
| **6. MUSCULOSKELETAL:** Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia. | ☐ | ☐ | ☐ |
| **7. SKIN:** Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist. | ☐ | ☐ | ☐ |
| **8. PAIN:** No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)* | ☐ | ☐ | ☐ |
| **9. PSYCHOSOCIAL:** Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others. | ☐ | ☐ | ☐ |

**10. IV SITE ASSESSMENT:** (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness * - Central line)

| | | |
|---|---|---|
| TIME: _____ INITIALS: _____ | TIME: _____ INITIALS: _____ | TIME: _____ INITIALS: _____ |
| IV patency ✓ q ___ hr: _____ | IV patency ✓ q ___ hr: _____ | IV patency ✓ q ___ hr: _____ |
| IV site care provided: _____ | IV site care provided: _____ | IV site care provided: _____ |
| IV tubing changed: _____ | IV tubing changed: _____ | IV tubing changed: _____ |
| LOCATION CONDITION | LOCATION CONDITION | LOCATION CONDITION |
| IV Site #1: _____ _____ | IV Site #1: _____ _____ | IV Site #1: _____ _____ |
| IV Site #2: _____ _____ | IV Site #2: _____ _____ | IV Site #2: _____ _____ |
| Comments: | Comments: | Comments: |

## SECTION III - PATIENT INTERVENTIONS & TEACHING

**NEUROVASCULAR**

| SITE: TIME: | | | | | | |
|---|---|---|---|---|---|---|
| COLOR | | | | | | |
| CAPILLARY REFILL | | | | | | |
| TEMPERATURE | | | | | | |
| EDEMA | | | | | | |
| SENSATION | | | | | | |
| MOTION | | | | | | |
| PASSIVE FLEXION | | | | | | |
| PERIPHERAL PULSE | | | | | | |

LEGEND

Color: P-pink (normal); C-cyanotic; W-pale, white
Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(> 5 secs)
Temperature: C-cool; W-warm; H-hot
Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting
Sensation: A-absent; N-numb; T-tingling; S-sensation (present)
Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM
Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain
Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding; D-doppler, P-palpable

**SAFETY**

| TIME: | | | |
|---|---|---|---|
| ID band visible/legible | | | |
| Orient to environment prn | | | |
| Side rails (2/4) up | | | |
| Bed position low | | | |
| Call light within reach | | | |
| | | | |

**OTHER**

| | | | |
|---|---|---|---|
| Review & post lab results | | | |
| Notify MD abnormal labs | | | |
| | | | |
| Incontinent urine/stool | | | |
| Linen change prn | | | |
| Turn/reposition q2h | | | |
| ROM q2h if immobile | | | |
| Antiembolic hose | | | |
| | | | |
| | | | |
| | | | |

**DIET**

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| TYPE: | TYPE: | TYPE: |
| PERCENT CONSUMED: | PERCENT CONSUMED: | PERCENT CONSUMED: |
| HOW TOLERATED: | HOW TOLERATED: | HOW TOLERATED: |
| ☐ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE |

**ADLs**

| | 0700-1500 | 1500-2300 | 2300-0700 |
|---|---|---|---|
| BATH/ORAL CARE | ☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL | ☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL | ☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL |
| TYPE OF ACTIVITY (Circle all that apply) | BEDREST AMBULATE BSC BRP CHAIR ☐ SELF ☐ ASSIST # TIMES/SHIFT | BEDREST AMBULATE BSC BRP CHAIR ☐ SELF ☐ ASSIST # TIMES/SHIFT | BEDREST AMBULATE BSC BRP CHAIR ☐ SELF ☐ ASSIST # TIMES/SHIFT |

**TEACHING**

| TIME: INITIALS: | TIME: INITIALS: | TIME: INITIALS: |
|---|---|---|
| CONTENT: | CONTENT: | CONTENT: |
| ☐ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding |

PATIENT IDENTIFICATION

EPW

[redacted] b(6)-4

MEDCOM - 24755

| INITIALS | SIGNATURE | SHIFT |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

SECTION III - INTERVENTIONS & TEACHING (Cont)

| WOUND CARE | TIME | LOCATION OF WOUND | APPEARANCE | TREATMENTS AND DRESSING CHANGE |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | b(6)-2 |

SECTION IV - NOTES

1300: Pt D/c'd. to camp installb card. [redacted]

MEDCOM - 24756

# MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circular 40-5

## SECTION I - PATIENT ASSESSMENT

DATE: 24 Nov 03 | PATIENT ACUITY LEVEL: III | POST-OP DAY: — | HOSPITAL DAY:

**TRANSFER**

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:

Time 1600 To ICW2 From ICW1 ☒ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER

Total ER/RR/PACU time _____ Physician _____ Anesthesia (*Specify*): _____

Procedure/Diagnosis (L) shoulder / (L) finger amp partial B/P _____ P _____ R _____ T _____

LOC _____ Neurovascular checks _____

Dressing/cast Staples to (L) shoulder / dsg to hemovac site Tubes _____

Intake (IV, po) 200g (R) hand Output (EBL, other) _____ Voided ☐ No ☐ Yes Amount: _____

Medication _____

Other (L) arm elevated / in sling / 2+ pitting edema

Report From LT [redacted] b(6) Received By LT [redacted]

**VITAL SIGNS**

| TIME: | 1730 | 0400 | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP ARTERIAL LINE | | | | | | | | | | | | | | | | |
| BP CUFF | 140/69 | 99/67 | | | | | | | | | | | | | | |
| TEMPERATURE | 99.3 | 97.6 | | | | | | | | | | | | | | |
| PULSE | 84 | 88 | | | | | | | | | | | | | | |
| RESPIRATORY RATE | 16 | 16 | | | | | | | | | | | | | | |
| OXYGEN (L/%) | | | | | | | | | | | | | | | | |
| PULSE OXIMETER | 98% | 96 | | | | | | | | | | | | | | |
| O2 METHOD | RA | RA | | | | | | | | | | | | | | |

Oxygen Method Key: NC = Nasal cannula; MT = Mist tent; NR = Non rebreather; PR = Partial rebreather; FM = Face mask; A = Aerosol; VM = Venturi mask; TC = Trach collar

**PAIN**

| TIME: | 1730 | 0400 | | | | | | |
|---|---|---|---|---|---|---|---|---|
| PAIN INTENSITY (10 / 5 / 0) | X | X | | | | | | |
| MED ADMINISTERED (Y/N) | N | Y | | | | | | |
| RELIEF ACCEPTABLE (Y/N) | NA | Y | | | | | | |
| Tylenol | | 650mg | | | | | | |

**OTHER**

| TIME: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| FINGER STICK GLUCOSE | | | | | | | | |
| INSULIN (Y/N) | | | | | | | | |

**SPECIAL NEEDS**

| TIME: | 1730 | | 0400 |
|---|---|---|---|
| *Skin breakdown prevention | NA | | NA |
| *Falls prevention protocol | | | |
| *Restraint protocol | | | |
| *Seizure precautions | | | |
| *Isolation precautions | | | |

YESTERDAY'S WEIGHT: _____

TODAY'S WEIGHT: _____

WEIGHT CHANGE: _____

*Per hospital policy.

| 24 HOUR TOTALS | PO | IV #1 | IV #2 | | | | | TOTAL IN | Urine | | Stool | | | TOTAL OUT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | |

PATIENT IDENTIFICATION

EPW # [redacted] b(6)-4

DIAGNOSIS: S/P I&D (L) shoulder / (L) ring finger partial amp

DRG: _____ ADMISSION DATE: _____

LOS: _____ EXPECTED RELEASE: _____

CASE MANAGER: _____

PRIMARY CARE MANAGER: _____

ISOLATION REQUIRED (*Specify*): _____

## SECTION II - PATIENT ASSESSMENT - REVIEW OF SYSTEMS

*DIRECTIONS: A check ✓ in the small box indicates patient assessment criteria have been MET. If all the stated criteria are not met, a brief explanation of abnormal findings will be noted in the appropriate column.*

| | TIME: 1730 INITIALS: [redacted] | TIME: INITIALS: | TIME: 2200 INITIALS: [redacted] |
|---|---|---|---|
| 1. NEUROLOGICAL: Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light. | ☑ | ☐ | ☑ |
| 2. CARDIOVASCULAR: Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)* | ☑ | ☐ | ☑ |
| 3. PULMONARY: Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds. | ☑ b/u x2 All | ☐ | ☑ |
| 4. G.I.: Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/ swallowing. Denies constipation, diarrhea or rectal bleeding. | ☑ | ☐ | ☑ |
| 5. G.U.: Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge. | ☑ | ☐ | ☑ |
| 6. MUSCULOSKELETAL: Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia. | ☐ ↓ ROM to (L) shoulder 2° to GSW; (L) arm in splint | ☐ | ☐ ↓ ROM (L) shoulder GSW (L) Arm C sling Staples |
| 7. SKIN: Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist. | ☐ Dsg to (L) hand CDI, dsg to (L) shoulder intact | ☐ | ☐ staples to (L) shoulder intact (+) 4 pitting edema (R) hand |
| 8. PAIN: No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)* | ☐ see pg 1 | ☐ | ☐ see pg 1 |
| 9. PSYCHOSOCIAL: Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others. | ☑ | ☐ | ☑ |

**10. IV SITE ASSESSMENT:** (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness * - Central line)

| | | |
|---|---|---|
| TIME: 1730 INITIALS: [redacted] | TIME: INITIALS: | TIME: 2200 INITIALS: [redacted] |
| IV patency ✓ q (8) hr: | IV patency ✓ q ___ hr: | IV patency ✓ q 8 hr: PRN |
| IV site care provided: | IV site care provided: | IV site care provided: Assessed |
| IV tubing changed: | IV tubing changed: | IV tubing changed: |
| LOCATION / CONDITION | LOCATION / CONDITION | LOCATION / CONDITION |
| IV Site #1: (R) FA / OK | IV Site #1: | IV Site #1: (R) FA / OK |
| IV Site #2: | IV Site #2: | IV Site #2: |
| Comments: flushed | Comments: | Comments: SCCNS flushed |

b(6)-2

## SECTION III - PATIENT INTERVENTIONS & TEACHING

**NEUROVASCULAR**

| SITE: (L) FA | TIME: 1730 | 0200 | | | | |
|---|---|---|---|---|---|---|
| COLOR | P | P | | | | |
| CAPILLARY REFILL | 2 | 2 | | | | |
| TEMPERATURE | W | W | | | | |
| EDEMA | 1 | 1 | | | | |
| SENSATION | S | S | | | | |
| MOTION | M | M | | | | |
| PASSIVE FLEXION | unable to move | | | | | |
| PERIPHERAL PULSE | 2 | 2P | | | | |

LEGEND

Color: P-pink (normal); C-cyanotic; W-pale, white
Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(>5 secs)
Temperature: C-cool; W-warm; H-hot
Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting
Sensation: A-absent; N-numb; T-tingling; S-sensation (present)
Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM
Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain
Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding; D-doppler, P-palpable

**SAFETY / OTHER**

| | TIME: 1730 | | 0200 |
|---|---|---|---|
| ID band visible/legible | [redacted] | | [redacted] |
| Orient to environment prn | | | |
| Side rails (2/4) up | | | |
| Bed position low | | | |
| Call light within reach | | | |
| Review & post lab results | | | |
| Notify MD abnormal labs | | | |
| Incontinent urine/stool | | | |
| Linen change prn | | | |
| Turn/reposition q2h | | | |
| ROM q2h if immobile | | | |
| Antiembolic hose | | | |

**DIET**

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| TYPE: | TYPE: | TYPE: Reg |
| PERCENT CONSUMED: | PERCENT CONSUMED: | PERCENT CONSUMED: |
| HOW TOLERATED: | HOW TOLERATED: | HOW TOLERATED: well |
| ☐ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☒ ASSIST ☐ COMPLETE |

**ADLs**

| | 0700-1500 | 1500-2300 | 2300-0700 |
|---|---|---|---|
| BATH/ORAL CARE | ☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL | ☐ SELF ☐ COMPLETE ☒ ASSIST ☐ TOTAL | ☐ SELF ☐ COMPLETE ☒ ASSIST ☐ TOTAL |
| TYPE OF ACTIVITY (Circle all that apply) | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☐ ASSIST; # TIMES/SHIFT | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☐ ASSIST; # TIMES/SHIFT | BEDREST, AMBULATE, BSC, BRP, CHAIR; ☐ SELF ☐ ASSIST; # TIMES/SHIFT |

**TEACHING**

| TIME: 1730 INITIALS: [redacted] | TIME: INITIALS: | TIME: 0200 INITIALS: [redacted] |
|---|---|---|
| CONTENT: - Call for assist - EPW restraints | CONTENT: b(6)-2 | CONTENT: Call for assist |
| ☐ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding | ☒ Patient/Family Verbalizes Understanding |

| PATIENT IDENTIFICATION | INITIALS | SIGNATURE | SHIFT |
|---|---|---|---|
| EPW # [redacted] b(6)-4 | [redacted] | b(6)-2 [redacted] UT/AN [redacted] UT/AN | D 9p/9a |

MEDCOM - 24759

SECTION III - INTERVENTIONS & TEACHING (Cont)

| WOUND CARE | TIME | LOCATION OF WOUND | APPEARANCE | TREATMENTS AND DRESSING CHANGE |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SECTION IV - NOTES

24 Nov 03 1730 Pt transferred from ICW1 in stable condition. Ambulatory at time of transfer. No questions or concerns. [redacted] b(6)-2

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |

D/C Note

11/24/03 Iraqi male sustained GSW to (L) shoulder and hand. Pt totally lost (L) proximal humerus from blast. Not a candidate for fusion or reconstruction. Needs humeral head prosthesis which is not available here. He will have good function at elbow and hand but shoulder motion will be severely limited. Pt also sustained partial ring finger amputation. Staples and sutures should be removed in 10 days. Continue oral antibiotics for two weeks. Keep incisions clean & dry.

[redacted]

b(6)-7

| 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.

[redacted]

b(6)-1

**CHRONOLOGICAL RECORD OF MEDICAL CARE**
Medical Record
**STANDARD FORM 600** (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

MEDCOM - 24761

C 0

| MEDICAL RECORD | PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT<br>FOR Use this form. See AR 40-407: the Proponent agency is The Office of the Surgeon General. |
|---|---|
| 1. AGE 23<br>HEIGHT: ?<br>WEIGHT: ? | 2. KNOWN ALLERGIC SENSITIVITIES (e.g.. Iodin, Tape, Medication)<br>☒ NKDA ☐ PCN ☐ LATEX ☐ IODINE ☐ TAPE ☐ FOOD<br>REACTION: |
| | 3. PREVIOUS SURGERY [ ] NO [X] YES (type):<br>APPY |

4. PROPOSED SURGICAL PROCEDURE:
I&D (L) Shoulder / I&D (L) Ring finger

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition multiple wounds
Tobacco 1 ppd X 10 yrs Body Piercing Ø Diabetes (Y) (N) ROM (L) Arm injury ASA/Motrin W 72hrs (Y) (N)
ETOH ? Implants Ø Respiratory Disease (Asthma COPD) (Y) (N) Anticoagulants (Y) (N)
Glasses/Contact (Y) (N) Dentures Ø Hypertension (Y) (N) Herbal Medicines (Y) (N) MEDS: Ø

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| A. PSYCHOSOCIAL<br>X potential for anxiety related to:<br>X 1) Surgical Procedure& Operating Room Environment<br>X 2) Separation Anxiety (Child)<br>X 3) Surgical Outcomes | O Pt. verbalizes any specific anxiety.<br>O Pt. Exhibits relaxed body posture. | O. Allow pt. to verbalize freely.<br>O. Explain Or environment and answer questions regarding surgery.<br>O. Offer comfort measures. (e.g. warm blanket. touch).<br>O. Explain all nursing procedures before they are done.<br>O. Remain with pt. Whenever possible.<br>O. Maintain family interface. Parents to stay with pt. |
| B. AERATION<br>X Potential for respiratory dysfunction due to:<br>X 1) Positioning<br>X 2) Effects of Anesthesia<br>X 3) Medical/Smoking History | O Pt. will be able to breath without difficulty during immediate intraoperative phase. | O. Offer to elevate head of litter or offer pillow.<br>O. Observe pt. While awaiting surgery for signs of distress.<br>O. Assist anesthesia during intubatior and extubation. |
| C. INTEGUMENT<br>X Potential Impairment of Skin Integrity due to:<br>X 1) Intraoperative Immobility<br>X 2) ESU Pad Placement<br>X 3) Positional Aids<br>N/A 4) Prosthesis<br>X 5) Pooling of Prep Solutions | O Pt. will exhibit signs of impairment of skin integrity (e.g., reddened areas). | O. Utilize pressure preventing devices on OR table and accessories.<br>O. Check for proper positioning and support to maintain good body alignment.<br>O. Pad pressure points.<br>O. Place ESU ground pad on non compromised skin surface area.<br>O. Keep prep fluids form pooling. |

9. PATIENT'S IDENTIFICATION: ( For typed or written entries give: Name-last, first, middle; grade, data; hospital or medical facility)

[redacted]
blue-4

**VERIFICATIONS AT HOLDING AREA:**
! ID/Allergy Band ! Dentures Removed
! H & P ! Contacts Removed
! NPO Since_____ ! Jewelry Removed
! UHCG/LMP ! Body Pierce Removed
! Consent/Blood Transfusion Signed/Witnessed/Dated
! Surgical Site/Consent verified by Pt./Anesthesia/Surgeon
! Contact precautions (Y) (N)
! Family/Friend:_____

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| D. CIRCULATION<br>X Potential for inadequate tissue perfusion due to:<br>X 1) Intraoperative Mobility<br>X 2) Positioning<br>X 3) Existing Disease<br>X 4) Safety Devices<br>X 5) Hypothermia | O. Pt. will exhibit signs of adequate tissue perfusion (e.g. color, warmth. pedal pulse. | O Check foe support stocking or ace warps. if none, check with doctors.<br>O Check that safety straps are correctly applied.<br>O Offer pillow for under knees.<br>O Place and take down legs from stirrups with slow bilateral motion.<br>O Check that rings and all body piercing has been removed. |
| E. NEUROMUSCULAR CONTROL<br>E.I. X Potential Impairment of Mobility due to:<br>X 1) Pain<br>X 2) Intra operative Hazzards<br>N/A 3) prosthesis<br>X 4) Positioning<br>X 5) Transfer pt. To/form OR table<br>E.2. X Potential Discomfort Due to:<br>X 1) Length of Surgery<br>X 2) Positioning<br>X 3) Arthritis | O pt. will be transferred to OR table without difficultly.<br>O pt. will be not experience unnecessary physical discomfort. | O Have sufficient people available for transfer.<br>O Insure proper body alignment.<br>O Allow patient to lie in position of comfort while waiting for surgery.<br>O Offer support (i,e..pillows. Bath towel. etc) for positioning. |
| F. Special Senses<br>F.I. X Diminished visual perception due to being:<br>X 1) pre-medicated<br>N/A 2) W O GLASSES<br>F.2. X Potential for Decreased Communication due to:<br>N/A 1) Diminished Hearing<br>X 2) Language Barrier<br>F.3. N/A Potential Injury due to Dentures:<br>___ 1) Upper ___ 4) Caps<br>___ 2) Lower ___ 5) Crowns<br>___ 3) Bridges | o pt. will be made aware of surroundings prior to anesthesia induction.<br>o pt. will be transferred safely to OR table.<br>o pt. will be able to understand instructions.<br>o Minimize danger of injury during intraop period. | O Introduce self. keep pt informed as to where he. she is and what is happening.<br>O Inform pt. in which direction to move and assist if necessary.<br>Speak clearly and slowly.<br>O Address pt. from _____ side.<br>O Validate pt.'s understanding of verbal communication.<br>O Verify removal of dentures. |
| G. OTHER PATIENT PROBLEMS NEEDS OR Continuation of Above problems/needs. | OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.<br>blw 2 All | OTHER NURSING INTERVENTIONS OR continuation of above Interventions. |

10. OR NURSING INTERVENTION COMPLETE D/ADDITIONAL INTRAOPERATIVE INTERVENTIONS NOTED.

[redacted] 001 _____ 18Nov03 DATE

11. POSTOPERATIVE EVALUATION :
LEVEL OF CONSCIOUSNESS: ☐ A&O ☐ Drowsy ☒ Sleepy ☐ Intubated
LEVEL OF ACTIVITY: ☒ MOVES ALL EXTREMITIES ☐ Moves Upper Extremities ☐ Transferred to Litter With roller due to spinal
SKIN INTEGRITY: Bovie Pad Site: ☒ Clean and Dry ☐ Red ☐ N/A
DRESSING DRY & INTACT: (Y) (N)
BREATHING EASY: (Y) (N)

12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title) [redacted]
DATE: 18Nov03 TIME: 0415

13. PREOPERATIVE EVALUATION [redacted]RED BY (Signature and Title) [redacted]
DATE: 18Nov03 TIME: 0555

REVERS OF FORM 5179, JUN 91

USAPA V1.0

MEDCOM - 24763

b(6)-2 All unless marked otherwise

**MEDICAL RECORD** — **INTRAOPERATIVE DOCUMENT**

For use of this [redacted] AR 40-407, the [redacted]y is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPER[redacted]
VIA Litter BY MT[redacted]

2. PATIENT [redacted]ORD REVIEWED AND PROCEDURE VERIFIED BY [redacted]

3. DATE 18 NOV 2005 TIME PATIE[redacted]IN [redacted] 0400

4. PATIENT IN ROOM [redacted] TIME 0700 NUMBER 2

**5. PREOPERATIVE EMOTIONAL STATUS**

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

**6. NURSING PERSONNEL**

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | CPT [redacted] | RELIEF CIRCULATOR | |

**7. POSITION AND POSITIONAL AIDS** *(Specify)* Beach chair – Allen under knee. Blanket folded under (L) arm.

☐ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS:

**8. SKIN PREPARATION**

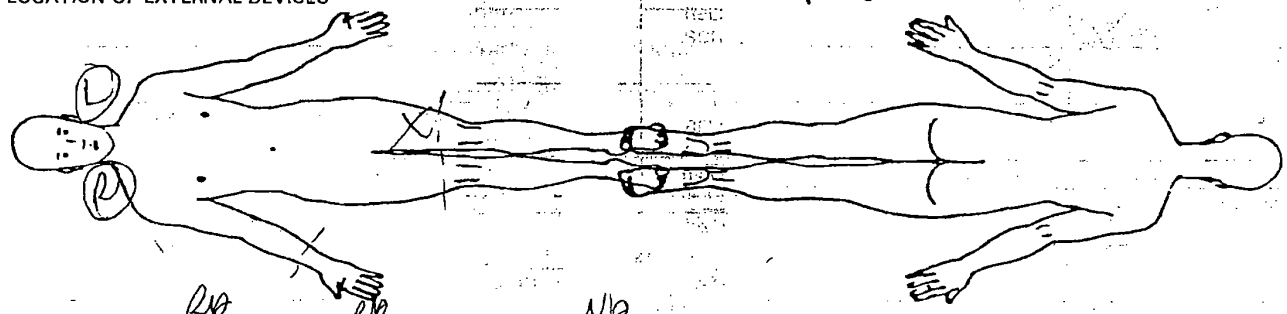
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* betadine sub/port
SITE: left arm/shoulder BY WHOM: CPT [redacted]
SITE: BY WHOM:

COMMENTS: no pooling noted

**9. LOCATION OF EXTERNAL DEVICES**




LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

**10. COUNTS** — C = Correct I = Incorrect — Initial count – SPC [redacted] / CPT [redacted]

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☒ Yes | ☐ No | / | C | C | SPC [redacted] | [redacted] |
| Needle Sharp | ☒ Yes | ☐ No | | | | | |
| Instrument | ☐ Yes | ☒ No | | | | | |
| Other | ☐ Yes | ☒ No | | | | | |

**11. PATIENT IDENTIFICATION** *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

[redacted] b(6)-4

**12. ELECTROSURGERY DEVICE(S) (ESU)** ☒ YES ☐ NO

☒ ESU NO: R8B 102395
GROUND PAD: BRAND Valleylab
LOT NO: 69441

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

MEDCOM - 24764

13. PROSTHESIS, IMPLANTS ☐ Y IF YES NAME: ID NUMBER ORER

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% NS

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☐ NO ☒ IF YES, SITE

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

18. DRESSING/IMMOBILIZATION *(Specify)*

4X8 & Tape (L) shoulder
Xeroform & 4x4 & Tubegauze (L) ring finger

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

| TYPE/SIZE | 1. 8/16" Jackson | 2. | 3. |
|---|---|---|---|
| SITE | 1. (L) shoulder | 2. | 3. |

19. ADDITIONAL INFORMATION

Anesthesia - MAJ [redacted] CRNA
Surgeon - Dr [redacted]
b/w-2 A

20. OPERATION(S) PERFORMED

I&D (L) shoulder / (L) ring finger I&D c partial amputation

21. PATIENT TRANSFERRED TO SCU #1 TIME 0550 METHOD Litter

22. REGISTERED NURSE SIGNATURE [redacted] RN

*REVERSE OF DA FORM 5179-1, OCT 87* USAPA V1.00

MEDCOM - 24765

b(6)-2 All unless marked otherwise

**MEDICAL RECORD** — **INTRAOPERATIVE DOCUMENT**

For use of this form, see AR 40-407, the [redacted] is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERA[redacted] VIA Stretcher BY anesthesia

2. PATIENT IDE[redacted] VIEWED AND PROCEDURE VERIFIED BY [redacted] CPT/AN

3. DATE 20 Nov 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN R[redacted] TIME 1445 NUMBER

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SGT [redacted] | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | CPT [redacted] | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS *(Specify)*

☐ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: Beach Chair Proper body alignment maintained.

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☒ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

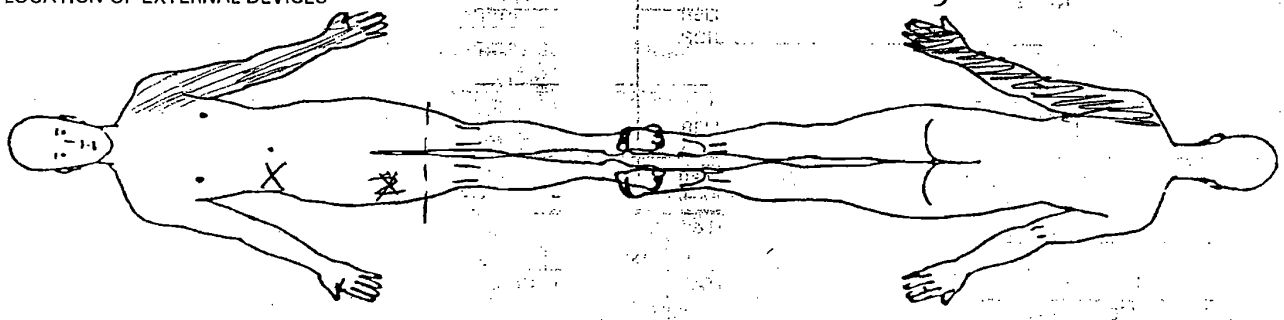
PREP SOLUTION *(Specify)* Betadine scrub/sol'n

SITE: Rt. Shoulder BY WHOM [redacted]

SITE: BY WHOM:

COMMENTS: No pooling of fluids

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

C = Correct I = Incorrect INITIAL C [redacted]

10. COUNTS

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☒ Yes | ☐ No | | | C | [redacted] | [redacted] |
| Needle Sharp | ☒ Yes | ☐ No | | | | | |
| Instrument | ☐ Yes | ☒ No | | | | | |
| Other | ☐ Yes | ☒ No | | | | | |

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

[redacted]

b(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☒ YES ☐ NO

☒ ESU NO: Force 40 R8E10530S 50/50

GROUND PAD: BRAND Valleylab REM

LOT NO: 69441

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

MEDCOM - 24766

13. PROSTHESIS, IMPLANTS ☐ IF YES NAME: ID NUMBER: URER

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% NS

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNA[redacted]

15. X-RAY IN OP[redacted]ING ROOM IF YES, SITE

YES ☐ NO ☒

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

18. DRESSING/IMMOBILIZATION *(Specify)*

4X8
ABD
Tape

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. Hemovac | 2. | 3. |
| SITE | 1. Lt. shoulder | 2. | 3. |

19. ADDITIONAL INFORMATION

Surg: [redacted] Anesth: [redacted] CRNA General

b (6) - 2 AN

20. OPERATION(S) PERFORMED

1. I & D Lt. shoulder

| 21. PATIENT TRANSFERRED TO | TIME | METHOD |
|---|---|---|
| PACU (ICW1) | 1559 | Stretcher |

22. REGIS[redacted] NURSE SIGNATURE

[redacted] CPT/AN

REVERSE OF DA FORM [redacted], OCT 87 USAPA V1.00

MEDCOM - 24767

511-119

NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR DAY 19 20/21 21/22 23 24

19 HOUR

PULSE (O) — TEMP. F (°) — TEMP. C (Centigrade Equivalents, for Reference only)

105° 40.6°
180 104° 40.0°
170 103° 39.4°
160 102° 38.9°
150 101° 38.3°
140 100° 37.8°
130 99° 37.2°
98.6° 37.0°
120 98° 36.7°
110 97° 36.1°
100 96° 35.6°
90 95° 35.0°
80
70
60
50
40

RESPIRATION RECORD

BLOOD PRESSURE: 108/65 129/75 110/69 124/75 115/62 121/65 116/62

101.8 99.7 99.3 99.2

HEIGHT: WEIGHT →

O2 SAT: 95/(RA) 94% RA 97% 96% (RA) 96% (RA) 98% RA 96% RA 96% (RA) 96% RA 96% RA 95% (RA) 96% RA

Record special data only when so ordered

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)*

REGISTER NO.

WARD NO.

[redacted]

b(a)-4

**VITAL SIGNS RECORDS**

Medical Record

**STANDARD FORM 511** (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 24768

511-119 NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

| | |
|---|---|
| HOSPITAL DAY | |
| POST- DAY | |
| MONTH-YEAR | DAY |
| 19 | HOUR |
| PULSE (O) | TEMP. F (°) |
| | 105° |
| 180 | 104° |
| 170 | 103° |
| 160 | 102° |
| 150 | 101° |
| 140 | 100° |
| 130 | 99° / 98.6° |
| 120 | 98° |
| 110 | 97° |
| 100 | 96° |
| 90 | 95° |
| 80 | |
| 70 | |
| 60 | |
| 50 | |
| 40 | |

TEMP. C: 40.6°, 40.0°, 39.4°, 38.9°, 38.3°, 37.8°, 37.2°, 37.0°, 36.7°, 36.1°, 35.6°, 35.0°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

Record special data only when so ordered

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.

EPW# [redacted] b(6)-1

**VITAL SIGNS RECORDS**

Medical Record

**STANDARD FORM 511** (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 24769

## OUTPUT

| URINE | | | | | | NASOGASTRIC | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | | | | | | | |

| CHEST | | | | | | EMESIS | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | | | | | | | |

20 NOV Ø3 [redacted] HEMOVAC

| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|
| (20 NOV 21 NOV) (1800-0600) | | | | Ø |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(20 NOV @ 1800) HEMOVAC

| OTHER OUTPUT | | | |
|---|---|---|---|
| TIME | AMOUNT | TYPE | ~~ACCUM TOTAL~~ |
| 1800 | 10 | Blood | 10cc |
| 0600 | Ø | N/A | 10cc |
| 1800 | 5cc | bloody | 15cc |
| GRAND TOTAL OUTPUT | | | |

REMARKS

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)*

[redacted]

B (W)-4

**INTAKE EQUIVALENTS** *(Serving levels cc)*

| | | | |
|---|---|---|---|
| MEDICINE GLASS *(1 oz)* | 30 | HALF PINT MILK | 240 |
| SMALL FRUIT CUP | 120 | LARGE SOUP BOWL | 240 |
| COFFEE CUP | 160 | LARGE WATER GLASS | 240 |
| LARGE COFFEE MUG | 180 | PLASTIC OR PAPER JUICE CONTAINER | 180 |

**DD FORM 792, JAN 74** EDITION OF 1 SEP 54 IS OBSOLETE. REPLACES DA FORM 3630(TEMP) 1 JUL 72 WHICH MAY BE USED. USAPPC V1.00

## OUTPUT

| Hemovac * | | | | | | NASOGASTRIC | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| 0001-0700 (blood) 95cc | | | | | | | | | |
| 1435 | 25cc | 120cc | | | | | | | |

| CHEST | | | | | | EMESIS | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |

| STOOLS | | | | |
|---|---|---|---|---|
| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL |

| OTHER OUTPUT | | | |
|---|---|---|---|
| TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | |
| | | | |
| | | | |
| | | | |
| | | GRAND TOTAL OUTPUT | |

REMARKS

21 NOV 03

(0001 - 2355)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)*

[redacted] b(6)-4

**INTAKE EQUIVALENTS** *(Serving levels cc)*

| | | | |
|---|---|---|---|
| MEDICINE GLASS *(1 oz)* | 30 | HALF PINT MILK | 240 |
| SMALL FRUIT CUP | 120 | LARGE SOUP BOWL | 240 |
| COFFEE CUP | 160 | LARGE WATER GLASS | 240 |
| LARGE COFFEE MUG | 180 | PLASTIC OR PAPER JUICE CONTAINER | 180 |

**DD FORM 792, JAN 74** EDITION OF 1 SEP 54 IS OBSOLETE. REPLACES DA FORM 3630(TEMP) 1 JUL 72 WHICH MAY BE USED. USAPPC V1.00

J.C. MEDCOM - 24771

| Ward/Section: EMT | REQUESTING PH[redacted] | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. b(6)-4 [redacted] | DATE 17NOV03 | TIME 2255 | SSN [redacted] b(6)-4 |

**(i-STAT)**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Na | | 138-146 mmol/L |
| K | | 3.5-4.9 mmol/L |
| Cl | | 98-109 mmol/L |
| pH | | 7.31-7.45 |
| PCO2 | | 35-45 mmHg (art)<br>41-51 mmHg (ven) |
| PO2 | | 80-105 mmHg (art)<br>N/A (ven) |
| TCO2 | | 23-27 mmol/L (art)<br>24-29 mmol/L (ven) |
| HCO3 | | 22-26 mmol/L (art)<br>23-28 mmol/L (ven) |
| sO2 | | 95-98% |
| BEecf | | (-2) – (+3) mmol/L |
| AnGap | | 10-20 mmol/L |
| Ca | | 1.12-1.32 mmol/L |
| BUN | | 8-26 mg/dl |
| GLU | | 70-105 mg/dl |
| Creat | 1.2 | 0.7-1.5 mg/dl |
| Hct | | 38-51% PCV |
| Hgb | | 12-17 g/dl |

**Misc. Chemistry**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Troponin-I | | |
| Drug of Abuse | | |
| | | |
| | | |
| | | |

**(Piccolo) Chemistry 10**

| TEST | RESULT | REF. RANGE |
|---|---|---|

**(Piccolo) Metabolic Panel**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| $CA^{++}$ | | 8.0-10.3 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| $NA^{+}$ | | 128-145 mmol/l |
| $K^{+}$ | | 3.3-4.7 mmol/l |

======= PICCOLO =======
17/11/03 23:22
REFERENCE RANGE: MALE
PATIENT #: [redacted]
LIVER PANEL PLUS
DISC LOT #: 3154AA7
OPER #: [redacted] DR #: 000
SERIAL #: b(6) 0000100697

| | | | |
|---|---|---|---|
| ALB | 3.6 | 3.3-5.5 | G/DL |
| ALP | 61 | 26-84 | U/L |
| ALT | 27 | 10-47 | U/L |
| AMY | 18 | 14-97 | U/L |
| AST | 38 | 11-38 | U/L |
| TBIL | 0.9 | 0.2-1.6 | MG/DL |
| GGT | 11 | 5-65 | U/L |
| TP | 6.1* | 6.4-8.1 | G/DL |

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0, ICT 0

Where is the CRT?

i-STAT EC8+
Pt: [redacted] b(6)-4
Pt Name:_____

Glu_____127 mg/dL
BUN_____14 mg/dL
Na_____142 mmol/L
K_____3.8 mmol/L
Cl_____106 mmol/L
TCO2_____28 mmol/L
AnGap_____14 mmol/L
Hct_____44 %PCV
Hb*_____15 g/dL
*via Hct
pH_____7.341
PCO2_____49.3 mmHg
HCO3_____27 mmol/L
BEecf_____1 mmol/L
Sample Type_:
17NOV03 23:20
Oper: [redacted] b(6)-2
Physician:_____
Ser# 42011
Ver: JAMS046A
CLEW A93

**REMARKS:** T/+S

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

| Ward/Section: | REQUESTING PHYSICIAN: | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|

| LAST, FIRST, MI. | DATE | TIME | SSN/PSEUDO SSN: |
|---|---|---|---|

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| [redacted] 66-4 | | |

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | ~~white~~ yellow | N/A |
| App | hazy | N/A |
| Glu | neg | Negative |
| Bili | neg | Negative |
| Ket | neg | Negative |
| SG | 1.020 | N/A |
| Bld | trace | Negative |
| pH | 5.0 | N/A |
| Prot | neg | Negative |
| Urob | norm | 0.2-1 |
| Nit | neg | Neg |
| Leuk | neg | Neg |
| HCG | | Neg |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | | |
|---|---|---|
| Source | | |
| Gram Stain | | |
| Occ Bld | | Negative |
| H. pylori | | Negative |
| Micro Parasites | | |
| Malaria | | |

| | | |
|---|---|---|
| RBC Morph | | |

| | | |
|---|---|---|
| Spun Hematocrit | | 42-52% (M) 37-47% (F) |
| Sed Rate | | |
| Other | | |

**CSF**

| | |
|---|---|
| Cell Count | |
| Directigen | |

**Coagulation Studies**

**BI (MUST SUBMIT**

| TEST | RESULT | REF. RANGE | UNIT |
|---|---|---|---|
| PT | | 9.8-13.6 secs | |
| APTT | | 21-34 secs | |
| D dimer | | <20 ug/ml | |
| FDP | | <10 ug/ml | |

**REMARKS:** 1+5

**REPORTED BY:** **DATE:** **LA**

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/17/03 23:24

Patient ID: [redacted] b(6) c1
Test Name :PT
Test Result:= 16.0 sec.
Ratio = 1.3
Calculated INR = 1.55
Sample Type:citrated wh. blood
Test Date :11/17/03
Test Time :23:22
Card Lot :080201
Operator : [redacted] b(6)

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/17/03 23:26

Patient ID: [redacted]
Test Name :APTT
Test Result:= 35.6 sec.
Sample Type:citrated wh. blood
Test Date :11/17/03
Test Time :23:24
Card Lot :110214
Operator : [redacted]

| Ward/Section: | REQUESTING PHYSICIAN: [redacted] b(6)-2 | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. b(6)-4 [redacted] | DATE 19/03 TIME 0400 | SSN/PSEUDO SSN: |

| (Hematology) CBC | | | Urinalysis | | | Misc. Serology | | |
|---|---|---|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| W | | | Color | | N/A | RPR | | Negative |
| RI | | | App | | N/A | Mono | | Negative |
| H | | | Glu | | Negative | **Microbiology** | | |
| H | | | Bili | | Negative | Source | | |
| M | | | Ket | | Negative | Gram Stain | | |
| Pl | | | SG | | N/A | Occ Bld | | Negative |
| L | | | Bld | | Negative | H. pylori | | Negative |
| | | | pH | | N/A | Micro Parasites | | |
| S | | | Prot | | Negative | Malaria | | |
| B | | | Urob | | 0.2-1.0 | O & P | | |
| Lym | | | Nit | | Negative | Other | | |
| Atyp | | | Leuk | | Negative | **Microscopic Urinalysis** | | |
| RBC Morph | | | HCG | | Negative | | | |

b(6)-4

[redacted]
MB

19-11-03
04:06

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 10.5 | x10^3/uL | 4.5 | 10.5 |
| RBC | 4.25 | x10^6/uL | 4.00 | 6.00 |
| Hgb | 11.7 | g/dL | 11.0 | 18.0 |
| Hct | 36.2 | % | 35.0 | 60.0 |
| MCV | 85.2 | fL | 80.0 | 99.9 |
| MCH | 27.5 | pg | 27.0 | 31.0 |
| MCHC | 32.3 L | g/dL | 33.0 | 37.0 |
| Plt | 175. | x10^3/uL | 150. | 450. |
| LYM% | 16.2 *L | % | 20.5 | 51.1 |
| LYM | 1.7 * | x10^3/uL | 1.2 | 3.4 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | **CSF** | | | **Blood Bank** | |
| Sed Rate | | | Cell Count | | | MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED | |
| Other | | | Directigen | | Negative | ABO/Rh | |

| Coagulation Studies | | | Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED) | | |
|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | UNIT | TYPE | CROSSMATCH |
| PT | | 9.8-13.6 secs | | | |
| APTT | | 21-34 secs | | | |
| D dimer | | <20 ug/ml | | | |
| FDP | | <10 ug/ml | | | |

REMARKS:

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|

| Ward/Section: | REQUESTING PHYSICIAN: | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, [redacted] b(6)-4 | DATE 19/11 | TIME 0400 | SSN/PSEUDO SSN: |

**(i-STAT)**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Na | 132 | 138-146 mmol/l |
| K | | 3.5-4.9 mmol/L |
| Cl | | 98-109 mmol/L |
| pH | | 7.31-7.45 |
| PCO2 | | 35-45 mmHg (art) 41-51 mmHg (ven) |
| PO2 | | 80-105 mmHg (art) N/A (ven) |
| TCO2 | | 23-27 mmol/L (art) 24-29 mmol/L (ven) |
| HCO3 | | 22-26 mmol/L (art) 23-28 mmol/L (ven) |
| sO2 | | 95-98% |
| BEecf | | (-2) – (+3) mmol/L |
| AnGap | | 10-20 mmol/L |
| Ca | | 1.12-1.32 mmol/L |
| BUN | | 8-26 mg/dl |
| GLU | | 70-105 mg/dl |
| Creat | | 0.7-1.5 mg/dl |
| Hct | | 38-51% PCV |
| Hgb | | 12-17 g/dl |

**Misc. Chemistry**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Troponin-I | | |
| Drug of Abuse | | |
| | | |
| | | |

**(Piccolo) Chemistry 12**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| | | |

======= PICCOLO =======
19/11/03 04:07
REFERENCE RANGE: MALE
PATIENT #: [redacted]
LIVER PANEL PLUS
DISC LOT #: 3154AA7
OPER #: [redacted] DR #: 000
SERIAL #: 0000100697

| | | | |
|---|---|---|---|
| ALB | 2.7* | 3.3-5.5 | G/DL |
| ALP | 52 | 26-84 | U/L |
| ALT | 12 | 10-47 | U/L |
| AMY | 11* | 14-97 | U/L |
| AST | 37 | 11-38 | U/L |
| TBIL | 1.8* | 0.2-1.6 | MG/DL |
| GGT | 9 | 5-65 | U/L |
| TP | 5.5* | 6.4-8.1 | G/DL |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

**(Piccolo) Metabolic Panel**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| | | |

======= PICCOLO =======
19/11/03 04:22
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3152AA4
OPER #: [redacted] DR #: 000
SERIAL #: 0000100697 b(6)

| | | | |
|---|---|---|---|
| GLU | 139* | 73-118 | MG/DL |
| BUN | 9 | 7-22 | MG/DL |
| CRE | 1.1 | 0.6-1.2 | MG/DL |
| CK | 1496* | 39-380 | U/L |
| NA+ | *** | 128-145 | MMOL/L |
| K+ | 3.8 | 3.3-4.7 | MMOL/L |
| CL- | 94* | 98-108 | MMOL/L |
| tCO2 | 22 | 18-33 | MMOL/L |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

N
K
Cl
$tCO_2$ 18-33 mmol/l

REMARKS:

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

# MEDICAL RECORD - ANESTH

his form, see AR 40-66; the proponent ... SG

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fentanyl | (Hg) | 150 | 100 | | | | | | | | | | | | | | | | |
| propofol | (mg) | 200 | | | | | | | | | | | | | | | | | |
| SUX | (g) | 120 | | | | | | | | | | | | | | | | | |
| RCB | (mg) | 30 | | | | | | | | | | | | | | | | | |
| MSO4 | (mg) | | | | 4 | 4 | 2 | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | | | | | |
| VOLAT AGENT — I-SO | % del | 1.5 | 1.5 | 1.5 | 1.5 | 1.2 | X | | | | | | | | | | | | |
| | % e.t. | | | | | | | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | | | | | | | |
| O2 | L/Min | 6 | 2 | 2 | 2 | 2 | 4 | | | | | | | | | | | | |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → (1) (2) (3)

| TOTALS | TOTAL EBL |
|---|---|
| 250 | 75cc |
| | TOTAL URINE |
| 10 | 475cc |

**FLUIDS SUMMARY**

CRYSTALLOID- 1000

COLLOID- Ø

BLOOD- Ø

**FLUIDS**

| LINE site | | |
|---|---|---|
| Lt femoral | ☐ Warmed | LR 500 ml/#2 — 1000 |
| | ☐ Warmed | |
| | ☐ Warmed | |
| | ☐ Warmed | |

**LOSSES**

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | | | | | | | | | | | | | | | | | |
| URINE - | | | 400 | | | | | 475 | | | | | | | | | | | |

**PHYS STATUS** 1 (2) 3 4 5 (E)

**BODY WEIGHT** 75 (KG) LB

**HEMATOCRIT** 44

**INITIAL DATA**

BP- 124/39

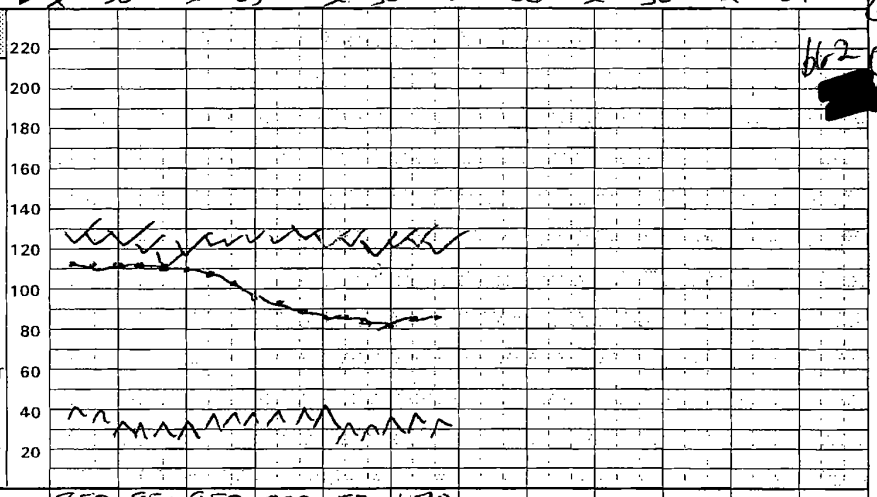
HR- 114

**EQUIP CHECK** OK?- (Y) N

**PATIENT RECHECK** OK for PROCEDURE? ✓ TIME- 0415

**TIME** → x 30 x 05 x 30 x 06 x 30 x 07

SYMBOLS: BP by cuff V ∧; Heart rate ●; Resp rate; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø




**REMARKS**

*Code drugs with numbers, events with letters*

(1) To OR via litter, SOC monitors, pre O2.
(2) RSI & IC CCP.
(3) SBP, to [redacted] pt IC w stable

**VENTIL**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| VT - ml | | 850 | 850 | 850 | 300 | 500 | 470 |
| f - breaths/min | | 10 | 10 | 10 | 12 | 10 | 10 |
| Peak inf pres / PEEP | | 20 | 20 | 20 | — | — | — |
| MODE - S(pon), A(ssist), C(on) | | C | C | C | S | S | S |
| BP/Auto Cuff | ET CO2 (torr) | 38 | 38 | 35 | 48 | 48 | 48 |
| BP/oth | FIO2 (Frac or %) | 0.6 | 0.6 | 0.6 | 0.6 | 0.6 | 0.6 |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ECG | ST | ST | ST | SR | SR | SR |
| Gas analyzer | TEMP-site | | | | | | |
| | N-M Block (T/4) | | | | | | |
| Warming blkt | | | | | | | |
| Conv warmer | | | | | | | |

*Mark with letters & symbols, explain under REMARKS* — EVENTS *Position* →

**RECOVERY AT**

PACU (ICU) (Specify)

OTHER

CONDITION:

RESP- 16 SpO2- 95

BP- 109/43 HR- 102

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 0415 | 0420 | 0600 |
| | Ready | Begin | End |
| PROC | 0425 | 0445 | 0540 |

PROCEDURES and CPT Codes:
I&D Lt shoulder & RF

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*
GETA

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*
# [redacted] b(6) 23 yo ♂
S/P GSW
Smoker, otherwise healthy
NKDA

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*
Eyes taped, DL x 3 trauma, ⊕ ETCO2, BVEB, 8.0 ETT, 3 miller, 22 cm @ teeth.

SURGEONS: [redacted]

ANES [redacted] b(6) CRNA

PROCEDURE LOCATION: 2-2

DATE: 11/18/03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 — PATIENT'S MEDICAL RECORD — USAPA V1.00

MEDCOM - 24776

# 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) | |
|---|---|---|
| fentanyl | ( µg ) | 150 100 |
| (lidocaine prop | ( mg ) | (40) 50 |
| (succ) vec | ( mg ) | 1 (120) 4 |
| | ( ) | |
| | ( ) | |
| | ( ) | |
| VOLAT AGENT: Sevo | % del | 2 — (2) |
| | % e.t. | |
| AIR | L/Min | |
| N2O | L/Min | |
| O2 | L/Min | 10 — (2) — (16) |

SINGLE DOSE DRUGS-MARK ON GRID → WITH NUMBERS & ENTER IN REMARKS

**FLUIDS**

| LINE site | | |
|---|---|---|
| (R) FA 20g. | ☐ Warmed | (1) |
| | ☐ Warmed | |
| | ☐ Warmed | |
| | ☐ Warmed | |

**LOSSES**: EST BLOOD LOSS; URINE -

| TOTALS | TOTAL EBL |
|---|---|
| | 50 |
| | TOTAL URINE |
| | N/M |

**FLUIDS - SUMMARY**

CRYSTALLOID- 500

COLLOID- Ø

BLOOD- Ø

**REMARKS**

*Code drugs with numbers, events with letters*

(1) room/O2/monitors. SIVI, eyes taped, easy mask vent. DVL x1 → OETT MT → (+) ETCO2 MT, BSBS

(2) pt supine, sxid, opens eyes, extubated, PACU, report.

(R) neostig 4 mg / robinul 0.6 mg > IV

**PHYS STATUS**: 1 (2) 3 4 5 E

**BODY WEIGHT**: 80 (KG) LB

**HEMATOCRIT**:

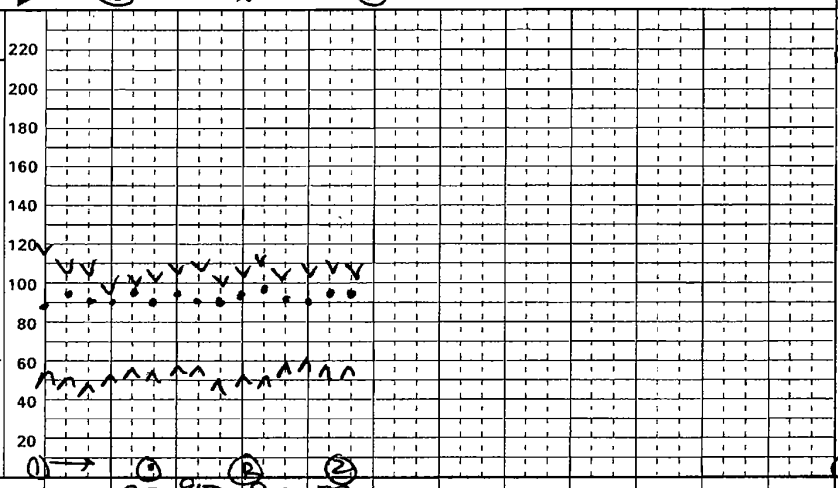
**INITIAL DATA**: BP- 112 / 61; HR- 90

**EQUIP CHECK**: OK?- (Y) N

**PATIENT RECHECK**: OK for PROCEDURE? Y; TIME- 1450

**TIME** → 1445 (15) • X • (16) • X

SYMBOLS: BP by cuff V ∧; Heart rate ●; Resp rate; BR (transduced); TOURNIQUET T—⊥; ANES- X-X; PROC-⊙-∅




**VENTIL**

| | (1) | (1) | (R) | (2) |
|---|---|---|---|---|
| VT - ml | – | 800 | 900 | 900 | 700 |
| f - breaths/min | 12 | 12 | 10 | 12 | 14 |
| Peak inf pres / PEEP | – | 20 | 22 | — | – |
| MODE - S(pon), A(ssist), C(on) | S | C | C | S | S |

**MONITORS/ACCESSORIES**

| | | (1) | (1) | (R) | (2) |
|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | – | 39 | 41 | 40 | 42 |
| BP/oth | FIO2 (Frac or %) | 85 | 85 | 69 | 69 | 70 |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ECG | SR | SR | SR | SR | SR |
| Gas analyzer | TEMP-site ge | – | 96 | 96 | 96 | |
| | N-M Block (T/4) | | | | | |
| Warming blkt | | | | | | |
| Conv warmer | | | | | | |

*Mark with letters & symbols, explain under REMARKS* — EVENTS / *Position* → beachchair, RUE secured e side on board

**RECOVERY AT** 1600

(PACU) ICU _____ (Specify)

OTHER _____

CONDITION: stable

RESP- 14 SpO2- 96

BP- 120/75 HR- 100

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1440 | 1450 | 1605 |
| | Ready | Begin | End |
| PROC | 1500 | 1510 | 1550 |

PROCEDURES and CPT Codes: 1+0 (L) shoulder

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*: GETA

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

# [redacted] b(6)-1

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*: #8.0 OETT, 22 cm lip, Mil 2, MT → see (1)

SURGEONS: [redacted]

ANESTHETISTS: [redacted] b(6)-1

PROCEDURE LOCATION: 1

DATE: 20 Nov 03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 — COPY 2 - ANESTHESIA PROVIDER — USAPA V1.00

MEDCOM - 24777

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 18NOV03 | Op Note |
| 0400 | Pre Op Dx: Open Comminuted (2) humeral head Fx |
| | (1) RF Pz Fx |
| | Post Op Dx: Same |
| | Procedure: ORIF (2) proximal humerus, Partial |
| | [redacted] (1) RF (Pz level) |
| | Surgeon: [redacted] |
| | EBL: 100cc |
| | Fluids: 1000cc |
| | Findings: Epidural lone lies proximal humerus. |
| | Drains: None |
| | [redacted] |

b(4)-2

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 24778

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION: [redacted] b(6)-4

DATE OF ORDER / TIME OF ORDER / HOURS / LIST TIME ORDER NOTED AND SIGN

0100 18 Nov

Admit ICU

Fluid - ji

Diet - NPO

Act - BR

VS - q1h

Call MD if P>130

SBP<90

NURSING UNIT: ICU 1 | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: [redacted] b(6)-4

DATE OF ORDER / TIME OF ORDER / HOURS

sat < 90%

Dx - GSW LUE

IV LR at 150/h

b(6)-2

Foley to gravity drain

Dressing to IV PB q8h

MS - 2-6hr IV q1h prn [redacted]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: [redacted] b(6)-4

DATE OF ORDER / TIME OF ORDER / HOURS

0600 18 NOV 03

Resume preop orders

Add levoquin 500mg IVPB qD [redacted] Noted

- Record hourly output [redacted]

b(6)-2

NURSING UNIT: ICU 1 | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER / TIME OF ORDER / HOURS

15 NOV 2300

(1) CBC 'lyts in am

(2) reg diet

(3) IS

(4) Tylenol 325 po q4 T>101 [redacted]

b(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

0900 11-19-03 [redacted] Noted

No Foley

MEDCOM-24779

ACLU-RDI 1744 p.739

DOD-039168

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION: [redacted] b(6)-4

ICW-1

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 11-19-03 TIME OF ORDER: 0910 HOURS

LIST TIME ORDER NOTED AND SIGN

- Transfer ICW-1 - Dr. [redacted]
- Stable
- Routine Vitals
- Up ad lib c̄ sling on (L) ARM
- Heplock IV
- Record output Removal q Shift
- Regular Diet

PATIENT IDENTIFICATION

b(6)-2 Noted [redacted] 19NOV03 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

- Percocet T&O q4° prn pain
- Demerol 75mg IV q4° prn breakthrough pain
- Phenergan 25mg IV q6° prn nausea
- Ambien 10mg po qHS prn insomnia
- Ancef 1gm IVPB q8° — [redacted]
- Levoquin 500mg IV qD — [redacted]

PATIENT IDENTIFICATION

b(6)-2 Noted [redacted]

NURSING UNIT | ROOM NO. | BED NO.

[redacted] 20NOV03

DATE OF ORDER: 19NOV03 TIME OF ORDER: 2100 HOURS

(1) NPO pMN, to OR in AM 11/20.
V.O. Dr. [redacted] [redacted] b(6)-2

[redacted] b(6)-2

PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 24780

AUTHORIZED FOR LOCAL REPRODUCT

| ICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
| | Objective |
| 11/26/13 | Fundoscopy - Open (1) Normal Vessels |
| | Portoscopy - same |
| | Fundus - Report DDD (2) Shadow |
| | Sign [redacted] |
| | Eye : succ b(6)-2 |
| | Thus - DDDD |
| | Cx - C [redacted] |

| PITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED |
|---|---|---|---|
| NSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR | |

ENT'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

CHRONOLOGICAL RECORD OF MEDICAL C.
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

MEDCOM - 24781

**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 |
|---|---|---|---|
| b(6)-4 [redacted] noted [redacted] | 11/20/03 | 1650 HOURS | |
| | -Resume prev P orders | | |
| | -~~Trans~~ [redacted] | | b(6)-2 |
| NURSING UNIT / ROOM NO. / BED NO. | | | |

| PATIENT IDENTIFICATION | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|
| [redacted] b(6)-4 | 24 Nov | 1730 HOURS | |
| | V.O. DR [redacted] LT [redacted] | | |
| | Transfer to K(6)2 | | |
| | b(6)-2 | | |
| | [redacted] | | |
| NURSING UNIT / ROOM NO. / BED NO. | | | |

| PATIENT IDENTIFICATION | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|
| b(6)-4 [redacted] noted 24Nov03 2256 | 11/24/03 | 2250 HOURS | |
| | D/C pt to EPW CAMP | | [redacted] |
| | b(6)-2 | | |
| | b(6)-2 | | |
| NURSING UNIT / ROOM NO. / BED NO. | | | |
| 24P/Rene [redacted] | | | |

| PATIENT IDENTIFICATION | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|
| 1340 [redacted] noted 25Nov03 0753 | 25Nov03 | 0753 HOURS | |
| | VO Dr [redacted] LT [redacted] | | |
| | Levaquin 500mg PO QD | | |
| | D/C IV | | |
| b(6)-2 | b(6)-2 | | |
| NURSING UNIT / ROOM NO. / BED NO. | | | |
| 24P/Rene [redacted] | | | |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 24782

b(6)-2

Condition Fair GSW ⓛ ↑ EXTREMITY

**CLINICAL RECORD** | **THERAPEUTIC DOCUMENTATION CARE PLAN** *(NON-MEDICATION)*
For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.
*Mo.* ____ *Yr.* 2003

*VERIFY BY INITIALING* | *INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION*

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 16 | 19 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NOV 18 | [redacted] | Diet NPO | 06 | [redacted] | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | |
| NOV 18 | [redacted] | Activity - BR | 06 | [redacted] | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | |
| NOV 18 | [redacted] | VS Q1° call MD if sat < 90 P > 130 SBP < 90 | 06 | [redacted] | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | |
| NOV 18 | [redacted] | Foley → SD | 06 | [redacted] | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | |
| NOV 18 | | Reg. diet | 06 | [redacted] | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | |
| NOV 18 | | IS | 06 | [redacted] | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☑ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

# [redacted] b(6)-4

ICU #1

**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 |

| Verity 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 |
| 18 Nov | [redacted] | CBC, Lytes in am. | 19 Nov | | | |
| | ---- | b(6) - 2 | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | *INITIAL PROPER COLUMN FOLLOWING COMPLETION* TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

USAPA V1.00

b(6)-2

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 9 | 20 | 21 | 22 | 23 | 24 |
|---|---|---|---|---|---|---|---|---|---|
| 19 Nov 03 | [redacted] | Routine vitals | [redacted] | | | | | | |
| | | | | | | | | | |
| 19 | [redacted] | up ad lib c̄ sling | [redacted] | | | | | | |
| | | on R arm | | | | | | | |
| 19 | [redacted] | Record output | [redacted] | | | | | | |
| | | hemovac q shift | | | | | | | |
| 19 | [redacted] | Regular diet | [redacted] | | | | | | |
| | | | | | | | | | |

Hemovac D/C'd 22 Nov 03 1600

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P ORIF DISTOULDER / FINGER PARTIAL AMP

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted] b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

DA FORM 4877, 1 OCT 79 — EDITION OF DEC 78 MAY BE USED — USAPA V1.00

b(6)-2

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo 11 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 19 NOV | [redacted] | Transfer ICW-1, Dr.O. - Stable | 19 | | | [redacted] |
| 19 | [redacted] | NPOP MN for OR in AM 11/20 | 11/20 | 0001 | | |
| 20NOV | [redacted] | Resume prev. orders | 20NW | 1600 | 1600 | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 24786

b(6)-2

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. ___ Yr. 2003 |
|---|---|---|

| VERIFY BY INITIALING | | | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED | | | | | | | | | | | | |
| | | | | 24 | 25 | | | | | | | | | | | |
| 19 Nov | [redacted] | Vital Signs | D | [redacted] | | | | | | | | | | | | |
| | | q shift | N | [redacted] | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 19 Nov | [redacted] | upad lib τ sling | D | [redacted] | | | | | | | | | | | | |
| | | on (L) arm | N | [redacted] | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 19 Nov | [redacted] | Regular diet | B | / | | | | | | | | | | | | |
| | | | L | / | | | | | | | | | | | | |
| | | | D | [redacted] | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO
NKDA

PRIMARY DIAGNOSIS: s/p I&D (L) shoulder / (L) ring finger partial amp

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO: _____

PATIENT IDENTIFICATION:
EPW # [redacted] b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

| Verity 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 |
| 24Nov | [redacted] | Transfer to ICW2 | 24Nov | | 1730 | [redacted] |
| 24Nov | [redacted] | D/C PA to EPW Camp | 25Nov | | | |
| 25Nov | [redacted] | D/C IV | 25Nov | 0751 | 0751 | [redacted] |
| | ---- | | | | | |
| | ---- | b(6)-2 | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

USAPA V1.00

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. Nov Yr. 03 |
|---|---|---|

*VERIFY BY INITIALING* — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 18 | 19 |
|---|---|---|---|---|---|
| Nov 18 | [redacted] | IV RL @ 150/0 | 06 | [redacted] | |
| | [redacted] | | 18 | | |
| Nov 18 | [redacted] | ANCEF + GM IVPB Q8° | 06 | | |
| | | | 14 | | |
| | | | 22 | | |
| 18 Nov | [redacted] | Levaquin IVPB | 10 | | |
| | | QD | | | |
| | | b(4)-2 | | | |

ALLERGIES: ☐ YES ☑ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

#1340

ICU#1

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* | | | | Mo._____ Yr._____ |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | b(6)-2 | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NOV 18- | [redacted] | MSO4 2-6mg IV Q1° | Nov 18 0200 5mg | 18 Nov 03 [illegible] | 18 Nov 03 [illegible] | 18 Nov 03 1355 5mg | 18 Nov 03 [illegible] | 18 Nov 03 [redacted] | 18 Nov 03 [redacted] | 18 Nov 03 [redacted] | 18 Nov 03 2340 | 19 Nov 03 0200 | 19 Nov 03 0525 | 19 Nov 03 0600 | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | Tylenol 1gr · po | 19 Nov 03 0600 | | | | | | | | | | | | | |
| - - - - - | - - - - - | T. 7101 Q4° | CS | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |

USAPA V1.00

#[redacted] b(6)-4 I CU #1

MEDCOM - 24790

b(6)-2

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo.____ Yr.____ |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 24 | 25 |
|---|---|---|---|---|---|
| 19Nov | [redacted] | Heplock IV: flush | D | [redacted] | |
| | ----- | qShift | N | | |
| | ----- | | | | |
| 19Nov | [redacted] | Ancef 1 gm IVPB | 06 | / | |
| | ----- | 98° | 14 | / | Rewritten see below |
| | ----- | | 22 | / | |
| | ----- | | | | |
| 19Nov | [redacted] | Levaquin 500mg | 08 | [redacted] | |
| | ----- | IV qD | | | DCd 0981 |
| 24Nov | [redacted] | Ancef 1 gm IVPB | 06 | [redacted] | 25Nov03 |
| | ----- | q8° | 14 | / | |
| | ----- | | 22 | [redacted] | |
| 25Nov03 | [redacted] | Levaquin 500mg PO | 08 | / | |
| | ----- | qD | | | |
| | ----- | | | | |
| | ----- | | | | |
| | ----- | | | | |
| | ----- | | | | |
| | ----- | | | | |
| | ----- | | | | |
| | ----- | | | | |
| | ----- | | | | |
| | ----- | | | | |
| | ----- | | | | |
| | ----- | | | | |
| | ----- | | | | |
| | ----- | | | | |

ALLERGIES: ☐ YES ☐ NO

NKDA

PRIMARY DIAGNOSIS: s/p I&D L shoulder / R ring finger partial amp

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

EPW # [redacted] b(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

D 7 8 9 10 11 12 13 14

E 15 16 17 18 19 20 21 22

MEDCOM - 24791

b(6)-2

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 03 |
|---|---|---|

*VERIFY BY INITIALING* — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 19 | 20 | 21 | 22 | 23 | 24 |
|---|---|---|---|---|---|---|---|---|---|
| 19 NOV | [redacted] | Heplock IV: flush q | 08 18 | [redacted] | | | | | |
| | ----- | shift | 18 00 | [redacted] | | | | | |
| 19 | [redacted] | Ancef 1gm IVPB q8° | 06 | [redacted] | | | | | |
| | ----- | | 14 | [redacted] | | | | | |
| | ----- | | 22 | [redacted] | | | | | |
| 19 | [redacted] | Levaquin 500mg IV | 08 | [redacted] | | | | | |
| | ----- | qD | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/p I&D (L) shoulder (L) Ring fing partial amput

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

#[redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 24792

| Verify by Initialing | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* | Mo. 11 Yr. 03 |
|---|---|---|

| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | b(6)-2 A11 | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 19NOV | [redacted] | Percocet II po 94° pm pain | D/T | 19 Nov 1907 | 20 Nov 1030 | 21 Nov 0015 | 21 Nov 1940 | 22 Nov 0215 | 22 Nov 0845 | 22 Nov 1308 | 22 Nov 1720 | 23 Nov 2140 | 23 Nov 1520 | 23 Nov [redacted] | |
| | | | D/I | II | 2 | 2 | 2 | 2 | II | II | II | II | II | [redacted] | |
| 19 | [redacted] | Demerol 75mg IV 94° pm breakthrough pain | D/T | 24 Nov 1930 | 22 Nov 2230 | 23 Nov 0530 | | | | | | | | [redacted] | |
| | | | D/I | 75mg | 75mg | 75mg | | | | | | | | | |
| 19 | [redacted] | Phenergan 25mg IV 96° prn nausea | D/T | 20 Nov 1930 | 22 Nov 2230 | 23 Nov 0530 | | | | | | | | | |
| | | | D/I | 25mg | [redacted] | | | | | | | | | | |
| 19 | [redacted] | Ambien 10mg po 9 HS prn insomnia | D/T | 21 Nov 2130 | | | | | | | | | | | |
| | | | D/I | 10 | [redacted] | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

*U.S. GPO: 1998-454-110/95216

MEDCOM - 24793

**MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA**

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

| REPORT TITLE | OTSG APPROVED *(Date)* |
|---|---|
| **TRAUMA FLOWSHEET** The proponent is Dept of Surgery | QI Appr 11 Jun 97 |

## EMS REPORT

TIME: _____ ETA: _____ UNIT: _____

MED COM: [Y] [N]

## ARRIVAL STATUS

TIME 2250 ☒ IV x 1 ☐ $O_2$ _____ 1/min ☐ C-Spine Immob

Meds: ☐ UKN ☒ None ☐ Yes: _____

Allergies: ☐ UKN ☒ None ☐ Yes: _____

Tetanus: ☐ UKN ☐ Current Last Meal/Fluid Intake 4 hrs

LMP: NKA ☐ _____

## PRIMARY SURVEY

**AIRWAY**

☒ Natural Patient [Y] [N]

☐ ETT _____ ☐ _____

☐ Secretions _____

**BREATHING**

☐ Labored ☒ Unlabored ☐ Absent

TRACHEA: ☒ Midline ☐ Deviated [L] [R]

CHEST SYMMETRY: [L] > = < [R]

**CIRCULATION**

PULSE: ☒ Present ☐ Absent

BLEEDING: ☒ [N]

HEART TONES: ☐ Clear ☐ Muffled

SKIN: ☐ Warm ☒ Cool ☐ Hot

☐ Pink ☐ Pale ☐ Cyanotic ☐ _____

☐ Dry ☐ Moist ☐ Diaphoretic

## SECONDARY SURVEY

**DISABILITY**

GCS: E 4 V 5 M 6

SPHINCTER TONE: ☐ WNL ☐ None

**HEAD**

PUPILS: ☒ Equal ☐ Fixed ☒ React ☐ Dilated [L] [R]

TM: ☒ Clear ☐ Blood [L] [R]

**NECK**

C-Spine Tenderness: [Y] [N]

Pain @ _____

JVD: [Y] [N]

**HEART**

RHYTHM: ☒ Regular ☐ _____

PULSES: ☐ Central ☐ Peripheral

**LUNGS**

BREATH SOUNDS: ☒ Bilat ☐ Equal ☒ Clear

Decreased [L] [R] Absent [L] [R]

Wheezes [L] [R] Crackles [L] [R]

**ABDOMEN**

☒ Soft ☐ Rigid ☒ Non-Tender

☐ Tender: —

**PELVIS**

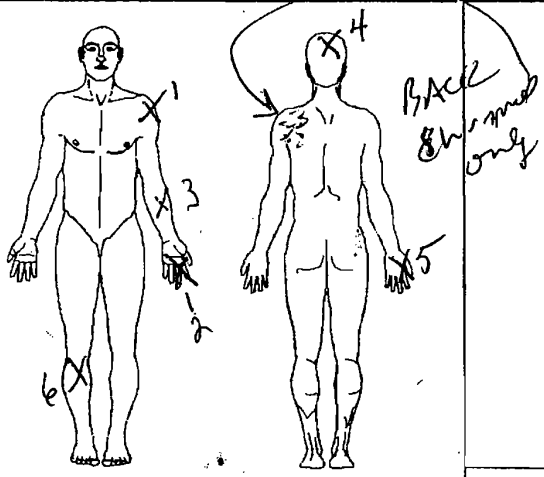
☒ Stable ☐ Unstable ☐ _____

Blood at meatus/vagina: [Y] [N]

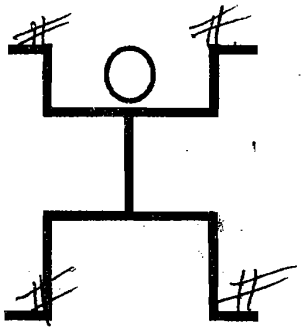
Heme +/- Prostate: ☐ WNL ☐ Abnl

## USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

(AB)rasion 4
(AMP)utation
(AV)ulsion
Battle's Signs
(BL)eeding
(B)urn
(D)eformity 3, 5
(E)cchymosis
(F)oreign Body
(H)ematoma
(LAC)eration 2
(P)uncture (W)ound 1, 6
(Pain)
(S)eatbelt (S)ign
(S)tab (W)ound
(GSW) Gun Shot Wound




## VASCULAR ASSESSMENT



| ++ Strong | + Palpable | D . Dopler |
|---|---|---|

RN Lt. [redacted]

PHYSICIAN Dr. [redacted]

PREPARED BY [redacted] PFC LAW

DEPARTMENT/SERVICE/CLINIC EMT 28CSH

DATE 17 Nov 03

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)*

Tob ⊕, Ethol ⊖

# [redacted]

16 June 1979

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER *(Specify)*

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

**DA** FORM 1 MAY 78 **4700**

REQUIREMENT OF PRIVACY ACT OF 1974 IS COVERED BY DD FORM 2005. PREVIOUS EDITION IS OBSOLETE.

EAMC OP 503, 1 Dec 98

b(6)-2 A1

| TIME | PROCEDURE | SIZE | SITE | BY | RESULTS |
|---|---|---|---|---|---|
| | ET Intubation | | ☐ Oral ☐ Nasal Teeth | | ☐ $ETCO_2$ Change ☐ BBS Post Int ☐ Post CXR |
| | Gastric Tube | | ☐ Oral ☐ Nasal | | ☐ Air ☐ Contents ☐ Verified_____ Suction: Y N |
| 2316 | Urinary | 18 | ☒ Meatus ☐ Supra-Public | PFC [redacted] | ☐ Return_____cc Heme Dip: + - ☐ Secured |
| | DPL | | ☐ Opened ☐ Closed | bb2 | ☐ Grossly: + - Cell count Sent@_____ |
| | Chest Tube #1 | | L R | | ☐ Air ☐ Blood ☐ Pleuravac____cm ☐ Autotransfuser |
| | Chest Tube #2 | | L R | | ☐ Air ☐ Blood ☐ Pleuravac____cm ☐ Autotransfuser |
| | 12 Lead | Rhythm: | | Comments | |

| ABG SITE | TIME | %$O_2$ | pH | BE | $pCO_2$ | $PO_2$ | $O_2$ Sat | $HCO_3$ |
|---|---|---|---|---|---|---|---|---|
| 1) | | | | | | | | |
| 2) | | | | | | | | |

## LABS

| TIME | LABS |
|---|---|
| | ☐ D-stick_____ ☐ SHct_____ |
| | ☐ D-stick_____ ☐ SHct_____ |
| 2255 | ☒ CBC ☒ Chem ☒ PT/PTT 12 |
| | ☐ ETOH ☒ T&S ☒ T&C x 2 |
| | ☐ Tox Screen |
| 2255 | ☒ UA ☐ HCG |
| | ☐ OTHER |
| | ☐ OTHER |

## X-RAYS

| TIME | LABS |
|---|---|
| | ☒ Chest Initial |
| | ☐ Chest Post ET |
| | ☐ Chest Post CT |
| | ☐ C-Spine |
| | ☐ Pelvis |
| | ☐ (R) leg/foot |
| | ☐ (L) humerus |
| | ☐ forearm, hand |

| TIME | PROCEDURE | ACCOMPANED BY | RETURN |
|---|---|---|---|
| | CT Scan: ☐ Contrast | | |
| | ☒ Head ☐ Abd ☐ Pelvis | | |
| | ☐ C-Spine ☐ T/L Spine ☐ Chest | | |
| | ☐ | | |
| | A-Gram Site: | | |

## IV ACCESS & FLUIDS

| TIME | # | GA | IAW | SOP | SITE | IVF TYPE | AMT UP | AMT IN |
|---|---|---|---|---|---|---|---|---|
| 2255 | 1 | 18 | Y | N | (R) AC | NS | 500ml | 500ml |
| 2315 | cc | cc | Y | N | cc | LR | 1000ml | |
| | | | Y | N | | | | |
| | | | Y | N | | | | |

## MEDICATIONS

| MEDICATION | TIME | DOSE | RTE | TIME | DOSE | RTE | TIME | DOSE | RTE |
|---|---|---|---|---|---|---|---|---|---|
| Tetanus | 2253 | .5 | IM | | | | | | |
| Fentanyl | 2320 | 100mg | IV | | | | | | |

## BLOOD PRODUCTS

| START | # | TYPE | UNIT# | AMT UP | AMT IN | END | WIT |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

## LAB RESULTS

CBC:

17.7 | 14 / 45 | 283

Chem: LFTs - wnl

142 | 106 | 14 / 3.8 | 28 | 1.2 | 127

UA - TRACE blood. PT/PTT .26 / 36

## INTAKE & OUTPUT

| INTAKE | AMOUNT | OUTPUT | AMOUNT |
|---|---|---|---|
| IVF | | Urine | |
| NGT | | NGT | |
| Blood | | EBL | |
| Other | | Other | |
| TOTAL | | TOTAL | |

## TRAUMA TEAM ARRIVAL

| TITLE | NAME (Print) | PAGED | RESPONDED | ARRIVED |
|---|---|---|---|---|
| ED Phys | [redacted] on Pt arrival | | [redacted] | |
| Surgeon | [redacted] | | | |
| Anesth | | | | |
| | | bb2 | 2 | All |
| X-Ray | [redacted] on Pt arrival | | | |
| RT | | | | |
| Ortho | [redacted] | | | |
| Neuro | | | | |
| Chaplain | | | | |

## VALUABLES & CLOTHING

| V | STATUS | C |
|---|---|---|
| | None Found | |
| | Given to Patient | |
| | Given to Family | |
| | Inventoried and Released to Patient Trust Fund/NCOD See DA Form 3696 | |
| | Other: See Nursing Notes | |

## DISPOSITION

☐ Home ☐ _____

Admitted to _____

Report Called to _____

Time Transferred _____

Accompanied By _____

Via: ☐ Stretcher ☐ Wheelchair

As per ACLS Precautions: ☐ Yes ☐ No

## VITAL SIGNS

Rectal Temp:

GCS: 15

| TIME | BP | HR | RHY | RR | $SAO_2$ | $FIO_2$ | MODE | E | V | M | T |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2255 | 134/146 | 111 | | 23 | 100 | | | 4 | 5 | 6 | |
| 2300 | 132/156 | 101 | | 15 | 97 | | | | | | |
| 2310 | 132/156 | 107 | | 12 | 99 RA | | | | | | |
| 2320 | 150/162 | 120 | | 29 | 96 RA | | | | | | |
| 2330 | 150/144 | 104 | | 20 | 100 @ $LO_2$ | | | | | | |

## GLASGOW COMA SCALE

| EYE OPENING | VREBLE RESPONSE | MOTOR RESPONSE |
|---|---|---|
| 4 - Spontaneous | 5 - Oriented | 6 - Obeys Commands |
| 3 - To Voice | 4 - Confused | 5 - Localizes Pain |
| 2 - To Pain | 3 - Inapp Words | 4 - Withdraws to Pain |
| 1 - None | 2 - Incomp Speech | 3 - Flexion to Pain |
| | 1 - None | 2 - Extension to Pain |
| | | 1 - None |

| TIME | PROCEDURE | PERFORMED BY: |
|---|---|---|
| | ☐ Backboard Removed | BY: |
| | ☐ Downgraded | BY: |

## NOTES



☆U.S.GOVERNMENT PRINTING OFFICE 1997-571-7000

23y/o ♂ s/p CAR vs. U.S. vehicle then struck
@ t. Pt lost ↑ @ ≈ 1800. Pt denies ABD pain.
Pt ↑ c̄ c̄ shoulder / @ hand / @ elbow / @ T-9 / LS
pain. Pt denies neck / back pain

PMH - ∅
PSH - Appy
Fx - ?
ALL - NKDA
meds - ∅
PRD x 10 yrs

∅

## MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

b(6)-2

OTSG APPROVED (Date)
QA Appr 8 Mar 89

**SHIFT ASSESSMENT**

| | | TIME: 0700 INITIALS: [redacted] | TIME: 1830 INITIALS: [redacted] |
|---|---|---|---|
| NEURO | PUPILS | 3mm PERRL | 3mm Brisk. |
| | SENSORIUM | Awakens to touch. Moves | Alert |
| | EXTREMITY MOVEMENT | extremities qs & purposeful | MAE |
| | SEDATION | movement | NA |
| | PAIN CONTROL | MsO4 2-6 mg Q1hr | MSO4 2-6 mg Q1H |
| | | | |
| RESP | RESPIRATORY PATTERN | RRR equal rise & fall of | Even & unlabored |
| | BREATH SOUNDS | chest CTA bilat | CTA |
| | SECRETIONS | RA SaO2 97% | — |
| | O2 SOURCE/FLOW/SAO2 | | RA 97-98% |
| | VENTILATOR SETTINGS | | NA |
| | | | |
| CV | CARDIAC RHYTHM | S1 S2 +2 pulses x4 extremities | S1 S2 ST |
| | CAPILLARY REFILL | Cap refill <3 sec | <3 sec |
| | PULSES | | 2+ palpable |
| | EDEMA | | ϕ |
| | | | |
| | | | |
| GI | ABDOMEN | +BS x 4 quads Abds soft | +BS x4 soft |
| | BOWEL SOUNDS | non distended | |
| | BOWEL MOVEMENT | | ϕ |
| | NGT/OGT | | ϕ |
| | TUBE FEDDINGS | | ϕ |
| | DRAINS | | ϕ |
| | | | |
| GU | VOIDING | Foley to Gravity | Foley to gravity |
| | COLOR/CLARITY | Clear yellow | Clear yellow |
| | | | |
| SKIN | COLOR | NFR DS bis to (L) shoulder | NFR. I&D (L) shoulder |
| | INTEGRITY | (R) hand & bicep Head | (L) RF amputation. |
| | | (R) lower leg | (R) lower leg. |
| | | | |
| | | | |
| ACCESS | #1 TYPE/LOCATION/SIZE | Cordis to (L) femoral [redacted] | cordis (L) fem. |
| | DRESSING CONDITION | 1 R @ 15/cc/hr | C&D/I No S/S infection. |
| | IV FLUID/RATE | | LR @ 150/hr |
| | #2 TYPE/LOCATION/SIZE | | |
| | DRESSING CONDITION | | |
| | IV FLUIDS/RATE | | |

(Continue on reverse)

| PREPARED BY (Name & Title) | DEPARTMENT/SERVICE/CLINIC | DATE |
|---|---|---|
| [redacted] b(6)-2 SPC LPN | ICU #1. [redacted] | 18 Nov 03 |

PATIENT'S IDENTIFICATION (For typed or written entries give: Name – last, first, middle; grade; date; hospital or medical facility)

NAME: RANK: AGE:

UNIT: [redacted] b(6)-4 GENDER: M

STATUS: US: AD / CIV IRAQI: CIV / EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 MEDCOM - 24798

ICU1 Patients Name: [redacted] Date: 18 Nov 03

| VITALS | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 00 | 01 | 02 | 03 | 04 | 05 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A-Line | | | | | | | | | | | | | | | | | | | | | | | | |
| NBP | 109/43 | 101/53 | 126/53 | 120/53 | 127/57 | 118/52 | 122/56 | 120/57 | 119/55 | 121/52 | 130/48 | 133/50 | 139/47 | 141/56 | 146/48 | 152/50 | 139/55 | 146/66 | 141/54 | 142/73 | 138/53 | 159/44 | 141/52 | 147/53 |
| TEMP | 98.8 | | 99.1 | | 99.9 | | | 101.9 | | 101.8 | | 102.6 | 101.7 | 100.8 | 101.2 | 101.3 | 101.4 | 101 | 101.2 | 100.9 | 101.8 | 101.7 | 101 | 102.4 |
| HR | 110 | 110 | 108 | 105 | 109 | 114 | 117 | 116 | 114 | 122 | 104 | 110 | 113 | 116 | 119 | 117 | 118 | 114 | 118 | 119 | 119 | 121 | 121 | 118 |
| RR | 20 | 13 | 8 | 8 | 9 | 10 | 9 | 7 | 10 | 8 | 16 | 17 | 12 | 12 | 12 | 12 | 12 | 10 | 12 | 12 | 21 | 14 | 11 | 16 |
| SaO2 | 96 | 96 | 97 | 98 | 95 | 96 | 96 | 97 | 95 | 97 | 95 | 96 | 96 | 96 | 95 | 94 | 96 | 95 | 94 | 95 | 95 | 94 | 95 | 96 |
| FiO2 | NA | | | | | | | | | | | | | | | | | | | | | | | |
| Source | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA |
| MAP | 81 | 79 | 91 | 82 | 89 | 79 | 82 | 83 | 82 | 86 | 80 | 80 | 81 | | | | | | | 80 | 100 | 83 | 91 | 96 |

| INTAKE | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | Total | 18 | 19 | 20 | 21 | 22 | 23 | 00 | 01 | 02 | 03 | 04 | 05 | To |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| IVF | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 1800 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 18 |
| IVPB | 50 | | | | 100 | | | | 50 | | | | 200 | | | | | 50 | | | | | | | | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | 2000 | | | | | | | | | | | | | |
| PO | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | | | | | | | | | |

| OUTPUT | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | Total | 18 | 19 | 20 | 21 | 22 | 23 | 00 | 01 | 02 | 03 | 04 | 05 | To |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| URINE | 100/100 | 130/230 | 60/290 | 60/350 | 55/405 | 55/455 | 50/505 | 60/565 | 70/635 | 70/705 | 150/855 | 150/1005 | 1005 | 200 | 200 | 250 | 150 | 100 | 100 | 200 | 250 | 250 | 200 | 200 | 250 | 2 |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRAIN | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hemovac | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | 2 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | | | | | | | | | 2 |

2000 in
1005 out
+995
-670

(+) 325 24

- 670

MEDCOM - 24799

DOD-039188

ACLU-RDI 1744 p.759

ICAL RECORD-SUPPLEMENTAL ME L DATA

For use o. m, see AR 40-66; the proponent agency is the Ofi. r The Surgeon General.

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED *(Date)*
QA Appr 8 Mar 89

**SHIFT ASSESSMENT**

| | | TIME: 0300 INITIALS: | TIME: INITIALS: |
|---|---|---|---|
| NEURO | PUPILS | PERRL 3mm brisk | |
| | SENSORIUM | Alert, oriented. | |
| | EXTREMITY MOVEMENT | Full ROM | |
| | SEDATION | ϕ | |
| | PAIN CONTROL | MSO4 5mg @ 0215 | |
| | | | |
| RESP | RESPIRATORY PATTERN | Even. unlabored | |
| | BREATH SOUNDS | clear | |
| | SECRETIONS | ϕ | |
| | O2 SOURCE/FLOW/SAO2 | RA 96% | |
| | VENTILATOR SETTINGS | None | |
| | | | |
| CV | CARDIAC RHYTHM | Sinus tach 100's. | |
| | CAPILLARY REFILL | <3sec | |
| | PULSES | palpable 2+ | |
| | EDEMA | ϕ | |
| | | | |
| | | | |
| GI | ABDOMEN | Soft B | |
| | BOWEL SOUNDS | BS x4 | |
| | BOWEL MOVEMENT | ϕ | |
| | NGT/OGT | ϕ | |
| | TUBE FEDDINGS | ϕ | |
| | DRAINS | ϕ | |
| | | | |
| GU | VOIDING | Foley | |
| | COLOR/CLARITY | Yellow | |
| | | | |
| SKIN | COLOR | NFR | |
| | INTEGRITY | (R) shoulder injury | |
| | | | |
| | | | |
| | | | |
| ACCESS | #1 TYPE/LOCATION/SIZE | (L) Groin LR 150cc | |
| | DRESSING CONDITION | (L) AC saline lock | |
| | IV FLUID/RATE | No SSS infection | |
| | #2 TYPE/LOCATION/SIZE | | |
| | DRESSING CONDITION | | |
| | IV FLUIDS/RATE | | |

*(Continue on reverse)*

PREPARED BY *(Signature & Title)*

DEPARTMENT/SERVICE/CLINIC 62-2 ICU #1, [redacted]

DATE

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name – last, first, middle; grade; date; hospital or medical facility)*

NAME: [redacted] RANK: AGE:

UNIT: [redacted] b(6)-4 GENDER:

STATUS: US: AD / CIV IRAQI: CIV / EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER *(Specify)*

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

USAPPC V2.00

MEDCOM - 24800

ICU I Patients Name: [redacted] 639 Date: 18 Nov 03

| VITALS | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | | 18 | 19 | 20 | 21 | 22 | 23 | 00 | 01 | 02 | 03 | 04 | 05 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A-Line | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NBP | | | | | | | | | | | | | | | | | | | | | | 125/40 | 118/72 | 159/98 | | |
| TEMP | | | | | | | | | | | | | | | | | | | | | | 98.8 | 98 | 98 | | |
| HR | | | | | | | | | | | | | | | | | | | | | | 103 | 104 | 103 | | |
| RR | | | | | | | | | | | | | | | | | | | | | | 15 | 15 | 16 | | |
| SaO2 | | | | | | | | | | | | | | | | | | | | | | 97 | 98 | 98 | | |
| FiO2 | | | | | | | | | | | | | | | | | | | | | | NA | NA | NA | | |
| Source | | | | | | | | | | | | | | | | | | | | | | RA | RA | RA | | |
| MAP | | | | | | | | | | | | | | | | | | | | | | 75 | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |

| INTAKE | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | Total | 18 | 19 | 20 | 21 | 22 | 23 | 00 | 01 | 02 | 03 | 04 | 05 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| IVF | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IVPB | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HR | | | | | | | | | | | | | | | | | | | | | | 150 | 100 | 150 | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PO | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | | | | | | | | | |

| OUTPUT | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | Total | 18 | 19 | 20 | 21 | 22 | 23 | 00 | 01 | 02 | 03 | 04 | 05 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| URINE | | | | | | | | | | | | | | | | | | | | | | 1200/1200 | | | | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRAIN | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 24801

DOD-039190

ACLU-RDI 1744 p.761

## MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE: INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date): QA Appr 8 Mar 89

### SHIFT ASSESSMENT

| | | TIME: 0630 INITIALS: [redacted] b(6)-2 | TIME: INITIALS: |
|---|---|---|---|
| NEURO | PUPILS | 3mm PERRL | |
| | SENSORIUM | Awake Alert, Moves extremities | |
| | EXTREMITY MOVEMENT | x4 c purposeful movements | |
| | SEDATION | | |
| | PAIN CONTROL | | |
| | | | |
| RESP | RESPIRATORY PATTERN | RRR equal rise & fall of chest | |
| | BREATH SOUNDS | CTA bilat | |
| | SECRETIONS | Ø | |
| | O2 SOURCE/FLOW/SAO2 | SaO2 - 94% RA | |
| | VENTILATOR SETTINGS | | |
| | | | |
| CV | CARDIAC RHYTHM | S1S2 +2 pulses x 4 extremities | |
| | CAPILLARY REFILL | <3 sec cap refill | |
| | PULSES | | |
| | EDEMA | | |
| | | | |
| | | | |
| GI | ABDOMEN | +BS x 4 quads Abd soft non- | |
| | BOWEL SOUNDS | tender non distended | |
| | BOWEL MOVEMENT | Ø | |
| | NGT/OGT | Ø | |
| | TUBE FEDDINGS | Ø | |
| | DRAINS | | |
| | | | |
| GU | VOIDING | Foley to Gravity | |
| | COLOR/CLARITY | clear yellow | |
| | | | |
| SKIN | COLOR | NFR | |
| | INTEGRITY | | |
| | | | |
| | | | |
| | | | |
| ACCESS | #1 TYPE/LOCATION/SIZE | Cordis to (L) Femoral | |
| | DRESSING CONDITION | Site CDI LR @ 150 cc/hr | |
| | IV FLUID/RATE | | |
| | #2 TYPE/LOCATION/SIZE | | |
| | DRESSING CONDITION | | |
| | IV FLUIDS/RATE | | b(2)-2 |

(Continue on reverse)

PREPARED BY (Signature & Title) | DEPARTMENT/SERVICE/CLINIC [redacted] | DATE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name – last, first, middle; grade; date; hospital or medical facility)

NAME: RANK: AGE:

UNIT: GENDER:

STATUS: US: AD / CIV IRAQI: CIV / EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78 MEDCOM - 24802

ICU I Patients Name: [redacted] 5-19/8 Date: 14 NOV 05

| VITALS | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | | 18 | 19 | 20 | 21 | 22 | 23 | 00 | 01 | 02 | 03 | 04 | 05 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A-Line | | | | | | | | | | | | | | | | | | | | | | | | | |
| NBP | 142/43 | 138/57 | 129/47 | 137/50 | 155/97 | 145/59 | 127/52 | 138/48 | | | | | | | | | | | | | | | | | |
| TEMP | 102.5 | 100.8 | | | 101.5 | | 100.4 | | | | | | | | | | | | | | | | | | |
| HR | 116 | 117 | 109 | 107 | 109 | 123 | 127 | 118 | | | | | | | | | | | | | | | | | |
| RR | 12 | 8 | 7 | 18 | 14 | 12 | 10 | | | | | | | | | | | | | | | | | | |
| SaO2 | 94 | 92 | 95 | 96 | 95 | 95 | 94 | 95 | | | | | | | | | | | | | | | | | |
| FiO2 | NA | | | | | | | | | | | | | | | | | | | | | | | | |
| Source | RA | RA | RA | RA | RA | RA | RA | RA | | | | | | | | | | | | | | | | | |
| MAP | 79 | 88 | 80 | 83 | 88 | 82 | 93 | 97 | | | | | | | | | | | | | | | | | |

| INTAKE | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | Total | 18 | 19 | 20 | 21 | 22 | 23 | 00 | 01 | 02 | 03 | 04 | 05 | To |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| IVF | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | | | | | | | | | | | | | | | | | | |
| IVPB | 50 | | | | | | | | | | | | | | | | | | | | | | | | | |
| NGT | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| PO | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | | | | | | | | | |

| OUTPUT | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | Total | 18 | 19 | 20 | 21 | 22 | 23 | 00 | 01 | 02 | 03 | 04 | 05 | To |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| URINE | 200/200 | 150/550 | 125/575 | 200/125 | 200/525 | 100/125 | 200/1325 | 220/1545 | | | | | | | | | | | | | | | | | | |
| NGT | — | | | | | | | | | | | | | | | | | | | | | | | | | |
| STOOL | — | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRAIN | — | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 24803

DOD-039192

ACLU-RDI 1744 p.763

b(2)-2

# Admission and Coding Information

For use of this form, see AR 40-400; the proponent agency is OTSG

| | | | | |
|---|---|---|---|---|
| 1. Reporting MTF [redacted] | 2. MTF [redacted] b(6)-4 | | | |
| 3. Register Number [redacted] | Name (Last, First, MI) [redacted] | | 4. Pay Grade FGN | 5. Sex M |
| 6. DoB (YYYYMMDD) 1979-06-16 | 7. Age at Admission 24Y | 8. Race X | 9. Ethnicity 9 | Religion |
| 10. Length of Service | ETS | 11. FMP 99 | 12. Social Security Number [redacted] b(6)-4 | |
| Organization (Active Duty Only) | | 13. Marital Status | Hour of Admission 23:00 | 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: ICU1 | 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 TRF-OTH | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) 2003-11-25 | | |
| 24. Clinic Svc - Admitting AEA - ORTHOPEDICS | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) 2003-11-17 | | |
| 27. Location of Occurrence | 28. MTF of Initial Admission | 29. Date of Initial Admission 2003-11-17 | | |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: S/P I & D L SHOULDER/ L RING FINGER PARTIAL AMP

Procedure Narrative(s):

Cause of Injury Narrative:

b(6)-2 b(6)-2

| | |
|---|---|
| Admitting Officer (Signature, as required) [redacted] | Signature of Admitting Clerk [redacted] |

Automated Facsimile - DA FORM 2985, MAR 2000

MEDCOM - 24804

Automated Facsimile

# INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400, the proponent agency is OTSG

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1. Register Nbr [redacted] | | | | | | 3. Grade FGN | Admission Remarks |
| 4. Sex M | 5. Age | 6. Race X | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm NO | |
| 11. FMP 99 | 12. SSN [redacted] | 13. Organization | | | | 14. Ward | |
| 15. FlyStatus | 17. Dept / Ben K78-PRISONER OF WAR/INTER | | 18. BranchCorps | 19. UIC / ZIP | | 20. Type Case BC | |
| 21. Source of Admission Direct from ER | | | 22. Hour Of Adm: 03:35 | 23. Clinic Service XXX - CARDED FOR RECORD | | | |
| 24. Name/Relation of Emergency Addressee | | | 25. Type Disp CRO/DOA | 26. Date of Disp 2003-11-18 | | | |
| 27a. Address of Emergency Addressee | | | 27b. Telephone No | 28. Date This Adm: 2003-11-18 | | AdmittingOfficer: [redacted] | |
| 29. ReportingMTF 0580 [redacted] Iraq | | | | 30. Date Init Adm 2003-11-18 | | 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:

FRAGMENT WNDS

| 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 | 1 | 1 |

| 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 | 1 | 1 |

| Signature of Attending Medical Officer | Signature of PAD or Medical Records Officer |
|---|---|
| [redacted] | [redacted] |

Automated Facsimile - DA FORM 3647, May 79

MEDCOM - 24805

# CERTIFICATE OF DEATH *(OVERSEAS)*
## Acte de décès *(D'Outre-Mer)*

| NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms) | GRADE Grade | BRANCH OF SERVICE Arme | SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale |
|---|---|---|---|
| [redacted] b(6)-d | | | |
| ORGANIZATION Organisation | NATION *(e.g., United States)* Pays | DATE OF BIRTH Date de naissance | SEX Sexe ☐ MALE Masculin ☐ FEMALE Féminin |

| RACE Race | MARITAL STATUS État Civil | | RELIGION Culte | |
|---|---|---|---|---|
| ☐ CAUCASOID Caucasique | ☐ SINGLE Célibataire | ☐ DIVORCED Divorcé | ☐ PROTESTANT Protestant | ☐ OTHER *(Specify)* Autre *(Spécifier)* |
| ☐ NEGROID Négroïde | ☐ MARRIED Marié | ☐ SEPARATED Séparé | ☐ CATHOLIC Catholique | |
| ☐ OTHER (Specify) Autre *(Spécifier)* | ☐ WIDOWED Veuf | | ☐ JEWISH Juif | |

| NAME OF NEXT OF KIN Nom du plus proche parent | RELATIONSHIP TO DECEASED Parenté du décéde avec le susdit |
|---|---|
| STREET ADDRESS Domicilé à (Rue) | CITY OF TOWN AND STATE *(Include ZIP Code)* Ville (Code postal compris) |

**MEDICAL STATEMENT** Declaration médicale

| CAUSE OF DEATH *(Enter only one cause per line)* Cause du décès (N'indiquer qu'une cause par ligne) | | | INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès |
|---|---|---|---|
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH[1] Maladie ou condition directement responsable de la mort.[1] | | Dead on Arrival Due to multiple fragment shrapnel wounds | 15-30 minutes |
| ANTECEDENT CAUSES Symptômes précurseurs de la mort. | MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire | Dead on Arrival Due to Multiple Fragmentation wounds | 15-30 min |
| | UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire | | |
| OTHER SIGNIFICANT CONDITIONS[2] Autres conditions significatives[2] | | | |

| MODE OF DEATH Condition de décès | AUTOPSY PERFORMED Autopsie effectuée ☐ YES Oui ☐ NO Non | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitees par des causes exterieures |
|---|---|---|
| ☐ NATURAL Mort naturelle | MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie | |
| ☐ ACCIDENT Mort accidentelle | | |
| ☐ SUICIDE Suicide | NAME OF PATHOLOGIST Nom du pathologiste | |
| ☐ HOMICIDE Homicide | SIGNATURE Signature / DATE Date | AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☐ NO Non |

| DATE OF DEATH *(Hour, day, month, year)* Date de décès *(l'heure, le jour, le mois, l'année)* | PLACE OF DEATH Lieu de décès |
|---|---|

I HAVE VEIWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci dessus

| NA[redacted]icin sanitaire | TITLE OR DEGREE Titre ou diplômé M.D. |
|---|---|
| GRADE Grade O-4 | INSTALL[redacted] ou adresse b(6)-2 AH |
| DATE Date 18 NOV 03 | SIGN[redacted] |

[1] *State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.*
[2] *State conditions contributing to the death, but not related to the disease or condition causing death.*
[1] *Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.*
[2] *Préiser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.*

**DD FORM 2064, APR 1977** REPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565-R(PAS), 26 SEP 1975, WHICH ARE OBSOLETE. USAPA V1.00

MEDCOM - 24806

Record

# HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AR 40-2; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.

NAME AND LOCATION OF HOSPITAL

*Instructions - Medical Officer in attendance will:*
*Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.*
*Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.*

## SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

### PERSONAL DATA

1. PATIENT DATA *(Patient's ward plate will be used to imprint identifying data if available)*

#[redacted]

b(6)-4

Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

2. TIME OF DEATH *(Hour-day-month-year)*: 0342

3. MEDICAL EXAMINER/ CORONER'S CASE ☐ YES ☐ NO

4. RELIGION

5. CHAPLAIN NOTIFIED ☐ YES ☐ NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH

### CAUSE OF DEATH

| | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)* | DUE TO *(or as a consequence of)* Dead on Arrival due to Multiple Fragmentation wounds | 15 - 30 minutes |
| 7b. ANTECEDENT CAUSES *(Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)* | DUE TO *(or as a consequence of)* (1) Multiple Fragmentation wounds | 15-30 minutes |
| | (2) | |
| 8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT | a. | |
| | b. b(6)-2 | |

| 9. DATE | 10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN[redacted]NDANCE | 11. SIG[redacted]TTENDANCE |
|---|---|---|
| 18 Nov 03 | [redacted] MD 0-4 | [redacted] |

## SECTION B - ADMINISTRATIVE

| TYPE OF ACTION | HOUR | DAY | MONTH | YEAR | INITIALS OF RESPONSIBLE OFFICER |
|---|---|---|---|---|---|
| 12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON | | | | | |
| 13. POST ADJUTANT GENERAL NOTIFIED | | | | | |
| 14. IMMEDIATE CO OF DECEASED NOTIFIED | | | | | |
| 15. INFORMATION OFFICE NOTIFIED | | | | | |
| 16. POST MORTUARY OFFICER NOTIFIED | | | | | |
| 17. RED CROSS NOTIFIED | | | | | |
| 18. OTHER *(Specify)* | | | | | |
| 19. | | | | | |

## SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED *(If yes, give date and place)* ☐ YES ☐ NO

21. AUTOPSY ORDERED BY *(Signature)*

22. PROVISIONAL PATHOLOGICAL FINDINGS

| 23. DATE | 24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY | 25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY |
|---|---|---|
| 26. DATE | 27. TYPED NAME AND GRADE OF REGISTRAR | 28. SIGNATURE OF REGISTRAR |

**DA FORM 3894, OCT 72** REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED. USAPPC V2.00

MEDCOM - 24807

| 1. Reporting MTF | 2. MTF Local | Admission and Coding Information<br>For use of this form, see AR 40-400; the proponent agency is OTSG |
|---|---|---|
| [redacted] | b(2)-2 | |

| 3. Register Number | Name (Last, First, MI) | 4. Pay Grade | 5. Sex |
|---|---|---|---|
| [redacted] | b(6)-4 | FGN | M |

| 6. DoB (YYYYMMDD) | 7. Age at Admission | 8. Race | 9. Ethnicity | Religion |
|---|---|---|---|---|
| | | X | 9 | |

| 10. Length of Service | ETS | 11. FMP | 12. Social Security Number |
|---|---|---|---|
| | | ~~99~~ 20 | [redacted] b(6)-4 |

| Organization (Active Duty Only) | 13. Marital Status | Hour of Admission | Branch / Corps: |
|---|---|---|---|
| | | 03:35 | b(2)-2 |

| 14. Flying Status | 15. Beneficiary Category | 16. Zip Code of Residence: |
|---|---|---|
| | K78-PRISONER OF WAR/INTERNEES | [redacted] |

| 17. Unit Location | 18. MOS | 19. Trauma | Prev. Admission |
|---|---|---|---|
| | | BC | NO |

| 20. Source of Admission | Ward: | Name / Relationship of Emergency Addressee |
|---|---|---|
| ~~Direct from ER~~ C | | Address of Emergency Addressee |
| Name and Location of Medical Treatment Facility: [redacted] b(2)-2 | | Telephone Number of Emergency Addressee |

| 21. Type of Disposition | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) |
|---|---|---|
| CRO/DOA | | 2003-11-18 |

| 24. Clinic Svc - Admitting | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) |
|---|---|---|
| XXX - CARDED FOR RECORD ONLY | | 2003-11-18 |

| 27. Location of Occurrence | 28. MTF of Initial Admission | 29. Date of Initial Admission |
|---|---|---|
| IZ | | 2003-11-18 |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: FRAGMENT WNDS

DX 8799
E9289

Procedure Narrative(s): ~~Cause death~~ #1 ~~Trauma~~ 1 ~~Injury~~ 459

Cause of Injury Narrative:

DX 8799
E8928
Cause of death 1
Injury 459

JPO

| Admitting Officer (Signature, as required) | Signature of Admitting Clerk |
|---|---|
| [redacted] b(6)-2 | [redacted] |

Automated Facsimile - DA FORM 2985, MAR 2000 MEDCOM - 24808

Automated Facsimile

# INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400, the proponent agency is OTSG

| 1. Register Nbr | 2. Name | | | | | 3. Grade | Admission Remarks |
|---|---|---|---|---|---|---|---|
| [redacted] | b(6)-4 | | | | | FGN | |
| 4. Sex | 5. Age | 6. Race | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm | |
| M | | X | | | | NO | |
| 11. FMP | 12. SSN | 13. Organization | | | | 14. Ward | |
| 99 | [redacted] | | | | | ICW1 | |
| 15. FlyStatus | 17. Dept / Ben | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case | | | |
| | K78-PRISONER OF WAR/INTER | | | BC | | | |
| 21. Source of Admission | | 22. Hour Of Adm: | 23. Clinic Service | | | | |
| Direct from ER | | 03:45 | ABA - GENERAL SURGERY | | | | |
| 24. Name/Relation of Emergency Addressee | | 25. Type Disp | 26. Date of Disp | | | | |
| | | TRF-OTH | 2003-11-25 | | | | |
| 27a. Address of Emergency Addressee | | 27b. Telephone No | 28. Date This Adm: | AdmittingOfficer: | | | |
| | | | 2003-11-18 | [redacted] b(6)-2 | | | |
| 29. ReportingMTF | | | 30. Date Init Adm | 32. Units Blood Components | | | |
| [redacted] b(2)-2 | | | 2003-11-18 | | | | |

31. Selected Administrative Data

Marital Status: DoB:

In/Out Patient: Inpatient MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

GSW NECK, R ARM, ABDOMEN

| DX | PROC | T | I |
|---|---|---|---|
| 7892 | PROC | 1 | 450 |
| 86812 | 5123 | | |
| 86500 | 4469 | | |
| 8739 | | | |
| 8750 | | | |
| 8631/E9912 | | | |

863.1
868.12
865.00
866.1
879.8
786.05
786.2
E9912

51.22
44.69

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 | 8 | 8 |

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 | 0 | 8 | 8 |

Signature of Attending Medical Officer [redacted] Medical Records Officer [redacted]

Automated Facsimile - DA FORM 3647, M[redacted] b(6)-2 MEDCOM - 24809

MEDICAL RECORD | 0400 (2) NOV 03 | ABBREVIATED MEDICAL RECORD

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION (Enter date of admission)

35 y/o c̄ shrapnel inj to abd chest

Med ☆ dll ☆ sha PMH

143/66 90 24 100%

PHYSICAL EXAMINATION

HEENT - multiple superficial perf

neck -

chest - superficial perf on RAA 5 (4)

abd - several perf c (+) penetr by CT

pelvis stable

extr - moves all

Hct 43

PROGRESS (Enter date of discharge and final diagnosis)

WBC 25

PT 34 | 137 / 108

PTT 15 | 38 / 20

IV at | glu 213 | wat 1.0

b(6)-2 [redacted]

SIGNATURE OF PHYSICIAN [redacted] | DATE 18 NOV 03 | IDENTIFICATION NO. | ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give Name (last, first, middle), grade; date; hospital or medical facility) | REGISTER NO. | WARD NO.

[redacted] b(6)-4

ABBREVIATED MEDICAL RECORD
Standard Form 539
GENERAL SERVICES ADMINISTRATION AND INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1975
539-108

117

MEDCOM - 24810

AUTHORIZED FOR LOCAL REPRODUCTIO

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES b(6)-2 b7 |
| 18 nov 03 1700 | Pt awake, speaking in arabic, VSS, c/o pain, but falls asleep before medicated. HRRR, LCTAB, (+) BS x4, (+) peripheral pulses. NGT to (R) nare to LIS. green/br drainage noted in tubing. Pt transferred from ICW #2 for EPW status. Lips swollen c̄ blood (old & dried) inside of lips. multiple shrapnel wounds to upper body (superficial). 4x4 to (R) chest wall on arrival. Drsg to midline abd from ex-lap done earlier this AM. Drsg to lower abd., both drsgs c̄ bloody shadowing. ∅ drsg Δ ordered @ this time. LR @ 125cc/° infusing into (L) AC 5 complication. no diet ordered, PT NPO d/T NGT. Voiding ad via foley. Will monitor [redacted] WM6. |
| 18 Nov 03 1730 | I concur c̄ initial nsg assessment above. — [redacted] |
| 18 nov 03 @ 2215 | assumed care of pt @ 1800. VSS [redacted] pain but falls asleep quickly, awakens to verbal stimuli. Alert, speaks arabic; LS CTA, ↓ bases, sats 96-98% RA, IS i̇ CDB completed, instructed pt on splinting technique. ⊖ BS present, NG to LIS, dark green output noted, NL Abd incision (⊥) c̄ drsg c̄ marked drainage noted (CONT) |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | |
|---|---|---|---|
| | LAST | FIRST | MI [redacted] |

| 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 V1.0C

#[redacted] b(6)-4

MEDCOM - 24811

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 18NOV03@ 2345 | (CONT) Foley to gravity qs clear/yellow urine. D'ac IV c̄ IVFs as ordered. Oral care provided. 2pt restraints on 3 S/Sx skin/circulation compromise. Plan: cont CDB/IS, IVFs, IVAbx, monitor I+Os, monitor drsg, pain control [redacted] b(6)-2 |
| 19NOV03 @0545 | I+OS 24° IN= IV=4200 OUT: NG= 250cc NPO UOP= 2800 4200 / 3050 [redacted] b(6)-2 |
| 19NOV03 | Pt. Awake + Oriented x3, pt c/o pain, but pt fell into deep sleep. Pt dressing changed PB30 by myself and Doc Andberg. Wet to dry @ shoulder, mid sternum, @ lower abd, @ lower abd, some require slight packing, foley to gravity pendy d/c today, ng tube draining dark brown mucus, pt VS stable, LS CTA OBS x4, pt receiving LR 125cc/hr, with infusion |
| 1350 1801 | Pt c/o of pain, given 6mg MSO4, pt foley d'ed ~~voiding via urinal~~ [redacted] Δ'd (1801) minimal drainage reddish in color, VSoD given 4mg MSO4 pre-medicate pt sleeping. [redacted] |
| | (1800) I concur c̄ assessment. [redacted] b(6)-2 |

# [redacted] b(6)-4

MEDCOM - 24812

STANDARD FORM 509 (REV. 5/1999) BACI
USAPA V1.0

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 20NOV03 @0245 | assumed care of pt @ 1800. VSS, exception: slightly tachycardic 110-115, febrile @100.1. alert, but sleeps often, arouses to verbal stimulus. LS ō ↓ bases bs, CDB completed q1° before MN. Splinting technique encouraged. Hypoactive BS noted, cont NPO status NG to LIS. ō amount of lt green fluid output. Pt unable to void spontaneously, foley reinserted ō 700cc UOP noted (approx 2300 hrs). C/o pain when CDB, but falls asleep quickly. ML drsg CDI, SP drsg CDI. 2pt restraints on ō S/Sx of skin/circulation compromise. Plan: cont IS/CDB, enc ↑ OOB, monitor NG output, monitor drsg. |
| | [redacted] |
| | Addendum: new IV started in [redacted], 20G. IVFS cont. [redacted] b(6)-2 |
| 20NOV03 @0530 | 24° totals 1+05 |
| | In: IV = 2000 Out: Foley = 2020 |
| | NPO NG = 270 |
| | 2000 2290 [redacted] |

| 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. |
|---|---|---|

[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

MEDCOM - 24813

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 20NOV03 | (1340) NSG - VSS. Pt c/o pain to sutures on abdomen + (R) groin. Premedicated pt c̄ 2mg MSO4 IV prior to DSG Δ. Dr. [redacted] b(6)-2 viewed sutures. Dr. [redacted] b(6)-2 ordered to pack lightly (R) groin openning. Sutures to ABD + (R) groin loosely sutured. ⊖ S/Sx of infection to either sutures. Dr. [redacted] removed sutures to suprapubic cath. Suprapubic intact + draining clear, yellow urine. Pt amb on ward c̄ steady gait. No bacitran applied to underside of penis ∴ Dr. [redacted] b(6)-2 request. Pt appears to be comfortable. Will continue to monitor pain. [redacted] |
| 20NOV03 | (1400) NSG. VSS x̄ temp 101. Will continue to monitor. MD made rounds + saw pt. New order for D/C Foley + NGT. Foley D/C'ed @ 0920. DTV @ 1520. Explained to pt to void by 1520. D/C'ed NGT @ 1520. 85cc output of dark green content. Pt taking sips + chips well. Pt has 125cc/hr LR infusing. MD ~~orde~~ verbal order that staff may do BID DSG Δ's. WTD DSG Δ completed c̄ ⊖ S/Sx of infection. Lung sounds clear through all lobes. Encouraged pt to ~~IS~~ IS. Pt demonstrated proper use. Bowel sounds hypoactive. ⊖ BM since admission. Will continue to monitor pt on strict I/O's. Will continue to Record. [redacted] b(6)-2 |
| 21Nov03 @ 0455 | Assumed care @ 1800; VSS, pt alert + speaking arabic, ⊖ c/o pain; pt c/o nausea, 25mg phenergan administered; All dsgs Δd W→D, ⊖ S/Sx infection; staples to midline CDI, well approximated; pt voiding QS, clear urine via urinal; pt TOL sips & chips; PIV patent infusing LR @ 125cc/hr ⊖ S/Sx infection/infiltration; ⊕ BS x4, hypoactive, ⊖ BM, restraints in place, ⊕ circ, ⊖ skin [redacted] Cont to monitor. [redacted] |

STANDARD FORM 509 (REV. 8/1999) BACK

USAPA V1.0

[redacted] b(6)-4

MEDCOM - 24814

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 11-20-03 | GEN Surg |
| 0900 | Good pain control. Good Resp effort c̄ Cough |
| POD#2 | Using IS. Unable to void spontaneously p̄ foley |
| | d/c yesterday – foley replaced. |
| | c̄ (T) temp 100.5 last PM – now AFB |
| | VS 121/79 104 28 93% RA T_C = 99° |
| | 94% RA T_M = 100.5 @ 2000° |
| | I/O @ 24° : 2000 / URINE 2020 NGT 270 |
| | A/O, NAD CXR (PVN) 11/18 = ∅ pneumotho |
| | Lungs CTA (B) |
| | cvs mild tachycardic ∅ S3 S4 (M) |
| | ABD NB / (+) periumbilical tenderness ∅ BS |
| | Imp · POD # 2 s/p Exlap / Cholecystectomy / gastric penetration repair |
| | good post op recovery |
| | PLAN (1) D/c foley → replace it so void p̄ 6° |
| | (2) D/c NGT |
| | (3) Sip / chips |
| | [redacted] MD |
| | LTC MC |
| | [redacted] b(6)-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. |
|---|---|---|
| [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

MEDCOM - 24815

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| | Gen Surg |
| 11-24-03 | ~~Alox 3~~, overall improved. tolerated sips |
| post op | VS 121/71 104 99% = Tc/Tm 93% RA |
| | Alo x 3 |
| | Lungs CTA(B) |
| | CVR RRR ⌀ S3 S4 m |
| | ABD (+)BS |
| | Imp good post op recovery |
| | Plan (1) pain to clears |
| | (2) IS/OVB |
| | [redacted] CTCMC |
| 11-22-03 | Gen Surg b(6)-2 A11 |
| 0910 | Tolerating clear. c/o pain @ surgical wound @ (R) jaw. |
| Post op | voiding spontaneously. (+) flatus Remain afeb. |
| | VS 121/71 104 99% = Tm/Tc 93% |
| | ~~121/71 104 99% = Tm~~ 1300/1600 |
| | A/O x3. |
| | HEENT mild edema (R) parotid - surgical wound |
| | ⌀ erythema |
| | Lungs CTA(B) |
| | CVR RRR ⌀ S3 S4 |
| | ABD NO/NT ⌀ (+) minimal |
| | (+) NABS |
| | Imp · tolerating post op recovery |
| | Plan (1) Advance to regular |
| | (2) clear abdomen (R) parotid |
| | [redacted] CTCMC |

MEDCOM - 24816

STANDARD FORM 509 (REV. 5/1999) BAC
USAPA V1.

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |

21NOV03 20-21NOV03 @0600 24° I/O

Input: 1800cc

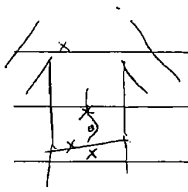
Output: NG - 85; Urine - 1600

b(6)-2 A-1

[redacted]

21 NOV03 (1730) NSG - VSS. c/o abd pain. Med c̄ 4mg MSO4. Pt OOB to chair ~2hrs. Tol well. AM care done by pt. Strict I/O's. IS complete. Encourage pt to do IS. Pt to clears. Will monitor tolerance of PO diet. Pt diures in urinal. Dark, yellow c̄ difficulty flow bag of LR hung @ 1515 1715. Will continue strict I/O's. [redacted]

22NOV03 @0245 Assumed care of pt @1800. VSS. Cont c/o abd pain ? (L) cheek pain. MSO4 5mg IV given c̄ good relief noted. LS CTA, (+) BS, tol clear liq diet well, enc po fluid intake; ML abd incision OTA, x4 small wounds c̄ WTD drsgs, CDI, ∘ drainage. Pt OOB AMB c̄ min assist, tol well. IVFs cont. Voiding per urinal QS. 2pt restraints on c̄ s/sx of skin/circulation compromise. Plan: cont IS, enc po intake, IVFs as ordered, enc AMB. Will monitor. [redacted]



22Nov '03 Assumed care of pt @0600 pt awake + oriented x3, pt c/o mild (LSS) (L) cheek pain and abd pain (1400) given 5mg MSO4. pt ambulated with walker to BR with difficulty, and nausea pt could not have

| 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] b(6)-4

MEDCOM - 24817

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES b(4)-2 A-1 |
|---|---|
| | cont. |
| 22 Nov '03 | successful bowel movement, feels pain and constipation. Drsg CDI, with minimal drainage. Pt tolerating PO with some nausea, Restraints x2 in place ⊕ circulation ⊖ skin breakdown. |
| | Sp[redacted] |
| | (1710) I concur c above assessment [redacted] |
| 23 Nov 03 @0800 | assumed care of pt @ 1800. VSS. C/O abd pain c̄ IS & CDB, movement/activity: LS CTA, ⊕BS, Tol reg diet, some nausea p̄ dinner. Medicated c̄ Phenergan 25mg IV c̄ good relief, rated. Mid abd incision OTA c̄ staples, CDI. x4 small WTD drsg Δs, all healing well s̄ drainage. Pt ↑ amb in hallway, ↑ in chair x2 hours. Cont IS & CDB. 2pt restraints on s̄ s/sx of skin/circulation compromise. Plan: Cont enc PO, enc IS/CDB enc OOB. [redacted] |
| 23 Nov '03 1000 | Pt. Awake Oriented x3, Vital signs stable, pt ambulated well, up and down stairs with ∅ c/o pain or dizziness. Pt out of bed to chair x 8 hours, pt tolerating PO food with mild nausea. Pt. encouraged to perform pulmonary toilet exercises. Pt occasionally c/o pain in Abd area, as per Doctor Sandberg Q4. Restraints x2 in place. ⊖ skin breakdown, ⊕ circulation intact. [redacted] |
| Pt taken to OR PAHAT | (1920) I concur c̄ above assessment. [redacted] |
| 23 Nov 03 2140 | Assumed care of Pt @ 1800 LS CTA ⊕ HRRR ⊕BS x 4 quads, IV Abx Infused via 20G in (L) FA. ⊖ s/sx infection. Drsg to chest abd CDI. Pt Pain controlled c̄ percocet. Will cont. |

STANDARD FORM 509 (REV. 5/1999) BACI

MEDCOM - 24818

USAPA V1.0

AUTHORIZED FOR LOCAL REPRODUCTIO

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |

b(6)-2

23NOV03 to Monitor Pt — [redacted] Spc 91WMD
Cont.

24NOV03 - Assumed care of pt A+O x3. VSS & c/o pain
0830 @this time. Lungs clear. Active BS x4 quads. Tolerating
PO well urinating spontaneously & difficulty. Mult.
shrapnel wounds to abdomen, chest and pelvic region
& active bleeding noted 2x2 dsg applied. CDI. Assess-
ment findings WNL OK for discharge to camp - [redacted]
1200 - & c/o pain or discomfort @ this time 1200
percocet not given — [redacted]
1600 - Pt c/o pain to abdominal region percocet II
tabs given per order — [redacted]
1800 Pt A&O VSS. LS CTA(B) HRRR. (+)BS & 4quad.
Drsg to Torso A&D. Wounds are pink & dark
Tissue peripherally. Pt c/o Pain to Abd. mid line
Abd incision closed & staples OTA. No s/s of infection
noted. Will cont to monitor. — [redacted] Spc 91WMD
2400 Pt refuses Percocet. — [redacted] Spc 91WMD
25NOV03 - Assumed care of pt. A+O x3 VSS Minimal
0800 complaint of pain to surgical site - approx 12 inch
mid line abdominal incision & drainage open to air

| 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. |
|---|---|---|

[redacted]

b(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1C
USAPA V1.0(

MEDCOM - 24819

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 25 NOV 03 | secured c staple healing well. Multiple shrap |
| cont | wound small 2X2 gauze applied Lungs clear [redacted] |
| | Active BS tolerating PO well ambulating spontaneo |
| | Pt OK for discharge med at pharmacy orders |
| | written. Will cont to monitor — [redacted] |
| 1200 | Pt discharged escorted by MP to camp condition |
| | stable & complaints — [redacted] Ethnic |
| | b(4)-2 A11 |

STANDARD FORM 509 (REV. 5/1999) BAC
USAPA V1.

MEDCOM - 24820

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| | Gen Surg |
| 11-25-03 | pt c/o SOB - c̄ pain (ABD/periumbilical) c̄ cough. |
| 1000 | ∅ pleuritic pain. Tolerating Regular diet |
| POD #5 | 125/76 102 97 98.7 Tm 98° |
| | I/O 3000/1225 |
| | Pulsox RA 98% |
| | A/Ox3, NAD Cough c̄ thick white secretions |
| | Lung CTA (B) all fields |
| | Cor RRR ∅ S3 S4 |
| | ABD (+) BS, ND/NT ∅ R/G/RBT |
| | |
| | (A) (1) POD #5 S/P EXLAP/cholecystectomy/gastric penetration repair |
| | (2) Prob chest congestion - low prob for PE |
| | c̄ Recent small (D) pneumothorax |
| | (P) (1) CXA PA/LAT |
| | (2) Resume ĪV po diet - pt may refuse |
| | (3) Pulm toilet [redacted] b(6)-2 |
| | [redacted] |

| 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.

#[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

MEDCOM - 24821

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| | GEN SURG |
| 11-24-03 | PROGRESS NOTES from 11-20 to 11-23 missing from chart. |
| 0843 | Recent c/o previous 24° SOB ⊂ ↑ Sputum (White) CXR RA/LAT |
| POD #6 | ⊂ E/O previous Pneumo Tx; ⊘ infiltrates. Now ⊂ overall improvement |
| | ⊂ Aggressive Pulm toilet. c/o ABD GAS PAINS. Tolerating P.O. |
| | V 124/78 104 16 98.1 98% RA I/O 1200/800 |
| | A/O x3 NAD |
| | Lungs CTA(B) |
| | CVR RRR |
| | ABD NO/NT (+)NABS ⊘ R/G/RGT |
| | Wound intact, Staples in place |
| | Imp POD #6 s/p Ex Lap/Gastric Repair of penetrating wound/Chest tube for penetrating wound |
| | ① ⊘ E/O Sepsis/Hemodyn instability |
| | ② Return of NL Bowel fx |
| | ③ ⊘ E/O Pneumonia |
| | Plan ① OBtime x 24° for E/O Resp Compromise |
| | ② Anticipate d/c 24° |
| | [redacted] b(6)-2 |
| | [redacted] |

| 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. |

[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

MEDCOM - 24822

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |

~~11-21-03~~ Narrative Summary DOA: 11-18-03 Day of Discharge:

11/25/03 ADMITTING DX ABDOMINAL INJURY c̄ PENETRATING WOUNDS to GALL BLADDER AND STOMACH

HPI / Hospital course 35 yo IRAQI ♂ s/p SHRAPNEL INJURIES to face, chest and ABDOMEN ON 18 NOV 03. EVACUATED and STABILIZED at 28TH CSH EMT.

CXR (PROP) c̄ SMALL (L) pneumo TX. Pt underwent Emergent Surgery c̄ Ex Lap / Cholecystectomy / REPAIR of penetrating wound to STOMACH. OPERATIVE Findings of 2 penetrating wounds (1 cm and 2 cm) to greater curvature to stomach and penetrating wound to GALL BLADDER. REMAINDER of Pelvic AND ABDOMINAL ANATOMY WNL. POST op RECOVERY UNREMARKABLE (L) Pneumotx c̄ spontaneous Resolution. Tolerating Regular diet.

Procedure ① Ex Lap / Cholecystectomy / Repair of GASTRIC penetrating wound
② Pre op CT CHEST / ABD

DIET REGULAR

D/C MEDS ① MOTRIN 800 mg po Q8° prn ② percocet II po Q4-6° prn

F/U ① FOllow up c̄ PRISION MD for Staple removal from ABD on 28 NOV 03
② SEEK IMMEDIATE CARE for TEMP > 100.4°F, UNABLE to tolerate ~~Regular~~ liquids, ABNORMAL Bleeding

POSTUP DX: ① Superficial shrapnel wounds to face, chest, ABD
② s/p Ex Lap / Cholecystectomy / GASTRIC Repair for penetrating ABD wound b(6)-2
③ (L) pneumothorax - spontaneously resolved

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | SPONSOR'S ID NUMBER (SSN or Other) LTC ME |
|---|---|---|---|
| | LAST | FIRST | |
| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | REC | |

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)

| REGISTER NO. | WARD NO. |
|---|---|
| | |

b(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10
USAPA V1.0C

MEDCOM - 24823

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
| 11-18-03 | Brief OP NOTE |
| | Preop Dx Penetrating Wound ABD 2° explosion |
| | Post op Dx Penetrating Inj Stomach SURG SDANU / SURGBURN |
| | Penetrating Inj Gall Bladder small @ premature Anesthesia: GETA Anesthist: DOLAN |
| OP TIME | Procedure: Ex lap / Cholecystectomy / Repair of Gastric Injury |
| 0500/0200 | IVF ~~2500~~ 3200 [redacted] EBL 75 U.O 700 NGT 500 |
| | Specimen ∅. |
| | DKAM ① NGT ② Fdy to gravity |
| | OP Finding - 1cm penetrating wound greater curvature stomach |
| | - 2cm penetrating wound greater curvature stomach |
| | - 5 mm penetrating wound Gall Bladder - ~ 50 cc hemoAmma |
| | - Colon / small Bowel / Bladder / ~~Spleen~~ ⊼ injury |
| | - Spleen ⊼ 1-2 mm area of avulsion → hemostatic staple |
| | Complication None |
| | Disp PACU - extubated |
| | [redacted] m.D. |
| | LTC MC |
| | [redacted] b(6)-2 |

| 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. |
|---|---|---|
| | | |

#[redacted]
b(6)-4

**CHRONOLOGICAL RECORD OF MEDICAL CARE**
Medical Record
**STANDARD FORM 600** (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

MEDCOM - 24824

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 11/19/03 | Gen Surg |
| 0800 | ~~Ado~~ Remains ō NGT / NPO. Cont ō good pain control |
| | ō MSO4 prn. |
| | |
| | VS P 0731 111/76 100 98³ Tm 99³ (360 11/13/03) 99% RA |
| | I/O 4200 / 3050 NGT / 240 300 cc's |
| | |
| | Lungs CTA (B) ⊘ R/R/C |
| | Cor RRR ⊘ S3 S4 M |
| | Abd NO/NT ⊘ BS |
| | ~~wound intact~~ incision intact ō staples |
| | Supra pubic wound – |
| | (B) HP / (G) HP wound } ⊘ E/o infection |
| | (R) RMT CHEST wound |
| | |
| | Imp (1) POD 1 s/p Encap / Chole cystectomy / Repair of penetrating |
| | stomach wound. Remains Abd. |
| | ō ⊘ E/o Bowel Sx |
| | (2) Multiple superficial wounds – ⊘ E/o infection |
| | Plan (1) OOB ambulate } (3) small (1) pneumo – |
| | (2) IS use } ⊘ E/o Resp decompensation |
| | (3) D/C Foley |
| | (4) wet-dry dressing D BID |
| | (5) Cont NGT / NPO |
| | [redacted] |
| | b(6)-2 |
| | |
| | |
| | |
| | |

**STANDARD FORM 600** (REV. 6-97) **BACK**

*U.S. GPO: 2002 - 491-600/50618

# MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circular 40-5

## SECTION I - PATIENT ASSESSMENT

| DATE: 18Nov03 | PATIENT ACUITY LEVEL : | POST-OP DAY: | HOSPITAL DAY: |
|---|---|---|---|

**TRANSFER**

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:

Time 0815 To ICW2 From ICW3 [redacted] ☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☒ STRETCHER

Total ER/RR/PACU time _____ Physician Dr. [redacted] Anesthesia (Specify): _____

Procedure/Diagnosis Ex lap, schrapneling [redacted] /P 150/85/82 P 76 R 20 T 96.4

LOC A+O Neurovascular checks _____

Dressing/cast Abd. Tubes Foley NG→LIS

Intake (IV, po) _____ Output (EBL, other) _____ Voided ☐ No ☐ Yes Amount: _____

Medication _____ b(6)-2

Other X-ray on arrival Bedrest

Report From SGT [redacted] Received By MAJ [redacted]

**VITAL SIGNS**

| TIME: | 0900 | 1200 | 1600 | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP ARTERIAL LINE | | | | | | | | | | | | | | | | |
| BP CUFF | 156/80 | 136/74 | | | | | | | | | | | | | | |
| TEMPERATURE | 97.2 | 97.1 | | | | | | | | | | | | | | |
| PULSE | 98 | 91 | | | | | | | | | | | | | | |
| RESPIRATORY RATE | 20 | 20 | | | | | | | | | | | | | | |
| OXYGEN (L/%) | | | | | | | | | | | | | | | | |
| PULSE OXIMETER | 96% | 96% | | | | | | | | | | | | | | |
| O2 METHOD | RA | RA | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

Oxygen Method Key: NC = Nasal cannula; MT = Mist tent; NR = Non rebreather; PR = Partial rebreather; FM = Face mask; A = Aerosol; VM = Venturi mask; TC = Trach collar

**PAIN**

| TIME: | 0900 | 1200 | | | | | | |
|---|---|---|---|---|---|---|---|---|
| PAIN INTENSITY (10 / 5 / 0) | X | b | | | | | | |
| MED ADMINISTERED (Y/N) | X | | | | | | | |
| RELIEF ACCEPTABLE (Y/N) | X | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**OTHER**

| TIME: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| FINGER STICK GLUCOSE | | | | | | | | |
| INSULIN (Y/N) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**SPECIAL NEEDS**

| | TIME: | | |
|---|---|---|---|
| *Skin breakdown prevention | | | |
| *Falls prevention protocol | | | |
| *Restraint protocol | | | |
| *Seizure precautions | | | |
| *Isolation precautions | | | |
| | | | |
| | | | |

YESTERDAY'S WEIGHT: _____

TODAY'S WEIGHT: _____

WEIGHT CHANGE: _____

*Per hospital policy.

| 24 HOUR TOTALS | PO | IV #1 | IV #2 | | | | | TOTAL IN | Urine | | Stool | | | TOTAL OUT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | |

PATIENT IDENTIFICATION

C[redacted] Iraqi Civ.

b(6)-4

DIAGNOSIS: S/P EXLAP; SHRAPNEL INJURY

DRG: _____ ADMISSION DATE: 18NOV03

LOS: _____ EXPECTED RELEASE: _____

CASE MANAGER: _____

PRIMARY CARE MANAGER: _____

ISOLATION REQUIRED (Specify): _____

MEDCOM FORM 682 R (TEST) (MOUCH) MAR 93 PREVIOUS EDITIONS ARE OBSOLETE Page of

MEDCOM - 24826

## SECTION III - PATIENT INTERVENTIONS & TEACHING

**NEUROVASCULAR**

| SITE: TIME: | | | | | | |
|---|---|---|---|---|---|---|
| COLOR | | | | | | |
| CAPILLARY REFILL | | | | | | |
| TEMPERATURE | | | | | | |
| EDEMA | | | | | | |
| SENSATION | | | | | | |
| MOTION | | | | | | |
| PASSIVE FLEXION | | | | | | |
| PERIPHERAL PULSE | | | | | | |

**LEGEND**

Color: P-pink (normal); C-cyanotic; W-pale, white
Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(>5 secs)
Temperature: C-cool; W-warm; H-hot
Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting
Sensation: A-absent; N-numb; T-tingling; S-sensation (present)
Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM
Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain
Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding; D-doppler, P-palpable

**SAFETY**

| TIME: | | | |
|---|---|---|---|
| ID band visible/legible | | | |
| Orient to environment prn | | | |
| Side rails (2/4) up | | | |
| Bed position low | | | |
| Call light within reach | | | |
| | | | |

**OTHER**

| | | | |
|---|---|---|---|
| Review & post lab results | | | |
| Notify MD abnormal labs | | | |
| | | | |
| Incontinent urine/stool | | | |
| Linen change prn | | | |
| Turn/reposition q2h | | | |
| ROM q2h if immobile | | | |
| Anticmbolic hose | | | |
| | | | |
| | | | |
| | | | |

**DIET**

| BREAKFAST | LUNCH | DINNER |
|---|---|---|
| TYPE: | TYPE: | TYPE: |
| PERCENT CONSUMED: | PERCENT CONSUMED: | PERCENT CONSUMED: |
| HOW TOLERATED: | HOW TOLERATED: | HOW TOLERATED: |
| ☐ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE | ☐ SELF ☐ ASSIST ☐ COMPLETE |

**ADLs**

| | 0700-1500 | 1500-2300 | 2300-0700 |
|---|---|---|---|
| BATH/ORAL CARE | ☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL | ☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL | ☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL |
| TYPE OF ACTIVITY (Circle all that apply) | BEDREST AMBULATE BSC BRP CHAIR ☐ SELF ☐ ASSIST # TIMES/SHIFT | BEDREST AMBULATE BSC BRP CHAIR ☐ SELF ☐ ASSIST # TIMES/SHIFT | BEDREST AMBULATE BSC BRP CHAIR ☐ SELF ☐ ASSIST # TIMES/SHIFT |

**TEACHING**

| TIME: INITIALS: | TIME: INITIALS: | TIME: INITIALS: |
|---|---|---|
| CONTENT: | CONTENT: | CONTENT: |
| ☐ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding | ☐ Patient/Family Verbalizes Understanding |

| PATIENT IDENTIFICATION | INITIALS | b(6)-2 SIGNATURE | SHIFT |
|---|---|---|---|
| [redacted] b(6)-4 | [redacted] | [redacted] | D |
| | | | |
| | | | |

| MEDICAL RECORD | PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT<br>FOR Use this form. See AR 40-407: the Proponent agency is The Office of the Surgeon General. |
|---|---|
| 1. AGE 35<br>HEIGHT:<br>WEIGHT: | 2. KNOWN ALLERGIC SENSITIVITIES (e.g.. Iodin, Tape, Medication)<br>☒ NKDA ☐ PCN ☐ LATEX ☐ IODINE ☐ TAPE ☐ FOOD<br>REACTION:<br>3. PREVIOUS SURGERY [ ] NO [ ] YES (type): ?? |

4. PROPOSED SURGICAL PROCEDURE:
Expl Lap.

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition Intact
Tobacco ?? ppd X ?? yrs Body Piercing Ø Diabetes (Y) (N) ?? ROM Clear ASA/Motrin W 72hrs (Y) (N) ??
ETOH ?? Implants Ø Respiratory Disease (Asthma COPD) (Y) (N) Anticoagulants (Y) (N) ??
Glasses/Contact (Y) (N) ?? Dentures Ø Hypertension (Y) (N) Herbal Medicines (Y) (N) ?? MEDS: ? ?

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| A. PSYCHOSOCIAL<br>✓ potential for anxiety related to:<br>✓ 1) Surgical Procedure& Operating Room Environment<br>✓ 2) Separation Anxiety (Child)<br>✓ 3) Surgical Outcomes | ✓ O Pt. verbalizes any specific anxiety.<br>✓ O Pt. Exhibits relaxed body posture. | ✓ O. Allow pt. to verbalize freely.<br>✓ O. Explain Or environment and answer questions regarding surgery.<br>✓ O. Offer comfort measures. (e.g. warm blanket. touch).<br>✓ O. Explain all nursing procedures before they are done.<br>✓ O. Remain with pt. Whenever possible.<br>O. ~~Maintain family interface~~. Parents to stay with pt. |
| B. AERATION<br>✓ Potential for respiratory dysfunction due to:<br>✓ 1) Positioning<br>✓ 2) Effects of Anesthesia<br>✓ 3) Medical/Smoking History | ✓ O Pt. will be able to breath without difficulty during immediate intraoperative phase. | ✓ O. Offer to elevate head of litter or offer pillow.<br>✓ O. Observe pt. While awaiting surgery for signs of distress.<br>✓ O. Assist anesthesia during intubatior and extubation. |
| C. INTEGUMENT<br>✓ Potential Impairment of Skin Integrity due to:<br>✓ 1) Intraoperative Immobility<br>✓ 2) ESU Pad Placement<br>✓ 3) Positional Aids<br>✓ 4) Prosthesis<br>✓ 5) Pooling of Prep Solutions | ✓ O Pt. will exhibit signs of impairment of skin integrity (e.g., reddened areas). | ✓ O. Utilize pressure preventing devices on OR table and accessories.<br>✓ O. Check for proper positioning and support to maintain good body alignment.<br>✓ O. Pad pressure points.<br>✓ O. Place ESU ground pad on non compromised skin surface area.<br>✓ O. Keep prep fluids form pooling. |

9. PATIENT'S IDENTIFICATION: ( For typed or written entries give: Name-last, first, middle; grade, data; hospital or medical facility)

[redacted] b(6)-4

**VERIFICATIONS AT HOLDING AREA:**
! ID/Allergy Band ! Dentures Removed
! H & P ! Contacts Removed
! NPO Since_____ ! Jewelry Removed
! UHCG/LMP ! Body Pierce Removed
! Consent/Blood Transfusion Signed/Witnessed/Dated
! Surgical Site/Consent verified by Pt./Anesthesia/Surgeon
! Contact precautions (Y) (N)
! Family/Friend:_____

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| D. CIRCULATION<br>____ Potential for inadequate tissue perfusion due to:<br>____ 1) Intraoperative Mobility<br>____ 2) Positioning<br>____ 3) Existing Disease<br>____ 4) Safety Devices<br>____ 5) Hypothermia | O. Pt. will exhibit signs of adequate tissue perfusion (e.g. color, warmth. pedal pulse. | O Check foe support stocking or ace warps. if none, check with doctors.<br>O Check that safety straps are correctly applied.<br>O Offer pillow for under knees.<br>~~O Place and take down legs from stirrups with slow bilateral motion.~~<br>O Check that rings and all body piercing has been removed. |
| E. NEUROMUSCULAR CONTROL<br>E.I. ____ Potential Impairment of Mobility due to:<br>____ 1) Pain<br>____ 2) Intra operative Hazzards<br>____ 3) prosthesis<br>____ 4) Positioning<br>____ 5) Transfer pt. To/form OR table<br>E.2. ____ Potential Discomfort Due to:<br>____ 1) Length of Surgery<br>____ 2) Positioning<br>____ 3) Arthritis | O pt. will be transferred to OR table without difficultly.<br>O pt. will be not experience unnecessary physical discomfort. | O Have sufficient people available for transfer.<br>O Insure proper body alignment.<br>O Allow patient to lie in position of comfort while waiting for surgery.<br>O Offer support (i,e..pillows. Bath towel. etc) for positioning. |
| F. Special Senses<br>F.I. ____ Diminished visual perception due to being:<br>____ 1) pre-medicated<br>____ 2) W O GLASSES<br>F.2. ____ Potential for Decreased Communication due to:<br>____ 1) Diminished Hearing<br>____ 2) Language Barrier<br>F.3. ____ Potential Injury due to Dentures:<br>____ 1) Upper ____ 4) Caps<br>____ 2) Lower ____ 5) Crowns<br>____ 3) Bridges | o pt. will be made aware of surroundings prior to anesthesia induction.<br>o pt. will be transferred safely to OR table.<br>o pt. will be able to understand instructions.<br>o Minimize danger of injury during intraop period. | O Introduce self. keep pt informed as to where he. she is and what is happening.<br>O Inform pt. in which direction to move and assist if necessary.<br>Speak clearly and slowly.<br>O Address pt. from ____ side.<br>O Validate pt.'s understanding of verbal communication.<br>O Verify removal of dentures. |
| G. OTHER PATIENT PROBLEMS NEEDS OR Continuation of Above problems/needs. | OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes. | OTHER NURSING INTERVENTIONS **OR continuation of above interventions.** |

10. OR NURSING INTERVENTION COMPLETE D/ADDITIONAL INTRAOPERATIVE INTERVENTIONS NOTED.

_____ DATE

11. POSTOPERATIVE EVALUATION:
LEVEL OF CONSCIOUSNESS: ☐ A&O ☐ Drowsy ☐ Sleepy ☐ Intubated
LEVEL OF ACTIVITY: ☐ MOVES ALL EXTREMITIES ☐ Moves Upper Extremities ☐ Transferred to Litter With roller due to spinal
SKIN INTEGRITY: Bovie Pad Site: ☐ Clean and Dry ☐ Red ☐ N/A
DRESSING DRY & INTACT: (Y)(N)
BREATHING EASY: (Y)(N)

12. PREOPERATIVE EVALUATION PREPARED BY [redacted] b(6)-2
DATE: 18 NOV 03 TIME:

13. PREOPERATIVE EVALUATION PREPARED BY [redacted] b(6)-2
DATE: 18 NOV 03 TIME: 0715

REVERS OF FORM 5179, JUN 91 MEDCOM - 24829 USAPA V1.0

b(6)-2

**MEDICAL RECORD** — **INTRAOP[illegible] DOCUMENT**

For use of this form, see AR 40-407 [illegible]ency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERA[illegible] VIA LITTER BY Dr [redacted]

2. PATIENT IDENTIF[illegible] [illegible]ECORD REVIEWED AND PROCEDURE VERIFIED BY DE(A HTZ (EMERGENCY)

3. DATE 18 NOV 03 TIME PATIENT ARRIVED IN SUITE 0440

4. PATIENT IN ROOM TIME 0445 NUMBER 1-

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER (Specify)

COMMENTS: Pt able to move. able to follow commands

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SFC [redacted] b(6)-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | Maj [redacted] | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS (Specify) Pt placed - OR Bed. Ana finally adjusted cover (neutral)

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE ☐ LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: Arm board, legs stripped. Strapped above knees 2". All IPP

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☒ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

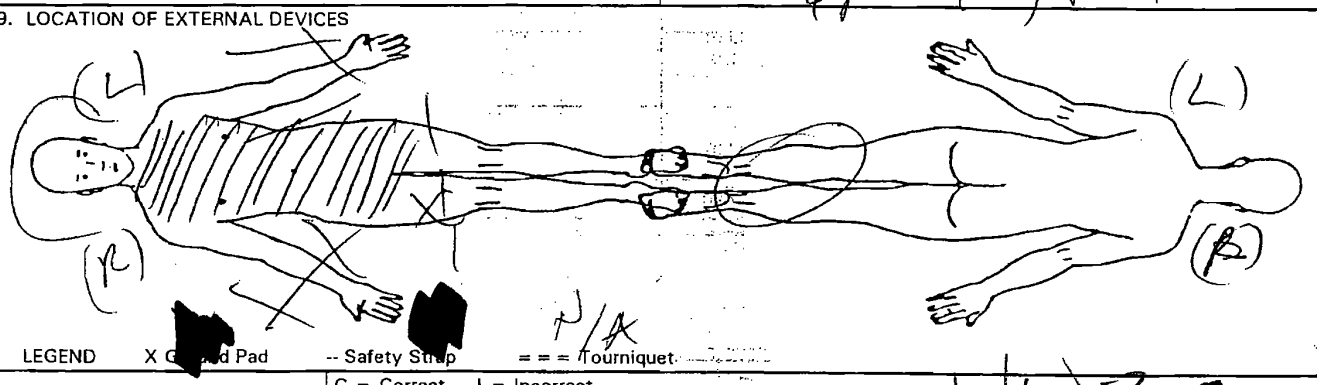
PREP SOLUTION (Specify) BETA / BETA

SITE: Neck BY WHOM: [redacted]

SITE: BY WHOM: b(6)-2

COMMENTS: 4 pooling of solution [illegible]

9. LOCATION OF EXTERNAL DEVICES




LEGEND X [redacted] Pad -- Safety Strap = = = Tourniquet

C = Correct I = Incorrect

b(6)-2

| 10. COUNTS | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULAT[redacted] |
|---|---|---|---|---|---|---|---|
| Sponge | ☒ Yes | ☐ No | | | | | |
| Needle Sharp | ☒ Yes | ☐ No | | | | | |
| Instrument | ☒ Yes | ☐ No | | | | SFC [redacted] | |
| Other | ☐ Yes | ☒ No | | | | | |

11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)

[redacted]

b(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☒ YES ☐ NO

☒ ESU NO: Valleylab 40 Rev 1 Cat 45 Cog 45

GROUND PAD: BRAND Reupolyhesive

LOT NO: 69441 2005/03

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

MEDCOM - 24830

13. PROSTHESIS, IMPLANTS ☐ YES ☐ NO IF YES NAME: ID NUMBER MANUFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☒

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):
Nacl

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☐ NO ☒ IF YES, SITE

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. 16Fr Foley | 2. | 3. |
| SITE | 1. Bladder (GH) | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*
4x8
Tape

19. ADDITIONAL INFORMATION
S: [redacted]
Sunsorb (u)-2
A: [redacted]
Tyre Beta.
Bowel sounds clear, by auscult pre-post op
Dressing clear by auscult

20. OPERATION(S) PERFORMED
Exploratory lap / cholecystectomy

21. PATIENT TRANSFERRED TO b(6)-1 IC, TIME 0715 METHOD LITTER

[redacted] NURSE SIGNATURE

REVERSE OF DA FORM 5179-1, OCT 87 USAPA V1.00

MEDCOM - 24831

511-119 NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

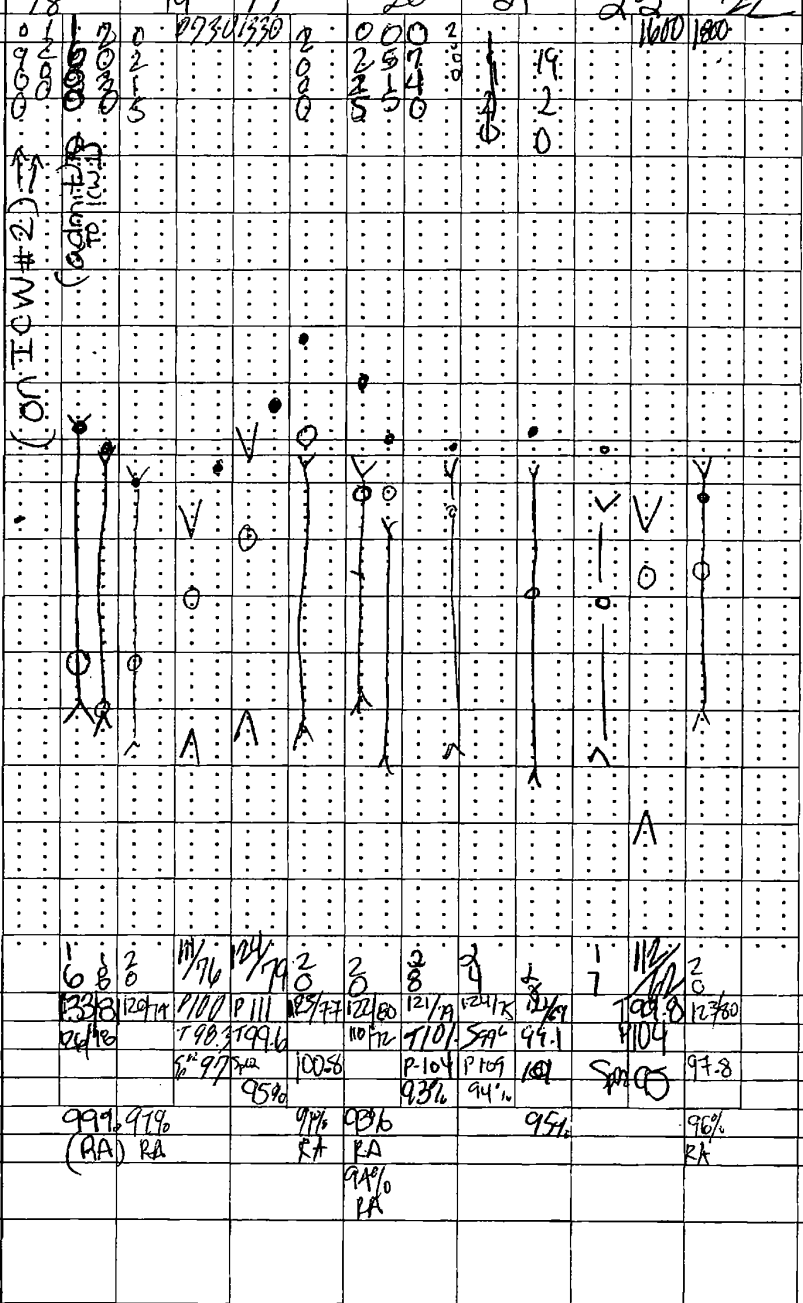
HOSPITAL DAY

POST- DAY

MONTH-YEAR NOV 19 03 — DAY: 18, 19, 19, 20, 21, 22, 22

HOUR

PULSE (O) — TEMP. F (°) — TEMP. C




RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: WEIGHT →

Record special data only when so ordered

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)

[redacted] b(6)-4) (epu) [redacted]

REGISTER NO.

WARD NO. ICW 2 / ICW#1

**VITAL SIGNS RECORDS**

Medical Record

**STANDARD FORM 511** (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 24832

# MEDICAL RECORD — VITAL SIGNS RECORD

| HOSPITAL DAY | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| POST- | DAY | | | | | | | | | | | | | | | | | |
| MONTH-YEAR | DAY | | | | | | | | | | | | | | | | | |
| 19 | HOUR | | | | | | | | | | | | | | | | | |
| PULSE (0) | TEMP. F (°) | | | | | | | | | | | | | | | | | TEMP. C |
| | 105° | | | | | | | | | | | | | | | | | 40.6° |
| 180 | 104° | | | | | | | | | | | | | | | | | 40.0° |
| 170 | 103° | | | | | | | | | | | | | | | | | 39.4° |
| 160 | 102° | | | | | | | | | | | | | | | | | 38.9° |
| 150 | 101° | | | | | | | | | | | | | | | | | 38.3° |
| 140 | 100° | | | | | | | | | | | | | | | | | 37.8° |
| 130 | 99° | | | | | | | | | | | | | | | | | 37.2° |
| | 98.6° | | | | | | | | | | | | | | | | | 37.0° |
| 120 | 98° | | | | | | | | | | | | | | | | | 36.7° |
| 110 | 97° | | | | | | | | | | | | | | | | | 36.1° |
| 100 | 96° | | | | | | | | | | | | | | | | | 35.6° |
| 90 | 95° | | | | | | | | | | | | | | | | | 35.0° |
| 80 | | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | |
| RESPIRATION RECORD | | | | | | | | | | | | | | | | | | |
| BLOOD PRESSURE | | | | | | | | | | | | | | | | | | |
| HEIGHT: | WEIGHT | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

(Centigrade Equivalents, for Reference only)

Record special data only when so ordered

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)*

REGISTER NO.

WARD NO.

**STANDARD FORM 511** (REV. 7–95) **BACK**

# [redacted]

b(6)-4

MEDCOM - 24833

23 Nov 03 0[illegible] 24 [illegible] 03 0600

OUTPUT

| Input | | URINE | | Output | | NASOGASTRIC | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| 1745 | 550cc | | 1745 | 500cc | | | | | |
| | 240cc | | | | | | | | |
| | 790cc | | 0545 | 300 | | | | | |
| | | | | | | | | | |
| 0545 | 500 | | | | | | | | |
| | In | | | OUT | | | | | |
| | 1290 | | | 800 | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| CHEST | | | | | | EMESIS | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| STOOLS | | | | | OTHER OUTPUT | | | |
|---|---|---|---|---|---|---|---|---|
| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | GRAND TOTAL OUTPUT | | | |

REMARKS

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)*

[redacted] b(u)-4

**INTAKE EQUIVALENTS** *(Serving levels cc)*

| | | | |
|---|---|---|---|
| MEDICINE GLASS *(1 oz)* | 30 | HALF PINT MILK | 240 |
| SMALL FRUIT CUP | 120 | LARGE SOUP BOWL | 240 |
| COFFEE CUP | 160 | LARGE WATER GLASS | 240 |
| LARGE COFFEE MUG | 180 | PLASTIC OR PAPER JUICE CONTAINER | 180 |

**DD FORM 792, JAN 74** EDITION OF 1 SEP 54 IS OBSOLETE. REPLACES DA FORM 3630(TEMP) 1 JUL 72 WHICH MAY BE USED. USAPPC V1.00

MEDCOM - 24834

## OUTPUT

### URINE

| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|---|
| 1518 | 550cc | | | | |
| 2000 | 575 | 1125cc | | | |
| 0800 | 350 | 1475cc | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

### NASOGASTRIC

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

### INS ~~CHEST~~

| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|---|
| 1800 | juice(180) | 180 | | | |
| 1800 | H2O(500) | 680 | | | |
| 2200 | juice(180) | 860 | | | |
| | | | | | |
| | | | | | |
| | | | | | |

### EMESIS

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

### STOOLS

| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

### OTHER OUTPUT

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**GRAND TOTAL OUTPUT**

REMARKS

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)*

[redacted]

b(6)-4

**INTAKE EQUIVALENTS** *(Serving levels cc)*

| | | | |
|---|---|---|---|
| MEDICINE GLASS *(1 oz)* | 30 | HALF PINT MILK | 240 |
| SMALL FRUIT CUP | 120 | LARGE SOUP BOWL | 240 |
| COFFEE CUP | 160 | LARGE WATER GLASS | 240 |
| LARGE COFFEE MUG | 180 | PLASTIC OR PAPER JUICE CONTAINER | 180 |

**DD FORM 792, JAN 74** EDITION OF 1 SEP 54 IS OBSOLETE. REPLACES DA FORM 3630(TEMP) 1 JUL 72 WHICH MAY BE USED. USAPPC V1.00

19NOV03 0600

## OUTPUT

### URINE

| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|---|
| 0830 | 300cc | | | | |
| 1030 | 410cc | | | | |
| 1801 total | 1020cc | | | | |
| Foley 2300 | 700 | | | | |
| 0530 | 300 | | | | |
| 24° total = | 2020 | | | | |

### NASOGASTRIC

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|
| 1801 | 220cc | | |
| 0530 | 50 | | |
| 24° total = | 270cc | | |

### CHEST

| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|---|
| | | | | | |

### INTAKE (IV) [redacted]

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|
| 1801 | 400cc | | 400 |
| 18-06 | 1500 | LR | 1900 |
| 2400 | 100 | Cultac | 2000 |

### STOOLS

| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|
| | | | | |

### OTHER OUTPUT

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|
| | | | |

**GRAND TOTAL OUTPUT**

REMARKS

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)*

[redacted] b(6)-4

**INTAKE EQUIVALENTS** *(Serving levels cc)*

| | | | |
|---|---|---|---|
| MEDICINE GLASS *(1 oz)* | 30 | HALF PINT MILK | 240 |
| SMALL FRUIT CUP | 120 | LARGE SOUP BOWL | 240 |
| COFFEE CUP | 160 | LARGE WATER GLASS | 240 |
| LARGE COFFEE MUG | 180 | PLASTIC OR PAPER JUICE CONTAINER | 180 |

**DD FORM 792, JAN 74** EDITION OF 1 SEP 54 IS OBSOLETE. REPLACES DA FORM 3630(TEMP) 1 JUL 72 WHICH MAY BE USED. USAPPC V1.00

MEDCOM - 24836

## OUTPUT

| URINE | | | | | | NASOGASTRIC | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| 1630 | 800 | 800cc | | | | 0500 | 250 | dark green | 250cc |
| 2300 | 1000 | 1800cc | | | | | | | |
| 0515 | 1000 | 2800cc | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| CHEST | | | | | | EMESIS | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| STOOLS | | | | |
|---|---|---|---|---|
| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| OTHER OUTPUT | | | |
|---|---|---|---|
| TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | |
| | | | |
| | | | |
| GRAND TOTAL OUTPUT | | | |

REMARKS

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)*

[redacted]

blad-d

**INTAKE EQUIVALENTS** *(Serving levels cc)*

| | | | |
|---|---|---|---|
| MEDICINE GLASS (1 oz) | 30 | HALF PINT MILK | 240 |
| | 120 | LARGE SOUP BOWL | 240 |
| SMALL FRUIT CUP | 160 | LARGE WATER GLASS | 240 |
| COFFEE MUG | 180 | PLASTIC OR PAPER JUICE CONTAINER | 180 |

DD FORM 792, JAN 74

Transfer to CMR 1 @ 1615 (No. [illegible])

*(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)*

**TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET**

FROM 0930 HOURS TO ____ HOURS | TOTAL HOURS COVERED | DATE 18 Nov 03

**INTAKE**

| ORAL | | | | INTRAVENOUS | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | TYPE | AMOUNT | ACCUM TOTAL | TIME STARTED | AMOUNT | TYPE (Include Medications) | AMOUNT RECD | TIME COMPL | ACCUM TOTAL |
| | (NGT) | | | ? | 1000 | LACTATED RINGERS | 1000cc | 1030 | 1000 |
| | | | | 1000 | 1400 | LR | 1000cc | 1430 | 2000 |
| | | | | 1400 | 1000 | LR @ 125cc/° | 1000cc | 2200 | 3000 |
| | | | | 2200 | 1000 | LR | 1000cc | 0600 | 4000 |
| | | | | 2000/04 | 50X2 | Ancef | 100 | | 4100 |
| | | | | 2400 | 100 | Zantac | 100 | | 4200 |
| | | | | | | | | | |

IRRIGATIONS *(N/G, Bladder, etc.)*

| TIME | TYPE | AMOUNT | ACCUMULATIVE TOTAL |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

BLOOD/BLOOD DERIVATIVES

| TIME STARTED | PRODUCT *(i.e. B1, A1b, P. cells etc.)* | TIME COMPL | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

OTHER INTAKE

| TIME | TYPE | AMOUNT | ACCUMULATIVE TOTAL |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**GRAND TOTAL INTAKE**

**DD FORM 792, JAN 74 (EG)** EDITION OF 1 SEP 54 IS OBSOLETE. Designed using Perform Pro, WHS/DIOR, Jun 94

# [redacted] b(6)-4

MEDCOM - 24838

Started NOV03 @ 0600

OUTPUT Ends: NOV03 @ 0600

| URINE | | | | | |
|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL |
| 0900 | ~~400~~ 400 | 400 | | | |
| 1600 | 400 | 800 | | | |
| 2400 | 400 | 1600 | | | |
| 0500 | | | | | |

| NASOGASTRIC | | | |
|---|---|---|---|
| TIME | AMOUNT | TYPE | ACCUM TOTAL |
| 0930 | 85 | NG | 85 |

| CHEST | | | | | |
|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL |

INTAKE (IV) ~~EMESIS~~

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|
| 0800 | 50 | Zantac | 50 |
| ~~920~~ | | | |
| 920 | ~~50~~ 200 | LR @ 125 | |
| 2400 | 50 | Zantac | |
| 1800-0600 | 1500 | LR @ 125 | |
| | | | 1800 |

| STOOLS | | | | |
|---|---|---|---|---|
| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL |

| OTHER OUTPUT | | | |
|---|---|---|---|
| TIME | AMOUNT | TYPE | ACCUM TOTAL |

GRAND TOTAL OUTPUT

REMARKS

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)*

[redacted] b(4)-4

**INTAKE EQUIVALENTS** *(Serving levels cc)*

| | | | |
|---|---|---|---|
| MEDICINE GLASS *(1 oz)* | 30 | HALF PINT MILK | 240 |
| SMALL FRUIT CUP | 120 | LARGE SOUP BOWL | 240 |
| COFFEE CUP | 160 | LARGE WATER GLASS | 240 |
| LARGE COFFEE MUG | 180 | PLASTIC OR PAPER JUICE CONTAINER | 180 |

**DD FORM 792, JAN 74** EDITION OF 1 SEP 54 IS OBSOLETE. REPLACES DA FORM 3630(TEMP) 1 JUL 72 WHICH MAY BE USED. USAPPC V1.00

## OUTPUT

### URINE

| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|---|
| 1730 | 525 | ~~525~~ | | | |
| 1806 | 700 | 1225 | | | |

### IV Input ~~NASOGASTRIC~~

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|
| 1730 | 1500 | LR | |
| 1806 | 1500 | LR | 3000 |

### CHEST

| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|---|
| | | | | | |

### EMESIS

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|
| | | | |

### STOOLS

| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|
| | | | | |

### OTHER OUTPUT

| TIME | AMOUNT | TYPE | ACCUM TOTAL |
|---|---|---|---|
| | | | |

**GRAND TOTAL OUTPUT**

REMARKS

21NOV 0600 – 22NOV 0600

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)*

[redacted]

b(6)-4

**INTAKE EQUIVALENTS** *(Serving levels cc)*

| | | | |
|---|---|---|---|
| MEDICINE GLASS *(1 oz)* | 30 | HALF PINT MILK | 240 |
| SMALL FRUIT CUP | 120 | LARGE SOUP BOWL | 240 |
| COFFEE CUP | 160 | LARGE WATER GLASS | 240 |
| LARGE COFFEE MUG | 180 | PLASTIC OR PAPER JUICE CONTAINER | 180 |

**DD FORM 792, JAN 74** EDITION OF 1 SEP 54 IS OBSOLETE. REPLACES DA FORM 3630(TEMP) 1 JUL 72 WHICH MAY BE USED. USAPPC V1.00

MEDCOM - 24840

| Ward/Section: | REQUESTING PHYSICIAN: | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST [redacted] (b)(6)-4 | DATE / TIME | SSN/PSEUDO SSN: |

**(STAT)**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Na | | 138-146 mmol/L |
| K | | 3.5-4.9 mmol/L |
| Cl | | 98-109 mmol/L |
| pH | | 7.31-7.45 |
| PCO2 | | 35-45 mmHg (art)<br>41-51 mmHg (ven) |
| PO2 | | 80-105 mmHg (art)<br>N/A (ven) |
| TCO2 | | 23-27 mmol/L (art)<br>24-29 mmol/L (ven) |
| HCO3 | | 22-26 mmol/L (art)<br>23-28 mmol/L (ven) |
| sO2 | | 95-98% |
| BEecf | | (-2) – (+3) mmol/L |
| AnGap | | 10-20 mmol/L |
| Ca | | 1.12-1.32 mmol/L |
| BUN | | 8-26 mg/dl |
| GLU | | 70-105 mg/dl |
| Creat | | 0.7-1.5 mg/dl |
| Hct | | 38-51% PCV |
| Hgb | | 12-17 g/dl |

**Misc. Chemistry**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Troponin-I | | |
| Drug of Abuse | | |
| | | |
| | | |
| | | |

**(Piccolo) Chemistry 12**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.5-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| BUN | | 7-22 mg/dl |
| $CA^{++}$ | | 8.0-10.3mg/dl |
| CHOL | | 100-200 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| GLU | | 73-118 mg/dl |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Metlyte 8**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| CK | | 39-380 u/l (M)<br>30-190 u/l (F) |
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**(Piccolo) Metabolic Panel**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GL | | |
| BU | | |
| CA | | |
| CR | | |
| NA | | |
| K+ | | |
| CL | | |
| tC | | |
| TI | | |
| AL | | |
| AL | | |
| AL | | |
| AN | | |
| AS | | |
| TB | | |
| GG | | |
| TP | | |
| T | | |
| NA | | |
| K+ | | |
| CL | | |
| tC | | |

======= PICCOLO =======
18/11/03 04:1? AM
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)-4
BASIC METABOLIC
DISC LOT #: 3325AA4
OPER #: 013 DR #: 000
SERIAL #: 0000100684

| | | | |
|---|---|---|---|
| GLU | 213* | 73-118 | MG/DL |
| BUN | 17 | 7-22 | MG/DL |
| CA++ | 8.4 | 8.0-10.3 | MG/DL |
| CRE | 1.0 | 0.6-1.2 | MG/DL |
| NA+ | 137 | 128-145 | MMOL/L |
| K+ | 3.8 | 3.3-4.7 | MMOL/L |
| CL- | 108 | 98-108 | MMOL/L |
| tCO2 | 20 | 18-33 | MMOL/L |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

**REMARKS:**

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

MEDCOM - 24841

| Ward/Section: EMT | REQUESTING PHYSICIAN: | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: [redacted] | DATE / TIME | SSN/PSEUDO SSN: |

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | yellow | N/A |
| App | clear | N/A |
| Glu | neg | Negative |
| Bili | neg | Negative |
| Ket | neg | Negative |
| SG | 1.020 | N/A |
| Bld | neg | Negative |
| pH | 5.0 | N/A |
| Prot | neg | Negative |
| Urob | NORM | 0.2-1.0 |
| Nit | neg | Negative |
| | neg | Negative |
| | | Negative |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | | |
|---|---|---|
| Source | | |
| Gram Stain | | |
| Occ Bld | | Negative |
| H. pylori | | Negative |
| Micro Parasites | | |
| Malaria | | |
| O & P | | |
| Other | | |

**Microscopic Urinalysis**

**CSF**

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

| | | |
|---|---|---|
| ABO/Rh | | |

**Blood Bank Unit Crossmatch**
(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

LAB ID NO.:

Bands | Eos | Baso

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/18/03 04:08

Patient ID: [redacted]
Test Name :APTT
Test Result:= 34.7 sec.
Sample Type:citrated wh. blood
Test Date :11/18/03
Test Time :04:06
Card Lot :110214
Operator [redacted]

(b)(6)-4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/18/03 04:10

(b)(6)-2

Patient ID: [redacted]
Test Name :PT
Test Result:= 15.5 sec.
Ratio = 1.3
Calculated INR = 1.47
Sample Type:citrated wh. blood
Test Date :11/18/03
Test Time :04:08
Card Lot :060201
Operator [redacted]

MEDCOM - 24842

# MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-66; the proponent agency is the OTSG

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fentanyl | (µg) | 150 | 100 | 100 | 100 | 50 | | | | | | | |
| (lidoVerap | (mg) | (40)/100 | | | | | | | | | | | |
| (aux Verap | (mg) | 1 (80) | 7 | 2 | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| VOLAT AGENT | 100 % del | | 1 → | (2) → | (1) → | (X) | | | | | | | |
| | % e.t. | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | |
| O2 | L/Min | 10 | (1) → | → | → | → | → | → | → | (3) → | | | |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → preop: ancef 1gm IVPB (EMT)

**FLUIDS**

| LINE site | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) AC 18g | ☐ Warmed | | | | | | | | | | | | |
| (2) AC 18g | ☐ Warmed | | | (3) | | | | | | | | | |
| | ☐ Warmed | | | | | (4) | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | |

| LOSSES | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | EST BLOOD LOSS | | | | | | | | | | | | |
| | URINE - | | | 500 | | | 100/600 | | | | 100/700 | | |

| PHYS STATUS | TIME → | 0440 | • | 05 | • | X | • | 06 | • | X | • | 07 | • |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 2 3 4 5 E | | | | | | | | | | | | | |

BODY WEIGHT: 70 (KG) LB

HEMATOCRIT:

INITIAL DATA:

BP- 135 / 75

HR- 76

EQUIP CHECK

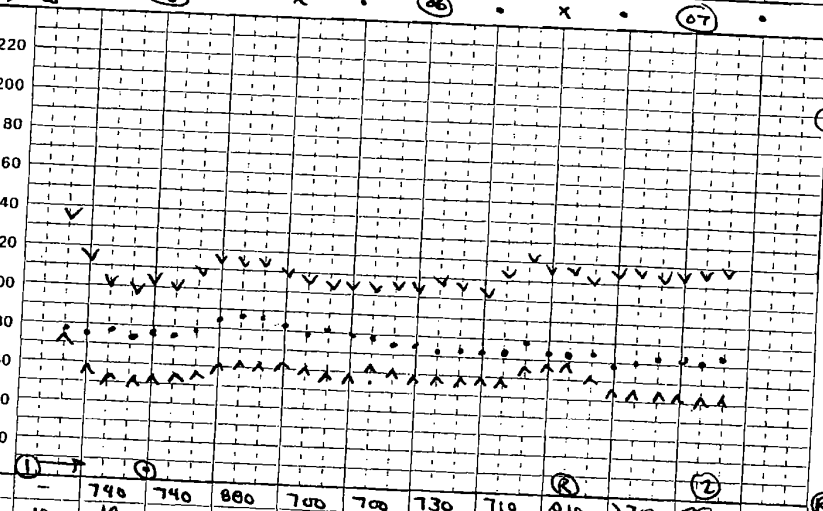
OK?- (Y) N

PATIENT RECHECK

OK for PROCEDURE?

TIME-

SYMBOLS: BP by cuff V; Heart rate ∧; Resp rate ●; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-∅




**VENTIL**

| | (1) → | | (4) | | | | | | (R) | | (2) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| VT - ml | – | 740 | 740 | 880 | 700 | 700 | 730 | 710 | 810 | 2700 | 750 |
| f - breaths/min | 10 | 10 | 10 | 8 | 8 | 8 | 8 | 8 | 6 | 8 | 10 |
| Peak inf pres / PEEP | - | 14 | 14 | 15 | 14 | 15 | 14 | 14 | 15 | – | |
| MODE - S(pon), A(ssist), C(on) | SV | C | C | C | C | C | C | C | C | S/A | S |

**MONITORS/ACCESSORIES**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | – | 32 | 33 | 30 | 31 | 31 | 32 | 33 | 35 | 54 | |
| BP/oth | FIO2 (Frac or %) | 66 | 66 | 66 | 65 | 66 | 65 | 59 | 54 | 51 | 49 | |
| ART line | SpO2 (%) | 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 | |
| Gas analyzer | TEMP-site C | – | 36.0 | 36.1 | 36.1 | 36.1 | 36.0 | 35.9 | 35.9 | 36.2 | – | |
| | N-M Block (T/4) | | | | | | | | | | | |
| Warming blkt | | | | | | | | | | | | |
| Conv warmer | | | | | | | | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position → (5), BUE on boards <90° c shoulders, palms ↑

| TOTALS | TOTAL EBL |
|---|---|
| | 75 |
| | TOTAL URINE |
| | 700 |
| | NG: 500 |

FLUIDS - SUMMARY

CRYSTALLOID- 3200

COLLOID- Ø

BLOOD- Ø

REMARKS

*Code drugs with numbers, events with letters*

(1) pt reversed, resch, $O_2$/monitors. SIVI ⊼ NGT to suc, eyes taped. Easy mask vent. DVL x1 → OETT A/T → (+) ETCO2 ↑, BEBS.

(2) pt awake, opens eyes, extubated. To PACU, report.

(R) nesdip 3µg IV rebolus 0.5µg/kg

RECOVERY AT 0715

(PACU) ICU _____ (Specify)

OTHER _____

CONDITION: stable

RESP- 12 SpO2- 100% BP- 130/69 HR- 74

ANESTHESIA / PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | 0440 | 0445 | 0720 |
| | Ready | Begin | End |
| PROC | 0450 | 0500 | 0700 |

PROCEDURES and CPT Codes:

expl. lap.

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

# [redacted]

(b)(6)-4

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

GETA

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*

#8.0, OETT, 22 clip, Mac 3, A/T → see (1)

SURGEONS: [redacted] (b)(6)-2

ANESTHETISTS: [redacted]

PROCEDURE LOCATION: 1

DATE: 18 Nov 03

PAGE 1 OF

DA FORM 7389, FEB 1998 — MEDCOM - 24843 — COPY 2 - ANESTHESIA PROVIDER — USAPA V1.00

## ANESTHESIA PLAN OF CARE PRE-PROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age ___ DAYS MOS YRS

Sex (X) MALE ( ) FEMALE

PROPOSED PROCEDURE: expl. lap.
SURGICAL SERVICE: ___
NPO SINCE: ___

ASA Physical State 1 2 3 4 5 (E)
WT: ~70 (KG)/LB HT: ___ IN.
ALLERGIES: ___

**HABITS:**
TOBACCO: 1 PPD
ETOH: ___
DRUGS: ___

**CURRENT MEDICATIONS:**
( ) = ordered as premed

( ) unk
( ) ___
( ) ___
( ) ___
( ) ___
( ) ___

**PREMEDICATIONS:**
None Yes (@ ___ Hrs) /CC
___ . ___ mg IV IM PO
___ . ___ mg IV IM PO
___ . ___ mg IV IM PO

**LABORATORY STUDIES:**
HB/HCT: ___/___
U/A: ___
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
- Steriods N Y
- Thyroid N Y

Neurological:
- Seizures N Y
- Neuropathy N Y
- Other N Y

Gynecological :
- Pregnancy N Y

Other Significant Hx:
- N Y
- N Y
- N Y

Familial HX

**ASSESSMENT**
**PAST SURGICAL/ANESTHETIC**
unk

**PHYSICAL EXAMINATION**
BP ___ HR ___ R ___ T ___
Pain Scale 0-10 ___
HEENT - Teeth unbrk
Trachea m/L
TMJ/Neck Frum
Oropharnyx MP II
Nares ___
CHEST: CTA
CARDIAC: $S_1/S_2$ - RRR
EXTREMITIES: ___
IV Access: PIV x 2
Ulnar Filling: ___
BACK: ___
OTHER: ___

NPO Since (NGT)

ANESTHETIC PLAN: { } LOCAL { } MAC { } Regional (Specify): ___ (X) General: Mask Intubation

INFORMED CONSENT/COUNSELING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained to and discussed with the patient/legal guardian.

The patient/legal guardian seems to understand and agrees. Questions answered.

Signed: CPT [redacted] (b)(6)-7 Date: 18 Nov 03 Time: 0440 Hrs

**POST-ANESTHESIA EVALUATION AND NOTE (NON ASU)**
{ } NO APPARENT ANESTHETIC COMPLICATIONS { } OTHER

Signed: ___ Date: ___ Time: ___ Hrs

Patient Identification: (Ward) ___

# [redacted] (b)(6)-4

**SEDATION KEY:**

1. **MINIMAL** (Anxiolysis) Patient responds normally to verbal commands
2. **MODERATE** (conscious sedation) Patient responds purposefully to verbal commands alone or accompanied by light tactile stimulation. Airway assistance is not necessary.
3. **DEEP SEDATION/ANALGESIA.** Patient responds purposefully following repeated or painful stimulation. Airway assistance may be necessary.
4. **ANESTHESIA.** Patient does not respond to painful stimulation.

WAMC Form 2300 (Revised) 15 Mar 01 MCXC-DOS

MEDCOM - 24844

PATIENT RECORD COPY

Previous edition is obsolete

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

#[redacted]
(5)(6)-4

Dated 18 NOV 03 0914

[redacted]

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DATE OF ORDER 11/18/03 TIME OF ORDER 0630 HOURS

LIST TIME ORDER NOTED AND SIGN

POST OP ORDERS

(1) ADMIT to PACU → then ICW per protocol

(2) Dx: S/P EXLAP / Cholecystectomy / for ABD INJ / Repair of Stomach injury / SMALL EXPLOSION (4) Pneumotx

(3) Condition: GOOD

(4) VITALS per PACU protocol then Q4° on ward

(5) NKDA

PATIENT IDENTIFICATION

(5)(6)-2

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DATE OF ORDER TIME OF ORDER HOURS

(6) BR

(7) IVF NRC 125 cc/hr

(8) STRICT I/O

(9) Foley to gravity

(10) CBC POD #1

(11) Phenergan 25 mg ~~PO~~ IV Q6° PRN N/V

(12) MSO4 2-10 mg IV Q2° PRN PAIN

(13) call H.O. if T > 100.4 SBP > 180 < 90 DBP > 100 < 40

P > 120 RR > 25 U.O. < 30 cc/hr

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DATE OF ORDER TIME OF ORDER HOURS

(14) CXR (PORT) @ 1200 hrs today 11/18 —

(15) NGT to LOW intermittent Suction

(16) ~~Zantac~~ 50 mg IV Q8°

(17) Ancef 1 gm IV Q8° X 3 doses — next dose 1200 hrs today [redacted] MD. CTL MC

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DATE OF ORDER TIME OF [redacted] HOURS

(18) NPO

[redacted]

11/18/03

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 24845

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

[redacted]

(b)(6)-4

| | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|
| | 11-19-03 | 0834 HOURS | |
| 1 | D/c Foley | | |
| 2 | continue I/O | | |
| 3 | OOB c̄ Assistant @ shift | | |
| 4 | Incentive spirometry use 10x/hr WA | | |
| 5 | Wet to dry to chest / suprapubic / B, | | HMP |
| | BID | | |
| | Thanks! | | |

NURSING UNIT | ROOM NO. | BED NO.

24° 0830 20NOV03 [redacted]

PATIENT IDENTIFICATION

Noted [redacted] 19NOV03 0900

| | DATE OF ORDER | TIME OF ORDER | [redacted] |
|---|---|---|---|
| | 19NOV03 | 2300 [redacted] HOURS | [redacted] |
| 1 | Insert Foley; if UOP > 400cc, leave foley in. | | |
| | V.O. Dr Matsumoto / [redacted] | | |

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

24° 0300 20NOV03 [redacted]

PATIENT IDENTIFICATION

Noted 20NOV03 0900 [redacted]

| | DATE OF ORDER | TIME OF ORDER |
|---|---|---|
| | 11-20-03 | 0725 HOURS |
| 1 | D/c Foley | |
| 2 | Reduce it to void in 6° | |
| 3 | Sims / chips | |
| | D/C NOT | [redacted] |

[redacted]

NURSING UNIT | BED NO.

24° 21Nov03 @ 0450 [redacted]

PATIENT IDENTIFICATION

Noted 21NOV03 0730 [redacted]

| | DATE OF ORDER | TIME OF ORDER |
|---|---|---|
| | 11-21-03 | 0720 HOURS |
| 1 | D/c Zantac | |
| 2 | Advance to clear liq | |
| 3 | if Temp > 101, Blood Cs x 2 | |

[redacted]

NURSING UNIT

24° 0245 22NOV03 [redacted]

(b)(6)-2

(b)(6)

DA FORM 1 APR 79 4256 PREVIOUS EDITIONS OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 24846

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

[redacted]

(b)(6)-4

Noted [redacted] 22 Nov 03 0930

NURSING UNIT | ROOM NO. | BED NO.

310/0300 23 NOV 03 [redacted]

DATE OF ORDER: 11-22-03 TIME OF ORDER: 0923 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Heplock IV
2. Advance to Regular Diet

[redacted] LTC MC

PATIENT IDENTIFICATION

(b)(6)-2

Noted [redacted] 23 NOV 03 1050

NURSING UNIT | BED NO.

DATE OF ORDER: 11-23-03 TIME OF ORDER: 1003 HOURS

1. CXR PA/LAT
2. Percocet ii po Q4° → pt may refuse
3. Ensure IS use 10x/hr WA
4. Encourage Deep Cough / pulmonary toilet

[redacted] LTC MC

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 24847

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

| PATIENT IDENTIFICATION | | | ↓ | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|---|---|
| [redacted] (b)(6)-4 | | | | 11/25/03 | 0200 HOURS | |
| | | | | D/C to CAmp | | |
| | | | | [redacted] | | [redacted] |
| | | | | | Lt me (b)(6)-2 | 11/25/03 0200 |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| ICW 1 | | | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 24848

(TX FROM ICW2.)

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. NOV Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18 | [redacted] | Vitals: Q4° | [redacted] | | | | | | | | | | | | | |
| 18 | [redacted] | BR | [redacted] | | | | | | | | | | | | | |
| 18/19 | [redacted] | Strict I&O (continue) | [redacted] | | | | | | | | | | | | | |
| 18 | [redacted] | Foley to Gravity | [redacted] | | | | | | | | | | | | | |
| 18 | [redacted] | NGT to low intermittent SWX | [redacted] | | | | | | | | | | | | | |
| 18 | [redacted] | BACITRACIN TO FACIAL/CHEST WOUNDS | [redacted] | | | | | | | | | | | | | |
| 19 NOV | [redacted] | OOB C assistance q shift | 06 18 18 06 | [redacted] | | | | | | | | | | | | |
| 19/23 | [redacted] | incentive spirometry use 10x/hr WA | 06 18 18 06 | [redacted] | | | | | | | | | | | | |
| 19 | [redacted] | MD to chest/suprapubic (B) hip BID (MD does and) | 10 22 | [redacted] | | | | | | | | | | | | |
| 20 NOV | [redacted] | Sips + chips | 06 18 18 06 | | | | | | | | | | | | | |
| 21 NOV | [redacted] | advance to Clear liq | 06 18 18 06 | | | | | | | | | | | | | |
| 22 NOV | [redacted] | advance to Regular diet | 06 18 18 06 | | | | | | | | | | | | | |

ORDER DC'D 21 NOV 03 [redacted]

ALLERGIES: ☐ YES ☒ NO — NKDA

PRIMARY DIAGNOSIS: S/P EX LAP FOR SHRAPNEL INJ

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

C [redacted]

(9)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

(9)(6)-2

(9)(6)-2

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

MEDCOM - 24849

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo Nov Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 18 | [redacted] | CBC POD #1 | 19 | 0400 | | |
| 18 | [redacted] | CXR (port) @ 1200 hrs today 11/18 | | (ICW2) | | |
| 19 NOV | [redacted] | D/C Foley | 19 | 1300 | — | [redacted] |
| 20 NOV | [redacted] | D/C Foley | 20NOV | — | 0900 | [redacted] |
| 20NOV | [redacted] | Replace if ∅ void in 6° | 20NOV | | 1500 | [redacted] |
| 20 NOV | [redacted] | D/C NGT | 20NOV | — | 0930 | [redacted] |
| 22 NOV | [redacted] | XR: PA/LAT | 23 | — | | [redacted] |
| 25 NOV | [redacted] | D/C to camp | 25 | 1200 | — | [redacted] |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

(b)(6)-2

(b)(6)-2

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18 | [redacted] | Call M.O. if T>100.4 | | | | | | | | | | | | | |
| ---- | ---- | SBP >180 <90, P | | | | | | | | | | | | | |
| ---- | ---- | DBP >100 <40, P>120 | | | | | | | | | | | | | |
| ---- | ---- | RR >25 U.O. <30 cc/hr | | | | | | | | | | | | | |
| 21 NOV | [redacted] | If temp >101, Blood | | | | | | | | | | | | | |
| ---- | ---- | CS x2 | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | |

MEDCOM - 24830

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 23 | 24 | 25 | | | | | | | | | | |
| 23 Nov 03 | [redacted] | Encourage deep cough [redacted] | | | | | | | | | | | | | | |
| | | pulmonary toilet [redacted] | | | | | | | | | | | | | | |
| | | (b)(6)-2 | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P EXLAP FOR SHRAPNEL INJURY

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

#[redacted] (b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

(TX from ICW2)

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. NOV Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 18 | [redacted] | IVF: LRC 125cc/hr | 0 | [redacted] | | | | | | | |
| | ----- | | N | [redacted] | | | | | | | |
| | ----- | | | | | | | | | | |
| 18 | [redacted] | Zantac 50mg IV | 08 | [redacted] | | | | | | | |
| | ----- | Q8° | 16 | [redacted] | | | | | | | |
| | ----- | | [redacted] | | | | | | | | |
| | ----- | | | | | | | | | | |
| 18 | [redacted] | Ancef 1gm IV Q8° | 04 | [redacted] | | | | | | | |
| | ----- | X3 doses, next dose | 12 | [redacted] | | | | | | | |
| | ----- | 1200 hrs today | 20 | [redacted] | | | | | | | |
| 22 | [redacted] | Heplock IV | 06 | | | | | | | | |
| | ----- | | 18 | | | | | | | | |
| | | | 06 | | | | | | | | |
| 23 NOV 03 | [redacted] | Percocet II po Q4° - | 04 | | | | | | | | |
| | ----- | pt may refuse | 08 | | | | | | | | |
| | ----- | | 12 | | | | | | | | |
| | ----- | | 16 | | | | | | | | |
| | ----- | | 20 | | | | | | | | |
| | ----- | | 24 | | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |

(b)(6)-2

[redacted] DYCLed 2NaCl [redacted]

(b)(6)-2

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS: S/P EX LAP FOR SHRAPNEL INJ

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

S/ [redacted]

(b)(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 24852

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. Nov Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18 | [redacted] | Phenergan 25mg IV Q6° prn w/v | 1500 18NOV | 0030 21NOV | 0810 21NOV | 22NOV 1930 | 23NOV 1930 | | | | | | | | | |
| | | | 25mg IV | 25mg | 25mg | 25mg | 25mg | [redacted] | | | | | | | | |
| | (b)(6)-2 | | | | | (e) | | | (b)(6)-2 | | | | | | | |
| 18 | [redacted] | MSO4 2-10mg IV Q2° prn pain | 11/18 0920 | 1723 18NOV | 1445 18NOV | 0230 19NOV | 19NOV 1745 | 19NOV 1745 | 21NOV 0745 | 22NOV 0030 | 22NOV 1400 | 22NOV 2300 | 23NOV 0500 | | | |
| | | | 5mg | 5mg | 10mg IV | 4mg | 4mg | 4mg | 4mg | 5mg | 5mg | 5mg | 4mg | [redacted] | | |

*U.S. GPO: 1998-454-110/95216

## MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

**REPORT TITLE** TRAUMA FLOWSHEET
The proponent is Dept of Surgery

**OTSG APPROVED** *(Date)* QI Appr 11 Jun 97

### EMS REPORT

TIME: ____ ETA: ____ UNIT: ____

MED COM: [Y] [N] ____

### ARRIVAL STATUS

TIME 0342 ☑ IV x 1 ☐ $O_2$ ____ l/min ☐ C-Spine Immob

Meds: ☑ UKN ☑ None ☐ Yes: ____

Allergies: ☐ UKN ☑ None ☐ Yes: ____

Tetanus: ☐ UKN ☐ Current Last Meal/Fluid Intake 2200 hrs

LMP: ____ ☐ ____

### PRIMARY SURVEY

**AIRWAY**

☑ Natural Patient [Y] [N]

☐ ETT ____ ☐ ____

☐ Secretions ____

**BRETHING**

☐ Labored ☑ Unlabored ☐ Absent

TRACHEA: ☑ Midline ☐ Deviated [L] [R]

CHEST SYMMETRY: [L] [=] [R]

**CIRCULATION**

PULSE: ☑ Present ☐ Absent

BLEEDING: [Y] [N]

HEART TONES: ☐ Clear ☐ Muffled

SKIN: ☑ Warm ☐ Cool ☐ Hot

☑ Pink ☐ Pale ☐ Cyanotic ☐ ____

☑ Dry ☐ Moist ☐ Diaphoretic

### SECONDARY SURVEY

**DISABILITY**

GCS: E 4 V 5 M 6 = 15

SPHINCTER TONE: ☑ WNL ☐ None

**HEAD**

PUPILS: ☑ Equal ☐ Fixed ☑ React ☐ Dilated [L] [R]

TM: ☑ Clear ☐ Blood [L] [R]

**NECK**

C-Spine Tenderness: [Y] [N]

Pain @ ____

JVD: [Y] [N]

**HEART**

RHYTHM: ☑ Regular ☐ ____

PULSES: ☐ Central ☑ Peripheral

**LUNGS**

BREATH SOUNDS: ☑ Bilat ☑ Equal ☑ Clear

Decreased [L] [R] Absent [L] [R]

Wheezes [L] [R] Crackles [L] [R]

**ABDOMEN**

☑ Soft ☑ Rigid ☐ Non-Tender

☑ Tender: ____

**PELVIS**

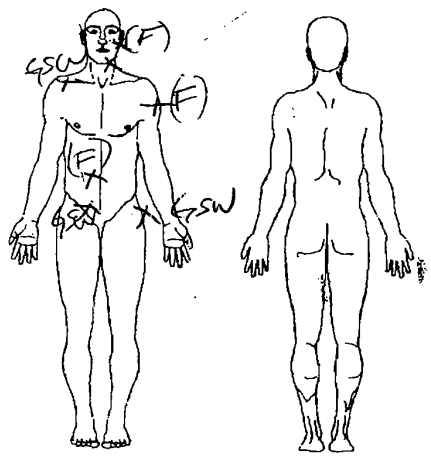
☑ Stable ☐ Unstable ☐ ____

Blood at meatus/vagina: [Y] [N]

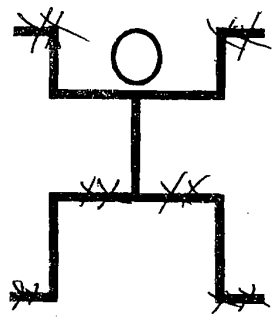
Heme + Prostate: ☑ WNL ☐ Abnl

### USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

(AB)rasion
(AMP)utation
(AV)ulsion
Battle's Signs
(BL)eeding
(B)urn
(D)eformity
(E)cchymosis
(F)oreign Body
(H)ematoma
(LAC)eration
(P)uncture (W)ound
(Pain)
(S)eatbelt (S)ign
(S)tab (W)ound
(GSW) Gun Shot Wound




### VASCULAR ASSESSMENT



| ++ Strong | + Palpable | D Dopler |
|---|---|---|

**RN** ____

**PHYSICIAN** ____

*(Continue on reverse)*

**PREPARED BY** *(Signature & Title)* ____

**DEPARTMENT/SERVICE/CLINIC** ____ **DATE** ____

**PATIENT'S IDENTIFICATION** *(For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)*

#[redacted]

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER *(Specify)*

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

**DA** FORM 1 MAY 78 **4700**

REQUIREMENT OF PRIVACY ACT OF 1974 IS COVERED BY DD FORM 2005.
PREVIOUS EDITION IS OBSOLETE.
MEDCOM - 24854

EAMC OP 503, 1 Dec 98

| TIME | PROCEDURE | SIZE | SITE | BY | RESULTS |
|---|---|---|---|---|---|
| | ET Intubation | | ☐ Oral ☐ Nasal Teeth | | ☐ $ETCO_2$ Change ☐ BBS Post Int ☐ Post CXR |
| 0400 | Gastric Tube | 16Fr | ☐ Oral ☑ Nasal | SGT [redacted] | ☐ Air ☐ Contents ☐ Verified_____ Suction: Y N |
| 0350 | Urinary | 16Fr | ☐ Meatus ☐ Supra-Public | SGT [redacted] | ☑ Return 1200 cc ☐ Heme Dip: + - ☐ Secured |
| | DPL | | ☐ Opened ☐ Closed | (b)(6)-2 | ☐ Grossly: + - Cell count Sent@_____ |
| | Chest Tube #1 | | L R | | ☐ Air ☐ Blood ☐ Pleuravac____cm ☐ Autotransfuser |
| | Chest Tube #2 | | L R | | ☐ Air ☐ Blood ☐ Pleuravac____cm ☐ Autotransfuser |
| | 12 Lead | Rhythm: | | Comments | |

| ABG SITE | TIME | $\%O_2$ | pH | BE | $pCO_2$ | $PO_2$ | $O_2$ Sat | $HCO_3$ |
|---|---|---|---|---|---|---|---|---|
| 1) | | | | | | | | |
| 2) | | | | | | | | |

## LABS

| TIME | LABS |
|---|---|
| | ☐ D-stick_____ ☐ SHct_____ |
| | ☐ D-stick_____ ☐ SHct_____ |
| 0354 | ☑ CBC ☑ Chem ☐ PT/PTT ☐ ETOH ☑ T&C x 4 |
| | ☐ Tox Screen |
| 0400 | ☑ UA ☐ HCG |
| | ☐ OTHER |
| | ☐ OTHER |

## X-RAYS

| TIME | LABS |
|---|---|
| 0350 | ☑ Chest Initial |
| | ☐ Chest Post ET |
| | ☐ Chest Post CT |
| | ☐ C-Spine |
| 0350 | ☑ Pelvis |
| 0350 | ☑ ABD |
| 0350 | ☑ AP Skull |
| 0400 | ☑ (L) Hip |

| TIME | PROCEDURE | ACCOMPANED BY | RETURN |
|---|---|---|---|
| 0440 | CT Scan: ☐ Contrast | EMT Stafford | |
| | ☐ Head ☑ Abd ☑ Pelvis | | |
| | ☐ C-Spine ☐ T/L Spine ☑ Chest | | |
| | ☑ ~~Other~~ ~~CT ERCP~~ | | |
| | A-Gram Site: | | |

## IV ACCESS & FLUIDS

| TIME | # | GA | IAW | SOP | SITE | IVF TYPE | AMT UP | AMT IN |
|---|---|---|---|---|---|---|---|---|
| 0342 | 1 | 18 | Y | N | (L) AC | NS | | |
| 0343 | | 18 | (Y) | N | (R) AC | NS | | |
| | | | Y | N | | | | |
| | | | Y | N | | | | |

## MEDICATIONS

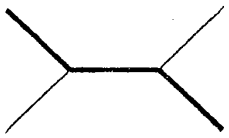
| MEDICATION | TIME | DOSE | RTE | TIME | DOSE | RTE | TIME | DOSE | RTE |
|---|---|---|---|---|---|---|---|---|---|
| Ancef | 0355 | 1gm | IV | | | | | | |
| Tetanus | 0355 | .5cc | IM | | | | | | |
| Fentanyl | 0400 | 75mg | IV | | | | | | |

## BLOOD PRODUCTS

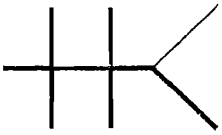
| START | # | TYPE | UNIT# | AMT UP | AMT IN | END | RWT |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## LAB RESULTS

CBC:



Chem:



## INTAKE & OUTPUT

| INTAKE | AMOUNT | OUTPUT | AMOUNT |
|---|---|---|---|
| IVF | | Urine | |
| NGT | | NGT | |
| Blood | | EBL | |
| Other | | Other | |
| TOTAL | | TOTAL | |

## TRAUMA TEAM ARRIVAL

| TITLE | NAME (Print) | PAGED | RESPONDED | ARRIVED |
|---|---|---|---|---|
| ED Phys | | | | |
| Surgeon | | | | |
| Anesth | | | | |
| | | | | |
| | | | | |
| X-Ray | | | | |
| RT | | | | |
| Ortho | | | | |
| Neuro | | | | |
| Chaplain | | | | |
| | | | | |

## VALUABLES & CLOTHING

| V | STATUS | C |
|---|---|---|
| | None Found | |
| | Given to Patient | |
| | Given to Family | |
| | Inventoried and Released to Patient Trust Fund/NCOD See DA Form 3696 | |
| | Other: See Nursing Notes | |

## DISPOSITION

☐ Home ☐ _____

Admitted to _____

Report Called to _____

Time Transferred _____

Accompanied By _____

Via: ☐ Stretcher ☐ Wheelchair

MEDCOM - 24855 - ACLS Procedures ☐ Yes ☐ No

## VITAL SIGNS

Rectal Temp:

GCS: 15

| TIME | BP | HR | RHY | RR | $SAO_2$ | $FIO_2$ | MODE | E | V | M | T |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0345 | 154/71 | 77 | NSR | 35 | 100 | RA | | | | | |
| 0400 | 158/55 | 71 | NSR | 15 | 100 | RA | | | | | |
| 0410 | 174/65 | 89 | NSR | 31 | 100 | RA | | | | | |
| 0415 | 135/58 | 92 | NSR | 40 | 100 | RA | | | | | |
| 0420 | 143/64 | 90 | NSR | 24 | 100 | RA | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |

## GLASGOW COMA SCALE

| EYE OPENING | VREBLE RESPONSE | MOTOR RESPONSE |
|---|---|---|
| 4 - Spontaneous | 5 - Oriented | 6 - Obeys Commands |
| 3 - To Voice | 4 - Confused | 5 - Localizes Pain |
| 2 - To Pain | 3 - Inapp Words | 4 - Withdraws to Pain |
| 1 - None | 2 - Incomp Speech | 3 - Flexion to Pain |
| | 1 - None | 2 - Extension to Pain |
| | | 1 - None |

| TIME | PROCEDURE | PERFORMED BY: |
|---|---|---|
| | ☐ Backboard Removed | BY: |
| | ☐ Downgraded | BY: |

## NOTES

MEDCOM - 24856

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 11/18/03 Anesthesia Type (Circle)): General Spinal Epidural
Time In: 0725 IV Sedation Nerve Block
Allergies: NKA OR Intake: Crystalloid 3200 Colloid
Pre-op V/S: BP 135/75 HR 76 OR Output: UOP EBL 75cc
Procedures: Exp LOP Meds/Times: 1GM ANCEF, 1ml FENTANYL

WCS SAO

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds History

| Time | 0725 | 0730 | 0735 | 0750 | 0815 | 0830 | 0845 |
|---|---|---|---|---|---|---|---|
| SaO2 | 99 | 99 | 97 | 99 | 99 | 99 | 99 |
| FiO2 | \ | \ | \ | \ | \ | \ | \ |
| Methods | RA | RA | RA | RA | RA | RA | RA |
| 240 | | | | | | | |
| 220 | | | | | | | |
| 200 | | | | | | | |
| 180 | | | | | | | |
| 160 | | | | | | | |
| 140 | V | V | | V | V | V | V |
| 120 | | | V | | | | |
| 100 | | | | | | | |
| 80 | ^ | ^ | ^ | ^ | ^ | ^ | ^ |
| 60 | • | | | • | • | • | • |
| 40 | | | | | | | |
| 20 | | | | | | | |
| Lin | | | | | | | |
| RR | 18 | 21 | 24 | 20 | 13 | 15 | |
| T | 98.6 | | | | | 97.8 | |

| Time | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Pain (0-10) | | | | | | | | | |
| LOS | | | | | | | | | |

Patient teaching done: Wound Care, Pain Management,
T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

### Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 0725 | LR | 350 | (L) ARM | IV | 150 cc |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

### Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 1 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C, | 8 | 10 | 10 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

PREPARED BY (Signature & Title) [redacted] (b)(6)-2

DEPARTMENT/SERVICE/CLINIC: PACU - ICU 3

DATE: 11/18/03

PATIENT'S [redacted] or typed or written entries give: Name – last, first, middle; gr[redacted]spital or medical facility)

# [redacted]

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete

USAPPC V2.00

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | ext. lo. | + | + | + | B | W | Pk |
| 15' | ext. lo. | + | + | P | B | W | P/C |
| 30' | ext. | + | + | P | B | W | Pk |
| 45' | ortho | + | + | P | B | W | Pk |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

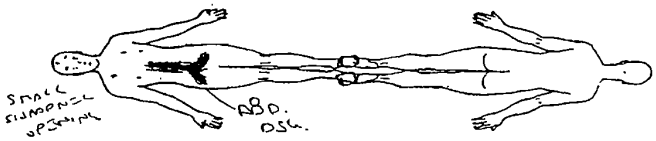
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm 0725 | ABD | ABD PADS | + |
| 30' 0800 | ABD | ABD PADS | + |
| 60' " | | | |
| D/C | | | |




## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| 0725 | FOLEY | YELLOW | 100 |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 0725 | $S_1 S_2$ + | + | |
| | | | |
| | | | |
| | | | |

## NURSING NOTES

0725 Pt arrived on floor for journey with MD & anesthesiologist. Pt sedated, not fully awake. O2 room air at 100% - has NCT in (R) nostril. Pad & foley. On gravity. Pt has abdominal dsg. midline abdomen and across lower abdomen. Pt has small puncture wounds on face and chest. Pt has clear breath sounds upon deep breathing and abdominal sounds. After 5-7 secs. no drainage from dressings. [redacted]

0755. Pt indicated need to be on (R) side - advised to stay in supine position for proper recovery. [redacted]

0805. Pt maintaining VS, Pt allowed to rest quietly. Breathing normal, chest rise bilateral [redacted] Pt sat. given to CAT O MTR. Temp increase from 96.4 to 97.8. Pt VS stable. Awake easily & [redacted]

0900-2

**Discharge Criteria:**
**Date:** 11/18/03 **Time:** 0847 **PARS:** 10
**BP:** 133/82 **T:** 97.8 **HR:** 75 **RR:** 18 **Sa02:** 99%
**Pain Level at D/C (0-10):**
**Intake:** PL 150 cc **Output:** 150 ccs
**Additional Data:**
**Transferred To:** TCU2
**Report Given To:** [redacted]
**Transferred Via:** W[redacted] Litter Gurney Ambulance
**Transferred By:** [redacted]
**Cleared IAW Recovery** [redacted]
**Charge Nurse Signat** [redacted]

WAMC OP 173-E

MEDCOM - 24858

(b)(2)-2

# Admission and Coding Information

For use of this form, see AR 40-400; the proponent agency is OTSG

| | | | | |
|---|---|---|---|---|
| 1. Reporting MTF [redacted] | 2. MTF Locatic. IZ | | | |
| 3. Register Number [redacted] | Name (Last, First, MI) SI[redacted]oFirstNameGiven | | 4. Pay Grade FGN | 5. Sex M |
| 6. DoB (YYYYMMDD) | 7. Age at Admission (b)(6)-4 | 8. Race X | 9. Ethnicity 9 | Religion |
| 10. Length of Service | ETS | 11. EMP 99 | 12. Social Security Number [redacted] | |
| Organization (Active Duty Only) | | 13. Marital Status | Hour of Admission 03:45 | 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: ICW1 | Name / Relationship of Emergency Addressee<br>Address of Emergency Addressee | | |
| Name and Location of Medical Treatment Facility: [redacted]; No Install Provided | | Telephone Number of Emergency Addressee | | |
| 21. Type of Disposition TRF-OTH | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) 2003-11-25 | | |
| 24. Clinic Svc - Admitting ABA - GENERAL SURGERY | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) 2003-11-18 | | |
| 27. Location of Occurrence IZ | 28. MTF of Initial Admission | 29. Date of Initial Admission 2003-11-18 | | |

b2-2

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: GSW NECK, R ARM, ABDOMEN

Procedure Narrative(s):

Cause of Injury Narrative:

[redacted]

(b)(6)-2

| | |
|---|---|
| Admitting Officer (Signature, as required) [redacted] | Signature of Admitting Clerk [redacted] |

Automated Facsimile - DA FORM 2985, [redacted] 2000

MEDCOM - 24859

Automated Facsimile

# INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400, the proponent agency is OTSG

| 1. Register Nbr | 2. Name | | | | | 3. Grade | Admission Remarks |
|---|---|---|---|---|---|---|---|
| [redacted] | [redacted] | | | | | FGN | |
| 4. Sex | 5. Age | 6. Race | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm | |
| M | (b)(6)-4 | X | | | | NO | |
| 11. FMP | 12. SSN | 13. Organization | | | | 14. Ward | |
| 98 20 | [redacted] | | | | | ICU2 | |
| 15. FlyStatus | 17. Dept / Ben | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case | | | |
| | K78-PRISONER OF WAR/INTER | | | BC | | | |
| 21. Source of Admission | 22. Hour Of Adm: | 23. Clinic Service | | | | | |
| Direct from ER | 03:45 | ABA - GENERAL SURGERY | | | | | |
| 24. Name/Relation of Emergency Addressee | 25. Type Disp | 26. Date of Disp | | | | | |
| | TRF-A | 2004-01-29 | | | | | |
| 27a. Address of Emergency Addressee | 27b. Telephone No | 28. Date This Adm: | AdmittingOfficer: | | | | |
| | | 2003-11-18 | [redacted] b6-2 | | | | |
| 29. ReportingMTF | | 30. Date Init Adm | 32. Units Blood Components | | | | |
| [redacted] (b)(2)-2 | | 2003-11-18 | | | | | |

31. Selected Administrative Data

Marital Status: DoB:

In/Out Patient: Inpatient MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

GSW NECK R ARM ABDOMEN (LOWER EXTREMITY DEFORMITY)

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 | 72 | 72 |

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 | 72 | 72 |

Signat[redacted] (b)(6)-2 Signature of [redacted]

Automated Facsimile - DA FORM 3647, May 79 [redacted]COM - 24860

AUTHORIZED FOR LOCAL REPRODUCTIO

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 21 JAN04 | (1915) VSS. C/O pain x1. Med ō 2 perc. OOB + amb in hallway. BM x1. Voids CYU. Q2° eye gtts. Tol well. Will continue [redacted] to monitor. |
| 22 JAN04 @ 0100 | Assumed care of pt. @ 2200. VSS, ¯/¯ Percocet for C/O pain to (R) buttock & joints of bilat LE. Pt. has limited vision to OU, cont. oint & GTTS to OU. Pt. sleeping @ this time, 1 pt. restraint, ∅ signs of skin breakdown. All other assessments WNL. Will cont. to monitor. [redacted] /CT, AN |
| 22 JAN04 | Survey No New Issues [redacted] |
| 22 Jan04 1100 | Assumed care @ 0600 VSS. A&O OOB → BR for showers. ∅ skin breakdown noted. Transf self from bed → chair (I). Gtts continued OU ∅ acute care needed. Will continue plan of care [redacted] |
| 22 JAN04 | (1600) VSS. C/O pain: Med ō 2 perc. Tol PO well. Voids CYU [redacted] Q2° eye gtts. OOB to amb. Will continue to monito[redacted] |
| 23 JAN04 @ 0135 | Assumed care of pt. @ 2200. VSS. ¯/¯ Percocets for C/O pain to joints of bilat. LE. Pt. has limited vision to OU. Cont. oint & GTTS to OU. Pt. voids CYU ō difficulty. Pt. ambulated ō hands in hallway ō |

| 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. |
|---|---|---|

(b)(6)-4

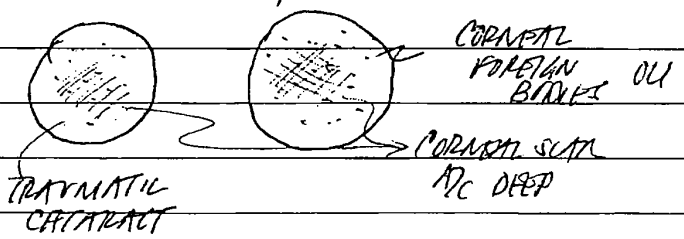
[redacted]

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 24861

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| (cont.) | difficulty. Pt. sleeping @ this time. Pt. in 1 pt. restraint c̄ Ø signs of skin breakdown. All other assessments WNL. Will cont to monitor. [redacted] 1CT AN |
| 23 Jan 04 0850 | VSS Alert & Oriented Percocet given for c/o joint pain. Good appetite. ~~Alert~~ [redacted] Reports self in bed. Ø skin breakdown noted. One point restraints replaced without compromised skin integrity. [redacted] |
| 23 Jan 04 1130 | Informed Dr. [redacted] of pt c/o pain to lower extremity. Percocet D/C and was told to give tylenol for pain. Will inform next shift. [redacted] LTR |
| JAN 23 '04 | Ophth ~~Clinic~~ Progress Note |
| | S: SEEMS BETTER ABLE TO RECOGNIZE STAFF AT A DISTANCE |
| | O: EXAM ESSENTIALLY UNCHANGED |
| |   |
| | A: S/p (B) CORNEAL INJURIES c̄ FB's OU. TRAUMATIC CATARACT OD, FOCAL CATARACT [redacted] |
| | P CPM [redacted] |

(b)(6)

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 23 JAN 04 | (1840) VSS. c/o pain. Med c̄ Tylenol 650mg PO. Cont eye gtts OU. (b)(6)-7 Tol [redacted]. Voids c/u. Pt down to optometry for V up. ~~Φ A~~ Φ New orders. Amb in ward. 1 pt restraint in place. Will continue to monitor. [redacted] NT/AN |
| 24 JAN 04 | Assumed care @ 2200; VSS, pt A&O, pain c̄ ii tylenol pt OOB → BSC, ⊕ BM - loose, brown stool - 2mg Loperamide provided; Φ visual Δs cont OU gtts & cont WA; pt tol PO w/o voiding c/u c̄ difficulty; Restraint in place c̄ comparom to skin/[redacted] circulation; Cont to monitor. [redacted] |
| 24 Jan 04 0700 | VSS A&O. Tylenol effective for pain mgt. Good Appetite. Urinating clear yellow urine without difficulty. One pt restraint in place without compromising circ/ skin integrity. [redacted] |
| 24 JAN 04 | Surgery<br>No New issues<br>Ophtho Following [redacted] (b)(6)-7 |
| 24 Jan 03 | - Pt is A+OX3, no immediate distress at this time. Will continue to monitor and assess. [redacted] CT/AN |

| RELATIONSHIP TO SPONSOR | LAST | FIRST | MI | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | | | | |

| DEPART..SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO. |
|---|---|---|
| | | |

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)(6)-7

MEDCOM - 24863

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 25 Jan 2040 | Assumed pt care @ 2200. Pt is A+O x3; VSS; c/o H/A - Tylenol 650mg given - effective; Cont Q2° eye gtts; pt c/o pn - Motrin 800mg given - effective; pt repositioned self in bed; Ø skin breakdown noted; pt restrainted c̄ Ø s/sx of vascular compromise / skin integrity [redacted] |
| 25 Jan 04 0750 | Assumed pt. @ 0700, VS-WNL, HEENT-WNL, pt. has LE deformity, pt. uses cane for mobility. Pt. c/o headache - gave 650mg Tylenol, will continue to monitor. [redacted] |
| 25 Jan 04 1831 | Pt. in bed, ate 100% of meal [redacted] c/o at this time [redacted] |
| 26 Jan 04 0200 | Assumed care at 1900. [redacted] x3. PT had complaint of pain. TYLenol 650 mg was given. Ø complaints after that. VSS. TRAZODONE given for sleep. will continue to monitore [redacted] 91W |
| 26 JAN 04 | Surgery<br>~~Doing very well. Graft has taken well. wrong patient. Some swell, open area GSW healing. Some site healing.~~ [redacted]<br>No New issues [redacted] |
| 26 JAN 04 1430 | Patient Bathed this Am. c/o joint pain. MD in to assess this a.m.: instructed patient on importance of patient to drink ensure c̄ meals: Drank 2 cans c̄ lunch: VSS, neotrained ext. Circulation intact; Resp even, regular: BS x4 quadrants [redacted] |

[redacted] (5)(6)-4

MEDCOM - 24864

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

[redacted]

DATE OF ORDER: 12 Jan 04 TIME OF ORDER: 1130 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Trazodone 50 mg po q HS for sleep

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

24 V [illegible] 13 JAN 04 2350

PATIENT IDENTIFICATION

DATE OF ORDER: 15 Jan 04 TIME OF ORDER: 1430 HOURS

1. D/C Ambien

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

24 V [illegible] 19 JAN 04 0135

PATIENT IDENTIFICATION

[redacted]

DATE OF ORDER: 19 Jan 04 TIME OF ORDER: 1545 HOURS

1. D/C daily weight

VO [redacted]

NURSING UNIT | ROOM NO. | BED NO.

24 V 20 JAN 04 0435 [illegible] ICT AN

PATIENT IDENTIFICATION

[redacted]

DATE OF ORDER: 23 JAN 03 TIME OF ORDER: 1133 HOURS

1. D/C Percocet

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

24 [redacted] 24 [redacted] 04 0600

DA FORM 1 APR 79 4256 PREVIOUS EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 24865

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

[redacted]

Duplicate order

26 JAN 04 1930

NURSING UNIT | ROOM NO. | BED NO.

[redacted]

(b)(6)-2

24 0 [redacted] 2LT/nr 27 Jan 04 0600

| | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|
| ↓ | 26 JAN 04 | 1820 HOURS | |
| (1) | Zantac 150 mg p.o. BID | | |
| | [redacted] | | |

PATIENT IDENTIFICATION

[redacted]

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

| | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|
| | 27 JAN 04 | 1016 HOURS | |
| (1) | Mafenide 8.5% mg p.q. BID | | |
| | Give only c̄ Rotad | | |
| | [redacted] | | |

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

| | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|
| | | HOURS | |

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

| | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|
| | | HOURS | |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

U.S. GOVERNMENT PRINTING OFFICE: 2002-488-041

MEDCOM - 24866

(b)(2)-2

| 1. Reporting MTF | 2. MTF Location | Admission and Coding Information<br>For use of this form, see AR 40-400; the proponent agency is OTSG | |
|---|---|---|---|
| [redacted] | IZ | | |
| 3. Register Number | Name (Last, First, MI) | 4. Pay Grade | 5. Sex |
| [redacted] | [redacted] | FGN | M |

| 6. DoB (YYYYMMDD) | 7. Age at Admission | 8. Race | 9. Ethnicity | Religion |
|---|---|---|---|---|
| | (b)(6)-4 | X | 9 | |

| 10. Length of Service | ETS | 11. FMP | 12. Social Security Number | |
|---|---|---|---|---|
| | | 99 | [redacted] | |

| Organization (Active Duty Only) | 13. Marital Status | Hour of Admission | Branch / Corps: |
|---|---|---|---|
| | | 03:45 | |

| 14. Flying Status | 15. Beneficiary Category | 16. Zip Code of Residence: |
|---|---|---|
| | K78-PRISONER OF WAR/INTERNEES | |

| 17. Unit Location | 18. MOS | 19. Trauma | Prev. Admission |
|---|---|---|---|
| | | BC | NO |

| 20. Source of Admission | Ward: | Name / Relationship of Emergency Addressee |
|---|---|---|
| Direct from ER | [redacted] | Address of Emergency Addressee |

(b)(2)-2

| Name and Location of Medical Treatment Facility: | Telephone Number of Emergency Addressee |
|---|---|
| [redacted] Iraq; No Install Provided | |

| 21. Type of Disposition | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) |
|---|---|---|
| TRF-A | | 2004-01-29 |

| 24. Clinic Svc - Admitting | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) |
|---|---|---|
| ABA - GENERAL SURGERY | | 2003-11-18 |

| 27. Location of Occurrence | 28. MTF of Initial Admission | 29. Date of Initial Admission |
|---|---|---|
| IZ | | 2003-11-18 |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: GSW NECK R ARM ABDOMEN (LOWER EXTREMITY DEFORMITY)

874.9
884.1
879.3
E922.9

Procedure Narrative(s):

Cause of Injury Narrative:

(b)(6)-2

| Admitting [redacted] (Signature as required) | Signature of Admitting Clerk |
|---|---|
| [redacted] | [redacted] |

Automated Facsimile - DA FORM 2985, MAR 2000

MEDCOM - 24867

Automated Facsimile

# INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400, the proponent agency is OTSG

| 1. Register Nbr | 2. Name | | | | | 3. Grade | Admission Remarks |
|---|---|---|---|---|---|---|---|
| [redacted] | [redacted] | | | | | FGN | |
| 4. Sex | 5. Age | 6. Race | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm | |
| M | 21Y (b)(6)-4 | X | | | | NO | |
| 11. FMP | 12. SSN | 13. Organization | | | | 14. Ward | |
| 99 | [redacted] | | | | | ICW1 | |
| 15. FlyStatus | 17. Dept / Ben | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case | | | |
| | K78-PRISONER OF WAR/INTER | | | BC | | | |
| 21. Source of Admission | 22. Hour Of Adm: | 23. Clinic Service | | | | | |
| Direct from ER | 17:15 | AEA - ORTHOPEDICS | | | | | |
| 24. Name/Relation of Emergency Addressee | 25. Type Disp | 26. Date of Disp | | | | | |
| | TRF-OTH | 2003-12-04 | | | | | |
| 27a. Address of Emergency Addressee | 27b. Telephone No | 28. Date This Adm: | AdmittingOfficer: | | | | |
| | | 2003-11-18 | [redacted] | | | | |
| 29. ReportingMTF | | 30. Date Init Adm | 32. Units Blood Components | | | | |
| [redacted] (b)(2)-2 | | 2003-11-18 | | | | | |

31. Selected Administrative Data

Marital Status: DoB: 1982-01-01

In/Out Patient: Inpatient MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

INFECTED R HAND/OD CORNEAL STRING

883.1
442.89
815.00
882.1
041.85
364.41
998.89
E993

19Nov03
86.28
86.04
38.82
21Nov03
86.24
23Nov
86.28
86.59
24Nov
97.89

(b)(6)-2

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 | 17 | 17 |

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 | 17 | 17 |

| Signature of Att[redacted]al Officer | Signature of PAD or Medical Records Officer |
|---|---|
| [redacted] | [redacted] M[redacted] |

Automated Facsimile - DA FORM 3647, May 79 MEDCOM - 24868

| MEDICAL RECORD | ABBREVIATED MEDICAL RECORD |
|---|---|

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION *(Enter date of admission)*

23 yo ♂ injured by bomb 10 days ago.
Has been in Iraqi hospital for surgery to (R) wrist. Admitted for injuries (R) wrist. Also states can't see out of (R) eye, and mass on (L) cheek.
1 surgical (R) middle finger

PMH (-)

NKDA (+) tobacco

PHYSICAL EXAMINATION

Neo (R) eye with ptosis
mass 2x2 cm mass (L) cheek, fixation
Neck: supple
Ext: 3x6 cm skin loss over dorsum of (R) wrist and clear middle finger, and m.f. is with splint b/c of wrist, wrist, with tip m.f., and b/c broken at tip.

PROGRESS *(Enter date of discharge and final diagnosis)*

Xrays - $P_1$ + $P_2$ fx, positive OK

Plan: I to tomorrow
Consult optomology

(b)(6)-2

| SIGNATURE OF PHYSICIAN | DATE | IDENTIFICATION NO. | ORGANIZATION |
|---|---|---|---|
| [redacted] | 18 Nov 03 | | |

| PATIENT IDENTIFICATION *(For typed or written entries give Name last, first, middle; grade, date; hospital or medical facility)* | REGISTER NO | WARD NO |
|---|---|---|
| [redacted] (b)(6)-4 | | |

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR 101 CFR 201-45.505
OCTOBER 1975
JCAHPO 21 00

MEDCOM - 24869

## SKIN AND WOUND ASSESSMENT

**MEDICAL RECORD** **PROGRESS NOTES**

Admission Date: 18 Nov 03 Diagnosis: infected (R) hand HD: POD:

### Braden Scale Evaluation (See Braden Evaluation Table for Details)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Sensory Perception** | No impairment | 4 | | **Mobility** | No limitations | 4 | |
| | Slightly limited | (3) | | | Slightly limited | (3) | |
| | Very limited | 2 | | | Very limited | 2 | |
| | Completed | 1 | | | Completely immobile | 1 | |
| **Moisture** | Rarely moist | (4) | | **Nutrition** | Excellent | (4) | |
| | Occasionally moist | 3 | | | Adequate (Eats >50%) | 3 | |
| | Moist | 2 | | | Adequate (Rarely eats) | 2 | |
| | Constantly moist | 1 | | | Very poor | 1 | |
| **Activity** | Walks frequently | 4 | | **Friction and Shear** | No apparent problem | (3) | |
| | Walks occasionally | (3) | | | Potential problems | 2 | |
| | Chairfast | 2 | | | Problems | 1 | |
| | Bedfast | 1 | | | | | |

*Add the total score* **Total Score** 20

Above 20 (Low Risk)
Between 16 and 20 Medium Risk
Between 11 and 15 High Risk
Below 10 Very High Risk

Note: A Braden Scale Score of less than or equal to 15 indicates **HIGH RISK** –Requires immediate Ulcer prevention program.

Surgical wound (s): Yes (No) Location:_____ Size: _____ Drainage: _____
Tubes: _____ Appearance:_____
Dressing change:_____

Pressure Ulcer (s): Yes (No)
Stage I, II, III, IV (Circle the one that applies and describe below)

Location:_____ Size: _____
Wound character: Pint_____ Moist _____ Dry _____ Granulation tissue _____ Yellow slough_____
Odor _____ Purulent discharge _____ Eschar _____ Exudates _____

Type of dressing change: Wet-to-dry_____ Comfeel dressing _____ Carrasyn V-Gel_____ Alginate _____

Physician notified/consulted for wound debridement: Yes_____ No_____
CNS notified/consulted for Stage II and greater: Yes_____ No_____
Nutrition Referral: Yes _____ No _____
Physical Therapy Referral: Yes_____ No _____
Action Taken: _____ Date & Time: _____

| REGISTER NO. | WARD NO. |
|---|---|
| | |

Patient's Identification (For typed or written entries give: Name-last, first, middle: Grade; rank: hospital or medical facilithy)

PROGRESS NOTES

Medical Record
STANDARD FORM 509

See notes 19 Nov 03 for info. on infection

MEDCOM - 24870

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 19 NOV 03 | 2030 - VSS, A+O assumed care of pt. @1800. LS CTA (B), NSR, S1S2 present, Resp. even, unlabored abd. soft. non-tender, BS x 4. voiding cyu per urinal. Pt. (R) eye swollen half-way shut c̄ (+) redness to eye + (+) film covering eye. Pt. has 1 in. incision to (L) cheek c/o pain 650mg tylenol given for swelling + pain. Pt. has numerous old scabs to upper legs. Pt. had very old dressing to (L) foot. Don't think it was assessed prior to coming to ICW 2. 1" x 1cm wound c̄ (+) s/sx infection. light greenish substance oozing from wound. Redressed wound c̄ 4x4's. (+) pedal pulse + (+) radial pulses. (+) cap refill. Pt. has dressing to (R) Arm. Denies movement of fingers. (+) cap refill. IV (L) AC infusing 150cc/h LR. Two pt. restrain in place. Pt. resting well @ this time will cont. to monitor pt. [redacted] I can cu with alone assessment AWG 2X |
| 2330 | - Pt. pulled out IV. New IV started in (5)(6)-2 (L) FA BG infusing LR @150cc/h will cont. to monitor. Pt. [redacted] |
| 20 NOV 03 | (1650) Assumed care @ 0600. Pt alert, speaking Arabic. VSS. Pain controlled c̄ Percs. Pt amb well. Dsg to @ hand Δd this am WTD c̄ Betadine soln. Pt able to move fingers. Dsg to @ foot Δd WTD Lac. on @ side of face CDI. @ eye swollen/red |

STANDARD FORM 509 (REV. 5/1999) BAC
USAPA V1.

MEDCOM - 24871

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 19Nov03 0520 | Pt admitted to ICW from EMT in Fair condition; VSS, pt A&O speaking arabic; ⊕CMS +3PP, brisk cap Ref throughout; N intact; S1 S2, LSCTA, ⊕BSX4, pt voiding QS, clear yellow urine via urinal; pt NPO for OR 19Nov03; ⊖c/o pain, pt denies N/V; dsg to ® hand c̄ DI, ⊖drainage; Restraints in place, ⊕circ, ⊖skin breakdown, will cont to monitor [redacted] |
| 19Nov03 1500 | Assume care of PT @ 0600. A+O, VSS ambulate to bathroom without any assistance. C/o pain was given two percocets. Went to OR to wash out hand suppose to be going again tomorrow. PT may lose ® hand. In apt restraint on 2x legs. Will cont. to monitor. |
| | 9/W SPC [redacted] |
| | (1800) I concur c̄ above. [redacted] |
| 19Nov03 1821 | PT went to OR for a second time due to Dr. [redacted] and Dr. [redacted] ~~poping an artery in the base of~~ #1351. Pressure applied to wound until departed for surgery. Dark red squirting blood. PT returned from OR stable condition. Will cont. to monitor. |
| | 9/W SPC [redacted] |
| | (1820) I concur c̄ above. [redacted] |

(5)(6)

| 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] (5)(6)-4

MEDCOM - 24872

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 20NOV03 (1650) | (cont) SL in ⊖ forearm flushes well ∅ S/Sx infection/ infiltration. 2 point restraints in place ∅ S/Sx complications. Will cont to monitor [redacted] |
| 21Nov03 0045 | Assumed care @1800; VSS, pt A&O speaking arabic ∅ c/o pain @ this time; pt amb ∅ difficulty; dsg to (R) hand Δd ∅ Dakin's Soln. (+) CMS, +2 PP, brisk cap ref to affected extremity; Lac to (L) check CDI, dsg to (L) Foot CDI S/L in (L) FA patent, cont ∅ IV abx; Restraints in place (+) circ, ⊖ skin break ↓, cont to monitor; pt NPO p MN for OR on 21Nov03 [redacted] |
| 21 Nov 03 1217 | Assumed care @0600 pt awake oriented x 3 vital sign stable. Pt had ∅ c/o of pain at the time, pt ambulated to BR with ~~[illegible]~~ difficulty to perform self ADL care. Pt given ∅ meds prior to (R) forearm/hand dsg Δ with dakin's solution WNL, Pt IV patent and intact ∅ signs infection dsg to (L) FA Δd CDI. Restraints x2 in place will monitor. [redacted] Concur ∅ above assessment [redacted] |
| 21 NOV 03 1630 | [redacted] |
| 21Nov03 2100 | Assumed Pt care @1800. A&O VSS. LSCTA(B) S1 S2 present HRRR, (+) BS x4 quads. (R) Hand Dsg |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | | | | |

| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)*

REGISTER NO.

WARD NO. ICU

[redacted] (b)(6)-2

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1999
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10
USAPA V1.0C

MEDCOM - 24873

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 21NOV03 Cont. | BC DI IV to (L) FA. IV Δ'd to (L) [redacted] FA. Pt c/o Pain to [redacted] (R) check. Small amount of edema to to check. Percocet controlled pa[redacted] Pt void spontaneously c/v ≤ difficulty gs. Will [redacted] to monitor. [redacted] 91WM6 |
| 22 NOV 03@1630 | Assumed care of pt. @ 0600, VSS, A[redacted] ~~c/o pain this shift~~ EDROA [redacted] II Percs. for pain & DRSNG Δ to (R) hand. (R) hand cleaned ≈ DAKIKINS sol., dry DRSNG Δ, ace-wrapped, mod. serosang drainage to old DRSNG, penrose drain intact, sutures intact. IVSL infiltrated, new IV site to (L) FA, 20G. Pt. has scab over (R) eyelid, sclera red, pt c/o pain. Will arrange for opthomology consult. Pt. to be NPO ∓ MN tonight for surgery. Pt. in 2-point restraints, Ø signs of skin breakdown. All other assessments WNL. Will cont. to monitor. [redacted] 2CT, AN |
| 22NOV03 (1900) | VSS. Alert & Oriented (R) hand dry dry & intact and covered ≈ ace wrap (L) FA Saline lock patent & intact. (L) chest incision with staples well approximated. Assumed 80% of regular diet. Ø c/o pain @ this time. 2 restraints in place. [redacted] without compromise skin integrity or circulation. [redacted] 12CT |
| 23NOV03@ 1600 | Assumed care of pt. @ 0600. VSS. A&O. Ø c/o pain to (R) hand. c/o pain to (R) eye. MD notified. Pt. to O.R. this AM for I&D of (R) thumb. Pt. received @1100 via stretcher from PACU. VSS A&O, Ø c/o pain. Dressing to (R) UE CDI. Pt. in 2-point restraints, Ø signs of skin breakdown. IVSL to (L) FA flushes well. All other assessments WNL. Will cont. to monitor. [redacted] 2CT, AN |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 24874

ACLU-RDI 1744 p.834

DOD-039263

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
| 21 NOV 03 1330 | Orthro Op Note |
| | Pre Op Dx - Infected (R) MF |
| | Post Op Dx - Same |
| | Procedure - I&D (R) MF |
| | Surgeon - [redacted] |
| | Findings - Wound skin not fully healed to allow rep vacuum. Drained 3 liters. After closed skin still 2*2 cm defect to bone. Plan repeat I&D in 48 hours. Pump vacuum therapy. |
| | (b)(6)-2 [redacted] COL MC |
| 23 NOV 03 0950 | Orthro Op Note |
| | Pre Op Dx - Infected (R) MF |
| | Post Op Dx - Same |
| | Procedure - I+[redacted] by MF |
| | Surgeon - [redacted] |

| HOSPITAL OR MEDICAL FACILITY | STATUS [redacted] | 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. |
|---|---|---|
| [redacted] (b)(6)-4 | | |

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

MEDCOM - 24875

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| | GBL - BL FLUIDS: SGD 2L |
| | Tentoy - Minor persist drainage. Drainage 3 liters. Closed with 2-0 prolene over penrose |
| | Plan: Dressing change. Consider rang resection if drainage continues |
| | [redacted] |
| | (b)(6)-2 |

STANDARD FORM 600 (REV. 6-97) BACK
☆ U.S. GPO:1998-432-786/75236

MEDCOM - 24876

AUTHORIZED FOR LOCAL REPRODUCTIO

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 23NOV03 [redacted] 1800 RCW | VSS Alert + Oriented. (L) FA Saline lock patent + intact. (R) hand bulky dry covered c̄ HCC wrapping dry/intact. Ø c/o pain @ this time. Capillary refill to (R) fingers brisk. Pt [redacted] able to move (R) fingers unable to palpate (R) radial pulse. Pt drazy. Consumed 80% of dinner. Voiding clear yellow urine. OOB → BR for BM. Will continue care as planned [redacted] 2LTT |
| | Ophtk Note |
| 11/24/03 | 0 8-0 vicryl suture in cornea. 2° melting<br>cornea blood staining<br>115t / 9 < 18,19<br>(b)(6)-2 |
| | Imp: Focal Corneal Melt 2° to Inflam From Suture - Removed<br>Plan: Doxy 100mg po qD<br>Pred Acetate Tgtts OD Q1°; Cilxan Tgtts OD QID |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | ID NUMBER |
|---|---|---|---|
| | LAST | FIRST [redacted] | (Other) |
| DEPART./SERVICE | HOSPITAL OR MEDICAL FAC[redacted] | | |
| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | | REGISTER NO. | WARD NO. |

(b)(6)-4 [redacted]

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1995)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1(
USAPA V1.0

MEDCOM - 24877

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 24NOV03 | (1650) VSS. Pt c/o pain in (R) eye. Med ō 2 perc. Adequate relief found. (R) eye Red around sclera. Pt slightly closed. Pt able to open eye ō manual assistance. Pt receiving IV ABX. Infusing to (R) FA IV. ⊖ signs of infections. (R) hand dressed ō kerlix & ace wrap. ~~Thumb appears~~ Pt able to move fingers + warm to touch. Pt asleep at this time. Urinates clear yellow. [redacted] |
| 25NOV03 0510 | Assumed care @ 1800; VSS, pt A&O speaking arabic; ⊖ c/o pain; dsg to (R) hand Δd W→D ō Dakin's Sol 1/4% strength; wrapped ō Kerlix; ace bandage; (R) eye swollen, sclera Red; pt instructed on administration of Pred acetate Q1° OD, pt verbalized good understanding via interpreter; S/C patent, Flushes well ō S/Sx infection/infiltration; cont ō IV abx; Restraints in place, ⊕ circ, ⊖ skin break + / cont to monitor. [redacted] |
| 25NOV03 | (1800) Pt ⊖ c/o pain. Completed DSG Δ to (R) Hand. Sutures in place, well approximated. ⊖ signs of infection, Pt unable to ~~flex~~ flex 3 finger 2° damage to ~~flexor~~ extensor tendons. Able to Flex. ⊕ radial pulse, brisk cap Refill. ~~WFT~~ Continuous ace wrap. IV ABX infusing. [redacted] |
| 26NOV03 0250 | Assumed care @ 1800; VSS, pt A&O speaking arabic; ⊖ c/o pain; dsg to (R) hand ~~[illegible]~~ CDI, ⊖ drainage; +2 radial pulse, brisk cap ref, ⊕ sensation; PIV patent, easily flushes; cont ō IV abx; ~~[illegible]~~ S to OD. ~~[illegible]~~ pt OOB to BRX1; Restraints in place, ⊕ circ, ⊖ skin break +, cont to monitor. [redacted] |
| 26NOV03 @ 1600 | Assumed care of pt @ 0600. VSS, A&O. ~~[illegible]~~ Percocet given as prescribed for DSG Δ. WTD DSG Δ to (R) hand ō Dakin's sol., sutures intact, scant serous drainage. Pt. OOB, ambulated in hallway steady gait. HL to (L) FA, flushes well. Prednisone Acetate GTTS given to pt. Q1° while awake, pt. administered GTTS. Pt. for 2 point restraints, ⊖ S/Sx of skin breakdown. All other assessments WN [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACI

USAPA V1.0

MEDCOM - 24878

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 26 Nov 03 1800 | Pt AEO. VSS. LS CTA (B), HRRR, (+) BS x4 quads. (R) Hand in Drsg c̄ Ace Wrap. Small amount of sero Sang on Drsg. (R) Eye is Red. exc ~~#~~ gtts q 1°. IV to (L) FA D/Cd. New IV to (L) FA. Cont Antibx. Pt voiding CYU. qs c̄ difficulty. Will cont to monitor [redacted] Spc 91WM6 |
| | Orthopedic Note |
| 11/29/03 | S: pt still c̄o discomfort |
| | TOP-18 2 days ago |
| | O: taking IV levo & pulmozyme |
| | topical cipro & maxitrol (b)(6)-2 |
| | topical pred acetate → improving inflam |
| | doxy to prevent further thinning |
| | penlight: +23 inflam |
| | corneal blood staining |
| | Imp: ① S/p hyphema 2° corneal blood staining - continues to improve |
| | ② CPM [redacted] 60074 LTC. |

| RELATIONSHIP TO SPONSOR | LAST | | MI | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | | | | |

| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO. |
|---|---|---|
| | | |

[redacted] (b)(6)-4

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 24879

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 27NOV03 1630 | Assumed care of pt. @ 0600. Pt. resting quietly in bed. VSS. A&O, Ø c/o pain to (R) hand. c/o pain to (R) eye. ii Percocets given, Prednisone & GTTS Q1° while awake. WTD Dsg Δ to (R) hand, small amount of serous drainage to dorsal hand, sutures intact, fingers edematous, (R) hand elevated on blankets. IVSL to (L) FA, flushes well. Pt. in 2-point restraints, Ø signs of skin breakdown. All other assessments WNL, Will cont. to monitor. [redacted] |
| 27Nov03 1900 | Pt care assumed @ 1800. Pt c/o mild sharp pain to Right eye. eye gtts cont. Pain controlled c̄ percocet. (R) hand Dsg CDI. Neuro ✓ WNL. LS CTA(B), HRRR. ⊕BS x 4 quads. Pt cont Antibiotics via 18G To (L) FA. Pt in 2pt restraint Will cont to monitor [redacted] 91WM6 |
| 28 NOV 03 0800 | Assumed care of pt. A&O x3. [redacted] c/o pain or discomfort @ this time. Lungs clear HRRR Active BS x4 quads Urinating spontaneously c̄ difficulty IV ABX TX cont Eye drops to (R) eye cont. (R) hand wound bulky dsg applied. Afebrile Ø s/s of infection Will cont to monitor [redacted] 91WM6 |
| 28Nov03 | Assumed care @ 1800. A&O x3 VSS c/o pain Percocet @ 1800. Right eye [redacted] scalera is red. cont gtts. (R) hand Dsg is CDI. cont Primaxin IV. Voiding spontaneous [redacted] CXU [redacted] gs, c̄ difficulty. LAC IV failed New 18G IV in (L) [redacted] arm. Will cont to monitor. [redacted] 91WM6 |

STANDARD FORM 509 (REV. 5/1999) BACH
USAPA V1.0

[redacted] (b)(6)-4

MEDCOM - 24880

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 4 Oct 03 0930 | On the Discharge Note: |

Admitted 18 Nov with infected open wound to forearm MC and provoked phalanx, eventually grew aeruginosa and Enterobacter. It had repeated I&Ds done, with eventual clean wound. Skin closed with prolene. Extension tendon to MF were destroyed.
PLAN: Discharge to camp.
Keflex 250mg P.O. QID
If infection returns/spreads, will need middle ray resection.
Many wash with soap and water.
No treatment for fracture.

[redacted] 202 MC

(b)(6)-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. |
|---|---|---|
| [redacted] | | |

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 6/1986)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1)
USAPA V1.0X

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 29 NOV 03 0730 | - Assumed care pt A to x3. VSS ∅ c/o pain Lungs clear bilat HRRR Active BS x4 quads Urinating spontaneously ∅ difficulty per usual Ambulates ward. (R) hand wound dsg kerlix wrapped CDI. Appt ⓒ eye dr this am see note Remains Afebrile Will cont to monitor ——— [redacted] |
| 7 NOV 03 1900 | VSS Alert & oriented OOB → BR [redacted] (R) hand bulky dry dry & intact covered ⓒ once unwrapping (L) EA Saline lock patent & intact. Multi eye gts installed to OD Keeps OD shut. OD sclera pink. Consumed 50% of dinner. Urine clear yellow urine c/o pain in discomfort voided @ the top 2 point restraints replaced without compromising circulation in slow infusion. Will continue care as planned. [redacted] |
| 30 NOV 03 0800 | - Assumed care of pt. A&O x3. VSS c/o pain x 1 medicated ⓒ relief. (R) eye slight redness cont ⓒ eye drops per order. (R) hand wet & dry dsg & Kerlix wrap CDI - Lungs clear HRRR Active BS Urinating spontaneously. PIV (L) bicep patent ∅ s/s of infection will cont to monitor ——— [redacted] |

| 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.

[redacted] (b)(6)-4

**CHRONOLOGICAL RECORD OF MEDICAL CARE**
Medical Record

**STANDARD FORM 600** (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

MEDCOM - 24882

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 30NOV 2000 | VSS alert/oriented. OD c̄ pink drainage. Mild, eye gtts instilled as ordered. (L) FA saline lock patent & intact. (R) hand dressing dry dry & intact. OOB (I) to BR c̄ supervision. Ø c/o pain voiced or noted. Will continue care as planned. 2 point restraints in place without compromising circulation or skin integrity. [redacted] |
| Ø1DECØ3 | (1530) Assumed care @ ØØØØ. Pt alert, speaking Arabic. VSS. Ø c/o pain @ this time. Dsg to R hand Δd this am. Pt medicated c̄ MSO4 prior to dsg Δ - tol. well. Amb s̄ difficulty in hallway. OOB to chair - tol. well. Cont. eye gtts as ordered. @ eye red and swollen. SL infiltration @ upper arm dlcd d/t infiltration. leg IV started in @ forearm flushes well s̄ s/sx infiltration. Tol reg diet well. voiding s̄ difficulty. 2-point restraints in place s̄ s/sx complications. Will continue to monitor. [redacted] (b)(6) |

| 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. |

[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

MEDCOM - 24883

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 1 DEC 03 2000 | VSS. Alert & oriented. Consumed 80% diet. QUB → BR (I) upon supervision of MP's. (L) FA saline lock patent & intact. Voiding clear yellow urine. (R) hand splint dry, dry & intact. OD sclera pink. Multi gtt instilled as ordered. QOB for BR throughout shift to encourage positive B. to prevent skin breakdown. Skin dry & intact. 2 point restraints in place without compromising skin integrity and circulation. [redacted] |
| 02DEC03 | (0200) Assumed care of 0000. Pt alert, speaking Arabic. VSS. 0 c/o pain. Pt amb in hallway s̄ difficulty. Dsg to (R) hand Δd. sutures to incision CDI s̄ s/sx infection. Pt tol. well. SL in (L) forearm flushes well s̄ s/sx infection/infiltration. Cont. OD gtts as ordered. Sclera of OD pink, area around OD swollen. 2-point restraints in place s̄ s/sx complications. Will continue to monitor. [redacted] (b)(6)-1 |
| | (1510) SL in (L) forearm d/cd d/t infiltration. catheter intact. 18g IV started in (L) hand flushes well s̄ s/sx infiltration. monitoring. [redacted] |
| 2030 | - assumed care of pt @ 1800. VSS - A+O speaking in Arabic. 0 c/o pain @ this time. Pt ambulated to toilet ⊖ BM. Sutures to (R) hand intact c̄ ⊖ s/sx inf. Pt. has FROM to fingers + wrist c̄ ⊕ cap refill. IV in (L) FA cat ⊖ s/sx inf. flushes well. ⊕ skin integrity. encouraging |

STANDARD FORM 509 (REV. 5/1999) BSCI
USAPA V1.C

[redacted]

(b)(6)-4

MEDCOM - 24884

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 19NOV03 1250 | Quick Op Note<br>Pre-Op Dx: Infected open fracture (R) mandible with soft tissue loss<br>Post Op Dx - same<br>Procedure: I+D (R) hand<br>Surgeon: [redacted]<br>Findings - Necrotic debris. Patient's mandible exposed to air, necrotic<br>Plan: IV abx. Repeat I+D vs mandible resection 21NOV03 |
| | [redacted] |
| 19NOV03 | Brief Op Note<br>Pre-op Dx = Facial Artery Aneurysm<br>Post-op Dx = SAA<br>Procedure = Debridement, evacuation of hematoma + Ligation of facial artery<br>Findings = Pseudoaneurysm of (L) facial artery, ligated<br>Complications<br>[redacted] |

STANDARD FORM 600 (REV. 6-97) BACK
USAPA V2.00

MEDCOM - 24885

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
| NOV 18 2003 | S: Intake of prisoner from DIF Prisoner was injured from IED (His) Wounds on Right hand, Right abdomen and right side of his face. Incident happened 1 week prior to exam. Right Eye - No Sight |
| | O: Back side of right hand, Skin peeled away signs of infection. Signs of infection in wound on left cheek. |
| | A: Soft tissue injuries from IED. Fracture to right middle metacarpill. |
| | P: R' hand wound dorsal surface 1/2 dorsal & RM digits w/ Pain inflamation Pain slight green with drainage hand and fingers are irrigated Normal saline irrigation sterile 4x4 Placed and cling |
| 1440 | ~~Ancef 1g IM~~ Rocephin 1g IM Sit [redacted] |
| 1440 | ~~tetanus Tox. 5cm IM~~ [redacted] |
| | shy Rt arm [redacted] (b)(6)-2 |

| 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. |
|---|---|---|

DIF

[redacted] (b)(6)-4

**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

CoB 109th ASMB
BIAP IRAQ

MEDCOM - 24886

558-103 (See Instructions on Back of this Sheet) (b)(2)-2 NSN 7540-01-075-3786

# EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FA[redacted]

LOG NUMBER

| ARRIVAL | | | | TRANSPORTATION TO HOSPITAL (Attach care enroute sheet) | CURRENT MEDS. (Tetanus immunization and other data) | HISTORY OBTAINED FROM |
|---|---|---|---|---|---|---|
| DATE | | | TIME | ☐ PRIVATE VEHICLE ☐ AMBULANCE ☒ OTHER (Specify) | Ø | ☒ PATIENT ☐ OTHER (Specify) |
| DAY 18 | MONTH NOV | YR. 03 | 1730 | | | ALLERGIES NKDA |

PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code)

HOME TELE. NO. (Inc. area code)

CHIEF COMPLAINT(S) (Include symptom(s), duration): SP IED x 1 wk ago

SEX: M AGE: 22

POSSIBLE THIRD PARTY PAYER? ☐ YES ☐ NO

TIME SEEN BY PROVIDER

| VITAL SIGNS | | | |
|---|---|---|---|
| TIME | 1730 | | |
| BP | 123/70 | | |
| PULSE | 72 | | |
| RESP. | 16 | | |
| TEMP. | 97.8 | | |
| WT. (Child) | | | |

CATEGORY (See reverse)
- EMERGENT
- URGENT
- NON-URGENT

| ORDERS | INITS. | TIME |
|---|---|---|
| Tetanus toxoid | [redacted] | 1750 |
| S Tylenol | | 1800 |
| 2g Unasyn | | 1800 |
| Furacet 4 | | 2100 |

ASSESSMENT/DIAGNOSIS

DISPOSITION (Check all that apply)
- HOME ☐ FULL DUTY
- QUARTERS: 24 Hrs. ☐ 48 Hrs. ☐ 72 Hrs.
- MODIFIED DUTY UNTIL: DAY / MONTH / YEAR
- REFERRED TO (Indicate clinic)
- EMERGENCY ☐ TODAY
- 72 HOURS ☐ ROUTINE
- ADMIT. TO HOSP. UNIT/SERVICE

CONDITION UPON RELEASE
- IMPROVED ☐ UNCHANGED
- DETERIORATED

TIME OF RELEASE:

DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up)

S: 23 yo EPW injured 1 week ago in IED explosion. Sent here because of ↑ pain (R) hand & probable infection.

O: A & O, NAD

Face - (+) (L) cheek wound/shrapnel / nodule c̄ scant drainage & induration

(R) eye - blown pupil ō light perception

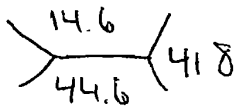
Heart - RRR Lungs - CTAB

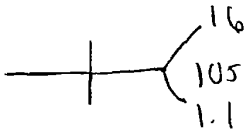
Abd - soft, nontender

(R) forearm - (+) burned (2nd degree) compartments soft

(R) hand - (+) open, punctured dorsal 2nd/3rd metacarpal wound
2+ radial pulse
sensory & motor intact

X-rays
Face - (+) fb, ? fx.
chest - no acute ds.
(R) hand - (+) 3rd mc/prox. phalanx fx.
(R) forearm - (+) fx or fb




A: (1) Open, supportive (R) hand fx.
(2) abscess (L) cheek

P: (1) Unasyn 3.0gm IV
(2) Pain meds
(3) ortho consult

(b)(6)-2

(CONTINUE ON SF 507, IF NEEDED)

PATIENT'S IDENTIFICATION (Mechanical imprint)
FOR WRITTEN ENTRIES GIVE: Name - last, first, middle; SSN; DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD).

[redacted]

[redacted] E OF PROVIDER AND ID STAMP

[redacted] maj MC

[redacted] include medications ordered, any limitations and follow-up

PP/specialist

[redacted]

(b)(2)-2

[redacted]

(b)(6)-4

EMERGENCY CARE AND TREATMENT
MEDCOM - 24887 Medical Record Copy

STANDARD FORM 558 (Rev. 6-82)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

MEDICAL RECORD

(b)(2)-2

CONSULTATION SHEET

REQUEST (b)(6)-2

| TO: [redacted] Surgical | FROM: (Requesting physician or activity) [redacted] | DATE OF REQUEST 11/18/03 |
|---|---|---|

REASON FOR REQUEST (Complaints and findings)

Medially grid mole 5 yrs ago Rt hand inc ago
R stable & urine Rt eye Pain Rt jaw
R stable Pain Rt hand & strength

PROVISIONAL DIAGNOSIS

1) Severe trauma Rt hand Fx 3rd metacarpal Proximal Phalanx
2) Lacerated carpal tunnel Rt hand

| DOCTOR'S SIGNATURE [redacted] (b)(6)-2 | APPROVED | PLACE OF CONSULTATION ☐ BEDSIDE ☐ ON CALL | ☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY |
|---|---|---|---|

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO PATIENT EXAMINED ☐ YES ☐ NO TELEMEDICINE ☐ YES ☐ NO

(Continue on reverse side)

| SIGNATURE AND TITLE | | DATE |
|---|---|---|
| HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT | DEPARTMENT/SERVICE OF PATIENT |
| RELATION TO SPONSOR | SPONSOR'S NAME (Last, first, middle) | SPONSOR'S ID NUMBER (SSN or Other) |
| PATIENT'S IDENTIFICATION (For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other); Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO. |

[redacted] (b)(6)-4

CONSULTATION SHEET
Medical Record

STANDARD FORM 513 (REV. 4-88)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

510-112 NSN 7540-00-634-412

MEDICAL RECORD — NURSING NOTES (Sign all notes)

| DATE | HOUR A.M. | HOUR P.M. | OBSERVATIONS Include medication and treatment when indicated |
|---|---|---|---|
| 2 Dec 03 | (cont'd) | | pt. to Δ position Q2° to prevent skin breakdown. Tolerates reg. diet well. Cont. acetate gtts OD Q1° while awake as ordered. Pt. resting in bed @ this time will cont. to monitor pt. — [redacted] I am cm 2 alone assess [redacted] |
| Ø3DECØ3 | | 1310 | Assumed care @ Ø0ØØ. Pt alert, speaking Arabic. VSS. C/O OD pain. Cont OD gtts as ordered. Sclera red, eye swollen. (R) hand open to air. sutures to incision CDI ~~S~~ S/Sx infection. Pt OOB to shower this am. SL in (L) hand d/cd d/t pt's request. IV 20g started in (R) ac flushes well ~~S~~ S/Sx infiltration. Tol. reg diet well. Voiding ~~S~~ difficulty. 2-point restraints in place ~~S~~ S/Sx complications. Will cont. to monitor. — [redacted] 2 |
| | | 2100 | - assumed care of pt. @ 1800. VSS - A+O pt speaking in arabic. Ø c/o pain @ this time. (R) hand sutures intact OTA ⊖ S/Sx inf. SL in (R) ac ⊖ S/Sx inf. infiltration. voiding cysu. ~~S~~ difficulty. cont on gtts. (+) skin integrity. pt. resting in bed @ this time ~~2~~ two pt. restraints. will monitor [redacted] |

(continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility) | REGISTER NO.

[redacted] (b)(6)-4

[redacted] NURSING NOTES

Medical Record

MEDCOM - 24889

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202.1

# NURSING NOTES
(Sign all notes)

| DATE | HOUR A.M. | HOUR P.M. | OBSERVATIONS Include medication and treatment when indicated |
|---|---|---|---|
| 04Dec03 | 1700 | | NSB. VSS. ∅ c/o pain. Ambⓞ steady gait. Maj [redacted] informed that pt to be D/Ced to Camp. Transfer summary taken to PAD. Rx taken to pharmacy. IV ABX given. Dr [redacted] D/Ced sutures from ⓡ hand. Voided in urinal ⁄ difficulty. IV D/Ced by Spc [redacted] Dr [redacted] informed pt of poss. Amputating ⓡ 3rd finger. Pt verbalized understanding through interpretor. pt escorted out of hospital by MPs. [redacted] |
| | | | (b)(6)-2 |

**MEDICAL RECORD** | **INTRAOPERATIVE DOCUMENT**

For use of this form, see AR 40-407, the prop[illegible] is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATIN[illegible]M
VIA Litter BY

2. PATIENT IDENTIF[illegible] RECORD REVIEWED AND PROCEDURE VERIFIED BY MAJ [redacted]

3. DATE 19 Nov 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME NUMBER 2-1

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☑ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | MAJ [redacted] | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS *(Specify)*

☑ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: Pt on OR table c̄ both arms at sides on padded armboards

8. SKIN PREPARATION

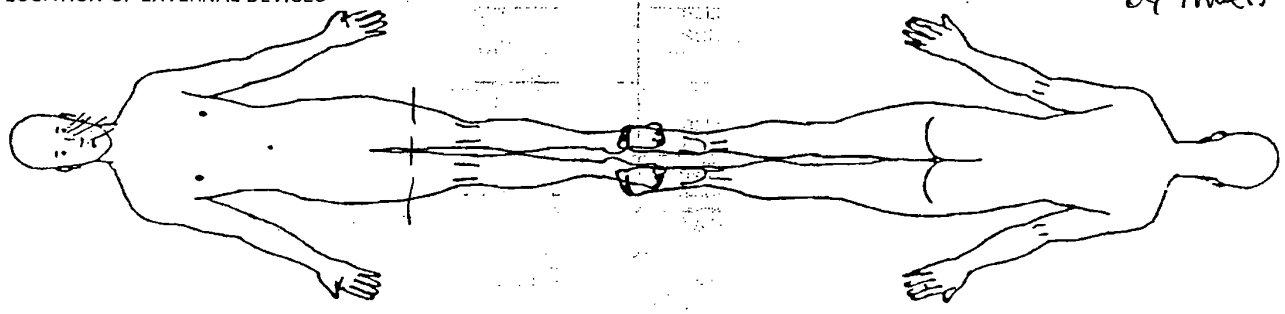
HAIR REMOVAL ☐ YES ☑ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine in saline
SITE: Lt face BY WHOM: MAJ [redacted]
SITE: BY WHOM:

COMMENTS: Pooling of solution contained by towels

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

C = Correct I = Incorrect

| 10. COUNTS | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☐ Yes | ☑ No | | | | | |
| Needle Sharp | ☑ Yes | ☐ No | | C | C | SPC [redacted] | MAJ [redacted] |
| Instrument | ☐ Yes | ☑ No | | | | | |
| Other | ☐ Yes | ☑ No | | | | | |

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

Th[redacted] (6)(6)-4

(6)(2)-2

19 Nov 03 [redacted]

12. ELECTROSURGERY DEVICE(S) (ESU) ☐ YES ☑ NO

☐ ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____

☐ ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____

☐ BIPOLAR NO: _____

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00
MEDCOM - 24891

13. PROSTHESIS, IMPLANTS ☐ NO IF YES NAME: ID NUMBER: ACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☐

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| 1% Xylocaine Epi | 4 ml | intra op | Local | MAJ [redacted] | Dr [redacted] |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION ☐ YES ☐ NO, TYPE(S): NS

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE (b)(6)-2

15. X-RAY IN OPERATING ROOM YES ☐ NO ☐ IF YES, SITE

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☐ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☐ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☐ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. | 2. | 3. |
| SITE | 1. | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*

Bacitracin ointment

19. ADDITIONAL INFORMATION

Surgeon: Dr [redacted]
Anes: CPT [redacted]

20. OPERATION(S) PERFORMED

Debridement of facial wound, Evacuation of hematoma Lt cheek, Ligation of artery

21. PATIENT TRANSFERRED TO PACU TIME Sep 5 FS17 METHOD OR Litter

22. REGISTERED NURSE SIGNATURE [redacted] MAJ AN

REVERSE OF DA FORM 5179-1, OCT 87 MEDCOM - 24892 USAPA V1.00

**MEDICAL RECORD** | **INTRAOPERATIVE DOCUMENT**

For use of this form, see AR 40-407, the prop[illegible] is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATIN[illegible]M
VIA Litter BY

2. PATIENT IDENTIF[illegible] [illegible]RD REVIEWED AND PROCEDURE
VERIFIED BY MAJ [redacted]

3. DATE 19 Nov 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM
TIME NUMBER 7-1

**5. PREOPERATIVE EMOTIONAL STATUS**

☐ CALM ☑ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

**6. NURSING PERSONNEL**

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | MAJ [redacted] | RELIEF CIRCULATOR | |

**7. POSITION AND POSITIONAL AIDS** *(Specify)*

☑ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: Pt on OR table w/ both arms at sides on padded armboards

**8. SKIN PREPARATION**

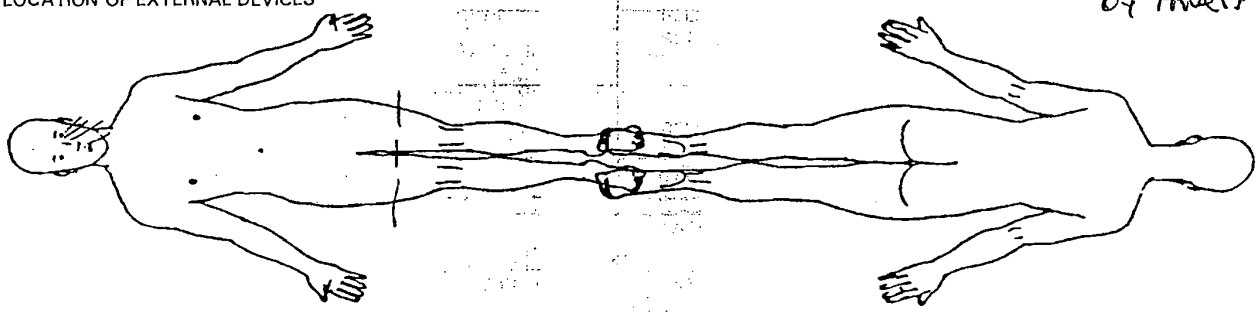
HAIR REMOVAL ☐ YES ☑ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine in saline
SITE: Lt face BY WHOM: MAJ [redacted]
SITE: BY WHOM:

COMMENTS: Pooling of solution contained by towels

**9. LOCATION OF EXTERNAL DEVICES**



LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

**10. COUNTS**

C = Correct I = Incorrect

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☐ Yes | ☑ No | | | | | |
| Needle Sharp | ☑ Yes | ☐ No | | C | C | SPC [redacted] | MAJ [redacted] |
| Instrument | ☐ Yes | ☑ No | | | | | |
| Other | ☐ Yes | ☑ No | | | | | |

**11. PATIENT IDENTIFICATION** *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

# [redacted] (b)(6)-4

(b)(2)-2

19 Nov 03 [redacted]

**12. ELECTROSURGERY DEVICE(S) (ESU)** ☐ YES ☑ NO

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

MEDCOM-24893

13. PROSTHESIS, IMPLANTS ☐ NO IF YES NAME: ID NUMBER: ACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☑

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| 1% Xylocaine c̄ Epi | 4 ml | intra op | Local | MAJ [redacted] | Dr [redacted] |
| | | | | | (b)(6)-2 |
| | | | | | |
| | | | | | |

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 ☐ NO ☑ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☑ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☑ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☑

| TYPE/SIZE | 1. | 2. | 3. |
|---|---|---|---|
| SITE | 1. | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*

Bacitracin ointment

19. ADDITIONAL INFORMATION

Surgeon: Dr [redacted]

Anes: CRT [redacted]

(b)(6)-2

20. OPERATION(S) PERFORMED

Debridement of facial wound, Evacuation of hematoma left cheek, Ligation of artery

| 21. PATIENT TRANSFERRED TO | TIME | METHOD |
|---|---|---|
| PACU | See SF517 | OR Litter |

22. REGISTERED NURSE SIGNATURE [redacted] MAJ AN

*REVERSE OF DA FORM 5179-1, OCT 87* USAPA V1.00

MEDCOM - 24694

T TRANSPORTED TO OPERATING RO
Hter BY MAJ [redacted]

VERIFIED BY MAJ [redacted]

TIME PATIENT ARRIVED IN SUITE
Jan-03 1150

4. PATIENT IN ROOM
TIME 1150 NUMBER 1-1

5. PREOPERATIVE EMOTIONAL STATUS

☑ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

TS:

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| GNED JB | SG [redacted] | RELIEF SCRUB | |
| IGNED CULATOR | MAJ [redacted] | RELIEF CIRCULATOR | |

ITION AND POSITIONAL AIDS *(Specify)*

☑ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

ENTS: Rt and Lt arms on padded armboards at angle < 90°

8. SKIN PREPARATION

REMOVAL ☐ YES ☑ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

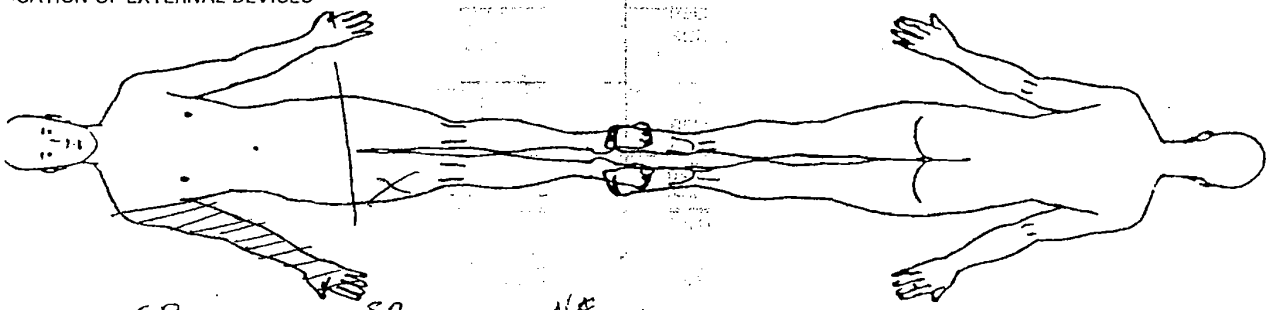
MENTS:

PREP SOLUTION *(Specify)* Betadine Scrub + solution
SITE: Rt arm BY WHOM: MAJ [redacted]
SITE: BY WHOM:

COMMENTS: No pooling of solution

(b)(6)-2

CATION OF EXTERNAL DEVICES



EGEND X Ground Pad (ED) -- Safety Strap (ED) = = = Tourniquet (NA)

C = Correct I = Incorrect

| COUNTS | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| nge | ☑ Yes | ☐ No | | C | | [redacted] | [redacted] |
| dle Sharp | ☑ Yes | ☐ No | | C | C | | |
| rument | ☐ Yes | ☑ No | | | | SGT | MAJ |
| er | ☐ Yes | ☑ No | | | | | |

PATIENT IDENTIFICATION *(For typed or written entries give: ne - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

# [redacted] (b)(6)-4

(b)(2)-2

9 Nov-03 [redacted]

12. ELECTROSURGERY DEVICE(S) (ESU) ☑ YES ☐ NO

☐ ESU NO: R85 102395
GROUND PAD: BRAND Valleylab
LOT NO: 69441 Exp 2005-03

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

MEDCOM - 24895

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): 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 ☐ NO ☑ | NAME (c) swabs x 2 of Rt hand | NAME wound |
| FROZEN SECTION (FS) YES ☐ NO ☑ | NAME | NAME |
| CULTURE (C) YES ☑ NO ☐ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☑

| TYPE/SIZE | 1. | 2. | 3. |
|---|---|---|---|
| SITE | 1. | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*

Fluffs
Kerlix
Ace

19. ADDITIONAL INFORMATION

Surgeon: Dr [redacted]
Anes: MAJ [redacted]

(b)(6)-2

20. OPERATION(S) PERFORMED

I&D Rt Hand

| PATIENT TRANSFERRED TO | TIME | METHOD |
|---|---|---|
| PACU | See SF517 | OR Litter c̄ siderails up |

REGISTERED NURSE SIGNATURE

[redacted] MAJ AN 19 Nov 03

REVERSE OF DA FORM 5179-1, OCT 87 USAPA V1.00

MEDCOM - 24896

MEDICAL ...

PATIENT TRANSPORTED TO OPERATING ROOM BY Stretcher BY anesthesia

DATE 21 Nov 03 TIME PATIENT ARRIVED IN SUITE →

2. PATIENT IDENTIFIED VERIFIED BY [redacted]

4. PATIENT IN ROOM TIME 1244 NUMBER

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SGT [redacted] | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | CPT [redacted] | RELIEF CIRCULATOR | (b)(6)-2 |

7. POSITION AND POSITIONAL AIDS *(Specify)*

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: Proper body

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☒ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

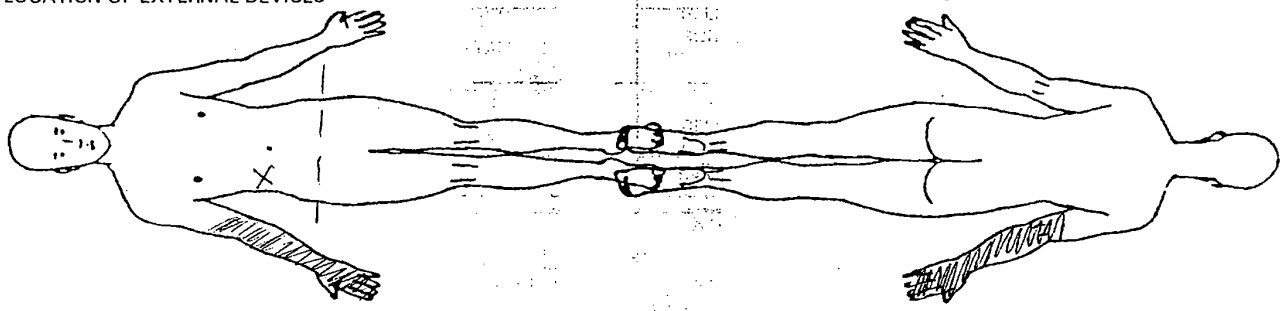
PREP SOLUTION *(Specify)* Betadine scrub/30'h

SITE: Rt arm BY WHOM: [redacted]

SITE: BY WHOM:

COMMENTS: No pooling of fluids

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap ≈ ≈ ≈ Tourniquet

C = Correct I = Incorrect

| 10. COUNTS | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☒ Yes | ☐ No | | | | | |
| Needle Sharp | ☐ Yes | ☐ No | | | | | |
| Instrument | ☐ Yes | ☒ No | | | | | |
| Other | ☐ Yes | ☒ No | | | | | |

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

# [redacted] (b)(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☐ YES ☐ NO

☐ ESU NO: Force 40 R8E10530S 30/30

GROUND PAD: BRAND

LOT NO: 69441

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1

MEDCOM - 24897

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% NS

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☐ NO ☒ IF YES, SITE

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. 3/8 Penrose | 2. | 3. |
| SITE | 1. Rt. hand | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*

Fluffs
Kerlix
Ace

19. ADDITIONAL INFORMATION

Surg: [redacted] Anesth: [redacted] Type: General w/ LMA

(b)(6)-2

20. OPERATION(S) PERFORMED

1. I & D Rt. Hand

| 1. PATIENT TRANSFERRED TO | TIME | METHOD |
|---|---|---|
| PACU | 1338 | Stretcher |

2. REGISTERED NURSE SIGNATURE

[redacted] CPT/AN

REVERSE OF DA FORM [redacted] OCT 87 USAPA V1.00

MEDCOM - 24898

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Litter BY MAJ [redacted]

VERIFIED BY MAJ [redacted]

3. DATE 23 Nov 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME NUMBER 2-1

5. PREOPERATIVE EMOTIONAL STATUS

☑ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] 91D | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | MAJ [redacted] 66F | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS (Specify)

☑ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: Both pt's arms on padded armboards at angle < 90°

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☑ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

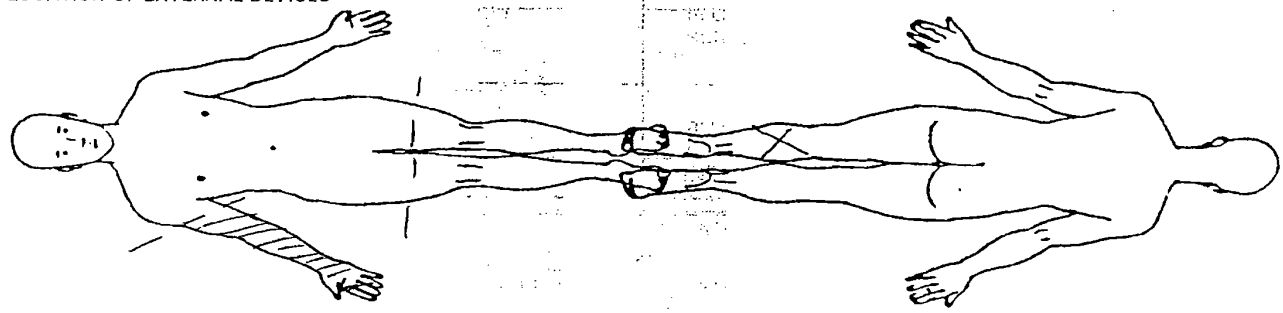
PREP SOLUTION (Specify) Betadine scrub & solution

SITE: Rt arm BY WHOM: MAJ [redacted]

SITE: BY WHOM:

COMMENTS: No pooling of solution

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

10. COUNTS

C = Correct I = Incorrect

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☑ Yes | ☐ No | | C | C | | |
| Needle Sharp | ☑ Yes | ☐ No | | C | C | | |
| Instrument | ☐ Yes | ☑ No | | | | SPC [redacted] | MAJ [redacted] |
| Other | ☐ Yes | ☑ No | | | | | |

11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)

# [redacted] (b)(6)-4

(b)(2)-2

23 Nov 03 [redacted]

12. ELECTROSURGERY DEVICE(S) (ESU) ☑ YES ☐ NO

☑ ESU NO: RSB 102395

GROUND PAD: BRAND Valleylab

LOT NO: 69441 Exp 2005-03

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

Coag 30 Cut 30

DA FORM 5179-1, OCT 87 [redacted] REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.01

MEDCOM - 24899

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): 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 ☐ NO ☑ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☑ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☑ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☑ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. 3/8" Penrose | 2. | 3. |
| SITE | 1. Rt hand | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*

Fluffs
Kerlix
Ace

19. ADDITIONAL INFORMATION

Surgeon: Dr [redacted]
anes.: MAJ [redacted]

(5)(6)-2

20. OPERATION(S) PERFORMED

I&D Rt ~~arm~~ middle finger

| 21. PATIENT TRANSFERRED TO | TIME | METHOD |
|---|---|---|
| PACU. | See SF517 | GR Litter |

22. REGISTERED NURSE SIGNATURE [redacted] MAJ AN 23 Nov 03

*REVERSE OF DA FORM 5179-1, OCT 87* USAPA V1.00

MEDCOM - 24900

# MEDICAL RECORD — VITAL SIGNS RECORD

| HOSPITAL DAY | | |

511-119 NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST-NOVEMBER DAY

MONTH-YEAR Nov 19 2003 | DAY: 18, 19, 19, 20, 21, 22, 23, 23, 24

HOUR

PULSE (0) | TEMP. F (•) | TEMP. C (Centigrade Equivalents, for Reference only)

105° 40.6°
104° 40.0°
103° 39.4°
102° 38.9°
101° 38.3°
100° 37.8°
99° 37.2°
98.6° 37.0°
98° 36.7°
97° 36.1°
96° 35.6°
95° 35.0°

180 170 160 150 140 130 120 110 100 90 80 70 60 50 40

RESPIRATION RECORD

BLOOD PRESSURE ① 107/57 | 116/62 | 124/66 | 118/65 | 124/80 | 120/66 | 124/62 | 120/67 | 116/56 | 114/45

② 98.5 | H71

① TEMP 97.0F | 60 | 98.8 | 122/64 | 98.7 | 98.4 | 97.4 | 98.6

HEIGHT: WEIGHT ② TEMP 100%

① O2 Sat 98% | 98% RA | 99% | 98% (RA) | 98% | 98 | 98 100% | 97% | 98%

SOURCE RA | RA | RA | RA RA | RA

② O2 Sat 98%

SOURCE RA

Use reverse side only when so ordered

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility) | REGISTER NO. | WARD NO.

[redacted] (5)(61-4

MEDCOM - 24902

**VITAL SIGNS RECORDS**

Medical Record

## MEDICAL RECORD

## VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR DEC 2003 | DAY 02 03 04

HOUR 08 12 16 20 08 12 16 20 08 12 16 20

PULSE (0) | TEMP. F (°)

105° 104° 103° 102° 101° 100° 99° 98.6° 98° 97° 96° 95°

180 170 160 150 140 130 120 110 100 90 80 70 60 50 40

TEMP. C: 40.6° 40.0° 39.4° 38.9° 38.3° 37.8° 37.2° 37.0° 36.7° 36.1° 35.6° 35.0°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE: 104/47 108/60 114/56 112/61 94/48 80 99

HEIGHT: | WEIGHT →

O2 Sat: 98(RA) 99% 98(RA) 99% 96 98% RA RA RA

Record special data only when so ordered

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)*

#[redacted] (5)161-4

REGISTER NO.

WARD NO. ICU1

**STANDARD FORM 511** (REV. 7–95) **BACI**

MEDCOM - 24903

[redacted]OSPITAL
[redacted] (b)(2)-2
Baghdad, Iraq

# Microbiology Request Form

Last Name [redacted] (b)(6)-4
First Name:
Patient # or SSN [redacted]

Collected by: Dr [redacted]
Date: 19 Nov-03
Time: 12-15
for anaerobic + aerobic cultures

Received by [redacted] (b)(6)-2
Date: 19 Nov 03
Time: 1400

Ward: ICW 1
Room:
Bed:
Physician: Dr [redacted]

Source: Wound
Site: Rt Hand

Specimen #: LV139

## Laboratory Results

Enterobacter cloacae
Acinetobacter baumannii

Reported
Date: 21 NOV 03
Time: 1000
Tech: IC
Reviewer: [redacted]

Number of attached sheets:

MEDCOM - 24904

DOD-039293

ACLU-RDI 1744 p.864

Name:
Patient ID: [redacted] (b)(6)-7
Ward/Rm: W1/

Specimen: W134
Source: Wound/Sterile site
Ward of Iso:

Status: Final
Collected:
Attd. Phys:

1 Enterobacter cloacae Status: Final
2 Acinetobacter baumannii/haemolyticus Status: Final

## 1 E. cloacae

| Drug | MIC | Interps |
|---|---|---|
| Amox/K Clav (c) | >16/8 | R |
| Amp/Sulbactam (c) | >16/8 | R |
| Ampicillin | >16 | R |
| Aztreonam | >16 | R |
| Cefazolin | >16 | R |
| Cefepime | 16 | I |
| Cefotaxime (c) | >32 | R |
| Cefotetan | >32 | R |
| Cefoxitin | >16 | R |
| Ceftazidime (a) | >16 | R |
| Ceftriaxone (c) | >32 | R |
| Cefuroxime (b) | >16 | R |
| Cephalothin | >16 | R |
| Chloramphenicol | >16 | R |
| Ciprofloxacin | 2 | I |
| ESBL-a Scrn | >4 | |
| ESBL-b Scrn | >1 | |
| Gatifloxacin | <=2 | S |
| Gentamicin | >8 | R |
| Imipenem (c) | <=4 | S |
| Levofloxacin | <=2 | S |
| Meropenem (c) | <=4 | S |
| Moxifloxacin | <=2 | S |
| Nitrofurantoin | >64 | |
| Norfloxacin | <=4 | |
| Pip/Tazo (d) | >64 | R |
| Piperacillin (a) | >64 | R |
| Tetracycline | <=4 | S |
| Ticar/K Clav (a) | >64 | R |
| Tobramycin | >8 | R |
| Trimeth/Sulfa | >2/38 | R |

## 2 Ac baumann/haem

| Drug | MIC | Interps |
|---|---|---|
| Amox/K Clav (c) | <=8/4 | |
| Amp/Sulbactam (c) | <=8/4 | S |
| Ampicillin | >16 | |
| Aztreonam | >16 | R |
| Cefazolin | >16 | |
| Cefepime | >16 | R |
| Cefotaxime (c) | >32 | R |
| Cefotetan | >32 | |
| Cefoxitin | >16 | |
| Ceftazidime (a) | >16 | R |
| Ceftriaxone (c) | >32 | R |
| Cefuroxime (b) | >16 | |
| Cephalothin | >16 | |
| Chloramphenicol | >16 | R |
| Ciprofloxacin | >2 | R |
| ESBL-a Scrn | >4 | |
| ESBL-b Scrn | >1 | |
| Gatifloxacin | <=2 | |
| Gentamicin | >8 | R |
| Imipenem (c) | <=4 | S |
| Levofloxacin | 4 | I |
| Meropenem (c) | <=4 | S |
| Moxifloxacin | <=2 | |
| Nitrofurantoin | >64 | |
| Norfloxacin | >8 | |
| Piperacillin (a) | >64 | R |
| Tetracycline | <=4 | S |
| Ticar/K Clav (a) | <=16 | S |
| Tobramycin | >8 | R |
| Trimeth/Sulfa | >2/38 | R |

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
--- = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available or drug not advisable or tested
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
ESBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases
IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases. potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs

For blood and CSF Isolates, a beta-lactamase test is recommended for Enterococcus species

(a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections
(b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug
(c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci refer to the penicillin interpretation
(d) For non beta-lactamase producing enterococci refer to the penicillin interpretation. Footnote (a) also applies to this drug

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and trovafloxacin are based on FDA approved breakpoints. For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections use (<=2=S, 2=I, >2=R)

Name:
Patient ID: [redacted] (b)(6)-7
Ward/Rm: W1/

Specimen: W134
Source: Wound/Sterile site
Ward of Iso:

Status: Final
Collected: (b)(6)-2
Req. Phys: [redacted]
Tech:

Printed 11/21/2003 2:12:17 PM

[redacted] HOSPITAL
[redacted]
Baghdad, Iraq (b)(2)-2

# Microbiology Request Form

Last Name #[redacted]
First Name: (b)(6)-4
Patient # or SSN: [redacted]

Collected by: Dr [redacted]
Date: 19 Nov 03
Time: 12-15
for anaerobic + aerobic cultures

Received by [redacted] (b)(6)-2
Date: 19 Nov 03
Time: 1400

Ward: ICW 1
Room:
Bed:
Physician: Dr [redacted]

Source: Wound
Site: Rt Hand

Specimen #: (N)134

## Laboratory Results

Enterobacter cloacae
Acinetobacter baumannii

Reported
Date: 21 NOV 03
Time: 1000
Tech: IC
Reviewer: [redacted]

Number of attached sheets:

MEDCOM - 24906

DOD-039295

ACLU-RDI 1744 p.866

| | | | | | |
|---|---|---|---|---|---|
| Name: | | Specimen: | **W134** | Status: | **Final** |
| Patient ID: | [redacted] | Source: | Wound/Sterile site | Collected: | |
| Ward/Rm: | W1/ | Ward of Iso: | | Attd. Phys: | |

| | | | |
|---|---|---|---|
| 1 | Enterobacter cloacae | Status: | Final |
| 2 | Acinetobacter baumannii/haemolyticus | Status: | Final |

## 1 E. cloacae

| Drug | MIC | Interps |
|---|---|---|
| Amox/K Clav (c) | >16/8 | R |
| Amp/Sulbactam (c) | >16/8 | R |
| Ampicillin | >16 | R |
| Aztreonam | >16 | R |
| Cefazolin | >16 | R |
| Cefepime | 16 | I |
| Cefotaxime (c) | >32 | R |
| Cefotetan | >32 | R |
| Cefoxitin | >16 | R |
| Ceftazidime (a) | >16 | R |
| Ceftriaxone (c) | >32 | R |
| Cefuroxime (b) | >16 | R |
| Cephalothin | >16 | R |
| Chloramphenicol | >16 | R |
| Ciprofloxacin | 2 | I |
| ESBL-a Scrn | >4 | |
| ESBL-b Scrn | >1 | |
| Gatifloxacin | <=2 | S |
| Gentamicin | >8 | R |
| Imipenem (c) | <=4 | S |
| Levofloxacin | <=2 | S |
| Meropenem (c) | <=4 | S |
| Moxifloxacin | <=2 | S |
| Nitrofurantoin | >64 | |
| Norfloxacin | <=4 | |
| Pip/Tazo (d) | >64 | R |
| Piperacillin (a) | >64 | R |
| Tetracycline | <=4 | S |
| Ticar/K Clav (a) | >64 | R |
| Tobramycin | >8 | R |
| Trimeth/Sulfa | >2/38 | R |

(b)(6)-4

## 2 Ac baumann/haem

| Drug | MIC | Interps |
|---|---|---|
| Amox/K Clav (c) | <=8/4 | |
| Amp/Sulbactam (c) | <=8/4 | S |
| Ampicillin | >16 | |
| Aztreonam | >16 | R |
| Cefazolin | >16 | |
| Cefepime | >16 | R |
| Cefotaxime (c) | >32 | R |
| Cefotetan | >32 | |
| Cefoxitin | >16 | |
| Ceftazidime (a) | >16 | R |
| Ceftriaxone (c) | >32 | R |
| Cefuroxime (b) | >16 | |
| Cephalothin | >16 | |
| Chloramphenicol | >16 | R |
| Ciprofloxacin | >2 | R |
| ESBL-a Scrn | >4 | |
| ESBL-b Scrn | >1 | |
| Gatifloxacin | <=2 | |
| Gentamicin | >8 | R |
| Imipenem (c) | <=4 | S |
| Levofloxacin | 4 | I |
| Meropenem (c) | <=4 | S |
| Moxifloxacin | <=2 | |
| Nitrofurantoin | >64 | |
| Norfloxacin | >8 | |
| Piperacillin (a) | >64 | R |
| Tetracycline | <=4 | S |
| Ticar/K Clav (a) | <=16 | S |
| Tobramycin | >8 | R |
| Trimeth/Sulfa | >2/38 | R |

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
--- = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available, or drug not advisable or tested
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
EBL? = Suspected ESBL Confirmatory tests needed to differentiate ESBL from other beta-lactamases
IB = Inducible Beta-lactamase Appears in place of Sensitive with species known to possess inducible beta-lactamases, potentially they may become resistant to all beta-lactam drugs Monitoring of patients during/after therapy is recommended Avoid other/combined beta-lactam drugs

For blood and CSF Isolates, a beta-lactamase test is recommended for Enterococcus species.

(a) Use maximum doses of drug with an aminoglycoside for P aeruginosa in patients with granulocytopenia or serious infections
(b) Breakpoints based on parenteral dose For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug
(c) For streptococci refer to penicillin interpretations For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation
(d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation Footnote (a) also applies to this drug

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002 Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints
For S pneumoniae cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis For non-meningitis infections, use <2=S, 2=I >2=R

| | | | | | |
|---|---|---|---|---|---|
| Name: | | Specimen: | **W134** | Status: | **Final** (b)(6)-2 |
| Patient ID: | [redacted] | Source: | Wound/Sterile site | Collected: | |
| Ward/Rm: | W1/ | Ward of Iso: | | Req. Phys | [redacted] |

Printed 11/21/2003 2:12:17 PM



Tech: I O [redacted]

(b)(6)-2

| Ward/Section: | REQUESTING PHYSICIAN: | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: | DATE: | TIME: | SSN/PSEUDO SSN: |

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Segs | | Mono | |
| Bands | | Eos | |
| Lymph | | Baso | |
| Atyp | | Imm | |
| RBC Morph | | | |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | |
| Sed Rate | | | |
| Other | | | |

**Coagulation Studies**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| PT | | 9.8-13.6 secs |
| APTT | | 21-34 secs |
| D dimer | | <20 ug/ml |
| FDP | | <10 ug/ml |

**Urinalysis**

(b)(6)-4

PICCOLO

18/11/03 18:26

REFERENCE RANGE: MALE

PATIENT #: [redacted]

LIVER PANEL PLUS

DISC LOT #: 3154AA7

OPER #: 678 DR #: 000

SERIAL #: 0000100494

| | | | |
|---|---|---|---|
| ALB | 3.9 | 3.3-5.5 | G/DL |
| ALP | 85* | 26-84 | U/L |
| ALT | 15 | 10-47 | U/L |
| AMY | 62 | 14-97 | U/L |
| AST | 25 | 11-38 | U/L |
| TBIL | 0.5 | 0.2-1.6 | MG/DL |
| GGT | 10 | 5-65 | U/L |
| TP | 8.3* | 6.4-8.1 | G/DL |

INST QC: OK CHEM QC: OK

HEM 1+, LIP 0 , ICT 0

**Misc. Serology**

PICCOLO

18/11/03 12:2< AM

REFERENCE RANGE: MALE

PATIENT #: [redacted]

METLYTE 8

DISC LOT #: 3152AA4

OPER #: 678 DR #: 000

SERIAL #: 0000100684

| | | | |
|---|---|---|---|
| GLU | 105 | 73-118 | MG/DL |
| BUN | 16 | 7-22 | MG/DL |
| CRE | 1.1 | 0.6-1.2 | MG/DL |
| CK | 339 | 39-380 | U/L |
| NA+ | 132 | 128-145 | MMOL/L |
| K+ | 4.4 | 3.3-4.7 | MMOL/L |
| CL- | 95* | 98-108 | MMOL/L |
| tCO2 | 20 | 18-33 | MMOL/L |

INST QC: OK CHEM QC: OK

HEM 0 , LIP 0 , ICT 0

**REMARKS:**

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|

(b)(6)-2

| Ward/Section: | REQUI[redacted]CIAN: | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FI[redacted] | DATE (b)(6)-4 18 AW | TIME 1730 | SSN/PSEUDO SSN: [redacted] |

| (STAT) | | | (Piccolo) Chemistry 12 | | | (Piccolo) Metabolic Panel | | |
|---|---|---|---|---|---|---|---|---|
| *TEST* | *RESULT* | *REF. RANGE* | *TEST* | *RESULT* | *REF. RANGE* | *TEST* | *RESULT* | *REF. RANGE* |
| Na | | 138-146 mmol/L | ALB | | 3.5-5.5 g/dl | GLU | | 73-118 mg/dl |
| K | | 3.5-4.9 mmol/L | ALP | | 26-84 u/l | BUN | | 7-22 mg/dl |
| Cl | | 98-109 mmol/L | ALT | | 10-47 u/l | $CA^{++}$ | | 8.0-10.3 mg/dl |
| pH | | 7.31-7.45 | AMY | | 14-97 u/l | CRE | | 0.6-1.2 mg/dl |
| PCO2 | | 35-45 mmHg (art)<br>41-51 mmHg (ven) | AST | | 11-38 u/l | $NA^{+}$ | | 128-145 mmol/l |
| PO2 | | 80-105 mmHg (art)<br>N/A (ven) | TBIL | | 0.2-1.6 mg/dl | $K^{+}$ | | 3.3-4.7 mmol/l |
| TCO2 | | 23-27 mmol/L (art)<br>24-29 mmol/L (ven) | BUN | | 7-22 mg/dl | $CL^{-}$ | | 98-108 mmol/l |
| HCO3 | | 22-26 mmol/L (art)<br>23-28 mmol/L (ven) | $CA^{++}$ | | 8.0-10.3mg/dl | $tCO_2$ | | 18-33 mmol/l |
| sO2 | | 95-98% | CHOL | | 100-200 mg/dl | **(Piccolo) Liver Panel Plus** | | |
| BEecf | | (-2) – (+3) mmol/L | CRE | | 0.6-1.2 mg/dl | *TEST* | *RESULT* | *REF. RANGE* |
| AnGap | | 10-20 mmol/L | GLU | | 73-118 mg/dl | ALB | | 3.3-5.5 g/dl |
| Ca | | 1.12-1.32 mmol/L | TP | | 6.4-8.1 g/dl | ALP | | 26-84 u/l |
| BUN | | 8-26 mg/dl | **(Piccolo) Metlyte 8** | | | ALT | | 10-47 u/l |
| GLU | | 70-105 mg/dl | *TEST* | *RESULT* | *REF. RANGE* | AMY | | 14-97 u/l |
| Creat | | 0.7-1.5 mg/dl | GLU | | 73-118 mg/dl | AST | | 11-38 u/l |
| Hct | | 38-51% PCV | BUN | | 7-22 mg/dl | TBIL | | 0.2-1.6 mg/dl |
| Hgb | | 12-17 g/dl | CRE | | 0.6-1.2 mg/dl | GGT | | 5-65 u/l |
| **Misc. Chemistry** | | | CK | | 39-380 u/l (M)<br>30-190 u/l (F) | TP | | 6.4-8.1 g/dl |
| *TEST* | *RESULT* | *REF. RANGE* | $NA^{+}$ | | 128-145 mmol/l | **(Piccolo) Electrolyte** | | |
| Troponin-I | | | $K^{+}$ | | 3.3-4.7 mmol/l | *TEST* | *RESULT* | *REF. RANGE* |
| Drug of Abuse | | | $CL^{-}$ | | 98-108 mmol/l | $NA^{+}$ | | 128-145 mmol/l |
| | | | $tCO_2$ | | 18-33 mmol/l | $K^{+}$ | | 3.3-4.7 mmol/l |
| | | | | | | $CL^{-}$ | | 98-108 mmol/l |
| | | | | | | $tCO_2$ | | 18-33 mmol/l |

**REMARKS:**

| **REPORTED BY:** | **DATE:** | **LAB ID NO.:** |
|---|---|---|

For use of this form, see AR 40-66; the proponent agency is the OTSG

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | 1145 | 1200 | 15 | 30 | 45 | 1300 | 15 | 30 | 45 |
|---|---|---|---|---|---|---|---|---|---|---|
| Fentanyl | 50µg/cc | | 50 | | | | | | | |
| | ( ) | | | | | | | | | |
| | ( ) | | | | | | | | | |
| | ( ) | | | | | | | | | |
| | ( ) | | | | | | | | | |
| | ( ) | | | | | | | | | |
| VOLAT AGENT | Forane % del | | | | | | | | | |
| | Ultane % e.t. | | 1-3 | 2¼ | 1¾ | 1 | | | | |
| AIR | L/Min | | | | | | | | | |
| N2O | L/Min | | | | | | | | | |
| O2 | 3 L/Min | | | | | | | | | |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS →

**FLUIDS**

| LINE site | | 1145 | 1200 | 15 | 30 | 45 | 1300 | 15 | 30 | 45 |
|---|---|---|---|---|---|---|---|---|---|---|
| | ☐ Warmed | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | |
| RL-1000 | ☒ Warmed | | | | | | 700 | | | |
| | ☐ Warmed | | | | | | | | | |

**LOSSES**: EST BLOOD LOSS; URINE -

PHYS STATUS: 1 2 3 4 5 E

BODY WEIGHT: KG / LB

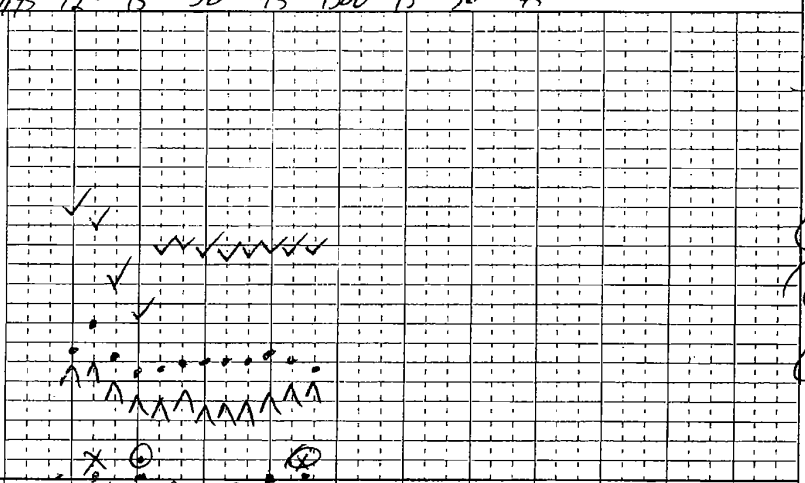
HEMATOCRIT:

INITIAL DATA: BP- 135/155; HR- 66 90 80

EQUIP CHECK: OK?- Y N

PATIENT RECHECK: OK for PROCEDURE? TIME-

SYMBOLS: BP by cuff ∨ ∧; Heart rate ●; Resp rate ✓; BR (transduced) ‡; TOURNIQUET T—⊼; ANES- X-X; PROC- ⊙-Ø



**VENTIL**

| | 1145 | 1200 | 15 | 30 | 45 |
|---|---|---|---|---|---|
| VT - ml | 410 | 390 | 380 | | |
| f - breaths/min | 12 | 12 | 11 | 10 | |
| Peak inf pres / PEEP | — | — | — | | |
| MODE - S(pon), A(ssist), C(on) | AS | AS | AS | S | |

**MONITORS/ACCESSORIES**

| | | 1145 | 1200 | 15 | 30 | 45 |
|---|---|---|---|---|---|---|
| ✓ BP/Auto Cuff | ✓ ET CO2 (torr) | 55 | 48 | 50 | | |
| BP/oth | ✓ FIO2 (Frac or %) | 69 | 73 | 72 | | |
| ART line | ✓ SpO2 (%) | 99 | 100 | 100 | 99 | |
| Steth- PC/ES | ✓ ECG | SR | SB | SR | SB | |
| ✓ Gas analyzer | TEMP-site | | | | | |
| | N-M Block (T/4) | | | | | |
| Warming blkt | | | | | | |
| Conv warmer | | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position → (1) (2) (3) (4) (5)

**TOTALS**: TOTAL EBL <5; TOTAL URINE

**FLUIDS - SUMMARY**: CRYSTALLOID- 700cc; COLLOID-; BLOOD-

**REMARKS**

Code drugs with numbers, events with letters

(1) VS Taken
(2) Induced c Fentanyl 50µgm Lidocaine 20mg Diprivan 150mg Anectine 60mg O2 Ultane LMA inserted
(3) Procedure began
(4) Procedure ended
(5) Breathing well, O2, To recovery

**RECOVERY AT**: PACU ICU ____ (Specify); OTHER ____

CONDITION: RESP- 10 SpO2- 99; BP- 115/49 HR- 56

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1144 | 1157 | 1253 |
| | Ready | Begin | End |
| PROC | 1208 | 1216 | 1245 |

PROCEDURES and CPT Codes: W/O (R) hand wound

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: Gen

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: #4 LMA

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility

# [redacted] (b)(6)-4

SURGEON: [redacted] (b)(6)-2

ANESTHESIA: [redacted] CRNA

PROCEDURE LOCATION: OR

DATE: 19 Nov 03

PAGE ( OF

DA FORM 7389, FEB 1998 — COPY 2 - ANESTHESIA PROVIDER — USAPA V1.00

MEDCOM - 24910

# MEDICAL RECORD — ANESTHESIA

| ANESTHETIC AGENTS & THERAPEUTICS — CONTINUOUS / REPEATED DRUGS SPECIFY UNITS – MG / MCG / ML, "I" = CONSTANT INFUSION | DRUG | (Dilution) | |
|---|---|---|---|
| | Propofol | ( ) | 150 |
| | Sux | ( ) | 100 |
| | Fentanyl | (cc) | 2 |
| | | ( ) | |
| | | ( ) | |
| | | ( ) | |
| | VOLAT AGENT: iso | % del | 3 – 2 |
| | | % e.t. | |
| | AIR | L/Min | |
| | N2O | L/Min | |
| | O2 | L/Min | 8-2-2-8 |
| SINGLE DOSE DRUGS – MARK ON GRID WITH NUMBERS & ENTER IN REMARKS | | | |
| FLUIDS | LINE site UR | ☐ Warmed | 300 – 1000 |
| | | ☐ Warmed | |
| | | ☐ Warmed | |
| | | ☐ Warmed | |
| LOSSES | EST BLOOD LOSS | | |
| | URINE – | | |

| TOTALS | |
|---|---|
| 150 | TOTAL BLD 100 |
| 100 | |
| 2 | TOTAL URINE |
| | |

**FLUIDS – SUMMARY**
CRYSTALLOID– 300
COLLOID–
BLOOD–

**REMARKS–**
Code drugs with numbers, events with letters

Id'd / chart reviewed. TO OR #2. Propofol left L cheek. Monitors, Pre O2. Smooth RSI c̄ CP. Gastypeal shit. Sx. Extubated c̄ O2 prem to 100% mask – TO PACU.

PHYS STATUS: 1 2 3 4 5 E

BODY WEIGHT: KG / LB

HEMATOCRIT:

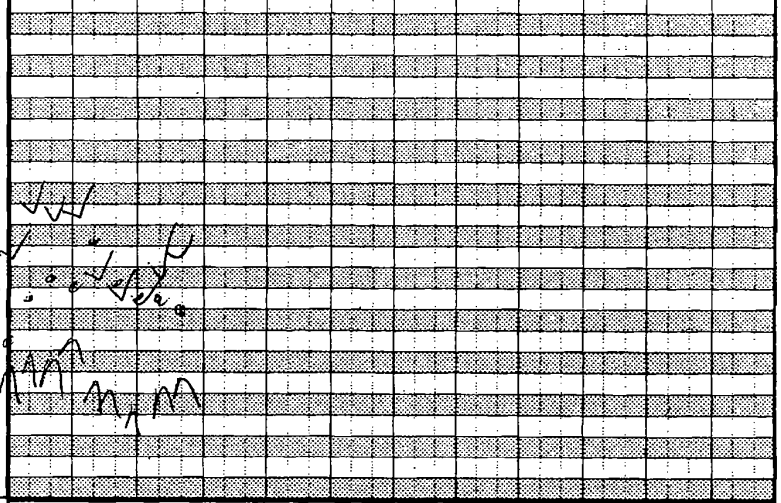
INITIAL DATA: BP – 113/59 HR – 71

BOMP CHECK: OK? – Y N

PATIENT RECHECK: OK for PROCEDURE? TIME –

TIME → 1700 – 1730

SYMBOLS: BP by cuff; Heart rate; Resp rate; BP (transduced); TOURNIQUET T – ✗; ANES – X-X; PROC – ⊙ – Ø




| VITAL SIGNS & THERAPEUTICS | | | | |
|---|---|---|---|---|
| | VT – ml | 700 | 790 | 700 |
| | f – breaths/min | 8 | 10 | 6 |
| | Peak inf pres / PEEP | 30 | 19 | 19 |
| | MODE – S(pon), A(ssist), C(on) | S/CV | CV | CV/CV |
| BP/Auto Cuff | ET CO2 (torr) | 41 | 35 | 48 |
| BP / oth | FIO2 (Frac or %) | .50 | .77 | .80 |
| ART line | SpO2 (%) | 100 | 100 | 100 |
| Steth- PC/ES | ECG | SR | ST | ST |
| Gas analyzer | TEMP- site | | | |
| | N-M Block (T/4) | | | |
| Warming blkt | | | | |
| Conv warmer | | | | |

Mark with letters & symbols, explain under REMARKS. **EVENTS** Position → Supine

**RECOVERY AT**
PACU ICU _____ (Specify)
OTHER _____
CONDITION: AT
RESP – 16 SpO2 – 98%
BP – 131/62 HR – 82

**ANESTHETIC / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1645 | 1650 | 1735 |
| PROC | Ready | Begin | End |
| | 1655 | 1706 | 1720 |

**PROCEDURES and CPT Codes**
debridement of facial wound / evacuation of hematoma (L) CHEEK & ligation of artery

**PATIENT IDENTIFICATION** – Typed or written entries: Name, Grade/Rate, Medical facility
# [redacted]
(b)(6)-4

**ANESTHETIC TECHNIQUES:** Describe block technique under Remarks
GA

**AIRWAY MANAGEMENT:** Intubation route, blade, technique, comments
DL x 1 MAC #3 #7.0 ETT (+) VC (+) ETCO2 (+) B=BS

**SURGEONS:** [redacted] (b)(6)-7

**ANESTHETISTS:** [redacted]

**PROCEDURE LOCATION** OR #2

**DATE** 19/00

**PAGE** 1 **OF** 1

[redacted]EDICAL RECORD – ANESTHESIA
WAMC OP 376 REVISED
1 Jan 99

PATIENT RECORD

# MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-66; the proponent agency is the OTSG

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | 1145 | 1200 | 15 | 30 | 45 | 1300 | 15 | 30 | 45 |
|---|---|---|---|---|---|---|---|---|---|---|
| Fentanyl | 50g/cc | | 50 | | | | | | | |
| | ( ) | | | | | | | | | |
| | ( ) | | | | | | | | | |
| | ( ) | | | | | | | | | |
| | ( ) | | | | | | | | | |
| VOLAT AGENT | ~~Forane~~ % del | | | | | | | | | |
| | Ultane % e.t. | | 1-3 | 2¼ | 1¾ | 1 | | | | |
| AIR | L/Min | | | | | | | | | |
| N2O | L/Min | | | | | | | | | |
| O2 | 3 L/Min | | | | | | | | | |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS →

**FLUIDS**

| LINE site | | 1145 | 1200 | 15 | 30 | 45 | 1300 | 15 | 30 | 45 |
|---|---|---|---|---|---|---|---|---|---|---|
| | ☐ Warmed | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | |
| RL-1000 | ☒ Warmed | | | | | | 700 | | | |
| | ☐ Warmed | | | | | | | | | |

**LOSSES**: EST BLOOD LOSS; URINE -

| TOTALS | TOTAL EBL |
|---|---|
| | <5 |
| | TOTAL URINE |

**FLUIDS - SUMMARY**

CRYSTALLOID- 700cc

COLLOID-

BLOOD-

**PHYS STATUS** 1 2 3 4 5 E

**BODY WEIGHT:** KG / LB

**HEMATOCRIT:**

**INITIAL DATA:**

BP- 135 155

HR- 66 90

**EQUIP CHECK** OK?- Y N

**PATIENT RECHECK**

OK for PROCEDURE? TIME-

**TIME** → 1145 1200 15 30 45 1300 15 30 45

SYMBOLS: BP by cuff ∨ ∧; Heart rate ●; Resp rate; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø

220 / 200 / 180 / 160 / 140 / 120 / 100 / 80 / 60 / 40 / 20

**VENTIL**

| | 1145 | 1200 | 15 | 30 | 45 |
|---|---|---|---|---|---|
| VT - ml | 410 | 390 | 390 | | |
| f - breaths/min | 12 | 12 | 11 | 10 | |
| Peak inf pres / PEEP | — | — | — | | |
| MODE - S(pon), A(ssist), C(on) | AS | AS | AS | S | |

**MONITORS/ACCESSORIES**

| | | 1145 | 1200 | 15 | 30 | 45 |
|---|---|---|---|---|---|---|
| ✓ BP/Auto Cuff | ✓ ET CO2 (torr) | 55 | 48 | 50 | | |
| BP/oth | ✓ FIO2 (Frac or %) | 69 | 73 | 72 | | |
| ART line | ✓ SpO2 (%) | 99 | 100 | 100 | 99 | |
| Steth- PC/ES | ✓ ECG | SR | SB | SR | SB | |
| ✓ Gas analyzer | TEMP-site | | | | | |
| | N-M Block (T/4) | | | | | |
| Warming blkt | | | | | | |
| Conv warmer | | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position → (1) (2) (3) (4) (5)

**REMARKS**

Code drugs with numbers, events with letters

(1) VS Taken
(2) Induced c Fentanyl 50ggm Lidocaine 20mg Diprivan 150mg Anectine 60mg O2 Ultane & LMA inserted
(3) Procedure began
(4) Procedure ended
(5) Breathing well, O2, To recovery

**RECOVERY AT**

PACU ICU _____ (Specify)

OTHER _____

CONDITION:

RESP- 10 SpO2- 99
BP- 115/49 HR- 56

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1144 | 1157 | 1253 |
| | Ready | Begin | End |
| PROC | 1208 | 1216 | 1245 |

PROCEDURES and CPT Codes: W/O (R) hand wound

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

#[redacted] (b)(6)-4

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

Gen

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*

#4 LMA

SU[redacted] (b)(6)-2

ANES[redacted] CRNA

PROCEDURE LOCATION: OR

DATE: 19 Nov 03

PAGE ( OF

DA FORM 7389, FEB 1998 — MEDCOM - 24912 — COPY 2 - ANESTHESIA PROVIDER — USAPA V1.00

For use of this form, see AR 40-66; the proponent agency is the OTSG

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG (Units) | 150 |
|---|---|
| Fentanyl 50 ug/cc ( ) | |
| ( ) | |
| ( ) | |
| ( ) | |
| ( ) | |
| VOLAT AGENT: Sevo % del | 3-2.5-2-1 |
| % e.t. | |
| AIR L/Min | |
| N2O L/Min | |
| O2 3 L/Min | |

SINGLE DOSE DRUGS-MARK ON GRID → WITH NUMBERS & ENTER IN REMARKS

**FLUIDS**

| LINE site | |
|---|---|
| RL-600 | ☐ Warmed ☐ Warmed ☐ Warmed ☐ Warmed |

150 cc

**LOSSES** — EST BLOOD LOSS / URINE -

| TOTALS | TOTAL EBL |
|---|---|
| | <5 |
| | TOTAL URINE |

**FLUIDS - SUMMARY**
CRYSTALLOID- 150
COLLOID-
BLOOD-

**REMARKS**
*Code drugs with numbers, events with letters*
(1) U/S Taken
(2) Induced c Diprivan 150 mg Anectine 60 mg O2, Sevo LMA inserted
(3) Procedure began
(4) Procedure ended
(5) O2 breathing To recovery

PHYS STATUS: 1 2 (3) 4 5 E
BODY WEIGHT: KG / LB
HEMATOCRIT:
INITIAL DATA: BP- 114/58 HR- 73 98%
EQUIP CHECK: OK?- Y N
PATIENT RECHECK: OK for PROCEDURE? TIME-

TIME → 1245 1300 15 30 45 1400

SYMBOLS: BP by cuff V ∧; Heart rate ●; Resp rate; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø

**VENTIL**

| | 1245 | 1300 | 15 | 30 | 45 | 1400 |
|---|---|---|---|---|---|---|
| VT - ml | | 460 | 520 | | | |
| f - breaths/min | | 12 | 10 | | 14 | |
| Peak inf pres / PEEP | | 19 | 17 | | | |
| MODE - S(pon), A(ssist), C(on) | | CV | CV | | SA | |

**MONITORS/ACCESSORIES**

| | | 1245 | 1300 | 15 | 30 | 45 | 1400 |
|---|---|---|---|---|---|---|---|
| ✓ BP/Auto Cuff | ✓ ET CO2 (torr) | | 37 | 39 | | | |
| BP/oth | ✓ FIO2 (Frac or %) | | 71 | 69 | | | |
| ART line | ✓ SpO2 (%) | | 100 | 100 | | 100 | |
| Steth- PC/ES | ✓ ECG | | SR | SB | | SB | |
| ✓ Gas analyzer | TEMP-site | | | | | | |
| | N-M Block (T/4) | | | | | | |
| Warming blkt | | | | | | | |
| Conv warmer | | | | | | | |

*Mark with letters & symbols, explain under REMARKS* — EVENTS Position (1) (2) (3) (4) (5)

RECOVERY AT
PACU ICU ____ (Specify)
OTHER
CONDITION: Stable 97
RESP- 13 SpO2- 100
BP- 119/65 HR- 63

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1231 | 1244 | 1342 |
| | Ready | Begin | End |
| PROC | 1306 | 1308 | 1329 |

PROCEDURES and CPT Codes: W/O (R) hand wound

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks* Gen

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* #4 LMA

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

# [redacted] (b)(6)-4

SU[redacted] (b)(6)-2

ANESTHETIST [redacted] DNA

PROCEDURE LOCATION:
DATE: 21 Nov 83
PAGE 1 OF

DA FORM 7389, FEB 1998 — COPY 2 - ANESTHESIA PROVIDER — USAPA V1.00

MEDCOM - 24913

For use of this form, see AR 40-66; the proponent agency is the OTSG

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | | | | | | | | | | | | | TOTALS | TOTAL EBL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 9 | x 30 | x 1000 | | | | | | | | | | | |
| MSO4 | (µG) | 22.2 | | 1.1 | | | | | | | | | 10mg | 10 | minimal |
| Propofol | (mg) | 50 | 50 | | | | | | | | | | | | |
| LHCL | (mg) | <40 | | | | | | | | | | | | | TOTAL URINE |
| Fentanyl | (MCG) | | | | | | | | | | | | | | |
| | ( ) | 50 | | | | | | | | | | | 50/200mg | | Ø |
| | ( ) | | | | | | | | | | | | | | |
| VOLAT AGENT | Sevoflurane % del / % e.t. | 2 | 6-4- | 3-2 | 1.5 | | | | | | | | | | FLUIDS - SUMMARY |
| AIR | L/Min | | | | | | | | | | | | | | CRYSTALLOID- 500ml |
| N2O | L/Min | | | | | | | | | | | | | | COLLOID- Ø |
| O2 | L/Min | 4 | 2 | 2 | 2-4 | | | | | | | | | | BLOOD- Ø |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS →

**FLUIDS**

| LINE site | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RGA(L) FA | ☐ Warmed | | 30 | | 500 | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | |

**LOSSES**

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | | | | | | | | | | | | |
| URINE - | Ø | | | | | | | | | | | | | |

**REMARKS**

*Code drugs with numbers, events with letters*

0845 Pt id'd
Chart reviewed
Induced IV
patent
0900 OR #2
O2 monitors
0906 Induction
+ LMA placement
5 vitals
0955 LMA #4
Removed -
TO PACU

PHYS STATUS: 1 (2) 3 4 5 E

BODY WEIGHT: ≈ 60 KG / LB

HEMATOCRIT: 14.6/44

INITIAL DATA:

BP- 105/51

HR- 60 100%

EQUIP CHECK

OK?- (Y) N

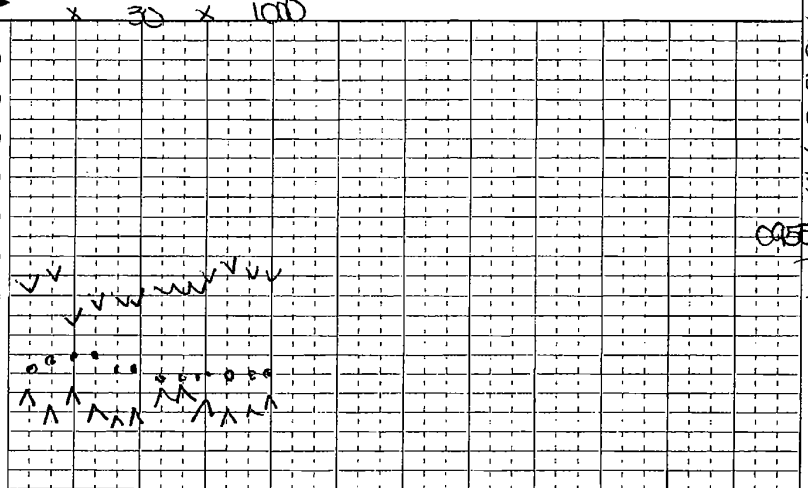
PATIENT RECHECK

OK for PROCEDURE? 0955

TIME- 400

**TIME** → x 30 x 1000

SYMBOLS: BP by cuff V Λ; Heart rate ●; Resp rate; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC-⊙-Ø




**VENTIL**

| | | | | | | |
|---|---|---|---|---|---|---|
| VT - ml | + | 300 | 350 | 350 | 1000 | |
| f - breaths/min | + | 10 | 12 | 12 | 12 | |
| Peak Inf pres / PEEP | | | | | | |
| MODE - S(pon), A(ssist), C(on) | S | AV | SV | SV | SV | |

**MONITORS/ACCESSORIES**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ✓ BP/Auto Cuff | ET CO2 (torr) | | 50 | 50 | 50 | 45 | |
| BP/oth | FIO2 (Frac or %) | .70 | .70 | .70 | .70 | .70 | |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 | 100 | |
| Steth- PC/ES | ECG II | SR | SR | SR | SR | SR | |
| Gas analyzer | TEMP-site | Available | | | | | |
| | N-M Block (T/4) | | | | | | |
| Warming blkt | Room warmed | → | | | | | |
| Conv warmer | Ø | → | | | | 9 | TO PACU |

*Mark with letters & symbols, explain under REMARKS* EVENTS → *Position* → Ø Ø Above

**RECOVERY AT** 1005

PACU ICU _____ (Specify)

OTHER [redacted] RN

CONDITION Ø Ø T

RESP- 12 SpO2- 100% RA

BP- 111/66 HR- 60

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 0845 | 0900 | 1005 |
| | **Ready** | **Begin** | **End** |
| PROC | 0906 | 0930 | 0945 |

PROCEDURES and CPT Codes:

I+D RO middle finger

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

[redacted]

(5)(6)-4

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

General (5)(6)-2

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*

Easy mask induction - LMA #4 eyes taped closed soft guard
Bite guard. BBS = CT + ⊕ air

SURGEONS:

[redacted] (2100)

PROCEDURE LOCATION: OR 2

DATE: 23 Nov 03

PAGE I OF I

DA FORM 7389, FEB 1998 — COPY 2 - ANESTHESIA PROVIDER — USAPA V1.00

1205.18 14.6 418 14.6 132/95/116 4.4/20 1.1 105 23yr ♂ ⊕ PMH DKDA ⊕ TRB - social Prop 113/43 97.7 P58 R14 98%

NPO since MN

MEDCOM - 24914

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION: [redacted] (5)(6)-4

DATE OF ORDER: 18 NOV 03 TIME OF ORDER: 2025 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) admit to ICW-1
(2) Dx: [illegible] (R) HEWD
(3) Continue PCA
(4) VS-monitor
(5) IV - Hep lock
(6) DP 6D LIB PER EIPW, monitor

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: [redacted] (5)(6)-2

DATE OF ORDER | TIME OF ORDER

(7) NPO after midnight [illegible] HOURS DIR. IN A.M.
(8) Tylenol 650 mg PO Q4 PRN
(9) MSO4 2-6 mg IVP Q2hr PRN
(10) Percocet 1-2 PO Q4 PRN
(11) BP, LBT, ambulate (R) HWD [redacted]

NURSING UNIT | ROOM NO. | BED NO.
24th | 0035 | 19NOV03 [redacted]

PATIENT IDENTIFICATION: (5)(6)-2

DATE OF ORDER: 19 NOV 03 TIME OF ORDER: 1245 HOURS

(1) Resume previous orders
(2) Thyo lock IV when tolerating PO well
(3) Regular diet
(4) Cefuroxime 750 mg IVPB Q8hrs
(5) Ciprofloxacin 400 mg IVPB Q12hrs

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: [redacted] 19NOV03 1034

DATE OF ORDER | TIME OF ORDER

(6) NPO after midnight [illegible] HOURS 20 NOV for OR 21 NOV.
(7) Wet to dry dressings with [redacted] solution BID (R) HW [redacted]

NURSING UNIT | ROOM NO. | BED NO.
24th | 20 NOV | C

0200 - [redacted] 2CT

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 24915

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION [redacted]

Noted [redacted] 19NOV03 [redacted]

NURSING UNIT [redacted] BED NO.

(b)(6)-2

| ↓ | DATE OF ORDER | TIME OF ORDER ____ HOURS | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|
| 1 | 15NOV03 | 1721 | |
| | Renew all previous order | | |
| | [redacted] | | |

PATIENT IDENTIFICATION 240 V 20 NOV @ 0200 [redacted]

Noted 20NOV03 2145 [redacted]

| DATE OF ORDER | TIME OF ORDER ____ HOURS | |
|---|---|---|
| [redacted] | | |
| 20 NOV 03 | 2145 | |
| 1) NPO P MN to OR NOV 21 | | |
| V.O B [redacted] | | |

NURSING UNIT | ROOM NO. | BED NO.

24° V 21 NOV 03 @ 0445 [redacted]

PATIENT IDENTIFICATION

| DATE OF ORDER | TIME OF ORDER ____ HOURS | |
|---|---|---|

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

| DATE OF ORDER | TIME OF ORDER ____ HOURS | |
|---|---|---|

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

MEDCOM - 24916

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|---|---|
| [redacted] (b)(6)-4 | | | | 21 NOV 03 | 1341 HOURS | |
| Noted 22 NOV 03 [redacted] | | | (1) | Resume physio orders | | |
| | | | (2) | Regular diet | | |
| | | | (3) | Keep lock IV when taking P.O. well. | | |
| NURSING UNIT | | BED NO. | (4) | NPO after midnight 22 NOV 03 for OR 23 NOV 03 | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| 24°V @ 0200 nurse | | | | (b)(6)-2 24 NOV 2207 | [redacted] | |
| | | | | Decrease Pred Acetate to 37P | | |
| | | | | [redacted] | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION: [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 23 NOV 03 TIME OF ORDER: 1000 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Resume previous orders
2. Regular diet
3. Keep lock IV when taking PO, meds
4. D/c Ciprofloxacin
5. D/c Ancef

PATIENT IDENTIFICATION: NOTED 23 NOV 03 @ 1335 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

6. Levofloxacin 500 mg IVPB Q day
7. Immipenem 500 mg Q 6 hrs (Primax IV)

(b)(6)-4

(b)(6)-2 [redacted]

PATIENT IDENTIFICATION: [redacted]

NURSING UNIT: 24° V | ROOM NO.: 24 NOV | BED NO.: @ 0200 [redacted]

DATE OF ORDER: 11/24/03 TIME OF ORDER: 0900 HOURS

PRED ACETATE 1% 1 GTTS OD QI° WHILE AWAKE

MAXITROL OINT APPLY OD QHS

06, 12, 18, 24 — CLOXN 1 GTTS OD QID

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

PCW | 2 | F 24° V 26 NOV 03 0255 [redacted]

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 24918

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] | | | 11/24/03 | 1526 HOURS | |
| | | | Doxycycline 100mg po qD | | |
| | | | [redacted] | | |
| NURSING UNIT | ROOM NO. | NO. | | | |

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|---|---|
| [redacted] | | | 11/25/03 | 1600 HOURS | |
| | | | (1) D dressing changes to (Q) days. | | |
| | | | (b)(6)-2 | | [redacted] 11/25/03 1625 |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| 24° ✓ 26NOV03 [redacted] | | | | | |

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|---|---|
| [redacted] | | | 4 DEC 03 | 0928 HOURS | |
| | | | (1) DISCHARGE TO PROPER COMP TODAY | | |
| | | | (2) KEFLEX 250 mg P.O. Q.6.h. 10 days | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | [redacted] |

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|---|---|
| [redacted] | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

[redacted]

MEDCOM - 24919

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 19 Nov 03
Time In: 1730
Allergies: NKDA
Pre-op V/S: 113/60 70's
Procedures: I+O Decl Ligation Foot

Anesthesia Type (Circle): General Spinal Epidural
IV Sedation Nerve Block
OR Intake: Crystalloid 500 Colloid ____ Duofent
OR Output: UOP ____ EBL 100cc
Meds/Times: ____

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds ____ History ____

| Time | 1730 | 1735 | 1740 | 1745 | 1800 |
|---|---|---|---|---|---|
| SaO2 | 100 | 99 | 99 | 98 | 100 |
| FiO2 | RA | RA | RA | RA | RA |
| Methods | | | | | |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| 120 | V | V | V | V | V |
| 100 | | | | | |
| 80 | • | • | • | • | • |
| 60 | ∧ | ∧ | ∧ | ∧ | ∧ |
| 40 | | | | | |
| 20 | | | | | |
| RR | 18 | 18 | 20 | 20 | 20 |
| T | | | | | |

| Time | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Pain (0-10) | | | | | | | | | |
| LOS | | | | | | | | | |

Patient teaching done: Wound Care, Pain Management.
T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1730 | LR | 500 | Arm | mg | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: ____ Labs: ____

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 1 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 1 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 1 | 1 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 7 | 9 | 9 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
• = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

PREPARED [redacted] (b)(6)-7 CPN

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 19 Nov 03

PATIENT'S IDENTIFICATION [redacted] give: Name – last, first, middle; grade; date; hospital or medical facility)

[redacted] (b)(6)-7

☐ HISTORY/PHYSICAL
☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION
☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete

USAPPC V2.00

## MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 19 Nov 03
Time In: 1250
Allergies: NKDA
Pre-op V/S: 135/55 66
Procedures: ITD R Tx
Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 700 Colloid —
OR Output: UOP — EBL nil
Meds/Times: Fentanyl

| Drains |
|---|
| Hemovac |
| NG |
| JP |
| T-tube |
| Foley |
| TLS |

| Airway |
|---|
| Nasal |
| Oral |
| ETT |
| Trach |
| Other |

Pre Op Meds History

| Time | 1250 | 1255 | 1320 | 1345 | 1430 |
|---|---|---|---|---|---|
| SaO2 | 99 | 98 | 96 | 97 | 99 |
| FiO2 | | | | | |
| Methods | RA | RA | RA | RA | RA |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| 120 | ✓ | ✓ | ✓ | ✓ | ✓ |
| 100 | | | | | |
| 80 | | | | | |
| 60 | | | | | |
| 40 | | | | | |
| 20 | | | | | |
| RR | 10 | 10 | 12 | 16 | = |
| T | 95 | | | | |

| Time | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Pain (0-10) | | | | | | | | | |
| LOS | | | | | | | | | |

Patient teaching done; Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

### Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1250 | LR | ~~400~~ 300 | L AC | DR | 700 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

### Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 1 | 2 | |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 1 | |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 8 | 9 | |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

PREPARED BY (Signature & Ti[redacted] (b)(6)-2

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 19 Nov 03

PATIENT'S IDENTIFICATION (For typed or written entries give: Name – last, first, middle; grade; date; hospital or medical facility)

#[redacted]
(b)(6)-4

☐ HISTORY/PHYSICAL
☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION
☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete

USAPPC V2.00

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | (R) Hand | WNL | + | + | 3-B | W | Pk |
| 15' | | | | | | | |
| 30' | | | | | | | |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

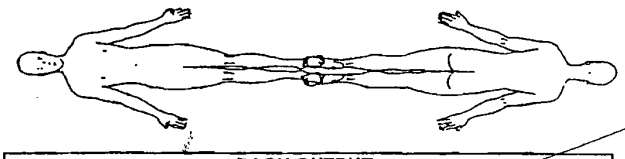
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | (R) hand | Kulex | ~~0~~ |
| 30' | | Ace | |
| 60' | | | |
| D/C | | | |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1250 | SR | ~~0~~ | ~~0~~ |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

Pt to RECVRY with [illegible] OK
S/P IV D (R) hand. Kulex
C/O [illegible] to (R) hand.
IV D/C [illegible] into (L) [illegible]
ISS to C/O @ 4 Rotund [redacted]

(b)(6)-2

**Discharge Criteria:**
Date: 19 Nov 05 Time: 1330 PARS: 9
BP: 116/61 T: 96.2 HR: 53 RR: 10 Sa02: 99
Pain Level at D/C (0-10):
Intake: 100 Output: ~~0~~
Additional Data:
Transferred To: (CW)
Report Given To: (CW)
Transferred Via: W/C [redacted] Gurney Ambulance
Transferred By: [redacted]
Cleared IAW Recovery Room [redacted]
Charge Nurse Signature [redacted] 9/2

REPORT TITLE **Post-Anesthesia Care Unit (PACU) Flow Sheet**

OTSG APPROVED *(Date)*

Date: 11/21/03 Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block

Time In: 1340

Allergies: NKA OR Intake: Crystalloid 150 cc Colloid

Pre-op V/S: 114 73 98% OR Output: UOP EBL < 25cc

Procedures: R/O [illegible] Meds/Times: MCS [illegible]

R/O [illegible]

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds History

| Time | 1340 | 1345 | 1350 | 1400 | 1405 |
|---|---|---|---|---|---|
| SaO2 | 92 | 91 | 95 | 99 | 95 |
| FiO2 | \ | \ | \ | \ | \ |
| Methods | RA | RA | RA | RA | RA |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| 120 | V | V | V | V | |
| 100 | | | | | |
| 80 | | | | | |
| 60 | ^ | ^ | ^ | ^ | |
| 40 | | | | | |
| 20 | | | | | |
| RR | 13 | 14 | 12 | 12 | |
| T | 97 | | | | |
| Time | | | | | |
| Pain (0-10) | | | | | |
| LOS | | | | | |

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1340 | LR | 500 | CA | TW | 50 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | \ | \ | \ |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 9 | 10 | 10 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
• = Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done: Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures

Safety: SR up X 2, Falls Precautions. Privacy Maintained

*(Continue on reverse)*

PREPARED BY *(Signature & Title)* [redacted] (b)(6)-2

DEPARTMENT/SERVICE/CLINIC PACU

DATE 11/21/03

PATIENT'S IDENT[redacted] *typed or written entries give: first, middle; grad[redacted] hospital or medical facility)* *Name – last,*

#[redacted] (b)(6)-7

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER *(Specify)*

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete

USAPPC V2.00

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | NKDA | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**NEUROVASCULAR**

| Time 1340 | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | (R) Hand | + | + | P | B | W | Pk |
| 15' | (R) Hand | + | + | P | B | W | Pk |
| 30' | | | | | | | |
| 45' | (R) Hand | + | + | P | B | W | Pk |
| 60' | (R) Hand | + | + | P | B | W | Pk |
| 90' | (R) Hand | + | + | P | B | W | Pk |
| D/C | (R) Hand | + | + | P | B | W | Pk |

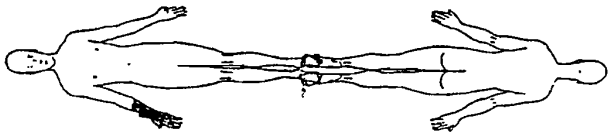
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

**C-SECTIONS**

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

**DRESSINGS**

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm 1340 | (R) Hand | ace + kurlex | + |
| 30' | (R) Hand | ace + kurlex | + |
| 60' | (R) Hand | ace + kurlex | + |
| D/C | | | |



**PACU OUTPUT**

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | NONE | | |
| | | | |
| | | | |
| | | | |

**CARDIAC RHYTHM**

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1340 | S, S, + | NO | |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

NURSING NOTES

1340 Pt admitted to recvd from OR. Pt awakening from sedation. Pt VS monitored O2 - 100% RA. Pt has JSC & (R) hand ace + kurlex dressing. No sign of bleeding. Pt able to wiggle fingers after being groused by physician. Pt lungs clear, breath sounds, abdomen: bowel sounds present. Pt has IV in (R) forearm and able to move all extremities.
1400. Pt able to voice concerns. Pt able to call nurse and ask for help.
1420. Pt alert & oriented x 3. able to move extremities. Pt VS stable and DSG dry. Report given to TCWI - SPC [redacted]

(b)(6)-2

**Discharge Criteria:**
Date: 11/24/03 Time: 14:25 PARS: 10
BP: 124/71 T: HR: 55 RR: 12 Sa02: 100%
Pain Level at D/C (0-10):
Intake: 100 cc Ml Output: 0
Additional Data:
Transferred To: TCWI
Report Given To: SPC [redacted]
Transferred Via: W/C [redacted] Ambulance
Transferred By: [redacted]
Cleared IAW Recovery [redacted]
Charge Nurse Signature: [redacted] LT AN

(b)(6)-2

REPORT TITLE **Post-Anesthesia Care Unit (PACU) Flow Sheet**

03y/o male

OTSG APPROVED *(Date)*

Date: 2 Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block

Time In: 1010

Allergies: NKDA OR Intake: Crystalloid 500 Colloid

Pre-op V/S: 113/43 58 OR Output: UOP 0 EBL MIN

Procedures: I+D R Middle Finger Meds/Times: Propofol, Lidocaine, Fent, MS04

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds History

| Time | 1010 | 1015 | 1020 | 1025 | 1030 |
|---|---|---|---|---|---|
| SaO2 | 100 | 100 | 97 | 99 | 100 |
| FiO2 | | | | | |
| Methods | RA | RA | RA | RA | RA |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| 120 | | | | | |
| 100 | | | | | |
| 80 | | | | | |
| 60 | | | | | |
| 40 | | | | | |
| 20 | | | | | |
| RR | 11 | 11 | 10 | 10 | 10 |
| T | 97.7 | | | | |

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 2 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | / | / | / |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 10 | 10 | 10 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

| Time | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Pain (0-10) | | | | | | | | | |
| LOS | | | | | | | | | |

Patient teaching done; Wound Care, Pain Management,
T. C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

*(Continue on reverse)*

PRE[redacted] (b)(6)-2 DEPARTMENT/SERVICE/CLINIC PACU DATE 23NOV03

PATIENT'S IDENTIFICATION *(For typed or written entries give: first, middle; grade; date; hospital or medical facility)* *Name – last,*

[redacted]

(b)(6)-2

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER *(Specify)*
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete USAPPC V2.00

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**NEUROVASCULAR**

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | R fing | limited | + | P | B | WM | PK |
| 15' | R fing | limited | + | P | B | WM | PK |
| 30' | R fing | limited | + | P | B | WM | PK |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | R fing | limited | + | D | B | WM | PK |

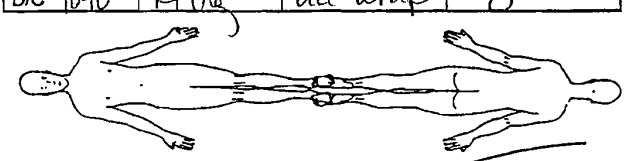
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

**C-SECTIONS**

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

**DRESSINGS**

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm ~~R Hand~~ 1014 | R finc | ace wrap | 0 |
| 30' 1040 | R. fing | ace wrap | 0 |
| 60' | | | |
| D/C 1040 | R fing | ace wrap | 0 |



**PACU OUTPUT**

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**CARDIAC RHYTHM**

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1014 | NSR | 0 | 0 |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

NURSING NOTES

Pt received from OR S/p HD ⓡ middle finger. Pt $SpO_2$ 99-100% RA, no c/o pain. Pt being transferred to ICW 1. Report given to Lt Gershmeyer. VSS, no c/o pain. $SpO_2$ 99%. Sgt [redacted] LPN

(b)(6)-2

**Discharge Criteria:**
**Date:** 23NOV03 **Time:** 1040 **PARS:** 10
**BP:** 109/57 **T:** 97.2 **HR:** 60 **RR:** 12 **Sa02:** 98%
**Pain Level at D/C (0-10):**
**Intake:** — **Output:** —
**Additional Data:** —
**Transferred To:** ICW 1
**Report Given To:** Lt [redacted]
**Transferred Via:** W/C [redacted] Ambulance
**Transferred By:** Sgt [redacted]
**Cleared IAW Recovery Room SOP B-3**
**Charge Nurse Signature:**

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18 | [redacted] | VS routine | 6 | [redacted] | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| 18 | [redacted] | Up ad lib per EPW | 6 | | | | | | | | | | | | | |
| | | protocol | 18 | | | | | | | | | | | | | |
| 19 NOV | [redacted] | Regular diet | 06 13 | | | | | | | | | | | | | |
| | | | 18 00 | | | | | | | | | | | | | |
| 19 | [redacted] | WTD dsg c Betadine | 10 | | | | | | | | | | | | | |
| | | soln BID @ hand | 22 | | | | | | | | | | | | | |
| 11/25 | [redacted] | Δ dsg Δ to 3 day | 10 | | | | | | | | | | | | | |
| | | WTD dsg c Betadine | 10 | | | | | | | | | | | | | |
| | | Soln (R) hand | | | | | | | | | | | | | | |
| 11/30 | [redacted] | Enc pt to Δ position | 6 | | | | | | | | | | | | | |
| | | Q2° to prevent skin | 18 | | | | | | | | | | | | | |
| | | breakdown | / | | | | | | | | | | | | | |
| 11/30 | [redacted] | Check skin integrity | 6 | | | | | | | | | | | | | |
| | | & document QS. | 18 | | | | | | | | | | | | | |

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: infected (R) hand

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

# [redacted] (b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

MEDCOM - 24927

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. ____ Yr. ____ |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10 | [redacted] | Tylenol 650mg po Q4° prn | D/T | 19 NOV 23 2035 | | | | | | | | | | | | |
| | | | D/I | [redacted] | | | | | | | | | | | | |
| 10 | [redacted] | MSO4 2-6mg IVP Q2° prn | D/T | 21 NOV 22 45 | | | | | | | | | | | | |
| | | (5)(6)-2 | D/I | 4mg [redacted] | | | | | | | | | | | | |
| 10 | [redacted] | Percocet 1-2po Q4° prn | D/T | 19 NOV 1052 | 20 NOV 0840 | 20 NOV 1645 | 21 NOV 1100 | 22 NOV 1605 | 23 NOV 1748 | 24 NOV 1215 | 26 NOV 0985 | 26 1930 | 26 2330 | 27 1115 | 27 1930 | 27 NOV |
| | | | D/I | [redacted] | | | | | | | | | | | | |
| 18 | [redacted] | Percocet 1-2po Q4° | D/T | 20 NOV 1430 | | | | | | | | | | | | |
| | | | D/I | [redacted] | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | [redacted] | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

*U.S. GPO: 1998-454-110/95216

MEDCOM - 24928

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | Mo 11 Yr 2003 | |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 18 | [redacted] | Admit ICW#1, condition: fair | | | | |
| 18 | [redacted] | NPO p MN for OR in AM | 11/18 / 11/19 | 2359 / AM | | |
| 18 | [redacted] | XRays done in ER. | done | — | [redacted] | |
| 19 NOV | [redacted] | Resume previous orders | 19 | — | [redacted] | |
| 19 | [redacted] | NPO p MN 20 NOV for OR 21 NOV | 21 NOV | 0001 | | |
| 19 | [redacted] | Resume all previous orders | 19 | — | [redacted] | |
| 21 | [redacted] | Resume previous orders | 21 | 1341 | [redacted] | |
| 21 | [redacted] | NPO p MN 22 Nov 03 for OR on 23 Nov 03 | 23 | 0001 | [redacted] | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

(b)(6)-2

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

MEDCOM - 24929

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 12 Yr. 2003 |
|---|---|---|

*VERIFY BY INITIALING* — *INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION*

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 1 | 2 | 3 | 4 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18 Nov | [redacted] | VS Routine | 06 | [redacted] | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| 18 Nov | [redacted] | Up ad Lib per EPW | 06 | [redacted] | | | | | | | | | | | | |
| | | protocol | 18 | | | | | | | | | | | | | |
| 19 Nov | [redacted] | Regular diet | 06 | [redacted] | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| 25 Nov | [redacted] | Δ Dressing changes to | 10 | [redacted] | | | | | | | | | | | | |
| | | QD WND & Dakins | X | | | | | DCd | 02 | DEC | 03 | | | | | |
| | | Solu. (R) HAND | X | | | | | | | | | | | | | |
| 30 Nov | [redacted] | Enc. Pt to D | 06 | [redacted] | | | | | | | | | | | | |
| N/O | | position Q2° | 18 | | | | | | | | | | | | | |
| | | to prevent skin | | | | | | | | | | | | | | |
| | | breakdown | | | | | | | | | | | | | | |
| 30 Nov | [redacted] | Check skin integrity | 06 | [redacted] | | | | | | | | | | | | |
| N/O | | document Q shift | 18 | | | | | | | | | | | | | |
| | | (b)(6)-2 | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Infected (R) hand / OD corneal staining.

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | | | | | | | |
| 15' | | | | | | | |
| 30' | | | | | | | |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

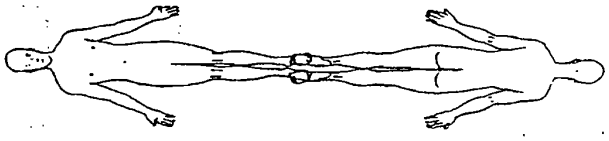
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | | | |
| 30' | | | |
| 60' | | | |
| D/C | | | |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

Male Iraqi admitted to PACU S/P I&D (L) chest wound c̄ Artery Ligation. SPO2 100% RA NO s/s respiratory distress. VSS. Wound to check intact NO drainage noted. DSB to (R) arm CDT. [redacted] to monitor — [redacted] SSG/CPM

(b)(6)-2

**Discharge Criteria:**
**Date:** 19 Nov 03 **Time:** 1100 **PARS:** 9
**BP:** 110/56 **T:** **HR:** 77 **RR:** 20 **Sa02:** 100%
**Pain Level at D/C (0-10):**
**Intake:** 2100 **Output:** Ø
**Additional Data:**
**Transferred To:** ICW 1
**Report Given To:** 1LT [redacted]
**Transferred Via:** W/C L[redacted] Gurney Ambulance
**Transferred By:** SSG [redacted]
**Cleared IAW Recovery R[redacted]B-3**
**Charge Nurse Signature:**

MEDCOM - 24931

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. DEC Yr. 02 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|---|---|
| 18 NOV | [redacted] | H L IV when | 06 | [redacted] | | | |
| | ----- | Tol. P.O well | 18 | [redacted] | | | |
| 23 NOV | [redacted] | Levofloxacin | 08 | [redacted] | | | |
| | ----- | 500mg IVPB QD | X | | | | |
| 23 NOV | [redacted] | Primaxin 500mg IVPB | 06 | [redacted] | | | |
| | ----- | Q6° | 12 | [redacted] | | | |
| | ----- | | 18 | [redacted] | | | |
| | ----- | | 24 | [redacted] | | | |
| 24 NOV | [redacted] | Maxitol Ointment | 22 | [redacted] | | | |
| | ----- | apply QD QHS | X | | | | |
| 24 NOV | [redacted] | Ciloxan 1 gtt OD | 06 | [redacted] | | | |
| | ----- | QID | 12 | [redacted] | | | |
| | ----- | | 18 | [redacted] | | | |
| | ----- | | 24 | [redacted] | | | |
| 24 NOV | [redacted] | Doxycycline 100mg | 08 | [redacted] | | | |
| | ----- | P.O QD | X | | | | |
| | ----- | | | | | | |
| | ----- | | | | | | |
| | ----- | (b)(6)-2 | | | | | |
| | ----- | | | | | | |
| | ----- | | | | | | |
| | ----- | | | | | | |
| | ----- | | | | | | |
| | ----- | | | | | | |
| | ----- | | | | | | |
| | ----- | | | | | | |
| | ----- | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: infected (R) hand / OD corneal stroke

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO. 1

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 24932

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. 12 Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PRN | [redacted] | MSO4 2.6mg q 2° IV pm | D/T | 4PM 6/12 | | | | | | | | | | | | |
| | | | D/T | [redacted] | | | | | | | | | | | | |
| 18 | [redacted] | Percocet II po q4° pm | D/T | 4PM 6/12 | | | | | | | | | | | | |
| | | | D/T | [redacted] | | | | | | | | | | | | |
| | | (5)(6)-2 | | | | | | | | | | | | | | |

MEDCOM - 24933

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 24 | 25 | 26 | 27 | 28 | 29 | 30 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 11/24 | [redacted] | Bred Acetate 1% | 01 | [redacted] | | | | | | | | | | | |
| | | 1/1 Gtts OD QI° while | 02 | [redacted] | | | | | | | | | | | |
| | ----- | Awake | 03 | [redacted] | | | | | | | | | | | |
| | ----- | | 04 | [redacted] | | | | | | | | | | | |
| | ----- | | 05 | [redacted] | | | | | | | | | | | |
| | ----- | | 06 | [redacted] | | | | | | | | | | | |
| | ----- | | 07 | [redacted] | | | | | | | | | | | |
| | ----- | | 08 | [redacted] | | | | | | | | | | | |
| | ----- | (b)(6)-2 | 09 | [redacted] | | | | | | | | | | | |
| | ----- | | 10 | [redacted] | | | | | | | | | | | |
| | ----- | | 11 | [redacted] | | | | | | | | | | | |
| | ----- | | 12 | [redacted] | | | | | | | | | | | |
| | ----- | | 13 | [redacted] | | | | | | | | | | | |
| | ----- | | 14 | [redacted] | | | | | | | | | | | |
| | ----- | | 15 | [redacted] | | | | | | | | | | | |
| | ----- | | 16 | [redacted] | | | | | | | | | | | |
| | ----- | | 17 | [redacted] | | | | | | | | | | | |
| | ----- | | 18 | [redacted] | | | | | | | | | | | |
| | ----- | | 19 | [redacted] | | | | | | | | | | | |
| | ----- | | 20 | [redacted] | | | | | | | | | | | |
| | ----- | | 21 | [redacted] | | | | | | | | | | | |
| | ----- | | 22 | [redacted] | | | | | | | | | | | |
| | ----- | | 23 | [redacted] | | | | | | | | | | | |
| | ----- | | 24 | [redacted] | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Infected (R) hand

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO. 2

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 83 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18/19 | [redacted] | IV: HL when tol. PO | 6 | / | [redacted] | | | | | | | | | | | |
| | ----- | well | 18 | [redacted] | | | | | | | | | | | | |
| 19 NOV | [redacted] | ceftriaxone 1 gram IVPB | 06 | / | / | [redacted] | | | | | D/C'd 23 NOV 1300 | | | | | |
| | ----- | q8° | 14 | / | [redacted] | | | | | | | | | | | |
| | ----- | | 22 | / | [redacted] | | | | | | | | | | | |
| 19 | [redacted] | ciprofloxacin 400mg | 08 | / | / | [redacted] | | | | | D/C'd 23 NOV @1300 | | | | | |
| | ----- | IVPB q12° | 20 | / | [redacted] | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| 23 | [redacted] | LEVOFLOXACIN 500mg | 08 | / | / | / | / | / | / | [redacted] | | | | | | |
| | ----- | IVPB QD | | / | / | / | / | / | / | | | | | | | |
| 23 | [redacted] | PRIMAXIN 500mg IVPB | 06 | / | / | / | / | / | / | [redacted] | | | | | | |
| | ----- | Q6° | 12 | / | / | / | / | / | / | | | | | | | |
| | ----- | | 18 | / | / | / | / | / | / | | | | | | | |
| | ----- | | 24 | / | / | / | / | / | / | | | | | | | |
| 11/24 | [redacted] | Fred Acetate | | / | | | | | | | | | | | | |
| | ----- | 1 GTTS OD Q1° while | | | | | | | | | | | | | | |
| | ----- | Awake. | | / | | | | | | | | | | | | |
| 11/24 | [redacted] | Maxitol ointment | 22 | | | | | | / | [redacted] | | | | | | |
| | [redacted] | apply OD QHS | | / | | | | | | | | | | | | |
| 11/24 | [redacted] | FLOXIN 1 GTTS | 06 | | | | | | | [redacted] | | | | | | |
| | [redacted] | OD QID | 12 | | | | | | / | | | | | | | |
| | ----- | | 18 | | | | | | / | | | | | | | |
| | ----- | | 24 | | | | | | / | | | | | | | |
| 11/24 | [redacted] | Doxycycline 100mg | 08 | | | | | | | [redacted] | | | | | | |
| | ----- | PO QD | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |

(5)(6)-2

(5)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Infected (R) hand

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO. 1

PATIENT IDENTIFICATION:

# [redacted] (5)(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 24935

| 3. Register Number | Name (Last, First, MI) | | 4. Pay Grade | 5. Sex |
|---|---|---|---|---|
| [redacted] | | | FGN | M |
| 6. DoB (YYYYMMDD) | 7. Age at Admission | 8. Race | 9. Ethnicity | Religion |
| 1982-01-01 | 21Y | X (b)(6)-4 | 9 | |
| 10. Length of Service | ETS | 11. FMP | 12. Social Security Number | |
| | | 99 | [redacted] | |

| Organization (Active Duty Only) | 13. Marital Status | Hour of Admission | Branch / Corps: |
|---|---|---|---|
| | | 17:15 | |

| 14. Flying Status | 15. Beneficiary Category | 16. Zip Code of Residence: |
|---|---|---|
| | K78-PRISONER OF WAR/INTERNEES | |

| 17. Unit Location | 18. MOS | 19. Trauma | Prev. Admission |
|---|---|---|---|
| | | BC | NO |

| 20. Source of Admission | Ward: | Name / Relationship of Emergency Addressee |
|---|---|---|
| Direct from ER | ICW1 | Address of Emergency Addressee |
| (b)(6)-2 Name and Location of Medical Treatment Facility: [redacted]aq; No Install Provided | | Telephone Number of Emergency Addressee |
| 21. Type of Disposition | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) |
| TRF-OTH | | 2003-12-04 |
| 24. Clinic Svc - Admitting | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) |
| AEA - ORTHOPEDICS | | 2003-11-18 |
| 27. Location of Occurrence | 28. MTF of Initial Admission | 29. Date of Initial Admission |
| IZ | | 2003-11-18 |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: INFECTED R HAND/OD CORNEAL STRING

Procedure Narrative(s):

Cause of Injury Narrative:

Dx 9583
9039
9213
E993
Proc 8604 x3
3952
Trauma 9
Inj 599 [redacted]

(b)(6)-2

| Admitting Officer (Signature, as required) | Signature of Admitting Clerk |
|---|---|
| [redacted] | for [redacted] |

Automated Facsimile - DA FORM 2985, MAR 2000

MEDCOM - 24936

# Admission and Coding Information

For use of this form, see AR 40-400; the proponent agency is OTSG

| | | | | |
|---|---|---|---|---|
| 1. Reporting MTF [redacted] | 2. MTF Lo. IZ | | | |
| 3. Register Number [redacted] | Name (Last, First, MI) (b)(6)-4 | | 4. Pay Grade FGN | 5. Sex M |
| 6. DoB (YYYYMMDD) 1982-01-01 | 7. Age at Admission 21Y | 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 17:15 | 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: ICW1 | Name / Relationship of Emergency Addressee | | |
| | | Address of Emergency Addressee | | |
| (b)(2)-2 Name and Location of Medical Treatment Facility: [redacted] all Provided | | Telephone Number of Emergency Addressee | | |
| 21. Type of Disposition TRF-OTH | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) 2003-12-04 | | |
| 24. Clinic Svc - Admitting AEA - ORTHOPEDICS | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) 2003-11-18 | | |
| 27. Location of Occurrence IZ | 28. MTF of Initial Admission | 29. Date of Initial Admission 2003-11-18 | | |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: INFECTED R HAND/OD CORNEAL STRING

Procedure Narrative(s):

Cause of Injury Narrative:

Dx 9583
9039
9213
E993
Proc 8604 x3
3952
Trauma 9
Inj 599 [redacted]

(b)(6)-2

| | |
|---|---|
| Admitting Officer (Signature, as required) [redacted] | Signature of Admitting Clerk for [redacted] |

Automated Facsimile - DA FORM 2985, MAR 2000

MEDCOM - 24937

pr# 1351

# COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

[X] Offense against Civilian(s) [check one] If "Other" then describe: SET OFF EXPLOSIVE IN HOUSE

- [ ] Arson (I.P.C. 340)
- [ ] Solicitation of Fornication/Prostitution (I.P.C. 399)
- [ ] Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 400)
- [ ] Murder (I.P.C. 405)
- [ ] Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)
- [ ] Maiming (I.P.C. 412)
- [ ] Simple Assault (I.P.C. 415)
- [ ] Kidnapping (I.P.C. 421)
- [ ] Burglary or Housebreaking (I.P.C. 428)
- [ ] Extortion/Communicating Threats (I.P.C. 430)
- [ ] Theft (I.P.C. 439)
- [ ] Destruction of Property (I.P.C. 477)
- [ ] Obstructing a Public Highway/Place (I.P.C. 487)
- [X] Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 495)
- [ ] Riot or Breach of Peace (I.P.C. 495(3))
- [ ] Other

[X] Offense against Coalition Forces [check one] If "Other" then describe: POSSESSED ILLEGAL EXPLOSIVE

- [ ] Violation of Curfew
- [X] Illegal Possession of Weapon
- [ ] Assault/Attack on Coalition Forces
- [ ] Theft of Coalition Force Property
- [ ] Trespass on Military Installation or Facility
- [ ] Photographing/Surveiling Military Installation or Facility
- [ ] Obstructing Performance of Military Mission
- [ ] Other

| | |
|---|---|
| Apprehending Unit: | Location Grid: |
| Date of Incident (D/M/Y) 13 / Nov / 03 to / / | Time of Incident: hrs to hrs |
| Date of Report (D/M/Y) / / | Time of Report: hrs |

| | |
|---|---|
| Detainee #: [redacted] | Key Connected Person: [ ] Victim [ ] Witness |
| Last Name: [redacted] (b)(6)-7 | Last Name: |
| First Name [redacted] Given Nam [redacted] | First Name: Given Name: |
| Hair Color: [redacted] 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: [X] M [ ] F Phone#: DOB D/M/Y: [ ] Mobile [ ] Regular | Ethn/Tribe/Sect: Sex: [ ] M [ ] F Phone#: DOB D/M/Y: [ ] Mobile [ ] Regular |
| [ ] Passport [ ] Dr license [ ] Other (specify) Document #: | [ ] Passport [ ] Dr license [ ] Other (specify) Document #: |

Total Number of Persons Involved ____ (list names/identifying info on reverse under "Additional Helpful Information")

| | | | |
|---|---|---|---|
| [ ] Vehicle Information | Vehicle Number ____ of ____ Vehicle(s) | | Owner: |
| Make: | Color: | VIN: | |
| Model: | Type: | Plate No.: | Number of People in Vehicle |
| Year: | Names of People in Vehicle: | | |
| Contraband/Weapons in Vehicle: | | | |

| | | | |
|---|---|---|---|
| [ ] Property/Contraband | [ ] Weapon | Photo Taken of Suspect with Weapon/Contraband: Yes/ No | |
| Type | | Model: | Color/Caliber |
| Serial No. | Quantity | Make: | Receipt Provided to Owner: Yes/ No |
| Other Details | | Where Found | Owner: |

| | |
|---|---|
| Name of Assisting Interpreter: | Email, Phone, or Contact Info. |

| | |
|---|---|
| Detaining Soldier's Name (Print): | Supervising Officer's Name (Print): SFC [redacted] |
| Last, First MI | Last, First MI |
| Signature: | Signature: [redacted] (b)(6)-7 |
| Email: | Email: [redacted] SMIL.MIL |
| Unit Phone: Date / / | Unit Phone: 551-91 Date: 18 Nov / 03 |

ALT. POC, CPT [redacted]

MEDCOM - 24938

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

Why was this person detained? FOR SETTING OFF EXPLOSIVE IN RESIDENCE

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?

What contraband was this person carrying? EXPLOSIVES

What other weapons were seized?

What other information did you get from this person?

Additional Helpful Information: PERSON HAS BEEN MEDEVACED FROM DIVISION INTERROGATION FACILITY - MEDICAL FACILITY BIAP WEST HAD ADMITTED SUBJECT AND ORDERED HIS TRANSFER.

MEDCOM - 24939

Automated Facsimile

# IN. .TIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400, the proponent agency is OTSG

| 1. Register Nbr | 2. Name | | | | | 3. Grade | Admission Remarks |
|---|---|---|---|---|---|---|---|
| [redacted] | [redacted]FirstNameGiven | | | | | FGN | |
| 4. Sex | 5. Age | 6. Race | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm | |
| M | | X | | | | NO | |
| 11. FMP | 12. SSN | 13. Organization | | | | 14. Ward | |
| 99 | [redacted] | (b)(6)-4 | | | | ICU3 | |
| 15. FlyStatus | 17. Dept / Ben | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case | | | |
| | K78-PRISONER OF WAR/INTER | | | BC | | | |
| 21. Source of Admission | 22. Hour Of Adm: | 23. Clinic Service | | | | | |
| Direct from ER | 23:50 | ABA - GENERAL SURGERY | | | | | |
| 24. Name/Relation of Emergency Addressee | 25. Type Disp | 26. Date of Disp | | | | | |
| | TRF-OTH | 2003-12-02 | | | | | |
| 27a. Address of Emergency Addressee | 27b. Telephone No | 28. Date This Adm: | AdmittingOfficer: | | | | |
| | | 2003-11-18 | [redacted] | | | | |
| 29. ReportingMTF | | 30. Date Init Adm | 32. Units Blood Components | | | | |
| [redacted] (b)(2)-2 | | 2003-11-18 | | | | | |

31. Selected Administrative Data

Marital Status: DoB:

In/Out Patient: Inpatient MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

GSW SHRAPNAL CHEST

880.01
810.10
453.8
E922.9

83.82
86.28

35. Total Days This Facility

| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days |
|---|---|---|---|---|---|
| Ø | Ø | Ø | Ø | 14 | 14 |

35. Total Days This Facility (b)(6)-2

| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days |
|---|---|---|---|---|---|
| Ø | Ø | [redacted] | Ø | 14 | 14 |

Signature of Attending Medical Office[redacted] Signatur[redacted] Medic[redacted]

Automated Facsimile - DA FORM 3647, [redacted] MEDC[redacted]

| MEDICAL RECORD | ABBREVIATED MEDICAL RECORD |
|---|---|

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION (Enter date of admission)

Iraqi EPW involved in shooting + suffered GSW to upper (L) back/chest - Bullet appears to have entered back near scapula, traversed through the chest and exited anterior chest wall. Pt arrived (P) FST c̄ 2 chest tubes in place. These were replaced and pt given 2 units blood & sent to [redacted] (b)(2)-2

PMHx: Unknown PSHx: unknown Meds: unknown All: unknown

PHYSICAL EXAMINATION

Intubated VS - 114/71 P-100 R-14 Sats-93% 6

HEENT - NC/AT

Neck - Sub Q air

Chest - ant chest wall wound c̄ bone exposed (clavicle) communicating with chest cavity

CXR - contusion LUE
CT in place

CT - Sub Q air
Contusion LUE c̄ bronchogram
CT in place
Fx clavicle usually appears intact

WS - Rey

abd - Benign

Ext - bounding pulse LUE

PROGRESS (Enter date of discharge and final diagnosis)

Dx: GSW to chest

Plan: OR for debridement/active flap closure anesf.

(b)(6)-2

| [redacted] DATE | IDENTIFICATION NO. | ORGANIZATION |
|---|---|---|
| (For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility) | REGISTER NO | WARD NO |

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FPMR (41 CFR) 201-45.505
OCTOBER 1975
GSAPPC 71 00

MEDCOM - 24941

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 19 Nov | BRIEF OP NOTE |
| 0245 | Preop: GSW to back / chest - open chest wound |
| | Postop: Same |
| | Procedure: ~~Wound~~ Anterior chest wall wound exploration / debridement |
| | PARTIAL PECTORALIS MUSCLE FLAP to cover wound |
| | Surgeon: [redacted] |
| | Anest: GETA |
| | EBL: 100 cc |
| | IVF: 1300cc crystalloid |
| | UO: 1000 cc (b)(6)-2 |
| | Findings: Open anterior chest wall wound |
| | ĉ air leak, Subclavian vein / artery intact. |
| | Drains: - 2 chest tubes |
| | - #10 JP over pectoralis flap |
| | Complications: None |
| | Disposition: to ICU stable |
| | [redacted] |

| 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

MEDCOM - 24942

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |

Transfer Summary

Admitted 11/29 OR 11/19

Pt is EPW who suffered GSW to (L) chest/shoulder. Was taken to FST where 2 chest tubes placed. Sent to 28th for further management & getting 2 units PRBC + being intubated -

In ER pt was stable. He was noted to have a GSW entrance near (L) scapula + exit over (L) ant sup chest near shoulder. (+) Scapula/clavicle fracture. Good pulse (L) hand.

Pt taken to OR where wound debrided and partial pectoralis muscle flap used to close pleural defect. Subclavian artery and vein intact. Wound closed over JP. Pt extubated POD #2. Pt on POD #3 noted to have LUE swelling + ultrasound showed (L) subclavian thrombosis - Started on heparin + Coumadin JP's + CT's removed

| 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. |
|---|---|---|
| [redacted] (b)(6)-4 | | |

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| | on POD #5 s̄ complication. Pt improved with weaning of oxygen after ↑ mobilization |
| | on POD #11 noted to have marked ↓ swelling of LUE. |
| | plan: Remove sutures POD #21<br>Coumadin 3mg PO QD x 3 months<br>pain control<br>NWB to RUE x 6 weeks |
| | [redacted] |
| | (b)(6)-2 |

STANDARD FORM 509 (REV. 5/1989) BACK

USAPA V1.00

MEDCOM - 24944

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 19 NOV 03 | 0245 - pt arrived fm OR via bed. Hooked up to monitors. Temp 92.4 chief cuddler applied rectal temp probe in place. all other VSS. Sedation/pain mgmnt started. Cont. to monitor. [redacted] UTAN |
| 19 Nov 03 2014 | Pt placed from chair back to bed 5 3 hours sitting up. UOP @ 2000 ↓34cc, charge nurse notified & will call SOD @ 2100 if UOP cont. to ↓ Systolic BP from 85-97 & MAP between 62-69, pulses 86-98. Cont. to monitor. [redacted] |
| 19 Nov 03 2100 | Pt UOP ↓32cc & Dr Matsumoto @ bedside, stated if UOP ↓ below 30cc/hr then give pt a 500 cc NS bolus. Aware also of SBP & MAP of pt, will cont. to monitor. [redacted] |
| 20 Nov 03 | Pt SaO2 ↓ 93% while pt sleeping this hour, awaken & made to do incentive spirometer & O2 @ 4L via NC. SaO2 96% @ this time & will cont. to monitor. [redacted] |
| 20 Nov 03 | Report given to oncoming shift, pt up to chair @ 0540. SaO2 between 95%-98% on 4L O2 via NC. [redacted] |
| 20 Nov 03 | Assumed pt care @ 0000, pt up to chair, CT x 2, JP x1, NC 6L O2, Ø S/S O2 distress, Morphine @ 1.2 mg/hr, JP 5.5 ml & 20 ml @ 100, Report given by SGT [redacted] |

| 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. |
|---|---|
| | |

[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

MEDCOM - 24945

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 20 NOV 03 | PT c̄ H/H of 9.4/28.7, TWO PRBC ordered for transfusion: 2 units transfused as follows: |
| | Unit #1 = W020403002465 started @ 0730 |
| pre-transfusion | HR 95, BP 110/73 RR 29 97% Temp 97.4 |

| | 0735 | 0740 | 0745 | 0800 | 0815 | 0830 | 0845 | 0920 |
|---|---|---|---|---|---|---|---|---|
| HR | 98 | 99 | 90 | 91 | 101 | 99 | 100 | 90 |
| BP | 100/67 | 104/69 | 103/62 | 103/69 | 117/70 | 104/67 | 109/64 | 114/70 |
| RR | 27 | 28 | 25 | 24 | 27 | 28 | 25 | 24 |
| O2 | 96% | 95% | 94 | 97 | 98 | 99 | 99 | 100% |
| Temp | 97.2 | 97.0 | 97.4 | 97.2 | 97.2 | 97.4 | 97.4 | 97.4 |

finished @ 0920

| | |
|---|---|
| | Unit #2 = 5307160 started @ 0940 |
| pre-transfusion | HR 99, BP 115/87, RR 25, 100% Temp 98.3 |

| ~~HR~~ | 0945 | 0950 | 1005 | 1020 | 1035 | 1050 | 1110 |
|---|---|---|---|---|---|---|---|
| ~~BP~~ HR | 97 | 93 | 87 | 94 | 100 | 95 | 98 |
| BP | 114/70 | 116/67 | 110/69 | 117/75 | 135/76 | 110/65 | 108/70 |
| RR | 25 | 24 | 24 | 24 | 22 | 20 | 25 |
| O2 | 98 | 99 | 99 | 96 | 94 | 94 | 95 |
| Temp | 97.6 | | | | | | 98.4 |

finished @ 1110 — [redacted]

| | |
|---|---|
| 20 NOV 03 | PT on Ng Diet tolerating well, PT needs encouragement TO ox. 1/5, PT DID fairly well all day by. Vitals stable. Right pin TO SET [redacted] [illegible] |

(5)(6)-2

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 24946

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES |
|---|---|
| | Surgery |
| 20 NOV 03 | |
| 0850 | Pt stable c/o chest pain @ wound site. |
| | Breathing well |
| | AVSS |
| | CT - 270/30 JP - 30 NO air leak |
| | |
| | Chest - dressing intact, scratch in upper lobe |
| | CVS - Rg |
| | abd - soft NT/ND (+) BS |
| | Ext (-) C/C/E |
| | |
| | HCT - 26 this AM |
| | CXR - (P) |
| | Dx: S/P GSW to chest s/p flap repair |
| | Pl: f/u CXR |
| | transfuse 2 units PRBC |
| | Cont O2/ Monitor/CT for 24 - 48 hrs [illegible] |
| | |
| | [redacted] (b)(6)-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.

[redacted] (b)(6)-4

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1998)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 20 Nov 03 2100 | Pt tolerated a very small portion of his regular dinner tray. Pt O2 ↓ to 4L to maintain SaO2 > 96%, will attempt to ween O2 ↓ throughout this shift. Cont. to monitor. [redacted] |
| 21 Nov 03 0105 | Pt breathing shallow c̄ beads of sweat on his [redacted] forehead c/o pain in his upper chest. Given 1mg bolus of MSO4 & ↑ to 2.0mg/hr, RN notified; Will cont. to monitor. [redacted] |
| 21 Nov 03 0615 | Report given to oncoming shift. @ approx. 0520 pts SaO2 ↓ 91% on 5L NC when trying to get the pt up to a chair the pts. SaO2 ↓ 79%. Pt placed on 10L NR, SaO2 98%, & pt left in bed & HOB raised. [redacted] |
| 21 Nov 03 0930 | Received report from previous shift. At beginning of shift pt lying in bed. Pt now out of bed to chair. VSS! CT x 2 in place. Pt continues to use the incentive spirometer as [redacted] ordered. Will continue to monitor. [redacted] |
| 21 Nov 03 1210 | Pt back to bed. O2 sat's ↓ to 80's. Increased O2 to 6L via N/C. O2 sat's back up to 93-95%. Will continue to monitor. [redacted] |
| 21 Nov 03 1220 | Pt coughing up blood tinged sputum. Will continue to monitor & assess. [redacted] |
| 22 Nov 03 0600 | Pt had an uneventful night, VSS, SaO2 > 94% on 3L O2 via N/C throughout this shift. Pt up to chair @ 0530, report given to oncoming shift. [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 24948

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES |
|---|---|
| 22 NOV 03 | Surgery |
| 0932 | Pt improving slowly |
| | AVSS Sats - 95-100% on FL |
| | CT ~220 cc JP ~15-20 cc |
| | chest - nonlin (L) chest |
| | wound CIDE |
| | sxt - (L) arm swollen (+) clot on US. |
| | PTT - 26 on 700 units heparin |
| | Plan: D/C JP |
| | ↑ heparin |
| | will start Coumadin once CT out |
| | (b)(6)-2 [redacted] |
| 22NOV03 | Assumed pt care @ 0600, ~~Pt Pt~~ Pt OOB TO chair, PT ~~[illegible]~~ denies any pain or discomfort, ~~Pt~~ CT x1 TO suction, JP x1 TO suction, PT on Heparin Drip @ 14cc/hr. PT in stable condition, VSS, some edema noted left arm due to thrombosis, NO BP, needs stick TO be done on this am. work cont. TO monitor [redacted] /Ct for |

| 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

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 22Nov03 | PT/PTT & CBC Drawn @ 0806, PT/PTT 12.9/24.4, Heparin Drip increased to 1000 units/hr from 700; PTT to be done @ 4 hrs (@ 1400), PT rectal prescribed and well, no N/V/D, eat about 25% of breakfast — [redacted] |
| 22Nov03 | PT did well all day long, mouth, skin, Foley, BS & Bowel sounds prepared @ 1530 pt tolerated it well, PT ate <25% of dinner, Ensure suggested to nutritionist, PT's condition remains fair stay, restly & dull, during chart rev no S/S of infection, no S/S of bleeding, repeat gain to Spec [redacted] |
| 22Nov03 | 1/mg MSO4 bolus given for pain [redacted] T/M |
| 1800 22Nov03 | assumed PT care @ 1800 assess not on flow sheet, PT not eating dinner will continue to encourage (L) arm very edematous is elevated Radial pulse is difficult to assess cap refill slow >3 sec, LVE very painful pt given MSO4 bolus (4mg) in addition to 2mg/drip: PT now resting in NAD will cont. to monitor — Spec [redacted] |
| 1930 | PT ate only 25% of usual for dinner did not touch rest of plate — Spec [redacted] |
| 2100 ~~2000~~ | PT coughed up med amount of thick blood tinged sputum resting comfortable now in NAD O2 sat @ 98% — Spec [redacted] |
| 2300 | Obs PT sleeping in no acute distress — Sp [redacted] |
| 2400 | water level in CT filled back to 20cm mark — Sp [redacted] |
| 0100 | PT complained of pain in upper chest Rx'd w/ 2mg MSO4 given PT now resting comfortably — Spec [redacted] |
| 0200 | PT repositioned because of pain pulse & cap refill checked in (L) arm — Sp [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

MEDCOM - 24950

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 0410 | LABS drawn taken downstairs PT coughed up small amount of thick bloody mucus. —— SPC [redacted] |
| 0410 | PT complaining of pain @ Foley site no redness or S/S of infection present, PT has large bruise [redacted] along (L) abdomen along mid axillary line. bruise is dark purple and SPC will continue to monitor —— SPC [redacted] |
| 0600 | Report given to next shift —— SPC [redacted] |
| 0600 | PT alert and oriented x 3. Supplemental O2 2L via NC being given. PT tolerating O2 sat at 98%. Chest tube intact on (R) side of chest. Blue vac bubbling. Foley to gravity - light yellow urine evident in line. PT has IV line in (R) foot and PICC line in (R) femoral area - PT has clear upper breath sounds and diminished breath sounds in lower lobes. S1 S2 present. Surface line upper (R) side of chest intact - no drainage. (R) arm edematous and sensitive to movement - strong pain. Bowel sounds present, radial, pulses and pedal pulses strong and regular. PT able to move all extremities and turns in bed for proper body allignment. HOB elevated at 35° and PT tolerated 25cc of juice. Witnessing PT to eat and deep breathe [redacted] |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | LAST | FIRST | MI | [redacted] |

| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO. |
|---|---|---|
| [redacted] (b)(6)-4 | | |

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 24951

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 11/23/03 10 AM | PT HREOW increased to 24 cc/hr. at 1200 4/10. PT encouraged to use spirometer & deep breathe and use arms and legs for body alignment. [redacted] |
| 1200 | PT is stable, with mentation of presenting treatment. PT able to take small sips and voice concerns in regards to repositioning and comfort. (2) arm elevated to assist in reducing of edema. [redacted] |
| 1400 | PT moved out of bed to chair. Pt tolerate transfer well. Encouraged to take deep breaths. Skin evaluation done — [redacted] |
| 1600 | PT weighed in at 80.4 kg as seen by MD on rounds, CT DIC & gravity — VS stable except for PT dependence on 2L O2 to set at 96-100% [redacted] |
| 1800 | PT complained of pain discomfort in upper (2) region morphine drip increased to 4 mg/HR. PT complained Foley discomfort - Foley patent - adequate amount of yellow urine per HR. Foley patent - urinary bladder flat. PT able to relax quietly and maintain VS [redacted] |
| 1830 | PT (L) arm shows sign of decreasing - pulse present radial and arm elevation maintained. Report given to CPT [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 24952

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 23 NOV 03 1830 | Alert x3 - USS - IV of D5NS @ 20K @ rate in (D) foot. A-line is patent, heparin gtt to (D) leg @ 1200 u/hr patent. MSO4 4mg/hr. Epidural continuous. CT to (D) side chest to H2O seal drainage dark red drainage. Foley to gravity drainage clear yellow urine 150ml/hr. Sutures to upper (D) chest incision intact. @ drainage. Berrla 3+ HR - NSR S1S2 Lungs CTA - L Lobes diminished. CT to (D) side. Rg ecm. BS (D) ↓ ↓ quads. Pedal pulses +3 (R) Radial +2 (L) +2 ARM swollen warm to touch CMS intact - capreflll >3 sec. Offers ∅ c/o @ present HOB ↑ Resting quietly c̄ eyes closed. — [redacted] 1/12 |
| 23 NOV 03 1140 | CT to H2O seal drainage sml dk red blood drainage. MSO4 1UP hr pain control ∅ c/o pain or discomfort @ present. Resting quietly c̄ HOB ↑. — [redacted] 9/1020 |
| 24 NOV 03 0200 | Resting quietly ∅ c/o pain or discomfort. O2 2L via NC SpO2 96-97%. (R) Arm remains edematous. Radial pulses +2 warm to touch. — [redacted] 1020 |
| 24 NOV 03 0400 | Resting quietly c̄ c/o. SpO2 97% O2 on @ 2L via NC. HOB ↑. — [redacted] 1020 |
| 24 NOV 03 0500 | Bed bath and lm Δ done. CT to H2O seal is sml out dk red drainage. O2 @ 2L via NC SpO2 96%. Foley to gravity putting out 100-200ml clear yellow urine per hr. ∅ c/o @ present. [redacted] |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUM (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. |
|---|---|---|
| [redacted] (5)(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

MEDCOM - 24953

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 24 Nov 03 | Surgery |
| 0720 | Pt stable |
| | Auss CT - 250 cc / 24 hr 15 cc last 6 |
| | chest - improved breath sound (L) side |
| | CT serous, wound clean mild erythema |
| | CVS - [redacted] (b)(6)-2 |
| | abd - [redacted] |
| | Rx: s/p GSW to chest, (L) subclavian vein thrombosis |
| | Plan: Cont heparin |
| | If CT output <50 cc over next 8 hours will d/c |
| | chest tube this PM + transfer to floor |
| | (b)(6)-2 |
| | [redacted] |

| 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. |
|---|---|---|
| [redacted] (b)(6)-4 | | |

**PROGRESS NOTES**
Medical Record

STANDARD FORM 509 (REV. 5/1998)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 24 NOV 03 @ | 0800 Received pt from night shift in stable condition see I+Os, VSS, and full assessment on ICU flowsheet. Suture line to upper (R) chest OTA, Ø drainage noted, well approximated edges, Ø redness or swelling noted. (R) chest area w/ clogs c/d/i and CT intact and to $H_2O$ seal. (L) arm swollen, warm, (+) pulse and brisk cap refill. Pt remains on O2 2L NC for O2 Sats >93%. IV ABX cont. (R) femoral cath intact and Ø S/S of infiltration or infection. (L) PIV to shin intact w/o redness swelling or pain. Tol PO, but poor appetite noted. Ø complaints @ this time. Will cont to monitor. [redacted] |
| 1042 | Pt remains w/o complaints @ this time. Resting comfortably. Ø changes to (R) arm. 10cc of output from Chest tube. [redacted] |
| 1319 | Pt OOBTC, VSS, Ø complaints. c/c PO intake, pt is drinking ensure @ this time [redacted] |
| 1451 | At approx 1445 pt vomited x1 appears to be ensure, all pt had consumed was a few ounces of ensure, < 25% of can, a few sips of lemonade provided in jimmy deans lunch and ate a breakfast from jimmy deans. [redacted] |
| 1616 | Pt has decreased u.o. x 2 hours. 2nd hour Foley flushed, returned flush quantity 30cc Foley then d'd. Ø clog noted. Bladder |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 24955

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES |
|---|---|
| 24 NOV 03 1619 | is palpatable, and palpated by two seperate RN's. informed Dr [redacted] and called MOO x2. No response from MOO. Interpeter called and pt states a burning and difficulty to urinate. States he has past kidney problems. Pt stood up and ↑ flow noted, but still low quantity. Sediment noted ~~early~~ [redacted] earlier this shift, but again no sediment of Foley tip when Foley d/d. Will cont to monitor and contact MO [redacted] 1655. Dr [redacted] notified about ↓ urine output, pt complaint about pain + difficulty and information about past kidney problems. Pt returned to bed also. Dr [redacted] states that he was not concerned about uro @ this time and to pull foley. Foley pulled @ 1657. Dr [redacted] informed that 70cc of fluid out from CT after pt returned to bed. MO stated CT would be pulled tommorow [redacted] |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID (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. 5/1989)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

C# [redacted] (b)(6)-4

MEDCOM - 24956

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 1700 24NOV03 | Assumed PT care @ 1700. PT Resting in Bed. PT still refusing to eat Foley pulled @ 1700 PT still unable to void. PT told this an interp. that if he does not void w/in 4hrs new foley will have to be started, skin temp. cool L arm weakness improved bce drip not @ therapeutic levels. SPC [redacted] |
| 2000 | PT drank ½ of his dinner still no urine output @ this time will continue to monitor — SPC [redacted] |
| 2200 | PT used urinal 275 output. PT also used incentive spirometer. 2200 meds given PT in NAD — SPC [redacted] |
| 2300 | PT removed NC SATS ↓ 89 Replaced NC + instructed PT not to remove SATS back to 98% — SPC [redacted] |
| 2315 | PT complained of pain in abdomen bladder is palpable. PT repositioned will continue to monitor — SPC [redacted] |
| 2400 | PT OOBTC, On Bedside commode very little brown loose stool. PT also had an episode of emesis. Small amounts of whitish brown liquid & dark brown flecks. PT now laying down will monitor closely — SPC [redacted] |
| 0200 | PT complaining of itching in (L) ~~hand~~ arm is now resting comfortably — SPC [redacted] |
| 0330 | PT up asking for urinal USS. in NAD — SPC [redacted] |

| 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

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 0530 | Pt voided 200 cc urine dark yellow no sediment USS |
| | in NAD ——— SPC [redacted] |
| 0600 | 0600 meds given. LABS back PTT still in 30 sec range not therapeutic |
| | X RAY done by SSG [redacted] ——— S[redacted] |
| 0605 | Pt voided 250cc urine via urinal. Pt is now taking |
| | bed bath. ——— SPC [redacted] |
| | (b)(6)-2 |
| 25 Nov 03 | Surgery |
| 0710 | Pt stable |
| | AVSS CT 150cc/24 hrs serosan |
| | Chest - Slowly improving aeration |
| | Wound Erythema d/c |
| | CVC - Ry |
| | Abd - Benign |
| | Imp: S/P GSW to chest |
| | Pln: CT D/C'd this AM |
| | Transfer to floor |
| | Start Lovenox |
| | (b)(6)-2 |
| | [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 24958

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 25NOV03 | (1745) Assumed care of pt from ICW3 via gurney in stable cond. VSS. ∅ c/o pain. Pt alert, speaking Arabic. O2 via NC @ 4L. SpO2 97-98%. IVFs infusing into IV in @ femoral via dial. a. flow ∃ SIS/x infection/infiltration. Hep drip infusing into 18g IV in @ leg ∃ SIS/x infection/infiltration via dial. a. flow @ 24cc/hr. Dsg ↑ @ side of chest CDI. ∅ resp. distress noted. Pt voiding ∃ difficulty. 2 point restraints in place ∃ SIS/x complications. Will cont. to monitor. [redacted] |
| 25NOV03 (1900) | VSS. Alert & oriented. O2 @ 4L NC. O2 SAT 98%. Resp even & unlabored. Lungs clear bilaterally with diminished to LLL. Incentive spirometer used properly @ 600-900cc/sec. ∃ non productive cough. (L) UE swollen but non-pitting. Radial pulses +2 (B) capillary refill brisk. (R) subclavian incision with edges well approximated & sutures intact. Incision without drainage. (R) femoral IV patent & intact infusion. D5 1/2 NS ∃ 20mEq KCl/L @ 125cc/hr via pump. (L) Leg IV |

| 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. |
|---|---|---|
| | | |

#[redacted] (5/6)-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

MEDCOM - 24959

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| | (Continued) |
| 25NOV 03 | Patent & intact infusing Heparin @ 1200 units/hr. Pedal pulses +2 Bilaterally. OOB to BR c̄ +1 assist. ~~Had~~ Had BM. Consumed 30% of regular diet for dinner. Pt's 30% Percocet effective for pain manag. Will continue care as planned [redacted] |
| 26NOV03 (1905) | Assumed care @ 0000. Pt alert, speaking Arabic. VSS. Pain controlled c̄ Percs. Pt amb to BR s̄ difficulty. OOB to chair for several hours. tol. well. SpO2 97-98% on 4LO2 via NC. ∅ resp. distress noted. Dsg to @ side of chest Δd. ∅ s/sx infection @ dd CT sites. Pt tol. sm. amount reg diet. Voiding s̄ difficulty. IV in @ leg dlcd d/t infiltration. leg IV started in @ forearm. Heparin gtts @ 24cc/hr infusing s̄ s/sx infiltration. IVFS SLd in cordis in @ femoral. ∅ s/sx infection/infiltration. 2 point restraints in place s̄ s/sx complication. Swelling noted in LUE compared to RUE. Report given to oncoming shift. [redacted] |
| 26NOV03 (1900) | VSS Alert & Oriented. O2@4L NC [redacted] 98% Lungs clear c̄ diminished to (B) LL. Uses Incentive Spirometer @ 600-900 cc/sec c̄ min production noted. Peripheral pulses palpable +2, (R) femoral IV patent & intact and Hep locked. (R) FA IV patent & intact infusing heparin gtt. Consumed 30% |

STANDARD FORM 509 (REV. 5/1999) BACK

[redacted] USAPA V1.00

MEDCOM - 24960

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |

(Continued)

26NOV03 of reg diet for dinner. (L) UE ≡ swelling but non pitting. No noted venous bleeding. Very clear yellow urine. (L) subclavian ~~site~~ incision ≡ suture edges well approximated. 2 point restraints in place with continue care as planned. [redacted] 2CTN

27NOV03 (0900) NSG. VSS. ⊖ c/o pain, sutures to (D) side of chest wall. CDI, well approximated, ⊖ signs of infection. ⊕ DSG to (D) side of chest. ~~Old CT DSG~~ CT DSG from ~~DTC~~ previous CT. DSG CDT. Pt on $O_2$ 4L sat 98%. RA sat 90%. LS sounds coarse through all lung fields. (L) upper lobe rhonchi. Enc. pt to do IS q1h to prevent infection in Lungs. Pt verbalized understanding. (L) arm ⊕2 edema 2° (D) subclavian thrombocysis. Pt voided blood tinged urine. Notifed Gen Surgery on ~~yellow~~ & yellow radio of finding. ~~&~~ Paused heparin drip. No new orders pending. (R) Fem art infusing IV ABX ≡ difficulty. Pt asleep. Will monitor urine. [redacted] 1900

(1600) Dr [redacted] came to ward. VO coag panel. Asked if to continue Heparin drip. Dr [redacted] ordered to cont[redacted] heparin drip until coag panel back. [redacted] 1700

| 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 |
|---|---|---|
| | | |

(b)(6)-7

| 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. 5/199
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1
USAPA V1.0

[redacted]

(b)(6)-7

MEDCOM - 24961

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 27 NOV 1900 | Patient OOB → Chair ≈ $O_2$ SAT 95-96% on RA. using incentive spirometer properly @ 600-900 cc/sec ≈ non productive cough. Voiding tea colored urine per urinal @ this time. PO fluid intake encouraged. Peripheral pulses palpable +2. (L) UE continued to be edematous. Ambulated to BR ≈ assist but supervised. (R) femoral IV patent & intact with active bleed noted around insertion site. (R) FA saline lock patent & intact. The active bleed noted @ IV insertion site. 2 point restraints in place without compromising circulation or skin integrity. Will continue to monitor closely for active bleeding [redacted] |
| 28 NOV 03 | (1020) NBS. VSS. Pt c/o pain (L) side of chest. Incision to (L) side of chest wall - approximated c̄ ⊖ signs of infection. Δ DRB to (R) femoral line c̄ sterile technique. ⊖ signs of infection. Flushes well. ~~Lung sounds~~ (L) upper lobe (+) coarse c̄ rhonchi. Lung sounds (b)/(b)2 ↓ in (L) side of chest. Pt Sat 95% RA. (L) arm (+) edema. (+) 2 radial pulses B/L. Enc IS use. Pt demonstrated proper use. [redacted] |
| 29 NOV 03 @ 0015 | assumed care of pt @ 1800. VSS, Sats 95% on RA. Pt alert, speaking Arabic, LS CTA (R) lobes, (L) lobes ↓ @ bases. Uses IS properly. Approx 2345 mL, rechecked sats: pulse ox 96% on RA. 2 LNC applied c̄ sats ↑ to 96%. (L) chest incision CTA, CDI. (CONT) [illegible] |

STANDARD FORM 509 (REV. 5/1999) BAC
USAPA V1.

MEDCOM - 24962

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 28NOV03 @ 0015 | (CONT) old CT insertion site OTA, intact. (+) BS, tol reg diet well, void per urinal QS. (R) femoral line Drsg reinforced, flushes easily. (R) FA PIV flushes well, IV Abx cont. (L) arm edematous (+1), (+) radial pulse equal (BIL). Zpt restraints w/ S/Sx of skin/circulation compromise. Plan: monitor O2 sats, enc IS, enc po, enc amb. Will monitor. [redacted] |
| 24NOV03 @ 1600 | Assumed care of pt. @ 0600. VSS. A&O, Ø c/o pain. Staples to (L) anterior chest, open to air, Ø drainage. Pt. on 4L O2 in bed. Pt. ambulates to BR w/ difficulty. New IVSL to (R) upper arm 20G, flushes well. Pt. tol. reg. diet well. Urinal @ bedside c/o. Pt. in 2-point restraints, Ø signs of skin breakdown. All other assessments WNL. Will cont. to monitor. [redacted] LT, AW |
| 29NOV03 @ 2330 | assumed care of pt @ 1800. VSS, no c/o pain. (L) chest incs OTA, sutures CDI. LS OTA, ↓ (L) base, IS enc, RA sats 95%. (R) PIV flushes well, IV Abx cont. Pt ↑ CHAIR x 2°, tol well. Tol regular diet well, void QS per BR/urinal. Zpt restraints w/ S/Sx skin/circulation compromise. (R) femoral line HB flushes easily. (L) arm cont. +1 edematous, (+) radial pulse, Ø c/o pain. Plan: cont IV Abx, monitor incision, monitor O2 sats. [redacted] |

| 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 V1.0

[redacted] (b)(6)-1

MEDCOM - 24963

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 30NOV03@1700 | Assumed care of pt. @ 0600. VSS. Ø c/o pain, Staples intact to left anterior chest incision, open to air, Ø drainage. BS ↓ to ⓛ LLF, ⊕ BS all 4 quads, ⊕ pulses to all extremities. $O_2$ NC off, pt. ~~[illegible]~~ (ambs) w/o. $O_2$ sat 95% on RA. IVSL to ⓡ upper arm, flushes well. Pt. ambulates to BR ∓ assist, steady gait. Pt. in 2-point restraints in bed, Ø signs of skin breakdown. All other assessments WNL. [redacted] PA |
| 2200 30 hrs | Called to see re abd pain. c/o pain all over abd not specific, had for days ago, Ø emesis, BM x 1 today. PE: P 120 afeb sat 92%. chest - few rales abd - rounded soft UH - non tender (b)(6)-2 BS ⊕ active c/o pain all over but no rebound, is worse during Ø. A - abd pain ? etiol. P - CXR re LO, sat, CBC; if persistent pain KUB, possibly GB U/S [redacted] |
| 2015 30NOV03 EVENT | See above MD note also. Pt moaning, c/o pain to abdomen. Interpreter called. Pt c/o sudden ↑ in pain (started 1 hour ago) to mid abdomen. Abd soft, ⊖ rebound tenderness ⊕ TTP ⊕ BS, ⊕ BM this afternoon. HR 120s-130 bpm, resp 26-30, $O_2$ sats 92% RA, ↑ c 4L NC to 98%. MD @ BS, ABL drawn, CXR completed. Nyquil given (CONT) |

STANDARD FORM 509 (REV. 5/1999) BA

USAPA V

MEDCOM - 24964

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 30Nov02 2215 | (CONT) as ordered, IVFs started. MD pulled (R) femoral line. Plan: unit monitor sats, pain. [redacted] |
| 30Nov02 2245 | - CBC returned, WBC ↑ 13.5 (8.9 this AM). CXR completed, MD notified. [redacted] LPN |
| 1Dec02 @0100 | Pt resting quietly @ this time. HR ↓ 95-97 bpm, O2sats 98-99% 2LNC, states pain is better. (decreased) LS CTA, ↓ bases, IS encourage. (+) chest incision OTA, sutures intact. Pt ↑ to chair twice in shift x ½ hour. IVFs cont to (R) upper arm PIV. Voiding amber urine QS, tol 30% of dinner meal. Plan: monitor O2sats, monitor abd pain, incis & po intake. [redacted] Addendum: 2pt restraints ON S/Sx of skin/circulation compromise. [redacted] |
| 1Dec'03 0820 | Rec'd report and assumed care of pt. Pt in ↑ right position (-) s/s of resp distress pain or discomfort @ present time. Pt has suture in place (+) s/c area. (-) drainage around site. Lungs CTA decreased in bases. POx 95% on RA. IVF patent (R) ↑ arm (-) s/s of infiltration @ site. BSA (+) distal pulse equal bilaterally. (-) skin break down under 2 point restraints |

| 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. |
|---|---|---|
| | | |

[redacted] (b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| cont | Pt ate small amount on breakfast. Will |
| 1 Dec@0800 | continue to monitor. SSG [redacted] 1WHG |
| 1330 | Pt ↑ ambulating in the hallway. Pt stated |
| | he could not eat the food. It bothers his |
| | stomach. Pt encouraged to eat small amount. |
| | Pt completed AM and return to bed. 2 point |
| | restraints applied per MP's. — [redacted] 1WHG |
| 1400 | Pt again ~~it~~ [redacted] ~~percocets~~ percocets for pain. POx 95% |
| | on RA. Will continue to monitor — [redacted] |
| 1730 | Pt resting comfortably — [redacted] 1WHG |
| 2DEC03 @0645 | assumed care of Pt @1800. VSS. No c/o pain. Alert, speaks |
| | arabic. LSCTA, uses IS. (D) chest incision CDI, OTA, Ø S/Sx |
| | of infection. Tol 50% of dinner. Void's difficulty. Pt ↑ CHX |
| | 2 walls, AMB to BR's difficulty. IVFs cont. Plan: encpo, |
| | monitor sats (currently 98% RA), enc IS/C/DB. 2pt restraints |
| | WNS S/Sx of skin/circulation compromise. Will continue |
| | to monitor. — [redacted] |
| 2DEC03@1800 | Assumed care of pt @ 0600. VSS, A&O, Ø c/o pain. Incision to |
| | (L) upper chest closed = sutures, well approx., Ø drainage, |
| | open to air, lung sounds clear bilat. Pt. OOB → BR, |
| | ambulates w/ difficulty, steady gait. Urinal @ bedside → CYO. |
| | LRC 150cc/hr to (R) upper arm, Ø S/Sx of infiltration. Pt. ate 20% |
| | of breakfast, tol. well. Pt. in 2-point restraints, Ø signs of |
| | skin breakdown. All other assessments WNL. Will cont. to monitor. |
| | — [redacted] CT, AN |

STANDARD FORM 509 (REV. 6/1999) BACK

USAPA V1.00

MEDCOM - 24966

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 25 Nov 03 0745 | Received report from previous shift. Pt performed ADL care & assistance. Physician @ bedside to D/C chest tube. Dressing applied. VS remain stable. Pt voids per urinal. Drains written (or transfer to ward). Will continue to monitor. [redacted] |
| 25 Nov 03 1200 | Pt resting in bed. MSO4 drip D/C'D. D C/O @ thoracotomy. Will continue to monitor [redacted] (b)(6)-2 |
| 26 Nov 03 | Surgery<br>Pt doing well<br>MUSC<br>Chest improving<br>Wound c/d/I erythema c/d/c<br>Ext - (c) arm edema<br>Dx: GSW to Chest / Subclavian vein thrombus<br>Px: Lovenox / Coumadin<br>To carry Saturday (b)(6)-4<br>[redacted] |

| 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.

**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

MEDCOM - 24967

510-112 NSN 7540-00-634-4123

| MEDICAL RECORD | | | NURSING NOTES (Sign all notes) |
|---|---|---|---|
| DATE | HOUR A.M. | HOUR P.M. | OBSERVATIONS Include medication and treatment when indicated |
| 19 Nov 03 | 0650 | Received patient from off going shift; | |
| | | NIBP 70/40; vented with manual 80/40; PT | |
| | | unresponsive to stimuli; Sedation off; NS 1 L in | |
| | | 5.0 x 1. Current assessment as follows (please | |
| | | see flow sheet for #s); PMOS; [N] opens | |
| | | eyes to painful stimuli / voice; PERRL 2mm; | |
| | | MSO4 / versed for pain / sedation; versed | |
| | | currently off; SVG IVP 5mm x 1; MSO4 @ 2cc/hr; | |
| | | (R) # 8 ETT 24cm @ lip; SJ 20, SIMV 14, | |
| | | TV 750; PEEP 5; CTA thyghout; PK PIPs <28; | |
| | | Suctioning for minimal amt of white → clear | |
| | | secretions; CT x 2 to (L) side - 20cm suction; | |
| | | (-) S/S of cyanosis; warm distal tips; (+) SSR; | |
| | | pt does go to ST upon agitation; (MSR in | |
| | | FOS) NIBP 110-130/60s; +2 pulses x 4 ext; (-) edema, | |
| | | diaphoresis (hyperemia applied calcium); 99L; (-) JVD, S1, S2 | |
| | | (K+ S.G - will notify MD); (-) GI S ND, NT, soft hyperactive | |
| | | bowel sounds; JP from UQL to suction, | |
| | | NGT to LWS; (-) foley to gravity; [Lines] ETT, | |
| | | NGT, foley, (R) SC cordis, (L) PIV to LE; JP; - DSNS | |
| | | w/ 20 PO KCL; (skin) (L) upper shoulder c/d, C/D/I | |
| | | [PLA-] aggressive pulmonary suctioning; monitor | |
| | | resp status; — [redacted] | |
| | | (Co[redacted] | |

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

[redacted] (b)(6)-4

REGISTER NO. (b)(6)-2

WARD NO. ICU 3

NURSING NOTES
Medical Record

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 24968

# NURSING NOTES

(Sign all notes)

| DATE | HOUR A.M. | HOUR P.M. | OBSERVATIONS Include medication and treatment when indicated |
|---|---|---|---|
| 19NOV03 | 830 | | Pt arousable; Bolus x2 fluid; Pt with epistaxis; call relatives cell; ABX obtained. [redacted] (b)(6)-2 |
| | 1170 | | Pt established with [redacted] Arousable; follow commands; Sats 100% on 35% FiO2; Overnight next afternoon HR 8; Pt <27; exhibits difficulty; Placed on NRB 10L; will titrate for [redacted] |
| | 1513 | | VSS; NSR in 80s-90s; NIBP 85-90/40s; tapered oxygen to 2/LNC; sats 100%; CT & WS drs A'd - [redacted] |
| | 1002 | | Pt OOB to chair @ 1800; c/o SOB x3 hours; BS ↓ at bases; sats 100% on 4L NC in chair; Pain relieved with morphine (1.5mg). On [redacted] shift given report - [redacted] (b)(6)-2 |

| MEDICAL RECORD | PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT<br>FOR Use this form. See AR 40-407: the Proponent agency is The Office of the Surgeon General. |
|---|---|
| 1. AGE 30 ??<br>HEIGHT:<br>WEIGHT: | 2. KNOWN ALLERGIC SENSITIVITIES (e.g.. Iodin, Tape, Medication)<br>☑ NKDA ☐ PCN ☐ LATEX ☐ IODINE ☐ TAPE ☐ FOOD<br>REACTION:<br>3. PREVIOUS SURGERY [ ] NO [ ] YES (type): |

4. PROPOSED SURGICAL PROCEDURE:
I & D (L) Chest wall

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition: Dry
Tobacco ___ ppd X___ yrs Body Piercing ___ Diabetes (Y) (N) ROM ___ ASA/Motrin W 72hrs (Y) (N)
ETOH ___ Implants ___ Respiratory Disease (Asthma COPD) (Y) (N) Anticoagulants (Y) (N)
Glasses/Contact (Y) (N) Dentures ___ Hypertension (Y) (N) Herbal Medicines (Y) (N) MEDS: ?

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| A. PSYCHOSOCIAL<br>___ potential for anxiety related to:<br>___ 1) Surgical Procedure& Operating Room Environment<br>___ 2) Separation Anxiety (Child)<br>___ 3) Surgical Outcomes | O Pt. verbalizes any specific anxiety.<br>O Pt. Exhibits relaxed body posture. | O. Allow pt. to verbalize freely.<br>O. Explain Or environment and answer questions regarding surgery.<br>O. Offer comfort measures. (e.g. warm blanket. touch).<br>O. Explain all nursing procedures before they are done.<br>O. Remain with pt. Whenever possible.<br>O. Maintain family interface. Parents to stay with pt. |
| B. AERATION<br>___ Potential for respiratory dysfunction due to:<br>___ 1) Positioning<br>___ 2) Effects of Anesthesia<br>___ 3) Medical/Smoking History | O Pt. will be able to breath without difficulty during immediate intraoperative phase. | O. Offer to elevate head of litter or offer pillow.<br>O. Observe pt. While awaiting surgery for signs of distress.<br>O. Assist anesthesia during intubatior and extubation. |
| C. INTEGUMENT<br>___ Potential Impairment of Skin Integrity due to;<br>___ 1) Intraoperative Immobility<br>___ 2) ESU Pad Placement<br>___ 3) Positional Aids<br>___ 4) Prosthesis<br>___ 5) Pooling of Prep Solutions | O Pt. will exhibit signs of impairment of skin integrity (e.g., reddened areas). | O. Utilize pressure preventing devices on OR table and accessories.<br>O. Check for proper positioning and support to maintain good body alignment.<br>O. Pad pressure points.<br>O. Place ESU ground pad on non compromised skin surface area.<br>O. Keep prep fluids form pooling. |

9. PATIENT'S IDENTIFICATION: ( For typed or written entries give: Name-last, first, middle; grade, data; hospital or medical facility)

[redacted]
(b)(6)-4

**VERIFICATIONS AT HOLDING AREA:**
! ID/Allergy Band ! Dentures Removed
! H & P ! Contacts Removed
! NPO Since ___ ! Jewelry Removed
! UHCG/LMP ! Body Pierce Removed
! Consent/Blood Transfusion Signed/Witnessed/Dated
! Surgical Site/Consent verified by Pt./Anesthesia/Surgeon
! Contact precautions (Y) (N)
! Family/Friend: ___

DA FORM 5179, JUN 91 Previous editions are obsolete. USAPA V1.0

MEDCOM - 24970

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| D. CIRCULATION<br>_____ Potential for inadequate tissue perfusion due to:<br>_____ 1) Intraoperative Mobility<br>_____ 2) Positioning<br>_____ 3) Existing Disease<br>_____ 4) Safety Devices<br>_____ 5) Hypothermia | O. Pt. will exhibit signs of adequate tissue perfusion (e.g. color, warmth. pedal pulse. | O Check foe support stocking or ace warps. if none, check with doctors.<br>O Check that safety straps are correctly applied.<br>O Offer pillow for under knees.<br>O Place and take down legs from ~~stirrups with slow bilateral motion~~.<br>O Check that rings and all body piercing has been removed. |
| E. NEUROMUSCULAR CONTROL<br>E.I. _____ Potential Impairment of Mobility due to:<br>_____ 1) Pain<br>_____ 2) Intra operative Hazzards<br>_____ 3) prosthesis<br>_____ 4) Positioning<br>_____ 5) Transfer pt. To/form OR table<br>E.2. _____ Potential Discomfort Due to:<br>_____ 1) Length of Surgery<br>_____ 2) Positioning<br>_____ 3) Arthritis | O pt. will be transferred to OR table without difficultly.<br>O pt. will be not experience unnecessary physical discomfort. | O Have sufficient people available for transfer.<br>O Insure proper body alignment.<br>O Allow patient to lie in position of comfort while waiting for surgery.<br>O Offer support (i,e..pillows. Bath towel. etc) for positioning. |
| F. Special Senses<br>F.I. _____ Diminished visual perception due to being:<br>_____ 1) pre-medicated<br>_____ 2) W O GLASSES<br>F.2. _____ Potential for Decreased Communication due to:<br>_____ 1) Diminished Hearing<br>_____ 2) Language Barrier<br>F.3. _____ Potential Injury due to Dentures:<br>_____ 1) Upper _____ 4) Caps<br>_____ 2) Lower _____ 5) Crowns<br>_____ 3) Bridges | o pt. will be made aware of surroundings prior to anesthesia induction.<br>o pt. will be transferred safely to OR table.<br>o pt. will be able to understand instructions.<br>o Minimize danger of injury during intraop period. | O Introduce self. keep pt informed as to where he. she is and what is happening.<br>O Inform pt. in which direction to move and assist if necessary.<br>Speak clearly and slowly.<br>O Address pt. from Left side.<br>O Validate pt.'s understanding of verbal communication.<br>O Verify removal of dentures. |
| G. OTHER PATIENT PROBLEMS NEEDS OR Continuation of Above problems/needs. | OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes. | OTHER NURSING INTERVENTIONS **OR continuation of above interventions.** |

10. OR NURSING INTERVENTION COMPLETE D/ADDITIONAL INTRAOPERATIVE INTERVENTIONS NOTED.

_____ DATE

11. POSTOPERATIVE EVALUATION :
LEVEL OF CONSCIOUSNESS: ☐ A&O ☐ Drowsy ☐ Sleepy ☐ Intubated
LEVEL OF ACTIVITY: ☐ MOVES ALL EXTREMITIES ☐ Moves Upper Extremities ☐ Transferred to Litter With roller due to spinal
SKIN INTEGRITY: Bovie Pad Site: ☐ Clean and Dry ☐ Red ☐ N/A
DRESSING DRY & INTACT: (Y) (N)
BREATHING EASY: (Y) (N)

12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title) [redacted] (b)(6)-2
DATE: 19NOV03 TIME: 0100

13. ~~PREO~~PERATIVE EVALUATION PREPARED BY (Signature and Title) [redacted]
DATE: 19NOV03 TIME: 0050

REVERS OF FORM 5179, JUN 91 USAPA V1.0

MEDCOM - 24971

**MEDICAL RECORD**

**INTRAOPERATIVE DOCUMENT**

For use of this form, see AR 40-407, the prop[illegible] [illegible]c [illegible] e office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA LITTER BY ANESTHESIA

2. PATIENT IDENTIFIED AND RECORD REVIEWED AND PROCEDURE VERIFIED BY CRT [redacted] (Emergency

3. DATE 19Nov03 TIME PATIENT ARRIVED IN SUITE 0105

4. PATIENT IN ROOM TIME 0106 NUMBER 27

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☑ OTHER (Specify)

COMMENTS: Intubated - Sedated.

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] (b)(6)-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | Maj [redacted] | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS (Specify) Pt placed - on bed, anatomically aligned neutral

☑ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: Arms on arm board <90° strapped STRAP Curved along knees 2". All pp.

8. SKIN PREPARATION

HAIR REMOVAL ☑ YES ☐ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☑ RAZOR Dr [redacted] ☐ CLIP Chest wall

COMMENTS: ↓ cuts or mess noted

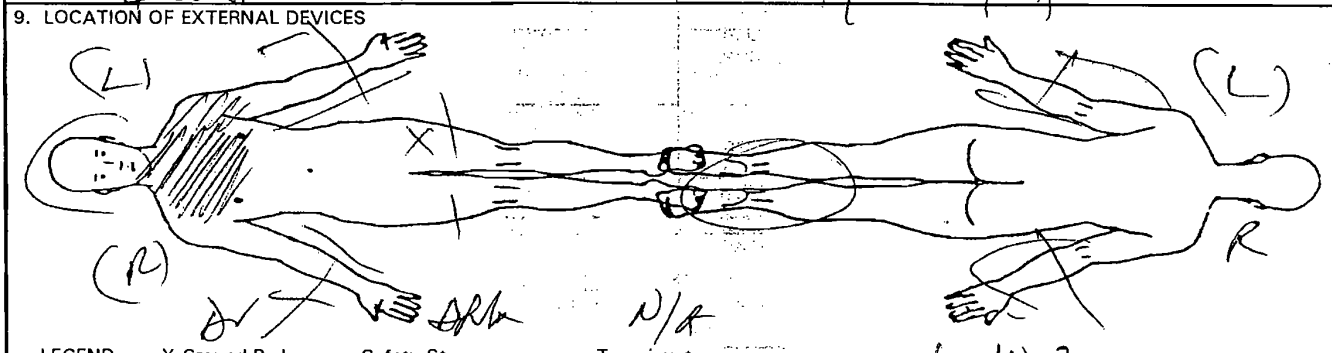
PREP SOLUTION (Specify) Betadine/Betadine

SITE: (B) chest wall BY WHOM:

SITE: chin to nipple BY WHOM: DE [redacted]

COMMENTS: ↓ pooling of Betadine noted

9. LOCATION OF EXTERNAL DEVICES




LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

(b)(6)-2

10. COUNTS

C = Correct I = Incorrect

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☑ Yes | ☐ No | | | | [redacted] | [redacted] |
| Needle Sharp | ☑ Yes | ☐ No | | C | C | | |
| Instrument | ☐ Yes | ☑ No | | | | | |
| Other | ☐ Yes | ☑ No | | | | | |

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

[redacted]

(b)(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☐ YES ☐ NO

☑ ESU NO: Valley Lab Ronson

GROUND PAD: BRAND Polyhesive Plus

LOT NO: 69441 03/2005

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

MEDCOM - 24972

13. PROSTHESIS, IMPLANTS | E | NO | IF YES NAME: ID NUMBER | CTURER

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):
Nacl

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE [redacted]

15. X-RAY IN OPERATING ROOM IF YES, SITE
YES ☐ NO ☑

16. LABORATORY SPECIMENS

| | | | |
|---|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | | NAME |
| NAME | NAME | | NAME |
| NAME | NAME | | |

18. DRESSING/IMMOBILIZATION *(Specify)*
4x8
TAPE

17. TUBES, DRAINS/PACKING YES ☑ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. 16 Fr Foley | 2. 2 Ct (EMT) | 3. 10 mm JP |
| SITE | 1. Bladder (EMT) | 2. (L) chest wall | 3. (L) chest wall |

19. ADDITIONAL INFORMATION
[redacted] A: [redacted] TYPE : GETA

(5)(6)-2
Bone set clean, dry intact pin-pins
Dressing dry & clean, intact

20. OPERATION(S) PERFORMED
I & D (L) chest wall

21. PATIENT TRANSFERRED TO ICU 3 | TIME 0045 | METHOD W Hr

22. REGISTERED NURSE SIGNATURE [redacted]

REVERSE OF DA FORM 5179-1, OCT 87 USAPA V1.00

MEDCOM - 24973

511-119 NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR NOV 2003 | DAY: 26, 26, 27, 28, 29, 30, 1

HOUR: 5, 1, 0, 1, 22, 0, 12, 0, 1, 0, 12, 0

PULSE (O) | TEMP. F (•) | TEMP. C (Centigrade Equivalents, for Reference only)

105° — 40.6°
180 — 104° — 40.0°
170 — 103° — 39.4°
160 — 102° — 38.9°
150 — 101° — 38.3°
140 — 100° — 37.8°
130 — 99° — 37.2°
98.6° — 37.0°
120 — 98° — 36.7°
110 — 97° — 36.1°
100 — 96° — 35.6°
90 — 95° — 35.0°
80
70
60
50
40

RESPIRATION RECORD: 20, 20, 20, 24, 32, 68, 8, 18, 18, 20, 20, 30

BLOOD PRESSURE: 127/78, 127/79, 95/56, 97.3, 122, 119/62, 96.0, 111/69, 115/73, 98.7, 109/66, 75, 95%, 111/70, 121/79, 96.3, 114, 116/70, 110/72, 113/69, 89

HEIGHT: WEIGHT →

Record special data only when so ordered: O2 Sat 181(4L) 95 42; 87% 100% 4L; 98% 90% RA 4L T96 RA; RA 235 90% ↓ 2LNC ↓ 96%; 95% RA; RA; RA; 95% 95% RA; 95 RA; (RA 45) 92% ↓ 4LNC ↓ 98%

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. ICW

# [redacted]

(5)(6)-4

**VITAL SIGNS RECORDS**

Medical Record

**STANDARD FORM 511** (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 24974

# MEDICAL RECORD — VITAL SIGNS RECORD

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HOSPITAL DAY | | | | | | | | | | | | | | | | | |
| POST- | DAY | | | | | | | | | | | | | | | | |
| MONTH-YEAR | DAY | 2 Dec | | | | | | | | | | | | | | | |
| 19 | HOUR | 8 | | | | | | | | | | | | | | | |
| PULSE (O) | TEMP. F (°) | 8 | | | | | | | | | | | | | | | TEMP. C |
| | 105° | | | | | | | | | | | | | | | | 40.6° |
| 180 | 104° | | | | | | | | | | | | | | | | 40.0° |
| 170 | 103° | | | | | | | | | | | | | | | | 39.4° |
| 160 | 102° | | | | | | | | | | | | | | | | 38.9° |
| 150 | 101° | | | | | | | | | | | | | | | | 38.3° |
| 140 | 100° | | | | | | | | | | | | | | | | 37.8° |
| 130 | 99° | | | | | | | | | | | | | | | | 37.2° |
| | 98.6° | | | | | | | | | | | | | | | | 37.0° |
| 120 | 98° | | | | | | | | | | | | | | | | 36.7° |
| 110 | 97° | | | | | | | | | | | | | | | | 36.1° |
| 100 | 96° | | | | | | | | | | | | | | | | 35.6° |
| 90 | 95° | | | | | | | | | | | | | | | | 35.0° |
| 80 | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | |
| RESPIRATION RECORD | | 24 | | | | | | | | | | | | | | | |
| BLOOD PRESSURE | | 111/61 | | | | | | | | | | | | | | | |
| | T | 97.1 | | | | | | | | | | | | | | | |
| HEIGHT: | WEIGHT → | 97.4 | | | | | | | | | | | | | | | |
| | | 97.6 | | | | | | | | | | | | | | | |

(Centigrade Equivalents, for Reference only)

Record special data only when so ordered

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)*

REGISTER NO.

WARD NO.

**STANDARD FORM 511** (REV. 7–95) **BACK**

#[redacted]

(b)(6)-4

MEDCOM - 24975

(b)(6)-2

i-STAT EG7+

Pt: [redacted]

Pt Name:_____

Na_____141 mmol/L
K_____4.1 mmol/L
TCO2_____22 mmol/L
iCa_____1.05 mmol/L
Hct_____27 %PCV
Hb*_____9 g/dL
*via Hct

At 37C
pH_____7.306
PCO2_____40.9 mmHg
PO2_____169 mmHg
HCO3_____20 mmol/L
BEecf_____-6 mmol/L
sO2*_____99 %
*calculated

At Patient Temp
pH_____7.340
PCO2_____36.8 mmHg
PO2_____156 mmHg

Patient Temp: 94.3F
FIO2_____: 60
Sample Type_: ART

19NOV03 00:43

Oper: [redacted]

Physician:_____

Ser# 42011
Ver: JAMS046A
CLEW A93

---

[redacted]

CHEMISTRY RESULT FORM
(Subject to the Privacy Act of 1974)

DATE: 18 Nov 03 TIME: 2350 SSN: [redacted]

Piccolo Metabolic Panel

(b)(6)-4

======= PICCOLO =======
19/11/03 00:00
REFERENCE RANGE: MALE
PATIENT #: [redacted]
BASIC METABOLIC
DISC LOT #: 3325AA4
OPER #: 013 DR #: 000
SERIAL #: 0000100494

| | | | |
|---|---|---|---|
| GLU | 148* | 73-118 | MG/DL |
| BUN | 13 | 7-22 | MG/DL |
| CA++ | 6.9* | 8.0-10.3 | MG/DL |
| CRE | 1.8* | 0.6-1.2 | MG/DL |
| NA+ | 141 | 128-145 | MMOL |
| K+ | 4.9* | 3.3-4.7 | MMOL |
| CL- | 110* | 98-108 | MMOL |
| tCO2 | 22 | 18-33 | MMOL |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 1+, ICT 0

======= PICCOLO =======
19/11/03 00:12 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted]
LIVER PANEL PLUS
DISC LOT #: 3154AA7
OPER #: 013 DR #: 000
SERIAL #: 0000100684

| | | | |
|---|---|---|---|
| ALB | 3.0* | 3.3-5.5 | G/DL |
| ALP | 52 | 26-84 | U/L |
| ALT | 22 | 10-47 | U/L |
| AMY | 102* | 14-97 | U/L |
| AST | 45* | 11-38 | U/L |
| TBIL | 0.4 | 0.2-1.6 | MG/DL |
| GGT | 20 | 5-65 | U/L |
| TP | 5.3* | 6.4-8.1 | G/DL |

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 0

TE: LAB ID NO.:

(b)(6)-2

Ward Section: Gn6 | REQUIS: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

DATE: 18 NV | TIME: 2350 | SSN: [redacted] (b)(6)-4

| Urinalysis | | | Urine Cytology | | |
|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| Color | Straw | N/A | RBC | | Negative |
| Appr | clear | N/A | Mono | | Negative |
| Glu | pos | Negative | Microbiology | | |
| Bili | neg | Negative | Source | | |
| Ket | neg | Negative | Gram Stain | | |
| SG | 1.005 | N/A | Occ Bld | | Negative |
| Bld | mod | Negative | H. pylori | | Negative |
| pH | 6.0 | N/A | Micro Parasites | | |
| Prot | neg | Negative | Malaria | | |
| Urob | neg | 0.2-1.0 | O & P | | |
| Nit | pos | Negative | Other | | |
| Leuk | neg | Negative | Microscopic Urinalysis | | |
| HCG | | Negative | Clinitest - neg 3-5 RBCs | | |

| CSF | | | Blood Bank | |
|---|---|---|---|---|
| Cell Count | | | MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED | |
| Direct Antigen | | Negative | ABO/Rh | B pos |

Blood Bank Unit Crossmatch
(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |

LAB ID NO.:

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/19/03 00:04

Patient ID: [redacted]
Test Name :PT
Test Result:= 17.0 sec.
Ratio = 1.4
~~Calculated INR = 1.71~~
Sample Type:citrated wh. blood
Test Date :11/19/03
Test Time :00:03
Card Lot :080201
Operator [redacted]

(b)(6)-4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/19/03 00:07

(b)(6)-2

Patient ID: [redacted]
Test Name :APTT
Test Result:= 27.0 sec.
***RESULT OUT OF RANGE***
Sample Type:citrated wh. blood
Test Date :11/19/03
Test Time :00:05
Card Lot :110214
Operator : [redacted]

| Ward/Section: ICU3 | REQUESTING PHYSICIAN: (b)(6)-2 | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. [redacted] | DATE: 19/11 TIME: 0500 | SSN/PSEUDO SSN: |

| (i-STAT) | | | (Piccolo) Chemistry 1 | | | (Piccolo) Metabolic Panel | | |
|---|---|---|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| Na | | 138-146 mmol/L | | | | | | |
| K | | 3.5-4.9 mmol/L | | | | | | |
| Cl | | 98-109 mmol/L | | | | | | |
| pH | | 7.31-7.45 | | | | | | |
| PCO2 | | 35-45 mmHg (art) 41-51 mmHg (ven) | | | | | | |
| PO2 | | 80-105 mmHg (art) N/A (ven) | | | | | | |
| TCO2 | | 23-27 mmol/L (art) 24-29 mmol/L (ven) | | | | | | |
| HCO3 | | 22-26 mmol/L (art) 23-28 mmol/L (ven) | | | | | | |
| sO2 | | 95-98% | | | | | | |
| BEecf | | (-2) – (+3) mmol/L | | | | | | |
| AnGap | | 10-20 mmol/L | | | | | | |
| Ca | | 1.12-1.32 mmol/L | | | | | | |
| BUN | | 8-26 mg/dl | | | | | | |
| GLU | | 70-105 mg/dl | | | | | | |
| Creat | | 0.7-1.5 mg/dl | | | | | | |
| Hct | | 38-51% PCV | | | | | | |
| Hgb | | 12-17 g/dl | | | | | | |

| Misc. Chemistry | | |
|---|---|---|
| TEST | RESULT | REF. RANGE |
| Troponin-I | | |
| Drug of Abuse | | |
| | | |
| | | |
| | | |

======= PICCOLO =======
19/11/03 05:2? AM
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)-7
BASIC METABOLIC
DISC LOT #: 3325AA4
OPER #: 013 DR #: 000
SERIAL #: 0000100684

| | | | |
|---|---|---|---|
| GLU | 217* | 73-118 | MG/DL |
| BUN | 12 | 7-22 | MG/DL |
| CA++ | 7.1* | 8.0-10.3 | MG/DL |
| CRE | 1.2 | 0.6-1.2 | MG/DL |
| NA+ | 138 | 128-145 | MMOL/L |
| K+ | 5.6* | 3.3-4.7 | MMOL/L |
| CL- | 107 | 98-108 | MMOL/L |
| tCO2 | 21 | 18-33 | MMOL/L |

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 0

======= PICCOLO =======
19/11/03 05:29
REFERENCE RANGE: MALE
PATIENT #: [redacted]
LIVER PANEL PLUS
DISC LOT #: 3154AA7
OPER #: 013 DR #: 000
SERIAL #: 0000100494

| | | | |
|---|---|---|---|
| ALB | 2.7* | 3.3-5.5 | G/DL |
| ALP | 39 | 26-84 | U/L |
| ALT | 22 | 10-47 | U/L |
| AMY | 144* | 14-97 | U/L |
| AST | 44* | 11-38 | U/L |
| TBIL | 0.8 | 0.2-1.6 | MG/DL |
| GGT | 17 | 5-65 | U/L |
| TP | 4.8* | 6.4-8.1 | G/DL |

INST QC: OK CHEM QC: OK
HEM 2+, LIP 0 , ICT 0

REMARKS:

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

(b)(6)-4

| Ward/Section: | REQUESTING PHYSICIAN: | LABORA[redacted] FORM |
|---|---|---|
| LAST, FIRST, MI. | DATE | TIME [redacted] e Privacy Act of 1974) PSEUDO SSN: |

## (Hematology) CBC

ID: [redacted] (b)(6)-4 19-11-03
WB 05:22

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 8.3 | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.93 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 11.6 | g/dL | 11.0 | 18.0 |
| Hct | 34.7 L | % | 35.0 | 60.0 |
| MCV | 88.4 | fL | 80.0 | 99.9 |
| MCH | 29.6 | pg | 27.0 | 31.0 |
| MCHC | 33.5 | g/dL | 33.0 | 37.0 |
| Plt | 163. | x10^3/uL | 150. | 450. |
| LY% | 10.6 *L | % | 20.5 | 51.1 |
| LY# | 0.9 *L | x10^3/uL | 1.2 | 3.4 |

## Urinalysis

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | N/A |
| App | | N/A |
| Glu | | Negative |
| Bili | | Negative |
| Ket | | Negative |
| SG | | N/A |
| Bld | | Negative |
| pH | | N/A |
| Prot | | Negative |
| Urob | | 0.2-1.0 |
| Nit | | Negative |
| euk | | Negative |
| CG | | Negative |

## Misc. Serology

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

## Microbiology

| | | |
|---|---|---|
| Source | | |
| Gram Stain | | |
| Occ Bld | | Negative |
| H. pylori | | Negative |
| Micro Parasites | | |
| Malaria | | |
| O & P | | |
| Other | | |

## Microscopic Urinalysis

## CSF

| | | |
|---|---|---|
| Cell Count | | |
| Directigen | | Negative |

## Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

| | |
|---|---|
| ABO/Rh | |

## Blood Bank Unit Crossmatch
(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

| DATE: | LAB ID NO.: |
|---|---|

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/19/03 05:24

Patient ID: [redacted]
Test Name :PT
Test Result:= 16.4 sec.
Ratio = 1.3
Calculated INR = 1.61
Sample Type:citrated wh. blood
Test Date :11/19/03
Test Time :05:22
Card Lot :080201
Operator : [redacted]

(b)(6)-4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/19/03 05:26

Patient ID: [redacted]
Test Name :APTT
Test Result:= 37.0 sec.
Sample Type:citrated wh. blood
Test Date :11/19/03
Test Time :05:24
Card Lot :110214
Operator : [redacted]

(b)(6)-2

MEDCOM - 24979

(b)(6)-2

| Ward/Section: ICU | REQUESTING PHYSICIAN: [redacted] | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: [redacted] | DATE 11/19 TIME 0820 | SSN/PSEUDO SSN: |

(b)(6)-2

**(i-STAT)**

| TEST | RESULT |
|---|---|
| N | |
| K | |
| C | |
| pH | |
| PC | |
| PO | |
| TC | |
| HC | |
| sO | |
| BE | |
| An | |
| Ca | |
| BU | |
| GL | |
| Cre | |
| Hct | |
| Hgb | |
| | |
| TE | |
| Tropo | |
| Drug Abus | |
| | |
| | |
| | |
| | |
| REM | |
| REPO | |

i-STAT EG7+

Pt [redacted]

Pt Name:_____

Na_____139 mmol/L
K_____5.2 mmol/L
tCO2_____22 mmol/L
iCa_____0.98 mmol/L
Hct_____31 %PCV
Hb*_____11 g/dL
* is Hct

7.335
39.6 mmHg
130 mmHg
21 mmol/L
-5 mmol/L
sO2* 99 %
*calculated

At Patient Temp
pH_____7.331
PCO2_____40.1 mmHg
PO2_____132 mmHg

Patient Temp: 99.1F
FIO2_____: 35
Sample Type_:

19NOV03 08:25

Oper: [redacted]

Physician:_____

Ser# 42015
Ver: JAMS0469
CLEW A93

**(Piccolo) Chemistry 12**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.5-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| BUN | | 7-22 mg/dl |
| CA++ | | 8.0-10.3mg/dl |
| CHOL | | 100-200 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| GLU | | 73-118 mg/dl |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Metlyte 8**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| GGT | | 39-380 u/l (M) 30-190 u/l (F) |
| NA+ | | 128-145 mmol/l |
| K+ | | 3.3-4.7 mmol/l |
| CL- | | 98-108 mmol/l |
| tCO2 | | 18-33 mmol/l |

**(Piccolo) Metabolic Panel**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| CA++ | | 8.0-10.3 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| NA+ | | 128-145 mmol/l |
| K+ | | 3.3-4.7 mmol/l |
| CL- | | 98-108 mmol/l |
| tCO2 | | 18-33 mmol/l |

**(Piccolo) Liver Panel Plus**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.3-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| GGT | | 5-65 u/l |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Electrolyte**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| NA+ | | 128-145 mmol/l |
| K+ | | 3.3-4.7 mmol/l |
| CL- | | 98-108 mmol/l |
| tCO2 | | 18-33 mmol/l |

LAB ID NO.:

(b)(6)-2

| Ward/Section: 1C43 | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. [redacted] | DATE 11/19 / TIME 1015 | SSN/PSEUDO SSN: |

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | | |

(b)(6)-4

ID: [redacted]
MR

19-11-03
10:17

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 11.1 H | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.77 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 10.9 L | g/dL | 11.0 | 18.0 |
| Hct | 34.0 L | % | 35.0 | 60.0 |
| MCV | 90.2 | fL | 80.0 | 99.9 |
| MCH | 29.0 | pg | 27.0 | 31.0 |
| MCHC | 32.2 L | g/dL | 33.0 | 37.0 |
| Plt | 199. | x10^3/uL | 150. | 450. |
| LYM | 10.7 *L | % | 20.5 | 51.1 |
| LYM | 1.2 * | x10^3/uL | 1.2 | 3.4 |

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | N/A |
| App | | N/A |
| Glu | | Negative |
| Bili | | Negative |
| Ket | | Negative |
| SG | | N/A |
| Bld | | Negative |
| pH | | N/A |
| Prot | | Negative |
| Urob | | 0.2-1.0 |
| Nit | | Negative |
| Leuk | | Negative |
| HCG | | Negative |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | | |
|---|---|---|
| Source | | |
| Gram Stain | | |
| Occ Bld | | Negative |
| H. pylori | | Negative |
| Micro Parasites | | |
| Malaria | | |
| O & P | | |
| Other | | |

**Microscopic Urinalysis**

| | | |
|---|---|---|
| Sp Hemat | | |
| Sed Rate | | |
| Other | | |

**CSF**

| | | |
|---|---|---|
| Cell Count | | |
| Directigen | | Negative |

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

| | |
|---|---|
| ABO/Rh | |

**Coagulation Studies**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| PT | | 9.8-13.6 secs |
| APTT | | 21-34 secs |
| D dimer | | <20 ug/ml |
| FDP | | <10 ug/ml |

**Blood Bank Unit Crossmatch**
**(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)**

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

REMARKS:

| REPORTED BY: | DATE: 19 Nov 03 | LAB ID NO.: |
|---|---|---|
| [redacted] | | |

(b)(6)-2

(b)(6)-7

| Ward/Section: | REQUESTING PHYSICIAN: | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| ICU 3 | [redacted] | |

| LAST, FIRST, MI. | DATE | TIME | SSN/PSEUDO SSN: |
|---|---|---|---|
| [redacted] | 20 Nov 03 | 0425 | |

(b)(6)-7

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | | 4.8-10.8 x $10^3$ |
| RBC | | 4.7-6.1 x $10^6$ |
| Hgb | | 14-18 g/dl (M) 12-16 g/dl (F) |
| Hct | | 42-52% (M) 37-47% (F) |
| MCV | | 80-94 fl (M) 81-99 fl (F) |
| Plt | | 130-500 x $10^3$ verified |
| Lymph % | | 20.5-51.1% |

**(Hematology) Manual Differential**

| | | | |
|---|---|---|---|
| Segs | | Mono | |
| Bands | | Eos | |
| Lymph | | | |

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | |
| App | | |
| Glu | | |
| Bili | | |
| Ket | | |
| SG | | |
| Bld | | |
| pH | | |
| Prot | | |
| Urob | | |
| Nit | | |
| Leuk | | |
| HCG | | |

**Misc. Serology**

| | RESULT | REF. RANGE |
|---|---|---|
| | | Negative |
| | | Negative |

**Microbiology**

| | | |
|---|---|---|
| | | |
| | | |
| | | Negative |
| | | Negative |

**Microscopic Urinalysis**

[redacted]

20-11-03
04:52

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 10.4 | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.22 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 9.4 L | g/dL | 11.0 | 18.0 |
| Hct | 28.7 L | % | 35.0 | 60.0 |
| MCV | 89.2 | fL | 80.0 | 99.9 |
| MCH | 29.1 | pg | 27.0 | 31.0 |
| MCHC | 32.7 L | g/dL | 33.0 | 37.0 |
| Plt | 143. L | x10^3/uL | 150. | 450. |
| LY% | 15.1 *L | % | 20.5 | 51.1 |
| LY# | 1.6 * | x10^3/uL | 1.2 | 3.4 |

**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 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

| | |
|---|---|
| E: | LAB ID NO.: |

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/20/03 05:32

Patient ID [redacted] (b)(6)-4
Test Name :PT
Test Result:= 14.7 sec.
Ratio = 1.2
Calculated INR = 1.35
Sample Type:citrated wh. blood
Test Date :11/20/03
Test Time :05:30
Card Lot :080201
Operator [redacted]

(b)(6)-7

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/20/03 05:34

Patient ID: [redacted]
Test Name :APTT
Test Result:= 20.7 sec.
***RESULT OUT OF RANGE***
Sample Type:citrated wh. blood
Test Date :11/20/03
Test Time :05:32
Card Lot :110214
Operator [redacted]

MEDCOM - 24982

| Ward/Section: | REQUESTING PHYSICIAN: | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|

| LAST, FIRST, MI. | DATE | TIME | SSN/PSEUDO SSN: |
|---|---|---|---|
| | | | |

| (i-STAT) | | | (Piccolo) Chemistry 12 | | | (Piccolo) Metabolic Panel | | |
|---|---|---|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| Na | | 138-146 | | | | | | |
| K | | 3.5-4.9 m | | | | | | |
| Cl | | 98-109 m | | | | | | |
| pH | | 7.31-7.45 | | | | | | |
| PCO2 | | 35-45 mmHg<br>41-51 mmHg | | | | | | |
| PO2 | | 80-105 mmHg<br>N/A (ven) | | | | | | |
| TCO2 | | 23-27 mmol/L<br>24-29 mmol/L | | | | | | |
| HCO3 | | 22-26 mmol/L<br>22-28 mmol/L | | | | | | |
| sO2 | | 95-98% | | | | | | |
| BEecf | | (-2) – (+3) mmol/L | | | | | | |
| AnGap | | 10-20 mmol/L | | | | | | |
| Ca | | 1.12-1.32 mmo. | | | | | | |
| BUN | | 8-26 mg/dl | | | | | | |
| GLU | | 70-105 mg/dl | | | | | | |
| Creat | | 0.7-1.5 mg/dl | | | | | | |
| Hct | | 38-51% PCV | | | | | | |
| Hgb | | 12-17 g/dl | | | | | | |

(5)(6)-4

======= PICCOLO =======
20/11/03 04:57
REFERENCE RANGE:
PATIENT #: [redacted]
LIVER PANEL PLUS
DISC LOT #: 3154AA7
OPER #: 013 DR #: 000
SERIAL #: 0000100494

| | | | |
|---|---|---|---|
| ALB | 2.5* | 3.3-5.5 | G/DL |
| ALP | 46 | 26-84 | U/L |
| ALT | 12 | 10-47 | U/L |
| AMY | 107* | 14-97 | U/L |
| AST | 33 | 11-38 | U/L |
| TBIL | 0.6 | 0.2-1.6 | MG/DL |
| GGT | 16 | 5-65 | U/L |
| TP | 4.9* | 6.4-8.1 | G/DL |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

======= PICCOLO =======
20/11/03 05:30
MALE
REFERENCE RANGE:
PATIENT #: [redacted]
METLYTE 8
DISC LOT #: 3152AA4
OPER #: 013 DR #: 000
SERIAL #: 0000100697

| | | | |
|---|---|---|---|
| GLU | 136* | 73-118 | MG/DL |
| BUN | 12 | 7-22 | MG/DL |
| CRE | 1.7* | 0.6-1.2 | MG/DL |
| CK | 1077* | 39-380 | U/L |
| NA+ | 133 | 128-145 | MMOL/L |
| K+ | 4.1 | 3.3-4.7 | MMOL/L |
| CL- | 104 | 98-108 | MMOL/L |
| tCO2 | 20 | 18-33 | MMOL/L |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

| Misc. Chemistry | | |
|---|---|---|
| TEST | RESULT | REF. RANGE |
| Troponin-1 | | |
| Drug of Abuse | | |
| | | |
| | | |
| | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | $tCO_2$ | | 18-33 mmol/l |

REMARKS:

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

MEDCOM - 24983

(5)(6)-2

| Ward/Section: ICU3 | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: [redacted] | DATE: 20 NOV / TIME: 1500 | SSN/PSEUDO-SSN: [redacted] |

(5)(6)-4

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| W | | |
| R | | |
| H | | |
| H | | |
| M | | |
| Pl | | |
| L | | |
| S | | |
| B | | |
| L | | |
| A | | |
| R | | |
| M | | |
| Sp | | |
| Hematocrit | | 37-47% (F) |
| Sed Rate | | |
| Other | | |

ID: [redacted] 20-11-03
MB 16:01

| | | | | Patient Limits | |
|---|---|---|---|---|---|
| WBC | 11.7 H | x10^3/uL | | 4.5 | 10.5 |
| RBC | 3.44 L | x10^6/uL | | 4.00 | 6.00 |
| Hgb | 10.1 L | g/dL | | 11.0 | 18.0 |
| Hct | 30.7 L | % | | 35.0 | 60.0 |
| MCV | 89.2 | fL | | 80.0 | 99.9 |
| MCH | 29.3 | pg | | 27.0 | 31.0 |
| MCHC | 32.8 L | g/dL | | 33.0 | 37.0 |
| Plt | 120. L | x10^3/uL | | 150. | 450. |
| LYZ | 15.3 *L | % | | 20.5 | 51.1 |
| LYH | 1.8 * | x10^3/uL | | 1.2 | 3.4 |

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | N/A |
| App | | N/A |
| Glu | | Negative |
| Bili | | Negative |
| Ket | | Negative |
| SG | | N/A |
| Bld | | Negative |
| pH | | N/A |
| Prot | | Negative |
| Urob | | 0.2-1.0 |
| Nit | | Negative |
| Leuk | | Negative |
| HCG | | Negative |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | |
|---|---|
| Source | |
| Gram Stain | |
| Occ Bld | Negative |
| H. pylori | Negative |
| Micro Parasites | |
| Malaria | |
| O & P | |
| Other | |

**Microscopic Urinalysis**

**CSF**

| | | |
|---|---|---|
| Cell Count | | |
| Directigen | | Negative |

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

| | |
|---|---|
| ABO/Rh | |

**Coagulation Studies**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| PT | | 9.8-13.6 secs |
| APTT | | 21-34 secs |
| D dimer | | <20 ug/ml |
| FDP | | <10 ug/ml |

**Blood Bank Unit Crossmatch**
**(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)**

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

REMARKS:

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

(b)(6)-2

| Ward/Section: ICU 3 | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. [redacted] | DATE 21 Nov / TIME 0420 | SSN/PSEUDO SSN: |

(b)(6)-4

ID: [redacted] 21-11-03
WB 04:31

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 10.3 | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.48 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 10.1 L | g/dL | 11.0 | 18.0 |
| Hct | 31.2 L | % | 35.0 | 60.0 |
| MCV | 89.7 | fL | 80.0 | 99.9 |
| MCH | 29.1 | pg | 27.0 | 31.0 |
| MCHC | 32.5 L | g/dL | 33.0 | 37.0 |
| Plt | 119. L | x10^3/uL | 150. | 450. |
| LYM | 19.1 | % | 24.5 | 54.5 |
| LYM | 1.9 * | x10^3/uL | 1.2 | 3.4 |

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | | 4.8-10.8 x 10³ |
| RBC | | |
| Hgb | | |
| Hct | | |
| MC' | | |
| Plt | | |
| Lyn | | |
| (I | | |
| Seg | | |
| Bar | | |
| Lyt | | |
| Aty | | |
| RE Morph | | |

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | N/A |
| App | | N/A |
| Glu | | Negative |
| Bili | | Negative |
| Ket | | Negative |
| SG | | N/A |
| Bld | | Negative |
| pH | | N/A |
| Prot | | Negative |
| Urob | | 0.2-1.0 |
| Nit | | Negative |
| Leuk | | Negative |
| HCG | | Negative |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | |
|---|---|
| Source | |
| Gram Stain | |
| Occ Bld | Negative |
| H. pylori | Negative |
| Micro Parasites | |
| Malaria | |
| O & P | |
| Other | |

**Microscopic Urinalysis**

| | | |
|---|---|---|
| Spun Hematocrit | | 42-52% (M) 37-47% (F) |
| Sed Rate | | |
| Other | | |

**CSF**

| | | |
|---|---|---|
| Cell Count | | |
| Directigen | | Negative |

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

| | |
|---|---|
| ABO/Rh | |

**Coagulation Studies**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| PT | | 9.8-13.6 secs |
| APTT | | 21-34 secs |
| D dimer | | <20 ug/ml |
| FDP | | <10 ug/ml |

**Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)**

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |

REMARKS:

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|

(b)(6)-2

| Ward/Section: | REQUESTING PHYSICIAN: | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| 1C43 | [redacted] | |

| LAST, FIRST, MI | DATE | TIME | SSN/PSEUDO SSN: |
|---|---|---|---|
| (b)(6)-4 [redacted] | 21Nov03 | 2250 | |

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | | 4.8-10.8 x $10^3$ |
| RBC | | 4.7-6.1 x $10^6$ |
| Hgb | | 14-18 g/dl (M)<br>12-16 g/dl (F) |
| Hct | | 42-52% (M)<br>37-47% (F) |
| MCV | | 80-94 fl (M)<br>81-99 fl (F) |
| Plt | | 130-500 x $10^3$ verified |
| Lymph % | | 20.5-51.1% |

**(Hematology) Manual Differential**

| | | | |
|---|---|---|---|
| Segs | | Mono | |

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | N/A |
| App | | N/A |
| Glu | | Negative |
| Bili | | Negative |
| Ket | | Negative |
| SG | | N/A |
| Bld | | Negative |
| pH | | N/A |
| Prot | | Negative |
| Urob | | 0.2-1.0 |
| Nit | | Negative |
| Leuk | | Negative |
| HCG | | Negative |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | | |
|---|---|---|
| Source | | |
| Gram Stain | | |
| Occ Bld | | Negative |
| H. pylori | | Negative |
| Micro Parasites | | |
| Malaria | | |
| O & P | | |
| Other | | |

**Microscopic Urinalysis**

**CSF**

| | | |
|---|---|---|
| Cell Count | | |
| Directigen | | Negative |

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

| | |
|---|---|
| ABO/Rh | |

**Blood Bank Unit Crossmatch**
**(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)**

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

| ATE: | LAB ID NO.: |
|---|---|
| | |

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/21/03 23:22

Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 14.7 sec.
Ratio = 1.2
Calculated INR = 1.35
Sample Type:citrated wh. blood
Test Date :11/21/03
Test Time :23:20
Card Lot :080201
Operator : [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/21/03 23:25

Patient ID: [redacted]
Test Name :APTT
Test Result:= 78.5 sec.
***RESULT OUT OF RANGE***
Sample Type:citrated wh. blood
Test Date :11/21/03
Test Time :23:22
Card Lot :100208
Operator [redacted]

STAT ICU 3

| Ward/Section: ICU# 3 | REQUESTING PHYSICIAN: [redacted] (b)(6)-2 | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: [redacted] | DATE: 22 Nov 03 / TIME | SSN/PSEUDO SSN: |

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | | N/A |
| RBC | | N/A |
| Hgb | | Negative |
| Hct | | Negative |
| MCV | | Negative |
| Plt | | N/A |
| Lymph | | Negative |
| (Hem | | N/A |
| Segs | | Negative |
| Bands | | 0.2-1.0 |
| Lymph | | |
| Atyp | | |
| RBC Morph | | |

(b)(6)-4

ID [redacted] 22-11-03
WB 08:24

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 10.6 H | x10^3/uL | 4.5 | 10.5 |
| RBC | 4.11 | x10^6/uL | 4.00 | 6.00 |
| Hgb | 12.0 | g/dL | 11.0 | 18.0 |
| Hct | 37.2 | % | 35.0 | 60.0 |
| MCV | 90.4 | fL | 80.0 | 99.9 |
| MCH | 29.2 | pg | 27.0 | 31.0 |
| MCHC | 32.2 L | g/dL | 33.0 | 37.0 |
| Plt | 194. | x10^3/uL | 150. | 450. |
| LYM | 13.0 *L | % | 20.5 | 51.1 |
| LYM | 1.4 * | x10^3/uL | 1.2 | 3.4 |

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| | | |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | | |
|---|---|---|
| Source | | |
| Gram Stain | | |
| Occ Bld | | Negative |
| H. pylori | | Negative |
| Micro Parasites | | |
| Malaria | | |
| O & P | | |

| | | | | |
|---|---|---|---|---|
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | | |
| Sed Rate | | | Cell Count | |
| Other | | | Directigen | |

**Coagulation Studies** (MUST SU

| TEST | RESULT | REF. RANGE | UNIT |
|---|---|---|---|
| PT | | 9.8-13.6 secs | |
| APTT | | 21-34 secs | |
| D dimer | | <20 ug/ml | |
| FDP | | <10 ug/ml | |

REMARKS:

REPORTED BY: DATE:

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/22/03 08:27

Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 12.9 sec.
Ratio = 1.1
Calculated INR = 1.09
Sample Type:citrated wh. blood
Test Date :11/22/03
Test Time :08:26
Card Lot :080201
Operator [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/22/03 08:29

Patient ID [redacted]
Test Name :APTT
Test Result:= 24.6 sec.
***RESULT OUT OF RANGE***
Sample Type:citrated wh. blood
Test Date :11/22/03
Test Time :08:27
Card Lot :100208
Operator [redacted]

MEDCOM - 24987

(b)(6)-2

| Ward/Section: ICU #3 | REQU[redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: (b)(6)-4 [redacted] | DATE: 22 NOV | TIME: 1420 | 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 $10^6$ | 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 | | |
| | | | ot | | Negative | Malaria | | |
| | | | ob | | 0.2-1.0 | O & P | | |
| | | | t | | Negative | Other | | |
| | | | uk | | Negative | **Microscopic Urinalysis** | | |
| | | | CG | | Negative | | | |
| | | | **CSF** | | | **Blood Bank** | | |
| | | | ell ount | | | **MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED** | | |
| | | | rectigen | | Negative | ABO/Rh | | |

**Blood Bank Unit Crossmatch**
**(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)**

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

| TE: | LAB ID NO.: |
|---|---|

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/22/03 14:26

Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 13.3 sec.
Ratio = 1.1
Calculated INR = 1.15
Sample Type:citrated wh. blood
Test Date :11/22/03
Test Time :14:24
Card Lot :086201
Operator : [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/22/03 14:29

Patient ID: [redacted]
Test Name :APTT
Test Result:= 43.5 sec.
***RESULT OUT OF RANGE***
Sample Type:citrated wh. blood
Test Date :11/22/03
Test Time :14:26
Card Lot :100208
Operator : [redacted]

| Ward/Section: ICU3 | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST [redacted] | DATE 23NOV03 | TIME 0400 | SSN/PSEUDO SSN: |

(Hematology) CBC

| | |
|---|---|
| WB | |
| RB | |
| Hgb | |
| Hct | |
| MCV | |
| Plt | |
| Lymp | |
| (He | |
| Segs | |
| Bands | |
| Lymph | |

ID: [redacted] WB

23-11-03 04:24

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 6.5 | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.38 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 9.7 L | g/dL | 11.0 | 18.0 |
| Hct | 30.1 L | % | 35.0 | 60.0 |
| MCV | 88.9 | fL | 80.0 | 99.9 |
| MCH | 28.8 | pg | 27.0 | 31.0 |
| MCHC | 32.4 L | g/dL | 33.0 | 37.0 |
| Plt | 213. | x10^3/uL | 150. | 450. |
| LY% | 26.2 | % | 20.5 | 51.1 |
| LY# | 1.7 | x10^3/uL | 1.2 | 3.4 |

(b)(6)-4

RAPIDPOI[illegible]G ANALY[illegible]
SERIAL #0[illegible] [illegible] 11/23/0[illegible]

Patient ID: [redacted]
Test Name :PT
Test Result:= 13.8 sec.
Ratio = 1.1
Calculated INR = 1.22
Sample Type:citrated wh. blood
Test Date :11/23/03
Test Time :04:25
Card Lot :080201
Operator : [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/23/03 04:29

Patient ID: [redacted]
Test Name :APTT
Test Result:= 30.7 sec.
Sample Type:citrated wh. blood
Test Date :11/23/03
Test Time :04:27
Card Lot :100208
Operator [redacted]

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | N/A |
| App | | N/A |
| Glu | | Negative |
| Bili | | Negative |
| Ket | | Negative |
| G | | N/A |
| ld | | Negative |
| i | | N/A |
| ot | | Negative |
| ob | | 0.2-1.0 |
| | | Negative |
| Leuk | | Negative |
| HCG | | Negative |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | | |
|---|---|---|
| Source | | |
| Gram Stain | | |
| Occ Bld | | Negative |
| H. pylori | | Negative |
| Micro Parasites | | |
| Malaria | | |
| O & P | | |
| Other | | |

**Microscopic Urinalysis**

**CSF**

| | |
|---|---|
| | Negative |

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

| ABO/Rh | |
|---|---|

**Blood Bank Unit Crossmatch**
(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

| DATE: | LAB ID NO.: |
|---|---|

| Ward/Section: ICU 3 | REQUEST [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST [redacted] | DATE 9/24/03 TIME 0730 | SSN/PSEUDO SSN: |

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | | 4.8-10 |
| RBC | | 4.7-6.1 |
| Hgb | | 14-18<br>12-16 |
| Hct | | 42-52%<br>37-47% |
| MCV | | 80-94<br>81-99 |
| Plt | | 130-500<br>verifiec |
| Lymph % | | 20.5-51 |

**(Hematology) Manual Diffe**

| | | | |
|---|---|---|---|
| Segs | | Mono | |
| Bands | | Eos | |
| Lymph | | Baso | |
| Atyp | | Imm | |

ID [redacted] 24-11-03
WB 07:46

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 7.2 | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.44 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 10.0 L | g/dL | 11.0 | 18.0 |
| Hct | 30.9 L | % | 35.0 | 60.0 |
| MCV | 89.7 | fL | 80.0 | 99.9 |
| MCH | 29.1 | pg | 27.0 | 31.0 |
| MCHC | 32.4 L | g/dL | 33.0 | 37.0 |
| Plt | 266. | x10^3/uL | 150. | 450. |
| LY% | 23.6 | % | 20.5 | 51.1 |
| LY# | 1.7 | x10^3/uL | 1.2 | 3.4 |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | | |
|---|---|---|
| Source | | |
| Gram Stain | | |
| Occ Bld | | Negative |
| H. pylori | | Negative |
| Micro Parasites | | |
| Malaria | | |
| O & P | | |
| Other | | |

**Microscopic Urinalysis**

**CSF**

| | | |
|---|---|---|
| Cell Count | | |
| Directigen | | Negative |

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

| | |
|---|---|
| ABO/Rh | |

**Blood Bank Unit Crossmatch**
**(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)**

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

DATE: | LAB ID NO.:

(b)(6)-4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/24/03 07:50

Patient ID: [redacted]
Test Name :PT
Test Result:= 15.6 sec.
Ratio = 1.3
Calculated INR = 1.49
Sample Type:citrated wh. blood
Test Date :11/24/03
Test Time :07:49
Card Lot :080201
Operator : [redacted]

(b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/24/03 07:53

Patient ID: [redacted]
Test Name :APTT
Test Result:= 35.3 sec.
Sample Type:citrated wh. blood
Test Date :11/24/03
Test Time :07:51
Card Lot [redacted]

MEDCOM - 24990

| Ward/Section: TCU3 | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|

| LAST, FIRST, MI. [redacted] | DATE 11/23/03 | TIME 1430 | SSN/PSEUDO SSN: [redacted] |
|---|---|---|---|

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | | 4.8-10.8 x $10^3$ |
| RBC | | 4.7-6.1 x $10^6$ |
| Hgb | | 14-18 g/dl (M) 12-16 g/dl (F) |
| Hct | | 42-52% (M) 37-47% (F) |
| MCV | | 80-94 fl (M) 81-99 fl (F) |
| Plt | | 130-500 x $10^3$ verified |
| Lymph % | | 20.5-51.1% |

**(Hematology) Manual Differential**

| | | | |
|---|---|---|---|
| Segs | | Mono | |
| Bands | | Eos | |
| Lymph | | Baso | |
| Atyp | | Imm | |
| RBC Morph | | | |
| Spun Hematocrit | | 42-52% (M 37-47% (F | |
| Sed Rate | | | |
| Other | | | |

**Coagulation Studies**

| TEST | RESULT | REF. RAN |
|---|---|---|
| PT | | 9.8-13.6 sec |
| APTT | | 21-34 secs |
| D dimer | | <20 ug/ml |
| FDP | | <10 ug/ml |

REMARKS:

REPORTED BY: [redacted]

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | N/A |
| App | | N/A |
| Glu | | Negative |
| Bili | | Negative |
| Ket | | Negative |
| SG | | N/A |
| Bld | | Negative |
| pH | | N/A |
| Prot | | Negative |
| Urob | | 0.2-1.0 |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | |
|---|---|
| Source | |
| Gram Stain | |
| Occ Bld | Negative |
| H. pylori | Negative |
| Micro Parasites | |
| Malaria | |
| O & P | |

**Microscopic Urinalysis**

**Blood Bank**

T SUBMIT SF 518 WITH
RY UNIT REQUESTED

Rh

smatch
RY UNIT OF BLOOD

CROSSMATCH

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/23/03 14:43

Patient ID [redacted]
Test Name :PT
Test Result:= 14.8 sec.
Ratio - 1.2
Calculated INR = 1.37
Sample Type:citrated wh. blood
Test Date :11/23/03
Test Time :14:41
Card Lot :080201
Operator [redacted]

(b)(6)-4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/23/03 14:45

Patient ID: [redacted]
Test Name :APTT
Test Result:= 30.9 sec.
Sample Type:citrated wh. blood
Test Date :11/23/03
Test Time :14:43
Card Lot :100208
Operator [redacted]

(b)(6)-2

MEDC[redacted]91

| Ward/Section: TCCS | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: [redacted] (b)(6)-2 | DATE: 25 Nov 03 | TIME: 0800 | SSN/PSEUDO SSN: |

**(Hematology) CBC**

(b)(6)-4

ID [redacted] 25-11-03
WB 04:05

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 8.1 | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.49 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 10.1 L | g/dL | 11.0 | 18.0 |
| Hct | 31.5 L | % | 35.0 | 60.0 |
| MCV | 90.2 | fL | 80.0 | 99.9 |
| MCH | 28.9 | pg | 27.0 | 31.0 |
| MCHC | 32.0 L | g/dL | 33.0 | 37.0 |
| PLT | 304. | x10^3/uL | 150. | 450. |
| LY% | 18.3 L | % | 20.5 | 51.1 |
| LY# | 1.5 | x10^3/uL | 1.2 | 3.4 |

| Atyp | | Immm | |
|---|---|---|---|

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | N/A |
| App | | N/A |
| Glu | | Negative |
| Bili | | Negative |
| Ket | | Negative |
| SG | | N/A |
| Bld | | Negative |
| pH | | N/A |
| Prot | | Negative |
| Urob | | 0.2-1.0 |
| Nit | | Negative |
| Leuk | | Negative |
| HCG | | Negative |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | | |
|---|---|---|
| Source | | |
| Gram Stain | | |
| Occ Bld | | Negative |
| H. pylori | | Negative |
| Micro Parasites | | |
| Malaria | | |
| O & P | | |
| Other | | |

**Microscopic Urinalysis**

**CSF**

| | | |
|---|---|---|
| Cell Count | | |
| Directigen | | Negative |

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

| | |
|---|---|
| ABO/Rh | |

**Blood Bank Unit Crossmatch**
**(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)**

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

DATE: | LAB ID NO.:

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/25/03 04:10

Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 14.[illegible] sec.
Ratio = 1.2
Calculated INR = 1.29
Sample Type:citrated wh. blood
Test Date :11/25/03
Test Time :04:08
Card Lot :080201
Operator [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/25/03 04:12

Patient ID: [redacted]
Test Name :APTT
Test Result:= 31.0 sec.
Sample Type:citrated wh. blood
Test Date :11/25/03
Test Time :04:10
Card Lot :100208
Operator : [redacted]

MEDCOM - 24992

(b)(6)-2

Ward/Section: ICW 1 | [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI: [redacted] | DATE: 26 NOV | TIME: 0500 | SSN/PSEUDO SSN:

[redacted] (b)(6)-4

[redacted] 26-11-03 05:20

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 18.2 H | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.48 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 9.9 L | g/dL | 11.0 | 18.0 |
| Hct | 31.4 L | % | 35.0 | 60.0 |
| MCV | 90.2 | fL | 80.0 | 99.9 |
| MCH | 28.6 | pg | 27.0 | 31.0 |
| MCHC | 31.7 L | g/dL | 33.0 | 37.0 |
| Plt | 302. | x10^3/uL | 150. | 450. |
| LYM% | 2.7 #L | % | 20.5 | 51.1 |
| LYM# | 0.5 #L | x10^3/uL | 1.2 | 3.4 |

Bands

| Urinalysis | | | Misc. Serology | | |
|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| Color | | N/A | RPR | | Negative |
| App | | N/A | Mono | | Negative |
| Glu | | Negative | **Microbiology** | | |
| Bili | | Negative | Source | | |
| Ket | | Negative | Gram Stain | | |
| SG | | N/A | Occ Bld | | Negative |
| Bld | | Negative | H. pylori | | Negative |
| pH | | N/A | Micro Parasites | | |
| Prot | | Negative | Malaria | | |
| Urob | | 0.2-1.0 | O & P | | |
| Nit | | Negative | Other | | |
| Leuk | | Negative | **Microscopic Urinalysis** | | |
| HCG | | Negative | | | |

| 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 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

E: | LAB ID NO.:

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/26/03 05:23

Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 15.4 sec.
Ratio := 1.3
~~Calculated INR = 1.46~~
Sample Type:citrated wh. blood
Test Date :11/26/03
Test Time :05:21
Card Lot :080201
Operator [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/26/03 05:25

Patient ID: [redacted]
Test Name :APTT
Test Result:= 31.8 sec.
Sample Type:citrated wh. blood
Test Date :11/26/03
Test Time :05:23
Card Lot :100208
Operator : [redacted]

MEDCOM - 24993

(b)(6)-2

| Ward/Section: ICW#1 | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: [redacted] (b)(6)-4 | DATE: 27NOV / TIME: 1615 | SSN/PSEUDO SSN: [redacted] |

| (Hematology) CBC | | | Urinalysis | | | Misc. Serology | | |
|---|---|---|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | | 4.8-10.8 x 10³ | Color | | N/A | RPR | | Negative |
| RBC | | 4.7-6.1 x 10⁶ | 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 10³ verified | SG | | N/A | Occ Bld | | Negative |
| Lymph % | | 20.5-51.1% | Bld | | Negative | H. pylori | | Negative |
| | | | H | | N/A | Micro Parasites | | |
| | | | rot | | Negative | Malaria | | |
| | | | rob | | 0.2-1.0 | O & P | | |
| | | | it | | Negative | Other | | |
| | | | cux | | Negative | Microscopic Urinalysis | | |
| | | | ICG | | Negative | | | |

| CSF | | | Blood Bank | |
|---|---|---|---|---|
| ell ount | | | 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 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

| TE: | LAB ID NO.: |
|---|---|

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/27/03 16:07

Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 15.8 sec.
Ratio = 1.3
Calculated INR = 1.52
Sample Type:citrated wh. blood
Test Date :11/27/03
Test Time :16:06
Card Lot :080201
Operator [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/27/03 16:11

Patient ID: [redacted]
Test Name :APTT
Test Result:= 73.9 sec.
***RESULT OUT OF RANGE***
Sample Type:citrated wh. blood
Test Date :11/27/03
Test Time :16:08
Card Lot :100208
Operator : [redacted]

MEDCOM - 24994

(b)(6)-2

Ward/Section: ICW 1 | REQUESTING: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST [redacted] | DATE: 22 NOV | TIME: 0820 | SSN/PSEUDO SSN:

(b)(6)-4

| Hematology | | | |
|---|---|---|---|
| T | | | |
| WB | [redacted] | 22-11-03 | |
| RBC | | 04:54 | |
| Hgb | | Patient Limits | |
| Hct | | | |
| MCV | | | |
| Plt | | | |
| Lymp | | | |
| (H | | | |
| Segs | | | |
| Band | | | |

| Urinalysis | | |
|---|---|---|
| TEST | RESULT | REF. RANGE |
| Color | | N/A |
| App | | N/A |
| Glu | | Negative |
| Bili | | Negative |
| Ket | | Negative |
| SG | | N/A |
| Bld | | Negative |
| pH | | N/A |
| Prot | | Negative |
| Urob | | 0.2-1.0 |
| Nit | | Negative |
| [illegible]k | | Negative |
| [illegible]G | | Negative |

| Misc. Serology | | |
|---|---|---|
| TEST | RESULT | REF. RANGE |
| RPR | | Negative |
| Mono | | Negative |

| Microbiology | |
|---|---|
| Source | |
| Gram Stain | |
| Occ Bld | Negative |
| H. pylori | Negative |
| Micro Parasites | |
| Malaria | |
| O & P | |
| Other | |

| Microscopic Urinalysis |
|---|
| |

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/27/03 04:57

Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 17.5 sec.
Ratio = 1.4
[redacted]
Sample Type:citrated wh. blood
Test Date :11/27/03
Test Time :04:56
Card Lot :080201
Operator [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/27/03 05:00

Patient ID: [redacted]
Test Name :APTT
Test Result:= 59.2 sec.
***RESULT OUT OF RANGE***
Sample Type:citrated wh. blood
Test Date :11/27/03
Test Time :04:57
Card Lot :100208
Operator : [redacted]

| CSF | |
|---|---|
| [illegible]ell [illegible]ount | |
| [illegible]reptigen | Negative |

| Blood Bank | |
|---|---|
| MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED | |
| ABO/Rh | |

**Blood Bank Unit Crossmatch**
**(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)**

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

DATE: | LAB ID NO.:

MEDCOM - 24995

(b)(6)-2

| Ward/Section: ICW 2 | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: [redacted] (b)(6)-4 | DATE: 7 NOV | TIME: 0520 | SSN/PSEUDO SSN: |

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | | 4.8-10.8 x 10 |
| RBC | | 4.7-6.1 x 10 |
| Hgb | | 14-18 g/dl (M) 12-16 g/dl (F) |
| Hct | | 42-52% (M) 37-47% (F) |
| MCV | | 80-94 fl (M) 81-99 fl (F) |
| Plt | | 130-500 x 10 verified |
| Lymph % | | 20.5-51.1 |

**(Hematology) Manual Differ**

| | | | | | |
|---|---|---|---|---|---|
| | | | Patient Limits | | |
| WBC | 9.0 | x10^3/uL | 4.5 | 10.5 | |
| RBC | 3.56 L | x10^6/uL | 4.00 | 5.90 | |
| Hgb | 10.7 L | g/dL | 11.9 | 15.6 | |
| Hct | 31.8 L | % | 35.7 | 46.3 | |
| MCV | 89.0 | fL | 85.0 | 99.9 | |
| MCH | 30.0 | pg | 27.4 | 31.6 | |
| MCHC | 33.7 L | g/dL | 33.0 | 37.0 | |
| Plt | 270. | x10^3/uL | 150. | 450. | |
| Lym | 11.7 | % | 20.5 | 51.1 | |
| Lym | 1.1 L | x10^3/uL | 1.2 | 3.7 | |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | | |
|---|---|---|
| Source | | |
| Gram Stain | | |
| Occ Bld | | Negative |
| H. pylori | | Negative |
| Micro Parasites | | |
| Malaria | | |
| O & P | | |
| Other | | |

| | | |
|---|---|---|
| Urob | | |
| Nit | | Negative |
| Leuk | | Negative |
| HCG | | Negative |

**Microscopic Urinalysis**

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/28/03 05:11

Patient ID [redacted] (b)(6)-4
Test Name :PT
Test Result:= 15.5 sec.
Ratio = 1.3
~~Calculated INR = 1.47~~
Sample Type:citrated wh. blood
Test Date :11/28/03
Test Time :05:10
Card Lot :080201
Operator [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/28/03 05:14

Patient ID: [redacted]
Test Name :APTT
Test Result:= 32.7 sec.
Sample Type:citrated wh. blood
Test Date :11/28/03
Test Time :05:11
Card Lot :100208
Operator : [redacted]

**CSF**

| | | |
|---|---|---|
| Cell Count | | |
| Directigen | | Negative |

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

| | |
|---|---|
| ABO/Rh | |

**Blood Bank Unit Crossmatch**
(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

| TE: | LAB ID NO.: |
|---|---|

MEDCOM - 24996

| Ward/Section: | REQUESTING PHYSICIAN: | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|

| LAST, FIRST, MI. | DATE | TIME | SSN/PSEUDO SSN: |
|---|---|---|---|

**(Hematology) CBC**

| RESULT | REF. RANGE |
|---|---|
| | |
| | |
| | |

(b)(6)-2

| Ward/Section: CW#1 | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. [redacted] | 30NOV TIME 0920 | SSN: [redacted] |

(b)(6)-4

| (Hematology) CBC | | | Urinalysis | | Misc. Serology | | |
|---|---|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| | | | | N/A | RPR | | Negative |
| | | | | N/A | Mono | | Negative |
| | | | | Negative | Microbiology | | |
| | | | | Negative | Source | | |
| | | | | Negative | Gram Stain | | |
| | | | | N/A | Occ Bld | | Negative |
| | | | | Negative | | | Negative |
| | | | | N/A | | | |
| | | | | Neg | | | |
| | | | | 0.2-1 | | | |
| | | | | Nega | | | |
| | | | | Negati | | | rsis |
| | | | | Negativ | | | |

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/30/03 05:34

Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 17.4 sec.
Ratio = 1.4
Calculated INR = 1.78
Sample Type:citrated wh. blood
Test Date :11/30/03
Test Time :05:33
Card Lot :080201
Operator [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/30/03 05:36

Patient ID [redacted]
Test Name :APTT
Test Result:= 31.6 sec.
Sample Type:citrated wh. blood
Test Date :11/30/03
Test Time :05:34
Card Lot :110215
Operator [redacted]

CSF

TH
)

Negati

Blood B
UST SUBMIT SF 51
R

NIT

| | | | | | |
|---|---|---|---|---|---|
| APTT | | 21-34 secs | | | |
| D dimer | | <20 ug/ml | | | |
| FDP | | <10 ug/ml | | | |

REMARKS:

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

(b)(6)-2

| Ward/Section: ICW#1 | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. # [redacted] | DATE 30NOV | TIME 2150 | SSN/PSEUDO SSN: # [redacted] |

| (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 $10^6$ | App | | N/A | Mono | | Negative |
| Hgb | | 14-18 g/dl (M)<br>12-16 g/dl (F) | Glu | | Negative | **Microbiology** | | |
| | | | Bili | | Negative | Source | | |
| | | | Ket | | Negative | Gram Stain | | |
| | | | SG | | N/A | Occ Bld | | Negative |
| | | | Bld | | Negative | H. pylori | | Negative |
| | | | pH | | N/A | Micro Parasites | | |
| | | | Prot | | Negative | Malaria | | |
| | | | Urob | | 0.2-1.0 | O & P | | |
| | | | Nit | | Negative | Other | | |
| | | | Leuk | | Negative | **Microscopic Urinalysis** | | |
| | | | HCG | | Negative | | | |

(b)(6)-4

[redacted]

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Spun Hematocrit | | 42-52% (M)<br>37-47% (F) | **CSF** | | | **Blood Bank** | |
| Sed Rate | | | Cell Count | | | **MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED** | |
| Other | | | Directigen | | Negative | ABO/Rh | |

| Coagulation Studies | | | Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED) | | |
|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | UNIT | TYPE | CROSSMATCH |
| PT | | 9.8-13.6 secs | | | |
| APTT | | 21-34 secs | | | |
| D dimer | | <20 ug/ml | | | |
| FDP | | <10 ug/ml | | | |

**REMARKS:**

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|

(5)(6)-2

| Ward/Section: 1 CWH4 | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. # [redacted] | DATE: 30 1 DEC 03 TIME: 0505 | SSN/PSEUDO SSN: [redacted] |

**(Hematology) CBC**

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 12/01/03 05:16

Patient ID [redacted] (5)(6)-4
Test Name :PT
Test Result:= 18.6 sec.
Ratio = 1.5
~~Calculated INR = 1.98~~
Sample Type:citrated wh. blood
Test Date :12/01/03
Test Time :05:14
Card Lot :080201
Operator [redacted] (5)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 12/01/03 05:19

Patient ID [redacted]
Test Name :APTT
Test Result:= 31.2 sec.
Sample Type:citrated wh. blood
Test Date :12/01/03
Test Time :05:16
Card Lot :100208
Operator [redacted]

**Urinalysis**

| RESULT | REF. RANGE |
|---|---|
| | N/A |
| | N/A |
| | Negative |
| | Neg |
| | Neg |
| | Neg |
| | N/A |
| | Neg |
| | N/A |
| | Neg |
| 0.2 | |
| | Ne |
| | Ne |
| | Ne |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |
| | | Negative |
| | | Negative |

**Microbiology**

[redacted]

**CSF**

| | | |
|---|---|---|
| t | | |
| tigen | | Negative |

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh

**Blood Bank Unit Crossmatch**
**(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)**

| TEST | RESULT | REF. RANGE | UNIT | TYPE | CROSSMATCH |
|---|---|---|---|---|---|
| PT | | 9.8-13.6 secs | | | |
| APTT | | 21-34 secs | | | |
| D dimer | | <20 ug/ml | | | |
| FDP | | <10 ug/ml | | | |

**REMARKS:**

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

MEDCOM - 25000

(b)(6)-2

| Ward/Section: CW4 | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: [redacted] | DATE: 2 DEC | TIME: 0910 |
| | | SSN/PSEUDO SSN: [redacted] |

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| [redacted] | | |

(b)(6)-4

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | N/A |
| App | | N/A |
| Glu | | Negative |
| Bili | | Negative |
| Ket | | Negative |
| SG | | N/A |
| Bld | | Negative |
| pH | | N/A |
| Prot | | Negative |
| Urob | | 0.2-1.0 |
| Nit | | Negative |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | | |
|---|---|---|
| Source | | |
| Gram Stain | | |
| Occ Bld | | Negative |
| H. pylori | | Negative |
| Micro Parasites | | |
| Malaria | | |
| O & P | | |
| Other | | |

**icroscopic Urinalysis**

**Blood Bank**

SUBMIT SF 518 WITH
Y UNIT REQUESTED

| | | |
|---|---|---|
| Sed Rate | | |
| Other | | |

**Coagulation Studies**

| TEST | RESULT | REF. RANG |
|---|---|---|
| PT | | 9.8-13.6 secs |
| APTT | | 21-34 secs |
| D dimer | | <20 ug/ml |
| FDP | | <10 ug/ml |

**REMARKS:**

**REPORTED BY:**

**match**
**Y UNIT OF BLOOD**

| CROSSMATCH |
|---|
| |
| |
| |
| |
| |

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 12/02/03 06:50

Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 20.0 sec.
***RESULT OUT OF RANGE***
Ratio = 1.6
Calculated INR = [redacted]
Sample Type:citrated wh. blood
Test Date :12/02/03
Test Time :06:48
Card Lot :080201
Operator [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 12/02/03 06:53

Patient ID [redacted]
Test Name :APTT
Test Result:= 37.1 sec.
Sample Type:citrated wh. blood
Test Date :12/02/03
Test Time :06:50
Card Lot :110215
Operator [redacted]

MEDCOM - 25001

Integ ↑
BSH + PMH unknown
? Allergies

Preop
9.9% O ...
13 12.9
4.8 39 X 200

104 | 141 | 110 | 13 | 148
4.9 | 22 | 1.8
PT 17 INR 1.4 PTT 27

1L #10 > 20 GE-6

L Upper lobe pulm contusion

# 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) | 0100 | | 30 | | 0200 | | 30 | | 0300 |
|---|---|---|---|---|---|---|---|---|---|
| Vecuronium (MG) | 10 | | | | | | 10 | | |
| Fentanyl (MG) | 50 | 100 | 50 | 50 | | | | | |
| ( ) | | | | | | | | | |
| ( ) | | | | | | | | | |
| ( ) | | | | | | | | | |
| ( ) | | | | | | | | | |
| VOLAT AGENT ~~Forane~~ % del | .8 | .8 | .8 | 1.0 | 0.8 | 0.8 | 0.8 | 7 | |
| % e.t. | | | | | | | | | |
| AIR L/Min | | | | | | | | | |
| N2O L/Min | | | | | | | | | |
| O2 L/Min | 2 | 1 | 1 | 1.2 | 1.0 | 1.0 | 1.0 | 2.0 | |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS →

**FLUIDS**

| LINE site | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| R Femoral (60) | ☐ Warmed | LR | | | | | | | |
| | ☐ Warmed | | 1000 | | | | 100 | | |
| (2) 100 | ☐ Warmed | TKO | | | | | | | |
| (3) 100 | ☐ Warmed | TKO | | | | | | | |

**LOSSES**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | | | | | 100 | | |
| URINE - | 500 | | | | | | | | |

**PHYS STATUS** 1 (2) 3 4 5 (E)

**BODY WEIGHT:** ≈ 80 KG LB

**HEMATOCRIT:** 12.9/39

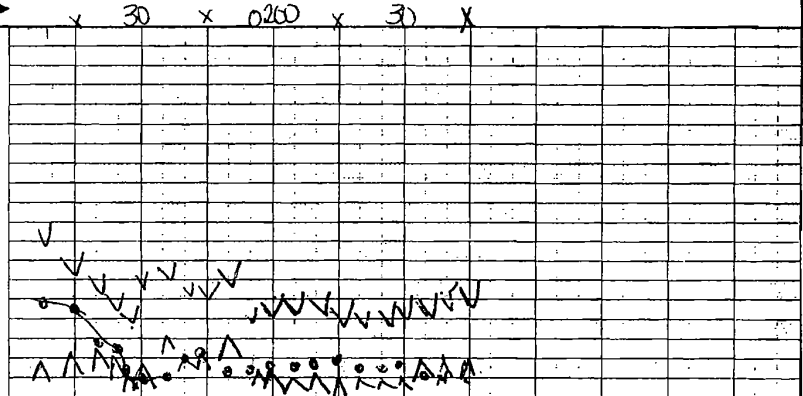
**INITIAL DATA:** BP- 130/68 HR- 96 0800

**EQUIP CHECK** OK?- (Y) N

**PATIENT RECHECK** OK for PROCEDURE? Vep TIME- 0100

**SYMBOLS:** BP by cuff V ; Heart rate ∧ ; Resp rate ● ; BR (transduced) ; TOURNIQUET T—T ; ANES- X-X ; PROC- ⊙-⊙

TIME → 0100 | 30 | 0200 | 30 | X




**VENTIL.**

| | 0100 | | 30 | | 0200 | | 30 | | 0300 |
|---|---|---|---|---|---|---|---|---|---|
| VT - ml | 800 | 800 | 800 | 800 | 840 | 890 | 820 | 800 | |
| f - breaths/min | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | |
| Peak inf pres / PEEP | 19 | 19 | 19 | 16 | 17 | 19 | 20 | 20 | |
| MODE - S(pon), A(ssist), C(on) | CV | CV | CV | CV | CV | CV | CV | CV | |

**MONITORS/ACCESSORIES**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| X BP/Auto Cuff / X ET CO2 (torr) | 30 | 30 | 30 | 31 | 31 | 32 | 32 | 30 | |
| BP/oth / FIO2 (Frac or %) | .81 | .81 | .81 | .82 | .82 | .82 | .82 | 100% | |
| ART line / X SpO2 (%) | 98 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | |
| Steth- PC/ES / X ECG II | SR | SR | SR | SR | SR | SR | SR | SR | |
| Gas analyzer / TEMP-site | | | | | | | | | |
| N-M Block (T/4) | 0/4 | 0/4 | 0/4 | 0/4 | 0/4 | 2/4 | 0/4 | 0/4 | |
| Warming blkt | Room warmed | | | | | | | | |
| Conv warmer | | | | | | | | | |

Mark with letters & symbols, explain under REMARKS. EVENTS Position → Supine arms <90° abducted

**TOTALS** | **TOTAL EBL** 100 ml | **TOTAL URINE** 1000 ml

**FLUIDS - SUMMARY**
CRYSTALLOID- 1300 mL/R
COLLOID- 0
BLOOD- 0

**REMARKS**
Code drugs with numbers, events with letters
0000 Prepped as above
TCA started to OR from ER
Surgical Pt
0530 Report to Augusta

RECOVERY AT: 0335
PACU (ICU) (Specify)
OTHER
CONDITION: Vented to 70% FiO2
RESP- SpO2- 100
BP- 107/76 HR- 89

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 0000 | 0100 | 0335 |
| | **Ready** | **Begin** | **End** |
| PROC | 0116 | 0120 | 0245 |

PROCEDURES and CPT Codes:
Ant Chest wall Debridement

ANESTHETIC TECHNIQUES: Describe block technique under Remarks GETA

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility
# [redacted]
(b)(6)-4

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments ETCO2+3 w/ placed from ER
8.0 ET c 22 cm at lips. +2 Chest tube BBS=GA

SURGEONS: [redacted] (b)(6)-2
[redacted] (CRNA)/Mayo

PROCEDURE LOCATION: OR2-1
DATE: 11/07/03
PAGE 1 OF 7

MEDCO [redacted]

DA FORM 7389, FEB 1998 — COPY 1 - PATIENT'S MEDICAL RECORD

518-124 NSN 7540-00-634-415

MEDICAL RECORD

# BLOOD OR BLOOD COMPONENT TRANSFUSION

## SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 1 u ML

EMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 18 Nov 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE [redacted]

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER [redacted]

DATE VERIFIED 19 Nov 03

TIME VERIFIED 2355

## SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO. 66-4

PATIENT NO. [redacted]

| DONOR | | RECIPIENT | |
|---|---|---|---|
| ABO | O | ABO | B |
| Rh | pos | Rh | pos |

TEST INTERPRETATION

| ANTIBODY SCREEN | CROSSMATCH |
|---|---|
| NA | compat |

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

DATE 19 Nov 03

REMARKS: exp 21 Nov 03

## SECTION III – RECORD OF TRANSFUSION

### PRE-TRANSFUSION DATA

INSPECTED AND [redacted] ON (Date) 20 Nov 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERI[redacted]

PRE-TRAN[redacted]

TEMP. 98.3 PULSE [redacted] BP 115/87

DATE OF TRANSFUSION 20 Nov 03

TIME STARTED 0940

### POST-TRANSFUSION DATA

AMOUNT GIVEN Unit ~~ML~~

TIME/DATE ~~COMPLETED/INTERRUPTED~~ 20 Nov 03 @ 1110

| REACTION | TEMPERATURE | PULSE | BLOOD PRESSURE |
|---|---|---|---|
| [ ] NONE [ ] SUSPECTED | 98.4 | 98 | 108/70 |

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [x] NO
- [ ] YES *(Specify)*

SIGNATURE OF PERSON NOTING ABOVE [redacted]

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, [redacted] rate; hospital or medical facility)

SEX M

WARD [redacted]

[redacted]

(b)(4-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA, ICMR, FIPMR (41 CFR 201-9.202-1)

Medical Record Copy

MEDCOM - 25003

518-124 NSN 7540-00-634-4151

MEDICAL RECORD

# BLOOD OR BLOOD COMPONENT TRANSFUSION

## SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*
- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* _____ ML

EMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 18 NOV 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE GSW

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER [redacted]

DATE VERIFIED 18 NOV 03

TIME VERIFIED 2355

## SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. 66-4 [redacted]

TRANSFUSION NO.

PATIENT NO. [redacted]

TEST INTERPRETATION

| ANTIBODY SCREEN | CROSSMATCH |
|---|---|
| NA | Compat |

PREVIOUS RECORD CHECK:
- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

| DONOR | RECIPIENT |
|---|---|
| ABO O | ABO B |
| Rh pos | Rh pos |

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 19 NOV 03

REMARKS: exp 2 Nov 03

## SECTION III – RECORD OF TRANSFUSION

### PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

*(Hour)* 0720 ON *(Date)* 20 Nov 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

[redacted] (b)(6)-2

[redacted] 4/4

PRE-TRANSFUSION

TEMP. 97.4 PULSE 95 BP 110/73

DATE OF TRANSFUSION 20 Nov 03

TIME STARTED 0730

### POST-TRANSFUSION DATA

AMOUNT GIVEN 1 unit ~~ML~~

TIME/DATE ~~COMPLETED/INTERRUPTED~~ 0920 20 Nov 03

| REACTION | TEMPERATURE | PULSE | BLOOD PRESSURE |
|---|---|---|---|
| [x] NONE [ ] ~~SUSPECTED~~ | 97.6 | 70 | 114/70 |

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION
- [ ] URTICARIA
- [ ] CHILL
- [x] ~~FEVER~~
- [ ] PAIN
- [ ] OTHER ~~*(Specify)*~~

OTHER DIFFICULTIES *(Equipment, clots, etc.)*
- [x] NO
- [ ] YES *(Specify)*

SIGNATURE [redacted]

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, F[redacted]ode; grade; rank; rate; hospital or medical facility)

SEX M

WARD [redacted]

[redacted] (b)(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518, REV. 9-92
Prescribed by GSA, ICMR, FPMR 41 CFR 201-9.202-1

Medical Record Copy

MEDCOM - 25004

RADIOLOGIC CONSULTATION REQUEST/REPORT
(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

| EXAMINATION(S) REQUESTED | AGE | SEX | SSN (Sponsor) | WARD/CLINIC | REGISTER NO. |
|---|---|---|---|---|---|
| US | | M | | ICU #3 | |
| (L) Subclavian vessels | FILM NO. | | | | PREGNANT ☐ YES ☐ NO |
| | REQUESTED BY [redacted] | | | | TELEPHONE/PAGE NO. |
| | SIGNATURE OF REQUESTOR (b)(6)-2 | | | | DATE REQUESTED 21 NOV 03 |

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

R/O DVT

| DATE OF EXAMINATION (Month, day, year) | DATE OF REPORT (Month, day, year) | DATE OF TRANSCRIPTION (Month, day, year) |
|---|---|---|
| | | |

RADIOLOGIC REPORT

(+) Thrombus (L) basilic ~~cephalic~~ and (L) subclavian vein to area of expected lateral 1/3 of clavicle. (~~extend~~ involves axillary vein).

(b)(6)-2
[redacted]
28 Oct 03

PATIENT'S IDENTIFICATION (For typed or written entries give: Name — last, first, middle, Medical Facility)

(b)(6)-4
[redacted]

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REQUEST/REPORT
1 — MEDICAL RECORD

STAND ARD FORM 519-B (5-85) Prescribed by USA/HQMC FPMR 101-11.806-2

MEDCOM - 25005

519-B

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

(b)(6)-4

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS | LIST TIME ORDER NOTED AND SIGN

19 Nov 03 — 245

Admit to ICU

S/P HP / closure of chest wall

Critical

VS - Q1°

Act - Bed rest

Nursing - IV's

CT x2 to 20 cm Sxn

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

S/P to wall suction (continuous)

NGT to LWS

Vent SIMV 40% 750 PEEP-5 R-14

Foley to gravity

D5 1/2 NS + 20 KCl @ 100 cc/hr

MEDS: Versed drip 2 mg/hr

(may ↑ to 5 mg/hr for sedation)

NURSING UNIT | ROOM NO. | BED NO.

noted [redacted] 0400 19 Nov

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

MSO4 drip 2 mg hr (may ↑ to 4 mg/hr for pain)

Ancef 1 gm IV Q8

Gentamycin 360 mg IV QD

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

CBC, Chem-10 PT/PTT / ABG in ICU

PATIENT IDENTIFICATION

DATE OF ORD[redacted]

T.O.: | HOURS

1700 19 Nov 03

① NS 1L Bolus now - chem 7

② clear L lungs

③ OOB + chair TID

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

24° chest | 24 Nov 03 Sa[redacted]

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 25006

## 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 |
|---|---|---|---|---|---|---|
| (b)(6)-4 [redacted] | | | | 20 Nov 03 | 0700 HOURS | |
| | | | | Transfuse 2 units PRBC Reg Diet | | |
| NURSING UNIT | ROOM NO. | BED NO. | | [redacted] | | |
| PATIENT IDENTIFICATION | | | | DATE [redacted] | TIME OF ORDER | |
| | | | | 20 NOV 03 | 0950 HOURS | |
| | | | | CXR - Follow up chest injury QD | | |
| NURSING UNIT | ROOM NO. | BED NO. | | [redacted] | | |
| PATIENT IDENTIFICATION | | | | [redacted] | TIME OF ORDER | |
| | | | | 20 NOV | 1300 HOURS | |
| | | | | Colace 100 mg PO BID | | |
| | | | | CBC @ 1600 | | |
| NURSING UNIT | ROOM NO. | BED NO. | | [redacted] | | |
| PATIENT IDENTIFICATION | | | | DA[redacted] | | |
| | | | | 21 NOV | 1520 HOURS | |
| | | | | CXR | | |
| | | | | heparin drip @ ~~650~~ 700 unit/hr | | |
| | | | | US of (L) subclavian vessels R/O DVT | | |
| NURSING UNIT | ROOM NO. | BED NO. | | [redacted] | | |
| 24° chest | 24WOU | 03 SGT [redacted] 1100 | | | | |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 25007

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 |
|---|---|---|---|---|---|
| Pt [redacted] (b)(6)-4 [redacted] | | | 21 NOV 03 | 1723 HOURS | |
| | | | (1) Please draw PT/PTT six (6) hours after start of heparin | | |
| | | | [redacted] | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| ICU3 | 240 | chart / 24 NOV 03 | [redacted] | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | 22 NOV 03 | HOURS | |
| | | | PT/PTT, CBC NOW | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF [redacted] | | |
| (5)(6) | | 22 NOV 03 @ 0930 | 22 NOV 03 | 0930 HOURS | |
| | | | ↑ Heparin to 1000 units/hr | | |
| | | | ✓ PT/PTT q 4 hrs | | |
| NURSING UNIT | ROOM NO. | BED NO. | [redacted] | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | 23 NOV | 0840 HOURS | |
| | | | ↑ Heparin to 1200 units/hr | | 11/23/03 0840 |
| | | | ✓ PT/PTT after 6 hour | | [redacted] |
| NURSING UNIT | ROOM NO. | BED NO. | [redacted] | | |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 [redacted]

MEDCOM - 25008

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION: [redacted] (b)(6)-4

23 Nov 03 [redacted]

DATE OF ORDER: 23 Nov 03 TIME OF ORDER: 1600 HOURS

CT to H2O Seq.

V.O. [redacted]

LIST TIME ORDER NOTED AND SIGN

NURSING UNIT: ICU 3 ROOM NO.: 24° chart BED NO.: 24 Nov 03 0440 [redacted]

PATIENT IDENTIFICATION: [redacted] 24 Nov 03 0230

DATE OF ORDER: 24 Nov 03 TIME OF ORDER: 0720 HOURS

QAM CBC, PT/PTT

(b)(6)-2

NURSING UNIT: ICU3 ROOM NO.: BED NO.:

[redacted]

PATIENT IDENTIFICATION

DATE [redacted] ORDER: 24 Nov 03 1645 HOURS

① D/C Foley

VO D[redacted]

NURSING UNIT: ROOM NO.: BED NO.:

PATIENT IDENTIFICATION

DATE OF ORDER: 25 Nov 03 TIME OF ORDER: 0710 HOURS

D/C CT

CXL

Tx

[redacted]

NURSING UNIT: ROOM NO.: BED NO.:

[redacted]

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

MEDCOM - 25009

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

[redacted]

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 25 Nov — TIME OF ORDER: 0800 HOURS

Transfer to Floor
s/p BSW to chest
Stable
VS Protocol
Act - OOB
Diet - Reg

LIST TIME ORDER NOTED AND SIGN

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER — TIME OF ORDER

Nursing - _____ HOURS
maintain IV
4L $O_2$ via NC
Incentive Spirometer
CBC/PT/PTT QAM
Meds - Ancef 1 gm IV Q8 x5 days
Gentamycin 400 mg IV QD x5 days
Hyperium drip @ 1200 into hr

PATIENT IDENTIFICATION

Noted [redacted] 25NOV03 1655

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER — TIME OF ORDER

_____ HOURS
Colace 100 mg PO BID
Percocet ii PO Q4 PRN
MSO4 4 mg IV Q4 PRN
Coumadin 3 mg PO QD

(b)(6)-2

[redacted]

PATIENT IDENTIFICATION

(b)(6)-4 [redacted]

[redacted] 25 Nov 1800

NURSING UNIT | ROOM NO. | BED NO.

DATE OF [redacted] TIME OF ORDER

11/25/03 _____ HOURS
IVF D5 1/2 NS c̄ 20 meq kcl/liter
@ 125 cc/hr

[redacted]

26NOV03 0755
Heplock IVFs V.O. [redacted]

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 25010

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 27NOV03 TIME OF ORDER: 1600 HOURS

V.O.-Dr. [redacted]

Coag Panel x 1 now

(b)(6)-2 [redacted]

LIST TIME ORDER NOTED AND SIGN

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT: 24/0013 ZANCTOBYR | ROOM NO. | BED NO.

DATE OF ORDER: 27NOV03 TIME OF ORDER: 1706 HOURS

1. Stop Heparin Drip
2. Continue to check coags as ordered

[redacted]

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT: 24/0050 1DEC03 | ROOM NO. | BED NO.

DATE OF ORDER: 2200 30 Nov TIME OF ORDER: HOURS

1. CBC
2. CXR
3. IV LR at 150 cc/h
4. Mylanta 30 cc po now & q4 prn mild abd pain x 12 hrs only

(b)(6)-2 [redacted]

Voted [redacted]

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

(b)(6)-5

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

[redacted] Medcom 25011

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

[redacted] (5)(6)-4

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

| DATE OF ORDER | TIME OF ORDER | LIST TI ORD NOTE |
|---|---|---|
| 1 DEC | 1845 HOURS | [redacted] |
| Transfer to camp 2 DEC | | |
| (5)(6)-2 | | |
| [redacted] | | |

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

| DATE OF ORDER | TIME OF ORDER |
|---|---|
| | HOURS |

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

| DATE OF ORDER | TIME OF ORDER |
|---|---|
| | HOURS |

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

| DATE OF ORDER | TIME OF ORDER |
|---|---|
| | HOURS |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 25012

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. ____ Yr. 2003 |
|---|---|---|

*VERIFY BY INITIALING* — *INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION*

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 19 NOV | [redacted] | VS Q1 Hr | 06 | [redacted] | | | | | | | | | |
| | | | 18 | | | | | | | | | | |
| 19 NOV | [redacted] | Activity BR | 06 | | | | | | | | | | |
| | | | 18 | | | | | | | | | | |
| 19 NOV | [redacted] | CT x1 to 20cm suct | 06 | | | | | | | | | | |
| | | | 18 | | | | | | | | | | |
| 19 NOV | [redacted] | JP to cont wall suct | 06 | | | | | | | | | | |
| | | | 18 | | | | | | | | | | |
| 19 NOV | [redacted] | NG to LIS | 06 | | | | | | | | | | |
| | | | 18 | | | | | | | | | | |
| 19 NOV | [redacted] | Vent ~~SIMV~~ 40%, 750TV | 06 | | | | | | | | | | |
| | | rate 14 peep 5 | 18 | | | | | | | | | | |
| 19 NOV | [redacted] | Foley to Gravity | 06 | | | | | | | | | | |
| | | | 18 | | | | | | | | | | |
| 19 NOV | [redacted] | OOB to chair TID | 06 | | | | | | | | | | |
| | | | 18 | | | | | | | | | | |
| ~~19 NOV~~ | [redacted] | ~~DIET: CLEAR~~ | 06 | | | | | | | | | | |
| | | | 18 | | | | | | | | | | |
| 20 NOV | [redacted] | Reg Diet | 06 | | | | | | | | | | |
| | | | 12 | | | | | | | | | | |
| | | | 18 | | | | | | | | | | |
| 20 NOV | [redacted] | CXR - follow up chest tubes qD | 04 | | | | | | | | | | |
| 23 NOV | [redacted] | CT to h2o seal | 06 | | | | | | | | | | |
| | | | 18 | | | | | | | | | | |
| 24 NOV | [redacted] | CBC, PT/PTT qAM | 04 | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO — NKDA

PRIMARY DIAGNOSIS: GSW scapula/chest

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION: [redacted] (b)(6)-7

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

MEDCOM - 25013

| 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 |
| 19 NOV | [redacted] | Admit to ICU, S/P I & D / closure chest wall | 19 NOV | 0245 | 0300 | [redacted] |
| 19 NOV | [redacted] | Condition - critical | 19 NOV | 0245 | 0300 | [redacted] |
| 19 NOV | [redacted] | CBC, Chem 10, Coag, CXR x 1 in ICU | 19 NOV | adm | | |
| 20 Nov | [redacted] | CXR @ 1600 | 20 Nov | 1600 | 1600 | [redacted] |
| 21 Nov | [redacted] | CXR, US of (L) subclavian vessels | | | | [redacted] |
| | ----- | R/O DVT | done | | | |
| 21 Nov 03 | [redacted] | Please draw PT/PTT 6 hours | 21 Nov | | | |
| | ----- | after start of heparin | 21 Nov | 2230 | | |
| 22 Nov 03 | [redacted] | PT/PTT, CBC Now | 22 Nov 03 | 0800 | 0827 | [redacted] |
| 22 Nov 03 | [redacted] | PT/PTT P 4 Hep | 22 Nov | 1400 | 1420 | [redacted] |
| 23 | [redacted] | PT/PTT after 6 Hep | 23 Nov | 1430 | 1430 | [redacted] |
| 24 Nov | [redacted] | D/C Foley | 24 N | [redacted] | | |
| 25 Nov | [redacted] | D/C CT | 25 Nov | done | | [redacted] |
| 25 Nov | [redacted] | CXR | 25 Nov | | | [redacted] |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |

USAPA V1.00

(b)(6)-2

(b)(6)-2

MEDCOM - 25014

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 25 | 26 | 27 | 28 | 29 | 30 | 1 | 2 | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 25 Nov | [redacted] | IS per protocol | 06 18 | [redacted] | | | | | | | | | | | | |
| | | | 18 06 | | | | | | | | | | | | | |
| 25 | [redacted] | ct. OOB | 06 18 | | | | | | | | | | | | | |
| | | | 18 06 | | | | | | | | | | | | | |
| 25 | [redacted] | Diet. Reg | 06 18 | | | | | | | | | | | | | |
| | | | 18 06 | | | | | | | | | | | | | |
| 25 | [redacted] | rentive spirometer | 06 18 | | | | | | | | | | | | | |
| | | | 18 06 | | | | | | | | | | | | | |
| 25 | [redacted] | CBC/PT/PTT q AM | 05 | | | | | | | | | | | | | |
| | | Cong Panel | | | | | | | | | | | | | | |
| | | (b)(6)-2 | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW to chest

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION: (b)(6)-4 #[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 |

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)* | | | | Mo 11 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 25 Nov | [redacted] | Tx to floor. S/p 6SN to cx. Stable | 25 Nov | | | [redacted] |
| 27 Nov | [redacted] | Coag panel x 1 now | 27 Nov | | | [redacted] |
| 30 | [redacted] | CBC, CXR now | done 30 Nov 2145 | | | [redacted] |
| | | | | | | |
| | | (b)(6)-2 | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 25016

CLINICAL RECORD

**THERAPEUTIC DOCUMENTATION CARE PLAN** *(MEDICATIONS)*
For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.

*Mo.* ____ *Yr.* ____

*VERIFY BY INITIALING* — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 19 NOV | [redacted] | D5½ NS c̄ 20 KCl @ 100/hr | 06 | [redacted] | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | |
| 19 NOV | [redacted] | Versed gtt 2mg/hr | 06 | [redacted] | | | | | | | | | |
| | | (may ↑ to 5mg/hr for sed.) | 18 | | | | | | | | | | |
| 19 NOV | [redacted] | MSO4 gtt 2mg/hr | 06 | [redacted] | | | | | | | | | |
| | | (may ↑ to 4mg/hr for pain) | 18 | [redacted] | | | | | | | | | |
| 19 NOV | [redacted] | Ancef 1gm IV Q8° | 06 | [redacted] | | | | | | | | | |
| | | | 14 | [redacted] | | | | | | | | | |
| | | | 2 | [redacted] | | | | | | | | | |
| 19 NOV | [redacted] | Gentamycin 360mg IV QD | 10 | [redacted] | | | | | | | | | |
| | | | | | | | | | | | | | |
| 20 NOV | [redacted] | Colace 100mg PO BID | 08 | [redacted] | | | | | | | | | |
| | | | 22 | [redacted] | | | | | | | | | |
| 21 NOV | [redacted] | HEPARIN DRIP ~~100u~~ 1000 mg/ | 06 | [redacted] | | | | | | | | | |
| | | hr | 14 | [redacted] | | | | | | | | | |
| 23 NOV | [redacted] | HEPARIN DRIP ↑ 1200u/ | 06 | [redacted] | | | | | | | | | |
| | | HR | 18 | [redacted] | | | | | | | | | |

(b)(6)-2

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO
NKDA

PRIMARY DIAGNOSIS: GSW scapula/chest

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO. ____

PATIENT IDENTIFICATION:
[redacted] (b)(6)-4

**DISPENSING TIMES**

USE PENCIL. CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

**DA FORM 4678, 1 FEB 79** EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. USAPA V1.00

MEDCOM - 25017

| Verify by Initialing | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* | Mo._____ Yr. _____ |
|---|---|---|

| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
|---|---|---|---|---|---|---|
| 11/19 | [redacted] | NS 1L Bolus x1 NR | 11/19 | 1400 | 1400 | [redacted] |
| 20 NOV | [redacted] | Thrs fluid 2 unit PMBL | 11-20 | ASAP 0700 | 0900 1100 | [redacted] |
| | - - - - - | | | | | |
| | - - - - - | (b)(6)-2 | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | *INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION* TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 25018

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 03 |
|---|---|---|

*VERIFY BY INITIALING* — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 25 | 26 | 27 | 28 | 29 | 30 | 1 | 2 | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 25 Nov03 | [redacted] | maintain IV @ 125cc/hr | 06 18 | [redacted] | | | | | | | | | | | | | |
| | ----- | D5 1/2 NS c 20 mEq KCl/l | 13 06 | [redacted] | | | | | | | | | | | | | |
| 25 | [redacted] | AL O2 via NC | 08 13 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 18 06 | [redacted] | | | | | | | | | | | | | |
| 25 | [redacted] | Ancef 1 gm IV q8° | 06 | [redacted] | | | | | | | | | | | | | |
| | ----- | x 5 days | 14 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 22 | [redacted] | | | | | | | | | | | | | |
| 25 | [redacted] | Gentamycin 400mg | 08 | [redacted] | | | | | | | | | | | | | |
| | ----- | IV QD x 5 days | | | | | | | | | | | | | | | |
| 25 | [redacted] | Heparin drip @ 2000 | 08 18 | [redacted] | | | | | | | | | | | | | |
| | ----- | units/hr | 18 06 | [redacted] | | | | | | | | | | | | | |
| 25 | [redacted] | Lasix 100mg po | 08 | [redacted] | | | | | | | | | | | | | |
| | ----- | BID | 20 | [redacted] | | | | | | | | | | | | | |
| 25 | [redacted] | Coumadin 3mg Po | 08 | [redacted] | | | | | | | | | | | | | |
| | ----- | QD | | | | | | | | | | | | | | | |
| 26 Nov03 | [redacted] | Heplock IVs flush | 06 18 | [redacted] | | | | | | | | | | | | | |
| | ----- | q shift | 18 06 | [redacted] | | | | | | | | | | | | | |
| 25 | [redacted] | Gentamycin 400mg IV | 10 | [redacted] | | | | | | | | | | | | | |
| | ----- | QD x 5 days | | | | | | | | | | | | | | | |
| 30 | [redacted] | IVs: LR @ 150cc/° | 6 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 18 | [redacted] | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |

(b)(6)-2

(b)(6)-4

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW to chest

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 25019

| Verify by Initialing | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | Mo. 11 Yr. 03 |
|---|---|---|

| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
|---|---|---|---|---|---|---|
| 30 | [redacted] | Mylanta 30cc po x1 now | 2200 | 30NOV03 | | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | (b)(6)-2 | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 25NOV | [redacted] | Percocet II po q4 pm | D/T | 25NOV 2240 | 26NOV 1250 | 26NOV 2200 | 27NOV 2200 | 1Dec 1400 | | | | | | | | |
| | | | D/I | [redacted] | | | | | | | | | | | | |
| 25 | [redacted] | MSO4 4mg IV q4° pm | D/T | | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | | |
| 30 | [redacted] | Mylanta 30cc po q4° pm mild abd pain x12° only | D/T | | | | | auto D/C | | | | | | | | |
| | | | D/I | | | | | 1600 1Dec03 | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

*U.S. GPO: 1998-454-110/95216

MEDCOM - 25020

**MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA**

For use of this form, see AR 40-68; the proponent agency is the Office of The Surgeon General.

| REPORT TITLE | OTSG APPROVED *(Date)* |
|---|---|
| **TRAUMA FLOWSHEET** The proponent is Dept of Surgery | QI Appr 11 Jun 97 |

## EMS REPORT

TIME: _____ ETA: _____ UNIT: _____

MED COM: [Y] [N]

## ARRIVAL STATUS

TIME 2350 ☐ IV x 3 ☐ $O_2$ _____ l/min ☐ C-Spine Immob

Meds: ☑ UKN ☐ None ☐ Yes: _____

Allergies: ☑ UKN ☐ None ☐ Yes: _____

Tetanus: ☑ UKN ☐ Current Last Meal/Fluid Intake _____ hrs

LMP: N/A ☐ _____

## PRIMARY SURVEY

**AIRWAY**

☐ Natural Patient [Y] [N]

☑ ETT 8.0 ☐ 22 Clip

☐ Secretions _____

**BREATHING** Intubated on arrival

☐ Labored ☐ Unlabored ☐ Absent

TRACHEA: ☑ Midline ☐ Deviated [L] [R]

CHEST SYMMETRY: [L] > = < [R]

**CIRCULATION**

PULSE: ☑ Present ☐ Absent

BLEEDING: [Y] [N]

HEART TONES: ☑ Clear ☐ Muffled

SKIN: ☑ Warm ☐ Cool ☐ Hot

☑ Pink ☐ Pale ☐ Cyanotic ☐ _____

☑ Dry ☐ Moist ☐ Diaphoretic

## SECONDARY SURVEY

**DISABILITY**

GCS: E _____ V _____ M _____

Intubated on arrival

SPHINCTER TONE: ☐ WNL N/A ☐ None

**HEAD**

PUPILS: ☐ Equal ☐ Fixed ☐ React ☐ Dilated [L] [R]

TM: ☑ Clear ☐ Blood [L] [R]

**NECK**

C-Spine Tenderness: [Y] [N]

Pain @ _____

JVD: [Y] [N]

**HEART**

RHYTHM: ☑ Regular ☐ _____

PULSES: ☐ Central ☐ Peripheral

**LUNGS**

BREATH SOUNDS: ☑ Bilat ☑ Equal ☑ Clear

Decreased [L] [R] Absent [L] [R]

Wheezes [L] [R] Crackles [L] [R]

**ABDOMEN**

☑ Soft ☐ Rigid ☐ Non-Tender

☐ Tender: —+—

**PELVIS**

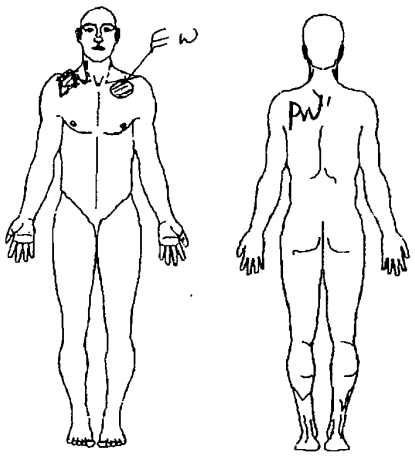
☑ Stable ☐ Unstable ☐ _____

Blood at meatus/vagina: [Y] [N]

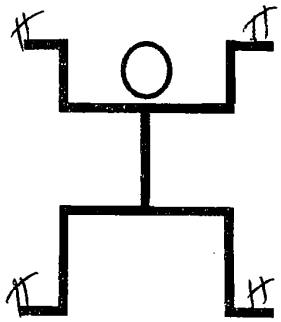
Heme + / Prostate: ☑ WNL ☐ Abnl

## USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

(AB)rasion
(AMP)utation
(AV)ulsion
Battle's Signs
(BL)eeding
(B)urn
(D)eformity
(E)cchymosis
(F)oreign Body
(H)ematoma
(LAC)eration
(P)uncture (W)ound
(Pain)
(S)eatbelt (S)ign
(S)tab (W)ound
(GSW) Gun Shot Wound




## VASCULAR ASSESSMENT



| ++ Strong | + Palpable | D Dopler |
|---|---|---|

RN [redacted] (b)(6)-2

PHYSICIAN [redacted]

*(Continue on reverse)*

[redacted] DEPARTMENT/SERVICE/CLINIC Ems DATE 19NOV03

[redacted] *(If typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)*

[redacted] (b)(6)-4

EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER *(Specify)*

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

**DA** FORM 1 MAY 78 **4700**

REQUIREMENT OF PRIVACY ACT OF 1974 IS COVERED BY DD FORM 2005. PREVIOUS EDITION IS OBSOLETE.

EAMC OP 503, 1 Dec 98

MEDCOM - 25021

| TIME | PROCEDURE | SIZE | SITE | BY | RESULTS |
|---|---|---|---|---|---|
| arrival | ET Intubation | 8.0 | ☑ Oral ☐ Nasal Teeth 2201hp | arrival | ☐ $ETCO_2$ Change ☐ BBS Post Int ☑ Post CXR |
| | Gastric Tube | | ☐ Oral ☐ Nasal | | ☐ Air ☐ Contents ☐ Verified ____ Suction: Y N |
| arrival | Urinary | 16fr | ☑ Meatus ☐ Supra-Public | | ☑ Return 900 cc ☐ Heme Dip: + - ☑ Secured |
| | DPL | | ☐ Opened ☐ Closed | | ☐ Grossly: + - Cell count Sent@ ____ |
| arrival | Chest Tube #1 | | L R | | ☑ Air ☐ Blood ☑ Pleuravac 20 cm ☐ Autotransfuser |
| arrival | Chest Tube #2 | | L R | | ☐ Air ☑ Blood ☑ Pleuravac 20 cm ☐ Autotransfuser |
| | 12 Lead | Rhythm: | | Comments | |

| ABG SITE | TIME | %$O_2$ | pH | BE | $pCO_2$ | $PO_2$ | $O_2$ Sat | $HCO_3$ |
|---|---|---|---|---|---|---|---|---|
| 1) | | | | | | | | |
| 2) | | | | | | | | |

## LABS

| TIME | LABS | | | |
|---|---|---|---|---|
| | ☐ D-stick ____ | ☐ SHct ____ | | |
| | ☐ D-stick ____ | ☐ SHct ____ | | |
| 2355 | ☑ CBC | ☑ Chem | ☐ PT/PTT | |
| | ☐ ETOH | ☐ T&S | ☑ T&C x 2 | |
| | ☐ Tox Screen | | | |
| 2355 | ☑ UA | ☐ HCG | | |
| | ☐ OTHER | | | |
| | ☐ OTHER | | | |

## X-RAYS

| TIME | LABS |
|---|---|
| 0005 | ☑ Chest Initial |
| 0005 | ☑ Chest Post ET |
| | ☐ Chest Post CT |
| | ☐ C-Spine |
| 0005 | ☑ Pelvis |
| 0005 | ☑ ADomen |
| | ☐ |
| | ☐ |

| TIME | PROCEDURE | ACCOMPANED BY | RETURN |
|---|---|---|---|
| | CT Scan: ☐ Contrast | | |
| | ☐ Head ☐ Abd ☐ Pelvis | | |
| | ☐ C-Spine ☐ T/L Spine ☑ Chest | | |
| | ☐ | | |
| | A-Gram Site: | | |

## IV ACCESS & FLUIDS

| TIME | # | GA | IAW SOP | | SITE | IVF TYPE | AMT UP | AMT IN |
|---|---|---|---|---|---|---|---|---|
| arrival | 1 | 18 | Y | N | ☑ Arm | NS | 500cc | |
| arrival | 2 | 18 | Y | N | ☑ Arm | NS | 500cc | |
| arrival | 3 | | Y | N | ☑ Femoral | LR | 1000cc | |
| | | | Y | N | | | | |

## MEDICATIONS

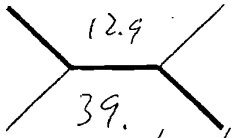
| MEDICATION | TIME | DOSE | RTE | TIME | DOSE | RTE | TIME | DOSE | RTE |
|---|---|---|---|---|---|---|---|---|---|
| Ancef | arrival | 1GM | IV | | | | | | |
| Tetnas | 0005 | .5 | IM | | | | | | |

## BLOOD PRODUCTS

| START | # | TYPE | UNIT# | AMT UP | AMT IN | END | INIT |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

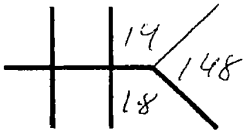
## LAB RESULTS

CBC:




PT/PTT /14/27

Chem: LFTS - WNL




UA - WNL

## INTAKE & OUTPUT

| INTAKE | AMOUNT | OUTPUT | AMOUNT |
|---|---|---|---|
| IVF | | Urine | 0010 Approx 2L yellow |
| NGT | | NGT | urine 050 |
| Blood | | EBL | 1000cc |
| Other | | Other | |
| TOTAL | | TOTAL | |

## TRAUMA TEAM ARRIVAL

| TITLE | NAME (Print) | PAGED | RESPONDED | ARRIVED |
|---|---|---|---|---|
| ED Phys | [redacted] | hrs on Pt arrival | | |
| Surgeon | [redacted] | 2400 | 0005 → | |
| Anesth | [redacted] | | | |
| | [redacted] | (5)(6)-2 | | |
| X-Ray | 2355 [redacted] | | | |
| RT | hrs on Pt arrival | | | |
| Ortho | | | | |
| Neuro | | | | |
| Chaplain | | | | |

## VALUABLES & CLOTHING

| V | STATUS | C |
|---|---|---|
| | None Found | |
| | Given to Patient | |
| | Given to Family | |
| | Inventoried and Released to Patient Trust Fund/NCOD See DA Form 3696 | |
| | Other: See Nursing Notes | |

## DISPOSITION

☐ Home ☐ ____

Admitted to ICU #

Report Called to ____

Time Transferred ____

Accompanied By ____

Via: ☑ Stretcher ☐ Wheelchair

As per ACLS Precautions: ☑ Yes ☐ No

MEDCOM - 25022

(page 2)

## VITAL SIGNS

Rectal Temp: 92.2

| TIME | BP | HR | RHY | RR | $SAO_2$ | $FIO_2$ | MODE | GCS: E | V | M | T |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2352 | 114/71 | 101 | ST | 14 | 93% | 10% 10% | SPEED | | | | |
| 2400 | 147/93 | 96 | NS | 14 | 100% | | | | | | |
| 0005 | 139/96 | 93 | NS | 14 | 100% | | | | | | |
| 0013 | 141/92 | 84 | NS | 19 | 98% | | | | | | |
| 0023 | 91/60 | 77 | NS | 15 | 100% | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | |

≈ 30 y/o male In_2: (EPW) - seen Running to scene of the a
w/ trauma motor vehicle accident and was shot. Seen @ CCo med then

& 2 FSB (2) chest tubes, (2) units Blood, 1500 cc INF.
(3) IV's ~~vessels~~ / Ancef / Intubated / sedated / paralyzed / Transferred
to here 28 C.S.H. Pt Arrived via Medevac.

A: Intubated - clear
B: (A) BS Equal
C: All Ext
D: paralyzed sedated
E: Hero ⊖, BACK negative except for bullet wound the
size of a pencil eraser (see diagram).

LABS / X-Ray / CT / NG Tube / Tetanus (b)(6)-2 continue
TO OR i.e. [redacted] for GSW i Cl Arch Fo.

pneumothorax, pulmonary contusion

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

REPORT TITLE

# INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED *(Date)* QA Appr 8 Mar 89

## INITIAL SHIFT ASSESSMENT

| | TIME | | INITIALS | | INITIALS | 1830 | INITIALS [redacted] |
|---|---|---|---|---|---|---|---|
| NEURO | PUPILS | | | | | PERRL (R) | |
| | SENSORIUM | | | | | A&O, moves all extremities | |
| | | | | | | follows commands, MSO4 | |
| | | | | | | @1.5mg/hr | |
| | | | | | | | |
| RESPIRATORY | RESPIRATORY PATTERN | | | | | Reg, even, unlabored | |
| | BREATH SOUNDS | | | | | CTA (R), slightly ↓ (L) LL | |
| | SECRETIONS | | | | | Ø | |
| | | | | | | On 4L NC, SaO2 98-100% | |
| | | | | | | | |
| | | | | | | | |
| SKIN | COLOR | | | | | NFR | |
| | INTEGRITY | | | | | Drsg across clavicle, (L) chest | |
| | | | | | | CDI, (R) chest tube drsg mid axilla | |
| IV SITE | LOCATION | | | | | (R) fem cordis, (L) ankle | |
| | CONDITION | | | | | (L) s/s of infx (R) fem infusing | |
| | | | | | | D5½NS ≈ 20 KCL @ 100cc/hr | |
| | | | | | | MSO4 drip @ 1.5cc/hr | |
| | | | | | | | |
| | | | | | | | |
| GASTRO | ABDOMEN | | | | | Round, soft, nontender | |
| | BOWEL SOUNDS | | | | | (+) x 4 quads | |
| | | | | | | | |
| | | | | | | | |
| GU | URINE: | | | | | Foley to gravity | |
| | COLOR/CLARITY | | | | | Amber & sediment | |
| | | | | | | | |
| CARDIOVASCULAR | CARDIAC RHYTHM | | | | | SR-ST ≈ 4-5z noted, +1 | |
| | | | | | | UE pulses, +2 LE pulses, | |
| | | | | | | JP to (L) chest cont. suction | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

LEGEND: Cr - Creatinine; $F_IO_2$ - Fraction of Inspired $O_2$; $HCO_3$ - Bicarbonate; ICP - Intracranial Pressure; $PCO_2$ - Pressure of Arterial $CO_2$; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

(b)(6)-2

(Continue on reverse)

PREPARED BY (Signature & Title) [redacted] CTA N

DEPARTMENT/SERVICE/CLINIC ICU 3

DATE 19 NOV

*(If typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)*

[redacted] (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER *(Specify)*

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

Proponent: Dept of Nurs

MEDDAC FBg OP 375, 1 Apr 90 (HSXC-NU)

MEDCOM - 25025

DATE 19 Nov 03 | DX s/p GSW ULE/scrm | HOSPITAL DAY Day 4

| VITAL SIGNS | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | |
| BP Arterial Line | | | | | | | | | | | | | | | | | | |
| BP Cuff | | | 145/75 | 128/93 | 120/87 | 129/81 | 117/70 | 106/74 | | 96/37 | 114/80 | 90/40 | 101/60 | 96/40 | 90/60 | 98/62 | 88/60 | |
| Temperature | | | 336 | 337 | 339 | 96.1 | | 99.1 | | | | 99.2 | | | 99.1 | | | |
| Pulse | | | 46 | 65 | 68 | 74 | 97 | 84 | | 79 | 86 | 87 | 88 | 95 | 88 | 87 | | |
| Respiratory Rate | | | 10 | 14 | 14 | 14 | 14 | 14 | | 14 | 14 | 18 | 18 | 24 | 24 | 26 | 20 | |
| O2 Sat | | | 100 | 100 | 100 | 100 | 100 | 100 | | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | |
| FiO2 | | | 70 | 60 | 60 | 60 | 35 | | | 35 | 35 | 35 | 100 | 35 | 35 | 35 | 35 | |
| mode | | | | | | | | | | | | | vent | [redacted] | | | | |

| INTAKE | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TIME | | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 8° T | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 8° T |
| D5½NS ±20K | | | | 100 | 100 | 100 | 100 | 100 | 500 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 800 |
| IVPB | | | | | | | 50 | | 50 | | | 100 | | | | | | |
| Versed | | | | 2 | 2 | 2 | off | off | 6 | off | off | off | off | off | off | off | off | |
| MSO4 | | | | 2 | 2 | 2 | 2 | 2 | 10 | 2 | off | off | off | 1.5 | 1.5 | 1.5 | 1.5 | 8 |
| NS/Bolus | | | | | | | 800 | | 800 | | | 200 | | | | | | |
| TOTALS | | | | | | | | | 1360 | | | | | | | | | 1208 |

| OUTPUT | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| URINE | HOUR / TOTAL | | | | 200 | 220/420 | 145/565 | 140/705 | 150 | 855 | 70 | 150/70 | 100/470 | 100/570 | 100/670 | 100/770 | 40/810 | 50 | 810 |
| | sp gr | | | | | | | | | | | | | | | | | | |
| | S/A | | | | | | | | | | | | | | | | | | |
| NG | OUTPUT | | | | | | | | | | | | 100 | | | | | | 100 |
| | pH | | | | | | | | | | | | | | | | | | |
| | GUIAC | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | |
| DRAINS | JP | | | | | | | | | | | 100 | | | | 80 | | | 180 |
| | CT1 | | | | | | | | | | | | | | | 17 | | | |
| | CT2 | | | | | 120 | | | 120 | | | 50 | | | | 50 | | | 187 |
| TOTALS | | | | | | | | | | | | | | | | | | | 1198 |

POST-OP DAY

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| VITAL SIGNS | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | |
| | 116/78 | | 84/53 | | | | | | |
| | | | 98 | 87/64 | 95/63 | 97/66 | 101/67 | 98/62 | |
| | 115 | 88 | 95 | 92 | | | 99.0 | | |
| | 24 | 22 | 26 | 92 | 86 | 83 | 80 | 85 | |
| | 100 | 100 | 98 | 25 | 23 | 20 | 20 | 21 | |
| | 4L | 4L | 4L | 99% | 100% | 100% | 99% | 99% | |
| | NL | NL | NV | 4L | 4L | 4L | 4L | 3L | |
| | | | | N/C | N/C | N/C | N/C | N/C | |
| INTAKE | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 8° T |
| | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 2100 |
| | 80 | | | | | | | 50 | 250 |
| | | | | | | | | | 60 |
| | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 30 |
| | 100 | | | | | | | | 2000 |
| OUTPUT | 50 | 50 / 100 | 50 / 150 | 46 / 196 | 34 / 230 | 32 / 262 | 60 / 322 | 65 / 387 | 2052 |
| | | | | | | | | | 100 |
| OP | 44 | | 0 | | | | | | 100 |
| GY | 8 | | 3 | | | | | | 20 |
| GNST | 50 | | 50 | | | | | 17 | 287 |

ACUITY LEVEL CLASSIFICATION

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| RESPIRATORY | TIME | 0515 | | | | | | | | |
| | MODE | SIMV | | | | | | | | |
| | $F_IO_2$ | 60 | | | | | | | | |
| | TV | 750 | | | | | | | | |
| | RATE | 14 | | | | | | | | |
| | PEEP | +5 | | | | | | | | |
| ABG | A pH | 7.37 | | | | | | | | |
| | A $PCO_2$ | 36.9 | | | | | | | | |
| | A $pO_2$ | 271 | | | | | | | | |
| | B $HCO_3$ | 22 | | | | | | | | |
| | B SAT | 100 | | | | | | | | |
| | G BASE | -3 | | | | | | | | |
| LABORATORY | TIME | | | | | | | | | |
| | GLUCOSE | 217 | | | | | | | | |
| | Na/K | 138 / 5.6 | | | | | | | | |
| | Cl/$CO_2$ | 102 / 21 | | | | | | | | |
| | BUN/Cr | 12 / 1.2 | | | | | | | | |
| | WBC/PLATELET | 5.3 / 143 | | | | | | | | |
| | Hct/Hgb | 34.7 / 11.6 | | | | | | | | |
| | Ca | 7.1 | | | | | | | | |

| ACTIVITIES DAILY LIVING | TIME | | | | TURN | TIME | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | MOUTH CARE | | | | | | | | | |
| | BATH | | | | | | | | | |
| | SKIN CARE | | | | | | | | | |
| | FOLEY CARE | | | | SUCTION | 0400 | | | | |
| | TRACH CARE | | | | | | | | | |
| | ROM EXERCISES | | | | | | | | | |

24 HR I&O TOTALS

wt Yesterday _____ wt Today _____

| INTAKE | | OUTPUT | |
|---|---|---|---|
| IV | 4386 | Urine: | 2052 |
| po | | NG | 100 |
| | | Drains | 407 |
| TOTAL | 4386 | TOTAL | 2559 |

BALANCE _____

NURSE'S SIGNATURE | INITIALS

[redacted]

(5)(6)-2

MEDICAL RECORD–SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

REPORT TITLE

# INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

## INITIAL SHIFT ASSESSMENT

| | TIME | 0700 | INITIALS [redacted] | INITIALS | 1820 | INITIALS [redacted] |
|---|---|---|---|---|---|---|
| NEURO | PUPILS | Perrla 3 mm brisk, AE O | (5)(6)-2 | | PERRL (B) | |
| | SENSORIUM | moves all extremities (L) Arm | | | A&O, moves all extremities | |
| | | weaker than other follows commands | | | follows commands, MgSO4 | |
| | | MgSO4 @ 1.5 mg/hr | | | @ 1.5 mg/hr | |
| RESPIRATORY | RESPIRATORY PATTERN | reg, even, unlabored, CTA | | | Reg, even, unlabored | |
| | BREATH SOUNDS | x2 ↓ (R) UL | | | CTA B/L ↓ (R) UL | |
| | SECRETIONS | 95-100% 4L NC | | | (0) | |
| | | | | | SaO2 93%-97% on 5L NC | |
| | | | | | ~~via~~ O2 | |
| SKIN | COLOR | WNL, bruising to (L) chest, clear | | | WNL | |
| | INTEGRITY | tube drsg, s/c/i, across | | | Drsg on clavicle (R) UC & (R) | |
| | | clavicle. JP (R) chest cont. suction | | | chest tube site, CDI | |
| IV SITE | LOCATION | (R) Fem cordis, (L) | | | (R) Fem cordis & (R) ankle | |
| | CONDITION | ankle, ∅ s/s of infx. | | | Patent s/s of infx (R) | |
| | | | | | cordis infusing D5½NS@20 | |
| | | | | | KCL @ 100 cc/hr & MgSO4 @ | |
| | | | | | 1.5 cc/hr | |
| GASTRO | ABDOMEN | Soft, nontender ∅ distended | | | Round, soft, nontender | |
| | BOWEL SOUNDS | active sounds X4 quadrants. | | | (+) X 4 quads | |
| GU | URINE: | Foley to gravity, amber | | | Foley to gravity | |
| | COLOR/CLARITY | color, wnl, (+) sediments | | | Amber & sediments | |
| CARDIOVASCULAR | CARDIAC RHYTHM | S1 S2 ∅ ectopy +1 ue pulses | | | SR-ST & S1 S2 noted, (0) | |
| | | +2 LE pulses, | | | ectopy, +1 UE's, +2 LE's | |
| | | | | | pulse | |

LEGEND: Cr - Creatinine; $F_IO_2$ - Fraction of Inspired $O_2$; $HCO_3$ - Bicarbonate; ICP - Intracranial Pressure; $PCO_2$ - Pressure of Arterial $CO_2$; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

(5)(6)-2

(Continue on reverse)

PREPARED BY (Signature & Title) [redacted] 6M3

DEPARTMENT/SERVICE/CLINIC ICU

DATE 20 NOV 93

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

# [redacted] (5)(6)-2

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

Proponent: Dept of Nurs

MEDDAC FBg OP 375, 1 Apr 90 (HSXC-NU)

MEDCOM - 25028

DATE 20 Nov 03 | DX | HOSPITAL DAY

**VITAL SIGNS**

| TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP Arterial Line | | | | | | | | ~~97.4~~ | | | | | | | | | | |
| BP Cuff | 101/63 | 107/69 | 108/68 | 108/68 | 106/66 | 109/68 | 97/65 | 97/64 | | 103/64 | 104/70 | 104/65 | 108/70 | 109/61 | 108/57 | 104/62 | 100/57 | |
| Temperature | | | | | 100.8 | | | 97.4 | | | | | 98.4 | | | | | |
| Pulse | 86 | 84 | 85 | 96 | 86 | 92 | 96 | 88 | | 91 | 90 | 87 | 98 | 93 | 89 | 93 | 96 | |
| Respiratory Rate | 21 | 21 | 23 | 26 | 26 | 26 | 24 | 20 | | 24 | 26 | 24 | 25 | 20 | 20 | 30 | 21 | |
| SaO2 | 97% | 98% | 94 | 93% | 96% | 97% | 95% | 98 | | 97 | 100% | 99 | 95 | 93 | 97 | 95 | 94 | |
| FiO2 | 2L | 2L | 2L | 2L | 4L | 4L | 4L | 4L | | 4L | 4L | 4L | 4L | 4L | 4L | 5L | 5L | |
| Mode | NC | NC | NC | NC | NC | NC | NC | NC | | NC | NC | NC | NC | NC | NC | NC | NC | |

**INTAKE**

| TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 8° T | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 8° T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0.25% NS c 20 KCL | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 800 | [illegible] | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 1600 |
| IVPB | | | | | | | 50 | | 50 | | | 100 | | | | 50 | | 200 |
| MSO4 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 12 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 24 |
| Blood Products | | | | | | | | | | | 350 | | 350 | | | | | 700 |
| TOTALS | | | | | | | | | | | | | | | | | | |

**OUTPUT**

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| URINE | HOUR | 60 | 60 | 60 | 70 | 90 | 100 | 90 | 40 | | 50 | 40 | 80 | 120 | 120 | 60 | 100 | 80 | |
| | TOTAL | | 120 | 200 | 270 | 360 | 460 | 550 | 590 | 590 | | 90 | 170 | 290 | 410 | 470 | 570 | 650 | 1240 |
| | sp gr | | | | | | | | | | | | | | | | | | |
| | S/A | | | | | | | | | | | | | | | | | | |
| NG | OUTPUT | | | | | | | | | | | | | | | | | | |
| | pH | | | | | | | | | | | | | | | | | | |
| | GUIAC | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | |
| DRAINS | JP | | | | | | | 40 | | | | | | | | | | | |
| | CT1 | | | | | | | 55 | | | | | | | | | | | |
| | CT2 | | | | | | | 75 | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |

590
650
1240

POST-OP DAY

| VITAL SIGNS | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | |
|---|---|---|---|---|---|---|---|---|---|
| | 125/58 | 109/63 | 112/65 | 106/59 | 103/66 | 116/64 | 114/62 | 103/62 | |
| | | | | 99.6 | | | | | |
| | 89 | 98 | 100 | 92 | 89 | 91 | 89 | 81 | |
| | 19 | 23 | 20 | 22 | 23 | 24 | 25 | 20 | |
| | 93 | 92 | 93 | 95% | 98% | 98% | 96% | 96% | |
| | 5L | 5L | 5L | 5L | 5L | 5L | 4L | 4L | |
| | NC | NC | NC | NC | NC | NC | NC | NC | |

| INTAKE | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 8° T |
|---|---|---|---|---|---|---|---|---|---|
| | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 2400 |
| | | | | | | | | 50 | 250 |
| | 65 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 36 |
| | | | | | | | | | 700 |
| | | | | | | | | | 3386 |

| OUTPUT | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 120 | 125/255 | 70/325 | 60/385 | 70/455 | 80/535 | 80/615 | 80/695 | 1935 |
| | | | 35 | | | | | | 75 |
| | | | 24 | | | | | | 79 |
| | | | 125 | | | | | | 200 |
| | | | | | | | | | 2294 |

ACUITY LEVEL CLASSIFICATION

| RESPIRATORY | TIME | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | MODE | | | | | | | | | |
| | $F_IO_2$ | | | | | | | | | |
| | TV | | | | | | | | | |
| | RATE | | | | | | | | | |
| | PEEP | | | | | | | | | |
| | A: pH | | | | | | | | | |
| | A: $PCO_2$ | | | | | | | | | |
| | A: $pO_2$ | | | | | | | | | |
| | B: $HCO_3$ | | | | | | | | | |
| | B: SAT | | | | | | | | | |
| | G: BASE | | | | | | | | | |

| LABORATORY | TIME | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | GLUCOSE | | | | | | | | | |
| | Na/K | | | | | | | | | |
| | $Cl/CO_2$ | | | | | | | | | |
| | BUN/Cr | | | | | | | | | |
| | WBC/PLATELET | | | | | | | | | |
| | Hct/Hgb | | | | | | | | | |

| ACTIVITIES OF DAILY LIVING | TIME | | | | TURN | TIME | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | MOUTH CARE | | | | | | | | | |
| | BATH | | | | | | | | | |
| | SKIN CARE | | | | | | | | | |
| | FOLEY CARE | | | | SUCTION | | | | | |
| | TRACH CARE | | | | | | | | | |
| | ROM EXERCISES | | | | | | | | | |

| 24° I&O TOTALS | | NURSE'S SIGNATURE | INITIALS |
|---|---|---|---|
| wt Yesterday | wt Today | [redacted] | |
| INTAKE | OUTPUT | (5)161-2 | |
| IV 3386 | Urine: 1935 | | |
| po | Drains 359 | | |
| TOTAL 3386 | TOTAL 2294 | | |
| BALANCE | | | |

MEDCOM - 25030

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

REPORT TITLE

# INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

| | TIME | 0715 | INITIALS [redacted] | INITIALS | 1830 | INITIALS [redacted] |
|---|---|---|---|---|---|---|
| NEURO | PUPILS | PERRLA @ 2-3mm | | | PERRLA (B) | |
| | SENSORIUM | Alert + oriented | | | AEO, moves all extremities | |
| | | MAE, some difficulty | | | QUE to difficulty, MSO4 | |
| | | moving L side | | | @ 2.0mg | |
| RESPIRATORY | RESPIRATORY PATTERN | Even, unlabored | | | Reg, even, unlabored | |
| | BREATH SOUNDS | Diminished. | | | CTA (B), DUL slightly ↓ | |
| | SECRETIONS | BS in all lobes | | | Pt spits into tissue | |
| | | clear to diminished | | | CT X1 to H2O seal, 3L O2 | |
| | | w/ secretions | | | via NC ! | |
| | | CTK2 | | | | |
| SKIN | COLOR | NFR, returned to | | | NFR | |
| | INTEGRITY | L upper chest, IP | | | incision @ clavicle @ s/s of | |
| | | to bulb to suction | | | infx, IP to bulb sx | |
| IV SITE | LOCATION | (L) forearm, CVC | | | (R) Fem cordis, (R) ankle | |
| | CONDITION | (L) flush, patent. | | | Patent, cordis infusing | |
| | | (R) s/s of infiltration | | | D5½NS c 20 KCl @ 100 cc/hr | |
| | | (L) clear | | | M2W4 @ 2 mcal/hr Heparin | |
| | | | | | @ 14 cc/hr | |
| GASTRO | ABDOMEN | Soft, nontender | | | Round flat nontender | |
| | BOWEL SOUNDS | BS X 4 quads | | | (+) X 4 quads | |
| GU | URINE: | Foley to gravity | | | Foley to gravity | |
| | COLOR/CLARITY | Amber | | | amber, slight sediment | |
| | | cloudy urine. | | | | |
| CARDIOVASCULAR | CARDIAC RHYTHM | S1 & S2 noted | | | SR-ST c S1 S2 noted | |
| | | occ VPB's c ectopy | | | occ ectopy, +1 pulses UE, | |
| | | + pulses c/o | | | +2 pulses LE | |
| | | refill 2-4 sec | | | | |

LEGEND: Cr - Creatinine; $F_IO_2$ - Fraction of Inspired $O_2$; $HCO_3$ - Bicarbonate; ICP - Intracranial Pressure; $PCO_2$ - Pressure of Arterial $CO_2$; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

(b)(6)-2

(Continue on reverse)

PREPARED BY (Signature & Title) [redacted] MMS

DEPARTMENT/SERVICE/CLINIC: ICU #3

DATE: 21 Nov 03

[redacted] ntries give: Name—last, first, initiate, grade, date, hospital or medical facility)

[redacted] (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

Proponent: Dept of Nurs

MEDDAC FBg OP 375, 1 Apr 90 (HSXC-NU)

MEDCOM - 25031

| DATE | DX | | | | | | | | | | | | | HOSPITAL DAY | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **VITALS** TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | |
| BP Arterial Line | | | | | | | | | | | | | | | | | | |
| BP Cuff | 103/54 | 106/61 | 117/63 | 106/62 | 121/65 | 117/67 | 112/69 | 124/79 | | 110/69 | 110/65 | 100/45 | 110/63 | 126/70 | 125/70 | 119/71 | 119/66 | |
| Temperature | 99.8 | | | | | | | | | | | 99.5 | | | | | | |
| Pulse | 81 | 84 | 92 | 87 | 97 | 97 | 104 | 92 | 90 | 96 | 93 | 82 | 89 | 95 | 92 | 91 | 85 | |
| Respiratory Rate | 21 | 24 | 28 | 22 | 29 | 26 | 28 | 27 | 25 | 25 | 24 | 21 | 21 | 30 | 27 | 26 | 27 | |
| SaO2 | 96% | 95% | 94% | 93% | 87% | 92% | 98% | 94 | 92 | 92 | 94 | 96 | 97 | 95 | 93 | 93 | 95 | |
| FiO2 | 4L | 4L | 4L | 4L | 5L | 5L | 10L | 5L | | | 4L | 4L | 4L | 6L | 4L | 4L | 4L | |
| Mode | NC | NC | NC | NC | NC | NC | NR | NC | NC | NC | NC | NC | NC | NC | NC | NC | NC | |
| **SIGNS** | | | | | | | | | | | | | | | | | | |
| **INTAKE** TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 8° T | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 8° T |
| D5½NS+20KCl | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 800 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 1600 |
| MgSO4 | 1.5 | 1.5 | 1.5 | 2.0 | 2.0 | 2.0 | 2.0 | 3 | 15.5 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 33.5 |
| IVPB | | | | | | | 50 | | 50 | | | 100 | | | | | | 150 |
| Heparin | | | | | | | | | | | | | | | | | | |
| **TOTALS** | | | | | | | | | | | | | | | | | | |
| **OUTPUT** URINE HOUR / TOTAL | 120 | 150/270 | 120/390 | 140/530 | 130/660 | 120/780 | 135/915 | 120/1035 | | 80/80 | 70/150 | 130/280 | 130/410 | 140/550 | 70/620 | 100/720 | 200/920 | |
| URINE sp gr | | | | | | | | | | | | | | | | | | |
| URINE S/A | | | | | | | | | | | | | | | | | | |
| NG OUTPUT | | | | | | | | | | | | | | | | | | |
| NG pH | | | | | | | | | | | | | | | | | | |
| NG GUIAC | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | |
| DRAINS JP | | | | | | | 0 | | | | | | | | | | | |
| DRAINS CT1 | | | | | | | 22 | | | | | | | | | | | |
| DRAINS CT2 | | | | | | | 60 | | | | | | | | | | | |
| **TOTALS** | | | | | | | | | | | | | | | | | | |

POST-OP DAY

| VITAL SIGNS | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | |
|---|---|---|---|---|---|---|---|---|---|
| | 114/44 | 109/47 | 110/70 | 109/66 | 99/50 | 113/68 | 113/68 | 106/63 | |
| | | | | | | | | 99.3 | |
| | 90 | 85 | 87 | 86 | 86 | 97 | 91 | 83 | |
| | 24 | 20 | 22 | 25 | 24 | 27 | 24 | 24 | |
| | 96 | 96 | 97 | 93% | 93% | 93% | 93% | 96% | |
| | 5L | 3L | 3L | 3L | 3L | 3L | 3L | 3L | |
| | NC | NC | NC | NC | NC | NC | NC | NC | |

| INTAKE | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 8° T |
|---|---|---|---|---|---|---|---|---|---|
| | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 2400 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 48.5 |
| | 50 | | | | | | | 50 | 250 |
| | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 112 |

| OUTPUT | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 150/150 | 180/330 | 200/530 | 280/810 | 270/1080 | 250/1280 | 100/1380 | 185/1565 | 3510 |
| | | 160 | | | | | | | 22 |
| | | 160 | | | | | | | 220 |

ACUITY LEVEL CLASSIFICATION

| RESPIRATORY | TIME | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | MODE | | | | | | | | | |
| | $F_IO_2$ | | | | | | | | | |
| | TV | | | | | | | | | |
| | RATE | | | | | | | | | |
| | PEEP | | | | | | | | | |
| ABG | pH | | | | | | | | | |
| | $PCO_2$ | | | | | | | | | |
| | $pO_2$ | | | | | | | | | |
| | $HCO_3$ | | | | | | | | | |
| | SAT | | | | | | | | | |
| | BASE | | | | | | | | | |

| LABORATORY | TIME | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | GLUCOSE | | | | | | | | | |
| | Na/K | | | | | | | | | |
| | $Cl/CO_2$ | | | | | | | | | |
| | BUN/Cr | | | | | | | | | |
| | WBC/PLATELET | | | | | | | | | |
| | Hct/Hgb | | | | | | | | | |

| ACTIVITIES OF DAILY LIVING | TIME | | | | TURN | TIME | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | MOUTH CARE | | | | | | | | | |
| | BATH | | | | | | | | | |
| | SKIN CARE | | | | | | | | | |
| | FOLEY CARE | | | | SUCTION | | | | | |
| | TRACH CARE | | | | | | | | | |
| | ROM EXERCISES | | | | | | | | | |

24 HR I&O TOTALS

wt Yesterday _____ wt Today _____

| INTAKE | | OUTPUT | |
|---|---|---|---|
| IV | 3257 | Urine: | 3510 |
| po | | Drain | |
| | | CT | 242 |
| TOTAL | 3257 | TOTAL | 3752 |

BALANCE -495

NURSE'S SIGNATURE | INITIALS

[redacted]

(5)(1)-2

MEDCOM - 25033

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

REPORT TITLE

# INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

## INITIAL SHIFT ASSESSMENT

| | TIME | 0645 | INITIALS | | INITIALS | | INITIALS |
|---|---|---|---|---|---|---|---|
| NEURO | PUPILS | Rect - 3mm, brisk, A/O | | Sorrl PT alert to | | | |
| | SENSORIUM | x3, moves all extremities | | Person PCOLE able to move | | | |
| | | (L) weaker than Rt, MS04 | | extremities LUE very | | | |
| | | @ 20mg. | | Paretic & weakness MS04 | | | |
| | | | | drip 2 mg/hr | | | |
| RESPIRATORY | RESPIRATORY PATTERN | Regular, unlabored | | Reg even clear & | | | |
| | BREATH SOUNDS | BS clear, diminished to | | diminished (B) lung bases | | | |
| | SECRETIONS | (B) lg, clear secretions | | @ secretions NC @ 2 Uhr | | | |
| | | CT x1 to ipsi, 3L O2 | | keeping SOTS 90% | | | |
| | | NC sat 95-99% | | | | | |
| SKIN | COLOR | WNL, surrounding erythema | | NIR surgical incision | | | |
| | INTEGRITY | clear JP to suction, | | (L) sloughing area CT | | | |
| | | | | tube to suction (L) chest | | | |
| IV SITE | LOCATION | (R) forearm cath (L) stable | | (R) forearm cath CDI | | | |
| | CONDITION | intact, ø s/s of infiltration | | dressing (L) ankle | | | |
| | | | | patent hep 20 mg/hr | | | |
| | | | | IVF D5½NS ± 20K @ 100ml/hr | | | |
| GASTRO | ABDOMEN | soft ø tender, ø distended | | soft non tender BS | | | |
| | BOWEL SOUNDS | BS x4 (+) active. | | + x4 hypoactive (L) | | | |
| | | | | RM BM shift | | | |
| GU | URINE: | foley to gravity, amber color | | FTG amber colored | | | |
| | COLOR/CLARITY | (+) sediment | | urine adequate amount, | | | |
| | | | | free from sediment. | | | |
| CARDIOVASCULAR | CARDIAC RHYTHM | S1, S2, ø extra, +1 pulses | | S1, S2 ø ectopy, NSR | | | |
| | | UE, +2 pulses LE, | | +2 pedal pulse +2 (R) radial | | | |
| | | edema (+) arm, good | | (L) radial difficult to assess | | | |
| | | CR < 3 secs. | | edema cap refill <2 sec | | | |
| | | | | Pt kept LUE slow. | | | |

LEGEND
Cr - Creatinine
$F_IO_2$ - Fraction of Inspired $O_2$
$HCO_3$ - Bicarbonate
ICP - Intracranial Pressure
$PCO_2$ - Pressure of Arterial $CO_2$
PEEP - Positive End Expiratory Pressure
S/A - Fractional
SAT - Saturation
TRACH - Tracheostomy

(b)(6)-2

(Continue on reverse)

PREPARATION [redacted]

DEPARTMENT/SERVICE/CLINIC: ICU 3 / Patton

DATE: 22 Nov 3

(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

[redacted] (b)(6)-7

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

Proponent: Dept of Nurs

MEDDAC FBg OP 375, 1 Apr 90 (HSXC-NU)

MEDCOM - 25034

| DATE | DX | | | | | | | | | | | | | HOSPITAL DAY | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **VITAL SIGNS** | | | | | | | | | | | | | | | | | | |
| TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | |
| BP Arterial Line | | | | | | | | | | | | | | | | | | |
| BP Cuff | 92/45 | 114/65 | 109/69 | 115/65 | 108/62 | 111/64 | 103/70 | 112/71 | | 114/70 | 116/74 | 113/72 | 115/72 | 114/5 | 115/71 | 116/74 | 115/70 | |
| Temperature | | | | | | | 98.6 | | | | | | | | | | | |
| Pulse | 75 | 81 | 72 | 75 | 89 | 77 | 83 | 81 | | 72 | 73 | 67 | 84 | 88 | 83 | 80 | 81 | |
| Respiratory Rate | 23 | 21 | 24 | 19 | 23 | 22 | 20 | 20 | | 21 | 19 | 22 | 14 | 22 | 23 | 21 | 20 | |
| SaO2 | 97% | 95% | 94% | 96% | 94% | 96% | 94% | 99% | | 95% | 98 | 99 | 94 | 94 | 95 | 97 | 97 | |
| FiO2 | 3L | 3L | 3L | 3L | 3L | 3L | 3L | 3L | | 3L | 3L | 3L | RA | 2L | 2L | 2L | 2L | |
| Mode | NC | NC | NC | NC | NC | NC | NC | NC | | NC | NC | NC | RA | NC | NC | NC | NC | |
| **INTAKE** | | | | | | | | | | | | | | | | | | |
| TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 8° T | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 8° T |
| D5½NS&20KCL | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 800 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 800 |
| MSO4 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 16 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 16 |
| Heparin | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 112 | 14 | 14 | 20 | 20 | 20 | 20 | 20 | 20 | 148 |
| IVPB | | | | | | | 50 | | 50 | | | 100 | | | | 50 | | 200 |
| PO | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | 978 | | | | | | | | | 1164 |
| **OUTPUT** | | | | | | | | | | | | | | | | | | |
| URINE HOUR / TOTAL | 170 | 140/310 | 200/510 | 200/710 | 200/910 | 160/1070 | 230/1300 | 280/1580 | 1582 | 80/80 | 100/180 | 120/300 | 400/700 | 200/900 | 80/980 | 200/1280 | 240/1520 | 1520 |
| URINE sp gr | | | | | | | | | | | | | | | | | | |
| URINE S/A | | | | | | | | | | | | | | | | | | |
| NG OUTPUT | | | | | | | | | | | | | | | | | | |
| NG pH | | | | | | | | | | | | | | | | | | |
| NG GUIAC | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | |
| DRAINS JP | | | | | | | | | | | | | | | | | | |
| DRAINS CT2 | | | | | | | 20 | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | |

MEDCOM - 25035

POST-OP DAY

| VITAL SIGNS | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | |
|---|---|---|---|---|---|---|---|---|---|
| | 120/75 | 123/73 | 123/73 | 120/72 | 117/75 | 125/72 | 101/67 | 109/72 | |
| | | | | 99.3 | | | 99.2 | | |
| | 82 | 81 | 78 | 83 | 78 | 90 | 78 | 76 | |
| | 23 | 21 | 19 | 22 | 20 | 20 | 22 | 19 | |
| | 97 | 95 | 96 | 96 | 96 | 97 | 97 | 97 | |
| | 2L | 2L | 2L | 2L | 2L | 2L | 2L | 2L | |
| | NC | NC | NC | NC | NC | NC | NC | NC | |

| INTAKE | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 8° T |
|---|---|---|---|---|---|---|---|---|---|
| | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 800 |
| | 2.0 | 2.0 | 2.0 | 6 | 2 | 2 | 2 | 2 | 20 |
| | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 160 |
| | | | | | | | 50 | 50 | 50 |
| | | | 300cc | | | | | | |
| | | | | | | | | | 1030 |

| OUTPUT | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | |
|---|---|---|---|---|---|---|---|---|---|
| | 100/100 | 200/300 | 100/400 | 110/510 | 140/710 | 140/800 | 190/990 | 100/1090 | 1190 |
| | | 80 | | | | | | | |

| ACUITY LEVEL CLASSIFICATION | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| RESPIRATORY | TIME | | | | | | | | | |
| | MODE | | | | | | | | | |
| | $F_iO_2$ | | | | | | | | | |
| | TV | | | | | | | | | |
| | RATE | | | | | | | | | |
| | PEEP | | | | | | | | | |
| ARTERIAL BLOOD GAS | A: pH | | | | | | | | | |
| | A: $PCO_2$ | | | | | | | | | |
| | B: $pO_2$ | | | | | | | | | |
| | B: $HCO_3$ | | | | | | | | | |
| | B: SAT | | | | | | | | | |
| | G: BASE | | | | | | | | | |
| LABORATORY | TIME | | | | | | | | | |
| | GLUCOSE | | | | | | | | | |
| | Na/K | | | | | | | | | |
| | $Cl/CO_2$ | | | | | | | | | |
| | BUN/Cr | | | | | | | | | |
| | WBC/PLATELET | | | | | | | | | |
| | Hct/Hgb | | | | | | | | | |

| ACTIVITIES OF DAILY LIVING | TIME | 1530 | | | TURN | TIME | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | MOUTH CARE | ✓ | | | | | | | | |
| | BATH | ✓ | | | | | | | | |
| | SKIN CARE | ✓ | | | | | | | | |
| | FOLEY CARE | ✓ | | | SUCTION | | | | | |
| | TRACH CARE | ✓ | | | | | | | | |
| | ROM EXERCISES | ✓ | | | | | | | | |

| 24° I&O TOTALS | | NURSE'S SIGNATURE | INITIALS |
|---|---|---|---|
| wt Yesterday | wt Today | [redacted] | [redacted] |
| INTAKE | OUTPUT | | |
| IV 3172 | Urine: 4292 | | |
| po 300 | CT 100 | | |
| TOTAL 3472 | TOTAL 4392 | (5)(6)-2 | |
| BALANCE -920 | | | |

MEDCOM - 25036

MEDICAL RECORD–SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

REPORT TITLE

# INTENSIVE CARE NURSING FLOW SHEET (b)(6)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

## INITIAL SHIFT ASSESSMENT

| | TIME | 0600 | INITIALS [redacted] | 1800 | [redacted] | | INITIALS |
|---|---|---|---|---|---|---|---|
| NEURO | PUPILS | Round i REACTIVE, accommodate | | Pearl 3 m | | | |
| | SENSORIUM | TO LIGHT RESPONSIVE TO | | Alert & 3 - | | | |
| | | VERBAL & GENTLE | | Able to move All Extrem | | | |
| | | STIMULI A & O x 3 | | UE LE follows verbal | | | |
| | | | | commands | | | |
| RESPIRATORY | RESPIRATORY PATTERN | BILATERAL CHEST RISE. | | Reg eum | | | |
| | BREATH SOUNDS | DIMINISHED IN LOWER | | Diminished in lower | | | |
| | SECRETIONS | LOBES CHEST TUBE — | | Lobes CT To (D) side | | | |
| | | BLOODY - TINGED | | tubes seal - draining | | | |
| | | (D) SIDE + INSERTION | | dk red bloody drainage | | | |
| SKIN | COLOR | NORMAL PIGMENTATION | | WNL | | | |
| | INTEGRITY | SURGICAL (D) ARM + UPPER | | (D) Arm swollen incision | | | |
| | | INCISION SUTURED (D) CHEST | | upper (D) chest sutures intact | | | |
| IV SITE | LOCATION | (D) LEG | | L arm (D) leg | | | |
| | CONDITION | GOOD - WARM - | | (D) Fem A-line - both patent | | | |
| GASTRO | ABDOMEN | BOWEL SOUND PRES | | ~~both~~ Bowel soft NT | | | |
| | BOWEL SOUNDS | CONT - PALPABLE! | | BS (+) x4 quad s | | | |
| GU | URINE: | YELLOW - FOLEY | | Yellow clear/foley | | | |
| | COLOR/CLARITY | (-) CLARITY. | | | | | |
| CARDIOVASCULAR | CARDIAC RHYTHM | S, S2 PRESENT. | | S, S2 NSR | | | |

| LEGEND | | | |
|---|---|---|---|
| | Cr - Creatinine | ICP - Intracranial Pressure | S/A - Fractional |
| | $F_iO_2$ - Fraction of Inspired $O_2$ | $PCO_2$ - Pressure of Arterial $CO_2$ | SAT - Saturation |
| | $HCO_3$ - Bicarbonate | PEEP - Positive End Expiratory Pressure | TRACH - Tracheostomy |

(b)(6)-2

(Continue on reverse)

PREPARED BY (Signature & Title) [redacted] 9/WM 6

DEPARTMENT/SERVICE/CLINIC ICU 3

DATE 23 NOV 03

[redacted] written entries give: Name—last, first, [redacted] medical facility)

[redacted] (b)(4-4

- ☐ HISTORY/PHYSICAL
- ☑ FLOW CHART
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ OTHER (Specify)
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

DA FORM 1 MAY 78 4700

Proponent: Dept of Nurs

MEDDAC FBg OP 375, 1 Apr 90 (HSXC-NU)

MEDCOM - 25037

DATE 23NOV03 DX GSW To Chest HOSPITAL DAY

| VITAL SIGNS | TIME | 2400 | 0100 | 0200 | 0300 | 0400 | 0500 | 0600 | 0700 | | 800 | 900 | 1000 | 1100 | 1200 | 1300 | 1400 | 1500 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | BP Arterial Line | | | | | | | | | | | | | | | | | | |
| | BP Cuff | 128/67 | 108/57 | 116/68 | 112/71 | 114/68 | 113/72 | 116/70 | 114/70 | | 98/65 | 116/69 | 121/68 | 128/56 | 119/69 | 117/78 | 117/76 | 116/69 | |
| | Temperature | | 99.3 | | | | | | | | | | | | 98.6 | | | | |
| | Pulse | 80 | 82 | 75 | 72 | 78 | 74 | 74 | 67 | | 77 | 69 | 75 | 73 | 81 | 73 | 67 | 81 | |
| | Respiratory Rate | 12 | 21 | 18 | 19 | 19 | 21 | 19 | 20 | | 20 | 18 | 18 | 15 | 16 | 20 | 13 | 24 | |
| | $O_2$ | 98 | 96 | 97 | 97 | 97 | 97 | 96 | 98 | | 97 | 98 | 97 | 95 | 92 | 96 | 94 | 96 | |
| | MODE | 2L NC | 2L NC | 2L NC | 2L NC | 2L NC | 2L NC | 2L NC | 2L NC | | 2L NC | 2L NC | 2L NC | NC 2L | NC 2L | NC 2L | NC 2L | NC 2L | |

| INTAKE | TIME | 2400 | 0100 | 0200 | 0300 | 0400 | 0500 | 0600 | 0700 | 8° T | | | | | | | | | 8° T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | IVF | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 800 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 800 |
| | IVPB | | | | | | | 50 | | 50 | | | 100 | | | | 100 | | 150 |
| | MSO4 | 2 | 4 | 2 | 2 | 4 | 2 | 2 | 2 | 20 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 16 |
| | HEPARIN | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 160 | 20 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 188 |
| | Juice | | | | | | | | 25 | 25 | | | | | | | | | 50 |
| | $H_2O$ | | | | | | | | | | | | | | | | | | |
| | TOTALS | | | | | | | | | 1055 | | | | | | | | | 1154 |

| OUTPUT | | HOUR / TOTAL | 2400 | 0100 | 0200 | 0300 | 0400 | 0500 | 0600 | 0700 | 800 | 900 | 1000 | 1100 | 1200 | 1300 | 1400 | 1500 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | URINE | | 200 | 160 / 360 | 90 / 450 | 100 / 550 | 160 / 710 | 200 / 910 | 160 / 1070 | 130 / 1200 | 1280 | 140 / 140 | 130 / 270 | 170 / 440 | 165 / 605 | 280 / 885 | 130 / 1015 | 60 / 1075 | 80 / 1155 | 1155 |
| | | sp gr | | | | | | | | | | | | | | | | | |
| | | S/A | | | | | | | | | | | | | | | | | |
| | NG | OUTPUT | | | | | | | | | | | | | | | | | |
| | | pH | | | | | | | | | | | | | | | | | |
| | | GUIAC | | | | | | | | | | | | | | | | | |
| | EMESIS | | | | | | | | | | | | | | | | | | |
| | STOOL | | | | | | | | | | | | | | | | | | |
| | DRAINS | CT | | | | | | | 80 | 20 | 100 | 15 | | 5 | 10 | | 10 | | 20 | 60 |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | TOTALS | | | | | | | | | | 1380 | | | | | | | | 1215 |

POST-OP DAY

| | 1600 | 1700 | 1800 | 1900 | 2000 | 2100 | 2200 | 2300 | |
|---|---|---|---|---|---|---|---|---|---|
| VITAL SIGNS | | | | | | | | | |
| BP | 115/69 | 157/70 | 119/71 | 110/70 | 122/70 | 120/74 | 114/73 | 111/69 | |
| T | 98.7 | | 97 | 99.2 | | | | | |
| P | 78 | 88 | 83 | 88 | 78 | 76 | 81 | 75 | |
| R | 20 | 21 | 23 | 27 | 34 | 22 | 23 | 19 | |
| O2 | 2L | 2L | 2L | 2L | 2L | 2L | 2L | 2L | |
| MS | NC | NC | NC | NC | NC | NC | NC | NC | |
| INTAKE | | | | | | | | | |
| IV | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 800 T |
| PO | | | | | | | | | |
| IS | 2 | 2 | 3 | 4 | 4 | 4 | 4 | 4 | 27 |
| IN | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 192 |
| | | 50 | | | | | 50 | | 100 |
| | 50 | | | | 100 | | | | 150 |
| | | | | | | | 50 | | 50 |
| OUTPUT | | | | | | | | | |
| | 192/192 | 80/282 | 190/472 | 140/612 | 200/812 | 120/932 | 135/1067 | 100/1127 | 1127 |
| | 15 | 5 | 10 | | | 1 | 5 | | 36 |

ACUITY LEVEL CLASSIFICATION

| RESPIRATORY | TIME | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | MODE | | | | | | | | | |
| | $F_IO_2$ | | | | | | | | | |
| | TV | | | | | | | | | |
| | RATE | | | | | | | | | |
| | PEEP | | | | | | | | | |
| ARTERIAL BLOOD GAS | A: pH | | | | | | | | | |
| | A: $PCO_2$ | | | | | | | | | |
| | A: $pO_2$ | | | | | | | | | |
| | B: $HCO_3$ | | | | | | | | | |
| | B: SAT | | | | | | | | | |
| | G: BASE | | | | | | | | | |

| LABORATORY DATA | TIME | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | GLUCOSE | | | | | | | | | |
| | Na/K | | | | | | | | | |
| | $Cl/CO_2$ | | | | | | | | | |
| | BUN/Cr | | | | | | | | | |
| | WBC/PLATELET | | | | | | | | | |
| | Hct/Hgb | | | | | | | | | |

| ACTIVITIES OF DAILY LIVING | TIME | | | | TIME | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | MOUTH CARE | | | TURN | | | | | |
| | BATH | | | | | | | | |
| | SKIN CARE | | | | | | | | |
| | FOLEY CARE | | | SUCTION | | | | | |
| | TRACH CARE | | | | | | | | |
| | ROM EXERCISES | | | | | | | | |

24 HR I&O TOTALS

wt Yesterday _____ wt Today _____

| INTAKE | | OUTPUT | |
|---|---|---|---|
| IV | | Urine: | |
| po | | | |
| | | | |
| TOTAL | | TOTAL | |

BALANCE _____

| NURSE'S SIGNATURE | INITIALS |
|---|---|
| [redacted] | [redacted] |
| (5)(6)-2 | |

MEDCOM - 25039

MEDICAL RECORD–SUPPLEMENTAL MEDICAL DATA

24NOV03 For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

REPORT TITLE

# INTENSIVE CARE NURSING FLOW SHEET (b)(6)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

## INITIAL SHIFT ASSESSMENT

| | TIME | 0700 | [redacted] | 1900 | [redacted] | | INITIALS |
|---|---|---|---|---|---|---|---|
| NEURO | PUPILS | 3mm brisk perrla | | 3mm brisk PERRLA | | | |
| | SENSORIUM | moves all ext; follows commands responds to questions alert | | Pt able to move all extremities follow commands. A & O x 3 | | | |
| | | | | care | | | |
| RESPIRATORY | RESPIRATORY PATTERN | even, unlabored | | even unlabored RT | | | |
| | BREATH SOUNDS | shallow, BS LLLobes. (+) cough no secretion noted at this time. | | SATS 95-98 on 2L | | | |
| | SECRETIONS | CTA (-); diminished | | ul LLL diminished | | | |
| | | | | a secretions so far this shift | | | |
| SKIN | COLOR | NFR | | NFR incision (L) | | | |
| | INTEGRITY | incision (R) upper chest and (L) flank | | upper chest OTA fine | | | |
| | | | | s/s infection LT nursing care | | | |
| IV SITE | LOCATION | (R) fem. cath | | (R) fem cath - [illegible] | | | |
| | CONDITION | (R) chem: edema | | (R) skin - [illegible] | | | |
| | | swelling noted | | a swelling free | | | |
| | | | | s/s infection | | | |
| GASTRO | ABDOMEN | Soft, nontender, (BS+) | | Bladder palpable | | | |
| | BOWEL SOUNDS | +4. | | pain upon palpation | | | |
| | | | | normal sounds (+) hyperactive | | | |
| | | | | no BM this shift | | | |
| GU | URINE: | FTG, dk yellow | | Bedside urinal | | | |
| | COLOR/CLARITY | serene, qs 150 cc/hr | | Foley pulled @ 1700 | | | |
| CARDIOVASCULAR | CARDIAC RHYTHM | NSR, ectopy (+) | | NSR ectopy radial | | | |
| | | pulse RUE, (+) pulses | | pulse palpable (L) radial | | | |
| | | (+) LE, (+) pulse LUE | | pedal pulses palpable | | | |
| | | LLE swollen, warm; | | skin temp cool | | | |
| | | capillary <3 sec | | cap refill brisk | | | |

LEGEND
Cr - Creatinine
$F_IO_2$ - Fraction of Inspired $O_2$
$HCO_3$ - Bicarbonate
ICP - Intracranial Pressure
$PCO_2$ - Pressure of Arterial $CO_2$
PEEP - Positive End Expiratory Pressure
S/A - Fractional
SAT - Saturation
TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE 24 NOV 03

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

[redacted] (b)(6)-7

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

Proponent: Dept of Nurs

MEDDAC FBg OP 375, 1 Apr 90 (HSXC-NU)

MEDCOM - 25040

| Ward/Section: | REQUESTING PHYSICIAN: | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST [redacted] (b)(6)-4 | DATE / TIME | SSN/PSEUDO SSN: |

**(STAT)**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Na | | 138-146 mmol/L |
| K | | 3.5-4.9 mmol/L |
| Cl | | 98-109 mmol/L |
| pH | | 7.31-7.45 |
| PCO2 | | 35-45 mmHg (art)<br>41-51 mmHg (ven) |
| PO2 | | 80-105 mmHg (art)<br>N/A (ven) |
| TCO2 | | 23-27 mmol/L (art)<br>24-29 mmol/L (ven) |
| HCO3 | | 22-26 mmol/L (art)<br>23-28 mmol/L (ven) |
| sO2 | | 95-98% |
| BEecf | | (-2) – (+3) mmol/L |
| AnGap | | 10-20 mmol/L |
| Ca | | 1.12-1.32 mmol/L |
| BUN | | 8-26 mg/dl |
| GLU | | 70-105 mg/dl |
| Creat | | 0.7-1.5 mg/dl |
| Hct | | 38-51% PCV |
| Hgb | | 12-17 g/dl |

**Misc. Chemistry**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Troponin-I | | |
| Drug of Abuse | | |
| | | |
| | | |
| | | |

**(Piccolo) Chemistry 12**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.5-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| BUN | | 7-22 mg/dl |
| $CA^{++}$ | | 8.0-10.3mg/dl |
| CHOL | | 100-200 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| GLU | | 73-118 mg/dl |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Metlyte 8**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| CK | | 39-380 u/l (M)<br>30-190 u/l (F) |
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**(Piccolo) Metabolic Panel**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GL | | |
| BU | | |
| CA | | |
| CR | | |
| NA | | |
| K+ | | |
| CL | | |
| tC | | |
| T | | |
| AL | | |
| AL | | |
| AL | | |
| AN | | |
| AS | | |
| TB | | |
| GG | | |
| TP | | |
| T | | |
| NA | | |
| K+ | | |
| CL | | |
| tC | | |

```
======= PICCOLO =======
18/11/03                 04:1? AM
REFERENCE RANGE:          MALE
PATIENT #: [redacted] (b)(6)-4
BASIC METABOLIC
DISC LOT #:              3325AA4
OPER #: 013          DR #: 000
SERIAL #:          0000100684
.........................
GLU   213*  73-118   MG/DL
BUN   17    7-22     MG/DL
CA++  8.4   8.0-10.3 MG/DL
CRE   1.0   0.6-1.2  MG/DL
NA+   137   128-145  MMOL/L
K+    3.8   3.3-4.7  MMOL/L
CL-   108   98-108   MMOL/L
tCO2  20    18-33    MMOL/L

INST QC: OK      CHEM QC: OK
HEM 0 ,  LIP 0 ,  ICT 0
```

| REMARKS: | | |
|---|---|---|
| REPORTED BY: | DATE: | LAB ID NO.: |

MEDCOM - 24841

| Ward/Section: EMT | REQUESTING PHYSICIAN: | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: [redacted] | DATE / TIME | SSN/PSEUDO SSN: |

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | yellow | N/A |
| App | clear | N/A |
| Glu | neg | Negative |
| Bili | neg | Negative |
| Ket | neg | Negative |
| SG | 1.020 | N/A |
| Bld | neg | Negative |
| pH | 5.0 | N/A |
| Prot | neg | Negative |
| Urob | norm | 0.2-1.0 |
| Nit | neg | Negative |
| | neg | Negative |
| | | Negative |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | |
|---|---|
| Source | |
| Gram Stain | |
| Occ Bld | Negative |
| H. pylori | Negative |
| Micro Parasites | |
| Malaria | |
| O & P | |
| Other | |

**Microscopic Urinalysis**

**CSF**

| | |
|---|---|
| | Negative |

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

| | |
|---|---|
| ABO/Rh | |

**Blood Bank Unit Crossmatch**
(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

LAB ID NO.:

[redacted]

| | | | |
|---|---|---|---|
| W | | | |
| RE | | | |
| Hg | | | |
| Hc | | | |
| M | | | |
| Pl | | | |
| Lj | | | |
| Sc | | | |
| Bands | | Eos | |
| | | Baso | |

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/18/03 04:08

Patient ID: [redacted]
Test Name :APTT
Test Result:= 34.7 sec.
Sample Type:citrated wh. blood
Test Date :11/18/03
Test Time :04:06
Card Lot :110214
Operator [redacted]

(b)(6)-4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/18/03 04:10

(b)(6)-2

Patient ID: [redacted]
Test Name :PT
Test Result:= 15.5 sec.
Ratio = 1.3
Calculated INR = 1.47
Sample Type:citrated wh. blood
Test Date :11/18/03
Test Time :04:08
Card Lot :060201
Operator [redacted]

MEDCOM - 24842

# MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-66; the proponent agency is the OTSG

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fentanyl | (µg) | 150 | 100 | 100 | 100 | 50 | | | | | | | |
| (lidoVerap | (mg) | (40)/100 | | | | | | | | | | | |
| (aux Verap | (mg) | 1 (80) | 7 | 2 | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| VOLAT AGENT | 100 % del | | 1 → | → (2) → | → (1) → | → | → (X) | | | | | | |
| | % e.t. | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | |
| O2 | L/Min | 10 | (1) → | → | → | → | → | → | → (3) → | | | | |

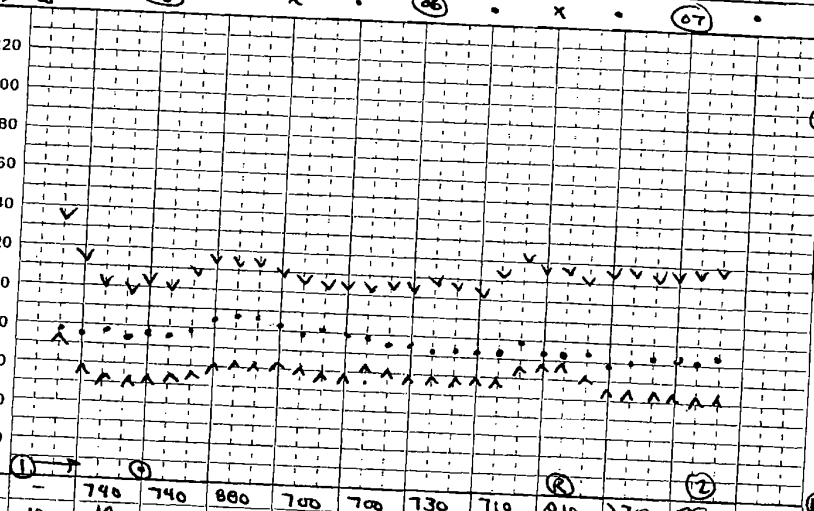
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → preop: ancef 1gm IVPB (EMT)

**FLUIDS**

| LINE site | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) AC 18g | ☐ Warmed | | | | | | | | | | | | |
| (2) AC 18g | ☐ Warmed (1) | | | (3) | | | | | | | | | |
| | ☐ Warmed (2) | | | | | | (4) | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | |

**LOSSES** — EST BLOOD LOSS; URINE -

| PHYS STATUS | TIME → | 0440 | • | 0500 | • | X | • | 0600 | • | X | • | 0700 | • |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 2 3 4 5 E | | | | | | | | | | | | | |
| BODY WEIGHT: 70 (KG) LB | SYMBOLS: BP by cuff V; Heart rate ∧; Resp rate ●; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-∅ | | | | | | | | | | | | |
| HEMATOCRIT: | | | | | | | | | | | | | |
| INITIAL DATA: | | | | | | | | | | | | | |
| BP- 135 / 75 | | | | | | | | | | | | | |
| HR- 76 | | | | | | | | | | | | | |
| EQUIP CHECK | | | | | | | | | | | | | |
| OK?- (Y) N | | | | | | | | | | | | | |
| PATIENT RECHECK | | | | | | | | | | | | | |
| OK for PROCEDURE? | | | | | | | | | | | | | |
| TIME- | | | | | | | | | | | | | |



**VENTIL**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VT - ml | – | 740 | 740 | 880 | 700 | 700 | 730 | 710 | (R) 810 | 2700 | (12) 750 | |
| f - breaths/min | 10 | 10 | 10 | 8 | 8 | 8 | 8 | 8 | 6 | 8 | 10 | |
| Peak inf pres / PEEP | - | 14 | 14 | 15 | 14 | 15 | 14 | 14 | 15 | – | | |
| MODE - S(pon), A(ssist), C(on) | SV | C | C | C | C | C | C | C | C | S/A | S | |

**MONITORS/ACCESSORIES**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (X) BP/Auto Cuff | (X) ET CO2 (torr) | – | 32 | 33 | 30 | 31 | 31 | 32 | 33 | 35 | 54 | |
| BP/oth | (X) FIO2 (Frac or %) | 66 | 66 | 66 | 65 | 66 | 65 | 59 | 54 | 51 | 49 | |
| ART line | (X) SpO2 (%) | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | (X) ECG | SR | SR | SR | SR | SR | SR | SR | SR | SR | SR | |
| Gas analyzer | (X) TEMP-site C | – | 36.0 | 36.1 | 36.1 | 36.1 | 36.0 | 35.9 | 35.9 | 36.2 | – | |
| | N-M Block (T/4) | | | | | | | | | | | |
| Warming blkt | | | | | | | | | | | | |
| Conv warmer | | | | | | | | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position → (5), BUE on boards <90° c shoulders, pulse ↑

**TOTALS**

| TOTAL EBL | 75 |
|---|---|
| TOTAL URINE | 700 |
| NG: | 500 |

**FLUIDS - SUMMARY**

CRYSTALLOID- 3200

COLLOID- Ø

BLOOD- Ø

**REMARKS**

*Code drugs with numbers, events with letters*

(1) pt reversed, resch, $O_2$/monitors. SIVI ⊕ NGT to suc, eyes taped. Easy mask vent. DVL x1 → OETT A/T → (+) ETCO2 + BBS.

(2) pt sx'd, open eyes, extubated. To PACU, report.

(R) nesdip 3µg IV robaxin 0.5g IV

**RECOVERY AT** 0715

(PACU) ICU _____ (Specify)

OTHER _____

CONDITION: stable

RESP- 12 SpO2- 100% BP- 130/69 HR- 74

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 0440 | 0445 | 0720 |
| | Ready | Begin | End |
| PROC | 0450 | 0500 | 0700 |

PROCEDURES and CPT Codes: expl. lap.

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

# [redacted]

(b)(6)-4

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

GETA

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*

#8.0, OETT, 22 clip, Mac 3, A/T → see (1)

SURGEONS: [redacted] (b)(6)-2

ANESTHETISTS: [redacted]

PROCEDURE LOCATION: 1

DATE: 18 Nov 03

PAGE 1 OF

DA FORM 7389, FEB 1998 — MEDCOM - 24843 — COPY 2 - ANESTHESIA PROVIDER — USAPA V1.00

## ANESTHESIA PLAN OF CARE PRE-PROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age ___ DAYS MOS YRS

Sex (X) MALE ( ) FEMALE

PROPOSED PROCEDURE: expl. lap.
SURGICAL SERVICE: ___
NPO SINCE: ___

ASA Physical State 1 2 3 4 5 (E)
WT: ~70 (KG)/LB HT: ___ IN.
ALLERGIES: ___

**HABITS:**
TOBACCO: 1 PPD
ETOH: ___
DRUGS: ___

**CURRENT MEDICATIONS:**
( ) = ordered as premed

( ) unk
( ) ___
( ) ___
( ) ___
( ) ___
( ) ___

**PREMEDICATIONS:**
None Yes (@ ___ Hrs) /CC
___ . ___ mg IV IM PO
___ . ___ mg IV IM PO
___ . ___ mg IV IM PO

**LABORATORY STUDIES:**
HB/HCT: ___ / ___
U/A: ___
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 ___
- Steriods N Y ___
- Thyroid N Y ___

Neurological:
- Seizures N Y ___
- Neuropathy N Y ___
- Other N Y ___

Gynecological :
- Pregnancy ~~N~~ Y ___

Other Significant Hx:
- N Y ___
- N Y ___

Familial HX N Y ___

**ASSESSMENT**
**PAST SURGICAL/ANESTHETIC**
unk

**PHYSICAL EXAMINATION**
BP ___ HR ___ R ___ T ___
Pain Scale 0-10 ___
HEENT - Teeth under
Trachea w/L
TMJ/Neck Frum
Oropharnyx MP II
Nares ___
CHEST: CTA
CARDIAC: $S_1/S_2$ - RRR
EXTREMITIES: ___
IV Access: PIV x 2
Ulnar Filling: ___
BACK: ___
OTHER: ___

NPO Since (NGT)

ANESTHETIC PLAN: { } LOCAL { } MAC { } Regional (Specify): ___ (X) General: Mask Intubation

INFORMED CONSENT/COUNSELING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained to and discussed with the patient/legal guardian.

The patient/legal guardian seems to understand and agrees. Questions answered.

Signed: CPT [redacted] (b)(6)-7 Date: 18 Nov 03 Time: 0440 Hrs

**POST-ANESTHESIA EVALUATION AND NOTE (NON ASU)**
{ } NO APPARENT ANESTHETIC COMPLICATIONS { } OTHER

Signed: ___ Date: ___ Time: ___ Hrs

Patient Identification: (Ward) ___

# [redacted] (b)(6)-4

**SEDATION KEY:**

1. **MINIMAL** (Anxiolysis) Patient responds normally to verbal commands
2. **MODERATE** (conscious sedation) Patient responds purposefully to verbal commands alone or accompanied by light tactile stimulation. Airway assistance is not necessary.
3. **DEEP SEDATION/ANALGESIA.** Patient responds purposefully following repeated or painful stimulation. Airway assistance may be necessary.
4. **ANESTHESIA.** Patient does not respond to painful stimulation.

WAMC Form 2300 (Revised) 15 Mar 01 MCXC-DOS

MEDCOM - 24844

PATIENT RECORD COPY

Previous edition is obsolete

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

#[redacted]
(5)(6)-4

Dated 18 NOV 03 0914

[redacted]

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

| DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|
| 11/18/03 | 0630 HOURS | |
| | POST OP ORDERS | |
| (1) | ADMIT to PACU → then ICW per protocol | |
| (2) | Dx: S/P EXLAP / Cholecystectomy / Repair of Stomach injury / SMALL Explosion | for ABD INJ 20 (4) Pneumotx |
| (3) | Condition: GOOD | |
| (4) | VITALS per PACU protocol then Q4° on ward | |
| (5) | NKDA | |

PATIENT IDENTIFICATION

(5)(6)-2

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

| DATE OF ORDER | TIME OF ORDER |
|---|---|
| (6) | BR HOURS |
| (7) | IVF NRC 125 cc/hr |
| (8) | STRICT I/O |
| (9) | Foley to gravity |
| (10) | CBC POD #1 |
| (11) | Phenergan 25 mg ~~PO~~ IV Q6° PRN N/V |
| (12) | MSO4 2-10 mg IV Q2° PRN PAIN |
| (13) | call H.O. if T >100.4 SBP >180 <90 DBP >100 <40 |
| | P >120 RR >25 U.O. < 30 cc/hr |
| (14) | CXR (PORT) @ 1200 hrs today 11/18 — |
| (15) | NGT to LOW intermittent Suction |
| (16) | Zantac 50 mg IV Q8° |
| (17) | Ancef 1 gm IV Q8° X 3 doses — next dose 1200 hrs today [redacted] MD. CTL MC |

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

| DATE OF ORDER | TIME OF [redacted] |
|---|---|
| (18) | NPO HOURS |

[redacted]

11/18/03

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 24845

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

[redacted]

(5)(6)-2

| DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|
| 11-19-03 | 0834 HOURS | |
| (1) D/C Foley | | |
| (2) continue I/O | | |
| (3) OOB c̄ Assistant @ shift | | |
| (4) Incentive spirometry use 10x/hr WA | | |
| (5) wet to dry to chest / suprapubic / B, BID | | HMP |
| Thanks! | | |

Noted [redacted]

NURSING UNIT | ROOM NO. | BED NO.

24° 0250 19NOV03

PATIENT IDENTIFICATION

[redacted]

| DATE OF ORDER | TIME OF ORDER | |
|---|---|---|
| 19NOV03 | 2300 [redacted] HOURS | MC |
| (1) insert Foley; if UOP > 400cc, leave foley in. | | |
| V.O. Dr Matsumoto / Nguyen | | |
| [redacted] | | |

NURSING UNIT | ROOM NO. | BED NO.

24° 0300 20NOV03 [redacted]

PATIENT IDENTIFICATION

| DATE OF ORDER | TIME OF ORDER | |
|---|---|---|
| 11-20-03 | 0725 HOURS | |
| (1) D/C Foley | | |
| (2) Reflexive it ∅ void in 6° | | |
| (3) Sms / chips | | |
| D/C NGT | [redacted] | MC |

Noted 20NOV03 [redacted]

(5)(6)-2

(b)(6)

NURSING UNIT | BED NO.

24° 21Nov03 @ 0450 [redacted]

PATIENT IDENTIFICATION

| DATE OF ORDER | TIME OF ORDER | |
|---|---|---|
| 11-21-03 | 0720 HOURS | |
| (1) D/C Zantac | | |
| (2) Advance to clear liq | | |
| (3) if Temp > 101, Blood Cs x 2 | | |
| [redacted] | [redacted] | MC |

Noted 21NOV03 0730 [redacted]

NURSING UNIT

24° 0245 22NOV03 [redacted]

DA FORM 1 APR 79 4256 PREVIOUS EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 24846

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

[redacted]

(b)(6)-4

Noted [redacted] 22 Nov 03 0930

NURSING UNIT | ROOM NO. | BED NO.

[redacted]

DATE OF ORDER: 11-22-03 TIME OF ORDER: 0923 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Heplock IV
2. Advance to Regular Diet

[redacted] USC MC

PATIENT IDENTIFICATION

(b)(6)-2

Noted [redacted] 23 Nov 03 1050

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 11-23-03 TIME OF ORDER: 1003 HOURS

(b)(6)-2

1. CXR PA/LAT
2. Percocet ii po Q4° → pt may refuse
3. Ensure IS use 10x/hr WA
4. Encourage Deep Cough / pulmonary toilet

[redacted] USC MC

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: TIME OF ORDER: HOURS

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: TIME OF ORDER: HOURS

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 24847

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

| PATIENT IDENTIFICATION | | | ↓ | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|---|---|
| [redacted] (b)(6)-4 | | | | 11/25/03 | 0200 HOURS | |
| | | | | D/C to CAmp | | |
| | | | | [redacted] | | [redacted] |
| | | | | | Lt me (b)(6)-2 | 11/25/03 0200 |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| ICW 1 | | | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 24848

(TX FROM ICW2.)

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. NOV Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18 | [redacted] | Vitals: Q4° | [redacted] | | | | | | | | | | | | | |
| 18 | [redacted] | BR | [redacted] | | | | | | | | | | | | | |
| 18/19 | [redacted] | Strict I&O (continue) | [redacted] | | | | | | | | | | | | | |
| 18 | [redacted] | Foley to Gravity | [redacted] | | | | | | | | | | | | | |
| 18 | [redacted] | NGT to low intermittent SWX | [redacted] | | | | | | | | | | | | | |
| 18 | [redacted] | BACITRACIN TO FACIAL/CHEST WOUNDS | [redacted] | | | | | | | | | | | | | |
| 19 NOV | [redacted] | COBC assistance q shift | 06 18 18 06 | [redacted] | | | | | | | | | | | | |
| 19/23 | [redacted] | incentive spirometry use 10x/hr WA | 06 18 18 06 | [redacted] | | | | | | | | | | | | |
| 19 | [redacted] | MD to chest/suprapubic (B) hip BID (MD does and) | 10 22 | [redacted] | | | | | | | | | | | | |
| 20 NOV | [redacted] | Sips + chips | 06 18 18 06 | | | | | | | | | | | | | |
| 21 NOV | [redacted] | advance to Clear liq | 06 18 18 06 | | | | | | | | | | | | | |
| 22 NOV | [redacted] | advance to Regular diet | 06 18 18 06 | | | | | | | | | | | | | |

ORDER ADD 21 NOV 03 [redacted]

ALLERGIES: ☐ YES ☒ NO — NKDA

PRIMARY DIAGNOSIS: S/P EX LAP FOR SHRAPNEL INJ

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO — PAGE NO: _____

PATIENT IDENTIFICATION: C [redacted] (9(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

(9(6)-2

(9(6)-2

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

MEDCOM - 24849

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo Nov Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 18 | [redacted] | CBC POD #1 | 19 | 0400 | | |
| 18 | [redacted] | CXR (port) @ 1200 hrs today 11/18 | | (1CW2) | | |
| 19 NOV | [redacted] | D/C Foley | 19 | 1300 | — | [redacted] |
| 20 NOV | [redacted] | D/C Foley | 20NOV | — | 0900 | [redacted] |
| 20NOV | [redacted] | Replace if ∅ void in 6° | 20NOV | | 1500 | [redacted] |
| 20 NOV | [redacted] | D/C NGT | 20NOV | — | 0930 | [redacted] |
| 22 NOV | [redacted] | XR PA/LAT | 23 | — | | [redacted] |
| 25 NOV | [redacted] | D/C to camp | 25 | 1200 | — | [redacted] |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

(b)(6)-2

(b)(6)-2

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18 | [redacted] | Call H.O. if T>100.4 | | | | | | | | | | | | | |
| ---- | ---- | SBP >180 <90, P | | | | | | | | | | | | | |
| ---- | ---- | DBP >100 <40, P>120 | | | | | | | | | | | | | |
| ---- | ---- | RR >25 U.O. <30 cc/hr | | | | | | | | | | | | | |
| 21 NOV | [redacted] | If temp >101, Blood | | | | | | | | | | | | | |
| ---- | ---- | CS x2 | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | |

MEDCOM - 24830

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 23 | 24 | 25 | | | | | | | | | | |
| 23 Nov 03 | [redacted] | Encourage deep cough [redacted] | | | | | | | | | | | | | | |
| | | pulmonary toilet [redacted] | | | | | | | | | | | | | | |
| | | (b)(6)-2 | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P EXLAP FOR SHRAPNEL INJURY

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

#[redacted] (b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

(TX from ICW2)

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. NOV Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 18 | [redacted] | IVF: LRC 125cc/hr | 0 | [redacted] | | | | | | | |
| | ----- | | N | [redacted] | | | | | | | |
| | ----- | | | | | | | | | | |
| 18 | [redacted] | Zantac 50mg IV | 08 | [redacted] | | | | | | | |
| | ----- | Q8° | 16 | [redacted] | | | | | | | |
| | ----- | | [redacted] | | | | | | | | |
| | ----- | | | | | | | | | | |
| 18 | [redacted] | Ancef 1gm IV Q8° | 04 | [redacted] | | | | | | | |
| | ----- | X3 doses, next dose | 12 | [redacted] | | | | | | | |
| | ----- | 1200 hrs today | 20 | [redacted] | | | | | | | |
| 22 | [redacted] | Heplock IV | 06 | | | | | | | | |
| | ----- | | 18 | | | | | | | | |
| | | | 06 | | | | | | | | |
| 23 NOV 03 | [redacted] | Percocet II po Q4° - | 04 | | | | | | | | |
| | ----- | pt may refuse | 08 | | | | | | | | |
| | ----- | | 12 | | | | | | | | |
| | ----- | | 16 | | | | | | | | |
| | ----- | | 20 | | | | | | | | |
| | ----- | | 24 | | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |

(b)(6)-2

[redacted] DYCLed 2NaCl [redacted]

(b)(6)-2

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS: S/P EX LAP FOR SHRAPNEL INJ

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

S/ [redacted]

(b)(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 24852

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. Nov Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18 | [redacted] | Phenergan 25mg IV Q6° prn w/v | 1500 18NOV | 0030 21NOV | 0810 21NOV | 22NOV 1930 | 23NOV 1930 | | | | | | | | | |
| | | | 25mg IV | 25mg | 25mg | 25mg | 25mg | | | | | | | | | |
| | | | [redacted] | | | | | | | | | | | | | |
| | (b)(6)-2 | | | | | (b)(6)-2 | | | | | | | | | | |
| 18 | [redacted] | MSO4 2-10mg IV Q2° prn pain | 11/18 0920 | 1723 18NOV | 1445 18NOV | 0230 19NOV | 19NOV [redacted] | 19NOV 1745 | 21NOV 0745 | 22NOV 0030 | 22NOV 1400 | 22NOV 2300 | 23NOV 0500 | | | |
| | | | 5mg | 5mg | 10mg IV | 4mg | 4mg | 4mg | 4mg | 5mg | 5mg | 5mg | 4mg | | | |
| | | | [redacted] | | | | | | | | | | | | | |

*U.S. GPO: 1998-454-110/95216

## MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

**REPORT TITLE** TRAUMA FLOWSHEET
The proponent is Dept of Surgery

**OTSG APPROVED** *(Date)* QI Appr 11 Jun 97

### EMS REPORT

TIME: _____ ETA: _____ UNIT: _____

MED COM: [Y] [N] _____

### ARRIVAL STATUS

TIME 0342 ☑ IV x 1 ☐ $O_2$ _____ 1/min ☐ C-Spine Immob

Meds: ☑ UKN ☑ None ☐ Yes: _____

Allergies: ☐ UKN ☑ None ☐ Yes: _____

Tetanus: ☐ UKN ☐ Current Last Meal/Fluid Intake 2200 hrs

LMP: _____ ☐ _____

### PRIMARY SURVEY

**AIRWAY**

☑ Natural Patient [Y] [N]

☐ ETT _____ ☐ _____

☐ Secretions _____

**BRETHING**

☐ Labored ☑ Unlabored ☐ Absent

TRACHEA: ☑ Midline ☐ Deviated [L] [R]

CHEST SYMMETRY: [L] [=] [R]

**CIRCULATION**

PULSE: ☑ Present ☐ Absent

BLEEDING: [Y] [N]

HEART TONES: ☐ Clear ☐ Muffled

SKIN: ☑ Warn ☐ Cool ☐ Hot

☑ Pink ☐ Pale ☐ Cyanotic ☐ _____

☑ Dry ☐ Moist ☐ Diaphoretic

### SECONDARY SURVEY

**DISABILITY**

GCS: E 4 V 5 M 6 = 15

SPHINCTER TONE: ☑ WNL ☐ None

**HEAD**

PUPILS: ☑ Equal ☐ Fixed ☑ React ☐ Dilated [L] [R]

TM: ☐ Clear ☐ Blood [L] [R]

**NECK**

C-Spine Tenderness: [Y] [N]

Pain @ _____

JVD: [Y] [N]

**HEART**

RHYTHM: ☑ Regular ☐ _____

PULSES: ☐ Central ☑ Peripheral

**LUNGS**

BREATH SOUNDS: ☑ Bilat ☑ Equal ☑ Clear

Decreased [L] [R] Absent [L] [R]

Wheezes [L] [R] Crackles [L] [R]

**ABDOMEN**

☑ Soft ☑ Rigid ☐ Non-Tender

☑ Tender: +

**PELVIS**

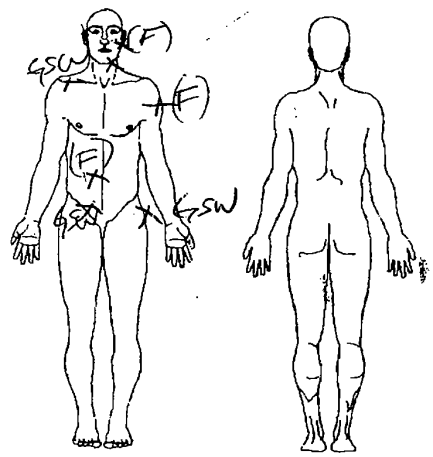
☑ Stable ☐ Unstable ☐ _____

Blood at meatus/vagina: [Y] [N]

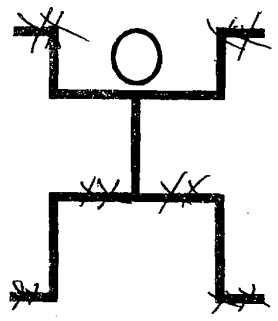
Heme + (0) Prostate: ☑ WNL ☐ Abnl

### USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

(AB)rasion
(AMP)utation
(AV)ulsion
Battle's Signs
(BL)eeding
(B)urn
(D)eformity
(E)cchymosis
(F)oreign Body
(H)ematoma
(LAC)eration
(P)uncture (W)ound
(Pain)
(S)eatbelt (S)ign
(S)tab (W)ound
(GSW) Gun Shot Wound




### VASCULAR ASSESSMENT



| ++ Strong | + Palpable | D Dopler |
|---|---|---|

**RN** _____

**PHYSICIAN** _____

*(Continue on reverse)*

**PREPARED BY** *(Signature & Title)* _____

**DEPARTMENT/SERVICE/CLINIC** _____ **DATE** _____

**PATIENT'S IDENTIFICATION** *(For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)*

#[redacted]

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER *(Specify)*

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

**DA** FORM 1 MAY 78 **4700**

REQUIREMENT OF PRIVACY ACT OF 1974 IS COVERED BY DD FORM 2005.
PREVIOUS EDITION IS OBSOLETE.
MEDCOM - 24854

EAMC OP 503, 1 Dec 98

| TIME | PROCEDURE | SIZE | SITE | BY | RESULTS |
|---|---|---|---|---|---|
| | ET Intubation | | ☐ Oral ☐ Nasal Teeth | | ☐ $ETCO_2$ Change ☐ BBS Post Int ☐ Post CXR |
| 0400 | Gastric Tube | 16Fr | ☐ Oral ☑ Nasal | SGT [redacted] | ☐ Air ☐ Contents ☐ Verified_____ Suction: Y N |
| 0350 | Urinary | 16Fr | ☐ Meatus ☐ Supra-Public | SGT [redacted] | ☑ Return 1200 cc ☐ Heme Dip: + - ☐ Secured |
| | DPL | | ☐ Opened ☐ Closed | (b)(6)-2 | ☐ Grossly: + - Cell count Sent@_____ |
| | Chest Tube #1 | | L R | | ☐ Air ☐ Blood ☐ Pleuravac____cm ☐ Autotransfuser |
| | Chest Tube #2 | | L R | | ☐ Air ☐ Blood ☐ Pleuravac____cm ☐ Autotransfuser |
| | 12 Lead | Rhythm: | | Comments | |

| ABG SITE | TIME | $\%O_2$ | pH | BE | $pCO_2$ | $PO_2$ | $O_2$ Sat | $HCO_3$ |
|---|---|---|---|---|---|---|---|---|
| 1) | | | | | | | | |
| 2) | | | | | | | | |

## LABS

| TIME | LABS |
|---|---|
| | ☐ D-stick_____ ☐ SHct_____ |
| | ☐ D-stick_____ ☐ SHct_____ |
| 0354 | ☑ CBC ☑ Chem ☐ PT/PTT ☐ ETOH ☑ T&C x 4 |
| | ☐ Tox Screen |
| 0400 | ☑ UA ☐ HCG |
| | ☐ OTHER |
| | ☐ OTHER |

## X-RAYS

| TIME | LABS |
|---|---|
| 0350 | ☑ Chest Initial |
| | ☐ Chest Post ET |
| | ☐ Chest Post CT |
| | ☐ C-Spine |
| 0350 | ☑ Pelvis |
| 0350 | ☑ ABD |
| 0350 | ☑ AP Skull |
| 0400 | ☑ (L) Hip |

| TIME | PROCEDURE | ACCOMPANED BY | RETURN |
|---|---|---|---|
| 0440 | CT Scan: ☐ Contrast | EMT Stage | |
| | ☐ Head ☑ Abd ☑ Pelvis | | |
| | ☐ C-Spine ☐ T/L Spine ☑ Chest | | |
| | ☑ ~~Other~~ ~~ERCP~~ | | |
| | A-Gram Site: | | |

## IV ACCESS & FLUIDS

| TIME | # | GA | IAW | SOP | SITE | IVF TYPE | AMT UP | AMT IN |
|---|---|---|---|---|---|---|---|---|
| 0342 | | 14 | Y | N | (L) AC | NS | | |
| 0343 | | 18 | (Y) | N | (R) AC | NS | | |
| | | | Y | N | | | | |
| | | | Y | N | | | | |

## MEDICATIONS

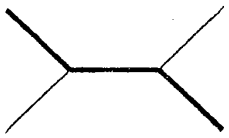
| MEDICATION | TIME | DOSE | RTE | TIME | DOSE | RTE | TIME | DOSE | RTE |
|---|---|---|---|---|---|---|---|---|---|
| Ancef | 0355 | 1gm | IV | | | | | | |
| Tetanus | 0355 | .5cc | IM | | | | | | |
| Fentanyl | 0400 | 75mg | IV | | | | | | |

## BLOOD PRODUCTS

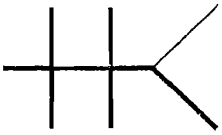
| START | # | TYPE | UNIT# | AMT UP | AMT IN | END | RWT |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## LAB RESULTS

CBC:



Chem:



## INTAKE & OUTPUT

| INTAKE | AMOUNT | OUTPUT | AMOUNT |
|---|---|---|---|
| IVF | | Urine | |
| NGT | | NGT | |
| Blood | | EBL | |
| Other | | Other | |
| TOTAL | | TOTAL | |

## TRAUMA TEAM ARRIVAL

| TITLE | NAME (Print) | PAGED | RESPONDED | ARRIVED |
|---|---|---|---|---|
| ED Phys | | | | |
| Surgeon | | | | |
| Anesth | | | | |
| | | | | |
| | | | | |
| X-Ray | | | | |
| RT | | | | |
| Ortho | | | | |
| Neuro | | | | |
| Chaplain | | | | |
| | | | | |

## VALUABLES & CLOTHING

| V | STATUS | C |
|---|---|---|
| | None Found | |
| | Given to Patient | |
| | Given to Family | |
| | Inventoried and Released to Patient Trust Fund/NCOD See DA Form 3696 | |
| | Other: See Nursing Notes | |

## DISPOSITION

☐ Home ☐ _____

Admitted to _____

Report Called to _____

Time Transferred _____

Accompanied By _____

Via: ☐ Stretcher ☐ Wheelchair

MEDCOM - 24855 - ACLS Procedures ☐ Yes ☐ No

## VITAL SIGNS

Rectal Temp:

GCS: 15

| TIME | BP | HR | RHY | RR | $SAO_2$ | $FIO_2$ | MODE | E | V | M | T |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0345 | 154/71 | 77 | NSR | 35 | 100 | RA | | | | | |
| 0400 | 158/55 | 71 | NSR | 15 | 100 | RA | | | | | |
| 0410 | 174/65 | 89 | NSR | 31 | 100 | RA | | | | | |
| 0415 | 135/58 | 92 | NSR | 40 | 100 | RA | | | | | |
| 0420 | 143/64 | 90 | NSR | 24 | 100 | RA | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |

## GLASGOW COMA SCALE

| EYE OPENING | VREBLE RESPONSE | MOTOR RESPONSE |
|---|---|---|
| 4 - Spontaneous | 5 - Oriented | 6 - Obeys Commands |
| 3 - To Voice | 4 - Confused | 5 - Localizes Pain |
| 2 - To Pain | 3 - Inapp Words | 4 - Withdraws to Pain |
| 1 - None | 2 - Incomp Speech | 3 - Flexion to Pain |
| | 1 - None | 2 - Extension to Pain |
| | | 1 - None |

| TIME | PROCEDURE | PERFORMED BY: |
|---|---|---|
| | ☐ Backboard Removed | BY: |
| | ☐ Downgraded | BY: |

## NOTES

MEDCOM - 24856

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 11/18/03 Anesthesia Type (Circle)): General Spinal Epidural
Time In: 0725 IV Sedation Nerve Block
Allergies: NKA OR Intake: Crystalloid 3200 Colloid
Pre-op V/S: 61/35/15 HR 76 OR Output: UOP EBL 75cc
Procedures: EXP LOP Meds/Times: 1GM ANCEF, 1ml FENTANYL

WCS SAO

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds History

| Time | 0725 | 0730 | 0735 | 0750 | 0815 | 0830 | 0845 |
|---|---|---|---|---|---|---|---|
| SaO2 | 99 | 100 | 97 | 99 | 99 | 100 | 99 |
| FiO2 | \ | \ | \ | \ | \ | \ | \ |
| Methods | RA | RA | RA | RA | RA | RA | RA |
| 240 | | | | | | | |
| 220 | | | | | | | |
| 200 | | | | | | | |
| 180 | | | | | | | |
| 160 | | | | | | | |
| 140 | V | V | | V | V | V | V |
| 120 | | | V | | | | |
| 100 | | | | | | | |
| 80 | ^ | ^ | ^ | ^ | ^ | ^ | ^ |
| 60 | • | | • | • | - | • | |
| 40 | | | | | | | |
| 20 | | | | | | | |
| Lin | | | | | | | |
| RR | 18 | 21 | 24 | 20 | 13 | 15 | |
| T | 98.6 | | | | | 97.8 | |

| Time | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Pain (0-10) | | | | | | | | | |
| LOS | | | | | | | | | |

Patient teaching done: Wound Care, Pain Management,
T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

### Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 0725 | LR | 350 | (L) ARM | IV | 150 cc |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

### Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 1 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C, | 8 | 10 | 10 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

PREPARED BY (Signature & Title) [redacted] (b)(6)-2

DEPARTMENT/SERVICE/CLINIC: PACU - ICU 3

DATE: 11/18/03

PATIENT'S [redacted] or typed or written entries give: Name – last, first, middle; gr[redacted]spital or medical facility)

# [redacted]

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete

USAPPC V2.00

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | ext. lo. | + | + | + | B | W | Pk |
| 15' | ext. lo. | + | + | P | B | W | P/C |
| 30' | ext. | + | + | P | B | W | Pk |
| 45' | ortho | + | + | P | B | W | Pk |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

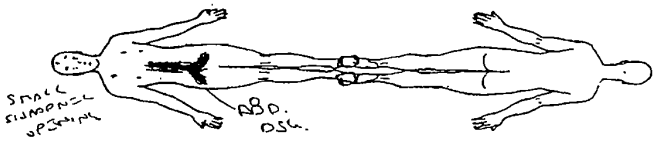
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm 0725 | ABD | ABD PADS | + |
| 30' 0800 | ABD | ABD PADS | + |
| 60' " | | | |
| D/C | | | |




## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| 0725 | FOLEY | YELLOW | 100 |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 0725 | $S_1 S_2$ + | + | |
| | | | |
| | | | |
| | | | |

## NURSING NOTES

0725 Pt arrived on floor for journey with MD & anesthesiologist. Pt sedated, not fully awake. O2 Room air at 100% - has NCT in (R) nostril. Pad & Foley. (R) gravity. Pt has abdominal dsg. Midline abdomen and across lower abdomen. Pt has small puncture wounds on face and chest. Pt has clear breath sounds upon deep breathing and abdominal sounds. After 5-7 secs. no drainage from dressings. [redacted]

0755. Pt indicated need to be on (R) side - advised to stay in supine position for proper recovery. [redacted]

0805. Pt maintaining VS, Pt allowed to rest quietly. Breathing normal, chest rise bilateral [redacted] Pt sat. given to CAT O MTR. Temp increase from 96.4 to 97.8. Pt VS stable. Awake easily & [redacted]

0900-2

**Discharge Criteria:**
**Date:** 11/18/03 **Time:** 0847 **PARS:** 10
**BP:** 133/82 **T:** 97.8 **HR:** 75 **RR:** 18 **Sa02:** 99%
**Pain Level at D/C (0-10):**
**Intake:** PO 150 cc **Output:** 150 cc urine
**Additional Data:**
**Transferred To:** TCU 2
**Report Given To:** [redacted]
**Transferred Via:** W[redacted] Litter Gurney Ambulance
**Transferred By:** [redacted]
**Cleared IAW Recovery** [redacted]
**Charge Nurse Signat** [redacted]

WAMC OP 173-E

MEDCOM - 24858

(b)(2)-2

# Admission and Coding Information

For use of this form, see AR 40-400; the proponent agency is OTSG

| | | | | |
|---|---|---|---|---|
| 1. Reporting MTF [redacted] | 2. MTF Locatic. IZ | | | |
| 3. Register Number [redacted] | Name (Last, First, MI) SI[redacted]oFirstNameGiven | | 4. Pay Grade FGN | 5. Sex M |
| 6. DoB (YYYYMMDD) | 7. Age at Admission (b)(6)-4 | 8. Race X | 9. Ethnicity 9 | Religion |
| 10. Length of Service | ETS | 11. EMP 99 | 12. Social Security Number [redacted] | |
| Organization (Active Duty Only) | | 13. Marital Status | Hour of Admission 03:45 | 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: ICW1 | Name / Relationship of Emergency Addressee<br>Address of Emergency Addressee | | |
| Name and Location of Medical Treatment Facility: [redacted]; No Install Provided | | Telephone Number of Emergency Addressee | | |
| 21. Type of Disposition TRF-OTH | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) 2003-11-25 | | |
| 24. Clinic Svc - Admitting ABA - GENERAL SURGERY | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) 2003-11-18 | | |
| 27. Location of Occurrence IZ | 28. MTF of Initial Admission | 29. Date of Initial Admission 2003-11-18 | | |

b2-2

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: GSW NECK, R ARM, ABDOMEN

Procedure Narrative(s):

Cause of Injury Narrative:

[redacted]

(b)(6)-2

| | |
|---|---|
| Admitting Officer (Signature, as required) [redacted] | Signature of Admitting Clerk [redacted] |

Automated Facsimile - DA FORM 2985, [redacted] 2000

MEDCOM - 24859

Automated Facsimile

# INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400, the proponent agency is OTSG

| 1. Register Nbr | 2. Name | | | | | 3. Grade | Admission Remarks |
|---|---|---|---|---|---|---|---|
| [redacted] | [redacted] | | | | | FGN | |
| 4. Sex | 5. Age | 6. Race | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm | |
| M | (b)(6)-4 | X | | | | NO | |
| 11. FMP | 12. SSN | 13. Organization | | | | 14. Ward | |
| 98 20 | [redacted] | | | | | ICU2 | |
| 15. FlyStatus | 17. Dept / Ben | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case | | | |
| | K78-PRISONER OF WAR/INTER | | | BC | | | |
| 21. Source of Admission | 22. Hour Of Adm: | 23. Clinic Service | | | | | |
| Direct from ER | 03:45 | ABA - GENERAL SURGERY | | | | | |
| 24. Name/Relation of Emergency Addressee | 25. Type Disp | 26. Date of Disp | | | | | |
| | TRF-A | 2004-01-29 | | | | | |
| 27a. Address of Emergency Addressee | 27b. Telephone No | 28. Date This Adm: | AdmittingOfficer: | | | | |
| | | 2003-11-18 | [redacted] b6-2 | | | | |
| 29. ReportingMTF | | 30. Date Init Adm | 32. Units Blood Components | | | | |
| [redacted] (b)(2)-2 | | 2003-11-18 | | | | | |

31. Selected Administrative Data

Marital Status: DoB:

In/Out Patient: Inpatient MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

GSW NECK R ARM ABDOMEN (LOWER EXTREMITY DEFORMITY)

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 | 72 | 72 |

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 | 72 | 72 |

| Signat[redacted] | Signature of [redacted] |
|---|---|
| [redacted] (b)(6)-2 | [redacted] |

Automated Facsimile - DA FORM 3647, May 79 [redacted]COM - 24860

AUTHORIZED FOR LOCAL REPRODUCTIO

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 21 JAN04 | (1915) VSS. C/O pain x1. Med ō 2 perc. OOB + amb in hallway. BM x1. Voids CYU. Q2° eye gtts. Tol well. Will continue [redacted] to monitor. |
| 22 JAN04 @ 0100 | Assumed care of pt. @ 2200. VSS, ¯/¯ Percocet for C/O pain to (R) buttock & joints of bilat LE. Pt. has limited vision to OU, cont. oint & GTTS to OU. Pt. sleeping @ this time, 1 pt. restraint, ∅ signs of skin breakdown. All other assessments WNL. Will cont. to monitor. [redacted] /CT, AN |
| 22 JAN04 | Survey<br>No New Issues [redacted] |
| 22 Jan04 1100 | Assumed care @ 0600 VSS. A&O OOB → BR for showers. ∅ skin breakdown noted. Transf self from bed → chair (I). Gtts continued OU ∅ acute care needed. Will continue plan of care [redacted] |
| 22 JAN04 | (1600) VSS. C/O pain: Med ō 2 perc. Tol PO well. Voids CYU [redacted] Q2° eye gtts. OOB to amb. Will continue to monito [redacted] |
| 23 JAN04 @ 0135 | Assumed care of pt. @ 2200. VSS. ¯/¯ Percocets for C/O pain to joints of bilat. LE. Pt. has limited vision to OU. Cont. oint & GTTS to OU. Pt. voids CYU ō difficulty. Pt. ambulated ō hands in hallway ō |

| 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. |
|---|---|---|

(b)(6)-4

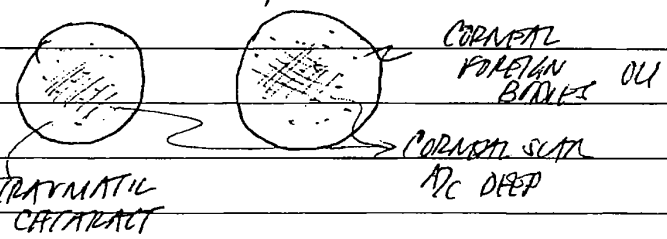
[redacted]

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 24861

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| (cont.) | difficulty. Pt. sleeping @ this time. Pt. in 1 pt. restraint c̄ Ø signs of skin breakdown. All other assessments WNL. Will cont to monitor. [redacted] 1C AN |
| 23 Jan 04 0850 | VSS Alert & Oriented Percocet given for c̄ joint pain. Good appetite. ~~Alone~~ Reposition self in bed. Ø skin breakdown noted. One point restraints replaced without compromised skin integrity. [redacted] |
| 23 Jan 04 1130 | Informed Dr. [redacted] of pt c/o pain to lower extremity. Percocet D/C and was told to give tylenol for pain. Will inform next shift. [redacted] LTR |
| JAN 23 '04 | Ophth ~~Clinic~~ Progress Note |
| | S: SEEMS BETTER ABLE TO RECOGNIZE STAFF AT A DISTANCE |
| | O: EXAM ESSENTIALLY UNCHANGED |
| |   |
| | A: S/p (B) CORNEAL INJURIES c̄ FB's OU. TRAUMATIC CATARACT OD, FOCAL CATARACT [redacted] |
| | P CPM [redacted] |

(b)(6)

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 23 JAN 04 | (1840) VSS. c/o pain. Med c̄ Tylenol 650mg PO. Cont eye gtts 02° OU. (b)(6)-7 tol [redacted]. Voids c/u. Dt down to optometry for V/up. ~~Φ A~~ Φ New orders. Amb'n ward. 1 pt restraint in place. Will continue to monitor. [redacted] NT/AN |
| 24 JAN 04 | Assumed care @ 2200; VSS, pt A&O, pain c̄ ii tylenol pt OOB → BSC, ⊕ BM - loose, brown stool - 2mg Loperamide provided; Φ visual Δs cont OU gtts ¿ cont WA; pt tol PO w/o voiding c/u c̄ difficulty; Restraint in place c̄ comparom to skin/[redacted] circulation; Cont to monitor. [redacted] |
| 24 Jan 04 0700 | VSS A&O. Tylenol effective for pain mgt. Good Appetite. Urinating clear yellow urine without difficulty. One pt restraint in place without compromising circ/ skin integrity. [redacted] |
| 24 JAN 04 | Surgery<br>No New issues<br>Ophtho Following [redacted] (b)(6)-7 |
| 24 Jan 03 | - Pt is A+OX3, no immediate distress at this time. Will continue to monitor and assess. [redacted] VCT/AN |

| RELATIONSHIP TO SPONSOR | LAST | FIRST | MI | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | | | | |

| DEPART..SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO. |
|---|---|---|
| | | |

[redacted]

(b)(6)-7

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 24863

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 25 Jan 2040 | Assumed pt care @ 2200. Pt is A+O x3; VSS; c/o H/A - Tylenol 650mg given - effective; Cont Q2° eye gtts; pt c/o pn - Motrin 800mg given - effective; pt repositioned self in bed; Ø skin breakdown noted; pt restrainted c̄ Ø s/sx of vascular compromise / skin integrity [redacted] |
| 25 Jan 04 0750 | Assumed pt. @ 0700, VS-WNL, HEENT-WNL, pt. has LE deformity, pt. uses cane for mobility. Pt. c/o headache - gave 650mg Tylenol, will continue to monitor. [redacted] |
| 25 Jan 04 1831 | Pt. in bed, ate 100% of meal [redacted] c/o at this time [redacted] |
| 26 Jan 04 0200 | Assumed care at 1900. [redacted] x3. PT had complaint of pain. TYLenol 650 mg was given. Ø complaints after that. VSS. TRAZODONE given for sleep. will continue to monitore [redacted] 91W |
| 26 JAN 04 | Surgery<br>~~Doing very well. Graft has taken well. wrong patient. Some swell, open area. GSW healing. Some site healing.~~ [redacted]<br>No New issues [redacted] |
| 26 JAN 04 1430 | Patient Bathed this am. c/o joint pain. MD in to assess this a.m.: instructed patient on importance of patient to drink ensure c̄ meals: Drank 2 cans c̄ lunch: VSS, neotrained ext. Circulation intact; Resp even, regular: BS x4 quadrants [redacted] CTM |

STA [redacted] 5 1999) BAC
USAPA V1.0

[redacted] (5)(6)-4

MEDCOM - 24864

ACLU-RDI 1744 p.1024

DOD-039253

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

#[redacted]

[redacted]

Been 04 0915

[redacted]

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| 24 [redacted] | 13JAN04 | 2350 |

| DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|
| 12 Jan 04 | 1130 HOURS | |
| ① Trazodone 50 mg po q HS for sleep | | |
| [redacted] | | |

PATIENT IDENTIFICATION

(b)(6)-2

noted 14Jan04 [redacted]

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| 24 [redacted] | 15JAN04 | 0135 |

| DATE OF ORDER | TIME OF ORDER |
|---|---|
| 15 Jan 04 | 1430 HOURS |
| ① D/C Ambien | |
| [redacted] | |

(b)(6)-2

PATIENT IDENTIFICATION

#[redacted]

noted BReich 19Jan04 1345

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| 24 [redacted] | 20JAN04 | 0435 |

| DATE OF ORDER | TIME OF ORDER |
|---|---|
| 19 Jan 04 | 1345 HOURS |
| ① D/C daily weights | |
| VO [redacted] | |
| 24 [redacted] 20JAN04 0435 [redacted] ICT AN | |

PATIENT IDENTIFICATION

noted 23Jan04 1433

[redacted]

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| 24 [redacted] | 24/[redacted] | [redacted]n04 0600 |

| DATE OF ORDER | TIME OF ORDER |
|---|---|
| 23JAN03 | 1133 HO[redacted] |
| ① D/C Percocet | [redacted] |

(b)(6)-2

DA FORM 1 APR 79 4256 PREVIOUS EDITIONS OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 24865

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] | | | | 26JAN04 | 1020 HOURS | |
| | | | (1) | Zantac 150 mg p.o. BID | | |
| | | | | | | |
| | | | | | | [redacted] |
| | | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | (b)(6)-2 | | |
| 24° [redacted] | | | | 27Jan04 0600 | | |
| PATIENT IDEN[redacted] | | | | DATE OF ORDER | TIME OF ORDER | |
| [redacted] | | | | 27JAN04 | 1010 HOURS | |
| | | | (1) | Mafrin 800 mg p.o. BID | | |
| | | | | Give only if fever | | |
| | | | | | | |
| | | | | | | [redacted] |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

Duplicate order

26JAN 04 1020

(b)(6)-2

(b)(6)-2

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

U.S. GOVERNMENT PRINTING OFFICE: 2002-488-041

MEDCOM - 24866

(b)(2)-2

| 1. Reporting MTF | 2. MTF Location | Admission and Coding Information<br>For use of this form, see AR 40-400; the proponent agency is OTSG | |
|---|---|---|---|
| [redacted] | IZ | | |
| 3. Register Number | Name (Last, First, MI) | 4. Pay Grade | 5. Sex |
| [redacted] | [redacted] | FGN | M |

| 6. DoB (YYYYMMDD) | 7. Age at Admission | 8. Race | 9. Ethnicity | Religion |
|---|---|---|---|---|
| | (b)(6)-4 | X | 9 | |

| 10. Length of Service | ETS | 11. FMP | 12. Social Security Number | |
|---|---|---|---|---|
| | | 99 | [redacted] | |

| Organization (Active Duty Only) | 13. Marital Status | Hour of Admission | Branch / Corps: |
|---|---|---|---|
| | | 03:45 | |

| 14. Flying Status | 15. Beneficiary Category | 16. Zip Code of Residence: |
|---|---|---|
| | K78-PRISONER OF WAR/INTERNEES | |

| 17. Unit Location | 18. MOS | 19. Trauma | Prev. Admission |
|---|---|---|---|
| | | BC | NO |

| 20. Source of Admission | Ward: | Name / Relationship of Emergency Addressee |
|---|---|---|
| Direct from ER | | Address of Emergency Addressee |
| (b)(2)-2 Name and Location of Medical Treatment Facility: [redacted] Iraq; No Install Provided | | Telephone Number of Emergency Addressee |

| 21. Type of Disposition | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) |
|---|---|---|
| TRF-A | | 2004-01-29 |
| **24. Clinic Svc - Admitting** | **25. MTF Transferred From** | **26. Date this Admission (YYYYMMDD)** |
| ABA - GENERAL SURGERY | | 2003-11-18 |
| **27. Location of Occurrence** | **28. MTF of Initial Admission** | **29. Date of Initial Admission** |
| IZ | | 2003-11-18 |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: GSW NECK R ARM ABDOMEN (LOWER EXTREMITY DEFORMITY)

874.9
884.1
879.3
E922.9

Procedure Narrative(s):

Cause of Injury Narrative:

(b)(6)-2

| Admitting [redacted] (Signature as required) | Signature of Admitting Clerk |
|---|---|
| [redacted] | [redacted] |

Automated Facsimile - DA FORM 2985, MAR 2000

MEDCOM - 24867

Automated Facsimile

# INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400, the proponent agency is OTSG

| 1. Register Nbr | 2. Name | | | | | 3. Grade | Admission Remarks |
|---|---|---|---|---|---|---|---|
| [redacted] | [redacted] | | | | | FGN | |
| 4. Sex | 5. Age | 6. Race | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm | |
| M | 21Y (b)(6)-4 | X | | | | NO | |
| 11. FMP | 12. SSN | 13. Organization | | | | 14. Ward | |
| 99 | [redacted] | | | | | ICW1 | |
| 15. FlyStatus | 17. Dept / Ben | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case | | | |
| | K78-PRISONER OF WAR/INTER | | | BC | | | |
| 21. Source of Admission | 22. Hour Of Adm: | 23. Clinic Service | | | | | |
| Direct from ER | 17:15 | AEA - ORTHOPEDICS | | | | | |
| 24. Name/Relation of Emergency Addressee | 25. Type Disp | 26. Date of Disp | | | | | |
| | TRF-OTH | 2003-12-04 | | | | | |
| 27a. Address of Emergency Addressee | 27b. Telephone No | 28. Date This Adm: | AdmittingOfficer: | | | | |
| | | 2003-11-18 | [redacted] | | | | |
| 29. ReportingMTF | | 30. Date Init Adm | 32. Units Blood Components | | | | |
| [redacted] (b)(2)-2 | | 2003-11-18 | | | | | |

31. Selected Administrative Data

Marital Status: DoB: 1982-01-01

In/Out Patient: Inpatient MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

INFECTED R HAND/OD CORNEAL STRING

883.1
442.89
815.00
922.1
041.85
364.41
998.89
E993

19Nov03
86.28
86.04
38.82
21Nov03
86.24
23Nov
86.28
86.59
24Nov
97.89

(b)(6)-2

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 | 17 | 17 |

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 | 17 | 17 |

| Signature of Att[redacted]al Officer | Signature of PAD or Medical Records Officer |
|---|---|
| [redacted] | [redacted] M[redacted] |

Automated Facsimile - DA FORM 3647, May 79 MEDCOM - 24868

| MEDICAL RECORD | ABBREVIATED MEDICAL RECORD |
|---|---|

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION *(Enter date of admission)*

23 yo ♂ injured by bomb 10 days ago.
Has been in Iraqi hospital for surgery to (R) wrist. Admitted for injuries (R) wrist. Also states can't see out of (R) eye, and mass on (L) cheek.
1 shrapnel (R) middle finger

PMH (-)

NKDA (+) Tobacco

PHYSICAL EXAMINATION

Rec (R) eye with ptosis
mass 2x2 cm mass (L) cheek, fixation
Wrist: splint
Ext: 3x6 cm skin loss over dorsum of (R) wrist and slight middle finger, and m.f. is with splint b/c of twist, wrist, but brown at tip.

PROGRESS *(Enter date of discharge and final diagnosis)*

Xrays - $P_1$ + $P_2$ fxs, positive OK.

Plan: I to tomorrow
Consult ophthalmology

(b)(6)-2

| SIGNATURE OF PHYSICIAN | DATE | IDENTIFICATION NO. | ORGANIZATION |
|---|---|---|---|
| [redacted] | 18 Nov 03 | | |

| PATIENT IDENTIFICATION *(For typed or written entries give Name last, first, middle; grade, date; hospital or medical facility)* | REGISTER NO | WARD NO |
|---|---|---|
| [redacted] (b)(6)-4 | | |

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR 101 CFR 201-45.505
OCTOBER 1975
JCAHPO 21 00

MEDCOM - 24869

## SKIN AND WOUND ASSESSMENT

**MEDICAL RECORD** **PROGRESS NOTES**

Admission Date: 18 Nov 03 Diagnosis: infected (R) hand HD: POD:

### Braden Scale Evaluation (See Braden Evaluation Table for Details)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Sensory Perception** | No impairment | 4 | | **Mobility** | No limitations | 4 | |
| | Slightly limited | (3) | | | Slightly limited | (3) | |
| | Very limited | 2 | | | Very limited | 2 | |
| | Completed | 1 | | | Completely immobile | 1 | |
| **Moisture** | Rarely moist | (4) | | **Nutrition** | Excellent | (4) | |
| | Occasionally moist | 3 | | | Adequate (Eats >50%) | 3 | |
| | Moist | 2 | | | Adequate (Rarely eats) | 2 | |
| | Constantly moist | 1 | | | Very poor | 1 | |
| **Activity** | Walks frequently | 4 | | **Friction and Shear** | No apparent problem | (3) | |
| | Walks occasionally | (3) | | | Potential problems | 2 | |
| | Chairfast | 2 | | | Problems | 1 | |
| | Bedfast | 1 | | | | | |

*Add the total score* **Total Score** 20

Above 20 (Low Risk)
Between 16 and 20 Medium Risk
Between 11 and 15 High Risk
Below 10 Very High Risk

Note: A Braden Scale Score of less than or equal to 15 indicates **HIGH RISK** –Requires immediate Ulcer prevention program.

Surgical wound (s): Yes (No) Location:_____ Size: _____ Drainage: _____
Tubes: _____ Appearance:_____
Dressing change:_____

Pressure Ulcer (s): Yes (No)
Stage I, II, III, IV (Circle the one that applies and describe below)

Location:_____ Size: _____
Wound character: Pint_____ Moist _____ Dry _____ Granulation tissue _____ Yellow slough_____
Odor _____ Purulent discharge _____ Eschar _____ Exudates _____

Type of dressing change: Wet-to-dry_____ Comfeel dressing _____ Carrasyn V-Gel_____ Alginate _____

Physician notified/consulted for wound debridement: Yes_____ No_____
CNS notified/consulted for Stage II and greater: Yes_____ No_____
Nutrition Referral: Yes _____ No _____
Physical Therapy Referral: Yes_____ No _____
Action Taken: _____ Date & Time: _____

| REGISTER NO. | WARD NO. |
|---|---|
| | |

Patient's Identification (For typed or written entries give: Name-last, first, middle: Grade; rank: hospital or medical facilithy)

PROGRESS NOTES

Medical Record
STANDARD FORM 509

see notes 19 Nov 03 for info. on infection

MEDCOM - 24870

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 19 NOV 03 | 2030 - VSS, A+O assumed care of pt. @1800. LS CTA (B), NSR, S1S2 present, Resp. even, unlabored abd. soft. non-tender, BS x 4. voiding cyu per urinal. Pt. (R) eye swollen half-way shut c̄ (+) redness to eye + (+) film covering eye. Pt. has 1 in. incision to (L) cheek c/o pain 650mg tylenol given for swelling + pain. Pt. has numerous old scabs to upper legs. Pt. had very old dressing to (L) foot. Don't think it was assessed prior to coming to ICW 2. 1" x 1cm wound c̄ (+) s/sx infection. light greenish substance oozing from wound. Redressed wound c̄ 4x4's. (+) pedal pulse + (+) radial pulses. (+) cap refill. Pt. has dressing to (R) Arm. Denies movement of fingers. (+) cap refill. IV (L) AC infusing 150cc/h LR. Two pt. restrain in place. Pt. resting well @ this time will cont. to monitor pt. [redacted] I can cu with alone assessment AWG 2X |
| 2330 | - Pt. pulled out IV. New IV started in (5)(6)-2 (L) FA BG infusing LR @150cc/h will cont. to monitor. Pt. [redacted] |
| 20 NOV 03 | (1650) Assumed care @ 0800. Pt alert, speaking Arabic. VSS. Pain controlled c̄ Percs. Pt amb well. Dsg to @ hand Δd this am WTD c̄ Betadine soln. Pt able to move fingers. Dsg to @ foot Δd WTD Lac. on @ side of face CDI. @ eye swollen/red |

STANDARD FORM 509 (REV. 5/1999) BAC
USAPA V1.

MEDCOM - 24871

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 19Nov03 0520 | Pt admitted to ICW from EMT in Fair condition; VSS, pt A&O speaking arabic; ⊕CMS +3PP, brisk cap Ref throughout; N intact; S1 S2, LSCTA, ⊕BSX4, pt voiding QS, clear yellow urine via urinal; pt NPO for OR 19Nov03; ⊖c/o pain, pt denies N/V; dsg to ® hand c̄DI, ⊖drainage; Restraints in place, ⊕circ, ⊖skin breakdown, will cont to monitor [redacted] |
| 19Nov03 1500 | Assume care of PT @ 0600. A&O, VSS ambulate to bathroom without any assistance. C/o pain was given two percocets. Went to OR to wash out hand suppose to be going again tomorrow. PT may lose ® hand. In apt restraint on 2x legs. Will cont. to monitor. |
| | 9/W SPC [redacted] |
| | (1800) I concur c̄ above. [redacted] |
| 19Nov03 1821 | PT went to OR for a second time due to Dr. [redacted] and Dr. [redacted] ~~poping an artery in the base of~~ #1351. Pressure applied to wound until departed for surgery. Dark red squirting blood. PT returned from OR stable condition. Will cont. to monitor. |
| | 9/W SPC [redacted] |
| | (1820) I concur c̄ above. [redacted] |

| 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] (5)(6)-4

MEDCOM - 24872

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 20NOV03 (1650) | (cont) SL in ⊖ forearm flushes well ∅ S/Sx infection/ infiltration. 2 point restraints in place ∅ S/Sx complications. Will cont to monitor [redacted] |
| 21Nov03 0045 | Assumed care @1800; VSS, pt A&O speaking arabic ∅ c/o pain @ this time; pt amb ∅ difficulty; dsg to (R) hand Δd ∅ Dakin's Soln. (+) CMS, +2 PP, brisk cap ref to affected extremity; Lac to (L) check CDI, dsg to (L) Foot CDI S/L in (L) FA patent, cont ∅ IV abx; Restraints in place (+) circ, ⊖ skin break ↓, cont to monitor; pt NPO p MN for OR on 21Nov03 [redacted] |
| 21 Nov 03 1217 | assumed care @0600 pt awake oriented x 3 vital sign stable. Pt had ∅ c/o of pain at the time, pt ambulated to BR with ~~[illegible]~~ difficulty to perform self ADL care. Pt given ∅ meds prior to (R) forearm/hand dsg Δ with dakin's solution WAD, Pt IV patent and intact ∅ signs infection dsg to (L) FA Δd CDI. Restraints x2 in place will monitor. [redacted] Concur ∅ above assessment [redacted] |
| 21 NOV 03 1630 | [redacted] |
| 21Nov03 2100 | Assumed Pt care @1800. A&O VSS. LSCTA(B) S1 S2 present HRRR, (+) BS x4 quads. (R) Hand Dsg |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | | | | |

| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)*

REGISTER NO.

WARD NO. ICU

[redacted] (b)(6)-7

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1999
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10
USAPA V1.0C

MEDCOM - 24873

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 21NOV03 Cont. | BC DI IV to (L) FA. IV Δ'd to (L) [redacted] FA. Pt c/o Pain to [redacted] (R) check. Small amount of edema to to check. Percocet controlled pa[redacted] Pt void spontaneously CV V ≤ difficulty gs. Will [redacted] to monitor. [redacted] 91WM6 |
| 22 NOV 03 @ 1630 | Assumed care of pt. @ 0600. VSS. A[redacted] ~~c/o pain this shift~~. EDROA [redacted] II Percs. for pain & DRSNG Δ to (R) hand. (R) hand cleaned ≈ DAKIKINS sol., dry DRSNG Δ, ace-wrapped, mod. serosang drainage to old DRSNG, penrose drain intact, sutures intact. IVSL infiltrated, new IV site to (L) FA, 20G. Pt. has scab over (R) eyelid, sclera red, pt c/o pain. Will arrange for opthomology consult. Pt. to be NPO ~~p~~ MN tonight for surgery. Pt. in 2-point restraints, Ø signs of skin breakdown. All other assessments WNL. Will cont. to monitor. [redacted] 2CT, AN |
| 22NOV03 (1900) | VSS. Alert & Oriented (R) hand dry dry & intact and covered ≈ ace wrap (L) FA Saline lock patent & intact. (L) chest incision with staples well approximated. Assumed 80% of regular diet. Ø c/o pain @ this time. 2 restraints in place. [redacted] without compromise skin integrity or circulation. [redacted] 2CT |
| 23NOV03 @ 1600 | Assumed care of pt. @ 0600. VSS. A&O. Ø c/o pain to (R) hand. c/o pain to (R) eye. MD notified. Pt. to O.R. this AM for I&D of (R) thumb. Pt. received @ 1100 via stretcher from PACU. VSS A&O, Ø c/o pain. Dressing to (R) UE CDI. Pt. in 2-point restraints, Ø signs of skin breakdown. IVSL to (L) FA flushes well. All other assessments WNL. Will cont. to monitor. [redacted] 2CT, AN |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 24874

ACLU-RDI 1744 p.1034

DOD-039263

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
| 21 NOV 03 1330 | Orthro Op Note |
| | Pre Op Dx - Infected (R) MF |
| | Post Op Dx - Same |
| | Procedure - I&D (R) MF |
| | Surgeon - [redacted] |
| | Findings - Wound skin not fully healed to allow rep vacuum. Drained 3 liters. After wound lat still 2*2 cm defect to bone. Plan repeat I&D in 48 hours. Pump vacuum therapy. |
| | (b)(6)-2 [redacted] COL MC |
| 23 NOV 03 0950 | Orthro Op Note |
| | Pre Op Dx - Infected (R) MF |
| | Post Op Dx - Same |
| | Procedure - I+[redacted] MF |
| | Surgeon - [redacted] |

| HOSPITAL OR MEDICAL FACILITY | STATUS [redacted] | 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.

[redacted] (b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

MEDCOM - 24875

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| | GBL - BL FLUIDS: SGD 2L |
| | Tentiye - Minor persist drainage. Irrigated 3 liters. Closed with 2-0 prolene over penrose |
| | Plan: Dressing changes. Consider rang resection if drainage continues |
| | [redacted] |
| | (b)(6)-2 |

STANDARD FORM 600 (REV. 6-97) BACK
☆ U.S. GPO:1998-432-786/75236

MEDCOM - 24876

AUTHORIZED FOR LOCAL REPRODUCTIO

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |

23NOV 03 [redacted] 1800 RCW

VSS Alert + Oriented. (L) FA Saline lock patent + intact. (R) Hand bulky dry covered c̄ HCC wrapping dry/intact. Ø c/o pain @ this time. Capillary refill to (R) fingers brisk. Pt [redacted] able to move (R) fingers unable to palpate (R) radial pulse. Pt drazy. Consumed 80% of dinner. Voiding clear yellow urine. OOB → BR for BM. Will continue care as planned [redacted] 2CTT

Ophtk Note

11/24/03

0 ⊥ 8-0 vicryl suture in cornea. 2° melting

cornea blood staining

1154 / 9 < 18,19

(b)(6)-2

Imp: Focal Corneal Melt 2° to Inflam From Suture - Removed

Plan: Doxy 100mg po qD

Pred Acetate Tgtts OD Q1°; Ciloxan Tgtts OD QID

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | [redacted] ID NUMBER |
|---|---|---|---|
| | LAST | FIRST | [redacted] |
| DEPART./SERVICE | HOSPITAL OR MEDICAL FA[redacted] | | |

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)*

REGISTER NO. | WARD NO.

(b)(6)-4 [redacted]

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/199[illegible])
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1[illegible])
USAPA V1.0

MEDCOM - 24877

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 24NOV03 | (1650) VSS. Pt c/o pain in (R) eye. Med ō 2 perc. Adequate relief found. (R) eye Red around sclera. Pt slightly closed. Pt able to open eye ō manual assistance. Pt receiving IV ABX. Infusing to (R) FA IV. ⊖ signs of infections. (R) hand dressed ō kerlix & ace wrap. ~~Thumb appears~~ Pt able to move fingers + warm to touch. Pt asleep at this time. Urinates clear yellow. [redacted] |
| 25NOV03 0010 | Assumed care @ 1800; VSS, pt A&O speaking arabic; ⊖ c/o pain; dsg to (R) hand Δd W→D ō Dakin's Sol 1/4% strength; wrapped ō Kerlix; ace bandage; (R) eye swollen, sclera Red; pt instructed on administration of Pred acetate Q1° OD, pt verbalized good understanding via interpreter; S/C patent, Flushes well ō S/Sx infection/infiltration; cont ō IV abx; Restraints in place, ⊕ circ, ⊖ skin break + / cont to monitor. [redacted] |
| 25NOV03 | (1800) Pt ⊖ c/o pain. Completed DSG Δ to (R) Hand. Sutures in place, well approximated. ⊖ signs of infection, Pt unable to ~~flex~~ flex B finger 2° damage to ~~flexor~~ extensor tendons. Able to Flex. ⊕ radial pulse, brisk cap Refill. ~~WFT~~ Continuous ace wrap. IV ABX infusing. [redacted] |
| 26NOV03 0250 | Assumed care @ 1800; VSS, pt A&O speaking arabic; ⊖ c/o pain; dsg to (R) hand ~~[illegible]~~ CDI, ⊖ drainage; +2 radial pulse, brisk cap ref, ⊕ sensation; PIV patent, easily flushes; cont ō IV abx; ~~gas~~ S to OD, ~~[illegible]~~ pt OOB to BRX1; Restraints in place, ⊕ circ, ⊖ skin break +, cont to monitor. [redacted] |
| 26NOV03 @ 1600 | Assumed care of pt @ 0600. VSS, A&O. ~~[illegible]~~ Percocet given as prescribed for DSG Δ; WTD DSG Δ to (R) hand ō Dakin's sol., sutures intact, scant serous drainage. Pt. OOB, ambulated in hallway steady gait. HL to (L) FA, flushes well. Prednisone Acetate GTTS given to pt. Q1° while awake, pt. administered GTTS. Pt. for 2 point restraints, ⊖ S/Sx of skin breakdown. All other assessments WN [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACI

USAPA V1.0

MEDCOM - 24878

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 26 Nov 03 1800 | Pt AEO. VSS. LS CTA (B), HRRR, (+) BS x4 quads. (R) Hand in Drsg c̄ Ace Wrap. Small amount of Sero Sang on Drsg. (R) Eye is Red. exc ~~#~~ gtts q 1°. IV to (L) FA D/Cd. New IV to (L) FA. Cont Antibx. Pt voiding CYU. qs c̄ difficulty. Will cont to monitor [redacted] Spc 91WM6 |
| | Orphan Nite |
| 11/29/03 | S: pt still 4o discomfort |
| | TOP - 18 2 days ago |
| | O: taking IV levo & prednisone |
| | topical cipro + maxitrol (b)(6)-2 |
| | topical pred acetate → improving inflam |
| | doxy to prevent further thinning |
| | penlight: +23 inflam |
| | corneal blood staining |
| | Imp: ① s/p hyphema 2° corneal blood staining - continues to improve |
| | ② CPM [redacted] 6074 LTC. |

| RELATIONSHIP TO SPONSOR | LAST | | MI | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | | | | |

| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO. |
|---|---|---|
| | | |

[redacted] (b)(6)-4

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 24879

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 27NOV03 1630 | Assumed care of pt. @ 0600. Pt. resting quietly in bed. VSS. A&O, Ø c/o pain to (R) hand. c/o pain to (R) eye. ii Percocets given, Prednisone & GTTS Q1° while awake. WTD Dsg Δ to (R) hand, small amount of serous drainage to dorsal hand, sutures intact, fingers edematous, (R) hand elevated on blankets. IVSL to (L) FA, flushes well. Pt. in 2-point restraints, Ø signs of skin breakdown. All other assessments WNL, Will cont. to monitor. [redacted] |
| 27Nov03 1900 | Pt care assumed @ 1800. Pt c/o mild sharp pain to Right eye. eye gtts cont. Pain controlled c̄ percocet. (R) hand Dsg CDI. Neuro ✓ WNL. LS CTA(B), HRRR. ⊕BS x 4 quads. Pt cont Antibiotics via 18G to (L) FA. Pt in 2pt restraint Will cont to monitor [redacted] 91WM6 |
| 28 NOV 03 0800 | Assumed care of pt. A&O x3. [redacted] c/o pain or discomfort @ this time. Lungs clear HRRR Active BS x4 quads Urinating spontaneously c̄ difficulty IV ABX TX cont Eye drops to (R) eye cont. (R) hand wound bulky dsg applied. Afebrile Ø s/s of infection Will cont to monitor [redacted] 91WM6 |
| 28Nov03 | Assumed care @ 1800. A&O x3 VSS c/o pain Percocet @ 1800. Right eye [redacted] scalera is red. cont gtts. (R) hand Dsg is CDI. cont Primaxin IV. Voiding spontaneous [redacted] q's c̄ difficulty. LAC IV failed New 18G IV in (L) [redacted] arm. Will cont to monitor. [redacted] 91WM6 |

STANDARD FORM 509 (REV. 5/1999) BACH
USAPA V1.0

[redacted] (b)(6)-4

MEDCOM - 24880

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 4 Oct 03 0930 | On the Discharge Note: |

Admitted 18 Nov with infected open wound to forearm MC and provided pharmacy, eventually grew aeromonas and Enterobacter. It had repeated I&Ds done, with eventual clean wound. Skin closed with prolene. Extensor tendon to MF were destroyed. PLEASE Discharge to camp.

Keflex 250mg P.O. QID

If infection returns/spreads, will need middle ray resection.

Many wash with soap and water.

No treatment for fracture.

[redacted] 202 MC

(b)(6)-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. |
|---|---|---|
| [redacted] | | |

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 6/1986)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1)
USAPA V1.0X

MEDCOM - 24881

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 29 NOV 03 0730 | - Assumed care pt A+O x3. VSS ∅ c/o pain Lungs clear bilat HRRR Active BS x4 quads Urinating spontaneously ∅ difficulty per usual Ambulates ward. (R) hand wound dsg kerlix wrapped CDI. Appt ∅ eye dr this am see note Remains Afebrile Will cont to monitor ——— [redacted] |
| 7 NOV 03 1900 | VSS Alert & oriented OOB → BR [redacted] (R) hand bulky dry dry & intact covered ∅ once unwrapping (L) EA Saline lock patent & intact. Multi eye gts installed to OD Keeps OD shut. OD sclera pink. Consumed 50% of dinner. Urdy clear yellow urine c/o pain in circumport wound @ the two 2 point restraints replaced without compromising circulation in slow infusion. Will continue care as planned. [redacted] |
| 30 NOV 03 0800 | - Assumed care of pt. A+O x3. VSS c/o pain x1 medicated ∅ relief. (R) eye slight redness cont ∅ eye drops per order. (R) hand wet & dry dsg & Kerlix wrap CDI - Lungs clear HRRR Active BS Urinating spontaneously. PIV (L) bicep patent ∅ s/s of infection will cont to monitor ——— [redacted] |

| 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.

[redacted] (b)(6)-4

**CHRONOLOGICAL RECORD OF MEDICAL CARE**
Medical Record

**STANDARD FORM 600** (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

MEDCOM - 24882

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 30NOV 2000 | VSS alert/oriented. OD c̄ pink drainage. Mild, eye gtts instilled as ordered. (L) FA saline lock patent & intact. (R) hand dressing dry, dry & intact. OOB (I) to BR c̄ supervision. Ø c/o pain voiced or noted. Will continue care as planned. 2 point restraints in place without compromising circulation or skin integrity. [redacted] |
| Ø1DECØ3 | (1530) Assumed care @ ØØØØ. Pt alert, speaking Arabic. VSS. Ø c/o pain @ this time. Dsg to R hand Δd this am. Pt medicated c̄ MSO4 prior to dsg Δ - tol. well. Amb s̄ difficulty in hallway. OOB to chair - tol. well. Cont. eye gtts as ordered. R eye red and swollen. SL infiltration @ upper arm d/c'd d/t infiltration. leg IV started in @ forearm flushes well s̄ s/sx infiltration. Tol reg diet well. voiding s̄ difficulty. 2-point restraints in place s̄ s/sx complications. Will continue to monitor. [redacted] (b)(6) |

| 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. |

[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

MEDCOM - 24883

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 1 DEC 03 2000 | VSS. Alert & oriented. Consumed 80% diet. QUB → BR (I) upon supervision of MP's. (L) FA saline lock patent & intact. Voiding clear yellow urine. (R) hand splint dry, dry & intact. OD sclera pink. Multi gtt instilled as ordered. QOB for BR throughout shift to encourage positive B. to prevent skin breakdown. Skin dry & intact. 2 point restraints in place without compromising skin integrity and circulation. [redacted] |
| 02DEC03 | (0200) Assumed care of 0000. Pt alert, speaking Arabic. VSS. 0 c/o pain. Pt amb in hallway ~~s~~ difficulty. Dsg to (R) hand Δd. sutures to incision ODI ~~s~~ s/sx infection. Pt tol. well. SL in (L) forearm flushes well ~~s~~ s/sx infection/infiltration. Cont. OD gts as ordered. Sclera of OD pink, area around OD swollen. 2-point restraints in place ~~s~~ s/sx complications. Will continue to monitor. [redacted] (1510) SL in (L) forearm d/cd d/t infiltration. catheter intact. 18g IV started in (L) hand flushes well ~~s~~ s/sx infiltration, monitoring. [redacted] |
| 2030 | - assumed care of pt @ 1800. VSS - A+O speaking in Arabic. 0 c/o pain @ this time. Pt ambulated to toilet ⊖ BM. Sutures to (R) hand intact ~~c~~ ⊖ s/sx inf. Pt. has FROM to fingers + wrist ~~c~~ ⊕ cap refill. ~~ab~~ IV in (L) FA cat ⊖ s/sx inf. flushes well. ⊕ skin integrity. encouraging |

STANDARD FORM 509 (REV. 5/1999) BSCI
USAPA V1.C

[redacted]

(b)(6)-4

MEDCOM - 24884

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 19NOV03 1250 | Quick Op Note<br>Pre-Op Dx: Infected open fracture (R) mandible with soft tissue loss<br>Post Op Dx - same<br>Procedure: I+D (R) hand<br>Surgeon: [redacted]<br>Findings - Necrotic debris. Patient's mandible exposed to air, necrotic<br>Plan: IV abx. Repeat I+D vs mandible resection 21NOV03 |
| 19NOV03 | [redacted]<br>Brief Op Note<br>Pre-op Dx = Facial Artery Aneurysm<br>Post-op Dx = SAA<br>Procedure = Debridement, evacuation of hematoma + Ligation of facial artery<br>Findings = Pseudoaneurysm of (L) facial artery, ligated<br>Complications<br>[redacted] |

STANDARD FORM 600 (REV. 6-97) BACK
USAPA V2.00

MEDCOM - 24885

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
| NOV 18 2003 | S: Intake of prisoner from DIF Prisoner was injured from IED (His) Wounds on Right hand, Right abdomen and right side of his face. Incident happened 1 week prior to exam. Right Eye - No Sight |
| | O: Back side of right hand, Skin peeled away signs of infection. Signs of infection in wound on left cheek. |
| | A: Soft tissue injuries from IED. Fracture to right middle metacarpill. |
| | P: R' hand wound dorsal surface 1/2 level to RN digits 2-5 Pain inflamation Pain slight green with drainage hand and fingers are irrigated Steriles saline irrigation Sterile 4x4 Placed and cling |
| 1440 | ~~Ancef 1g IM~~ Rocephin 1g IM Sit [redacted] |
| 1440 | ~~tetanus Tox. 5cm IM~~ [redacted] |
| | shy Rt arm [redacted] (b)(6)-2 |

| 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. |
|---|---|---|

DIF

[redacted] (b)(6)-4

**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

CoB 109th ASMB
BIAP IRAQ

MEDCOM - 24886

558-103 (See Instructions on Back of this Sheet) (b)(2)-2 NSN 7540-01-075-3786

# EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FA[redacted]

LOG NUMBER

| ARRIVAL | | | | TRANSPORTATION TO HOSPITAL (Attach care enroute sheet) | CURRENT MEDS. (Tetanus immunization and other data) | HISTORY OBTAINED FROM |
|---|---|---|---|---|---|---|
| DATE | | | TIME | ☐ PRIVATE VEHICLE ☐ AMBULANCE | Ø | ☒ PATIENT ☐ OTHER (Specify) |
| DAY | MONTH | YR. | | ☒ OTHER (Specify) | | ALLERGIES |
| 18 | NOV | 13 | 1730 | | | NKDA |

PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code)

HOME TELE. NO. (Inc. area code)

CHIEF COMPLAINT(S) (Include symptom(s), duration): SP + ED x 1 wk (on 2)

SEX: M AGE: 22

POSSIBLE THIRD PARTY PAYER? ☐ YES ☐ NO

TIME SEEN BY PROVIDER

| VITAL SIGNS | | | |
|---|---|---|---|
| TIME | 1730 | | |
| BP | 123/70 | | |
| PULSE | 72 | | |
| RESP. | 16 | | |
| TEMP. | 97.8 | | |
| WT. (Child) | | | |

CATEGORY (See reverse)
- EMERGENT
- URGENT
- NON-URGENT

| ORDERS | INITS. | TIME |
|---|---|---|
| Fentanyl 50 IM | [redacted] | 1750 |
| S Thomas | | 1800 |
| 2g Unasyn | | 1800 |
| Percocet 9 | | 2100 |

ASSESSMENT/DIAGNOSIS

DISPOSITION (Check all that apply)
- HOME ☐ FULL DUTY
- QUARTERS: 24 Hrs. ☐ 48 Hrs. ☐ 72 Hrs. ☐
- MODIFIED DUTY UNTIL: DAY / MONTH / YEAR
- REFERRED TO (Indicate clinic)
- EMERGENCY ☐ TODAY ☐
- 72 HOURS ☐ ROUTINE ☐
- ADMIT. TO HOSP. UNIT/SERVICE

CONDITION UPON RELEASE
- IMPROVED ☐ UNCHANGED ☐
- DETERIORATED

TIME OF RELEASE:

DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up)

S: 23 yo EPW injured 1 week ago in IED explosion. Sent here because of ↑ pain (R) hand & probable infection.

O: A & O, NAD

Face - (+) (L) cheek wound/shrapnel / nodule c̄ scant drainage & induration

(R) eye - blown pupil ō light perception

Heart - RRR Lungs - CTAB

Abd - soft, nontender

(R) forearm - (+) burned (2nd degree) compartments soft

(R) hand - (+) open, punctured dorsal 2nd/3rd metacarpal wound
2+ radial pulse
sensory & motor intact

X-rays
Face - (+) fb, ? fx.
chest - no acute ds.
(R) hand - (+) 3rd mc/prox. phalanx fx.
(R) forearm - (+) fx or fb

11 — 14.6 / 44.6 — 41.8

16 — 105 — 1.1

A: ① Open, supportive (R) hand fx.
② abscess (L) cheek

P: ① Unasyn 3.0gm IV
② Pain meds
③ ortho consult

(b)(6)-2

(CONTINUE ON SF 507, IF NEEDED)

PATIENT'S IDENTIFICATION (Mechanical imprint)
FOR WRITTEN ENTRIES GIVE: Name - last, first, middle; SSN; DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD).

[redacted]

[redacted] E OF PROVIDER AND ID STAMP

[redacted] maj MC

[redacted] include medications ordered, any limitations and follow-up

PP/specialist

[redacted]

(b)(2)-2

[redacted]

(b)(6)-4

EMERGENCY CARE AND TREATMENT
MEDCOM - 24887 Medical Record Copy

STANDARD FORM 558 (Rev. 6-82)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

MEDICAL RECORD

(b)(2)-2

CONSULTATION SHEET

REQUEST (b)(6)-2

TO: [redacted] Surgical

FROM: (Requesting physician or activity) [redacted]

DATE OF REQUEST 11/18/03

REASON FOR REQUEST (Complaints and findings)

Medially grid mole 5 yrs ago Rt hand inflamed
R stable & urine Rt eye Pain Rt jaw
R stable Pain Rt hand & strength

PROVISIONAL DIAGNOSIS

1) Severe trauma Rt hand Fx 3rd metacarpal Proximal Phalanx
2) Lacerated carpal tunnel Rt hand

DOCTOR'S SIGNATURE [redacted] (b)(6)-2

APPROVED

PLACE OF CONSULTATION: ☐ BEDSIDE ☐ ON CALL

☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO PATIENT EXAMINED ☐ YES ☐ NO TELEMEDICINE ☐ YES ☐ NO

(Continue on reverse side)

SIGNATURE AND TITLE

DATE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

DEPARTMENT/SERVICE OF PATIENT

RELATION TO SPONSOR

SPONSOR'S NAME (Last, first, middle)

SPONSOR'S ID NUMBER (SSN or Other)

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other); Sex; Date of Birth; Rank/Grade)

REGISTER NO.

WARD NO.

CONSULTATION SHEET
Medical Record

STANDARD FORM 513 (REV. 4-88)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

[redacted] (b)(6)-4

510-112 NSN 7540-00-634-412

| MEDICAL RECORD | | | NURSING NOTES (Sign all notes) |
|---|---|---|---|
| DATE | HOUR A.M. | HOUR P.M. | OBSERVATIONS Include medication and treatment when indicated |
| 2 Dec 03 | (cont'd) | | pt. to Δ position Q2° to prevent skin breakdown. Tolerates reg. diet well. Cont. acetate gtts on Q1° while awake as ordered. Pt. resting in bed @ this time will cont. to monitor pt. — [redacted] I am cm 2 alone assess [redacted] |
| 03Dec03 | | 1310 | Assumed care @ 0000. Pt alert, speaking Arabic. VSS. C/o OD pain. Cont OD gtts as ordered. Sclera red, eye swollen. (R) hand open to air. sutures to incision CDI ~~S~~ S/Sx infection. Pt OOB to shower this am. SL in (L) hand d/cd d/t pt's request. IV 20g started in (R) ac flushes well ~~S~~ S/Sx infiltration. Tol. reg diet well. Voiding ~~S~~ difficulty. 2-point restraints in place ~~S~~ S/Sx complications. Will cont. to monitor. — [redacted] 2 |
| | | 2100 | - assumed care of pt. @ 1800. VSS - A+O pt speaking in arabic. ∅ c/o pain @ this time. (R) hand sutures intact OTA ⊖ S/Sx inf. SL in (R) ac ⊖ S/Sx inf. infiltration. voiding cysu. ~~S~~ difficulty. cont on gtts. (+) skin integrity. pt. resting in bed @ this time ~~2~~ two pt. restraints. will monitor [redacted] |

(continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility) | REGISTER NO.

[redacted] (b)(6)-4

[redacted] 2

NURSING NOTES
Medical Record

MEDCOM - 24889

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202.1

# NURSING NOTES
(Sign all notes)

| DATE | HOUR A.M. | HOUR P.M. | OBSERVATIONS Include medication and treatment when indicated |
|---|---|---|---|
| 04Dec03 | 1700 | | NSB. VSS. ø c/o pain. Ambo steady gait. Maj [redacted] informed that pt to be D/Ced to Camp. Transfer summary taken to PAD. Rx taken to pharmacy. IV ABX given. Dr [redacted] D/Ced sutures from (R) hand. Voided in urinal ~~w~~ difficulty. IV D/Ced by Spc [redacted] Dr [redacted] ~~fo~~ informed pt of poss. Amputating (R) 3rd finger. Pt verbalized understanding through interpretor. pt escorted out of hospital by MPs. [redacted] |
| | | | (b)(6)-2 |

**MEDICAL RECORD** | **INTRAOPERATIVE DOCUMENT**

For use of this form, see AR 40-407, the prop[illegible] is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATIN[illegible]M
VIA Litter BY

2. PATIENT IDENTIF[illegible] RECORD REVIEWED AND PROCEDURE VERIFIED BY MAJ [redacted]

3. DATE 19 Nov 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME NUMBER 2-1

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☑ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | MAJ [redacted] | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS *(Specify)*

☑ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: Pt on OR table c̄ both arms at sides on padded armboards

8. SKIN PREPARATION

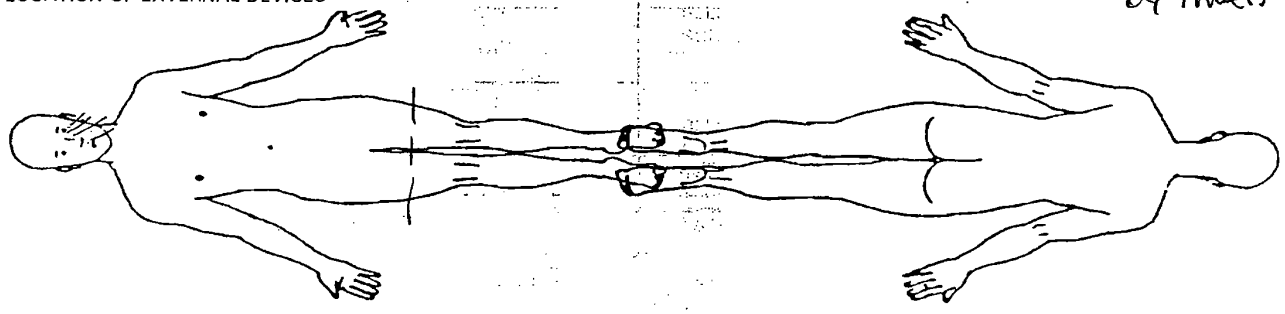
HAIR REMOVAL ☐ YES ☑ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine in saline
SITE: Lt face BY WHOM: MAJ [redacted]
SITE: BY WHOM:

COMMENTS: Pooling of solution contained by towels

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

C = Correct I = Incorrect

| 10. COUNTS | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☐ Yes | ☑ No | | | | | |
| Needle Sharp | ☑ Yes | ☐ No | | C | C | SPC [redacted] | MAJ [redacted] |
| Instrument | ☐ Yes | ☑ No | | | | | |
| Other | ☐ Yes | ☑ No | | | | | |

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

Th[redacted] (6)(6)-4

(6)(2)-2

19 Nov 03 [redacted]

12. ELECTROSURGERY DEVICE(S) (ESU) ☐ YES ☑ NO

☐ ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____

☐ ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____

☐ BIPOLAR NO: _____

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00
MEDCOM - 24891

13. PROSTHESIS, IMPLANTS ☐ NO IF YES NAME: ID NUMBER: ACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☐

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| 1% Xylocaine Epi | 4 ml | intra op | Local | MAJ [redacted] | Dr [redacted] |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION ☐ YES ☐ NO, TYPE(S): NS

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE (b)(6)-2

15. X-RAY IN OPERATING ROOM YES ☐ NO ☐ IF YES, SITE

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☐ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☐ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☐ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. | 2. | 3. |
| SITE | 1. | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*

Bacitracin ointment

19. ADDITIONAL INFORMATION

Surgeon: Dr [redacted]
Anes: CPT [redacted]

20. OPERATION(S) PERFORMED

Debridement of facial wound, Evacuation of hematoma Lt cheek, Ligation of artery

21. PATIENT TRANSFERRED TO PACU TIME Sep 5 F517 METHOD OR Litter

22. REGISTERED NURSE SIGNATURE [redacted] MAJ AN

REVERSE OF DA FORM 5179-1, OCT 87 MEDCOM - 24892 USAPA V1.00

**MEDICAL RECORD** | **INTRAOPERATIVE DOCUMENT**

For use of this form, see AR 40-407, the prop[illegible] is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATIN[illegible]M
VIA Litter BY

2. PATIENT IDENTIF[illegible] [illegible]RD REVIEWED AND PROCEDURE
VERIFIED BY MAJ [redacted]

3. DATE 19 Nov 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM
TIME NUMBER 7-1

**5. PREOPERATIVE EMOTIONAL STATUS**

☐ CALM ☑ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

**6. NURSING PERSONNEL**

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | MAJ [redacted] | RELIEF CIRCULATOR INT. | |

**7. POSITION AND POSITIONAL AIDS** *(Specify)*

☑ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: Pt on OR table w/ both arms at sides on padded armboards

**8. SKIN PREPARATION**

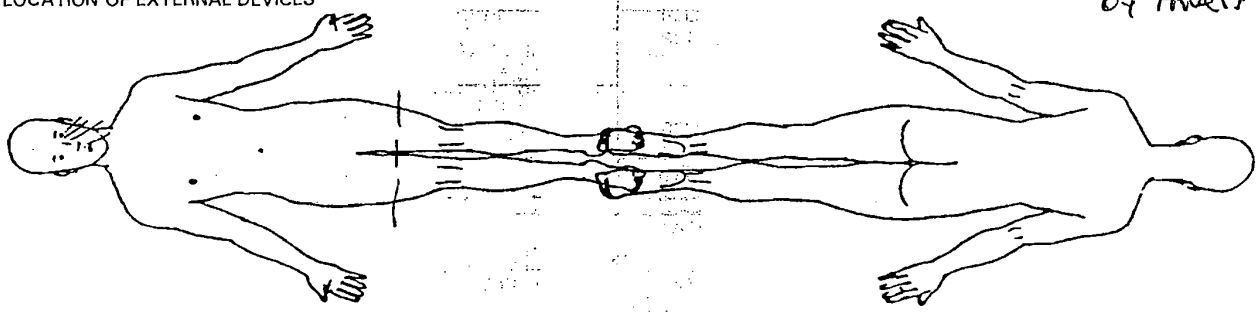
HAIR REMOVAL ☐ YES ☑ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine in saline
SITE: Lt face BY WHOM: MAJ [redacted]
SITE: BY WHOM:

COMMENTS: Pooling of solution contained by towels

**9. LOCATION OF EXTERNAL DEVICES**



LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

**10. COUNTS**

C = Correct I = Incorrect

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☐ Yes | ☑ No | | | | | |
| Needle Sharp | ☑ Yes | ☐ No | | C | C | SPC [redacted] | MAJ [redacted] |
| Instrument | ☐ Yes | ☑ No | | | | | |
| Other | ☐ Yes | ☑ No | | | | | |

**11. PATIENT IDENTIFICATION** *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

# [redacted] (b)(6)-4

(b)(2)-2

19 Nov 03 [redacted]

**12. ELECTROSURGERY DEVICE(S) (ESU)** ☐ YES ☑ NO

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

MEDCOM-24893

13. PROSTHESIS, IMPLANTS ☐ NO IF YES NAME: ID NUMBER: ACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☑

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| 1% Xylocaine c̄ Epi | 4 ml | intra op | Local | MAJ [redacted] | Dr [redacted] |
| | | | | | (b)(6)-2 |
| | | | | | |
| | | | | | |

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 ☐ NO ☑ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☑ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☑ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☑

| TYPE/SIZE | 1. | 2. | 3. |
|---|---|---|---|
| SITE | 1. | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*

Bacitracin ointment

19. ADDITIONAL INFORMATION

Surgeon: Dr [redacted]

Anes: CRT [redacted]

(b)(6)-2

20. OPERATION(S) PERFORMED

Debridement of facial wound, Evacuation of hematoma left cheek, Ligation of artery

| 21. PATIENT TRANSFERRED TO | TIME | METHOD |
|---|---|---|
| PACU | See SF517 | OR Litter |

22. REGISTERED NURSE SIGNATURE [redacted] MAJ AN

*REVERSE OF DA FORM 5179-1, OCT 87* USAPA V1.00

MEDCOM - 24694

T TRANSPORTED TO OPERATING RO
Hter BY MAJ [redacted]

VERIFIED BY MAJ [redacted]

TIME PATIENT ARRIVED IN SUITE 1150 Jan-03

4. PATIENT IN ROOM TIME 1150 NUMBER 1-1

5. PREOPERATIVE EMOTIONAL STATUS

☑ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER (Specify)

TS:

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| GNED JB | SGT [redacted] | RELIEF SCRUB | |
| IGNED CULATOR | MAJ [redacted] | RELIEF CIRCULATOR | |

ITION AND POSITIONAL AIDS (Specify)

☑ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

ENTS: Rt and Lt arms on padded armboards at angle < 90°

8. SKIN PREPARATION

REMOVAL ☐ YES ☑ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

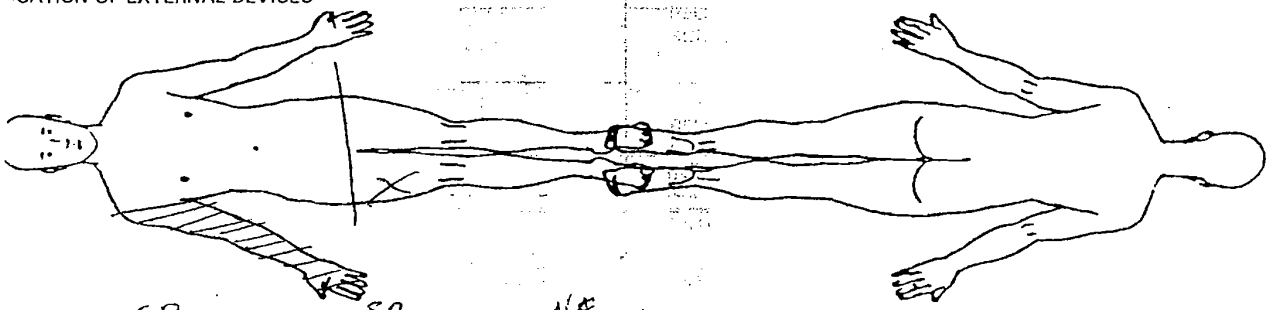
MENTS:

PREP SOLUTION (Specify) Betadine Scrub + Solution
SITE: Rt arm BY WHOM: MAJ [redacted]
SITE: BY WHOM:

COMMENTS: No pooling of solution

(b)(6)-2

CATION OF EXTERNAL DEVICES



EGEND X Ground Pad (ED) -- Safety Strap (ED) = = = Tourniquet (NA)

C = Correct I = Incorrect

| COUNTS | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| nge | ☑ Yes | ☐ No | | C | | [redacted] | [redacted] |
| dle Sharp | ☑ Yes | ☐ No | | C | C | | |
| rument | ☐ Yes | ☑ No | | | | SGT | MAJ |
| er | ☐ Yes | ☑ No | | | | | |

PATIENT IDENTIFICATION (For typed or written entries give: ne - Last, first, middle; Grade; Date; Hospital or Medical Facility;)

# [redacted] (b)(6)-4

(b)(2)-2

9 Nov-03 [redacted]

12. ELECTROSURGERY DEVICE(S) (ESU) ☑ YES ☐ NO

☐ ESU NO: R85 102395
GROUND PAD: BRAND Valleylab
LOT NO: 69441 Exp 2005-03

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

MEDCOM - 24895

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): 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 ☐ NO ☑ | NAME (c) swabs x 2 of Rt hand | NAME wound |
| FROZEN SECTION (FS) YES ☐ NO ☑ | NAME | NAME |
| CULTURE (C) YES ☑ NO ☐ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☑

| TYPE/SIZE | 1. | 2. | 3. |
|---|---|---|---|
| SITE | 1. | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*

Fluffs
Kerlix
Ace

19. ADDITIONAL INFORMATION

Surgeon: Dr [redacted]
Anes: MAJ [redacted]

(b)(6)-2

20. OPERATION(S) PERFORMED

I&D Rt Hand

| PATIENT TRANSFERRED TO | TIME | METHOD |
|---|---|---|
| PACU | See SF517 | OR Litter c̄ siderails up |

REGISTERED NURSE SIGNATURE

[redacted] MAJ AN 19 Nov 03

REVERSE OF DA FORM 5179-1, OCT 87 USAPA V1.00

MEDCOM - 24896

MEDICAL ...

PATIENT TRANSPORTED TO OPERATING ROOM BY Stretcher BY anesthesia

DATE 21 Nov 03 TIME PATIENT ARRIVED IN SUITE →

2. PATIENT IN ... VERIFIED BY [redacted] TIME

4. PATIENT IN ROOM TIME 1244 NUMBER

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SGT [redacted] | RELIEF SCRUB | (b)(6)-2 |
| ASSIGNED CIRCULATOR | CPT [redacted] | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS *(Specify)*

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: Proper body

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☒ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

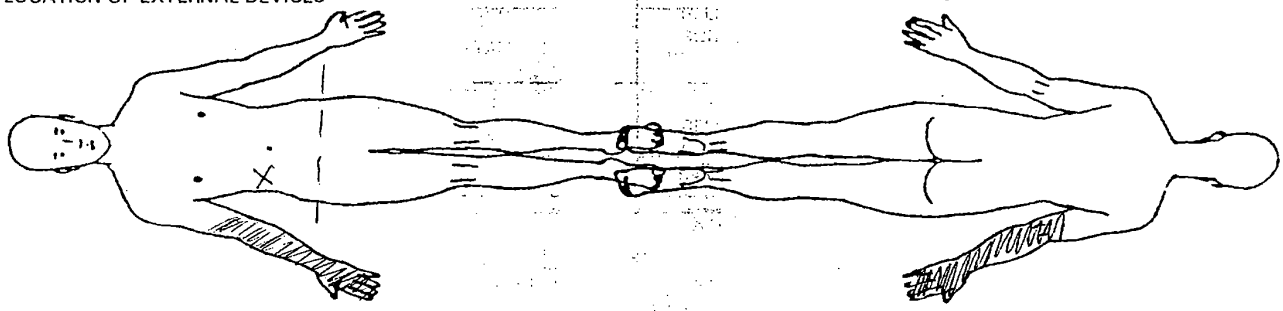
PREP SOLUTION *(Specify)* Betadine scrub/30'h

SITE: Rt arm BY WHOM: [redacted]

SITE: BY WHOM:

COMMENTS: No pooling of fluids

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap ≈ ≈ ≈ Tourniquet

C = Correct I = Incorrect

| 10. COUNTS | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☒ Yes | ☐ No | | | | | |
| Needle Sharp | ☐ Yes | ☐ No | | | | | |
| Instrument | ☐ Yes | ☒ No | | | | | |
| Other | ☐ Yes | ☒ No | | | | | |

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

# [redacted] (b)(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☐ YES ☐ NO

☐ ESU NO: Force 40 R8E10530S 30/30

GROUND PAD: BRAND

LOT NO: 69441

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1

MEDCOM - 24897

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% NS

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☐ NO ☒ IF YES, SITE

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. 3/8 Penrose | 2. | 3. |
| SITE | 1. Rt. hand | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*

Fluffs
Kerlix
Ace

19. ADDITIONAL INFORMATION

Surg: [redacted] Anesth: [redacted] Type: General w/ LMA

(b)(6)-2

20. OPERATION(S) PERFORMED

1. I & D Rt. Hand

1. PATIENT TRANSFERRED TO PACU TIME 1338 METHOD Stretcher

2. REGISTERED NURSE SIGNATURE [redacted] CPT/AN

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Litter BY MAJ [redacted]

VERIFIED BY MAJ [redacted]

3. DATE 23 Nov 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME NUMBER 2-1

5. PREOPERATIVE EMOTIONAL STATUS

☑ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] 91D | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | MAJ [redacted] 66F | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS (Specify)

☑ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: Both pt's arms on padded armboards at angle < 90°

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☑ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

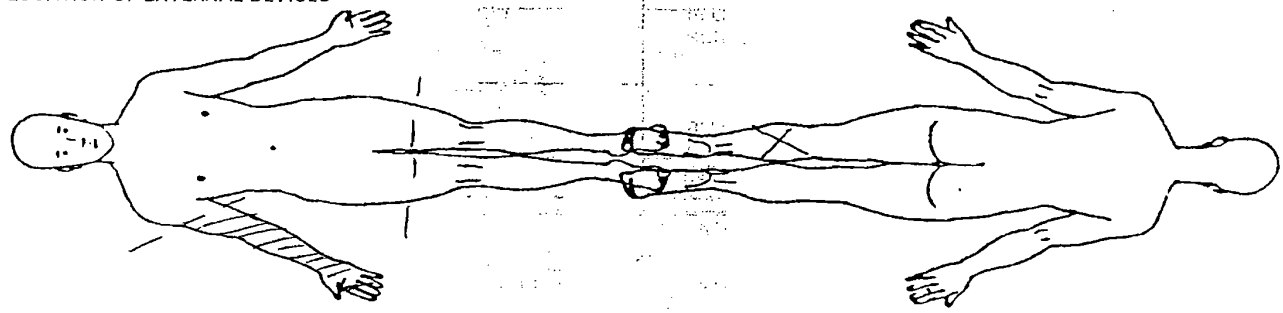
PREP SOLUTION (Specify) Betadine scrub & solution

SITE: Rt arm BY WHOM: MAJ [redacted]

SITE: BY WHOM:

COMMENTS: No pooling of solution

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

C = Correct I = Incorrect

| 10. COUNTS | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☑ Yes | ☐ No | | C | C | | |
| Needle Sharp | ☑ Yes | ☐ No | | C | C | | |
| Instrument | ☐ Yes | ☑ No | | | | SPC [redacted] | MAJ [redacted] |
| Other | ☐ Yes | ☑ No | | | | | |

11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)

# [redacted] (b)(6)-4

(b)(2)-2

23 Nov 03 [redacted]

12. ELECTROSURGERY DEVICE(S) (ESU) ☑ YES ☐ NO

☑ ESU NO: RSB 102395

GROUND PAD: BRAND Valleylab

LOT NO: 69441 Exp 2005-03

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

Coag 30 Cut 30

DA FORM 5179-1, OCT 87 [redacted] REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.01

MEDCOM - 24899

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): 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 ☐ NO ☑ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☑ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☑ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☑ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. 3/8" Penrose | 2. | 3. |
| SITE | 1. Rt hand | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*

Fluffs
Kerlix
Ace

19. ADDITIONAL INFORMATION

Surgeon: Dr [redacted]
anes.: MAJ [redacted]

(5)(6)-2

20. OPERATION(S) PERFORMED

I&D Rt ~~arm~~ middle finger

| 21. PATIENT TRANSFERRED TO | TIME | METHOD |
|---|---|---|
| PACU. | See SF517 | OR Litter |

22. REGISTERED NURSE SIGNATURE [redacted] MAJ AN 23 Nov 03

REVERSE OF DA FORM 5179-1, OCT 87 USAPA V1.00

MEDCOM - 24900

# MEDICAL RECORD — VITAL SIGNS RECORD

| HOSPITAL DAY | | |

511-119 NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- NOVEMBER DAY

MONTH-YEAR Nov 19 2003 | DAY: 18, 19, 19, 20, 21, 22, 23, 23, 24

HOUR

PULSE (0) | TEMP. F (°) | TEMP. C

105° 40.6°
180 104° 40.0°
170 103° 39.4°
160 102° 38.9°
150 101° 38.3°
140 100° 37.8°
130 99° 37.2°
98.6° 37.0°
120 98° 36.7°
110 97° 36.1°
100 96° 35.6°
90 95° 35.0°
80
70
60
50
40

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE ① 107/57 | 116/62 | 124/66 | 118/65 | 124/80 | 120/66 | 124/62 | 120/67 | 116/56 | 114/45

② 98.5 | H71

① TEMP 97.0F | 60 | 98.8 | 122/64 | 98.7 | 98.4 | 97.4 | 98.6

HEIGHT: WEIGHT ② TEMP 100%

① O2 Sat 98% | 98% RA | 99% | 98% (RA) | 98% | 98 | 98 100% | 97% | 98%

SOURCE RA | RA | RA | RA RA | RA

② O2 Sat 98%

SOURCE RA

Use for other data only when so ordered

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)

REGISTER NO.

WARD NO.

[redacted] (5)(61-4

MEDCOM - 24902

**VITAL SIGNS RECORDS**

Medical Record

# MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR DEC 2003 | DAY: 02 03 04

HOUR: 0800 1200 1600 2000 0000 0400

PULSE (0) | TEMP. F (°)

| PULSE (0) | TEMP. F (°) | TEMP. C |
|---|---|---|
| | 105° | 40.6° |
| 180 | 104° | 40.0° |
| 170 | 103° | 39.4° |
| 160 | 102° | 38.9° |
| 150 | 101° | 38.3° |
| 140 | 100° | 37.8° |
| 130 | 99° | 37.2° |
| | 98.6° | 37.0° |
| 120 | 98° | 36.7° |
| 110 | 97° | 36.1° |
| 100 | 96° | 35.6° |
| 90 | 95° | 35.0° |
| 80 | | |
| 70 | | |
| 60 | | |
| 50 | | |
| 40 | | |

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE: 104/47 108/49 114/56 112/61 94/48 80 99

HEIGHT: | WEIGHT →

O2 Sat: 98(RA) 99% 98(RA) 99% 98% RA RA RA

Record special data only when so ordered

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)

#[redacted] (5)161-4

REGISTER NO.

WARD NO. ICU1

STANDARD FORM 511 (REV. 7–95) BACI

MEDCOM - 24903

[redacted] OSPITAL
[redacted] (b)(2)-2
Baghdad, Iraq

# Microbiology Request Form

Last Name [redacted] (b)(6)-4
First Name:
Patient # or SSN [redacted]

Collected by: Dr [redacted]
Date: 19 Nov-03
Time: 12-15
for anaerobic + aerobic cultures

Received by [redacted] (b)(6)-2
Date: 19 Nov 03
Time: 1400

Ward: ICW 1
Room:
Bed:
Physician: Dr [redacted]

Source: Wound
Site: Rt Hand

Specimen #: (V139

## Laboratory Results

Enterobacter cloacae
Acinetobacter baumannii

Reported
Date: 21 NOV 03
Time: 1000
Tech: IC
Reviewer: [redacted]

Number of attached sheets:

MEDCOM - 24904

DOD-039293

ACLU-RDI 1744 p.1064

Name:
Patient ID: [redacted] (b)(6)-7
Ward/Rm: W1/

Specimen: W134
Source: Wound/Sterile site
Ward of Iso:

Status: Final
Collected:
Attd. Phys:

1 Enterobacter cloacae Status: Final
2 Acinetobacter baumannii/haemolyticus Status: Final

## 1 E. cloacae

| Drug | MIC | Interps |
|---|---|---|
| Amox/K Clav (c) | >16/8 | R |
| Amp/Sulbactam (c) | >16/8 | R |
| Ampicillin | >16 | R |
| Aztreonam | >16 | R |
| Cefazolin | >16 | R |
| Cefepime | 16 | I |
| Cefotaxime (c) | >32 | R |
| Cefotetan | >32 | R |
| Cefoxitin | >16 | R |
| Ceftazidime (a) | >16 | R |
| Ceftriaxone (c) | >32 | R |
| Cefuroxime (b) | >16 | R |
| Cephalothin | >16 | R |
| Chloramphenicol | >16 | R |
| Ciprofloxacin | 2 | I |
| ESBL-a Scrn | >4 | |
| ESBL-b Scrn | >1 | |
| Gatifloxacin | <=2 | S |
| Gentamicin | >8 | R |
| Imipenem (c) | <=4 | S |
| Levofloxacin | <=2 | S |
| Meropenem (c) | <=4 | S |
| Moxifloxacin | <=2 | S |
| Nitrofurantoin | >64 | |
| Norfloxacin | <=4 | |
| Pip/Tazo (d) | >64 | R |
| Piperacillin (a) | >64 | R |
| Tetracycline | <=4 | S |
| Ticar/K Clav (a) | >64 | R |
| Tobramycin | >8 | R |
| Trimeth/Sulfa | >2/38 | R |

## 2 Ac baumann/haem

| Drug | MIC | Interps |
|---|---|---|
| Amox/K Clav (c) | <=8/4 | |
| Amp/Sulbactam (c) | <=8/4 | S |
| Ampicillin | >16 | |
| Aztreonam | >16 | R |
| Cefazolin | >16 | |
| Cefepime | >16 | R |
| Cefotaxime (c) | >32 | R |
| Cefotetan | >32 | |
| Cefoxitin | >16 | |
| Ceftazidime (a) | >16 | R |
| Ceftriaxone (c) | >32 | R |
| Cefuroxime (b) | >16 | |
| Cephalothin | >16 | |
| Chloramphenicol | >16 | R |
| Ciprofloxacin | >2 | R |
| ESBL-a Scrn | >4 | |
| ESBL-b Scrn | >1 | |
| Gatifloxacin | <=2 | |
| Gentamicin | >8 | R |
| Imipenem (c) | <=4 | S |
| Levofloxacin | 4 | I |
| Meropenem (c) | <=4 | S |
| Moxifloxacin | <=2 | |
| Nitrofurantoin | >64 | |
| Norfloxacin | >8 | |
| Piperacillin (a) | >64 | R |
| Tetracycline | <=4 | S |
| Ticar/K Clav (a) | <=16 | S |
| Tobramycin | >8 | R |
| Trimeth/Sulfa | >2/38 | R |

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
--- = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available or drug not advisable or tested
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
ESBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases
IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases. potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs

For blood and CSF Isolates, a beta-lactamase test is recommended for Enterococcus species

(a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections
(b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug
(c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci refer to the penicillin interpretation
(d) For non beta-lactamase producing enterococci refer to the penicillin interpretation. Footnote (a) also applies to this drug

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and trovafloxacin are based on FDA approved breakpoints. For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections use (<=2=S, 2=I, >2=R)

Name:
Patient ID: [redacted] (b)(6)-7
Ward/Rm: W1/

Specimen: W134
Source: Wound/Sterile site
Ward of Iso:

Status: Final
Collected: (b)(6)-2
Req. Phys: [redacted]
Tech:

Printed 11/21/2003 2:12:17 PM

[redacted] HOSPITAL
[redacted]
Baghdad, Iraq (b)(2)-2

# Microbiology Request Form

Last Name #[redacted]
First Name: (b)(6)-4
Patient # or SSN: [redacted]

Collected by: Dr [redacted]
Date: 19 Nov 03
Time: 12-15
for anaerobic + aerobic cultures

Received by [redacted] (b)(6)-2
Date: 19 Nov 03
Time: 1400

Ward: ICW 1
Room:
Bed:
Physician: Dr [redacted]

Source: Wound
Site: Rt Hand

Specimen #: (N)134

## Laboratory Results

Enterobacter cloacae
Acinetobacter baumannii

Reported
Date: 21 NOV 03
Time: 1000
Tech: IC
Reviewer: [redacted]

Number of attached sheets:

MEDCOM - 24906

DOD-039295

ACLU-RDI 1744 p.1066

| | | | | | |
|---|---|---|---|---|---|
| Name: | | Specimen: | **W134** | Status: | **Final** |
| Patient ID: | [redacted] | Source: | Wound/Sterile site | Collected: | |
| Ward/Rm: | W1/ | Ward of Iso: | | Attd. Phys: | |

| | | | |
|---|---|---|---|
| 1 | Enterobacter cloacae | Status: | Final |
| 2 | Acinetobacter baumannii/haemolyticus | Status: | Final |

## 1 E. cloacae

| Drug | MIC | Interps |
|---|---|---|
| Amox/K Clav (c) | >16/8 | R |
| Amp/Sulbactam (c) | >16/8 | R |
| Ampicillin | >16 | R |
| Aztreonam | >16 | R |
| Cefazolin | >16 | R |
| Cefepime | 16 | I |
| Cefotaxime (c) | >32 | R |
| Cefotetan | >32 | R |
| Cefoxitin | >16 | R |
| Ceftazidime (a) | >16 | R |
| Ceftriaxone (c) | >32 | R |
| Cefuroxime (b) | >16 | R |
| Cephalothin | >16 | R |
| Chloramphenicol | >16 | R |
| Ciprofloxacin | 2 | I |
| ESBL-a Scrn | >4 | |
| ESBL-b Scrn | >1 | |
| Gatifloxacin | <=2 | S |
| Gentamicin | >8 | R |
| Imipenem (c) | <=4 | S |
| Levofloxacin | <=2 | S |
| Meropenem (c) | <=4 | S |
| Moxifloxacin | <=2 | S |
| Nitrofurantoin | >64 | |
| Norfloxacin | <=4 | |
| Pip/Tazo (d) | >64 | R |
| Piperacillin (a) | >64 | R |
| Tetracycline | <=4 | S |
| Ticar/K Clav (a) | >64 | R |
| Tobramycin | >8 | R |
| Trimeth/Sulfa | >2/38 | R |

(b)(6)-4

## 2 Ac baumann/haem

| Drug | MIC | Interps |
|---|---|---|
| Amox/K Clav (c) | <=8/4 | |
| Amp/Sulbactam (c) | <=8/4 | S |
| Ampicillin | >16 | |
| Aztreonam | >16 | R |
| Cefazolin | >16 | |
| Cefepime | >16 | R |
| Cefotaxime (c) | >32 | R |
| Cefotetan | >32 | |
| Cefoxitin | >16 | |
| Ceftazidime (a) | >16 | R |
| Ceftriaxone (c) | >32 | R |
| Cefuroxime (b) | >16 | |
| Cephalothin | >16 | |
| Chloramphenicol | >16 | R |
| Ciprofloxacin | >2 | R |
| ESBL-a Scrn | >4 | |
| ESBL-b Scrn | >1 | |
| Gatifloxacin | <=2 | |
| Gentamicin | >8 | R |
| Imipenem (c) | <=4 | S |
| Levofloxacin | 4 | I |
| Meropenem (c) | <=4 | S |
| Moxifloxacin | <=2 | |
| Nitrofurantoin | >64 | |
| Norfloxacin | >8 | |
| Piperacillin (a) | >64 | R |
| Tetracycline | <=4 | S |
| Ticar/K Clav (a) | <=16 | S |
| Tobramycin | >8 | R |
| Trimeth/Sulfa | >2/38 | R |

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
--- = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available, or drug not advisable or tested
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
EBL? = Suspected ESBL Confirmatory tests needed to differentiate ESBL from other beta-lactamases
IB = Inducible Beta-lactamase Appears in place of Sensitive with species known to possess inducible beta-lactamases, potentially they may become resistant to all beta-lactam drugs Monitoring of patients during/after therapy is recommended Avoid other/combined beta-lactam drugs

For blood and CSF Isolates, a beta-lactamase test is recommended for Enterococcus species.

(a) Use maximum doses of drug with an aminoglycoside for P aeruginosa in patients with granulocytopenia or serious infections
(b) Breakpoints based on parenteral dose For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug
(c) For streptococci refer to penicillin interpretations For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation
(d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation Footnote (a) also applies to this drug

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002 Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints
For S pneumoniae cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis For non-meningitis infections, use <2=S, 2=I >2=R

| | | | | | |
|---|---|---|---|---|---|
| Name: | | Specimen: | **W134** | Status: | **Final** (b)(6)-2 |
| Patient ID: | [redacted] | Source: | Wound/Sterile site | Collected: | |
| Ward/Rm: | W1/ | Ward of Iso: | | Req. Phys | [redacted] |

Printed 11/21/2003 2:12:17 PM



Tech: I O

(b)(6)-2

| Ward/Section: | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: [redacted] | DATE: 8 NOV | TIME: 1230 | SSN/PSEUDO SSN: [redacted] |

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Segs | | Mono | |
| Bands | | Eos | |
| Lymph | | Baso | |
| Atyp | | Imm | |
| RBC Morph | | | |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | |
| Sed Rate | | | |
| Other | | | |

**Coagulation Studies**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| PT | | 9.8-13.6 secs |
| APTT | | 21-34 secs |
| D dimer | | <20 ug/ml |
| FDP | | <10 ug/ml |

**Urinalysis**

(b)(6)-4

======= PICCOLO =======
18/11/03 18:26
REFERENCE RANGE: MALE
PATIENT #: [redacted]
LIVER PANEL PLUS
DISC LOT #: 3154AA7
OPER #: 678 DR #: 000
SERIAL #: 0000100494

| | | | |
|---|---|---|---|
| ALB | 3.9 | 3.3-5.5 | G/DL |
| ALP | 85* | 26-84 | U/L |
| ALT | 15 | 10-47 | U/L |
| AMY | 62 | 14-97 | U/L |
| AST | 25 | 11-38 | U/L |
| TBIL | 0.5 | 0.2-1.6 | MG/DL |
| GGT | 10 | 5-65 | U/L |
| TP | 8.3* | 6.4-8.1 | G/DL |

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 0

**Misc. Serology**

======= PICCOLO =======
18/11/03 12:2< AM
REFERENCE RANGE: MALE
PATIENT #: [redacted]
METLYTE 8
DISC LOT #: 3152AA4
OPER #: 678 DR #: 000
SERIAL #: 0000100684

| | | | |
|---|---|---|---|
| GLU | 105 | 73-118 | MG/DL |
| BUN | 16 | 7-22 | MG/DL |
| CRE | 1.1 | 0.6-1.2 | MG/DL |
| CK | 339 | 39-380 | U/L |
| NA+ | 132 | 128-145 | MMOL/L |
| K+ | 4.4 | 3.3-4.7 | MMOL/L |
| CL- | 95* | 98-108 | MMOL/L |
| tCO2 | 20 | 18-33 | MMOL/L |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

**REMARKS:**

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|

(b)(6)-2

| Ward/Section: | REQUI[redacted]CIAN: | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FI[redacted] | DATE (b)(6)-4 18 JAN | TIME 1730 | SSN/PSEUDO SSN: [redacted] |

| (STAT) | | | (Piccolo) Chemistry 12 | | | (Piccolo) Metabolic Panel | | |
|---|---|---|---|---|---|---|---|---|
| *TEST* | *RESULT* | *REF. RANGE* | *TEST* | *RESULT* | *REF. RANGE* | *TEST* | *RESULT* | *REF. RANGE* |
| Na | | 138-146 mmol/L | ALB | | 3.5-5.5 g/dl | GLU | | 73-118 mg/dl |
| K | | 3.5-4.9 mmol/L | ALP | | 26-84 u/l | BUN | | 7-22 mg/dl |
| Cl | | 98-109 mmol/L | ALT | | 10-47 u/l | $CA^{++}$ | | 8.0-10.3 mg/dl |
| pH | | 7.31-7.45 | AMY | | 14-97 u/l | CRE | | 0.6-1.2 mg/dl |
| PCO2 | | 35-45 mmHg (art)<br>41-51 mmHg (ven) | AST | | 11-38 u/l | $NA^{+}$ | | 128-145 mmol/l |
| PO2 | | 80-105 mmHg (art)<br>N/A (ven) | TBIL | | 0.2-1.6 mg/dl | $K^{+}$ | | 3.3-4.7 mmol/l |
| TCO2 | | 23-27 mmol/L (art)<br>24-29 mmol/L (ven) | BUN | | 7-22 mg/dl | $CL^{-}$ | | 98-108 mmol/l |
| HCO3 | | 22-26 mmol/L (art)<br>23-28 mmol/L (ven) | $CA^{++}$ | | 8.0-10.3mg/dl | $tCO_2$ | | 18-33 mmol/l |
| sO2 | | 95-98% | CHOL | | 100-200 mg/dl | **(Piccolo) Liver Panel Plus** | | |
| BEecf | | (-2) – (+3) mmol/L | CRE | | 0.6-1.2 mg/dl | *TEST* | *RESULT* | *REF. RANGE* |
| AnGap | | 10-20 mmol/L | GLU | | 73-118 mg/dl | ALB | | 3.3-5.5 g/dl |
| Ca | | 1.12-1.32 mmol/L | TP | | 6.4-8.1 g/dl | ALP | | 26-84 u/l |
| BUN | | 8-26 mg/dl | **(Piccolo) Metlyte 8** | | | ALT | | 10-47 u/l |
| GLU | | 70-105 mg/dl | *TEST* | *RESULT* | *REF. RANGE* | AMY | | 14-97 u/l |
| Creat | | 0.7-1.5 mg/dl | GLU | | 73-118 mg/dl | AST | | 11-38 u/l |
| Hct | | 38-51% PCV | BUN | | 7-22 mg/dl | TBIL | | 0.2-1.6 mg/dl |
| Hgb | | 12-17 g/dl | CRE | | 0.6-1.2 mg/dl | GGT | | 5-65 u/l |
| **Misc. Chemistry** | | | CK | | 39-380 u/l (M)<br>30-190 u/l (F) | TP | | 6.4-8.1 g/dl |
| *TEST* | *RESULT* | *REF. RANGE* | $NA^{+}$ | | 128-145 mmol/l | **(Piccolo) Electrolyte** | | |
| Troponin-I | | | $K^{+}$ | | 3.3-4.7 mmol/l | *TEST* | *RESULT* | *REF. RANGE* |
| Drug of Abuse | | | $CL^{-}$ | | 98-108 mmol/l | $NA^{+}$ | | 128-145 mmol/l |
| | | | $tCO_2$ | | 18-33 mmol/l | $K^{+}$ | | 3.3-4.7 mmol/l |
| | | | | | | $CL^{-}$ | | 98-108 mmol/l |
| | | | | | | $tCO_2$ | | 18-33 mmol/l |

**REMARKS:**

| **REPORTED BY:** | **DATE:** | **LAB ID NO.:** |
|---|---|---|
| | | |

For use of this form, see AR 40-66; the proponent agency is the OTSG

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG (Units) | 1145 | 1200 | 15 | 30 | 45 | 1300 | 15 | 30 | 45 |
|---|---|---|---|---|---|---|---|---|---|
| Fentanyl 50g/cc ( ) | | 50 | | | | | | | |
| ( ) | | | | | | | | | |
| ( ) | | | | | | | | | |
| ( ) | | | | | | | | | |
| ( ) | | | | | | | | | |
| VOLAT AGENT ~~Forane~~ % del | | | | | | | | | |
| Ultane % e.t. | | 1-3 | 2¼ | 1¾ | 1 | | | | |
| AIR L/Min | | | | | | | | | |
| N2O L/Min | | | | | | | | | |
| O2 3 L/Min | | | | | | | | | |
| SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → | | | | | | | | | |

| TOTALS | TOTAL EBL |
|---|---|
| | <5 |
| | TOTAL URINE |

FLUIDS - SUMMARY
CRYSTALLOID- 700cc
COLLOID-
BLOOD-

**FLUIDS**

| LINE site | | 1145 | 1200 | 15 | 30 | 45 | 1300 | 15 | 30 | 45 |
|---|---|---|---|---|---|---|---|---|---|---|
| | ☐ Warmed | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | |
| RL-1000 | ☒ Warmed | | | | | | 700 | | | |
| | ☐ Warmed | | | | | | | | | |

**LOSSES**: EST BLOOD LOSS; URINE -

PHYS STATUS: 1 2 3 4 5 E

BODY WEIGHT: KG / LB

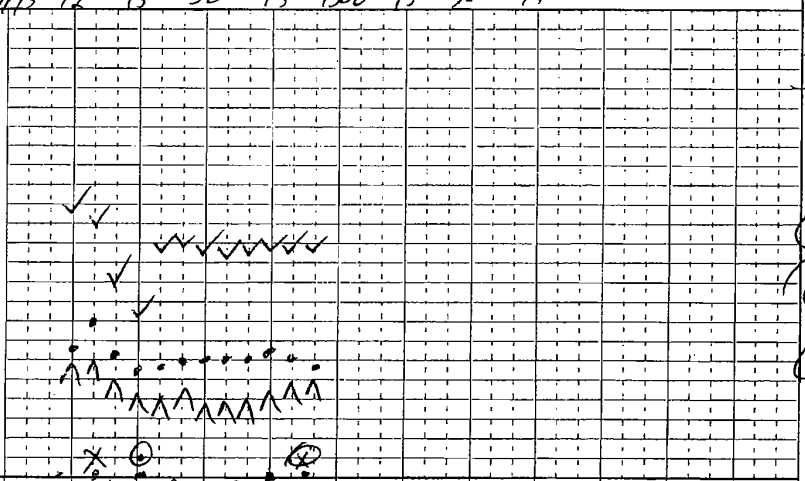
HEMATOCRIT:

INITIAL DATA: BP- 135/155; HR- 66 90 80

EQUIP CHECK: OK?- Y N

PATIENT RECHECK: OK for PROCEDURE? TIME-

SYMBOLS: BP by cuff ∨ ∧; Heart rate ●; Resp rate ✓; BR (transduced) ♩; TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø



**VENTIL**

| | 1145 | 1200 | 15 | 30 | 45 |
|---|---|---|---|---|---|
| VT - ml | 410 | 390 | 380 | | |
| f - breaths/min | 12 | 12 | 11 | 10 | |
| Peak inf pres / PEEP | — | — | — | | |
| MODE - S(pon), A(ssist), C(on) | AS | AS | AS | S | |

**MONITORS/ACCESSORIES**

| | | 1145 | 1200 | 15 | 30 | 45 |
|---|---|---|---|---|---|---|
| ✓ BP/Auto Cuff | ✓ ET CO2 (torr) | 55 | 48 | 50 | | |
| BP/oth | ✓ FIO2 (Frac or %) | 69 | 73 | 72 | | |
| ART line | ✓ SpO2 (%) | 99 | 100 | 100 | 99 | |
| Steth- PC/ES | ✓ ECG | SR | SB | SR | SB | |
| ✓ Gas analyzer | TEMP-site | | | | | |
| | N-M Block (T/4) | | | | | |
| Warming blkt | | | | | | |
| Conv warmer | | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position → (1) (2) (3) (4) (5)

**REMARKS**

Code drugs with numbers, events with letters

(1) V/S Taken
(2) Induced c̄ Fentanyl 50ggm Lidocaine 20mg Diprivan 150mg Anectine 60mg O2 Ultane LMA inserted
(3) Procedure began
(4) Procedure ended
(5) Breathing well, O2, To recovery

RECOVERY AT
PACU ICU ____ (Specify)
OTHER
CONDITION:
RESP- 10 SpO2- 99
BP- 115/49 HR- 56

ANESTHESIA / PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | 1144 | 1157 | 1253 |
| | Ready | Begin | End |
| PROC | 1208 | 1216 | 1245 |

PROCEDURES and CPT Codes: W/O (R) hand wound

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility

#[redacted] (b)(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: Gen

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: #4 LMA

SURGEON: [redacted] (b)(6)-2

ANESTHETIST: [redacted] CRNA

PROCEDURE LOCATION: OR

DATE: 19 Nov 03

PAGE 1 OF

DA FORM 7389, FEB 1998 — COPY 2 - ANESTHESIA PROVIDER — USAPA V1.00

MEDCOM - 24910

# MEDICAL RECORD — ANESTHESIA

| DRUG | (Dilution) | |
|---|---|---|
| Propofol | ( ) | 150 |
| Sux | ( ) | 100 |
| Fentanyl | (cc) | 2 |
| | ( ) | |
| | ( ) | |
| | ( ) | |
| VOLAT AGENT: Iso | % del | 3 — 2 |
| | % e.t. | |
| AIR | L/Min | |
| N2O | L/Min | |
| O2 | L/Min | 8-2-2-8 |

CONTINUOUS / REPEATED DRUGS SPECIFY UNITS – MG / MCG / ML, "I" = CONSTANT INFUSION

SINGLE DOSE DRUGS – MARK ON GRID WITH NUMBERS & ENTER IN REMARKS

| TOTALS | |
|---|---|
| 150 | |
| 100 | |
| 2 | |

TOTAL BEL: 100

TOTAL URINE:

FLUIDS – SUMMARY

CRYSTALLOID– 320

COLLOID–

BLOOD–

FLUIDS: LINE site UR — Warmed (300) — 1100

Warmed

Warmed

Warmed

LOSSES: EST BLOOD LOSS

URINE –

PHYS STATUS: 1 (2) 3 4 5 (E)

BODY WEIGHT: KG / LB

HEMATOCRIT:

INITIAL DATA: BP – 113/59 HR – 71

BOOP CHECK: OK? – (Y) N

PATIENT RECHECK: OK for PROCEDURE? TIME –

TIME → 1700 – 1730

SYMBOLS: BP by cuff; Heart rate; Resp rate; BP (transduced); TOURNIQUET T – ✗; ANES – X-X; PROC – ⊙ – Ø

220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20

| | | | |
|---|---|---|---|
| VT – ml | 700 | 790 | 700 |
| f – breaths/min | 8 | 10 | 6 |
| Peak inf pres / PEEP | 30 | 19 | 19 |
| MODE – S(pon), A(ssist), C(on) | S/CV | CV | CV/CV |
| BP/Auto Cuff — ET CO2 (torr) | 41 | 35 | 48 |
| BP / oth — FIO2 (Frac or %) | .50 | .77 | .80 |
| ART line — SpO2 (%) | 100 | 100 | 100 |
| Steth- PC/ES — ECG | SR | ST | ST |
| Gas analyzer — TEMP- site | | | |
| N-M Block (T/4) | | | |
| Warming blkt | | | |
| Conv warmer | | | |

Mark with letters & symbols, explain under REMARKS. EVENTS

Position → Supine

REMARKS – Code drugs with numbers, events with letters

Id'd / chart reviewed. To OR #2. Prep in left L cheek. Monitors, Pre O2. Smooth RSI c̄ CP. Gastrectomy shit. Sx. Extubated c̄ (+) prem to 100% mask – To PACU.

RECOVERY AT: PACU / ICU ____ (Specify) / OTHER ____

CONDITION: AT

RESP – 16 SpO2 – 98%

BP – 131/62 HR – 82

ANESTHESIA / PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | 1645 | 1650 | 1775 |
| | Ready | Begin | End |
| PROC | 1655 | 1706 | 1770 |

PROCEDURES and CPT Codes: debridement of facial wound / evacuation of hematoma (L) cheek + ligation of artery

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: GA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: DL x 1 MAC #3 #7.0 ETT (+) VC (+) ETCO2 (+) B=BS

PATIENT IDENTIFICATION – Typed or written entries: Name, Grade/Rate, Medical facility

# [redacted]

(b)(6)-4

SURGEONS: [redacted] (b)(6)-7

ANESTHETISTS: [redacted]

PROCEDURE LOCATION: OR #2

DATE: 19/00

PAGE 1 OF 1

[redacted]EDICAL RECORD – ANESTHESIA

WAMC OP 376 REVISED 1 Jan 99

PATIENT RECORD

# MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-66; the proponent agency is the OTSG

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | 1145 | 1200 | 15 | 30 | 45 | 1300 | 15 | 30 | 45 |
|---|---|---|---|---|---|---|---|---|---|---|
| Fentanyl | 50µg/cc | | 50 | | | | | | | |
| | ( ) | | | | | | | | | |
| | ( ) | | | | | | | | | |
| | ( ) | | | | | | | | | |
| | ( ) | | | | | | | | | |
| VOLAT AGENT | ~~Forane~~ % del | | | | | | | | | |
| | Ultane % e.t. | | 1-3- | 2¼- | 1¾- | 1 | | | | |
| AIR | L/Min | | | | | | | | | |
| N2O | L/Min | | | | | | | | | |
| O2 | 3 L/Min | | | | | | | | | |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS →

**FLUIDS**

| LINE site | | 1145 | 1200 | 15 | 30 | 45 | 1300 | 15 | 30 | 45 |
|---|---|---|---|---|---|---|---|---|---|---|
| | ☐ Warmed | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | |
| RL-1000 | ☒ Warmed | | | | | | 700 | | | |
| | ☐ Warmed | | | | | | | | | |

**LOSSES**: EST BLOOD LOSS; URINE -

PHYS STATUS: 1 2 3 4 5 E

BODY WEIGHT: KG / LB

HEMATOCRIT:

INITIAL DATA: BP- 135/155; HR- 66; 98%

EQUIP CHECK: OK?- Y N

PATIENT RECHECK

OK for PROCEDURE? TIME-

SYMBOLS: BP by cuff ∨ ∧; Heart rate ●; Resp rate; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø

**VENTIL**

| | 1145 | 1200 | 15 | 30 | 45 |
|---|---|---|---|---|---|
| VT - ml | | 410 | 390 | 390 | |
| f - breaths/min | | 12 | 12 | 11 | 10 |
| Peak inf pres / PEEP | | — | — | — | |
| MODE - S(pon), A(ssist), C(on) | | AS | AS | AS | S |

**MONITORS/ACCESSORIES**

| | | 1145 | 1200 | 15 | 30 | 45 |
|---|---|---|---|---|---|---|
| ✓ BP/Auto Cuff | ✓ ET CO2 (torr) | 55 | 48 | 50 | | |
| BP/oth | ✓ FIO2 (Frac or %) | 69 | 73 | 72 | | |
| ART line | ✓ SpO2 (%) | 99 | 100 | 100 | 99 | |
| Steth- PC/ES | ✓ ECG | SR | SB | SR | SB | |
| ✓ Gas analyzer | TEMP-site | | | | | |
| | N-M Block (T/4) | | | | | |
| Warming blkt | | | | | | |
| Conv warmer | | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position → (1) (2) (3) (4) (5)

| TOTALS | TOTAL EBL |
|---|---|
| | <5 |
| | TOTAL URINE |

FLUIDS - SUMMARY: CRYSTALLOID- 700cc; COLLOID-; BLOOD-

REMARKS — Code drugs with numbers, events with letters

(1) VS Taken
(2) Induced c Fentanyl 50µgm Lidocaine 20mg Diprivan 150mg Anectine 60mg O2 Ultane & LMA inserted
(3) Procedure began
(4) Procedure ended
(5) Breathing well, O2, To recovery

RECOVERY AT: PACU ICU _____ (Specify); OTHER _____

CONDITION: RESP- 10; SpO2- 99; BP- 115/49; HR- 56

ANESTHESIA / PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | 1144 | 1157 | 1253 |
| | Ready | Begin | End |
| PROC | 1208 | 1216 | 1245 |

PROCEDURES and CPT Codes: W/O (R) hand wound

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*: Gen

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*: #4 LMA

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

#[redacted] (b)(6)-4

SU[redacted] (b)(6)-2

ANES[redacted] CRNA

PROCEDURE LOCATION: OR

DATE: 19 Nov 03

PAGE ( OF

DA FORM 7389, FEB 1998 — COPY 2 - ANESTHESIA PROVIDER — USAPA V1.00

MEDCOM - 24912

For use of this form, see AR 40-66; the proponent agency is the OTSG

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG (Units) | |
|---|---|
| Fentanyl 50 ug/cc | 150 |
| ( ) | |
| ( ) | |
| ( ) | |
| ( ) | |
| ( ) | |
| VOLAT AGENT: Sevo % del | 3-2.5-2-1 |
| % e.t. | |
| AIR L/Min | |
| N2O L/Min | |
| O2 3 L/Min | |

SINGLE DOSE DRUGS-MARK ON GRID → WITH NUMBERS & ENTER IN REMARKS

**FLUIDS**

| LINE site | |
|---|---|
| RL-600 | ☐ Warmed |
| | ☐ Warmed |
| | ☐ Warmed |
| | ☐ Warmed |

150 cc

**LOSSES**: EST BLOOD LOSS; URINE -

| TOTALS | TOTAL EBL |
|---|---|
| | <5 |
| | TOTAL URINE |

**FLUIDS - SUMMARY**
CRYSTALLOID- 150
COLLOID-
BLOOD-

**PHYS STATUS**: 1 2 (3) 4 5 E

**BODY WEIGHT**: KG / LB

**HEMATOCRIT**:

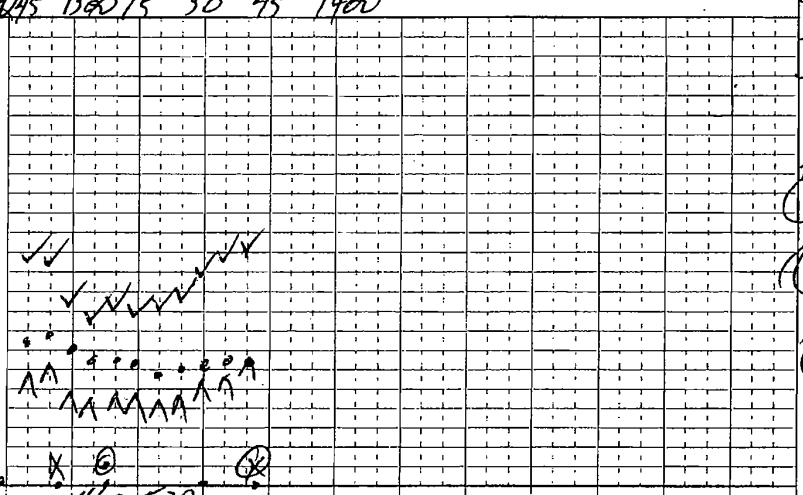
**INITIAL DATA**: BP- 114/58; HR- 73; 98%

**EQUIP CHECK**: OK?- Y N

**PATIENT RECHECK**: OK for PROCEDURE? TIME-

**TIME** → 1245 1300 15 30 45 1400

SYMBOLS: BP by cuff V; Heart rate ∧; Resp rate ●; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø




**VENTIL**

| | 1 | 2 | 3 |
|---|---|---|---|
| VT - ml | 460 | 520 | |
| f - breaths/min | 12 | 10 | 14 |
| Peak inf pres / PEEP | 19 | 17 | |
| MODE - S(pon), A(ssist), C(on) | CV | CV | SA |

**MONITORS/ACCESSORIES**

| | | 1 | 2 | 3 |
|---|---|---|---|---|
| ✓ BP/Auto Cuff | ✓ ET CO2 (torr) | 37 | 39 | |
| BP/oth | ✓ FIO2 (Frac or %) | 71 | 69 | |
| ART line | ✓ SpO2 (%) | 100 | 100 | 100 |
| Steth- PC/ES | ✓ ECG | SR | SB | SB |
| ✓ Gas analyzer | TEMP-site | | | |
| | N-M Block (T/4) | | | |
| Warming blkt | | | | |
| Conv warmer | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position (1) (2) (3) (4) (5)

**REMARKS** — Code drugs with numbers, events with letters

(1) U/S TAKEN
(2) Induced c Diprivan 150 mg Anectine 60 mg O2, Sevo LMA inserted
(3) Procedure began
(4) Procedure ended
(5) O2 breathing To recovery

**RECOVERY AT**: PACU ICU ____ (Specify) OTHER ____
CONDITION: Stable 97
RESP- 13 SpO2- 100
BP- 119/65 HR- 63

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1231 | 1244 | 1342 |
| | Ready | Begin | End |
| PROC | 1306 | 1308 | 1329 |

PROCEDURES and CPT Codes: W/O (R) hand wound

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: Gen

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: #4 LMA

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility

# [redacted] (b)(6)-4

SU[redacted] (b)(6)-2

ANESTHETIST [redacted] NA

PROCEDURE LOCATION:
DATE: 21 Nov 03
PAGE 1 OF

DA FORM 7389, FEB 1998 — COPY 2 - ANESTHESIA PROVIDER — USAPA V1.00

MEDCOM - 24913

For use of this form, see AR 40-66; the proponent agency is the OTSG

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | | | | | | | | | | | | | TOTALS | TOTAL EBL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 9 | x | 30 | x | 1000 | | | | | | | | | |
| MSO4 | (µG) | 22.2 | | | | 1.1 | | | | | | | | 10mg/10 | minimal |
| Propofol | (mg) | 50 | 50 | | | | | | | | | | | | |
| LHCL | (mg) | <40 | | | | | | | | | | | | | TOTAL URINE |
| Fentanyl | (MCG) | | | | | | | | | | | | | | |
| | ( ) | 50 | | | | | | | | | | | | 50/200mg | Ø |
| | ( ) | | | | | | | | | | | | | | |
| VOLAT AGENT | Sevoflurane % del / % e.t. | 2 | 6 | 4 | 3 | 2 | 1.5 | | | | | | | | FLUIDS - SUMMARY |
| AIR | L/Min | | | | | | | | | | | | | | CRYSTALLOID- 500ml |
| N2O | L/Min | | | | | | | | | | | | | | COLLOID- Ø |
| O2 | L/Min | 4 | 2 | 2 | | 2 | 4 | | | | | | | | BLOOD- Ø |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS →

**FLUIDS**

| LINE site | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RGA(L) FA | ☐ Warmed | | 30 | | | 500 | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | |

**LOSSES**

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | | | | | | | | | | | | |
| URINE - | Ø | | | | | | | | | | | | | |

**REMARKS**

*Code drugs with numbers, events with letters*

0845 Pt id'd
Chart reviewed
Pt voided IV patent
0900 OR #2
O2 monitors
0906 Induction
+ LMA placement
5 vitals
0955 LMA #4 Removed -
TO PACU

**PHYS STATUS** 1 (2) 3 4 5 E

**BODY WEIGHT:** ≈ 60 KG LB

**HEMATOCRIT:** 14.6/44

**INITIAL DATA:**
BP- 105/51
HR- 60 100%

**EQUIP CHECK**
OK?- (Y) N
PATIENT RECHECK
OK for PROCEDURE? 0905
TIME- 400

**TIME** → x 30 x 1000

SYMBOLS: BP by cuff V ∧ · Heart rate ● · Resp rate · BR (transduced) ‡ · TOURNIQUET T—↗ · ANES- X-X · PROC-⊙-Ø

220 / 200 / 180 / 160 / 140 / 120 / 100 / 80 / 60 / 40 / 20

**VENTIL**

| | | | | | | |
|---|---|---|---|---|---|---|
| VT - ml | + | 300 | 350 | 350 | 1000 | |
| f - breaths/min | + | 10 | 12 | 12 | 12 | |
| Peak Inf pres / PEEP | | | | | | |
| MODE - S(pon), A(ssist), C(on) | S | AV | SV | SV | SV | |

**MONITORS/ACCESSORIES**

| | | | | | | |
|---|---|---|---|---|---|---|
| ✓ BP/Auto Cuff | ET CO2 (torr) | | 50 | 50 | 50 | 45 |
| BP/oth | FIO2 (Frac or %) | .70 | .70 | .70 | .70 | .70 |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ECG II | SR | SR | SR | SR | SR |
| Gas analyzer | TEMP-site | Available | | | | |
| | N-M Block (T/4) | | | | | |
| Warming blkt | Room warmed | → | | | | |
| Conv warmer | O-suture | → | | | 9 | TO PACU |

*Mark with letters & symbols, explain under REMARKS* EVENTS *Position* → O-suture

**RECOVERY AT** 1005
PACU ICU _____ (Specify)
OTHER [redacted] RN
CONDITION Ø
RESP- 12 SpO2- 100% RA
BP- 111/66 HR- 60

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 0845 | 0900 | 1005 |
| | **Ready** | **Begin** | **End** |
| PROC | 0906 | 0930 | 0945 |

PROCEDURES and CPT Codes:
I+D RO middle finger

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*
[redacted]
(5)(6)-4

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*
General (5)(6)-2

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*
Easy mask ventilation - LMA #4 eye taped closed soft guard
Bilateral BBS = CT + ⊕ air

SURGEONS:
[redacted]
[redacted] (CRNA)

PROCEDURE LOCATION: OR 2
DATE: 23 Nov 03
PAGE I OF I

DA FORM 7389, FEB 1998 — COPY 2 - ANESTHESIA PROVIDER — USAPA V1.00

1205.18 14.6 418 14.6 132/95/116 4.4/20 1.1 105 23yr ♂ ⊕ PMH ⊕ NKDA ⊕ TRB - sev 113/43 97.7 P58 R14 98%

Prop

NPO since MN

MEDCOM - 24914

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION: [redacted] (5)(6)-4

DATE OF ORDER: 18 NOV 03 TIME OF ORDER: 2025 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) admit to ICW-1
(2) Dx: [illegible] (R) HEWD
(3) Continue PCA
(4) VS-monitor
(5) IV - Hep Lock
(6) DP 6D LIB PER EIPW, monitor

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: [redacted] (5)(6)-2

DATE OF ORDER | TIME OF ORDER

(7) NPO after midnight [illegible] HOURS DIR. IN A.M.
(8) Tylenol 650 mg PO Q4 PRN
(9) MSO4 2-6 mg IVP Q2hr PRN
(10) Percocet 1-2 PO Q4 PRN
(11) BP, LBT, ambulate (R) HWD [redacted]

NURSING UNIT | ROOM NO. | BED NO.
24th | 0035 | 19NOV03 [redacted]

PATIENT IDENTIFICATION: (5)(6)-2

DATE OF ORDER: 19 NOV 03 TIME OF ORDER: 1245 HOURS

(1) Resume previous orders
(2) Thera lock IV when tolerating PO well
(3) Regular diet
(4) Cefuroxime 750 mg IVPB Q8hrs
(5) Ciprofloxacin 400 mg IVPB Q12hrs

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: [redacted] 19NOV03 1034

DATE OF ORDER | TIME OF ORDER

(6) NPO after midnight 20 NOV for GI 21 NOV.
(7) Wet to dry dressings with [redacted] solution BID (R) HWD [redacted]

NURSING UNIT | ROOM NO. | BED NO.
24th | 20 NOV | C

0200 - [redacted] 2C7 [illegible]

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 24915

## 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] | | | | 15 NOV 03 | 17 21 HOURS | |
| | | | 1 | Renew all previous order | | |
| | | | | [redacted] | | |
| NURSING UNIT | | BED NO. | | | | |

Noted [redacted] 19 NOV 03 (b)(6)-2

(b)(6)-7

| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER |
|---|---|---|---|---|---|
| 240 V 20 NOV @ 0200 | | | | [redacted] | HOURS |
| [redacted] | | | | 20 NOV 03 | 2145 |
| Noted 20 NOV 03 2145 [redacted] | | | | 17 NPO P MN to OR NOV 21 | |
| | | | | V.O B [redacted] | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| 24° V 21 NOV 03 @ 0445 [redacted] | | | | | |

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER |
|---|---|---|---|---|
| | | | | HOURS |
| NURSING UNIT | ROOM NO. | BED NO. | | |

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER |
|---|---|---|---|---|
| | | | | HOURS |
| NURSING UNIT | ROOM NO. | BED NO. | | |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

MEDCOM - 24916

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|---|---|
| [redacted] (b)(6)-4 | | | | 21 NOV 03 | 1341 HOURS | |
| Noted 22 NOV 03 [redacted] | | | (1) | Resume physician orders | | |
| | | | (2) | Regular diet | | |
| | | | (3) | Keep lock IV when taking P.O. well. | | |
| NURSING UNIT | | BED NO. | (4) | NPO after midnight 22 NOV 03 for OR 23 NOV 03 | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| 240V @ 0200 | | | | (b)(6)-2 24 NOV 2207 | [redacted] | |
| | | | | Decrease Pred Acetate to 37P | | |
| | | | | [redacted] | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 24917

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION: [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 23 NOV 03 TIME OF ORDER: 1000 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Resume previous orders
2. Regular diet
3. Keep lock IV when taking PO, meds
4. D/c Ciprofloxacin
5. D/c Ancef

PATIENT IDENTIFICATION: NOTED 23 NOV 03 @ 1335 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

6. Levofloxacin 500 mg IVPB Q day
7. Imipenem 500 mg Q 6 hrs (Primax IV)

(b)(6)-4

(b)(6)-2 [redacted]

PATIENT IDENTIFICATION: [redacted]

NURSING UNIT: 24° V | ROOM NO.: 24 NOV | BED NO.: @ 0200 [redacted]

DATE OF ORDER: 11/24/03 TIME OF ORDER: 0900 HOURS

PRED ACETATE 1% 1 GTTS OD Q1° WHILE AWAKE

MAXITROL OINT APPLY OD QHS

06, 12, 18, 24 — CLOXN 1 GTTS OD QID

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

PCW | 2 | F 24° V 26 NOV 03 0255 [redacted]

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 24918

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] | | | 11/24/03 | 1526 HOURS | |
| | | | Doxycycline 100mg po qD | | |
| | | | [redacted] | | |
| NURSING UNIT | ROOM NO. | NO. | | | |

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|---|---|
| [redacted] | | | 11/25/03 | 1600 HOURS | |
| | | | (1) D dressing changes to (Q) days. | | |
| | | | (b)(6)-2 | | [redacted] 11/25/03 1625 |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| 24° ✓ 26NOV03 [redacted] | | | | | |

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|---|---|
| [redacted] | | | 4 DEC 03 | 0928 HOURS | |
| | | | (1) DISCHARGE TO PROPER CAMP TODAY | | |
| | | | (2) KEFLEX 250 mg P.O. Q6h 10 days | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | [redacted] |

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|---|---|
| [redacted] | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

[redacted]

MEDCOM - 24919

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 19 Nov 03
Time In: 1730
Allergies: NKDA
Pre-op V/S: 113/60 70's
Procedures: I+O Decl Ligation Foot

Anesthesia Type (Circle): General Spinal Epidural
IV Sedation Nerve Block
OR Intake: Crystalloid 500 Colloid ____ Duofent
OR Output: UOP ____ EBL 100cc
Meds/Times: ____

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds: ____ History: ____

| Time | 1730 | 1735 | 1740 | 1745 | 1800 |
|---|---|---|---|---|---|
| SaO2 | 100 | 99 | 99 | 98 | 100 |
| FiO2 | RA | RA | RA | RA | RA |
| Methods | | | | | |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| 120 | V | V | V | V | V |
| 100 | | | | | |
| 80 | • | • | • | • | • |
| 60 | ∧ | ∧ | ∧ | ∧ | ∧ |
| 40 | | | | | |
| 20 | | | | | |
| RR | 18 | 18 | 20 | 20 | 20 |
| T | | | | | |
| Time | | | | | |
| Pain (0-10) | | | | | |
| LOS | | | | | |

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1730 | LR | 500 | Arm | mg | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: ____ Labs: ____

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 1 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 1 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 1 | 1 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 7 | 9 | 9 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
• = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done: Wound Care, Pain Management.
T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

PREPARED: [redacted] (b)(6)-7 G/CPU

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 19 Nov 03

PATIENT'S IDENTIFICATION [redacted] give: Name – last, first, middle; grade; date; hospital or medical facility)

[redacted] (b)(6)-7

☐ HISTORY/PHYSICAL
☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION
☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete

USAPPC V2.00

## MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 19 Nov 03
Time In: 1250
Allergies: NKDA
Pre-op V/S: 135/55 66
Procedures: I+D R Hand

Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 700 Colloid —
OR Output: UOP — EBL —
Meds/Times: Fentanyl

| Drains |
|---|
| Hemovac |
| NG |
| JP |
| T-tube |
| Foley |
| TLS |

| Airway |
|---|
| Nasal |
| Oral |
| ETT |
| Trach |
| Other |

Pre Op Meds History

| Time | 1250 | 1255 | 1300 | 1315 | 1330 |
|---|---|---|---|---|---|
| SaO2 | 99 | 98 | 96 | 97 | 99 |
| FiO2 | | | | | |
| Methods | RA | RA | RA | RA | RA |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| 120 | ✓ | ✓ | ✓ | ✓ | ✓ |
| 100 | | | | | |
| 80 | | | | | |
| 60 | | | | | |
| 40 | | | | | |
| 20 | | | | | |
| RR | 10 | 10 | 12 | 15 | = |
| T | 95 | | | | |

| Time | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Pain (0-10) | | | | | | | | | |
| LOS | | | | | | | | | |

Patient teaching done; Wound Care, Pain Management,
T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

### Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1250 | LR | ~~400~~ 300 | L AC | DR | 700 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

### Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 1 | 2 | |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 1 | |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 8 | 9 | |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

PREPARED BY (Signature & Ti[redacted] (b)(6)-2

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 19 Nov 03

PATIENT'S IDENTIFICATION (For typed or written entries give: Name – last, first, middle; grade; date; hospital or medical facility)

#[redacted]
(b)(6)-4

☐ HISTORY/PHYSICAL
☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION
☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete
USAPPC V2.00

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | (R) Hand | WNL | + | + | 3-B | W | Pk |
| 15' | | | | | | | |
| 30' | | | | | | | |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

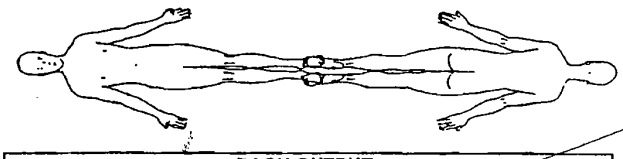
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | (R) hand | Kling & ace | ∅ |
| 30' | | | |
| 60' | | | |
| D/C | | | |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1250 | SR | ∅ | ∅ |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

Pt to RECOVERY room alert OK
S/P IV D (R) hand. Kling
C/O hand to (R) hand.
IV D/C uneventfully into (L) AC.
SS to C/O (@) 4 Pro time [redacted]

(b)(6)-2

**Discharge Criteria:**
Date: 19 Nov 05 Time: 1330 PARS: 9
BP: 116/61 T: 96.2 HR: 53 RR: 10 Sa02: 99
Pain Level at D/C (0-10):
Intake: 100 Output: ∅
Additional Data:
Transferred To: (CW)
Report Given To: (CW)
Transferred Via: W/C [redacted] Gurney Ambulance
Transferred By: [redacted]
Cleared IAW Recovery Room [redacted]
Charge Nurse Signature [redacted] 9/2

MEDCOM - 24922

REPORT TITLE **Post-Anesthesia Care Unit (PACU) Flow Sheet**

OTSG APPROVED *(Date)*

Date: 11/21/03 Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block

Time In: 1340

Allergies: NKA OR Intake: Crystalloid 150 cc Colloid

Pre-op V/S: 114 73 98% OR Output: UOP EBL <5cc

Procedures: R/O [illegible] Meds/Times: MCS FENTANYL

R/O [illegible]

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds History

| Time | 1340 | 1345 | 1350 | 1400 | 1405 |
|---|---|---|---|---|---|
| SaO2 | 92 | 91 | 95 | 95 | 95 |
| FiO2 | | | | | |
| Methods | RA | RA | NP | RA | RA |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| 120 | V | V | V | V | |
| 100 | | | | | |
| 80 | | | | | |
| 60 | ^ | ^ | ^ | ^ | |
| 40 | | | | | |
| 20 | | | | | |
| RR | 13 | 14 | 12 | 12 | |
| T | 97 | | | | |
| Time | | | | | |
| Pain (0-10) | | | | | |
| LOS | | | | | |

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1340 | LR | 500 | CA | TW | 50 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 9 | 10 | 10 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
• = Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done: Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures

Safety: SR up X 2, Falls Precautions. Privacy Maintained

*(Continue on reverse)*

PREPARED BY *(Signature & Title)* [redacted] (b)(6)-2

DEPARTMENT/SERVICE/CLINIC PACU

DATE 11/21/03

PATIENT'S IDENT[redacted] *typed or written entries give: Name – last, first, middle; grad[redacted]ospital or medical facility)*

#[redacted] (b)(6)-7

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER *(Specify)*

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete

USAPPC V2.00

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | NKDA | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**NEUROVASCULAR**

| Time 1340 | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | (D) Hand | + | + | P | B | W | Pk |
| 15' | (D) Hand | + | + | P | B | W | Pk |
| 30' | | | | | | | |
| 45' | (D) Hand | + | + | P | B | W | Pk |
| 60' | (D) Hand | + | + | P | B | W | Pk |
| 90' | (D) Hand | + | + | P | B | W | Pk |
| D/C | (D) Hand | + | + | P | B | W | Pk |

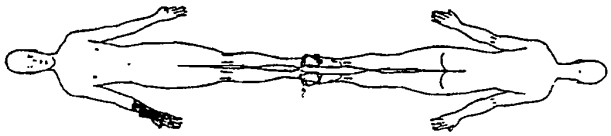
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

**C-SECTIONS**

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

**DRESSINGS**

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm 1340 | (D) Hand | ace + kurlex | + |
| 30' | (D) Hand | ace + kurlex | + |
| 60' | (D) Hand | ace + kurlex | + |
| D/C | | | |



**PACU OUTPUT**

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | NONE | | |
| | | | |
| | | | |
| | | | |

**CARDIAC RHYTHM**

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1340 | S, S, + | NO | |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

NURSING NOTES

1340 Pt admitted to recvd from OR. Pt awakening from sedation. Pt VS monitored O2 - 100% RA. Pt has JSC & (R) hand - ace + kurlex dressing. No sign of bleeding. Pt able to move quickly after being groused by physical stimulus. Pt has clear lungs (breath) sounds, abdomen: bowel sounds present. Pt has IV in (R) forearm and able to move all extremities. 1400: Pt able to voice concerns, Pt able to call nurse and ask for help. 1420: Pt alert oriented x3. able to move extremities. Pt VS stable and DSG dry. Report given to TCWI - SPC [redacted]

(b)(6)-2

Discharge Criteria:
Date: 11/24/03 Time: 14:25 PARS: 10
BP: 124/71 T: HR: 55 RR: 12 Sa02: 100%
Pain Level at D/C (0-10):
Intake: 100 cc Ml Output: 0
Additional Data:
Transferred To: TCWI
Report Given To: SPC [redacted]
Transferred Via: W/C [redacted] Ambulance
Transferred By: [redacted]
Cleared IAW Recovery [redacted]
Charge Nurse Signature: [redacted] LT AN

(b)(6)-2

MEDCOM - 24924

REPORT TITLE **Post-Anesthesia Care Unit (PACU) Flow Sheet**

03y/o male

OTSG APPROVED *(Date)*

Date: 2 Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block

Time In: 1010

Allergies: NKDA OR Intake: Crystalloid 500 Colloid

Pre-op V/S: 113/43 58 OR Output: UOP 0 EBL MIN

Procedures: I+D R Middle Finger Meds/Times: Propofol, Lidocaine, Fent, MS04

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds History

| Time | 1010 | 1015 | 1020 | 1025 | 1030 |
|---|---|---|---|---|---|
| SaO2 | 100 | 100 | 97 | 99 | 96 |
| FiO2 | | | | | |
| Methods | RA | RA | RA | RA | RA |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| 120 | | | | | |
| 100 | | | | | |
| 80 | | | | | |
| 60 | | | | | |
| 40 | | | | | |
| 20 | | | | | |
| RR | 11 | 11 | 10 | 10 | 10 |
| T | 97.7 | | | | |

| Time | | | | | |
|---|---|---|---|---|---|
| Pain (0-10) | | | | | |
| LOS | | | | | |

Patient teaching done; Wound Care, Pain Management,
T. C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 2 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | / | / | / |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 10 | 10 | 10 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

*(Continue on reverse)*

PRE[redacted] (6)(6)-2 DEPARTMENT/SERVICE/CLINIC PACU DATE 23NOV03

PATIENT'S IDENTIFICATION *(For typed or written entries give: first, middle; grade; date; hospital or medical facility)* *Name – last,*

[redacted]

(6)(6)-7

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER *(Specify)*
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete USAPPC V2.00

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**NEUROVASCULAR**

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | R fing | limited | + | P | B | WM | PK |
| 15' | R fing | limited | + | P | B | WM | PK |
| 30' | R fing | limited | + | P | B | WM | PK |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | R fing | limited | + | D | B | WM | PK |

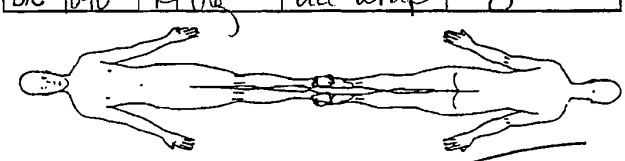
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

**C-SECTIONS**

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

**DRESSINGS**

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm ~~R Hand~~ 1014 | R finc | ace wrap | 0 |
| 30' 1040 | R. fing | ace wrap | 0 |
| 60' | | | |
| D/C 1040 | R fing | ace wrap | 0 |



**PACU OUTPUT**

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**CARDIAC RHYTHM**

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1014 | NSR | 0 | 0 |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

NURSING NOTES

Pt received from OR S/p HD (R) middle finger. Pt $SpO_2$ 99-100% RA, no c/o pain. Pt being transferred to ICW 1. Report given to Lt Gershmeyer. VSS, no c/o pain. $SpO_2$ 99%. Sgt [redacted] LPN

(b)(6)-2

**Discharge Criteria:**
**Date:** 23NOV03 **Time:** 1040 **PARS:** 10
**BP:** 109/57 **T:** 97.2 **HR:** 60 **RR:** 12 **Sa02:** 98%
**Pain Level at D/C (0-10):**
**Intake:** — **Output:** —
**Additional Data:** —
**Transferred To:** ICW 1
**Report Given To:** Lt [redacted]
**Transferred Via:** W/C [redacted] Ambulance
**Transferred By:** Sgt [redacted]
**Cleared IAW Recovery Room SOP B-3**
**Charge Nurse Signature:**

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18 | [redacted] | VS routine | 6 | [redacted] | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| 18 | [redacted] | Up ad lib per EPW | 6 | | | | | | | | | | | | | |
| | | protocol | 18 | | | | | | | | | | | | | |
| 19 NOV | [redacted] | Regular diet | 06 13 | | | | | | | | | | | | | |
| | | | 18 00 | | | | | | | | | | | | | |
| 19 | [redacted] | WTD dsg c Betains | 10 | | | | | | | | | | | | | |
| | | soln BID @ hand | 22 | | | | | | | | | | | | | |
| 11/25 | [redacted] | Δ dsg Δ to 3 day | 10 | | | | | | | | | | | | | |
| | | WTD dsg c Betains | 10 | | | | | | | | | | | | | |
| | | Soln (R) hand | | | | | | | | | | | | | | |
| 11/30 | [redacted] | Enc pt to Δ position | 6 | | | | | | | | | | | | | |
| | | Q2° to prevent skin | 18 | | | | | | | | | | | | | |
| | | breakdown | / | | | | | | | | | | | | | |
| 11/30 | [redacted] | Check skin integrity | 6 | | | | | | | | | | | | | |
| | | & document QS. | 18 | | | | | | | | | | | | | |

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: infected (R) hand

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

# [redacted] (b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

MEDCOM - 24927

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. ____ Yr. ____ |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18 | [redacted] | Tylenol 650mg po Q4° prn | D/T | 19 NOV 23 2035 | | | | | | | | | | | | |
| | | | D/I | [redacted] | | | | | | | | | | | | |
| 18 | [redacted] | MSO4 2-6mg IVP Q2° prn | D/T | ~~4mg~~ 23 NOV 2245 | | | | | | | | | | | | |
| | | (5)(6)-2 | D/I | 4mg [redacted] | | | | | | | | | | | | |
| 18 | [redacted] | Percocet 1-2po Q4° prn | D/T | 19 NOV 1052 | 20 NOV 0840 | 20 NOV 1645 | 21 NOV 1100 | 22 NOV 1605 | 23 NOV 1748 | 24 NOV 1215 | 26 NOV 0985 | 26 1930 | 26 2330 | 27 1115 | 27 1930 | 27 NOV |
| | | | D/I | [redacted] | | | | | | | | | | | | |
| 18 | [redacted] | Percocet 1-2po Q4° | D/T | 20 NOV 1430 | | | | | | | | | | | | |
| | | | D/I | [redacted] | | | | | | | | | | | | |
| | | [redacted] | | | | | | | | | | | | | | |

*U.S. GPO: 1998-454-110/95216

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | Mo 11 Yr 2003 | |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 18 | [redacted] | Admit ICW#1, condition: fair | | | | |
| 18 | [redacted] | NPO p MN for OR in AM | 11/18 / 11/19 | 2359 / AM | | |
| 18 | [redacted] | XRays done in ER. | done | — | [redacted] | |
| 19 NOV | [redacted] | Resume previous orders | 19 | — | [redacted] | |
| 19 | [redacted] | NPO p MN 20 NOV for OR 21 NOV | 21 NOV | 0001 | | |
| 19 | [redacted] | Resume all previous orders | 19 | — | [redacted] | |
| 21 | [redacted] | Resume previous orders | 21 | 1341 | [redacted] | |
| 21 | [redacted] | NPO p MN 22 Nov 03 for OR on 23 Nov 03 | 23 | 0001 | [redacted] | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

(b)(6)-2

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

MEDCOM - 24929

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 12 Yr. 2003 |
|---|---|---|

*VERIFY BY INITIALING* — *INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION*

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|---|---|
| 18 Nov | [redacted] | VS Routine | 06 | [redacted] | | | |
| | | | 18 | | | | |
| 18 Nov | [redacted] | Up ad Lib per EPW | 06 | [redacted] | | | |
| | | protocol | 18 | | | | |
| 19 Nov | [redacted] | Regular diet | 06 | [redacted] | | | |
| | | | 18 | | | | |
| 25 Nov | [redacted] | Δ Drsg changes to | 10 | [redacted] | | | |
| | | QD W/D & Dakins | X | | | DCd 02 DEC 03 | |
| | | Solu. (R) HAND | X | | | | |
| 30 Nov | [redacted] | Enc. Pt to D | 06 | [redacted] | | | |
| N/O | | position Q2° | 18 | [redacted] | | | |
| | | to prevent skin | | | | | |
| | | breakdown | | | | | |
| 30 Nov | [redacted] | Check skin integrity | 06 | [redacted] | | | |
| N/O | | document Q shift | 18 | [redacted] | | | |
| | | (b)(6)-2 | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Infected (R) hand / OD corneal staining

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION: [redacted] (b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | | | | | | | |
| 15' | | | | | | | |
| 30' | | | | | | | |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

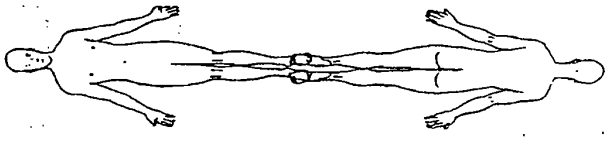
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | | | |
| 30' | | | |
| 60' | | | |
| D/C | | | |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

Male Iraqi admitted to PACU S/P I&D (L) chest wound c̄ Artery Ligation. SPO2 100% RA NO s/s respiratory distress. VSS. Wound to check intact NO drainage noted. DSB to (R) arm CDT. [redacted] to monitor — [redacted] SSG/CPM

(b)(6)-2

**Discharge Criteria:**
Date: 19 Nov 03 Time: 1100 PARS: 9
BP: 110/56 T: HR: 77 RR: 20 Sa02: 100%
Pain Level at D/C (0-10):
Intake: 2100 Output: Ø
Additional Data:
Transferred To: ICW 1
Report Given To: ICU [redacted]
Transferred Via: W/C L[redacted] Gurney Ambulance
Transferred By: SSG [redacted]
Cleared IAW Recovery Ro[redacted]B-3
Charge Nurse Signature:

MEDCOM - 24931

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. DEC Yr. 02 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|---|---|
| 18 NOV | [redacted] | H L IV when | 06 | [redacted] | | | |
| | ----- | Tol. P.O well | 18 | [redacted] | | | |
| 23 NOV | [redacted] | Levofloxacin | 08 | [redacted] | | | |
| | ----- | 500mg IVPB QD | X | | | | |
| 23 NOV | [redacted] | Primaxin 500mg IVPB | 06 | [redacted] | | | |
| | ----- | Q6° | 12 | [redacted] | | | |
| | ----- | | 18 | [redacted] | | | |
| | ----- | | 24 | [redacted] | | | |
| 24 NOV | [redacted] | Maxitol Ointment | 22 | [redacted] | | | |
| | ----- | apply QD QHS | X | | | | |
| 24 NOV | [redacted] | Ciloxan 1 gtt OD | 06 | [redacted] | | | |
| | ----- | QID | 12 | [redacted] | | | |
| | ----- | | 18 | [redacted] | | | |
| | ----- | | 24 | [redacted] | | | |
| 24 NOV | [redacted] | Doxycycline 100mg | 08 | [redacted] | | | |
| | ----- | P.O QD | X | | | | |
| | ----- | | | | | | |
| | ----- | | | | | | |
| | ----- | (b)(6)-2 | | | | | |
| | ----- | | | | | | |
| | ----- | | | | | | |
| | ----- | | | | | | |
| | ----- | | | | | | |
| | ----- | | | | | | |
| | ----- | | | | | | |
| | ----- | | | | | | |
| | ----- | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: infected (R) hand / OD corneal ulcer

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO. 1

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 24932

| Verify by Initialing | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | Mo. 12 Yr. 03 |
|---|---|---|

| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PRN | [redacted] | MSO4 2.6mg q 2° IV pm | D/T | 4PM 6MG | | | | | | | | | | | | |
| | | | D/T | [redacted] | | | | | | | | | | | | |
| 18 | [redacted] | Percocet II po q4° pm | D/T | 4PM 9910 | | | | | | | | | | | | |
| | | | D/T | [redacted] | | | | | | | | | | | | |
| | | (5)(6)-2 | | | | | | | | | | | | | | |

MEDCOM - 24933

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 24 | 25 | 26 | 27 | 28 | 29 | 30 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 11/24 | [redacted] | Bed Acetate 1% | 01 | [redacted] | | | | | | | | | | | |
| | | 1 Gtts OD Q1° while | 02 | | | | | | | | | | | | |
| | ----- | Awake | 03 | | | | | | | | | | | | |
| | ----- | | 04 | | | | | | | | | | | | |
| | ----- | | 05 | | | | | | | | | | | | |
| | ----- | | 06 | | | | | | | | | | | | |
| | ----- | | 07 | | | | | | | | | | | | |
| | ----- | | 08 | | | | | | | | | | | | |
| | ----- | (b)(6)-2 | 09 | | | | | | | | | | | | |
| | ----- | | 10 | | | | | | | | | | | | |
| | ----- | | 11 | | | | | | | | | | | | |
| | ----- | | 12 | | | | | | | | | | | | |
| | ----- | | 13 | | | | | | | | | | | | |
| | ----- | | 14 | | | | | | | | | | | | |
| | ----- | | 15 | | | | | | | | | | | | |
| | ----- | | 16 | | | | | | | | | | | | |
| | ----- | | 17 | | | | | | | | | | | | |
| | ----- | | 18 | | | | | | | | | | | | |
| | ----- | | 19 | | | | | | | | | | | | |
| | ----- | | 20 | | | | | | | | | | | | |
| | ----- | | 21 | | | | | | | | | | | | |
| | ----- | | 22 | | | | | | | | | | | | |
| | ----- | | 23 | | | | | | | | | | | | |
| | ----- | | 24 | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Infected (R) hand

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO. 2

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 83 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18/19 | [redacted] | IV: HL when tol. PO | 6 | / | [redacted] | | | | | | | | | | | |
| | ----- | well | 18 | [redacted] | | | | | | | | | | | | |
| 19 NOV | [redacted] | ceftriaxone 1 gram IVPB | 06 | / | / | [redacted] | | | | | | | | | | |
| | ----- | q8° | 14 | / | [redacted] | | | | | | D/C'd 23 NOV 1300 | | | | | |
| | ----- | | 22 | / | [redacted] | | | | | | | | | | | |
| 19 | [redacted] | ciprofloxacin 400mg | 08 | / | / | [redacted] | | | | | D/C'd 23 NOV @1300 | | | | | |
| | ----- | IVPB q12° | 20 | / | [redacted] | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| 23 | [redacted] | LEVOFLOXACIN 500mg | 08 | / | / | / | / | / | / | [redacted] | | | | | | |
| | ----- | IVPB QD | | | | | | | | | | | | | | |
| 23 | [redacted] | PRIMAXIN 500mg IVPB | 06 | / | / | / | / | / | / | [redacted] | | | | | | |
| | ----- | Q6° | 12 | / | / | / | / | / | / | [redacted] | | | | | | |
| | ----- | | 18 | / | / | / | / | / | / | [redacted] | | | | | | |
| | ----- | | 24 | / | / | / | / | / | / | [redacted] | | | | | | |
| 11/24 | [redacted] | Fred Acetate | | | | | | | | | | | | | | |
| | ----- | 1 GTTS OD Q1° while | | | | | | | | | | | | | | |
| | ----- | awake. | | | | | | | | | | | | | | |
| 11/24 | [redacted] | Maxitol ointment | 22 | | | | | | | [redacted] | | | | | | |
| | [redacted] | apply OD QHS | | | | | | | | | | | | | | |
| 11/24 | [redacted] | FLOXIN 1 GTTS | 06 | | | | | | | [redacted] | | | | | | |
| | [redacted] | OD QID | 12 | | | | | | | [redacted] | | | | | | |
| | ----- | | 18 | | | | | | | [redacted] | | | | | | |
| | ----- | | 24 | | | | | | | [redacted] | | | | | | |
| 11/24 | [redacted] | Doxycycline 100mg | 08 | | | | | | | [redacted] | | | | | | |
| | ----- | PO QD | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |

(5)(6)-2

(5)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: infected (R) hand

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO. 1

PATIENT IDENTIFICATION:

# [redacted] (5)(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 24935

| 3. Register Number | Name (Last, First, MI) | | 4. Pay Grade | 5. Sex |
|---|---|---|---|---|
| [redacted] | | | FGN | M |
| 6. DoB (YYYYMMDD) | 7. Age at Admission | 8. Race | 9. Ethnicity | Religion |
| 1982-01-01 | 21Y | X (b)(6)-4 | 9 | |
| 10. Length of Service | ETS | 11. FMP | 12. Social Security Number | |
| | | 99 | [redacted] | |

| Organization (Active Duty Only) | 13. Marital Status | Hour of Admission | Branch / Corps: |
|---|---|---|---|
| | | 17:15 | |

| 14. Flying Status | 15. Beneficiary Category | 16. Zip Code of Residence: |
|---|---|---|
| | K78-PRISONER OF WAR/INTERNEES | |

| 17. Unit Location | 18. MOS | 19. Trauma | Prev. Admission |
|---|---|---|---|
| | | BC | NO |

| 20. Source of Admission | Ward: | Name / Relationship of Emergency Addressee |
|---|---|---|
| Direct from ER | ICW1 | Address of Emergency Addressee |
| (b)(2)-2 Name and Location of Medical Treatment Facility: [redacted]aq; No Install Provided | | Telephone Number of Emergency Addressee |

| 21. Type of Disposition | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) |
|---|---|---|
| TRF-OTH | | 2003-12-04 |
| 24. Clinic Svc - Admitting | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) |
| AEA - ORTHOPEDICS | | 2003-11-18 |
| 27. Location of Occurrence | 28. MTF of Initial Admission | 29. Date of Initial Admission |
| IZ | | 2003-11-18 |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: INFECTED R HAND/OD CORNEAL STRING

Procedure Narrative(s):

Cause of Injury Narrative:

Dx 9583
9039
9213
E993
Proc 8604 x3
3952
Trauma 9
Inj 599 [redacted]

(b)(6)-2

| Admitting Officer (Signature, as required) | Signature of Admitting Clerk |
|---|---|
| [redacted] | for [redacted] |

Automated Facsimile - DA FORM 2985, MAR 2000

# Admission and Coding Information

For use of this form, see AR 40-400; the proponent agency is OTSG

| | | | | |
|---|---|---|---|---|
| 1. Reporting MTF [redacted] | 2. MTF Loc. IZ | | | |
| 3. Register Number [redacted] | Name (Last, First, MI) (b)(6)-4 | | 4. Pay Grade FGN | 5. Sex M |
| 6. DoB (YYYYMMDD) 1982-01-01 | 7. Age at Admission 21Y | 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 17:15 | 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: ICW1 | Name / Relationship of Emergency Addressee | | |
| | | Address of Emergency Addressee | | |
| (b)(2)-2 Name and Location of Medical Treatment Facility: [redacted] all Provided | | Telephone Number of Emergency Addressee | | |
| 21. Type of Disposition TRF-OTH | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) 2003-12-04 | | |
| 24. Clinic Svc - Admitting AEA - ORTHOPEDICS | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) 2003-11-18 | | |
| 27. Location of Occurrence IZ | 28. MTF of Initial Admission | 29. Date of Initial Admission 2003-11-18 | | |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: INFECTED R HAND/OD CORNEAL STRING

Procedure Narrative(s):

Cause of Injury Narrative:

Dx 9583
9039
9213
E993
Proc 8604 x3
3952
Trauma 9
Inj 599 [redacted]

(b)(6)-2

| | |
|---|---|
| Admitting Officer (Signature, as required) [redacted] | Signature of Admitting Clerk for [redacted] |

Automated Facsimile - DA FORM 2985, MAR 2000

MEDCOM - 24937

pr# 1351

# COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

[X] Offense against Civilian(s) [check one] If "Other" then describe: SET OFF EXPLOSIVE IN HOUSE

- [ ] Arson (I.P.C. 340)
- [ ] Solicitation of Fornication/Prostitution (I.P.C. 399)
- [ ] Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 400)
- [ ] Murder (I.P.C. 405)
- [ ] Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)
- [ ] Maiming (I.P.C. 412)
- [ ] Simple Assault (I.P.C. 415)
- [ ] Kidnapping (I.P.C. 421)
- [ ] Burglary or Housebreaking (I.P.C. 428)
- [ ] Extortion/Communicating Threats (I.P.C. 430)
- [ ] Theft (I.P.C. 439)
- [ ] Destruction of Property (I.P.C. 477)
- [ ] Obstructing a Public Highway/Place (I.P.C. 487)
- [X] Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 495)
- [ ] Riot or Breach of Peace (I.P.C. 495(3))
- [ ] Other

[X] Offense against Coalition Forces [check one] If "Other" then describe: POSSESSED ILLEGAL EXPLOSIVE

- [ ] Violation of Curfew
- [X] Illegal Possession of Weapon
- [ ] Assault/Attack on Coalition Forces
- [ ] Theft of Coalition Force Property
- [ ] Trespass on Military Installation or Facility
- [ ] Photographing/Surveiling Military Installation or Facility
- [ ] Obstructing Performance of Military Mission
- [ ] Other

| | |
|---|---|
| Apprehending Unit: | Location Grid: |
| Date of Incident (D/M/Y) 13 / Nov / 03 to / / | Time of Incident: hrs to hrs |
| Date of Report (D/M/Y) / / | Time of Report: hrs |

| | |
|---|---|
| Detainee #: [redacted] | Key Connected Person: [ ] Victim [ ] Witness |
| Last Name: [redacted] (b)(6)-7 | Last Name: |
| First Name [redacted] Given Nam [redacted] | First Name: Given Name: |
| Hair Color: [redacted] 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: [X] M [ ] F Phone#: DOB D/M/Y: [ ] Mobile [ ] Regular | Ethn/Tribe/Sect: Sex: [ ] M [ ] F Phone#: DOB D/M/Y: [ ] Mobile [ ] Regular |
| [ ] Passport [ ] Dr license [ ] Other (specify) Document #: | [ ] Passport [ ] Dr license [ ] Other (specify) Document #: |

Total Number of Persons Involved ____ (list names/identifying info on reverse under "Additional Helpful Information")

| | | | |
|---|---|---|---|
| [ ] Vehicle Information | Vehicle Number ____ of ____ Vehicle(s) | | Owner: |
| Make: | Color: | VIN: | |
| Model: | Type: | Plate No.: | Number of People in Vehicle |
| Year: | Names of People in Vehicle: | | |
| Contraband/Weapons in Vehicle: | | | |

| | | | |
|---|---|---|---|
| [ ] Property/Contraband | [ ] Weapon | Photo Taken of Suspect with Weapon/Contraband: Yes/ No | |
| Type | | Model: | Color/Caliber |
| Serial No. | Quantity | Make: | Receipt Provided to Owner: Yes/ No |
| Other Details | | Where Found | Owner: |

| | |
|---|---|
| Name of Assisting Interpreter: | Email, Phone, or Contact Info. |

| | |
|---|---|
| Detaining Soldier's Name (Print): | Supervising Officer's Name (Print): SFC [redacted] |
| Last, First MI | Last, First MI |
| Signature: | Signature: [redacted] (b)(6)-7 |
| Email: | Email: [redacted] SMIL.MIL |
| Unit Phone: Date / / | Unit Phone: 551-91 Date: 18 Nov / 03 |

ALT. POC, CPT [redacted]

MEDCOM - 24938

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

Why was this person detained? FOR SETTING OFF EXPLOSIVE IN RESIDENCE

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?

What contraband was this person carrying? EXPLOSIVES

What other weapons were seized?

What other information did you get from this person?

Additional Helpful Information: PERSON HAS BEEN MEDEVACED FROM DIVISION INTERROGATION FACILITY - MEDICAL FACILITY BIAP WEST HAD ADMITTED SUBJECT AND ORDERED HIS TRANSFER.

MEDCOM - 24939

Automated Facsimile

# IN. .TIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400, the proponent agency is OTSG

| 1. Register Nbr | 2. Name | | | | | 3. Grade | Admission Remarks |
|---|---|---|---|---|---|---|---|
| [redacted] | FirstNameGiven | | | | | FGN | |
| 4. Sex | 5. Age | 6. Race | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm | |
| M | | X | | | | NO | |
| 11. FMP | 12. SSN | 13. Organization | | | | 14. Ward | |
| 99 | [redacted] | (b)(6)-4 | | | | ICU3 | |
| 15. FlyStatus | 17. Dept / Ben | | 18. BranchCorps | 19. UIC / ZIP | | 20. Type Case | |
| | K78-PRISONER OF WAR/INTER | | | | | BC | |
| 21. Source of Admission | | | 22. Hour Of Adm: | 23. Clinic Service | | | |
| Direct from ER | | | 23:50 | ABA - GENERAL SURGERY | | | |
| 24. Name/Relation of Emergency Addressee | | | 25. Type Disp | 26. Date of Disp | | | |
| | | | TRF-OTH | 2003-12-02 | | | |
| 27a. Address of Emergency Addressee | | | 27b. Telephone No | 28. Date This Adm: | | AdmittingOfficer: | |
| | | | | 2003-11-18 | | [redacted] | |
| 29. ReportingMTF | | | | 30. Date Init Adm | | 32. Units Blood Components | |
| [redacted] (b)(2)-2 | | | | 2003-11-18 | | | |

31. Selected Administrative Data

Marital Status: DoB:

In/Out Patient: Inpatient MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

GSW SHRAPNAL CHEST

880.01
810.10
453.8
E922.9

83.82
86.28

35. Total Days This Facility

| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days |
|---|---|---|---|---|---|
| Ø | Ø | Ø | Ø | 14 | 14 |

35. Total Days This Facility (b)(6)-2

| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days |
|---|---|---|---|---|---|
| Ø | Ø | [redacted] | Ø | 14 | 14 |

Signature of Attending Medical Office[redacted] Signatur[redacted] Medic[redacted]

Automated Facsimile - DA FORM 3647, MAY [redacted] MEDC[redacted]

| MEDICAL RECORD | ABBREVIATED MEDICAL RECORD |
|---|---|

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION (Enter date of admission)

Iraqi EPW involved in shooting + suffered GSW to upper (L) back/chest - Bullet appears to have entered back near scapula, traversed through the chest and exited anterior chest wall. Pt arrived (P) FST c̄ 2 chest tubes in place. These were replaced and pt given 2 units blood & sent to [redacted] (b)(2)-2

PMHx: unknown PSHx: unknown Meds: unknown All: unknown

PHYSICAL EXAMINATION

Intubated VS - 114/71 P-100 R-14 Sats-93% 6

HEENT - NC/AT

Neck - sub Q air

Chest - ant chest wall wound c̄ bone exposed (clavicle) communicating with chest cavity

CXR - contusion LUE
CT in place

CT - sub Q air
Contusion LUE c̄ bronchogram
CT in place
Fx clavicle usually appears intact

WS - Rey

abd - Benign

Ext - bounding pulse LUE

PROGRESS (Enter date of discharge and final diagnosis)

Dx: GSW to chest

Plan: OR for debridement/active flap closure
ancef

(b)(b)-2

| [redacted] DATE | IDENTIFICATION NO. | ORGANIZATION |
|---|---|---|
| [redacted] (For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility) | REGISTER NO | WARD NO |

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FPMR (41 CFR) 201-45.505
OCTOBER 1975
GSAPPC 71 00

MEDCOM - 24941

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 19 Nov | BRIEF OP NOTE |
| 0245 | Preop: GSW to back / chest - open chest wound |
| | Postop: Same |
| | Procedure: ~~Wound~~ Anterior chest wall wound exploration / debridement |
| | PARTIAL PECTORALIS MUSCLE FLAP to cover wound |
| | Surgeon: [redacted] |
| | Anest: GETA |
| | EBL: 100 cc |
| | IVF: 1300cc crystalloid |
| | UO: 1000 cc (b)(6)-2 |
| | Findings: Open anterior chest wall wound |
| | c̄ air leak, Subclavian vein / artery intact. |
| | Drains: - 2 chest tubes |
| | - #10 JP over pectoralis flap |
| | Complications: None |
| | Disposition: to ICU stable |
| | [redacted] |

| 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

MEDCOM - 24942

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES |
|---|---|
| | Transfer Summary |
| | Admitted 11/29 OR 11/19 |
| | Pt is EPW who suffered GSW to (L) chest/shoulder. |
| | Was taken to FST where 2 chest tubes placed. Sent |
| | to 28th for further management & getting 2 units PRBC |
| | + being intubated - |
| | |
| | In ER pt was stable. He was noted to |
| | have a GSW entrance near (L) scapula + |
| | exit over (L) ant sup chest near shoulder. |
| | (+) Scapula/clavicle fracture. Good pulse |
| | (L) hand. |
| | |
| | Pt taken to OR where wound debrided |
| | and partial pectoralis muscle flap used |
| | to close pleural defect. Subclavian artery |
| | and vein intact. Wound closed over JP. |
| | Pt extubated POD #2. Pt on POD #3 noted |
| | to have LUE swelling + ultrasound |
| | showed (L) subclavian thrombosis - Started |
| | on heparin + Coumadin JP's + CT's removed |

| 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.

[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

MEDCOM - 24943

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| | on POD #5 ↓ complication. Pt improved ↑ with weaning of oxygen after ↑ mobilization |
| | on POD #11 noted to have marked ↓ swelling of LUE. |
| | plan: Remove sutures POD #21 |
| | Coumadin 3mg PO QD x 3 months |
| | pain control |
| | NWB to RUE x 6 weeks |
| | [redacted] |
| | (b)(6)-2 |

STANDARD FORM 509 (REV. 5/1989) BACK

USAPA V1.00

MEDCOM - 24944

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 19 NOV 03 | 0245 - pt arrived fm OR via bed. Hooked up to monitors. Temp 92.4 chief cuddler applied rectal temp probe in place. all other VSS. sedation/pain mgmnt started. Cont. to monitor. [redacted] UTAN |
| 19 Nov 03 2014 | Pt placed from chair back to bed 5 3 hours sitting up. UOP @ 2000 ↓34cc, charge nurse notified & will call SOD @ 2100 if UOP cont. to ↓ Systolic BP from 85-97 & MAP between 62-69, pulses 86-98. Cont. to monitor. [redacted] |
| 19 Nov 03 2100 | Pt UOP ↓32cc & Dr Matsumoto @ bedside, stated if UOP ↓ below 30cc/hr then give pt a 500 cc NS bolus. Aware also of SBP & MAP of pt, will cont. to monitor. [redacted] |
| 20 Nov 03 | Pt SaO2 ↓ 93% while pt sleeping this hour, awaken & made to do incentive spirometer & O2 @ 4L via NC. SaO2 96% @ this time & will cont. to monitor. [redacted] |
| 20 Nov 03 | Report given to oncoming shift, pt up to chair @ 0540. SaO2 between 95%-98% on 4L O2 via NC. [redacted] |
| 20 Nov 03 | Assumed pt care @ 0000, pt up to chair, CT x2, P x1, NC 6L O2, Ø S/S O2 distress, Milrinone @ 1.2 mg/hr, ↑ 5.5 ms & 20 bpm @ 100, Report given by SST [redacted] |

| 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. |
|---|---|
| | |

[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

MEDCOM - 24945

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 20 NOV 03 | PT c̄ H/H of 9.4/28.7, TWO PRBC ordered for transfusion: 2 units transfused as follows: |
| | Unit #1 = W020403002465 started @ 0730 |
| pre-transfusion | HR 95, BP 110/73 RR 29 97% Temp 97.4 |

| | 0735 | 0740 | 0745 | 0800 | 0815 | 0830 | 0845 | 0920 |
|---|---|---|---|---|---|---|---|---|
| HR | 98 | 99 | 90 | 91 | 101 | 99 | 100 | 90 |
| BP | 100/67 | 104/69 | 103/62 | 103/69 | 117/70 | 104/67 | 109/64 | 114/70 |
| RR | 27 | 28 | 25 | 24 | 27 | 28 | 25 | 24 |
| O2 | 96% | 95% | 94 | 97 | 98 | 99 | 99 | 100% |
| Temp | 97.2 | 97.0 | 97.4 | 97.2 | 97.2 | 97.4 | 97.4 | 97.4 |

finished @ 0920

| | |
|---|---|
| | Unit #2 = 5307160 started @ 0940 |
| pre-transfusion | HR 99, BP 115/87, RR 25, 100% Temp 98.3 |

| ~~HR~~ | 0945 | 0950 | 1005 | 1020 | 1035 | 1050 | 1110 |
|---|---|---|---|---|---|---|---|
| ~~BP~~ HR | 97 | 93 | 87 | 94 | 100 | 95 | 98 |
| BP | 114/70 | 116/67 | 110/69 | 117/75 | 135/76 | 110/65 | 108/70 |
| RR | 25 | 24 | 24 | 24 | 22 | 20 | 25 |
| O2 | 98 | 99 | 99 | 96 | 94 | 94 | 95 |
| Temp | 97.6 | | | | | | 98.4 |

finished @ 1110 — [redacted]

| | |
|---|---|
| 20 NOV 03 | PT on Ng Diet tolerating well, PT needs encouragement to eat. 1/5, PT did fairly well all day by drains stable. Right pin TO SET [redacted] [illegible] |

(5)(6)-2

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 24946

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES |
|---|---|
| | Surgery |
| 20 NOV 03 | |
| 0850 | Pt stable c/o chest pain @ wound site. |
| | Breathing well |
| | AVSS |
| | CT - 270/30 JP - 30 NO air leak |
| | |
| | Chest - dressing intact, scrotal & open lobe |
| | CVS - Rg |
| | abd - soft NT/ND (+) BS |
| | Ext (-) C/C/E |
| | |
| | HCT - 26 this AM |
| | CXR - (P) |
| | Dx: S/P GSW to chest s/p flap repair |
| | Pl: f/u CXR |
| | transfuse 2 units PRBC |
| | Cont O2/ Monitor/CT for 24 - 48 hrs [illegible] |
| | |
| | [redacted] (b)(6)-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.

[redacted] (b)(6)-4

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1998)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 20 Nov 03 2100 | Pt tolerated a very small portion of his regular dinner tray. Pt O2 ↓ to 4L to maintain SaO2 > 96%, will attempt to wean O2 ↓ throughout this shift. Cont. to monitor. [redacted] |
| 21 Nov 03 0105 | Pt breathing shallow c̄ beads of sweat on his ~~[illegible]~~ forehead c/o pain in his upper chest. Given 1mg bolus of MSO4 & ↑ to 2.0mg/hr, RN notified; Will cont. to monitor. [redacted] |
| 21 Nov 03 0615 | Report given to oncoming shift. @ approx. 0520 pts SaO2 ↓ 91% on 5L NC when trying to get the pt up to a chair the pts. SaO2 ↓ 79%. Pt placed on 10L NR, SaO2 98%, & pt left in bed & HOB raised. [redacted] |
| 21 Nov 03 0930 | Received report from previous shift. At beginning of shift pt lying in bed. Pt now out of bed to chair. VSS! CT x 2 in place. Pt continues to use the incentive spirometer as ~~[illegible]~~ ordered. Will continue to monitor. [redacted] |
| 21 Nov 03 1210 | Pt back to bed. O2 sats ↓ to 80's. Increased O2 to 6L via N/C. O2 sat's back up to 93-95%. Will continue to monitor. [redacted] |
| 21 Nov 03 1220 | Pt coughing up blood tinged sputum. Will continue to monitor & assess. [redacted] |
| 22 Nov 03 0600 | Pt had an uneventful night, VSS, SaO2 > 94% on 3L O2 via N/C throughout this shift. Pt up to chair @ 0530, report given to oncoming shift. [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 24948

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 22 NOV 03 | Surgery |
| 0932 | Pt improving slowly |
| | AVSS Sats - 95-100% on FL |
| | CT ~220 cc JP ~15-20 cc |
| | chest - nonlin (L) chest |
| | wound CIDE |
| | SKT - (L) arm swollen (+) clot on US. |
| | PTT - 26 on 700 units heparin |
| | Plan: D/C JP |
| | ↑ heparin |
| | will start Coumadin once CT out |
| | (b)(6)-2 [redacted] |
| 22NOV03 | Assumed pt care @ 0600, ~~Pt Pt~~ Pt OOB TO chair, PT ~~[illegible]~~ denies any pain or discomfort, ~~Pt~~ CT x1 TO suction, JP x1 TO suction, PT on Heparin Drip @ 14cc/hr. PT in stable condition, VSS, some clear serosal ooze from due to thrombosis, NO BP, needs stock TO be sent on this am. work cont. TO monitor [redacted] /Ct for |

| 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

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 22Nov03 | PT/PTT & CBC Drawn @ 0806, PT/PTT 12.9/24.4, Heparin Drip increased to 1000 units/hr from 700; PTT to be done @ 4 hrs (@ 1400), PT rectal prescribed and well, no N/V/D, eat about 25% of breakfast — [redacted] |
| 22Nov03 | PT DID well all day long, mouth, skin, Foley, BS & bowel sounds prepared @ 1530 pt tolerated it well, PT ate <25% of dinner, Ensure suggested to nutritionist, PT's condition remains fair stay, resting in bed, during chart rev no S/S of infection, no S/S of bleeding, reported gain to Spec [redacted] |
| 22Nov03 | 1/mg MSO4 bolus given for pain [redacted] T/M |
| 1800 22Nov03 | Assumed PT care @ 1800 assess not on flow sheet, PT not eating dinner will continue to encourage (R) arm very edematous is elevated Radial pulse is difficult to assess cap refill slow >3 sec, Lue very painful pt given MSO4 bolus (4mg) in addition to 2mg/drip: PT now resting in NAD will cont. to monitor — Spec [redacted] |
| 1930 | PT ate only 25% of usual for dinner did not touch rest of plate — Spec [redacted] |
| 2100 ~~2000~~ | PT. coughed up med amount of thick blood tinged sputum resting comfortable now in NAD O sat @ 98% — Spec [redacted] |
| 2300 | Obs PT sleeping in no acute distress — Sp [redacted] |
| 2400 | Water level in CT filled back to 20cm mark — Sp [redacted] |
| 0100 | PT complained of pain in upper chest Rx'd 2mg MSO4 given PT now resting comfortably — Spec [redacted] |
| 0200 | PT repositioned because of pain pulse & cap refill checked in (L) arm — Sp [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

MEDCOM - 24950

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 0410 | LABS drawn taken downstairs PT coughed up small amount of thick bloody mucus. —— SPC [redacted] |
| 0410 | PT complaining of pain @ Foley site no redness or S/S of infection present, PT has large bruise [redacted] along (L) abdomen along mid axillary line. bruise is dark purple and SPT will continue to monitor —— SPC [redacted] |
| 0600 | Report given to next shift —— SPC [redacted] |
| 0600 | PT alert and oriented x 3. Supplemental O2 2L via NC being given. PT tolerating O2 sat at 98%. Chest tube intact on (R) side of chest. Blue vac bubbling. Foley to gravity - light yellow urine evident in line. PT has IV line in (R) foot and PICC line in (R) femoral area - PT has clear upper breath sounds and diminished breath sounds in lower lobes. S1 S2 present. Surface line upper (R) side of chest intact - no drainage. (R) arm edematous and sensitive to movement - strong pain. Bowel sounds present, radial, pulses and pedal pulses strong and regular. PT able to move all extremities and torso in bed for proper body allignment. HOB elevated at 35° and PT ate 25cc of juice. Without assistance PT coughed and deep breathed [redacted] |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | LAST | FIRST | MI | [redacted] |

| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)

| REGISTER NO. | WARD NO. |
|---|---|
| | |

[redacted] (b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 11/23/03 10 AM | PT HR now increased to 24 c/min. at 1200 4/NC. PT encouraged to use spirometer & deep breathe and use arms and legs for body alignment. [redacted] |
| 1200 | PT is stable, with mentation of presenting treatment. PT able to take small sips and voice concerns in regards to respiratory and comfort. (2) arm elevated to assist the reducing of edema. [redacted] |
| 1400 | PT moved out of bed to chair. Tolerate transfer well. Encouraged to take deep breaths. Skin evaluation done — [redacted] |
| 1600 | PT weighed to 80.4 kg as seen by MD on rounds, CT DC & gravity — VS stable except for PT dependence on 2L O2 to set at 96-100% [redacted] |
| 1800 | PT complained of pain discomfort in upper (2) region morphine dosing increased to 4 mg/HR. PT complained Foley discomfort - Foley patent - adequate amount of yellow urine per HR. Foley patent - urinary bladder flat. PT able to relax quietly and maintain VS [redacted] |
| 1830 | PT (L) arm shows sign of decreasing - pulse present radial and arm elevation maintained. Report given to CPT [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 24952

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 23 NOV 03 1830 | Alert x3 - USS - IV of D5NS @ 20K @ rate in (D) forearm. A-line is patent, heparin gtt to (D) leg @ 1200 u/hr patent. MSO4 4mg/hr for pain control. CT to (D) side chest to H2O seal drainage dark red drainage. Foley to gravity drainage clear yellow urine 150ml/hr. Sutures to upper (D) chest incision intact. @ drainage. Berrla 3+ HR - NSR S1S2 Lungs CTA - LL lobes diminished. CT to (D) side. Reg ecm. BS (D) ↓ ↓ quads. Pedal pulses +3 (R) Radial +2 (L) +2 ARM swollen warm to touch CMS intact - capreflll >3 sec. Offers ∅ c/o @ present HOB ↑ Resting quietly c̄ eyes closed. — [redacted] 1/12 |
| 23 NOV 03 1140 | CT to H2O seal drainage sml dk red blood drainage. MSO4 IVP hr pain control ∅ c/o pain or discomfort @ present. Resting quietly c̄ HOB ↑. — [redacted] 9/1020 |
| 24 NOV 03 0200 | Resting quietly ∅ c/o pain or discomfort. O2 2L/min via NC SpO2 96-97%. (R) Arm remains edematous. Radial pulses +2 warm to touch. — [redacted] 1020 |
| 24 NOV 03 0400 | Resting quietly c̄ c/o. SpO2 97% O2 on @ 2L/m via NC. HOB ↑. — [redacted] 1020 |
| 24 NOV 03 0500 | Bed bath and lm ∆ done. CT to H2O seal is sml out dk red drainage. O2 @ 2L/m via NC SpO2 96%. Foley to gravity putting out 100-200ml clear yellow urine per hr. ∅ c/o @ present. [redacted] |

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | SPONSOR'S ID NUMBER (SSN or Other) [redacted]

DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO.

[redacted] (5)(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

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 24 Nov 03 | Surgery |
| 0720 | Pt stable |
| | Auss CT - 250 cc / 24 hr 15 cc last 6 |
| | chest - improved breath sounds (L) side |
| | CT serous, wound clean mild erythema |
| | CVS - [redacted] (b)(6)-2 |
| | abd - [redacted] |
| | Rx: s/p GSW to chest, (L) subclavian vein thrombosis |
| | Plan: Cont heparin |
| | If CT output <50 cc over next 8 hours will d/c |
| | chest tube this PM + transfer to floor |
| | (b)(6)-2 |
| | [redacted] |

| 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)

[redacted] (b)(6)-4

REGISTER NO. | WARD NO.

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1968)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 24 NOV 03 @ | 0800 Received pt from night shift in stable condition see I+Os, VSS, and full assessment on ICU flowsheet. Suture line to upper (R) chest OTA, ∅ drainage noted, well approximated edges, ∅ redness or swelling noted. (R) chest area w/ clogs c/d/i and CT intact and to $H_2O$ seal. (L) arm swollen, warm, (+) pulse and brisk cap refill. Pt remains on O2 2L NC for O2 Sats >93%. IV ABX cont. (R) femoral cath intact and ∅ S/S of infiltration or infection. (L) PIV to shin intact w/o redness swelling or pain. Tol PO, but poor appetite noted. ∅ complaints @ this time. Will cont to monitor. [redacted] |
| 1042 | Pt remains w/o complaints @ this time. Resting comfortably. ∅ changes to (R) arm. 10cc of output from Chest tube. [redacted] |
| 1319 | Pt OOBTC, VSS, ∅ complaints. c/o PO intake, pt is drinking ensure @ this time [redacted] |
| 1451 | At approx 1445 pt vomited x1 appears to be ensure, all pt had consumed was a few ounces of ensure, < 25% of can, a few sips of lemonade provided in jimmy deans lunch and ate a breakfast from jimmy deans. [redacted] |
| 1616 | Pt has decreased u.o. x 2 hours. 2nd hour Foley flushed, returned flush quantity 30cc Foley then d'c'd. ∅ clots noted. Bladder |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 24955

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES |
|---|---|
| 24 NOV 03 1619 | is palpatable, and palpated by two seperate RN's. Informed Dr [redacted] and called MOO x2. No response from MOO. Interpeter called and pt states a burning and difficulty to urinate. States he has past kidney problems. Pt stood up and ↑ flow noted, but still low quantity. Sediment noted ~~early~~ [redacted] earlier this shift, but again no sediment of Foley tip when Foley ΔΔd. Will cont to monitor and contact MO [redacted] 1655. Dr [redacted] notified about ↓ urine output, pt complaint about pain + difficulty and information about past kidney problems. Pt returned to bed also. Dr [redacted] states that he was not concerned about uro @ this time and to pull foley. Foley pulled @ 1657. Dr [redacted] informed that 70cc of fluid out from CT after pt returned to bed. MO stated CT would be pulled tomorrow [redacted] |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID (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. 5/1989)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

C# [redacted] (b)(6)-4

MEDCOM - 24956

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 1900 24NOV03 | Assumed PT care @ 1900. PT Resting in Bed. PT still refusing to cath Foley pulled @ 1700 PT still unable to void. PT told this an interp. that if he does not void w/in 4hrs new foley will have to be started, skin temp. cool L arm weakness improved bce drip not @ therapeutic levels. SPC [redacted] |
| 2000 | PT drank ½ of his dinner still no urine output @ this time will continue to monitor — SPC [redacted] |
| 2200 | PT used urinal 275 output. PT also used incentive spirometer. 2200 meds given PT in NAD — SPC [redacted] |
| 2300 | PT removed NC SATS ↓ 89 Replaced NC + instructed PT not to remove SATS back to 98% — SPC [redacted] |
| 2315 | PT complained of pain in abdomen bladder is palpable. PT repositioned will continue to monitor — SPC [redacted] |
| 2400 | PT OOBTC, On Bedside commode very little brown loose stool. PT also had an episode of emesis. Small amounts of whitish brown liquid & dark brown flecks. PT now laying down will monitor closely — SPC [redacted] |
| 0200 | PT complaining of itching in (L) ~~hand~~ arm is now resting comfortably — SPC [redacted] |
| 0330 | PT up asking for urinal USS. in NAD — SPC [redacted] |

| 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

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 0530 | Pt voided 200 cc urine dark yellow no sediment USS |
| | in NAD ——— SPC [redacted] |
| 0600 | 0600 meds given. LABS back PTT still in 30 sec range not therapeutic |
| | X RAY done by SSG [redacted] ——— S[redacted] |
| 0605 | Pt voided 250cc urine via urinal. Pt is now taking |
| | bed bath. ——— SPC [redacted] |
| | (b)(6)-2 |
| 25 Nov 03 | Surgery |
| 0710 | Pt stable |
| | AVSS CT 150cc/24 hrs serosan |
| | Chest - Slowly improving aeration |
| | Wound Erythema d/c |
| | CVC - Ry |
| | Abd - Benign |
| | Imp: S/P GSW to chest |
| | Pln: CT D/C'd this AM |
| | Transfer to floor |
| | Start Lomach |
| | (b)(6)-2 |
| | [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 25NOV03 | (1745) Assumed care of pt from ICW3 via gurney in stable cond. VSS. ¢ c/o pain. Pt alert, speaking Arabic. O2 via NC @ 4L. SpO2 97-98%. IVFs infusing into IV in @ femoral via dial. a. flow ≅ sisx infection/infiltration. Hep. drip infusing into 18g IV in @ leg ≅ sisx infection/infiltration via dial. a. flow @ 24cc/hr. Dsg tr → @ side of chest CDI. ¢ resp. distress noted. Pt voiding ≅ difficulty. 2 point restraints in place ≅ sisx complications. Will cont. to monitor. [redacted] |
| 25NOV03 (1900) | VSS. Alert & oriented. O2 @ 4L NC. O2 SAT 98%. Resp even & unlabored. Lungs clear bilaterally with diminished to LLL. Incentive spirometer used properly @ 600-900cc/sec. ≅ non productive cough. (L) UE swollen but non-pitting. Radial pulses +2 (B) capillary refill brisk. (R) subclavian incision with edges well approximated & sutures intact. Incision without drainage. (R) femoral IV patent & intact infusion. D5 1/2 NS ≅ 20mEq KCl/L @ 125cc/hr via pump. (L) Leg IV |

| 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. |
|---|---|---|
| | | |

#[redacted] (5)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| | (Continued) |
| 25NOV 03 | Patent & intact infusing Heparin @ 1200 units/hr. Pedal pulses +2 Bilaterally. OOB to BR c̄ +1 assist. ~~Hadf~~ Had BM. Consumed 30% of regular diet for dinner. PCA 30°. Percocet effective for pain manag. Will continue care as planned [redacted] |
| 26NOV03 (1905) | Assumed care @ 1900. Pt alert, speaking Arabic. VSS. Pain controlled c̄ Percs. Pt amb to BR s̄ difficulty. OOB to chair for several hours. tol. well. SpO2 97-98% on 4LO2 via NC. ∅ resp. distress noted. Dsg to @ side of chest Δd. ∅ s/sx infection @ dd CT sites. Pt tol. sm. amount reg diet. Voiding s̄ difficulty. IV in @ leg dlcd d/t infiltration. leg IV started in @ forearm. Heparin gtts @ 24cc/hr infusing s̄ s/sx infiltration. IVFS SLd in cordis in @ femoral. ∅ s/sx infection/infiltration. 2 point restraints in place s̄ s/sx complication. Swelling noted in LUE compared to RUE. Report given to oncoming shift. [redacted] |
| 26NOV03 (1900) | VSS Alert & Oriented. O2@4L NC [redacted] 98% Lungs clear c̄ diminished to (B) LL. Uses Incentive Spirometer @ 600-900 cc/sec c̄ min production noted. Peripheral pulses palpable +2, (R) femoral IV patent & intact and Hep locked. (R) FA IV patent & intact infusing heparin gtt. Consumed 75% |

STANDARD FORM 509 (REV. 5/1999) BACK
[redacted] USAPA V1.00

MEDCOM - 24960

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |

(Continued)

26NOV03 of reg diet for dinner. (L) UE ≡ swelling but non pitting. No noted venous bleeding. Very clear yellow urine. (L) subclavian ~~site~~ incision ≡ suture edges well approximated. 2 point restraints in place. Will continue care as planned. [redacted] 2CTN

27NOV03 (0900) NSG. VSS. ⊖ c/o pain, sutures to (D) side of chest wall. CDI, well approximated, ⊖ signs of infection. ⊕ DSG to (D) side of chest. ~~Old CT DSG~~ CT DSG from ~~D/C~~ previous CT. DSG CDT. Pt on $O_2$ 4L sat 98%. RA sat 90%. LS sounds coarse through all lung fields. (L) upper lobe rhonchi. Enc. pt to do IS q1h to prevent infection in Lungs. Pt verbalized understanding. (L) arm ⊕2 edema 2° (D) subclavian thrombocysis. Pt voided blood tinged urine. Notified Gen Surgery on ~~yellow~~ & yellow radio of finding. ~~&~~ Paused heparin drip. No new orders pending. (R) Fem art infusing IV ABX ≡ difficulty. Pt asleep. Will monitor urine. [redacted] 1/19

(1600) Dr [redacted] came to ward. VO coag panel. Asked if to continue Heparin drip. Dr [redacted] ordered to cont[redacted] heparin drip until coag panel back. [redacted] 7pm

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | LAST | FIRST | MI | |

(b)(6)-7

| 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. 5/199
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1
USAPA V1.0

[redacted]

(b)(6)-7

MEDCOM - 24961

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 27 NOV 1900 | Patient OOB → Chair c̄ O2 SAT 95-96% on RA. Using incentive spirometer properly @ 600-900 cc/sec c̄ non productive cough. Voiding tea colored urine per urinal @ this time. PO fluid intake encouraged. Peripheral pulses palpable +2. (L) UE continued to be edematous. Ambulated to BR's assist but supervised. (R) ~~groin~~ femoral IV patent & intact with active bleed noted around insertion site. (R) FA saline lock patent & intact. The active bleed noted @ IV insertion site. 2 point restraints in place without compromising circulation or skin integrity. Will continue to monitor closely for active bleeding [redacted] |
| 28 NOV 03 | (1020) NBS. VSS. Pt c/o pain (L) side of chest. Incision to (L) side of chest wall - approximated c̄ ⊖ signs of infection. Δ RJB to (R) femoral line c̄ sterile technique. ⊖ signs of infection. Flushes well. ~~Lung sounds~~ (L) upper lobe (+) coarse c̄ rhonchi. Lung sounds (b)/(b)2 ↓ in (L) side of chest. Pt Sat 95% RA. (L) arm (+) edema. (+) 2 radial pulses B/L. Enc IS use. Pt demonstrated proper use. [redacted] |
| 29 NOV 03 @ 0015 | assumed care of pt @ 1800. VSS, Sats 95% on RA. Pt alert, speaking Arabic, LS CTA (R) lobes, (L) lobes ↓ @ bases. Uses IS properly. Approx 2345 mL, unchecked sats: pulse ox 96% on RA. 2 LNC applied c̄ sats ↑ to 96%. (L) chest incision CTA, CDI. (CONT) Inwoodale |

STANDARD FORM 509 (REV. 5/1999) BACI
USAPA V1.

MEDCOM - 24962

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 28NOV03 @ 0015 | (CONT) old CT insertion site OTA, intact. (+)BS, tol reg diet well, void per urinal QS. (R)fem line Drsg reinforced, flushes easily. (R)FA PIV flushes well, IV Abx cont. (L)arm edematous (+1), (+)radial pulse equal (BIL). Zpt restraints w/ S/Sx of skin/circulation compromise. Plan: monitor O2 sats, enc IS, enc po, enc amb. Will monitor. [redacted] |
| 24NOV03@1600 | Assumed care of pt. @ 0600. VSS. A&O, Ø c/o pain. Staples to (L) anterior chest, open to air, Ø drainage. Pt. on 4L O2 in bed. Pt. ambulates to BR w/ difficulty. New IVSL to (R) upper arm 20G, flushes well. Pt. tol. reg. diet well. Voided @ bedside c/o. Pt. in 2-point restraints, Ø signs of skin breakdown. All other assessments WNL. Will cont. to monitor. [redacted] LT, AW |
| 29NOV03 @ 2330 | assumed care of pt @1800. VSS, no c/o pain. (L)chest incs OTA, sutures CDI. LS OTA, ↓(L) base, IS enc, RA sats 95%. (R)PIV flushes well, IV Abx cont. Pt ↑ CHAIR x 2°, tol well. Tol regular diet well, void QS per BR/urinal. Zpt restraints w/ S/Sx skin/circulation compromise. (R)femoral line HB flushes easily. (L)arm cont. +1 edematous, (+)radial pulse, Ø c/o pain. Plan: cont IV Abx, monitor incision, monitor O2 sats. [redacted] |

| 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 V1.0

[redacted] (b)(6)-1

MEDCOM - 24963

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 30NOV03E 1700 | Assumed care of pt. @ 0600. VSS. Ø c/o pain, Staples intact to left anterior chest incision, open to air, Ø drainage. BS ↓ to ⓛ LLF, ⊕ BS all 4 quads, ⊕ pulses to all extremities. $O_2$ NC off, pt. ~~[illegible]~~ (ambs) w/o. $O_2$ sat 95% on RA. IVSL to ⓡ upper arm, flushes well. Pt. ambulates to BR ∓ assist, steady gait. Pt. in 2-point restraints in bed, Ø signs of skin breakdown. All other assessments WNL. [redacted] |
| 2200 30 hrs | Called to see re abd pain. c/o pain all over abd not specific, had for days ago, Ø emesis, BM x 1 today. PE: P 120 afeb sat 92%. chest - few rales. abd - rounded soft UH - non tender (b)(6)-2 BS ⊕ x active. c/o pain all over but no rebound, is worse during Ø. A - abd pain ? etiol. P - CXR re LO, sat, CBC; if persistent pain KUB, possibly GB U/S. [redacted] |
| 2015 30NOV03 EVENT | See above MD note also. Pt moaning, c/o pain to abdomen. Interpreter called. Pt c/o sudden ↑ in pain (started 1 hour ago) to mid abdomen. Abd soft, ⊖ rebound tenderness ⊕ TTP ⊕ BS, ⊕ BM this afternoon. HR 120s-130 bpm, resp 26-30, $O_2$ sats 92% RA, ↑ c 4L NC to 98%. MD @ BS, ABL drawn, CXR completed. Nyquil given (CONT) |

STANDARD FORM 509 (REV. 5/1999) BA

USAPA V

MEDCOM - 24964

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 30Nov02 2215 | (CONT) as ordered, IVFs started. MD pulled (R) femoral line. Plan: unit monitor sats, pain. [redacted] |
| 30Nov02 2245 | - CBC returned, WBC ↑ 13.5 (8.9 this AM). CXR completed, MD notified. [redacted] LPN |
| 1Dec02 @0100 | Pt resting quietly @ this time. HR ↓ 95-97 bpm, O2sats 98-99% 2LNC, states pain is better. (decreased) LS CTA, ↓ bases, IS encourage. (+) chest incision OTA, sutures intact. Pt ↑ to chair twice in shift x ½ hour. IVFs cont to (R) upper arm PIV. Voiding amber urine QS, tol 30% of dinner meal. Plan: monitor O2sats, monitor abd pain, incis & po intake. [redacted] Addendum: 2pt restraints ON S/Sx of skin/circulatory compromise. [redacted] |
| 1Dec'03 0820 | Rec'd report and assumed care of pt. Pt in ↑ right position (-) s/s of resp distress pain or discomfort @ present time. Pt has suture in place (R) s/c area. (-) drainage around site. Lungs CTA decreased in bases. POx 95% on RA. IVF patent (R) ↑ arm (-) s/s of infiltration @ site. BSA (+) distal pulse equal bilaterally. (-) skin break down under 2 point restraints |

| 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. |
|---|---|---|
| | | |

[redacted] (b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| cont | Pt ate small amount on breakfast. Will |
| 1 Dec@0800 | continue to monitor. SSG [redacted] 1WHG |
| 1330 | Pt ↑ ambulating in the hallway. Pt stated |
| | he could not eat the food. It bothers his |
| | stomach. Pt encouraged to eat small amount. |
| | Pt completed AM and return to bed. 2 point |
| | restraints applied per HP's. — [redacted] 1WHG |
| 1400 | Pt again ~~it~~ [redacted] ~~pencets~~ percocets for pain. POx 95% |
| | on RA. Will continue to monitor — [redacted] |
| 1730 | Pt resting comfortably — [redacted] 1WHG |
| 2DEC03 @0645 | assumed care of Pt @1800. VSS. No c/o pain. Alert, speaks |
| | arabic. LSCTA, uses IS. (D) chest incision CDI, OTA, Ø S/Sx |
| | of infection. Tol 50% of dinner. Void's difficulty. Pt ↑ CHX |
| | 2 walks, AMB to BR's difficulty. IVFs cont. Plan: encpo, |
| | monitor sats (currently 98% RA), enc IS/C/DB. 2pt restraints |
| | ON's S/Sx of skin/circulation compromise. Will continue |
| | to monitor. — [redacted] |
| 2DEC03@1800 | Assumed care of pt @ 0600. VSS, A&O, Ø c/o pain. Incision to |
| | (L) upper chest closed = sutures, well approx., Ø drainage, |
| | open to air, lung sounds clear bilat. Pt. OOB → BR, |
| | ambulates w/ difficulty, steady gait. Urinal @ bedside → c/o. |
| | LRC 150cc/hr to (R) upper arm, Ø S/Sx of infiltration. Pt. ate 20% |
| | of breakfast, tol. well. Pt. in 2-point restraints, Ø signs of |
| | skin breakdown. All other assessments WNL. Will cont. to monitor. |
| | — [redacted] CT, AN |

STANDARD FORM 509 (REV. 6/1999) BACK

USAPA V1.00

MEDCOM - 24966

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 25 Nov 03 0745 | Received report from previous shift. Pt performed Am care 3 assistance. Physician @ bedside to D/C chest tube. Dressing applied. VS remain stable. Pt voids per urinal. Drains urine (or transfer to ward). Will continue to monitor. [redacted] |
| 25 Nov 03 1200 | Pt resting in bed. MSO4 drip D/C'D. D C/O @ this time. Will continue to monitor [redacted] (b)(6)-2 |
| 26 Nov 03 | Surgery<br>Pt doing well<br>MUSC<br>Chest improving<br>Wound C/D/I erythema ODC<br>Ext - Ⓒ arm edema<br>Dx: GSW to Chest / Subclavian vein thrombus<br>Pl: Cont heparin / Coumadin<br>To camp Saturday (b)(6)-4<br>[redacted] |

| 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.

**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

MEDCOM - 24967

510-112 NSN 7540-00-634-4123

| MEDICAL RECORD | | | NURSING NOTES (Sign all notes) |
|---|---|---|---|
| DATE | HOUR A.M. | HOUR P.M. | OBSERVATIONS Include medication and treatment when indicated |
| 19 Nov 03 | 0650 | Received patient from off going shift; | |
| | | NIBP 70/40; vented with manual 80/40; PT | |
| | | unresponsive to stimuli; Sedation off; NS 1 L in | |
| | | 5.0 x 1. Current assessment as follows (please | |
| | | see flow sheet for #s); PMOS; [N] opens | |
| | | eyes to painful stimuli / voice; PERRL 2mm; | |
| | | MSO4 / versed for pain / sedation; versed | |
| | | currently off; Succ IVP 5mm x 1; MSO4 @ 2cc/hr; | |
| | | (R) # 8 ETT 24cm @ lip; SJ 70, SIMV 14, | |
| | | TV 750; PEEP 5; CTA thyghout; PK PIPs <28; | |
| | | Suctioning for minimal amt of white → clear | |
| | | secretions; CT x 2 to (L) side - 20cm suction; | |
| | | (-) S/S of cyanosis, warm distal tips; (CV) SSR; | |
| | | pt does go to ST upon agitation; (MSR in | |
| | | FOS) NIBP 110-130/60s; +2 pulses x 4 ext (-) edema, | |
| | | diaphoresis (hyperdynamic state); 99L; (GI) SND, S1, S2 | |
| | | (K+ S.G - will notify MD); (GI) SND, NT, soft hyperactive | |
| | | bowel sounds; JP from UQL to suction, | |
| | | NGT to LWS; (GU) foley to gravity; [Lines] ETT, | |
| | | NGT, foley, (R) SC cordis, (L) PIV to LE; JP; - DSNS | |
| | | w/ 20 PO KCL; (Skin) (L) upper shoulder clean, C/D/I | |
| | | [PLA-] aggressive pulmonary suctioning; monitor | |
| | | resp status; [redacted] | |
| | | (Co[redacted] | |

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO. (b)(6)-2

WARD NO. ICU 3

[redacted] (b)(6)-4

NURSING NOTES
Medical Record

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 24968

# NURSING NOTES

(Sign all notes)

| DATE | HOUR A.M. | HOUR P.M. | OBSERVATIONS Include medication and treatment when indicated |
|---|---|---|---|
| 19NOV03 | 830 | | Pt arousable; Bolus x2 fluids; Pt with epistaxis; call relatives cell; ABX obtained. [redacted] (b)(6)-2 |
| | 1170 | | Pt established with [redacted] Arousable; follow commands; Sats 100% on 35% FiO2; Overnight next afternoon HR 8; Pt <27; exhibits difficulty; Placed on NRB 10L; will titrate for [redacted] |
| | 1513 | | VSS; NSR in 80s-90s; NIBP 85-90/40s; tapered oxygen to 2/LNC; sats 100%; CT & WS dsg d'd - [redacted] |
| | 1802 | | Pt OOB to chair @ 1800; c/o SOB x3 hours; BS ↓ at bases; sats 100% on 4L NC in chair; Pains relieved with morphine (1.5mg). On [redacted] shift given report - [redacted] (b)(6)-2 |

| MEDICAL RECORD | PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT<br>FOR Use this form. See AR 40-407: the Proponent agency is The Office of the Surgeon General. |
|---|---|
| 1. AGE 30 ??<br>HEIGHT:<br>WEIGHT: | 2. KNOWN ALLERGIC SENSITIVITIES (e.g.. Iodin, Tape, Medication)<br>☑ NKDA ☐ PCN ☐ LATEX ☐ IODINE ☐ TAPE ☐ FOOD<br>REACTION:<br>3. PREVIOUS SURGERY [ ] NO [ ] YES (type): |

4. PROPOSED SURGICAL PROCEDURE:
I & D (L) Chest wall

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition: Dry
Tobacco ___ ppd X___ yrs Body Piercing ___ Diabetes (Y) (N) ROM ___ ASA/Motrin W 72hrs (Y) (N)
ETOH ___ Implants ___ Respiratory Disease (Asthma COPD) (Y) (N) Anticoagulants (Y) (N)
Glasses/Contact (Y) (N) Dentures ___ Hypertension (Y) (N) Herbal Medicines (Y) (N) MEDS: ?

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| A. PSYCHOSOCIAL<br>___ potential for anxiety related to:<br>___ 1) Surgical Procedure& Operating Room Environment<br>___ 2) Separation Anxiety (Child)<br>___ 3) Surgical Outcomes | O Pt. verbalizes any specific anxiety.<br>O Pt. Exhibits relaxed body posture. | O. Allow pt. to verbalize freely.<br>O. Explain Or environment and answer questions regarding surgery.<br>O. Offer comfort measures. (e.g. warm blanket. touch).<br>O. Explain all nursing procedures before they are done.<br>O. Remain with pt. Whenever possible.<br>O. Maintain family interface. Parents to stay with pt. |
| B. AERATION<br>___ Potential for respiratory dysfunction due to:<br>___ 1) Positioning<br>___ 2) Effects of Anesthesia<br>___ 3) Medical/Smoking History | O Pt. will be able to breath without difficulty during immediate intraoperative phase. | O. Offer to elevate head of litter or offer pillow.<br>O. Observe pt. While awaiting surgery for signs of distress.<br>O. Assist anesthesia during intubatior and extubation. |
| C. INTEGUMENT<br>___ Potential Impairment of Skin Integrity due to;<br>___ 1) Intraoperative Immobility<br>___ 2) ESU Pad Placement<br>___ 3) Positional Aids<br>___ 4) Prosthesis<br>___ 5) Pooling of Prep Solutions | O Pt. will exhibit signs of impairment of skin integrity (e.g., reddened areas). | O. Utilize pressure preventing devices on OR table and accessories.<br>O. Check for proper positioning and support to maintain good body alignment.<br>O. Pad pressure points.<br>O. Place ESU ground pad on non compromised skin surface area.<br>O. Keep prep fluids form pooling. |

9. PATIENT'S IDENTIFICATION: ( For typed or written entries give: Name-last, first, middle; grade, data; hospital or medical facility)

[redacted]
(b)(6)-4

**VERIFICATIONS AT HOLDING AREA:**
! ID/Allergy Band ! Dentures Removed
! H & P ! Contacts Removed
! NPO Since ___ ! Jewelry Removed
! UHCG/LMP ! Body Pierce Removed
! Consent/Blood Transfusion Signed/Witnessed/Dated
! Surgical Site/Consent verified by Pt./Anesthesia/Surgeon
! Contact precautions (Y) (N)
! Family/Friend: ___

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| D. CIRCULATION<br>_____ Potential for inadequate tissue perfusion due to:<br>_____ 1) Intraoperative Mobility<br>_____ 2) Positioning<br>_____ 3) Existing Disease<br>_____ 4) Safety Devices<br>_____ 5) Hypothermia | O. Pt. will exhibit signs of adequate tissue perfusion (e.g. color, warmth. pedal pulse. | O Check foe support stocking or ace warps. if none, check with doctors.<br>O Check that safety straps are correctly applied.<br>O Offer pillow for under knees.<br>O Place and take down legs from ~~stirrups with slow bilateral motion~~.<br>O Check that rings and all body piercing has been removed. |
| E. NEUROMUSCULAR CONTROL<br>E.I. _____ Potential Impairment of Mobility due to:<br>_____ 1) Pain<br>_____ 2) Intra operative Hazzards<br>_____ 3) prosthesis<br>_____ 4) Positioning<br>_____ 5) Transfer pt. To/form OR table<br>E.2. _____ Potential Discomfort Due to:<br>_____ 1) Length of Surgery<br>_____ 2) Positioning<br>_____ 3) Arthritis | O pt. will be transferred to OR table without difficultly.<br>O pt. will be not experience unnecessary physical discomfort. | O Have sufficient people available for transfer.<br>O Insure proper body alignment.<br>O Allow patient to lie in position of comfort while waiting for surgery.<br>O Offer support (i,e..pillows. Bath towel. etc) for positioning. |
| F. Special Senses<br>F.I. _____ Diminished visual perception due to being:<br>_____ 1) pre-medicated<br>_____ 2) W O GLASSES<br>F.2. _____ Potential for Decreased Communication due to:<br>_____ 1) Diminished Hearing<br>_____ 2) Language Barrier<br>F.3. _____ Potential Injury due to Dentures:<br>_____ 1) Upper _____ 4) Caps<br>_____ 2) Lower _____ 5) Crowns<br>_____ 3) Bridges | o pt. will be made aware of surroundings prior to anesthesia induction.<br>o pt. will be transferred safely to OR table.<br>o pt. will be able to understand instructions.<br>o Minimize danger of injury during intraop period. | O Introduce self. keep pt informed as to where he. she is and what is happening.<br>O Inform pt. in which direction to move and assist if necessary.<br>Speak clearly and slowly.<br>O Address pt. from Left side.<br>O Validate pt.'s understanding of verbal communication.<br>O Verify removal of dentures. |
| G. OTHER PATIENT PROBLEMS NEEDS OR Continuation of Above problems/needs. | OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes. | OTHER NURSING INTERVENTIONS **OR continuation of above interventions.** |

10. OR NURSING INTERVENTION COMPLETE D/ADDITIONAL INTRAOPERATIVE INTERVENTIONS NOTED.

_____ DATE

11. POSTOPERATIVE EVALUATION :
LEVEL OF CONSCIOUSNESS: ☐ A&O ☐ Drowsy ☐ Sleepy ☐ Intubated
LEVEL OF ACTIVITY: ☐ MOVES ALL EXTREMITIES ☐ Moves Upper Extremities ☐ Transferred to Litter With roller due to spinal
SKIN INTEGRITY: Bovie Pad Site: ☐ Clean and Dry ☐ Red ☐ N/A
DRESSING DRY & INTACT: (Y) (N)
BREATHING EASY: (Y) (N)

12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title) [redacted] (b)(6)-2
DATE: 19NOV03 TIME: 0100

13. ~~PREO~~PERATIVE EVALUATION PREPARED BY (Signature and Title) [redacted]
DATE: 19NOV03 TIME: 0050

REVERS OF FORM 5179, JUN 91 USAPA V1.0

MEDCOM - 24971

**MEDICAL RECORD**

**INTRAOPERATIVE DOCUMENT**

For use of this form, see AR 40-407, the prop[illegible] [illegible]c [illegible] e office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA LITTER BY ANESTHESIA

2. PATIENT IDENTIFIED AND RECORD REVIEWED AND PROCEDURE VERIFIED BY CRT [redacted] (Emergency

3. DATE 19Nov03 TIME PATIENT ARRIVED IN SUITE 0105

4. PATIENT IN ROOM TIME 0106 NUMBER 27

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☑ OTHER (Specify)

COMMENTS: Intubated - Sedated.

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] (b)(6)-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | Maj [redacted] | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS (Specify) Pt placed - on bed, anatomically aligned neutral

☑ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: Arms on arm board <90° strapped. Strap curved along knees 2". All pp.

8. SKIN PREPARATION

HAIR REMOVAL ☑ YES ☐ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☑ RAZOR ☐ CLIP

COMMENTS: Chest wall or mear noted

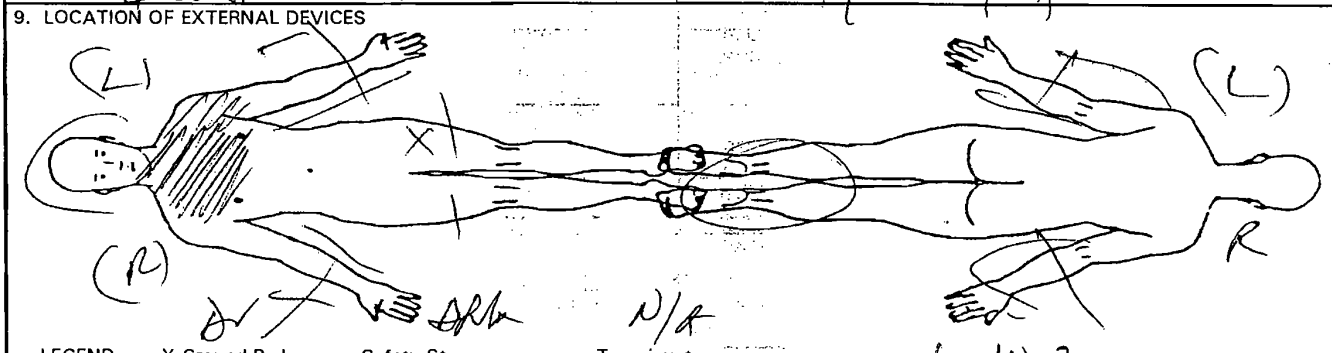
PREP SOLUTION (Specify) Betadine/Betadine

SITE: (B) chest wall BY WHOM: [redacted]

SITE: chin to nipple BY WHOM: DE VOS

COMMENTS: Pooling of Betadine noted

9. LOCATION OF EXTERNAL DEVICES




LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

(b)(6)-2

10. COUNTS

C = Correct I = Incorrect

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☑ Yes | ☐ No | | | | [redacted] | [redacted] |
| Needle Sharp | ☑ Yes | ☐ No | | C | C | | |
| Instrument | ☐ Yes | ☑ No | | | | | |
| Other | ☐ Yes | ☑ No | | | | | |

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

[redacted]

(b)(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☐ YES ☐ NO

☑ ESU NO: Valley Lab Ronson

GROUND PAD: BRAND Polyhesive Plus

LOT NO: 69441 03/2005

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

MEDCOM - 24972

13. PROSTHESIS, IMPLANTS | E | NO | IF YES NAME: ID NUMBER | CTURER

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):
Nacl

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE [redacted]

15. X-RAY IN OPERATING ROOM IF YES, SITE
YES ☐ NO ☑

16. LABORATORY SPECIMENS

| | | | |
|---|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | | NAME |
| NAME | NAME | | NAME |
| NAME | NAME | | NAME |

18. DRESSING/IMMOBILIZATION *(Specify)*
4x8
TAPE

17. TUBES, DRAINS/PACKING YES ☑ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. 16 Fr Foley | 2. 2 Ct (EMT) | 3. 10 mm JP |
| SITE | 1. Bladder (EMT) | 2. (L) chest wall | 3. (L) chest wall |

19. ADDITIONAL INFORMATION
[redacted] A: [redacted] TYPE : GETA

(5)(6)-2
Bone set clean, dry intact pre-post op
Dressing dry & clean, intact

20. OPERATION(S) PERFORMED
I & D (L) chest wall

21. PATIENT TRANSFERRED TO ICU 3 | TIME 0045 | METHOD W Hr

22. REGISTERED NURSE SIGNATURE [redacted]

REVERSE OF DA FORM 5179-1, OCT 87 USAPA V1.00

MEDCOM - 24973

511-119 NSN 7540-00-634-4124

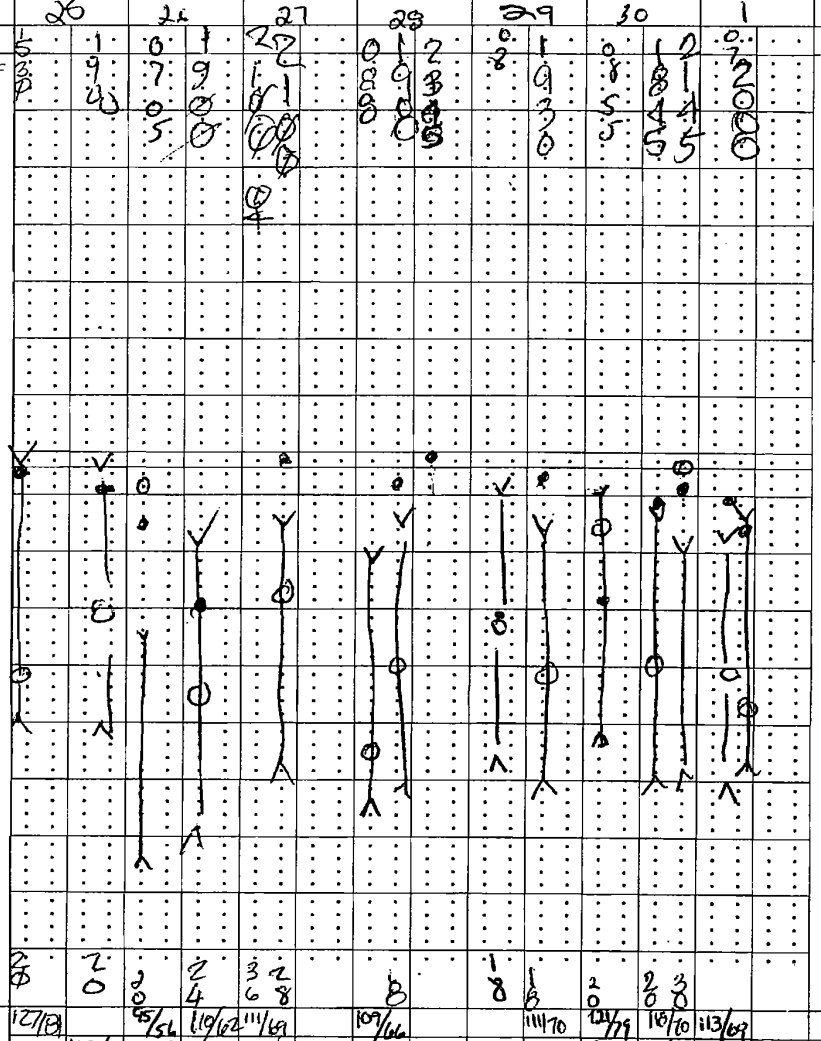
# MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR NOV 2003 | DAY: 26, 26, 27, 28, 29, 30, 1 | HOUR

PULSE (O) | TEMP. F (•) | TEMP. C




(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD: 20 | 20 | 20 | 24 | 32 68 | 8 | 18 | 18 | 20 | 20 20 |

BLOOD PRESSURE: 127/78 | 127/79 | 95/56 | 110/62 | 111/69 | 109/66 | 111/70 | 121/79 | 116/70 | 113/69

96.3 | 96.0 | 122 | 115/73 | 75 | 96.3 | 110/72

HEIGHT: | WEIGHT → | 114 | 89

98.7 | 95% | 95% | 96% | 95% | 96%

O2 Sat: 181(4L) | 95 | 87% | 100% | 98% | 90% RA | RA | 2L 90% | RA | RA | 95% | 95% RA | 95 RA

4Q | 4L | 4L | 4L

# MEDICAL RECORD — VITAL SIGNS RECORD

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HOSPITAL DAY | | | | | | | | | | | | | | | | | |
| POST- | DAY | | | | | | | | | | | | | | | | |
| MONTH-YEAR | DAY | 2 Dec | | | | | | | | | | | | | | | |
| 19 | HOUR | 8 | | | | | | | | | | | | | | | |
| PULSE (O) | TEMP. F (°) | 8 | | | | | | | | | | | | | | | TEMP. C |
| | 105° | | | | | | | | | | | | | | | | 40.6° |
| 180 | 104° | | | | | | | | | | | | | | | | 40.0° |
| 170 | 103° | | | | | | | | | | | | | | | | 39.4° |
| 160 | 102° | | | | | | | | | | | | | | | | 38.9° |
| 150 | 101° | | | | | | | | | | | | | | | | 38.3° |
| 140 | 100° | | | | | | | | | | | | | | | | 37.8° |
| 130 | 99° | | | | | | | | | | | | | | | | 37.2° |
| | 98.6° | | | | | | | | | | | | | | | | 37.0° |
| 120 | 98° | | | | | | | | | | | | | | | | 36.7° |
| 110 | 97° | V | | | | | | | | | | | | | | | 36.1° |
| 100 | 96° | | | | | | | | | | | | | | | | 35.6° |
| 90 | 95° | O | | | | | | | | | | | | | | | 35.0° |
| 80 | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | |
| RESPIRATION RECORD | | 24 | | | | | | | | | | | | | | | |
| BLOOD PRESSURE | | 111/61 | | | | | | | | | | | | | | | |
| | T | 97.1 | | | | | | | | | | | | | | | |
| HEIGHT: | WEIGHT → | 97.4 | | | | | | | | | | | | | | | |
| | | 97.6 | | | | | | | | | | | | | | | |

(Centigrade Equivalents, for Reference only)

Record special data only when so ordered

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)*

REGISTER NO.

WARD NO.

**STANDARD FORM 511** (REV. 7–95) **BACK**

# [redacted]

(b)(6)-4

MEDCOM - 24975

(b)(6)-2

CHEMISTRY RESULT FORM
(Subject to the Privacy Act of 1974)

[redacted]

DATE: 18 NOV 03 TIME: 2350

SSN: [redacted]

Piccolo Metabolic Panel

i-STAT EG7+

Pt: [redacted]

Pt Name:_____

Na_____141 mmol/L
K_____4.1 mmol/L
TCO2_____22 mmol/L
iCa_____1.05 mmol/L
Hct_____27 %PCV
Hb*_____9 g/dL
*via Hct

At 37C
pH_____7.306
PCO2_____40.9 mmHg
PO2_____169 mmHg
HCO3_____20 mmol/L
BEecf_____-6 mmol/L
sO2*_____99 %
*calculated

At Patient Temp
pH_____7.340
PCO2_____36.8 mmHg
PO2_____156 mmHg

Patient Temp: 94.3F
FIO2_____: 60
Sample Type_: ART

19NOV03 00:43

Oper: [redacted]

Physician:_____

Ser# 42011
Ver: JAMS046A
CLEW A93

_____

======= PICCOLO ======
(b)(6)-4
19/11/03 00:00
REFERENCE RANGE: MALE
PATIENT #: [redacted]
BASIC METABOLIC
DISC LOT #: 3325AA4
OPER #: 013 DR #: 000
SERIAL #: 0000100494

| | | | |
|---|---|---|---|
| GLU | 148* | 73-118 | MG/DL |
| BUN | 13 | 7-22 | MG/DL |
| CA++ | 6.9* | 8.0-10.3 | MG/DL |
| CRE | 1.8* | 0.6-1.2 | MG/DL |
| NA+ | 141 | 128-145 | MMOL/L |
| K+ | 4.9* | 3.3-4.7 | MMOL/L |
| CL- | 110* | 98-108 | MMOL/L |
| tCO2 | 22 | 18-33 | MMOL/L |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 1+, ICT 0

======= PICCOLO ======
19/11/03 00:12 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted]
LIVER PANEL PLUS
DISC LOT #: 3154AA7
OPER #: 013. DR #: 000
SERIAL #: 0000100684

| | | | |
|---|---|---|---|
| ALB | 3.0* | 3.3-5.5 | G/DL |
| ALP | 52 | 26-84 | U/L |
| ALT | 22 | 10-47 | U/L |
| AMY | 102* | 14-97 | U/L |
| AST | 45* | 11-38 | U/L |
| TBIL | 0.4 | 0.2-1.6 | MG/DL |
| GGT | 20 | 5-65 | U/L |
| TP | 5.3* | 6.4-8.1 | G/DL |

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 0

TE: LAB ID NO.:

MEDCOM - 24976

(b)(6)-2

Ward Section: Gn6 | REQUIS: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

DATE: 18 NV | TIME: 2350 | SSN: [redacted] (b)(6)-4

| Urinalysis | | | Blood Hematology | | |
|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| Color | Straw | N/A | RBC | | Negative |
| Appr | clear | N/A | Mono | | Negative |
| Glu | pos | Negative | Microbiology | | |
| Bili | neg | Negative | Source | | |
| Ket | neg | Negative | Gram Stain | | |
| SG | 1.005 | N/A | Occ Bld | | Negative |
| Bld | mod | Negative | H. pylori | | Negative |
| pH | 6.0 | N/A | Micro Parasites | | |
| Prot | neg | Negative | Malaria | | |
| Urob | neg | 0.2-1.0 | O & P | | |
| Nit | pos | Negative | Other | | |
| Leuk | neg | Negative | Microscopic Urinalysis | | |
| HCG | | Negative | Clinitest - neg 3-5 RBCs | | |

| CSF | | | Blood Bank | |
|---|---|---|---|---|
| Cell Count | | | MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED | |
| Precipitigen | | Negative | ABO/Rh | B pos |

Blood Bank Unit Crossmatch
(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |

LAB ID NO.:

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/19/03 00:04

Patient ID: [redacted]
Test Name :PT
Test Result:= 17.0 sec.
Ratio = 1.4
~~Calculated INR = 1.71~~
Sample Type:citrated wh. blood
Test Date :11/19/03
Test Time :00:03
Card Lot :080201
Operator [redacted]

(b)(6)-4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/19/03 00:07

(b)(6)-2

Patient ID: [redacted]
Test Name :APTT
Test Result:= 27.0 sec.
***RESULT OUT OF RANGE***
Sample Type:citrated wh. blood
Test Date :11/19/03
Test Time :00:05
Card Lot :110214
Operator : [redacted]

| Ward/Section: ICU3 | REQUESTING PHYSICIAN: (b)(6)-2 | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. [redacted] | DATE: 19/11 TIME: 0500 | SSN/PSEUDO SSN: |

| (i-STAT) | | | (Piccolo) Chemistry 1 | | | (Piccolo) Metabolic Panel | | |
|---|---|---|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| Na | | 138-146 mmol/L | | | | | | |
| K | | 3.5-4.9 mmol/L | | | | | | |
| Cl | | 98-109 mmol/L | | | | | | |
| pH | | 7.31-7.45 | | | | | | |
| PCO2 | | 35-45 mmHg (art) 41-51 mmHg (ven) | | | | | | |
| PO2 | | 80-105 mmHg (art) N/A (ven) | | | | | | |
| TCO2 | | 23-27 mmol/L (art) 24-29 mmol/L (ven) | | | | | | |
| HCO3 | | 22-26 mmol/L (art) 23-28 mmol/L (ven) | | | | | | |
| sO2 | | 95-98% | | | | | | |
| BEecf | | (-2) – (+3) mmol/L | | | | | | |
| AnGap | | 10-20 mmol/L | | | | | | |
| Ca | | 1.12-1.32 mmol/L | | | | | | |
| BUN | | 8-26 mg/dl | | | | | | |
| GLU | | 70-105 mg/dl | | | | | | |
| Creat | | 0.7-1.5 mg/dl | | | | | | |
| Hct | | 38-51% PCV | | | | | | |
| Hgb | | 12-17 g/dl | | | | | | |

| Misc. Chemistry | | |
|---|---|---|
| TEST | RESULT | REF. RANGE |
| Troponin-I | | |
| Drug of Abuse | | |
| | | |
| | | |
| | | |

======= PICCOLO =======
19/11/03 05:2? AM
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(6)-7
BASIC METABOLIC
DISC LOT #: 3325AA4
OPER #: 013 DR #: 000
SERIAL #: 0000100684

| | | | |
|---|---|---|---|
| GLU | 217* | 73-118 | MG/DL |
| BUN | 12 | 7-22 | MG/DL |
| CA++ | 7.1* | 8.0-10.3 | MG/DL |
| CRE | 1.2 | 0.6-1.2 | MG/DL |
| NA+ | 138 | 128-145 | MMOL/L |
| K+ | 5.6* | 3.3-4.7 | MMOL/L |
| CL- | 107 | 98-108 | MMOL/L |
| tCO2 | 21 | 18-33 | MMOL/L |

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 0

======= PICCOLO =======
19/11/03 05:29
REFERENCE RANGE: MALE
PATIENT #: [redacted]
LIVER PANEL PLUS
DISC LOT #: 3154AA7
OPER #: 013 DR #: 000
SERIAL #: 0000100494

| | | | |
|---|---|---|---|
| ALB | 2.7* | 3.3-5.5 | G/DL |
| ALP | 39 | 26-84 | U/L |
| ALT | 22 | 10-47 | U/L |
| AMY | 144* | 14-97 | U/L |
| AST | 44* | 11-38 | U/L |
| TBIL | 0.8 | 0.2-1.6 | MG/DL |
| GGT | 17 | 5-65 | U/L |
| TP | 4.8* | 6.4-8.1 | G/DL |

INST QC: OK CHEM QC: OK
HEM 2+, LIP 0 , ICT 0

REMARKS:

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

(b)(6)-4

| Ward/Section: | REQUESTING PHYSICIAN: | LABORA[redacted] FORM |
|---|---|---|
| LAST, FIRST, MI. | DATE | TIME [redacted] e Privacy Act of 1974) PSEUDO SSN: |

**(Hematology) CBC**

ID: [redacted] (b)(6)-4 19-11-03
WB 05:22

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 8.3 | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.93 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 11.6 | g/dL | 11.0 | 18.0 |
| Hct | 34.7 L | % | 35.0 | 60.0 |
| MCV | 88.4 | fL | 80.0 | 99.9 |
| MCH | 29.6 | pg | 27.0 | 31.0 |
| MCHC | 33.5 | g/dL | 33.0 | 37.0 |
| Plt | 163. | x10^3/uL | 150. | 450. |
| LY% | 10.6 *L | % | 20.5 | 51.1 |
| LY# | 0.9 *L | x10^3/uL | 1.2 | 3.4 |

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | N/A |
| App | | N/A |
| Glu | | Negative |
| Bili | | Negative |
| Ket | | Negative |
| SG | | N/A |
| Bld | | Negative |
| pH | | N/A |
| Prot | | Negative |
| Urob | | 0.2-1.0 |
| Nit | | Negative |
| euk | | Negative |
| CG | | Negative |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | | |
|---|---|---|
| Source | | |
| Gram Stain | | |
| Occ Bld | | Negative |
| H. pylori | | Negative |
| Micro Parasites | | |
| Malaria | | |
| O & P | | |
| Other | | |

**Microscopic Urinalysis**

**CSF**

| | | |
|---|---|---|
| Cell Count | | |
| Directigen | | Negative |

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

| | | |
|---|---|---|
| ABO/Rh | | |

**Blood Bank Unit Crossmatch**
**(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)**

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

| DATE: | LAB ID NO.: |
|---|---|

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/19/03 05:24

Patient ID: [redacted]
Test Name :PT
Test Result:= 16.4 sec.
Ratio = 1.3
Calculated INR = 1.61
Sample Type:citrated wh. blood
Test Date :11/19/03
Test Time :05:22
Card Lot :080201
Operator : [redacted]

(b)(6)-4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/19/03 05:26

Patient ID: [redacted]
Test Name :APTT
Test Result:= 37.0 sec.
Sample Type:citrated wh. blood
Test Date :11/19/03
Test Time :05:24
Card Lot :110214
Operator : [redacted]

(b)(6)-2

(b)(6)-2

| Ward/Section: ICU | REQUESTING PHYSICIAN: [redacted] | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: [redacted] | DATE 11/19 TIME 0820 | SSN/PSEUDO SSN: |

(b)(6)-2

**(i-STAT)**

| TEST | RESULT |
|---|---|
| N | |
| K | |
| C | |
| pH | |
| PC | |
| PO | |
| TC | |
| HC | |
| sO | |
| BE | |
| An | |
| Ca | |
| BU | |
| GL | |
| Cre | |
| Hct | |
| Hgb | |
| | |
| TE | |
| Tropo | |
| Drug Abus | |
| REM | |
| REPO | |

i-STAT EG7+

Pt [redacted]

Pt Name:_____

Na_____139 mmol/L
K_____5.2 mmol/L
tCO2_____22 mmol/L
iCa_____0.98 mmol/L
Hct_____31 %PCV
Hb*_____11 g/dL
* is Hct

7.335
39.6 mmHg
130 mmHg
21 mmol/L
-5 mmol/L
sO2* 99 %
*calculated

At Patient Temp
pH_____7.331
pCO2_____40.1 mmHg
pO2_____132 mmHg

Patient Temp: 99.1F
FIO2_____: 35
Sample Type_:

19NOV03 08:25

Oper: [redacted]

Physician:_____

Ser# 42015
Ver: JAMS0469
CLEW A93

**(Piccolo) Chemistry 12**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.5-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| BUN | | 7-22 mg/dl |
| CA++ | | 8.0-10.3mg/dl |
| CHOL | | 100-200 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| GLU | | 73-118 mg/dl |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Metlyte 8**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| GGT | | 39-380 u/l (M) 30-190 u/l (F) |
| NA+ | | 128-145 mmol/l |
| K+ | | 3.3-4.7 mmol/l |
| CL- | | 98-108 mmol/l |
| tCO2 | | 18-33 mmol/l |

**(Piccolo) Metabolic Panel**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| CA++ | | 8.0-10.3 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| NA+ | | 128-145 mmol/l |
| K+ | | 3.3-4.7 mmol/l |
| CL- | | 98-108 mmol/l |
| tCO2 | | 18-33 mmol/l |

**(Piccolo) Liver Panel Plus**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.3-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| GGT | | 5-65 u/l |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Electrolyte**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| NA+ | | 128-145 mmol/l |
| K+ | | 3.3-4.7 mmol/l |
| CL- | | 98-108 mmol/l |
| tCO2 | | 18-33 mmol/l |

LAB ID NO.:

MEDCOM - 24980

(b)(6)-2

| Ward/Section: 1C43 | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|

| LAST, FIRST, MI. [redacted] | DATE 11/19 | TIME 1015 | SSN/PSEUDO SSN: |
|---|---|---|---|

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | | |

(b)(6)-4

ID: [redacted]
MR

19-11-03
10:17

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 11.1 H | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.77 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 10.9 L | g/dL | 11.0 | 18.0 |
| Hct | 34.0 L | % | 35.0 | 60.0 |
| MCV | 90.2 | fL | 80.0 | 99.9 |
| MCH | 29.0 | pg | 27.0 | 31.0 |
| MCHC | 32.2 L | g/dL | 33.0 | 37.0 |
| Plt | 199. | x10^3/uL | 150. | 450. |
| LYM | 10.7 *L | % | 20.5 | 51.1 |
| LYM | 1.2 * | x10^3/uL | 1.2 | 3.4 |

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | N/A |
| App | | N/A |
| Glu | | Negative |
| Bili | | Negative |
| Ket | | Negative |
| SG | | N/A |
| Bld | | Negative |
| pH | | N/A |
| Prot | | Negative |
| Urob | | 0.2-1.0 |
| Nit | | Negative |
| Leuk | | Negative |
| HCG | | Negative |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | | |
|---|---|---|
| Source | | |
| Gram Stain | | |
| Occ Bld | | Negative |
| H. pylori | | Negative |
| Micro Parasites | | |
| Malaria | | |
| O & P | | |
| Other | | |

**Microscopic Urinalysis**

| | | |
|---|---|---|
| Sp Hemat | | |
| Sed Rate | | |
| Other | | |

**CSF**

| | | |
|---|---|---|
| Cell Count | | |
| Directigen | | Negative |

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

| | |
|---|---|
| ABO/Rh | |

**Coagulation Studies**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| PT | | 9.8-13.6 secs |
| APTT | | 21-34 secs |
| D dimer | | <20 ug/ml |
| FDP | | <10 ug/ml |

**Blood Bank Unit Crossmatch**
**(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)**

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

REMARKS:

| REPORTED BY: [redacted] | DATE: 19 Nov 03 | LAB ID NO.: |
|---|---|---|

(b)(6)-2

(b)(6)-7

| Ward/Section: | REQUESTING PHYSICIAN: | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| ICU 3 | [redacted] | |

| LAST, FIRST, MI. | DATE | TIME | SSN/PSEUDO SSN: |
|---|---|---|---|
| [redacted] | 20 Nov 03 | 0425 | |

(b)(6)-7

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | | 4.8-10.8 x $10^3$ |
| RBC | | 4.7-6.1 x $10^6$ |
| Hgb | | 14-18 g/dl (M) 12-16 g/dl (F) |
| Hct | | 42-52% (M) 37-47% (F) |
| MCV | | 80-94 fl (M) 81-99 fl (F) |
| Plt | | 130-500 x $10^3$ verified |
| Lymph % | | 20.5-51.1% |

**(Hematology) Manual Differential**

| | | | |
|---|---|---|---|
| Segs | | Mono | |
| Bands | | Eos | |
| Lymph | | | |

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | |
| App | | |
| Glu | | |
| Bili | | |
| Ket | | |
| SG | | |
| Bld | | |
| pH | | |
| Prot | | |
| Urob | | |
| Nit | | |
| Leuk | | |
| HCG | | |

**Misc. Serology**

| | RESULT | REF. RANGE |
|---|---|---|
| | | Negative |
| | | Negative |

**Microbiology**

| | | |
|---|---|---|
| | | |
| | | |
| | | Negative |
| | | Negative |

**Microscopic Urinalysis**

[redacted]

20-11-03
04:52

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 10.4 | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.22 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 9.4 L | g/dL | 11.0 | 18.0 |
| Hct | 28.7 L | % | 35.0 | 60.0 |
| MCV | 89.2 | fL | 80.0 | 99.9 |
| MCH | 29.1 | pg | 27.0 | 31.0 |
| MCHC | 32.7 L | g/dL | 33.0 | 37.0 |
| Plt | 143. L | x10^3/uL | 150. | 450. |
| LY% | 15.1 *L | % | 20.5 | 51.1 |
| LY# | 1.6 * | x10^3/uL | 1.2 | 3.4 |

**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 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

| | |
|---|---|
| E: | LAB ID NO.: |

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/20/03 05:32

Patient ID [redacted] (b)(6)-4
Test Name :PT
Test Result:= 14.7 sec.
Ratio = 1.2
Calculated INR = 1.35
Sample Type:citrated wh. blood
Test Date :11/20/03
Test Time :05:30
Card Lot :080201
Operator [redacted]

(b)(6)-7

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/20/03 05:34

Patient ID: [redacted]
Test Name :APTT
Test Result:= 20.7 sec.
***RESULT OUT OF RANGE***
Sample Type:citrated wh. blood
Test Date :11/20/03
Test Time :05:32
Card Lot :110214
Operator [redacted]

MEDCOM - 24982

| Ward/Section: | REQUESTING PHYSICIAN: | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|

| LAST, FIRST, MI. | DATE | TIME | SSN/PSEUDO SSN: |
|---|---|---|---|
| | | | |

| (i-STAT) | | | (Piccolo) Chemistry 12 | | | (Piccolo) Metabolic Panel | | |
|---|---|---|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| Na | | 138-146 | | | | | | |
| K | | 3.5-4.9 m | | | | | | |
| Cl | | 98-109 m | | | | | | |
| pH | | 7.31-7.45 | | | | | | |
| PCO2 | | 35-45 mmH; 41-51 mmH; | | | | | | |
| PO2 | | 80-105 mmH; N/A (ven) | | | | | | |
| TCO2 | | 23-27 mmol/l 24-29 mmol/L | | | | | | |
| HCO3 | | 22-26 mmol/L 22-28 mmol/L | | | | | | |
| sO2 | | 95-98% | | | | | | |
| BEecf | | (-2) – (+3) mmol/L | | | | | | |
| AnGap | | 10-20 mmol/L | | | | | | |
| Ca | | 1.12-1.32 mmo. | | | | | | |
| BUN | | 8-26 mg/dl | | | | | | |
| GLU | | 70-105 mg/dl | | | | | | |
| Creat | | 0.7-1.5 mg/dl | | | | | | |
| Hct | | 38-51% PCV | | | | | | |
| Hgb | | 12-17 g/dl | | | | | | |

(5)(6)-4

======= PICCOLO ======= 04:57
20/11/03 MALE
REFERENCE RANGE:
PATIENT #: [redacted]
LIVER PANEL PLUS 3154AA7
DISC LOT #: DR #: 000
OPER #: 013 0000100494
SERIAL #: .....

| | | | |
|---|---|---|---|
| ALB | 2.5* | 3.3-5.5 | G/DL |
| ALP | 46 | 26-84 | U/L |
| ALT | 12 | 10-47 | U/L |
| AMY | 107* | 14-97 | U/L |
| AST | 33 | 11-38 | U/L |
| TBIL | 0.6 | 0.2-1.6 | MG/DL |
| GGT | 16 | 5-65 | U/L |
| TP | 4.9* | 6.4-8.1 | G/DL |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

======= PICCOLO ======= 05:30
20/11/03 MALE
REFERENCE RANGE: [redacted]
PATIENT #:
METLYTE 8 3152AA4
DISC LOT #: DR #: 000
OPER #: 013 0000100697
SERIAL #: .....

| | | | |
|---|---|---|---|
| GLU | 136* | 73-118 | MG/DL |
| BUN | 12 | 7-22 | MG/DL |
| CRE | 1.7* | 0.6-1.2 | MG/DL |
| CK | 1077* | 39-380 | U/L |
| NA+ | 133 | 128-145 | MMOL/L |
| K+ | 4.1 | 3.3-4.7 | MMOL/L |
| CL- | 104 | 98-108 | MMOL/L |
| tCO2 | 20 | 18-33 | MMOL/L |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

| Misc. Chemistry | | |
|---|---|---|
| TEST | RESULT | REF. RANGE |
| Troponin-1 | | |
| Drug of Abuse | | |
| | | |
| | | |
| | | |

| | | | | | |

(5)(6)-2

| Ward/Section: ICU3 | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: [redacted] | DATE: 20 NOV / TIME: 1500 | SSN/PSEUDO-SSN: [redacted] |

(5)(6)-4

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| W | | |
| R | | |
| H | | |
| H | | |
| M | | |
| Pl | | |
| L | | |
| S | | |
| B | | |
| L | | |
| A | | |
| R | | |
| M | | |
| Sp | | |
| Hematocrit | | 37-47% (F) |
| Sed Rate | | |
| Other | | |

ID: [redacted] 20-11-03
MB [redacted] 16:01

| | | | | Patient Limits | |
|---|---|---|---|---|---|
| WBC | 11.7 H | x10^3/uL | | 4.5 | 10.5 |
| RBC | 3.44 L | x10^6/uL | | 4.00 | 6.00 |
| Hgb | 10.1 L | g/dL | | 11.0 | 18.0 |
| Hct | 30.7 L | % | | 35.0 | 60.0 |
| MCV | 89.2 | fL | | 80.0 | 99.9 |
| MCH | 29.3 | pg | | 27.0 | 31.0 |
| MCHC | 32.8 L | g/dL | | 33.0 | 37.0 |
| Plt | 120. L | x10^3/uL | | 150. | 450. |
| LYM% | 15.3 *L | % | | 20.5 | 51.1 |
| LYM# | 1.8 * | x10^3/uL | | 1.2 | 3.4 |

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | N/A |
| App | | N/A |
| Glu | | Negative |
| Bili | | Negative |
| Ket | | Negative |
| SG | | N/A |
| Bld | | Negative |
| pH | | N/A |
| Prot | | Negative |
| Urob | | 0.2-1.0 |
| Nit | | Negative |
| Leuk | | Negative |
| HCG | | Negative |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | |
|---|---|
| Source | |
| Gram Stain | |
| Occ Bld | Negative |
| H. pylori | Negative |
| Micro Parasites | |
| Malaria | |
| O & P | |
| Other | |

**Microscopic Urinalysis**

**CSF**

| | | |
|---|---|---|
| Cell Count | | |
| Directigen | | Negative |

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

| | |
|---|---|
| ABO/Rh | |

**Coagulation Studies**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| PT | | 9.8-13.6 secs |
| APTT | | 21-34 secs |
| D dimer | | <20 ug/ml |
| FDP | | <10 ug/ml |

**Blood Bank Unit Crossmatch**
**(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)**

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

REMARKS:

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

(b)(6)-2

| Ward/Section: ICU 3 | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. [redacted] | DATE 21 Nov / TIME 0420 | SSN/PSEUDO SSN: |

(b)(6)-4

ID: [redacted] 21-11-03
WB 04:31

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 10.3 | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.48 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 10.1 L | g/dL | 11.0 | 18.0 |
| Hct | 31.2 L | % | 35.0 | 60.0 |
| MCV | 89.7 | fL | 80.0 | 99.9 |
| MCH | 29.1 | pg | 27.0 | 31.0 |
| MCHC | 32.5 L | g/dL | 33.0 | 37.0 |
| Plt | 119. L | x10^3/uL | 150. | 450. |
| LYM% | 18.1 | % | 24.5 | 54.5 |
| LYM | 1.9 * | x10^3/uL | 1.2 | 3.4 |

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | | 4.8-10.8 x 10³ |
| RBC | | |
| Hgb | | |
| Hct | | |
| MC' | | |
| Plt | | |
| Lyn | | |
| (I | | |
| Seg | | |
| Bar | | |
| Lyt | | |
| Aty | | |
| RE Morph | | |

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | N/A |
| App | | N/A |
| Glu | | Negative |
| Bili | | Negative |
| Ket | | Negative |
| SG | | N/A |
| Bld | | Negative |
| pH | | N/A |
| Prot | | Negative |
| Urob | | 0.2-1.0 |
| Nit | | Negative |
| Leuk | | Negative |
| HCG | | Negative |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | |
|---|---|
| Source | |
| Gram Stain | |
| Occ Bld | Negative |
| H. pylori | Negative |
| Micro Parasites | |
| Malaria | |
| O & P | |
| Other | |

**Microscopic Urinalysis**

| | | |
|---|---|---|
| Spun Hematocrit | | 42-52% (M) 37-47% (F) |
| Sed Rate | | |
| Other | | |

**CSF**

| | | |
|---|---|---|
| Cell Count | | |
| Directigen | | Negative |

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

| | |
|---|---|
| ABO/Rh | |

**Coagulation Studies**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| PT | | 9.8-13.6 secs |
| APTT | | 21-34 secs |
| D dimer | | <20 ug/ml |
| FDP | | <10 ug/ml |

**Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)**

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |

REMARKS:

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|

(b)(6)-2

| Ward/Section: | REQUESTING PHYSICIAN: | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| 1C43 | [redacted] | |

| LAST, FIRST, MI | DATE | TIME | SSN/PSEUDO SSN: |
|---|---|---|---|
| (b)(6)-4 [redacted] | 21Nov03 | 2250 | |

| (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 $10^6$ | App | | N/A | Mono | | Negative |
| Hgb | | 14-18 g/dl (M)<br>12-16 g/dl (F) | Glu | | Negative | **Microbiology** | | |
| Hct | | 42-52% (M)<br>37-47% (F) | Bili | | Negative | Source | | |
| MCV | | 80-94 fl (M)<br>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 | | |
| | | | Urob | | 0.2-1.0 | O & P | | |
| | | | Nit | | Negative | Other | | |
| | | | Leuk | | Negative | **Microscopic Urinalysis** | | |
| | | | HCG | | Negative | | | |

| 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 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

| DATE: | LAB ID NO.: |
|---|---|
| | |

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/21/03 23:22

Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 14.7 sec.
Ratio = 1.2
Calculated INR = 1.35
Sample Type:citrated wh. blood
Test Date :11/21/03
Test Time :23:20
Card Lot :080201
Operator : [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/21/03 23:25

Patient ID: [redacted]
Test Name :APTT
Test Result:= 78.5 sec.
***RESULT OUT OF RANGE***
Sample Type:citrated wh. blood
Test Date :11/21/03
Test Time :23:22
Card Lot :100208
Operator [redacted]

STAT ICU 3

| Ward/Section: ICU# 3 | REQUESTING PHYSICIAN: [redacted] (b)(6)-2 | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: [redacted] | DATE: 22 Nov 03 / TIME | SSN/PSEUDO SSN: |

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | | N/A |
| RBC | | N/A |
| Hgb | | Negative |
| Hct | | Negative |
| MCV | | Negative |
| Plt | | N/A |
| Lymph | | Negative |
| (Hem | | N/A |
| Segs | | Negative |
| Bands | | 0.2-1.0 |
| Lymph | | |
| Atyp | | |
| RBC Morph | | |

(b)(6)-4

ID [redacted] 22-11-03
WB 08:24

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 10.6 H | x10^3/uL | 4.5 | 10.5 |
| RBC | 4.11 | x10^6/uL | 4.00 | 6.00 |
| Hgb | 12.0 | g/dL | 11.0 | 18.0 |
| Hct | 37.2 | % | 35.0 | 60.0 |
| MCV | 90.4 | fL | 80.0 | 99.9 |
| MCH | 29.2 | pg | 27.0 | 31.0 |
| MCHC | 32.2 L | g/dL | 33.0 | 37.0 |
| Plt | 194. | x10^3/uL | 150. | 450. |
| LYM | 13.0 *L | % | 20.5 | 51.1 |
| LYM | 1.4 * | x10^3/uL | 1.2 | 3.4 |

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| | | |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Source | | |
| Gram Stain | | |
| Occ Bld | | Negative |
| H. pylori | | Negative |
| Micro Parasites | | |
| Malaria | | |
| O & P | | |

| | | | | |
|---|---|---|---|---|
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | | |
| Sed Rate | | | Cell Count | |
| Other | | | Directigen | |

**Coagulation Studies** (MUST SU

| TEST | RESULT | REF. RANGE | UNIT |
|---|---|---|---|
| PT | | 9.8-13.6 secs | |
| APTT | | 21-34 secs | |
| D dimer | | <20 ug/ml | |
| FDP | | <10 ug/ml | |

REMARKS:

REPORTED BY: DATE:

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/22/03 08:27

Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 12.9 sec.
Ratio = 1.1
Calculated INR = 1.09
Sample Type:citrated wh. blood
Test Date :11/22/03
Test Time :08:26
Card Lot :080201
Operator [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/22/03 08:29

Patient ID [redacted]
Test Name :APTT
Test Result:= 24.6 sec.
***RESULT OUT OF RANGE***
Sample Type:citrated wh. blood
Test Date :11/22/03
Test Time :08:27
Card Lot :100208
Operator [redacted]

MEDCOM - 24987

(b)(6)-2

| Ward/Section: ICU #3 | REQU[redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: (b)(6)-4 [redacted] | DATE: 22 NOV / TIME: 1420 | 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 $10^6$ | 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 | | |
| | | | ot | | Negative | Malaria | | |
| | | | ob | | 0.2-1.0 | O & P | | |
| | | | t | | Negative | Other | | |
| | | | uk | | Negative | **Microscopic Urinalysis** | | |
| | | | CG | | Negative | | | |
| | | | **CSF** | | | **Blood Bank** | | |
| | | | ell ount | | | **MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED** | | |
| | | | rectigen | | Negative | ABO/Rh | | |

**Blood Bank Unit Crossmatch**
**(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)**

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

| TE: | LAB ID NO.: |
|---|---|

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/22/03 14:26

Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 13.3 sec.
Ratio = 1.1
Calculated INR = 1.15
Sample Type:citrated wh. blood
Test Date :11/22/03
Test Time :14:24
Card Lot :086201
Operator : [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/22/03 14:29

Patient ID: [redacted]
Test Name :APTT
Test Result:= 43.5 sec.
***RESULT OUT OF RANGE***
Sample Type:citrated wh. blood
Test Date :11/22/03
Test Time :14:26
Card Lot :100208
Operator : [redacted]

| Ward/Section: ICU3 | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST [redacted] | DATE 23NOV03 | TIME 0400 | SSN/PSEUDO SSN: |

(Hematology) CBC

| | |
|---|---|
| WB | |
| RB | |
| Hgb | |
| Hct | |
| MCV | |
| Plt | |
| Lymp | |
| (He | |
| Segs | |
| Bands | |
| Lymph | |

ID: [redacted] WB

23-11-03 04:24

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 6.5 | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.38 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 9.7 L | g/dL | 11.0 | 18.0 |
| Hct | 30.1 L | % | 35.0 | 60.0 |
| MCV | 88.9 | fL | 80.0 | 99.9 |
| MCH | 28.8 | pg | 27.0 | 31.0 |
| MCHC | 32.4 L | g/dL | 33.0 | 37.0 |
| Plt | 213. | x10^3/uL | 150. | 450. |
| LY% | 26.2 | % | 20.5 | 51.1 |
| LY# | 1.7 | x10^3/uL | 1.2 | 3.4 |

(b)(6)-4

RAPIDPOI[illegible]G ANALY[illegible]
SERIAL #0[illegible] [illegible] 11/23/0[illegible]

Patient ID: [redacted]
Test Name :PT
Test Result:= 13.8 sec.
Ratio = 1.1
Calculated INR = 1.22
Sample Type:citrated wh. blood
Test Date :11/23/03
Test Time :04:25
Card Lot :080201
Operator : [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/23/03 04:29

Patient ID: [redacted]
Test Name :APTT
Test Result:= 30.7 sec.
Sample Type:citrated wh. blood
Test Date :11/23/03
Test Time :04:27
Card Lot :100208
Operator [redacted]

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | N/A |
| App | | N/A |
| Glu | | Negative |
| Bili | | Negative |
| Ket | | Negative |
| G | | N/A |
| ld | | Negative |
| i | | N/A |
| ot | | Negative |
| ob | | 0.2-1.0 |
| | | Negative |
| Leuk | | Negative |
| HCG | | Negative |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | | |
|---|---|---|
| Source | | |
| Gram Stain | | |
| Occ Bld | | Negative |
| H. pylori | | Negative |
| Micro Parasites | | |
| Malaria | | |
| O & P | | |
| Other | | |

**Microscopic Urinalysis**

**CSF**

| | |
|---|---|
| | Negative |

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

| | |
|---|---|
| ABO/Rh | |

**Blood Bank Unit Crossmatch**
(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

| DATE: | LAB ID NO.: |
|---|---|

| Ward/Section: ICU 3 | REQUEST [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST [redacted] | DATE 9/24/03 TIME 0730 | SSN/PSEUDO SSN: |

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | | 4.8-10 |
| RBC | | 4.7-6.1 |
| Hgb | | 14-18<br>12-16 |
| Hct | | 42-52%<br>37-47% |
| MCV | | 80-94<br>81-99 |
| Plt | | 130-500<br>verified |
| Lymph % | | 20.5-51 |

**(Hematology) Manual Diffe**

| | | | |
|---|---|---|---|
| Segs | | Mono | |
| Bands | | Eos | |
| Lymph | | Baso | |
| Atyp | | Imm | |

ID [redacted] 24-11-03
WB 07:46

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 7.2 | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.44 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 10.0 L | g/dL | 11.0 | 18.0 |
| Hct | 30.9 L | % | 35.0 | 60.0 |
| MCV | 89.7 | fL | 80.0 | 99.9 |
| MCH | 29.1 | pg | 27.0 | 31.0 |
| MCHC | 32.4 L | g/dL | 33.0 | 37.0 |
| Plt | 266. | x10^3/uL | 150. | 450. |
| LY% | 23.6 | % | 20.5 | 51.1 |
| LY# | 1.7 | x10^3/uL | 1.2 | 3.4 |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | | |
|---|---|---|
| Source | | |
| Gram Stain | | |
| Occ Bld | | Negative |
| H. pylori | | Negative |
| Micro Parasites | | |
| Malaria | | |
| O & P | | |
| Other | | |

**Microscopic Urinalysis**

**CSF**

| | | |
|---|---|---|
| Cell Count | | |
| Directigen | | Negative |

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

| | |
|---|---|
| ABO/Rh | |

**Blood Bank Unit Crossmatch**
**(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)**

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

DATE: | LAB ID NO.:

(b)(6)-4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/24/03 07:50

Patient ID: [redacted]
Test Name :PT
Test Result:= 15.6 sec.
Ratio = 1.3
Calculated INR = 1.49
Sample Type:citrated wh. blood
Test Date :11/24/03
Test Time :07:49
Card Lot :080201
Operator : [redacted]

(b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/24/03 07:53

Patient ID: [redacted]
Test Name :APTT
Test Result:= 35.3 sec.
Sample Type:citrated wh. blood
Test Date :11/24/03
Test Time :07:51
Card Lot [redacted]

MEDCOM - 24990

| Ward/Section: TCU3 | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. [redacted] | DATE 11/23/03 / TIME 1430 | SSN/PSEUDO SSN: [redacted] |

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | | 4.8-10.8 x $10^3$ |
| RBC | | 4.7-6.1 x $10^6$ |
| Hgb | | 14-18 g/dl (M) 12-16 g/dl (F) |
| Hct | | 42-52% (M) 37-47% (F) |
| MCV | | 80-94 fl (M) 81-99 fl (F) |
| Plt | | 130-500 x $10^3$ verified |
| Lymph % | | 20.5-51.1% |

**(Hematology) Manual Differential**

| | | | |
|---|---|---|---|
| Segs | | Mono | |
| Bands | | Eos | |
| Lymph | | Baso | |
| Atyp | | Imm | |
| RBC Morph | | | |
| Spun Hematocrit | | 42-52% (M 37-47% (F | |
| Sed Rate | | | |
| Other | | | |

**Coagulation Studies**

| TEST | RESULT | REF. RAN |
|---|---|---|
| PT | | 9.8-13.6 sec |
| APTT | | 21-34 secs |
| D dimer | | <20 ug/ml |
| FDP | | <10 ug/ml |

REMARKS:

REPORTED BY: [redacted]

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | N/A |
| App | | N/A |
| Glu | | Negative |
| Bili | | Negative |
| Ket | | Negative |
| SG | | N/A |
| Bld | | Negative |
| pH | | N/A |
| Prot | | Negative |
| Urob | | 0.2-1.0 |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | |
|---|---|
| Source | |
| Gram Stain | |
| Occ Bld | Negative |
| H. pylori | Negative |
| Micro Parasites | |
| Malaria | |
| O & P | |

**Microscopic Urinalysis**

**Blood Bank**

T SUBMIT SF 518 WITH
RY UNIT REQUESTED

Rh

smatch
RY UNIT OF BLOOD

CROSSMATCH

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/23/03 14:43

Patient ID [redacted]
Test Name :PT
Test Result:= 14.8 sec.
Ratio - 1.2
Calculated INR = 1.37
Sample Type:citrated wh. blood
Test Date :11/23/03
Test Time :14:41
Card Lot :080201
Operator [redacted]

(b)(6)-4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/23/03 14:45

Patient ID: [redacted]
Test Name :APTT
Test Result:= 30.9 sec.
Sample Type:citrated wh. blood
Test Date :11/23/03
Test Time :14:43
Card Lot :100208
Operator [redacted]

(b)(6)-2

MEDC[redacted]91

| Ward/Section: TCCS | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: [redacted] (b)(6)-2 | DATE: 25 Nov 03 | TIME: 0800 | SSN/PSEUDO SSN: |

**(Hematology) CBC**

(b)(6)-4

ID [redacted] 25-11-03
WB 04:05

| | | | | Patient Limits | |
|---|---|---|---|---|---|
| WBC | 8.1 | | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.49 | L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 10.1 | L | g/dL | 11.0 | 18.0 |
| Hct | 31.5 | L | % | 35.0 | 60.0 |
| MCV | 90.2 | | fL | 80.0 | 99.9 |
| MCH | 28.9 | | pg | 27.0 | 31.0 |
| MCHC | 32.0 | L | g/dL | 33.0 | 37.0 |
| PLT | 304. | | x10^3/uL | 150. | 450. |
| LY% | 18.3 | L | % | 20.5 | 51.1 |
| LY# | 1.5 | | x10^3/uL | 1.2 | 3.4 |

| Atyp | | Immm | |
|---|---|---|---|

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | N/A |
| App | | N/A |
| Glu | | Negative |
| Bili | | Negative |
| Ket | | Negative |
| SG | | N/A |
| Bld | | Negative |
| pH | | N/A |
| Prot | | Negative |
| Urob | | 0.2-1.0 |
| Nit | | Negative |
| Leuk | | Negative |
| HCG | | Negative |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | |
|---|---|
| Source | |
| Gram Stain | |
| Occ Bld | Negative |
| H. pylori | Negative |
| Micro Parasites | |
| Malaria | |
| O & P | |
| Other | |

**Microscopic Urinalysis**

**CSF**

| | | |
|---|---|---|
| Cell Count | | |
| Directigen | | Negative |

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

| | |
|---|---|
| ABO/Rh | |

**Blood Bank Unit Crossmatch**
**(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)**

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

| DATE: | LAB ID NO.: |
|---|---|

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/25/03 04:10

Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 14.3 sec.
Ratio = 1.2
Calculated INR = 1.29
Sample Type:citrated wh. blood
Test Date :11/25/03
Test Time :04:08
Card Lot :080201
Operator [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/25/03 04:12

Patient ID: [redacted]
Test Name :APTT
Test Result:= 31.0 sec.
Sample Type:citrated wh. blood
Test Date :11/25/03
Test Time :04:10
Card Lot :100208
Operator : [redacted]

MEDCOM - 24992

(b)(6)-2

Ward/Section: ICW 1 | [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI: [redacted] | DATE: 26 NOV | TIME: 0500 | SSN/PSEUDO SSN:

[redacted] (b)(6)-4

[redacted] 26-11-03 05:00

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 18.2 H | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.48 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 9.9 L | g/dL | 11.0 | 18.0 |
| Hct | 31.4 L | % | 35.0 | 60.0 |
| MCV | 90.2 | fL | 80.0 | 99.9 |
| MCH | 28.6 | pg | 27.0 | 31.0 |
| MCHC | 31.7 L | g/dL | 33.0 | 37.0 |
| Plt | 302. | x10^3/uL | 150. | 450. |
| LYM% | 2.7 *L | % | 20.5 | 51.1 |
| LYM# | 0.5 *L | x10^3/uL | 1.2 | 3.4 |

Bands

| Urinalysis | | | | Misc. Serology | | |
|---|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | | TEST | RESULT | REF. RANGE |
| Color | | N/A | | RPR | | Negative |
| App | | N/A | | Mono | | Negative |
| Glu | | Negative | | **Microbiology** | | |
| Bili | | Negative | | Source | | |
| Ket | | Negative | | Gram Stain | | |
| SG | | N/A | | Occ Bld | | Negative |
| Bld | | Negative | | H. pylori | | Negative |
| pH | | N/A | | Micro Parasites | | |
| Prot | | Negative | | Malaria | | |
| Urob | | 0.2-1.0 | | O & P | | |
| Nit | | Negative | | Other | | |
| Leuk | | Negative | | **Microscopic Urinalysis** | | |
| HCG | | Negative | | | | |

| 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 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

E: | LAB ID NO.:

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/26/03 05:23

Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 15.4 sec.
Ratio := 1.3
~~Calculated INR = 1.46~~
Sample Type:citrated wh. blood
Test Date :11/26/03
Test Time :05:21
Card Lot :080201
Operator [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/26/03 05:25

Patient ID: [redacted]
Test Name :APTT
Test Result:= 31.8 sec.
Sample Type:citrated wh. blood
Test Date :11/26/03
Test Time :05:23
Card Lot :100208
Operator :[redacted]

MEDCOM - 24993

(b)(6)-2

| Ward/Section: ICW#1 | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: [redacted] (b)(6)-4 | DATE: 27NOV / TIME: 1615 | SSN/PSEUDO SSN: [redacted] |

| (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 $10^6$ | 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 |
| | | | H | | N/A | Micro Parasites | | |
| | | | rot | | Negative | Malaria | | |
| | | | rob | | 0.2-1.0 | O & P | | |
| | | | it | | Negative | Other | | |
| | | | cux | | Negative | Microscopic Urinalysis | | |
| | | | ICG | | Negative | | | |

| CSF | | | Blood Bank | |
|---|---|---|---|---|
| ell ount | | | 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 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

| TE: | LAB ID NO.: |
|---|---|

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/27/03 16:07

Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 15.8 sec.
Ratio = 1.3
Calculated INR = 1.52
Sample Type:citrated wh. blood
Test Date :11/27/03
Test Time :16:06
Card Lot :080201
Operator [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/27/03 16:11

Patient ID: [redacted]
Test Name :APTT
Test Result:= 73.9 sec.
***RESULT OUT OF RANGE***
Sample Type:citrated wh. blood
Test Date :11/27/03
Test Time :16:08
Card Lot :100208
Operator : [redacted]

MEDCOM - 24994

(b)(6)-2

Ward/Section: ICW 1 | REQUESTING: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI: [redacted] | DATE: 22 NOV | TIME: 0820 | SSN/PSEUDO SSN:

(b)(6)-4

| Hematology | | | |
|---|---|---|---|
| T | | | |
| WB | [redacted] | 22-11-03 | |
| RBC | | 0415a | |
| Hgb | | Patient Limits | |
| Hct | | | |
| MCV | | | |
| Plt | | | |
| Lymp | | | |
| (H | | | |
| Segs | | | |
| Band | | | |

| Urinalysis | | |
|---|---|---|
| TEST | RESULT | REF. RANGE |
| Color | | N/A |
| App | | N/A |
| Glu | | Negative |
| Bili | | Negative |
| Ket | | Negative |
| SG | | N/A |
| Bld | | Negative |
| pH | | N/A |
| Prot | | Negative |
| Urob | | 0.2-1.0 |
| Nit | | Negative |
| Ik | | Negative |
| CG | | Negative |

| Misc. Serology | | |
|---|---|---|
| TEST | RESULT | REF. RANGE |
| RPR | | Negative |
| Mono | | Negative |

| Microbiology | |
|---|---|
| Source | |
| Gram Stain | |
| Occ Bld | Negative |
| H. pylori | Negative |
| Micro Parasites | |
| Malaria | |
| O & P | |
| Other | |

| Microscopic Urinalysis |
|---|
| |

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/27/03 04:57

Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 17.5 sec.
Ratio = 1.4
[redacted]
Sample Type:citrated wh. blood
Test Date :11/27/03
Test Time :04:56
Card Lot :080201
Operator [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/27/03 05:00

Patient ID: [redacted]
Test Name :APTT
Test Result:= 59.2 sec.
***RESULT OUT OF RANGE***
Sample Type:citrated wh. blood
Test Date :11/27/03
Test Time :04:57
Card Lot :100208
Operator : [redacted]

| CSF | |
|---|---|
| ell ount | |
| irectigen | Negative |

| Blood Bank | |
|---|---|
| MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED | |
| ABO/Rh | |

**Blood Bank Unit Crossmatch**
**(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)**

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

ATE: | LAB ID NO.:

MEDCOM - 24995

(b)(6)-2

| Ward/Section: ICW 2 | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: [redacted] (b)(6)-4 | DATE: 7 NOV | TIME: 0520 | SSN/PSEUDO SSN: |

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | | 4.8-10.8 x 10 |
| RBC | | 4.7-6.1 x 10 |
| Hgb | | 14-18 g/dl (M) 12-16 g/dl (F) |
| Hct | | 42-52% (M) 37-47% (F) |
| MCV | | 80-94 fl (M) 81-99 fl (F) |
| Plt | | 130-500 x 10 verified |
| Lymph % | | 20.5-51.1 |

**(Hematology) Manual Differ**

| | | | | | |
|---|---|---|---|---|---|
| | | | Patient Limits | | |
| WBC | 9.0 | x10^3/uL | 4.5 | 10.5 | |
| RBC | 3.58 L | x10^6/uL | 4.00 | 5.90 | |
| Hgb | 10.7 L | g/dL | 11.9 | 15.6 | |
| Hct | 31.8 L | % | 35.7 | 46.3 | |
| MCV | 89.0 | fL | 85.0 | 99.9 | |
| MCH | 29.9 | pg | 27.4 | 31.6 | |
| MCHC | 33.6 L | g/dL | 33.0 | 37.0 | |
| Plt | 270. | x10^3/uL | 150. | 450. | |
| Lym | 11.7 | % L | 20.5 | 51.1 | |
| Lym | 1.1 | x10^3/uL | 1.2 | 3.7 | |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | | |
|---|---|---|
| Source | | |
| Gram Stain | | |
| Occ Bld | | Negative |
| H. pylori | | Negative |
| Micro Parasites | | |
| Malaria | | |
| O & P | | |
| Other | | |

| | | |
|---|---|---|
| Urob | | |
| Nit | | Negative |
| Leuk | | Negative |
| HCG | | Negative |

**Microscopic Urinalysis**

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/28/03 05:11

Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 15.5 sec.
Ratio = 1.3
~~Calculated INR = 1.47~~
Sample Type:citrated wh. blood
Test Date :11/28/03
Test Time :05:10
Card Lot :080201
Operator [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/28/03 05:14

Patient ID: [redacted]
Test Name :APTT
Test Result:= 32.7 sec.
Sample Type:citrated wh. blood
Test Date :11/28/03
Test Time :05:11
Card Lot :100208
Operator : [redacted]

**CSF**

| | | |
|---|---|---|
| Cell Count | | |
| Directigen | | Negative |

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

| | |
|---|---|
| ABO/Rh | |

**Blood Bank Unit Crossmatch**
(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

| TE: | LAB ID NO.: |
|---|---|

MEDCOM - 24996

| Ward/Section: | REQUESTING PHYSICIAN: | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|

| LAST, FIRST, MI. | DATE | TIME | SSN/PSEUDO SSN: |
|---|---|---|---|
| [redacted] | | | |

**(Hematology) CBC**

| RESULT | REF. RANGE |
|---|---|
| [illegible] | [illegible] |
| [illegible] | [illegible] |
| [illegible] | [illegible] |
| [illegible] | [illegible] |
| [illegible] | [illegible] |
| [illegible] | [illegible] |
| [illegible] | [illegible] |
| [illegible] | [illegible] |
| Rbc Morph | |
| Spun Hematocrit | 42-52% (M) 37-47% (F) |
| Sed Rate | |
| Other | |

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | N/A |
| App | | N/A |
| Glu | | Negative |
| Bili | | Negative |
| Ket | | Negative |
| SG | | N/A |
| Bld | | Negative |
| pH | | |
| Prot | | |
| Urob | | |
| Nit | | |
| Leuk | | |
| HCG | | |
| Cell Coun | | |
| Direct | | |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | | |
|---|---|---|
| Source | | |
| Gram Stain | | |
| Occ Bld | | Negative |
| H. pylori | | Negative |

**Coagulation Studies**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| PT | | 9.8-13.6 secs |
| APTT | | 21-34 secs |
| D dimer | | <250 ng/ml |
| FDP | | <10 ug/ml |

REMARKS:

REPORTED BY: DATE

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/29/03 05:40

Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 18.3 sec.
Ratio = 1.5
Calculated INR = 1.93
Sample Type:citrated wh. blood
Test Date :11/29/03
Test Time :05:39
Card Lot :080201
Operator [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/29/03 05:42

Patient ID [redacted]
Test Name :APTT
Test Result:= 27.6 sec.
***RESULT OUT OF RANGE***
Sample Type:citrated wh. blood
Test Date :11/29/03
Test Time :05:40
Card Lot :110215
Operator [redacted]

MEDCOM - 24997

(b)(6)-2

| Ward/Section: CW#1 | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. [redacted] | 30NOV TIME 0920 | SSN: [redacted] SSN: |

(b)(6)-4

| (Hematology) CBC | | | Urinalysis | | Misc. Serology | | |
|---|---|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| | | | | N/A | RPR | | Negative |
| | | | | N/A | Mono | | Negative |
| | | | | Negative | Microbiology | | |
| | | | | Negative | Source | | |
| | | | | Negative | Gram Stain | | |
| | | | | N/A | Occ Bld | | Negative |
| | | | | Negative | | | Negative |
| | | | | N/A | | | |
| | | | | Neg | | | |
| | | | | 0.2-1 | | | |
| | | | | Nega | | | |
| | | | | Negati | | | rsis |
| | | | | Negativ | | | |

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/30/03 05:34

Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 17.4 sec.
Ratio = 1.4
Calculated INR = 1.78
Sample Type:citrated wh. blood
Test Date :11/30/03
Test Time :05:33
Card Lot :080201
Operator [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/30/03 05:36

Patient ID [redacted]
Test Name :APTT
Test Result:= 31.6 sec.
Sample Type:citrated wh. blood
Test Date :11/30/03
Test Time :05:34
Card Lot :110215
Operator [redacted]

CSF

TH
)

Negati

Blood B:
UST SUBMIT SF 51
Ri

UNIT

| | | | | | |
|---|---|---|---|---|---|
| APTT | | 21-34 secs | | | |
| D dimer | | <20 ug/ml | | | |
| FDP | | <10 ug/ml | | | |

REMARKS:

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|

(b)(6)-2

| Ward/Section: ICW#1 | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|

| LAST, FIRST, MI. | DATE | TIME | SSN/PSEUDO SSN: |
|---|---|---|---|
| # [redacted] | 30 NOV | 2150 | # [redacted] |

(b)(6)-4

[redacted]

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | | 4.8-10.8 x $10^3$ |
| RBC | | 4.7-6.1 x $10^6$ |
| Hgb | | 14-18 g/dl (M)<br>12-16 g/dl (F) |
| Spun Hematocrit | | 42-52% (M)<br>37-47% (F) |
| Sed Rate | | |
| Other | | |

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | N/A |
| App | | N/A |
| Glu | | Negative |
| Bili | | Negative |
| Ket | | Negative |
| SG | | N/A |
| Bld | | Negative |
| pH | | N/A |
| Prot | | Negative |
| Urob | | 0.2-1.0 |
| Nit | | Negative |
| Leuk | | Negative |
| HCG | | Negative |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | | |
|---|---|---|
| Source | | |
| Gram Stain | | |
| Occ Bld | | Negative |
| H. pylori | | Negative |
| Micro Parasites | | |
| Malaria | | |
| O & P | | |
| Other | | |

**Microscopic Urinalysis**

**CSF**

| | | |
|---|---|---|
| Cell Count | | |
| Directigen | | Negative |

**Blood Bank**

**MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED**

| | |
|---|---|
| ABO/Rh | |

**Coagulation Studies**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| PT | | 9.8-13.6 secs |
| APTT | | 21-34 secs |
| D dimer | | <20 ug/ml |
| FDP | | <10 ug/ml |

**Blood Bank Unit Crossmatch**
**(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)**

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**REMARKS:**

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

(5)(6)-2

| Ward/Section: 1 CWH4 | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. # [redacted] | DATE: 30 1 DEC 03 TIME: 0505 | SSN/PSEUDO SSN: [redacted] |

**(Hematology) CBC**

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 12/01/03 05:16

Patient ID [redacted] (5)(6)-4
Test Name :PT
Test Result:= 18.6 sec.
Ratio = 1.5
~~Calculated INR = 1.98~~
Sample Type:citrated wh. blood
Test Date :12/01/03
Test Time :05:14
Card Lot :080201
Operator [redacted] (5)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 12/01/03 05:19

Patient ID [redacted]
Test Name :APTT
Test Result:= 31.2 sec.
Sample Type:citrated wh. blood
Test Date :12/01/03
Test Time :05:16
Card Lot :100208
Operator [redacted]

**Urinalysis**

| RESULT | REF. RANGE |
|---|---|
| | N/A |
| | N/A |
| | Negative |
| | Neg |
| | Neg |
| | Neg |
| | N/A |
| | Neg |
| | N/A |
| | Neg |
| 0.2 | |
| | Ne |
| | Ne |
| | Ne |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |
| | | Negative |
| | | Negative |

**Microbiology**

[redacted]

**CSF**

| | | |
|---|---|---|
| t | | |
| tigen | | Negative |

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh

**Blood Bank Unit Crossmatch**
**(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)**

| TEST | RESULT | REF. RANGE | UNIT | TYPE | CROSSMATCH |
|---|---|---|---|---|---|
| PT | | 9.8-13.6 secs | | | |
| APTT | | 21-34 secs | | | |
| D dimer | | <20 ug/ml | | | |
| FDP | | <10 ug/ml | | | |

**REMARKS:**

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

MEDCOM - 25000

(b)(6)-2

| Ward/Section: CW4 | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: [redacted] | DATE: 2 DEC / TIME: 0910 | SSN/PSEUDO SSN: [redacted] |

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| [redacted] | | |

(b)(6)-4

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | N/A |
| App | | N/A |
| Glu | | Negative |
| Bili | | Negative |
| Ket | | Negative |
| SG | | N/A |
| Bld | | Negative |
| pH | | N/A |
| Prot | | Negative |
| Urob | | 0.2-1.0 |
| Nit | | Negative |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | | |
|---|---|---|
| Source | | |
| Gram Stain | | |
| Occ Bld | | Negative |
| H. pylori | | Negative |
| Micro Parasites | | |
| Malaria | | |
| O & P | | |
| Other | | |

**icroscopic Urinalysis**

**Blood Bank**

SUBMIT SF 518 WITH
Y UNIT REQUESTED

| | | |
|---|---|---|
| Sed Rate | | |
| Other | | |

**Coagulation Studies**

| TEST | RESULT | REF. RANG |
|---|---|---|
| PT | | 9.8-13.6 secs |
| APTT | | 21-34 secs |
| D dimer | | <20 ug/ml |
| FDP | | <10 ug/ml |

**REMARKS:**

**REPORTED BY:**

**match**
**Y UNIT OF BLOOD**

| CROSSMATCH |
|---|
| |
| |
| |
| |
| |

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 12/02/03 06:50

Patient ID: [redacted] (b)(6)-4
Test Name :PT
Test Result:= 20.0 sec.
***RESULT OUT OF RANGE***
Ratio = 1.6
Calculated INR = [redacted]
Sample Type:citrated wh. blood
Test Date :12/02/03
Test Time :06:48
Card Lot :080201
Operator [redacted] (b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 12/02/03 06:53

Patient ID [redacted]
Test Name :APTT
Test Result:= 37.1 sec.
Sample Type:citrated wh. blood
Test Date :12/02/03
Test Time :06:50
Card Lot :110215
Operator [redacted]

MEDCOM - 25001

Integ ♂
PSH + PMH unknown
? Allergies

Preop
9.9% O
13 12.9
4.8 39 200

104 | 141 | 110 | 13 | 148
4.9 | 22 | 1.8
PT 17 INR 1.4 PTT 27

1L #10 > 20 Ex-6

Lung/Liver/Pulm contusion

# 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) | 0100 | x 30 | x 0200 | x 30 | x 0300 |
|---|---|---|---|---|---|---|
| Vecuronium | (MG) | 10 | | | 10 | |
| Fentanyl | (MG) | 50 | 100 50 | 50 | | |
| | ( ) | | | | | |
| | ( ) | | | | | |
| | ( ) | | | | | |
| | ( ) | | | | | |
| VOLAT AGENT Sevo | % del | .8 | .8 .8 | 1.0 | 0.8 0.8 | 0.8 .7 |
| | % e.t. | | | | | |
| AIR | L/Min | | | | | |
| N2O | L/Min | | | | | |
| O2 | L/Min | 2 | 1 1 | 1.2 | 1.0 1.0 | 1.0 2.0 |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS →

**FLUIDS**

| LINE site | | | | | |
|---|---|---|---|---|---|
| R Femoral 16G | ☐ Warmed | LR | 1000 | | 300 |
| (2) 100+ | ☐ Warmed | TKO | | | |
| (R) 100+ | ☐ Warmed | TKO | | | |

**LOSSES**

| | | | |
|---|---|---|---|
| EST BLOOD LOSS | | | 100 |
| URINE - | 500 | | |

**PHYS STATUS** 1 (2) 3 4 5 (E)

**BODY WEIGHT:** ≈ 80 KG LB

**HEMATOCRIT:** 12.9/39

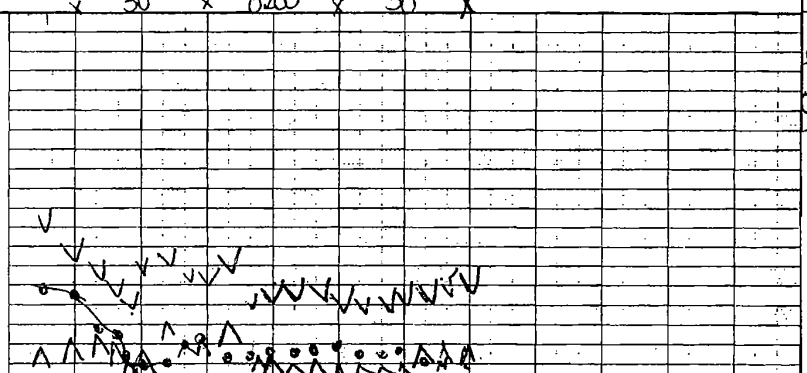
**INITIAL DATA:** BP- 130/68 HR- 96 0800

**EQUIP CHECK** OK?- (Y) N

**PATIENT RECHECK** OK for PROCEDURE? Vep TIME- 0100

**SYMBOLS:** BP by cuff V; Heart rate ∧; Resp rate ●; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-⊙

TIME → 0100 x 30 x 0200 x 30 x




**VENTIL.**

| | 0100 | 0130 | 0200 | 0230 | 0300 | 0330 | 0400 | 0430 |
|---|---|---|---|---|---|---|---|---|
| VT - ml | 800 | 800 | 800 | 800 | 840 | 890 | 820 | 800 |
| f - breaths/min | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| Peak inf pres / PEEP | 19 | 19 | 19 | 16 | 17 | 19 | 20 | 20 |
| MODE - S(pon), A(ssist), C(on) | CV | CV | CV | CV | CV | CV | CV | CV |

**MONITORS/ACCESSORIES**

| | | 0100 | 0130 | 0200 | 0230 | 0300 | 0330 | 0400 | 0430 |
|---|---|---|---|---|---|---|---|---|---|
| X BP/Auto Cuff | X ET CO2 (torr) | 30 | 30 | 30 | 31 | 31 | 32 | 32 | 30 |
| BP/oth | FIO2 (Frac or %) | >.81 | >.81 | >.81 | >.82 | >.82 | >.82 | >.82 | 100% |
| ART line | X SpO2 (%) | 98 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | X ECG II | SR | SR | SR | SR | SR | SR | SR | SR |
| Gas analyzer | TEMP-site | | | | | | | | |
| | N-M Block (T/4) | 0/4 | 0/4 | 0/4 | 0/4 | 0/4 | 2/4 | 0/4 | 0/4 |
| Warming blkt | Room warmed | | | | | | | | |
| Conv warmer | | | | | | | | | |

Mark with letters & symbols, explain under REMARKS. EVENTS Position → Supine arms <90° bilateral

**TOTALS** — TOTAL EBL: 100 mL; TOTAL URINE: 1000 mL

**FLUIDS - SUMMARY**
CRYSTALLOID- 1300 mL/R
COLLOID- 0
BLOOD- 0

**REMARKS**
Code drugs with numbers, events with letters
0000 Prepped as above
TCA started to OR from ER
Surgical Pt
0530 Report to Augusta

RECOVERY AT: 0335
PACU (ICU) (Specify)
OTHER
CONDITION: Vented to 70% FiO2
RESP- SpO2- 100
BP- 107/76 HR- 89

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 0000 | 0100 | 0335 |
| | Ready | Begin | End |
| PROC | 0116 | 0120 | 0245 |

PROCEDURES and CPT Codes:
Ant Chest wall Debridement

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
GETA

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility
# [redacted]
(b)(6)-4

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
8.0 ET c 22 cm at lip. 12 Chestburn BBS=GA

SURGEONS: [redacted] (b)(6)-2
[redacted] (CRNA)/Mayo

PROCEDURE LOCATION: OR2-1
DATE: 11/07/03
PAGE 1 OF 7

MEDCO [redacted]

DA FORM 7389, FEB 1998 — COPY 1 - PATIENT'S MEDICAL RECORD

518-124 NSN 7540-00-634-415

MEDICAL RECORD

# BLOOD OR BLOOD COMPONENT TRANSFUSION

## SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 1 u ML

EMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 18Nov03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE [redacted]

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER [redacted]

DATE VERIFIED 18Nov03

TIME VERIFIED 2355

## SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO. 66-4

PATIENT NO. [redacted]

DONOR

ABO O

Rh pos

RECIPIENT

ABO B

Rh pos

TEST INTERPRETATION

| ANTIBODY SCREEN | CROSSMATCH |
|---|---|
| NA | compat |

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: exp 21Nov03

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

DATE 19Nov03

## SECTION III – RECORD OF TRANSFUSION

### PRE-TRANSFUSION DATA

INSPECTED AND [redacted]

[redacted] ON (Date) 20Nov03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERI[redacted]

[redacted]

PRE-TRAN[redacted]

TEMP. 98.3 PULSE [redacted] BP 115/87

DATE OF TRANSFUSION 20 Nov 03

TIME STARTED 0940

### POST-TRANSFUSION DATA

AMOUNT GIVEN Unit ~~ML~~

TIME/DATE ~~COMPLETED/INTERRUPTED~~ 20Nov03 @ 1110

REACTION

- [ ] NONE
- [ ] SUSPECTED

TEMPERATURE 98.4

PULSE 98

BLOOD PRESSURE 108/70

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [x] NO
- [ ] YES *(Specify)*

SIGNATURE OF PERSON NOTING ABOVE [redacted]

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, [redacted] rate; hospital or medical facility)

SEX M

WARD [redacted]

[redacted]

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA, ICMR, FIPMR (41 CFR 201-9.202-1)

Medical Record Copy

MEDCOM - 25003

518-124 NSN 7540-00-634-4151

MEDICAL RECORD

# BLOOD OR BLOOD COMPONENT TRANSFUSION

## SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*
- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* _____ ML

EMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 18 NOV 03

DATE AND HOUR REQUIRED m Lcy

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE GSW

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER [redacted]

DATE VERIFIED 18 NOV 03

TIME VERIFIED 2355

## SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. 66-4 [redacted]

TRANSFUSION NO.

PATIENT NO. [redacted]

TEST INTERPRETATION

| ANTIBODY SCREEN | CROSSMATCH |
|---|---|
| NA | Compat |

PREVIOUS RECORD CHECK:
- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

DONOR
ABO O
Rh pos

RECIPIENT
ABO B
Rh pos

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 19 NOV 03

REMARKS: exp 2 Nov 03

## SECTION III – RECORD OF TRANSFUSION

### PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

*(Hour)* 0720 ON *(Date)* 20 Nov 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

[redacted] (b)(6)-2

[redacted] 4/Nu

PRE-TRANSFUSION

TEMP. 97.4 PULSE 95 BP 110/73

DATE OF TRANSFUSION 20 Nov 03

TIME STARTED 0730

### POST-TRANSFUSION DATA

AMOUNT GIVEN Unit ~~ML~~

TIME/DATE ~~COMPLETED/INTERRUPTED~~ 0920 20 Nov 03

REACTION
- [x] NONE
- [ ] ~~SUSPECTED~~

| TEMPERATURE | PULSE | BLOOD PRESSURE |
|---|---|---|
| 97.6 | 70 | 114/70 |

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION
- [ ] URTICARIA
- [ ] CHILL
- [ ] ~~FEVER~~
- [ ] PAIN
- [ ] OTHER ~~(Specify)~~

OTHER DIFFICULTIES *(Equipment, clots, etc.)*
- [x] NO
- [ ] YES *(Specify)*

SIGNATURE [redacted]

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, F[redacted]odie; grade; rank; rate; hospital or medical facility)

SEX M

WARD [illegible]

[redacted] (b)(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518, REV. 9-92
Prescribed by GSA, ICMR, FPMR 41 CFR 201-9.202-1

Medical Record Copy

MEDCOM - 25004

# RADIOLOGIC CONSULTATION REQUEST/REPORT

*(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)*

| EXAMINATION(S) REQUESTED | AGE | SEX | SSN (Sponsor) | WARD/CLINIC | REGISTER NO. |
|---|---|---|---|---|---|
| US | | M | | ICU #3 | |
| (L) Subclavian vessels | FILM NO. | | | | PREGNANT ☐ YES ☐ NO |
| | REQUESTED BY [redacted] | | | | TELEPHONE/PAGE NO. |
| | SIGNATURE OF REQUESTOR (b)(6)-2 | | | | DATE REQUESTED 21 NOV 03 |

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

R/O DVT

| DATE OF EXAMINATION *(Month, day, year)* | DATE OF REPORT *(Month, day, year)* | DATE OF TRANSCRIPTION *(Month, day, year)* |
|---|---|---|
| | | |

RADIOLOGIC REPORT

(+) Thrombus (L) basilic ~~cephalic~~ and (L) subclavian vein to area of expected lateral 1/3 of clavicle. (~~extend~~ involves axillary vein).

(b)(6)-2

[redacted]

28 Oct 03

| PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)* | LOCATION OF MEDICAL RECORDS |
|---|---|
| (b)(6)-4 [redacted] | LOCATION OF RADIOLOGIC FACILITY |
| | SIGNATURE |

RADIOLOGIC CONSULTATION REQUEST/REPORT
1 — MEDICAL RECORD

STANDARD FORM 519 (5-85) Prescribed by USA/HQMC/DON/BUMED/AFMPC

MEDCOM - 25005

519-B

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

(b)(6)-4

[redacted]

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DATE OF ORDER 19 Nov 03 TIME OF ORDER 245 HOURS

LIST TIME ORDER NOTED AND SIGN

Admit to ICU
S/P HP / closure of chest wall
Critical
VS - Q1°
Act - Bed rest
Nursing - IV's
CT x2 to 20 cm Sxn

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| [redacted] | | |

DATE OF ORDER TIME OF ORDER HOURS

SP to wall suction (continuous)
NGT to LWS
Vent SIMV 40% 750 PEEP-5 R-14
Foley to gravity
D5 1/2 NS + 20 KCl @ 100 cc/hr
MEDS: Versed drip 2 mg/hr
(may ↑ to 5 mg/hr for sedation)

noted [redacted] 0400 19 Nov

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DATE OF ORDER TIME OF ORDER HOURS

MSO4 drip 2 mg hr (may ↑ to 4 mg/hr for pain)
Ancef 1 gm IV Q8
Gentamycin 360 mg IV QD

(b)(6)-2

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

Chem - 10 PT/PTT / CXR in ICU

PATIENT IDENTIFICATION

DATE OF ORD[redacted]

T.O.: HOURS

1700 19 Nov 03
① NS 12 Bowel rest - clear
② clear L drains
③ OOD + clear [redacted]

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| 24° Chest | 24 Nov 03 Sa[redacted] | |

[redacted]

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 25006

## 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 |
|---|---|---|---|---|---|---|
| (b)(6)-4 [redacted] | | | | 20 Nov 03 | 0700 HOURS | |
| | | | | Transfuse 2 units PRBC Reg Diet | | |
| NURSING UNIT | ROOM NO. | BED NO. | | [redacted] | | |
| PATIENT IDENTIFICATION | | | | DATE [redacted] TIME OF ORDER | | |
| | | | | 20 NOV 03 | 0950 HOURS | |
| | | | | CXR - Follow up chest injury QD | | |
| NURSING UNIT | ROOM NO. | BED NO. | | [redacted] | | |
| PATIENT IDENTIFICATION | | | | [redacted] | TIME OF ORDER | |
| | | | | 20 NOV | 1300 HOURS | |
| | | | | Colace 100 mg PO BID | | |
| | | | | CBC @ 1600 | | |
| NURSING UNIT | ROOM NO. | BED NO. | | [redacted] | | |
| PATIENT IDENTIFICATION | | | | DA[redacted]R | | |
| | | | | 21 NOV | 1520 HOURS | |
| | | | | CXR | | |
| | | | | heparin drip @ ~~650~~ 700 unit/hr | | |
| | | | | US of (L) subclavian vessels R/O DVT | | |
| NURSING UNIT | ROOM NO. | BED NO. | | [redacted] | | |
| 24° chest | 24WOU | 03 SUT | | [redacted] 1100 | | |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 25007

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 |
|---|---|---|---|---|---|
| Pt [redacted] (b)(6)-4 [redacted] | | | 21 NOV 03 | 1723 HOURS | |
| | | | (1) Please draw PT/PTT six (6) hours after start of heparin | | |
| | | | [redacted] | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| ICU3 | 240 | chart / 24 NOV 03 | [redacted] | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | 22 NOV 03 | HOURS | |
| | | | PT/PTT, CBC NOW | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF [redacted] | | |
| (5)(6) | | 22 NOV 03 @ 0930 | 22 NOV 03 | 0930 HOURS | |
| | | | ↑ Heparin to 1000 units/hr | | |
| | | | ✓ PT/PTT q 4 hrs | | |
| NURSING UNIT | ROOM NO. | BED NO. | [redacted] | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | 23 NOV | 0840 HOURS | 0840 11/23/03 0840 |
| | | | ↑ Heparin to 1200 units/hr | | |
| | | | ✓ PT/PTT after 6 hour | | |
| NURSING UNIT | ROOM NO. | BED NO. | [redacted] | | |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 [redacted]

MEDCOM - 25008

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION: [redacted] (b)(6)-4

23NOV03 [redacted]

DATE OF ORDER: 23 NOV 03 TIME OF ORDER: 1600 HOURS

CT to AZO Seq.

V.O [redacted]

LIST TIME ORDER NOTED AND SIGN

NURSING UNIT: ICU 3 ROOM NO.: 24° chart BED NO.: 24NOV 0440 [redacted]

PATIENT IDENTIFICATION: [redacted] 24NOV03 0230

DATE OF ORDER: 24 Nov 03 TIME OF ORDER: 0720 HOURS

~~QAM~~ CBC, PT/PTT

(b)(6)-2

NURSING UNIT: ICU3 ROOM NO.: BED NO.:

[redacted]

PATIENT IDENTIFICATION

DATE [redacted] ORDER: 24 NOV03 1645 HOURS

① D/C Foley

VO D[redacted]

NURSING UNIT: ROOM NO.: BED NO.:

PATIENT IDENTIFICATION

DATE OF ORDER: 25 Nov 03 TIME OF ORDER: 0710 HOURS

D/C CT

CXL

Tx

NURSING UNIT: ROOM NO.: BED NO.:

[redacted]

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

MEDCOM - 25009

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

[redacted]

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 25 Nov — TIME OF ORDER: 0800 HOURS

Transfer to Floor
s/p BSW to chest
Stable
VS Protocol
Act - OOB
Diet - Reg

LIST TIME ORDER NOTED AND SIGN

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER — TIME OF ORDER

Nursing - _____ HOURS
maintain IV
4L $O_2$ via NC
Incentive Spirometer
CBC/PT/PTT QAM
Meds - Ancef 1 gm IV Q8 x5days
Gentamycin 400 mg IV QD x5days
Hyperium drip @1200 into hr

PATIENT IDENTIFICATION

Noted [redacted] 25NOV03 1655

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER — TIME OF ORDER

_____ HOURS
Colace 100 mg PO BID
Percocet ii PO Q4 PRN
MSO4 4 mg IV Q4 PRN
Coumadin 3mg PO QD

(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-4 [redacted]

[redacted] 25 Nov 1800

NURSING UNIT | ROOM NO. | BED NO.

[redacted]

DATE OF [redacted] TIME OF ORDER

11/25/03 _____ HOURS
IVF D5 1/2NS c̄ 20 meq kcl/liter
@ 125 cc/hr
[redacted]
26NOV03 0755
Heplock IVFs V.O. D[redacted]

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 25010

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 27NOV03 TIME OF ORDER: 1600 HOURS

V.O.-Dr. [redacted]

Coag Panel x 1 now

(b)(6)-2 [redacted]

LIST TIME ORDER NOTED AND SIGN

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT: 24/0013 ZANCTOBYR | ROOM NO. | BED NO.

DATE OF ORDER: 27NOV03 TIME OF ORDER: 1706 HOURS

1. Stop Heparin Drip
2. Call Lab for check coags as ordered

[redacted]

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT: 24/0050 1DEC03 | ROOM NO. | BED NO.

DATE OF ORDER: 2200 30 Nov TIME OF ORDER: HOURS

1. CBC
2. CXR
3. IV LR at 150 cc/h
4. Mylanta 30 cc po now & q4 prn mild abd pain x 12 hrs only

(b)(6)-2 [redacted]

Verbal [redacted]

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

(b)(6)-5

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

[redacted] Medcom 25011

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

[redacted]

(5)(6)-4

DATE OF ORDER: 1 DEC TIME OF ORDER: 1845 HOURS

Transfer to camp 2 DEC

(5)(6)-2

[redacted]

LIST TI ORD NOTE

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER _____ HOURS

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER _____ HOURS

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER _____ HOURS

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 25012

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. ____ Yr. 2003 |
|---|---|---|

*VERIFY BY INITIALING* — *INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION*

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 19 NOV | [redacted] | VS Q1 Hr | 06 | [redacted] | | | | | | | | | |
| | | | 18 | | | | | | | | | | |
| 19 NOV | [redacted] | Activity BR | 06 | | | | D/C | 20 NOV | | | | | |
| | | | 18 | | | | | | | | | | |
| 19 NOV | [redacted] | CT x1 to 20cm suct | 06 | | | | | | | | | | |
| | | | 18 | | | | | | | | | | |
| 19 NOV | [redacted] | JP to cont wall suct | 06 | | | | D/C | | | | | | |
| | | | 18 | | | | | | | | | | |
| 19 NOV | [redacted] | NG to LIS | 06 | | | | | | | | | | |
| | | | 18 | | | | D/C'd 19 Oct 03 | | | | | | |
| 19 NOV | [redacted] | Vent ~~SIMV~~ 40%, 750TV | 06 | | | | | | | | | | |
| | | rate 14 peep 5 | 18 | | | | | | | | | | |
| 19 NOV | [redacted] | Foley to Gravity | 06 | | | | | | | | | | |
| | | | 18 | | | | | | | | | | |
| 19 NOV | [redacted] | OOB to chair TID | 06 | | | | | | | | | | |
| | | | 18 | | | | | | | | | | |
| ~~19 NOV~~ | [redacted] | ~~DISC CLEAR~~ | 06 | | | | D/C'd | 20 NOV | | | | | |
| | | | 18 | | | | | | | | | | |
| 20 NOV | [redacted] | Reg Diet | 06 | | | | | | | | | | |
| | | | 12 | | | | | | | | | | |
| | | | 18 | | | | | | | | | | |
| 20 NOV | [redacted] | CXR - follow up chest tube CPD | 04 | | | | | | | | | | |
| 23 NOV | [redacted] | CT to h2o seal | 06 | | | | | | | | | | |
| | | | 18 | | | | | | | | | | |
| 24 NOV | [redacted] | CBC, PT/PTT @ AM | 04 | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

(b)(6)-2

D/C'd 23 Nov see below

D/C 22 Nov

D/C'd 19 Oct 03

D/C'd 20 Nov

ALLERGIES: ☐ YES ☐ NO — NKDA

PRIMARY DIAGNOSIS: GSW scapula/chest

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION: [redacted] (b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

MEDCOM - 25013

| 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 |
| 19 NOV | [redacted] | Admit to ICU, S/P I&D/closure chest wall | 19 NOV | 0245 | 0300 | [redacted] |
| 19 NOV | [redacted] | Condition-critical | 19 NOV | 0245 | 0300 | [redacted] |
| 19 NOV | [redacted] | CBC, Chem10, Coag, CXR x1 in ICU | 19 NOV | adm | | |
| 20 Nov | [redacted] | CXR @ 1600 | 20 Nov | 1600 | 1600 | [redacted] |
| 21 Nov | [redacted] | CXR, US of (L) subclavian vessels | | | | [redacted] |
| | ----- | R/O DVT | done | | | |
| 21 Nov 03 | [redacted] | Please draw PT/PTT 6 hours | 21 Nov | | | |
| | ----- | after start of heparin | 21 Nov | 2230 | | |
| 22 Nov 03 | [redacted] | PT/PTT, CBC Now | 22 Nov 03 | 0800 | 0827 | [redacted] |
| 22 Nov 03 | [redacted] | PT/PTT P 4 Hep | 22 Nov | 1400 | 1420 | [redacted] |
| 23 | [redacted] | PT/PTT after 6 Hep | 23 Nov | 1430 | 1430 | [redacted] |
| 24 Nov | [redacted] | D/C Foley | 24 N | [redacted] | | [redacted] |
| 25 Nov | [redacted] | D/C CT | 25 Nov | done | | [redacted] |
| 25 Nov | [redacted] | CXR | 25 Nov | | | [redacted] |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |

USAPA V1.00

(b)(6)-2

(b)(6)-2

MEDCOM - 25014

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 25 | 26 | 27 | 28 | 29 | 30 | 1 | 2 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 25 NOV | [redacted] | IS per protocol | 06 18 | [redacted] | | | | | | | |
| | | | 18 06 | | | | | | | | |
| 25 | [redacted] | Pt. OOB | 06 18 | | | | | | | | |
| | | | 18 06 | | | | | | | | |
| 25 | [redacted] | Diet. Reg | 06 18 | | | | | | | | |
| | | | 18 06 | | | | | | | | |
| 25 | [redacted] | Incentive spirometer | 06 18 | | | | | | | | |
| | | | 18 06 | | | | | | | | |
| 25 | [redacted] | CBC/PT/PTT q AM | 05 | [redacted] | | | | | | | |
| | | Chem Panel | | | | | | | | | |
| | | (b)(6)-2 | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW to chest

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION: (b)(6)-4 #[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 |

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)* | | | | Mo 11 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 25 Nov | [redacted] | Tx to floor. S/p 6SN to cx. Stable | 25 Nov | | | [redacted] |
| 27 Nov | [redacted] | Coag panel x 1 now | 27 Nov | | | [redacted] |
| 30 | [redacted] | CBC, CXR now | done 30 Nov 2145 | | | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

(b)(6)-2

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 25016

CLINICAL RECORD

**THERAPEUTIC DOCUMENTATION CARE PLAN** *(MEDICATIONS)*
For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.

*Mo.* ____ *Yr.* ____

*VERIFY BY INITIALING* — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 19 NOV | [redacted] | D5½ NS c̄ 20 KCl @ 100/hr | 06 | [redacted] | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | |
| 19 NOV | [redacted] | Versed gtt 2mg/hr | 06 | [redacted] | | | D/C'd | 19 | Nov | 03 | | | |
| | | (may ↑ to 5mg/hr for sed.) | 18 | | | | | | | | | | |
| 19 NOV | [redacted] | MSO4 gtt 2mg/hr | 06 | [redacted] | | | | | | | | | |
| | | (may ↑ to 4mg/hr for pain) | 18 | [redacted] | | | | | | | | | |
| 19 NOV | [redacted] | Ancef 1gm IV Q8° | 06 | [redacted] | | | | | | | | | |
| | | | 14 | [redacted] | | | | | | | | | |
| | | | 2 | [redacted] | | | | | | | | | |
| 19 NOV | [redacted] | Gentamycin 360mg IV QD | 10 | [redacted] | | | | | | | | | |
| | | | | | | | | | | | | | |
| 20 NOV | [redacted] | Colace 100 mg PO BID | 08 | [redacted] | | | | | | | | | |
| | | | 22 | [redacted] | | | | | | | | | |
| 21 NOV | [redacted] | HEPARIN DRIP ~~100u~~ 1000 mg/ | 06 | [redacted] | | | | | | | | | |
| | | hr | 14 | [redacted] | | | | | | | | | |
| 23 NOV | [redacted] | HEPARIN DRIP ↑ 1200u/ | 06 | [redacted] | | | | | | | | | |
| | | HR | 18 | [redacted] | | | | | | | | | |

(b)(6)-2

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO
NKDA

PRIMARY DIAGNOSIS: GSW scapula/chest

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO. ____

PATIENT IDENTIFICATION:
[redacted] (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

**DA FORM 4678, 1 FEB 79** EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. USAPA V1.00

MEDCOM - 25017

| Verify by Initialing | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* | Mo._____ Yr. _____ |
|---|---|---|

| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
|---|---|---|---|---|---|---|
| 11/19 | [redacted] | NS 1L Bolus x1 NR | 11/19 | 1400 | 1400 | [redacted] |
| 20 NOV | [redacted] | Thrs fluid 2 unit PMBL | 11-20 | ASAP 0700 | 0900 1100 | [redacted] |
| | - - - - - | | | | | |
| | - - - - - | (b)(6)-2 | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |
| | - - - - - | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | *INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION* TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |
| - - - - - | - - - - - | | | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 25018

CLINICAL RECORD

**THERAPEUTIC DOCUMENTATION CARE PLAN** *(MEDICATIONS)*
For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.

Mo. 11 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 25 | 26 | 27 | 28 | 29 | 30 | 1 | 2 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 25 Nov03 | [redacted] | maintain IV @ 125cc/hr | 06 18 | [redacted] | | | | | | | |
| | ----- | D5 1/2 NS c 20 mEq KCl/l | 13 06 | [redacted] | | | | | | | |
| 25 | [redacted] | 4L O2 via NC | 08 13 | [redacted] | | | | | | | |
| | ----- | | 18 06 | [redacted] | | | | | | | |
| 25 | [redacted] | Ancef 1gm IV q8° | 06 | [redacted] | | | | | | | |
| | ----- | x5 days | 14 | [redacted] | | | | | | | |
| | ----- | | 22 | [redacted] | | | | | | | |
| 25 | [redacted] | Gentamycin 400mg | 08 | [redacted] | | | | | | | |
| | ----- | IV QD x5 days | | | | | | | | | |
| 25 | [redacted] | Heparin drip @ 2000 | 06 18 | [redacted] | | | | | | | |
| | ----- | units/hr | 18 06 | [redacted] | | | | | | | |
| 25 | [redacted] | Lasix 100mg po | 08 | [redacted] | | | | | | | |
| | ----- | BID | 20 | [redacted] | | | | | | | |
| 25 | [redacted] | Coumadin 3mg Po | 08 | [redacted] | | | | | | | |
| | ----- | QD | | | | | | | | | |
| 26 Nov03 | [redacted] | Heplock IVs flush | 06 18 | [redacted] | | | | | | | |
| | ----- | q shift | 18 06 | [redacted] | | | | | | | |
| 25 | [redacted] | Gentamycin 400mg IV | 10 | [redacted] | | | | | | | |
| | ----- | QD x5 days | | | | | | | | | |
| 30 | [redacted] | IVs: LR @ 150cc/° | 6 | [redacted] | | | | | | | |
| | ----- | | 18 | [redacted] | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |
| | ----- | | | | | | | | | | |

(b)(6)-2

[redacted] D/C'ed 27 NOV [redacted]

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW to chest

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

DA FORM 1 FEB 79 4678 — EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 25019

| Verify by Initialing | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | Mo. 11 Yr. 03 |
|---|---|---|

| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
|---|---|---|---|---|---|---|
| 30 | [redacted] | Mylanta 30cc po x1 now | 2200 | 30NOV03 | | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | (b)(6)-2 | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 25NOV | [redacted] | Percocet II po q4 pm | D/T | 25NOV 2200 | 26NOV 1250 | 26NOV 2200 | 27NOV 2200 | 1Dec 1400 | | | | | | | | |
| | | | D/I | [redacted] | | | | | | | | | | | | |
| 25 | [redacted] | MSO4 4mg IV q4° pm | D/T | | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | | |
| 30 | [redacted] | Mylanta 30cc po q4° pm mild abd pain x12° only | D/T | | | | | auto D/C | | | | | | | | |
| | | | D/I | | | | | 1000 1Dec03 | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

*U.S. GPO: 1998-454-110/95216

**MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA**

For use of this form, see AR 40-68; the proponent agency is the Office of The Surgeon General.

| REPORT TITLE | OTSG APPROVED *(Date)* |
|---|---|
| **TRAUMA FLOWSHEET** The proponent is Dept of Surgery | QI Appr 11 Jun 97 |

## EMS REPORT

TIME: _____ ETA: _____ UNIT: _____

MED COM: [Y] [N]

## ARRIVAL STATUS

TIME 2350 ☐ IV x 3 ☐ $O_2$ _____ l/min ☐ C-Spine Immob

Meds: ☑ UKN ☐ None ☐ Yes: _____

Allergies: ☑ UKN ☐ None ☐ Yes: _____

Tetanus: ☑ UKN ☐ Current Last Meal/Fluid Intake _____ hrs

LMP: N/A ☐ _____

## PRIMARY SURVEY

**AIRWAY**

☐ Natural Patient [Y] [N]

☑ ETT 8.0 ☐ 22 Clip

☐ Secretions _____

**BREATHING** Intubated on arrival

☐ Labored ☐ Unlabored ☐ Absent

TRACHEA: ☑ Midline ☐ Deviated [L] [R]

CHEST SYMMETRY: [L] > = < [R]

**CIRCULATION**

PULSE: ☑ Present ☐ Absent

BLEEDING: [Y] [N]

HEART TONES: ☑ Clear ☐ Muffled

SKIN: ☑ Warm ☐ Cool ☐ Hot

☑ Pink ☐ Pale ☐ Cyanotic ☐ _____

☑ Dry ☐ Moist ☐ Diaphoretic

## SECONDARY SURVEY

**DISABILITY**

GCS: E Intubated on arrival

M _____

SPHINCTER TONE:

☐ WNL N/A

☐ None

**HEAD**

PUPILS: ☐ Equal ☐ Fixed ☐ React ☐ Dilated [L] [R]

TM: ☑ Clear ☐ Blood [L] [R]

**NECK**

C-Spine Tenderness: [Y] [N]

Pain @ _____

JVD: [Y] [N]

**HEART**

RHYTHM: ☑ Regular ☐ _____

PULSES: ☐ Central ☐ Peripheral

**LUNGS**

BREATH SOUNDS: ☑ Bilat ☑ Equal ☑ Clear

Decreased [L] [R] Absent [L] [R]

Wheezes [L] [R] Crackles [L] [R]

**ABDOMEN**

☑ Soft ☐ Rigid ☐ Non-Tender

☐ Tender: —+—

**PELVIS**

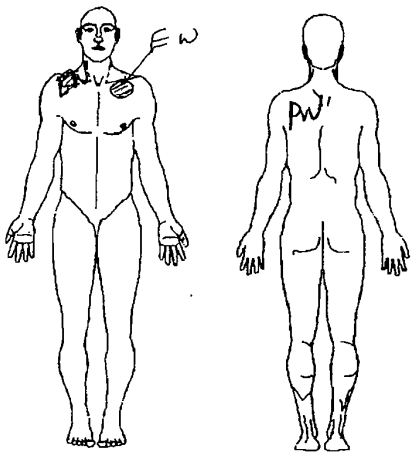
☑ Stable ☐ Unstable ☐ _____

Blood at meatus/vagina: [Y] [N]

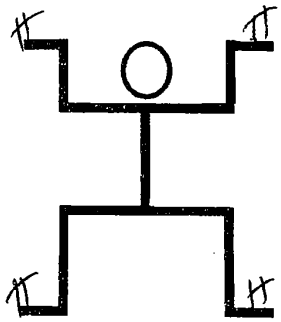
Heme + / Prostate: ☑ WNL ☐ Abnl

## USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

(AB)rasion
(AMP)utation
(AV)ulsion
Battle's Signs
(BL)eeding
(B)urn
(D)eformity
(E)cchymosis
(F)oreign Body
(H)ematoma
(LAC)eration
(P)uncture (W)ound
(Pain)
(S)eatbelt (S)ign
(S)tab (W)ound
(GSW) Gun Shot Wound




## VASCULAR ASSESSMENT



| ++ Strong | + Palpable | D Dopler |
|---|---|---|

RN [redacted] (b)(6)-2

PHYSICIAN [redacted]

(Continue on reverse)

[redacted] DEPARTMENT/SERVICE/CLINIC Ems DATE 19NOV03

*(If typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)*

[redacted] (b)(6)-4

EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER *(Specify)*

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

**DA** FORM 1 MAY 78 **4700**

REQUIREMENT OF PRIVACY ACT OF 1974 IS COVERED BY DD FORM 2005. PREVIOUS EDITION IS OBSOLETE.

EAMC OP 503, 1 Dec 98

MEDCOM - 25021

| TIME | PROCEDURE | SIZE | SITE | BY | RESULTS |
|---|---|---|---|---|---|
| arrival | ET Intubation | 8.0 | ☑ Oral ☐ Nasal Teeth 2201/0 | arrival | ☐ $ETCO_2$ Change ☐ BBS Post Int ☑ Post CXR |
| | Gastric Tube | | ☐ Oral ☐ Nasal | | ☐ Air ☐ Contents ☐ Verified ____ Suction: Y N |
| arrival | Urinary | 16 Fr | ☑ Meatus ☐ Supra-Public | | ☑ Return 900 cc ☐ Heme Dip: + - ☑ Secured |
| | DPL | | ☐ Opened ☐ Closed | | ☐ Grossly: + - Cell count Sent@ ____ |
| arrival | Chest Tube #1 | | L R | | ☑ Air ☐ Blood ☑ Pleuravac 20 cm ☐ Autotransfuser |
| arrival | Chest Tube #2 | | L R | | ☐ Air ☑ Blood ☑ Pleuravac 20 cm ☐ Autotransfuser |
| | 12 Lead | Rhythm: | | Comments | |

| ABG SITE | TIME | $\%O_2$ | pH | BE | $pCO_2$ | $PO_2$ | $O_2$ Sat | $HCO_3$ |
|---|---|---|---|---|---|---|---|---|
| 1) | | | | | | | | |
| 2) | | | | | | | | |

## LABS

| TIME | LABS |
|---|---|
| | ☐ D-stick ____ ☐ SHct ____ |
| | ☐ D-stick ____ ☐ SHct ____ |
| 2355 | ☑ CBC ☑ Chem ☑ PT/PTT |
| | ☐ ETOH ☐ T&S ☑ T&C x 2 |
| | ☑ Tox Screen |
| 2355 | ☑ UA ☐ HCG |
| | ☐ OTHER |
| | ☐ OTHER |

## X-RAYS

| TIME | LABS |
|---|---|
| 0005 | ☑ Chest Initial |
| 0005 | ☑ Chest Post ET |
| | ☐ Chest Post CT |
| | ☐ C-Spine |
| 0005 | ☑ Pelvis |
| 0005 | ☑ Abdomen |
| | ☐ |
| | ☐ |

| TIME | PROCEDURE | ACCOMPANED BY | RETURN |
|---|---|---|---|
| | CT Scan: ☐ Contrast | | |
| | ☐ Head ☐ Abd ☐ Pelvis | | |
| | ☐ C-Spine ☐ T/L Spine ☑ Chest | | |
| | ☐ | | |
| | A-Gram Site: | | |

## IV ACCESS & FLUIDS

| TIME | # | GA | IAW SOP | | SITE | IVF TYPE | AMT UP | AMT IN |
|---|---|---|---|---|---|---|---|---|
| arrival | 1 | 18 | Y | N | Rt Arm | NS | 500 cc | |
| arrival | 2 | 18 | Y | N | Rt Foot | NS | 500 cc | |
| arrival | 3 | | Y | N | Rt Femoral | LR | 1000 cc | |
| | | | Y | N | | | | |

## MEDICATIONS

| MEDICATION | TIME | DOSE | RTE | TIME | DOSE | RTE | TIME | DOSE | RTE |
|---|---|---|---|---|---|---|---|---|---|
| Ancef | arrival | 1 GM | IV | | | | | | |
| Tetnas | 0005 | .5 | IM | | | | | | |

## BLOOD PRODUCTS

| START | # | TYPE | UNIT# | AMT UP | AMT IN | END | INIT |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

## LAB RESULTS

CBC:

12.9

39.

P7/P77/14/27

Chem: LR25 - WNL

14 / 148 / 18

UA - WNL

## INTAKE & OUTPUT

| INTAKE | AMOUNT | OUTPUT | AMOUNT |
|---|---|---|---|
| IVF | | Urine | 0010 Non Cl yellow |
| NGT | | NGT | urine 050 |
| Blood | | EBL | 1000 cc |
| Other | | Other | |
| TOTAL | | TOTAL | |

## TRAUMA TEAM ARRIVAL

| TITLE | NAME (Print) | PAGED | RESPONDED | ARRIVED |
|---|---|---|---|---|
| ED Phys | [redacted] | here on Pt arrival | | |
| Surgeon | [redacted] | 2400 | 0005 → | |
| Anesth | [redacted] | | | |
| | [redacted] | (5)(6)-2 | | |
| X-Ray | 2355 [redacted] | | | |
| RT | here on Pt arrival | | | |
| Ortho | | | | |
| Neuro | | | | |
| Chaplain | | | | |

## VALUABLES & CLOTHING

| V | STATUS | C |
|---|---|---|
| | None Found | |
| | Given to Patient | |
| | Given to Family | |
| | Inventoried and Released to Patient Trust Fund/NCOD See DA Form 3696 | |
| | Other: See Nursing Notes | |

## DISPOSITION

☐ Home ☐ ____

Admitted to ICU #

Report Called to ____

Time Transferred ____

Accompanied By ____

Via: ☑ Stretcher ☐ Wheelchair

As per ACLS Precautions: ☑ Yes ☐ No

MEDCOM - 25022

(page 2)

## VITAL SIGNS

Rectal Temp: 92.2

| TIME | BP | HR | RHY | RR | $SAO_2$ | $FIO_2$ | MODE | GCS: E | V | M | T |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2352 | 114/71 | 101 | ST | 14 | 93% | 10% 10% | SPEED | | | | |
| 2400 | 147/93 | 96 | NS | 14 | 100% | | | | | | |
| 0005 | 139/96 | 93 | NS | 14 | 100% | | | | | | |
| 0013 | 141/92 | 84 | NS | 19 | 98% | | | | | | |
| 0023 | 97/80 | 77 | NS | 15 | 100% | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |

## GLASGOW COMA SCALE

| EYE OPENING | VREBLE RESPONSE | MOTOR RESPONSE |
|---|---|---|
| 4 - Spontaneous | 5 - Oriented | 6 - Obeys Commands |
| 3 - To Voice | 4 - Confused | 5 - Localizes Pain |
| 2 - To Pain | 3 - Inapp Words | 4 - Withdraws to Pain |
| 1 - None | 2 - Incomp Speech | 3 - Flexion to Pain |
| | 1 - None | 2 - Extension to Pain |
| | | 1 - None |

| TIME | PROCEDURE | PERFORMED BY: |
|---|---|---|
| | ☐ Backboard Removed | BY: |
| | ☐ Downgraded | BY: |

## NOTES

0005 - Warmed NS given through IV D/T ↓ BCT.
0013 - pt. taken to CT via litter, on [illegible] accompanied by 2 RN's [redacted]
0027 - Pt. [illegible] to EMT, bed #2 [redacted]

(b)(6)-2

≈ 30 y/o male In_ 2: (EPW) - seen Running to scene of the a
witnessed motor Attack and was shot. Seen @ CCo med then
& 2 FSB (2) chest tubes, (2) units Blood, 1500 cc INF.
(3) IV's ~~vessels~~ / Ancef / Intubated / sedated / paralyzed / Transferred
to here 28 C-SH. Pt Arrived via Medevac.

A: Intubated - clear
B: (A) BS Equal
C: All Ext
D: paralyzed sedated
E: Hero ⊖, BACK negative except for fecal wound the
size of a pencil Eraser (see diagram).

LABS / X-Ray / CT / NG Tube / Tetanus (b)(6)-2
TO OR i.e. [redacted] for GSW i Cl Aorta Fo.
pneumothorax, pulmonary contusion

MEDCOM - 25024

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

REPORT TITLE

# INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

## INITIAL SHIFT ASSESSMENT

| | TIME | | INITIALS | | INITIALS | 1830 | INITIALS [redacted] |
|---|---|---|---|---|---|---|---|
| NEURO | PUPILS | | | | | PERRL (R) | |
| | SENSORIUM | | | | | A&O, moves all extremities | |
| | | | | | | follows commands, MSO4 | |
| | | | | | | @1.5mg/hr | |
| | | | | | | | |
| RESPIRATORY | RESPIRATORY PATTERN | | | | | Reg, even, unlabored | |
| | BREATH SOUNDS | | | | | CTA (R), slightly ↓ (L) LL | |
| | SECRETIONS | | | | | ∅ | |
| | | | | | | On 4L NC, SaO2 98-100% | |
| | | | | | | | |
| | | | | | | | |
| SKIN | COLOR | | | | | NFR | |
| | INTEGRITY | | | | | Drsg across clavicle, (L) chest | |
| | | | | | | CDI, (R) chest tube drsg mid axilla | |
| IV SITE | LOCATION | | | | | (R) fem cordis, (L) ankle | |
| | CONDITION | | | | | (L) s/s of infx (R) fem infusing | |
| | | | | | | D5½NS ≡ 20 KCL @ 100cc/hr | |
| | | | | | | MSO4 drip @ 1.5cc/hr | |
| | | | | | | | |
| | | | | | | | |
| GASTRO | ABDOMEN | | | | | Round, soft, nontender | |
| | BOWEL SOUNDS | | | | | (+) X 4 quads | |
| | | | | | | | |
| | | | | | | | |
| GU | URINE: | | | | | Foley to gravity | |
| | COLOR/CLARITY | | | | | Amber & sediment | |
| | | | | | | | |
| CARDIOVASCULAR | CARDIAC RHYTHM | | | | | SR-ST ≡ &, 52 noted, +1 | |
| | | | | | | UE pulses, +2 LE pulses, | |
| | | | | | | JP to (L) chest cont. suction | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

LEGEND: Cr - Creatinine; $F_IO_2$ - Fraction of Inspired $O_2$; $HCO_3$ - Bicarbonate; ICP - Intracranial Pressure; $PCO_2$ - Pressure of Arterial $CO_2$; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

(b)(6)-2

(Continue on reverse)

PREPARED BY (Signature & Title) [redacted] STAN

DEPARTMENT/SERVICE/CLINIC ICU3

DATE 19 NOV

(If typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

[redacted] (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

Proponent: Dept of Nurs

MEDDAC FBg OP 375, 1 Apr 90 (HSXC-NU)

MEDCOM - 25025

DATE 19 Nov 03 | DX s/p GSW ULE/scrm | HOSPITAL DAY D+4

| VITALS | TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | BP Arterial Line | | | | | | | | | | | | | | | | | |
| | BP Cuff | | | 114/75 | 128/93 | 120/87 | 129/81 | 114/70 | 106/74 | | 96/37 | 114/80 | 90/40 | 101/60 | 96/40 | 90/60 | 98/62 | 88/60 |
| | Temperature | | | 336 | 337 | 339 | 96.1 | | 99.1 | | | | 99.2 | | | 99.1 | | |
| | Pulse | | | 46 | 65 | 68 | 74 | 97 | 84 | | 79 | 86 | 87 | 88 | 95 | 88 | 87 | |
| | Respiratory Rate | | | 10 | 14 | 14 | 14 | 14 | 14 | | 14 | 14 | 18 | 18 | 24 | 24 | 26 | 20 |
| | O2 Sat | | | 100 | 100 | 100 | 100 | 100 | 100 | | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| | FiO2 | | | 70 | 60 | 60 | 60 | 35 | | | 35 | 35 | 35 | 100 | 35 | 35 | 35 | 35 |
| | mode | | | | | | | | | | | | | vent | [redacted] | | | |
| SIGNS | | | | | | | | | | | | | | | | (5)(0-2 | | |

| INTAKE | TIME | | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 8° T | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 8° T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | DS½NS ±20K | | | | 100 | 100 | 100 | 100 | 100 | 500 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 800 |
| | IVPB | | | | | | | 50 | | 50 | | | 100 | | | | | | |
| | Versed | | | | 2 | 2 | 2 | off | off | 6 | off | off | off | off | off | off | off | off | |
| | MSO4 | | | | 2 | 2 | 2 | 2 | 2 | 10 | 2 | off | off | off | 1.5 | 1.5 | 1.5 | 1.5 | 8 |
| | NS/BOLUS | | | | | | | 800 | | 800 | | | 200 | | | | | | |
| | TOTALS | | | | | | | | | 1360 | | | | | | | | | 1200 |

| OUTPUT | | HOUR / TOTAL | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 8° T | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 8° T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | URINE | | | | | 200 | 220 / 420 | 145 / 565 | 140 / 705 | 150 | 855 | 70 | 130 / 70 | 100 / 400 | 100 / 500 | 100 / 600 | 170 / 770 | 40 / 810 | 50 | 810 |
| | | sp gr | | | | | | | | | | | | | | | | | | |
| | | S/A | | | | | | | | | | | | | | | | | | |
| | NG | OUTPUT | | | | | | | | | | | | 100 | | | | | | 100 |
| | | pH | | | | | | | | | | | | | | | | | | |
| | | GUIAC | | | | | | | | | | | | | | | | | | |
| | EMESIS | | | | | | | | | | | | | | | | | | | |
| | STOOL | | | | | | | | | | | | | | | | | | | |
| | DRAINS | JP | | | | | | | | | | | | 100 | | | | 80 | | 180 |
| | | CT1 | | | | | | | | | | | | | | | | 17 | | |
| | | CT2 | | | | | | 120 | | | 120 | | | 50 | | | | 50 | | 187 |
| | TOTALS | | | | | | | | | | | | | | | | | | | 1198 |

POST-OP DAY

| VITAL SIGNS | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | |
| | 118/78 | | 84/53 | | | | | | |
| | | | 90 | 87/64 | 95/63 | 97/66 | 101/62 | 98/62 | |
| | 115 | 88 | 95 | 92 | | | 99.0 | | |
| | 24 | 22 | 26 | 92 | 86 | 83 | 80 | 85 | |
| | 100 | 100 | 98 | 25 | 23 | 20 | 20 | 21 | |
| | 4L | 4L | 4L | 99% | 100% | 100% | 99% | 99% | |
| | NL | NL | NV | 4L | 4L | 4L | 4L | 3L | |
| | | | | N/C | N/C | N/C | N/C | N/C | |

| INTAKE | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 8° T |
| | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 2100 |
| | 80 | | | | | | | 50 | 250 |
| | | | | | | | | | 60 |
| | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 30 |
| | 100 | | | | | | | | 2000 |

| OUTPUT | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 50 | 50 / 100 | 50 / (80) | 46 / 196 | 34 / 230 | 32 / 262 | 60 / 322 | 65 / 387 | 2052 |
| | | | | | | | | | 100 |
| OP | 44 | | 0 | | | | | | 100 |
| GY | 8 | | 3 | | | | | | 20 |
| GNST | 50 | | 50 | | | | | 17 | 287 |

ACUITY LEVEL CLASSIFICATION

| RESPIRATORY | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | TIME | | 0515 | | | | | | | |
| | MODE | | SIMV | | | | | | | |
| | $F_IO_2$ | | 60 | | | | | | | |
| | TV | | 750 | | | | | | | |
| | RATE | | 14 | | | | | | | |
| | PEEP | | +5 | | | | | | | |
| ABG | A | pH | 7.37 | | | | | | | |
| | | $PCO_2$ | 36.9 | | | | | | | |
| | | $pO_2$ | 271 | | | | | | | |
| | B | $HCO_3$ | 22 | | | | | | | |
| | | SAT | 100 | | | | | | | |
| | G | BASE | -3 | | | | | | | |

| LABORATORY | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | TIME | | | | | | | | | |
| | GLUCOSE | | 217 | | | | | | | |
| | Na/K | | 138 / 5.6 | | | | | | | |
| | Cl/$CO_2$ | | 102 / 21 | | | | | | | |
| | BUN/Cr | | 12 / 1.2 | | | | | | | |
| | WBC/PLATELET | | 5.3 / 143 | | | | | | | |
| | Hct/Hgb | | 34.7 / 11.6 | | | | | | | |
| | Ca | | 7.1 | | | | | | | |

| ACTIVITIES OF DAILY LIVING | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | TIME | | | | TURN | TIME | | | | |
| | MOUTH CARE | | | | | | | | | |
| | BATH | | | | | | | | | |
| | SKIN CARE | | | | | | | | | |
| | FOLEY CARE | | | | SUCTION | 0400 | | | | |
| | TRACH CARE | | | | | | | | | |
| | ROM EXERCISES | | | | | | | | | |

24° I&O TOTALS

wt Yesterday _____ wt Today _____

| INTAKE | | OUTPUT | |
|---|---|---|---|
| IV | 4386 | Urine: | 2052 |
| po | | NG | 100 |
| | | Drains | 407 |
| TOTAL | 4386 | TOTAL | 2559 |

BALANCE _____

| NURSE'S SIGNATURE | INITIALS |
|---|---|
| [redacted] | |
| (5)16-2 | |

MEDICAL RECORD–SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

REPORT TITLE

# INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

## INITIAL SHIFT ASSESSMENT

| | TIME | 0700 | INITIALS [redacted] | INITIALS | 1820 | INITIALS [redacted] |
|---|---|---|---|---|---|---|
| NEURO | PUPILS | Perrla 3mm brisk, AE O | (5)(6)-7 | | ~~PERRL~~ (B) | |
| | SENSORIUM | moves all extremities (L) Arm | | | A&O, moves all extremities | |
| | | weaker than other follows commands | | | follows commands, MgSO4 | |
| | | MgSO4 @ 1.5 mg/hr | | | @ 1.5 mg/hr | |
| RESPIRATORY | RESPIRATORY PATTERN | reg, even, unlabored, CTA | | | Reg, even, unlabored | |
| | BREATH SOUNDS | x2 ↓ (R) UL | | | CTA B/L ↓ (R) UL | |
| | SECRETIONS | 95-100% 4L NC | | | (0) | |
| | | | | | SaO2 93%-97% on 5L NC | |
| | | | | | ~~via~~ O2 | |
| SKIN | COLOR | WNL, bruising to (L) chest, clear | | | WNL | |
| | INTEGRITY | tube drsg, s/c/i, across | | | Drsg on clavicle (R) UC & (R) | |
| | | clavicle. ~~IV~~ (R) chest cont. suction | | | chest tube sites (R) I | |
| IV SITE | LOCATION | (R) Fem cordis, (L) | | | (R) Fem cordis & (R) ankle | |
| | CONDITION | ankle, ∅ s/s of infx. | | | Patent ∅ s/s of infx (R) | |
| | | | | | cordis infusing D5½NS ≈ 20 | |
| | | | | | KCL @ 100 cc/hr & MgSO4 @ | |
| | | | | | 1.5 cc/hr | |
| GASTRO | ABDOMEN | Soft, nontender ∅ distended | | | Round, soft, nontender | |
| | BOWEL SOUNDS | active sounds X4 quadrants. | | | (+) X 4 quads | |
| GU | URINE: | Foley to gravity, amber | | | Foley to gravity | |
| | COLOR/CLARITY | color, wnl, (+) sediments | | | Amber & sediments | |
| CARDIOVASCULAR | CARDIAC RHYTHM | S1 S2 ∅ ectopy +1 ue pulses | | | SR-ST & S1 S2 noted, ∅ | |
| | | +2 LE pulses, | | | ectopy, +1 UE's, +2 LE's | |
| | | | | | pulse | |

LEGEND: Cr - Creatinine; $F_IO_2$ - Fraction of Inspired $O_2$; $HCO_3$ - Bicarbonate; ICP - Intracranial Pressure; $PCO_2$ - Pressure of Arterial $CO_2$; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

(5)(6)-7

(Continue on reverse)

PREPARED BY (Signature & Title) [redacted] 6M3

DEPARTMENT/SERVICE/CLINIC ICU

DATE 20 NOV 93

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

# [redacted] (5)(6)-7

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

Proponent: Dept of Nurs

MEDDAC FBg OP 375, 1 Apr 90 (HSXC-NU)

MEDCOM - 25028

DATE 20 Nov 03 | DX | HOSPITAL DAY

**VITAL SIGNS**

| TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP Arterial Line | | | | | | | | ~~97/47~~ | | | | | | | | | | |
| BP Cuff | 101/63 | 107/69 | 108/68 | 108/68 | 106/66 | 109/68 | 97/65 | 97/64 | | 103/64 | 104/70 | 104/65 | 108/70 | 109/61 | 108/57 | 114/62 | 100/57 | |
| Temperature | | | | | 100.8 | | | 97.4 | | | | | 98.4 | | | | | |
| Pulse | 86 | 84 | 85 | 96 | 86 | 92 | 96 | 88 | | 91 | 90 | 87 | 98 | 93 | 89 | 93 | 96 | |
| Respiratory Rate | 21 | 21 | 23 | 26 | 26 | 26 | 24 | 20 | | 24 | 26 | 24 | 25 | 20 | 20 | 30 | 21 | |
| SaO2 | 97% | 98% | 94 | 93% | 96% | 97% | 95% | 98 | | 97 | 100% | 99 | 95 | 93 | 97 | 95 | 94 | |
| FiO2 | 2L | 2L | 2L | 2L | 4L | 4L | 4L | 4L | | 4L | 4L | 4L | 4L | 4L | 4L | 5L | 5L | |
| Mode | NC | NC | NC | NC | NC | NC | NC | NC | | NC | NC | NC | NC | NC | NC | NC | NC | |

**INTAKE**

| TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 8° T | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 8° T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0.25% NS c 20 KCL | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 800 | [illegible] | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 1600 |
| IVPB | | | | | | | 50 | | 50 | | | 100 | | | | 50 | | 200 |
| MSO4 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 12 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 24 |
| Blood Products | | | | | | | | | | | 350 | | 350 | | | | | 700 |
| TOTALS | | | | | | | | | | | | | | | | | | |

**OUTPUT**

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| URINE | HOUR | 60 | 60 | 60 | 70 | 90 | 100 | 90 | 40 | | 50 | 40 | 80 | 120 | 120 | 60 | 100 | 80 | |
| | TOTAL | | 120 | 200 | 270 | 360 | 460 | 550 | 590 | 590 | | 90 | 170 | 290 | 410 | 470 | 570 | 650 | 1240 |
| | sp gr | | | | | | | | | | | | | | | | | | |
| | S/A | | | | | | | | | | | | | | | | | | |
| NG | OUTPUT | | | | | | | | | | | | | | | | | | |
| | pH | | | | | | | | | | | | | | | | | | |
| | GUIAC | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | |
| DRAINS | JP | | | | | | | 40 | | | | | | | | | | | |
| | CT1 | | | | | | | 55 | | | | | | | | | | | |
| | CT2 | | | | | | | 75 | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | |

590
650
1240

POST-OP DAY

| VITAL SIGNS | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | |
|---|---|---|---|---|---|---|---|---|---|
| | 125/58 | 109/63 | 112/65 | 106/59 | 103/66 | 116/64 | 114/62 | 103/62 | |
| | | | | 99.6 | | | | | |
| | 89 | 98 | 100 | 92 | 89 | 91 | 89 | 81 | |
| | 19 | 23 | 20 | 22 | 23 | 24 | 25 | 20 | |
| | 93 | 92 | 93 | 95% | 98% | 98% | 96% | 96% | |
| | 5L | 5L | 5L | 5L | 5L | 5L | 4L | 4L | |
| | NC | NC | NC | NC | NC | NC | NC | NC | |

| INTAKE | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 8° T |
|---|---|---|---|---|---|---|---|---|---|
| | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 2400 |
| | | | | | | | | 50 | 250 |
| | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 36 |
| | | | | | | | | | 700 |
| | | | | | | | | | 3386 |

| OUTPUT | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 120 | 125/255 | 70/325 | 60/385 | 70/455 | 80/535 | 80/615 | 80/695 | 1935 |
| | | | 35 | | | | | | 75 |
| | | | 24 | | | | | | 79 |
| | | | 125 | | | | | | 200 |
| | | | | | | | | | 2294 |

ACUITY LEVEL CLASSIFICATION

| RESPIRATORY THERAPY | TIME | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | MODE | | | | | | | | | |
| | $F_IO_2$ | | | | | | | | | |
| | TV | | | | | | | | | |
| | RATE | | | | | | | | | |
| | PEEP | | | | | | | | | |
| | A: pH | | | | | | | | | |
| | A: $PCO_2$ | | | | | | | | | |
| | A: $pO_2$ | | | | | | | | | |
| | B: $HCO_3$ | | | | | | | | | |
| | B: SAT | | | | | | | | | |
| | G: BASE | | | | | | | | | |

| LABORATORY DATA | TIME | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | GLUCOSE | | | | | | | | | |
| | Na/K | | | | | | | | | |
| | $Cl/CO_2$ | | | | | | | | | |
| | BUN/Cr | | | | | | | | | |
| | WBC/PLATELET | | | | | | | | | |
| | Hct/Hgb | | | | | | | | | |

| ACTIVITIES OF DAILY LIVING | TIME | | | | TIME | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | MOUTH CARE | | | | TURN | | | | |
| | BATH | | | | | | | | |
| | SKIN CARE | | | | | | | | |
| | FOLEY CARE | | | | SUCTION | | | | |
| | TRACH CARE | | | | | | | | |
| | ROM EXERCISES | | | | | | | | |

| 24° I&O TOTALS | | NURSE'S SIGNATURE | INITIALS |
|---|---|---|---|
| wt Yesterday | wt Today | [redacted] | |
| INTAKE | OUTPUT | (5)161-2 | |
| IV 3386 | Urine: 1935 | | |
| po | Drains 359 | | |
| TOTAL 3386 | TOTAL 2294 | | |
| BALANCE | | | |

MEDCOM - 25030

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

REPORT TITLE

# INTENSIVE CARE NURSING FLOW SHEET

(b)(6)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

| | TIME | 0715 INITIALS [redacted] | INITIALS | 1830 INITIALS [redacted] |
|---|---|---|---|---|
| NEURO | PUPILS | PERRLA @ 2-3mm | | PERRLA (B) |
| | SENSORIUM | Alert + oriented | | AEO, moves all extremities |
| | | MAE, some difficulty | | QUE to difficulty, MSO4 |
| | | moving L side | | @ 2.0mg |
| RESPIRATORY | RESPIRATORY PATTERN | Even, unlabored | | Reg, even, unlabored |
| | BREATH SOUNDS | Shallow. | | CTA (B), DUL slightly ↓ |
| | SECRETIONS | BS in all lobes | | Pt spits into tissue |
| | | clear to diminished | | CT X1 to H2O seal, 3L O2 |
| | | w/ secretions | | via NC ! |
| | | CTK2 | | |
| SKIN | COLOR | NFR, returned to | | NFR |
| | INTEGRITY | L upper chest, IP | | incision @ clavicle @ s/s of |
| | | to bulb to suction | | infx, IP to bulb. sx |
| IV SITE | LOCATION | (R) forearm, CVC | | (R) Fem cordis, (L) ankle |
| | CONDITION | (L) flush, Pida. | | Patent, cordis infusing |
| | | w/ s/s of infiltration | | D5½NS c 20 KCl @ 100 cc/hr |
| | | (L) ankle. | | NS KVO @ 2 cc/hr, Heparin |
| | | | | @ 14 cc/hr |
| GASTRO | ABDOMEN | Soft, nontender | | Round Flat nontender |
| | BOWEL SOUNDS | BS X 4 quads | | (+) X 4 quads |
| GU | URINE: | Foley to gravity | | Foley to gravity |
| | COLOR/CLARITY | Amber, slight sediment | | amber, slight sediment |
| | | cleared drine. | | |
| CARDIOVASCULAR | CARDIAC RHYTHM | S1 & S2 noted | | SR-ST c S1 S2 noted |
| | | w/ PVCs + ectopy | | (0) ectopy, +1 pulses UE, |
| | | + pulses (+2) | | +2 pulses LE |
| | | Refill 2-4 sec | | |

LEGEND: Cr - Creatinine; $F_IO_2$ - Fraction of Inspired $O_2$; $HCO_3$ - Bicarbonate; ICP - Intracranial Pressure; $PCO_2$ - Pressure of Arterial $CO_2$; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

(b)(6)-2

(Continue on reverse)

PREPARED BY (Signature & Title): [redacted] MMS

DEPARTMENT/SERVICE/CLINIC: ICU #3

DATE: 21 Nov 03

[redacted] ntries give: Name—last, first, initials, grade, date, hospital or medical facility)

[redacted] (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

Proponent: Dept of Nurs

MEDDAC FBg OP 375, 1 Apr 90 (HSXC-NU)

MEDCOM - 25031

| DATE | DX | | | | | | | | | | | | | HOSPITAL DAY | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **VITAL SIGNS** | | | | | | | | | | | | | | | | | | |
| TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | |
| BP Arterial Line | | | | | | | | | | | | | | | | | | |
| BP Cuff | 103/54 | 100/61 | 117/63 | 106/62 | 121/65 | 117/67 | 112/69 | 124/74 | | 110/69 | 110/65 | 100/45 | 110/63 | 126/70 | 125/70 | 119/71 | 119/66 | |
| Temperature | 99.8 | | | | | | | | | | | 99.5 | | | | | | |
| Pulse | 81 | 84 | 92 | 87 | 97 | 97 | 104 | 92 | 90 | 96 | 93 | 82 | 89 | 95 | 92 | 91 | 85 | |
| Respiratory Rate | 21 | 24 | 28 | 22 | 29 | 26 | 28 | 27 | 25 | 25 | 24 | 21 | 21 | 30 | 27 | 26 | 27 | |
| SaO2 | 96% | 95% | 94% | 93% | 87% | 92% | 98% | 94 | 92 | 92 | 94 | 96 | 97 | 95 | 93 | 93 | 95 | |
| FiO2 | 4L | 4L | 4L | 4L | 5L | 5L | 10L | 5L | | | 4L | 4L | 4L | 6L | 4L | 4L | 4L | |
| Mode | NC | NC | NC | NC | NC | NC | NR | NC | NC | NC | NC | NC | NC | NC | NC | NC | NC | |
| **INTAKE** | | | | | | | | | | | | | | | | | | |
| TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 8° T | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 8° T |
| D5½NS&20KCl | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 800 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 1600 |
| MgSO4 | 1.5 | 1.5 | 1.5 | 2.0 | 2.0 | 2.0 | 2.0 | 3 | 15.5 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 33.5 |
| IVPB | | | | | | | 50 | | 50 | | | 100 | | | | | | 150 |
| Heparin | | | | | | | | | | | | | | | | | | |
| **TOTALS** | | | | | | | | | | | | | | | | | | |
| **OUTPUT** | | | | | | | | | | | | | | | | | | |
| URINE — HOUR / TOTAL | 120 | 150/270 | 120/390 | 140/530 | 130/660 | 120/780 | 135/915 | 120/1035 | | 80/80 | 70/150 | 130/280 | 130/410 | 140/550 | 70/620 | 100/720 | 200/920 | |
| URINE — sp gr | | | | | | | | | | | | | | | | | | |
| URINE — S/A | | | | | | | | | | | | | | | | | | |
| NG — OUTPUT | | | | | | | | | | | | | | | | | | |
| NG — pH | | | | | | | | | | | | | | | | | | |
| NG — GUIAC | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | |
| DRAINS — JP | | | | | | | 0 | | | | | | | | | | | |
| DRAINS — CT1 | | | | | | | 22 | | | | | | | | | | | |
| DRAINS — CT2 | | | | | | | 60 | | | | | | | | | | | |
| **TOTALS** | | | | | | | | | | | | | | | | | | |

POST-OP DAY

| VITAL SIGNS | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | |
|---|---|---|---|---|---|---|---|---|---|
| | 114/44 | 109/47 | 110/70 | 109/66 | 99/50 | 113/68 | 113/68 | 106/63 | |
| | | | | | | | | 99.3 | |
| | 90 | 85 | 87 | 86 | 86 | 97 | 91 | 83 | |
| | 24 | 20 | 22 | 25 | 24 | 27 | 24 | 24 | |
| | 96 | 96 | 97 | 93% | 93% | 93% | 93% | 96% | |
| | 5L | 3L | 3L | 3L | 3L | 3L | 3L | 3L | |
| | NC | NC | NC | NC | NC | NC | NC | NC | |

| INTAKE | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 8° T |
|---|---|---|---|---|---|---|---|---|---|
| I | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 2400 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 48 |
| N | 50 | | | | | | | 50 | 250 |
| T | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 112 |

| OUTPUT | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| O | 150/150 | 180/30 | 200/530 | 280/810 | 270/1080 | 250/1280 | 100/1380 | 185/1565 | 3510 |
| U | | 160 | | | | | | | 22 |
| T | | 160 | | | | | | | 220 |

ACUITY LEVEL CLASSIFICATION

| RESPIRATORY | TIME | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | MODE | | | | | | | | | |
| | $F_IO_2$ | | | | | | | | | |
| | TV | | | | | | | | | |
| | RATE | | | | | | | | | |
| | PEEP | | | | | | | | | |
| ABG | pH | | | | | | | | | |
| | $PCO_2$ | | | | | | | | | |
| | $pO_2$ | | | | | | | | | |
| | $HCO_3$ | | | | | | | | | |
| | SAT | | | | | | | | | |
| | BASE | | | | | | | | | |

| LABORATORY | TIME | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | GLUCOSE | | | | | | | | | |
| | Na/K | | | | | | | | | |
| | $Cl/CO_2$ | | | | | | | | | |
| | BUN/Cr | | | | | | | | | |
| | WBC/PLATELET | | | | | | | | | |
| | Hct/Hgb | | | | | | | | | |

| ACTIVITIES OF DAILY LIVING | TIME | | | | TURN | TIME | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | MOUTH CARE | | | | | | | | | |
| | BATH | | | | | | | | | |
| | SKIN CARE | | | | | | | | | |
| | FOLEY CARE | | | | SUCTION | | | | | |
| | TRACH CARE | | | | | | | | | |
| | ROM EXERCISES | | | | | | | | | |

24 HR I&O TOTALS

wt Yesterday _____ wt Today _____

| INTAKE | | OUTPUT | |
|---|---|---|---|
| IV | 3257 | Urine: | 3510 |
| po | | Drain | |
| | | CT | 242 |
| TOTAL | 3257 | TOTAL | 3752 |

BALANCE -495

NURSE'S SIGNATURE | INITIALS

[redacted]

(5)(1)-2

MEDCOM - 25033

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA
For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

REPORT TITLE
# INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Appr 8 Mar 89

## INITIAL SHIFT ASSESSMENT

| | | TIME 0645 | INITIALS | | INITIALS | | INITIALS |
|---|---|---|---|---|---|---|---|
| NEURO | PUPILS | Rect - 3mm, brisk, A/O | | Sorrl PT alert to | | | |
| | SENSORIUM | x3, moves all extremities | | Person place able to move | | | |
| | | (L) weak, RR Rt, MSO4 | | extremities LUE very | | | |
| | | @ 2.0 mg | | Paretic & weakness MSO4 | | | |
| | | | | drip 2 mg/hr | | | |
| RESPIRATORY | RESPIRATORY PATTERN | Regular, unlabored | | Reg even clear & | | | |
| | BREATH SOUNDS | BS clear, diminished to | | diminished (L) lung bilat | | | |
| | SECRETIONS | (L) lung, clear secretions | | @ secretions NC @ 2 Uhr | | | |
| | | CT x1 to ith, 3L O2 | | keeping SOTS 90% | | | |
| | | NC SAT 95-99% | | | | | |
| SKIN | COLOR | WNL, surrounding erythema | | NIR surgical incision | | | |
| | INTEGRITY | clear JP to suction, | | (L) sloughing area CT | | | |
| | | | | tube to suction (L) chest | | | |
| IV SITE | LOCATION | (R) forearm cath (L) stable | | (R) forearm cath CDI | | | |
| | CONDITION | intact, ø s/s of infiltration | | dressing (L) ankle | | | |
| | | | | patent hep 20 mg/hr | | | |
| | | | | IVF D5½NS ± 20 KCl 100 ml/hr | | | |
| GASTRO | ABDOMEN | soft ø tender, ø distended | | soft non tender BS | | | |
| | BOWEL SOUNDS | BS x4 (+) active | | + x4 hyperactive (L) | | | |
| | | | | RM BM shift | | | |
| GU | URINE: | foley to gravity, amber color | | FTG amber colored | | | |
| | COLOR/CLARITY | (+) sediment | | urine adequate amount, | | | |
| | | | | free from sediment | | | |
| CARDIOVASCULAR | CARDIAC RHYTHM | S1, S2, ø extra, +1 pulses | | S1 S2 ø ectopy, NSR | | | |
| | | UE, +2 pulses LE, | | +2 pedal pulse +2 (R) femoral | | | |
| | | edema (+) arm, good | | (L) radial difficult to assess | | | |
| | | CR < 3 secs. | | edema cap refill <2 sec | | | |
| | | | | pt kept LUE slow. | | | |

LEGEND
Cr - Creatinine
$F_IO_2$ - Fraction of Inspired $O_2$
$HCO_3$ - Bicarbonate
ICP - Intracranial Pressure
$PCO_2$ - Pressure of Arterial $CO_2$
PEEP - Positive End Expiratory Pressure
S/A - Fractional
SAT - Saturation
TRACH - Tracheostomy

(b)(6)-2

(Continue on reverse)

PREPARATION [redacted]

DEPARTMENT/SERVICE/CLINIC: ICU 3 / Patton

DATE: 22 Nov 3

(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

[redacted] (b)(6)-7

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 1 MAY 78 4700
Proponent: Dept of Nurs

MEDDAC FBg OP 375, 1 Apr 90 (HSXC-NU)

MEDCOM - 25034

| DATE | DX | | | | | | | | | | | | | HOSPITAL DAY | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **VITAL SIGNS** | | | | | | | | | | | | | | | | | | |
| TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | |
| BP Arterial Line | | | | | | | | | | | | | | | | | | |
| BP Cuff | 92/45 | 114/65 | 109/69 | 115/65 | 108/62 | 111/64 | 103/70 | 112/71 | | 114/70 | 116/74 | 113/72 | 115/72 | 114/5 | 115/71 | 116/74 | 115/70 | |
| Temperature | | | | | | | 98.6 | | | | | | | | | | | |
| Pulse | 75 | 81 | 72 | 75 | 89 | 77 | 83 | 81 | | 72 | 73 | 67 | 84 | 88 | 83 | 80 | 81 | |
| Respiratory Rate | 23 | 21 | 24 | 19 | 23 | 22 | 20 | 20 | | 21 | 19 | 22 | 14 | 22 | 23 | 21 | 20 | |
| SaO2 | 97% | 95% | 94% | 96% | 94% | 96% | 94% | 99% | | 95% | 98 | 99 | 94 | 94 | 95 | 97 | 97 | |
| FiO2 | 3L | 3L | 3L | 3L | 3L | 3L | 3L | 3L | | 3L | 3L | 3L | RA | 2L | 2L | 2L | 2L | |
| Mode | NC | NC | NC | NC | NC | NC | NC | NC | | NC | NC | NC | RA | NC | NC | NC | NC | |
| **INTAKE** | | | | | | | | | | | | | | | | | | |
| TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 8° T | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 8° T |
| D5½NS&20KCL | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 800 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 800 |
| MSO4 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 16 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 16 |
| Heparin | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 112 | 14 | 14 | 20 | 20 | 20 | 20 | 20 | 20 | 148 |
| IVPB | | | | | | | 50 | | 50 | | | 100 | | | | 50 | | 200 |
| PO | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | 978 | | | | | | | | | 1164 |
| **OUTPUT** | | | | | | | | | | | | | | | | | | |
| URINE HOUR / TOTAL | 170 | 140/310 | 200/510 | 200/710 | 200/910 | 160/1070 | 230/1300 | 280/1580 | 1582 | 80/80 | 100/180 | 120/300 | 400/700 | 200/900 | 80/980 | 200/1280 | 240/1520 | 1520 |
| URINE sp gr | | | | | | | | | | | | | | | | | | |
| URINE S/A | | | | | | | | | | | | | | | | | | |
| NG OUTPUT | | | | | | | | | | | | | | | | | | |
| NG pH | | | | | | | | | | | | | | | | | | |
| NG GUIAC | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | |
| DRAINS JP | | | | | | | | | | | | | | | | | | |
| DRAINS CT2 | | | | | | | 20 | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | |

MEDCOM - 25035

POST-OP DAY

| VITAL SIGNS | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | |
|---|---|---|---|---|---|---|---|---|---|
| | 120/75 | 123/73 | 123/73 | 120/72 | 117/75 | 125/72 | 101/67 | 109/72 | |
| | | | | 99.3 | | | 99.2 | | |
| | 82 | 81 | 78 | 83 | 78 | 90 | 78 | 76 | |
| | 23 | 21 | 19 | 22 | 20 | 20 | 22 | 19 | |
| | 97 | 95 | 96 | 96 | 96 | 97 | 97 | 97 | |
| | 2L | 2L | 2L | 2L | 2L | 2L | 2L | 2L | |
| | NC | NC | NC | NC | NC | NC | NC | NC | |

| INTAKE | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 8° T |
|---|---|---|---|---|---|---|---|---|---|
| | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 800 |
| | 2.0 | 2.0 | 2.0 | 6 | 2 | 2 | 2 | 2 | 20 |
| | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 160 |
| | | | | | | | 50 | 50 | 50 |
| | | | 300cc | | | | | | |
| | | | | | | | | | 1030 |

| OUTPUT | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | |
|---|---|---|---|---|---|---|---|---|---|
| | 100/100 | 200/300 | 100/400 | 110/510 | 140/710 | 140/800 | 190/990 | 100/1090 | 1190 |
| | | 80 | | | | | | | |

| ACUITY LEVEL CLASSIFICATION | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| RESPIRATORY | TIME | | | | | | | | | |
| | MODE | | | | | | | | | |
| | $F_IO_2$ | | | | | | | | | |
| | TV | | | | | | | | | |
| | RATE | | | | | | | | | |
| | PEEP | | | | | | | | | |
| ARTERIAL BLOOD GAS | A: pH | | | | | | | | | |
| | A: $PCO_2$ | | | | | | | | | |
| | A: $pO_2$ | | | | | | | | | |
| | B: $HCO_3$ | | | | | | | | | |
| | B: SAT | | | | | | | | | |
| | G: BASE | | | | | | | | | |
| LABORATORY | TIME | | | | | | | | | |
| | GLUCOSE | | | | | | | | | |
| | Na/K | | | | | | | | | |
| | $Cl/CO_2$ | | | | | | | | | |
| | BUN/Cr | | | | | | | | | |
| | WBC/PLATELET | | | | | | | | | |
| | Hct/Hgb | | | | | | | | | |

| ACTIVITIES OF DAILY LIVING | TIME | 1530 | | |
|---|---|---|---|---|
| | MOUTH CARE | ✓ | | |
| | BATH | ✓ | | |
| | SKIN CARE | ✓ | | |
| | FOLEY CARE | ✓ | | |
| | TRACH CARE | / | | |
| | ROM EXERCISES | ✓ | | |

| TURN | TIME | | | | |
|---|---|---|---|---|---|
| | | | | | |
| SUCTION | | | | | |

| 24° I&O TOTALS | | NURSE'S SIGNATURE | INITIALS |
|---|---|---|---|
| wt Yesterday | wt Today | [redacted] | [redacted] |
| INTAKE | OUTPUT | | |
| IV 3172 | Urine: 4292 | | |
| po 300 | CT 100 | | |
| TOTAL 3472 | TOTAL 4392 | (5)(6)-2 | |
| BALANCE -920 | | | |

MEDCOM - 25036

MEDICAL RECORD–SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

REPORT TITLE

# INTENSIVE CARE NURSING FLOW SHEET (b)(6)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

## INITIAL SHIFT ASSESSMENT

| | TIME | 0600 | INITIALS [redacted] | 1800 | [redacted] | INITIALS |
|---|---|---|---|---|---|---|
| NEURO | PUPILS | Round i REACTIVE, accommod | | Pearl 3 m | | |
| | SENSORIUM | TO LIGHT RESPONSIVE TO | | Alert & 3 - | | |
| | | VERBAL & TACTILE | | Able to move All Extrem | | |
| | | STIMULI A & O x 2 | | UE LE follows verbal | | |
| | | | | commands | | |
| RESPIRATORY | RESPIRATORY PATTERN | BILATERAL CHEST RISE. | | Reg even | | |
| | BREATH SOUNDS | DIMINISHED IN LOWER | | Diminished in lower | | |
| | SECRETIONS | LOBES CHEST TUBE — | | Lobes CT To (D) side | | |
| | | BLOODY - TINGED | | tubes seal - draining | | |
| | | (D) SIDE - INSERTION | | dk red bloody drainage | | |
| SKIN | COLOR | NORMAL PIGMENTATION | | WNL | | |
| | INTEGRITY | SURGICAL (D) ARM - UPPER | | (D) Arm swollen incision | | |
| | | INCISION SUTURED (D) CHEST | | upper (D) chest sutures intact | | |
| IV SITE | LOCATION | (D) LEG | | L arm (D) leg | | |
| | CONDITION | COOL - WARM - | | (D) Fem A-line - both patent | | |
| GASTRO | ABDOMEN | BOWEL SOUND PRES | | both Bowel soft NT | | |
| | BOWEL SOUNDS | CONT - PALPABLE! | | BS (+) x4 quads | | |
| GU | URINE: | YELLOW - FOLEY | | Yellow clear/foley | | |
| | COLOR/CLARITY | (-) CLARITY. | | | | |
| CARDIOVASCULAR | CARDIAC RHYTHM | S1 S2 PRESENT. | | S1 S2 NSR | | |

**LEGEND**

Cr - Creatinine
$F_IO_2$ - Fraction of Inspired $O_2$
$HCO_3$ - Bicarbonate
ICP - Intracranial Pressure
$PCO_2$ - Pressure of Arterial $CO_2$
PEEP - Positive End Expiratory Pressure
S/A - Fractional
SAT - Saturation
TRACH - Tracheostomy

(b)(6)-2

(Continue on reverse)

PREPARED BY (Signature & Title) [redacted] 9 WM 6

DEPARTMENT/SERVICE/CLINIC ICU 3

DATE 23 NOV 03

[redacted] written entries give: Name—last, first, [redacted] dical facility)

[redacted] (b)(4-4

- ☐ HISTORY/PHYSICAL
- ☑ FLOW CHART
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ OTHER (Specify)
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

DA FORM 1 MAY 78 4700

Proponent: Dept of Nurs

MEDDAC FBg OP 375, 1 Apr 90 (HSXC-NU)

MEDCOM - 25037

DATE 23NOV03 DX GSW To Chest HOSPITAL DAY

| VITAL SIGNS | TIME | 2400 | 0100 | 0200 | 0300 | 0400 | 0500 | 0600 | 0700 | | 800 | 900 | 1000 | 1100 | 1200 | 1300 | 1400 | 1500 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | BP Arterial Line | | | | | | | | | | | | | | | | | | |
| | BP Cuff | 120/67 | 110/57 | 110/68 | 112/71 | 114/68 | 113/72 | 116/70 | 114/70 | | 98/65 | 116/69 | 121/68 | 128/56 | 119/69 | 117/78 | 117/76 | 116/69 | |
| | Temperature | | 99.3 | | | | | | | | | | | | 98.6 | | | | |
| | Pulse | 80 | 82 | 75 | 72 | 78 | 74 | 74 | 67 | | 77 | 69 | 75 | 73 | 81 | 73 | 67 | 81 | |
| | Respiratory Rate | 12 | 21 | 18 | 19 | 19 | 21 | 19 | 20 | | 20 | 18 | 18 | 15 | 16 | 20 | 13 | 24 | |
| | $O_2$ | 98 | 96 | 97 | 97 | 97 | 97 | 96 | 98 | | 97 | 98 | 97 | 95 | 92 | 96 | 94 | 96 | |
| | MODE | 2L NC | 2L NC | 2L NC | 2L NC | 2L NC | 2L NC | 2L NC | 2L NC | | 2L NC | 2L NC | 2L NC | NC 2L | NC 2L | NC 2L | NC 2L | NC 2L | |

| INTAKE | TIME | 2400 | 0100 | 0200 | 0300 | 0400 | 0500 | 0600 | 0700 | 8° T | | | | | | | | | 8° T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | IVF | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 800 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 800 |
| | IVPB | | | | | | | 50 | | 50 | | | 100 | | | | 100 | | 150 |
| | MSO4 | 2 | 4 | 2 | 2 | 4 | 2 | 2 | 2 | 20 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 16 |
| | HEPARIN | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 160 | 20 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 188 |
| | Juice | | | | | | | | 25 | 25 | | | | | | | | | 50 |
| | $H_2O$ | | | | | | | | | | | | | | | | | | |
| | TOTALS | | | | | | | | | 1055 | | | | | | | | | 1154 |

| OUTPUT | | HOUR / TOTAL | 200 | 160 / 360 | 90 / 450 | 100 / 550 | 160 / 710 | 200 / 910 | 160 / 1070 | 130 / 1280 | 1280 | 140 / 140 | 130 / 270 | 170 / 440 | 165 / 605 | 280 / 885 | 130 / 1015 | 60 / 1075 | 80 / 1155 | 1155 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | URINE | sp gr | | | | | | | | | | | | | | | | | | |
| | | S/A | | | | | | | | | | | | | | | | | | |
| | NG | OUTPUT | | | | | | | | | | | | | | | | | | |
| | | pH | | | | | | | | | | | | | | | | | | |
| | | GUIAC | | | | | | | | | | | | | | | | | | |
| | EMESIS | | | | | | | | | | | | | | | | | | | |
| | STOOL | | | | | | | | | | | | | | | | | | | |
| | DRAINS | CT | | | | | | | 80 | 20 | 100 | 15 | | 5 | 10 | | 10 | | 20 | 60 |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | TOTALS | | | | | | | | | | 1380 | | | | | | | | | 1215 |

POST-OP DAY

| | 1600 | 1700 | 1800 | 1900 | 2000 | 2100 | 2200 | 2300 | |
|---|---|---|---|---|---|---|---|---|---|
| VITAL SIGNS | | | | | | | | | |
| | 115/69 | 107/70 | 119/71 | 110/70 | 122/70 | 120/74 | 114/73 | 111/69 | |
| | 98.7 | | 97 | 99.2 | | | | | |
| | 78 | 88 | 83 | 88 | 78 | 76 | 81 | 75 | |
| | 20 | 21 | 23 | 27 | 34 | 22 | 23 | 19 | |
| | 21 | 21 | 21 | 22 | 22 | 22 | 22 | 21 | |
| | NC | NC | NC | NC | NC | NC | NC | NC | |
| INTAKE | | | | | | | | | |
| | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 8° T |
| | | | | | | | | | 800 |
| | 2 | 2 | 3 | 4 | 4 | 4 | 4 | 4 | 27 |
| | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 192 |
| | | 50 | | | | | 50 | | 100 |
| | 50 | | | | 100 | | | | 150 |
| | | | | | | | 50 | | 50 |
| OUTPUT | | | | | | | | | |
| | 192/192 | 80/282 | 190/472 | 140/612 | 200/812 | 120/932 | 135/1067 | 100/1127 | 127 |
| | 15 | 5 | 10 | | | 1 | 5 | | 36 |

ACUITY LEVEL CLASSIFICATION

| RESPIRATORY | TIME | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | MODE | | | | | | | | | |
| | $F_IO_2$ | | | | | | | | | |
| | TV | | | | | | | | | |
| | RATE | | | | | | | | | |
| | PEEP | | | | | | | | | |
| ARTERIAL BLOOD GAS | A: pH | | | | | | | | | |
| | A: $PCO_2$ | | | | | | | | | |
| | A: $pO_2$ | | | | | | | | | |
| | B: $HCO_3$ | | | | | | | | | |
| | SAT | | | | | | | | | |
| | B: BASE | | | | | | | | | |

| LABORATORY DATA | TIME | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | GLUCOSE | | | | | | | | | |
| | Na/K | | | | | | | | | |
| | $Cl/CO_2$ | | | | | | | | | |
| | BUN/Cr | | | | | | | | | |
| | WBC/PLATELET | | | | | | | | | |
| | Hct/Hgb | | | | | | | | | |

| ACTIVITIES OF DAILY LIVING | TIME | | | | TIME | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | MOUTH CARE | | | TURN | | | | | |
| | BATH | | | | | | | | |
| | SKIN CARE | | | | | | | | |
| | FOLEY CARE | | | SUCTION | | | | | |
| | TRACH CARE | | | | | | | | |
| | ROM EXERCISES | | | | | | | | |

24 HR I&O TOTALS

wt Yesterday _____ wt Today _____

| INTAKE | | OUTPUT | |
|---|---|---|---|
| IV | | Urine: | |
| po | | | |
| | | | |
| TOTAL | | TOTAL | |

BALANCE _____

NURSE'S SIGNATURE [redacted] INITIALS [redacted]

(5)(6)-2

MEDICAL RECORD–SUPPLEMENTAL MEDICAL DATA

24NOV03 For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

REPORT TITLE

# INTENSIVE CARE NURSING FLOW SHEET (b)(6)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

## INITIAL SHIFT ASSESSMENT

| | TIME | 0700 | INITIALS [redacted] | 1900 | INITIALS [redacted] | | INITIALS |
|---|---|---|---|---|---|---|---|
| NEURO | PUPILS | 3mm brisk perrla | | 3mm brisk PERRLA | | | |
| | SENSORIUM | moves all ext; follows commands responds to questions alert | | pt able to move all extremities follow commands. assist to care | | | |
| RESPIRATORY | RESPIRATORY PATTERN | even, unlabored | | even unlabored RT | | | |
| | BREATH SOUNDS | shallow, BS | | SATS 95-98 on 2L | | | |
| | SECRETIONS | CTA(B); diminished LLLobe. (+) cough no secretion noted during time. | | RL LLL diminished a secretions so far this shift | | | |
| SKIN | COLOR | NFR | | NFR incision (L) | | | |
| | INTEGRITY | incision (R) upper chest and (L) flank | | upper chest OTA fine s/s infection LT nursing care | | | |
| IV SITE | LOCATION | (R) fem. cordis | | (R) fem cordis - med, clean | | | |
| | CONDITION | (R) chem: ondedema swelling noted | | (R) skin - dry, cracked ø swelling free s/s infection | | | |
| GASTRO | ABDOMEN | Soft, nontender, (BA) | | Bladder palpable | | | |
| | BOWEL SOUNDS | +4. | | pain upon palpation normal sound (+) hyperactive | | | |
| | | | | no BM this shift | | | |
| GU | URINE: | FTG, clear yellow | | Bedside urinal | | | |
| | COLOR/CLARITY | urine, qs 150 cc/hr | | Foley pulled @ 1700 | | | |
| CARDIOVASCULAR | CARDIAC RHYTHM | NSR, ø ectopy (B2) | | NSR ø ectopy, radial | | | |
| | | pulse RUE, (B3) pulses | | pulse palpable (L) weaker | | | |
| | | (B)LE, (+) pulse LLE | | Pedal pulses palpable | | | |
| | | LLE swollen, warm; | | skin temp cool | | | |
| | | capillary <3 sec | | CAP refill pink | | | |

LEGEND
Cr - Creatinine
$F_IO_2$ - Fraction of Inspired $O_2$
$HCO_3$ - Bicarbonate
ICP - Intracranial Pressure
$PCO_2$ - Pressure of Arterial $CO_2$
PEEP - Positive End Expiratory Pressure
S/A - Fractional
SAT - Saturation
TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE 24 NOV 03

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

[redacted] (b)(6)-7

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

Proponent: Dept of Nurs

MEDDAC FBg OP 375, 1 Apr 90 (HSXC-NU)

MEDCOM - 25040

DATE 24NOV03 | DX | HOSPITAL DAY

| VITALS | TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | BP Arterial Line | | | | | | | | | | | | | | | | | | |
| | BP Cuff | 104/66 | 100/64 | 110/68 | 111/63 | 116/68 | 119/70 | 116/73 | 118/75 | | 110/73 | 99/64 | 113/69 | 114/67 | 110/64 | 120/80 | 115/76 | 113/70 | |
| | Temperature | 97.6 | | | | | | | | | | | 75 | | | | | 98.2 | |
| | Pulse | 77 | 76 | 78 | 76 | 68 | 75 | 78 | 78 | | 71 | 69 | 75 | 73 | 71 | 87 | 85 | 87 | |
| | Respiratory Rate | 19 | 18 | 20 | 18 | 21 | 19 | 20 | 19 | | 16 | 19 | 18 | 15 | 18 | 18 | 16 | 21 | |
| | SpO2 | 97 | 96 | 97 | 97 | 96 | 95 | 95 | 95 | | 96 | 97 | 98 | 97 | 97 | 95 | 96 | 95 | |
| | FiO2 | 2L | 2L | 2L | 2L | 2L | 2L | 2L | 2L | | 2L | 2L | 2L | 2L | 2L | 2L | 2L | 2L | |
| | MODE | NC | NC | NC | NC | NC | NC | NC | NC | | NC | NC | NC | NC | NC | NC | NC | NC | |
| SIGNS | | | | | | | | | | | | | | | | | | | |

| INTAKE | TIME | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 8°T | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 8°T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | D5½NS 20KCL | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 800 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 800 |
| | MSO4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 32 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 32 |
| | Heparin | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 192 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 192 |
| | IVP | | | | | | | | | | | | 100 | | | | 50 | | 50 |
| | TOTALS | | | | | | | | | 1024 | | | | | | | | | |

| OUTPUT | | HOUR / TOTAL | 100 | 60 / 160 | 140 / 300 | 140 / 440 | 200 / 640 | 100 / 740 | 100 / 840 | 175 / 1015 | 1015 | 150 / 150 | 135 / 285 | 110 / 395 | 200 / 595 | 150 / 745 | 120 / 865 | 100 / 965 | 40 / 1005 | 1005 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | URINE | sp gr | | | | | | | | | | | | | | | | | | |
| | | S/A | | | | | | | | | | | | | | | | | | |
| | NG | OUTPUT | | | | | | | | | | | | | | | | | | |
| | | pH | | | | | | | | | | | | | | | | | | |
| | | GUIAC | | | | | | | | | | | | | | | | | | |
| | EMESIS | | | | | | | | | | | | | | | | | x1 | | |
| | STOOL | | | | | | | | | | | | | | | | | | | |
| | CT DRAINS | CT | | | | | 15 | | | 15 | | | 10 | | | | 10 | | | |
| | TOTALS | | | | | | | | | 1030 | | | | | | | | | | |

POST-OP DAY

| VITAL SIGNS | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | X |
|---|---|---|---|---|---|---|---|---|---|
| | 119/73 | 111/74 | 117/67 | 122 | 117/76 | 148/82 | 123/74 | 121/73 | |
| | | | 98 | 82 | | | 98 | 97 | |
| | 85 | 81 | 78 | 89 | 83 | 96 | 81 | 82 | |
| | 18 | 20 | 28 | 17 | 18 | 22 | 20 | 17 | |
| | 98 | 100 | 96 | 95 | 96 | 95 | 96 | 97 | |
| | 2L | 2L | 2L | 2L | 2L | 2L | 2L | 2L | |
| | NC | NC | NC | NC | NC | NC | NC | NC | |

| INTAKE | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 8° T |
|---|---|---|---|---|---|---|---|---|---|
| I | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | |
| | 4 | 4 | 4 | 4 | 4 | 2 | 2 | 2 | |
| N | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | |
| | | | | | | | 50 | | |

| OUTPUT | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | |
|---|---|---|---|---|---|---|---|---|---|
| O | 20/20 | 33/~~52~~ pulled | Ø | Ø | Ø | 25/7 | Ø | Ø | 327 |
| | | 70 | | | | | | | |

ACUITY LEVEL CLASSIFICATION

| RESPIRATORY DATA | TIME | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | MODE | | | | | | | | | |
| | $F_IO_2$ | | | | | | | | | |
| | TV | | | | | | | | | |
| | RATE | | | | | | | | | |
| | PEEP | | | | | | | | | |
| | A: pH | | | | | | | | | |
| | A: $PCO_2$ | | | | | | | | | |
| | A: $pO_2$ | | | | | | | | | |
| | B: $HCO_3$ | | | | | | | | | |
| | B: SAT | | | | | | | | | |
| | G: BASE | | | | | | | | | |

| LABORATORY DATA | TIME | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | GLUCOSE | | | | | | | | | |
| | Na/K | | | | | | | | | |
| | $Cl/CO_2$ | | | | | | | | | |
| | BUN/Cr | | | | | | | | | |
| | WBC/PLATELET | | | | | | | | | |
| | Hct/Hgb | | | | | | | | | |

| ACTIVITIES OF DAILY LIVING | TIME | | | | TURN | TIME | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | MOUTH CARE | | | | | | | | | |
| | BATH | | | | | | | | | |
| | SKIN CARE | | | | | | | | | |
| | FOLEY CARE | | | | SUCTION | | | | | |
| | TRACH CARE | | | | | | | | | |
| | ROM EXERCISES | | | | | | | | | |

24 I&O TOTALS

wt Yesterday _____ wt Today _____

| INTAKE | | OUTPUT | |
|---|---|---|---|
| IV | _____ | Urine: | _____ |
| po | _____ | | _____ |
| | _____ | | _____ |
| TOTAL | _____ | TOTAL | _____ |

BALANCE _____

| NURSE'S SIGNATURE | INITIALS |
|---|---|
| [redacted] | |
| (b)(6)-2 | |

MEDCOM - 25042

MEDICAL RECORD–SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

REPORT TITLE

# INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED *(Date)* QA Appr 8 Mar 89

## INITIAL SHIFT ASSESSMENT

| | TIME | 0730 | INITIALS [redacted] | | INITIALS | | INITIALS |
|---|---|---|---|---|---|---|---|
| NEURO | PUPILS | PERRLA @ 3mm | | | | | |
| | SENSORIUM | Alert & Oriented | | | | | |
| | | MAE | | | | | |
| | | | | | | | |
| | | | | | | | |
| RESPIRATORY | RESPIRATORY PATTERN | Even, unlabored | | | | | |
| | BREATH SOUNDS | BS CTA, but | | | | | |
| | SECRETIONS | somewhat diminished | | | | | |
| | | @ bases. Coughs up | | | | | |
| | | sputum | | | | | |
| | | | | | | | |
| SKIN | COLOR | NTR, Dusky to | | | | | |
| | INTEGRITY | (L) clavicle area. | | | | | |
| | | | | | | | |
| IV SITE | LOCATION | (L) jugular catheter | | | | | |
| | CONDITION | (L) jugular catheter | | | | | |
| | | clean & dry w/ dressing | | | | | |
| | | swelling to entire | | | | | |
| | | site | | | | | |
| | | | | | | | |
| GASTRO | ABDOMEN | Soft, nontender | | | | | |
| | BOWEL SOUNDS | BSX 4 quads | | | | | |
| | | | | | | | |
| | | | | | | | |
| GU | URINE: | voids per urinal | | | | | |
| | COLOR/CLARITY | QS. | | | | | |
| | | | | | | | |
| CARDIOVASCULAR | CARDIAC RHYTHM | S1 + S2 Noted | | | | | |
| | | NSR w/ ectopy | | | | | |
| | | Cap refill brisk | | | | | |
| | | + pulses | | | | | |
| | | | | | | | |
| | | | | | | | |

LEGEND: Cr - Creatinine; $F_IO_2$ - Fraction of Inspired $O_2$; $HCO_3$ - Bicarbonate; ICP - Intracranial Pressure; $PCO_2$ - Pressure of Arterial $CO_2$; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

(b)(6)-2

(Continue on reverse)

PE[redacted] *(Signature & Title)* 9/4/06

DEPARTMENT/SERVICE/CLINIC 7C03

DATE 25 Aug 07

[redacted] *(For typed or written entries give: Name—last, first, [redacted]; grade; date; hospital or medical facility)*

[redacted] (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER *(Specify)*

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

Proponent: Dept of Nurs

MEDDAC FBg OP 375, 1 Apr 90 (HSXC-NU)

MEDCOM - 25043

DATE 2/12/05 | DX GSW Chest | HOSPITAL DAY

| VITAL SIGNS | TIME | 2400 | 0100 | 0200 | 0300 | 0400 | 0500 | 0600 | 0700 | | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 8° T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | BP Arterial Line | | | | | | | | | | | | | | | | | | |
| | BP Cuff | 117/78 | 114/72 | 101/61 | 91/59 | 115/50 | 116/70 | 121/74 | 119/70 | | 118/74 | 115/71 | 118/71 | 114/70 | 106/63 | 101/68 | 119/75 | | |
| | Temperature | 99.1 | | | | 97.5 | | 99 | | | | | | | 98.3 | | | | |
| | Pulse | 87 | 80 | 81 | 70 | 80 | 83 | 80 | 80 | | 80 | 69 | 74 | 91 | 69 | 84 | 88 | | |
| | Respiratory Rate | 21 | 20 | 15 | 16 | 18 | 20 | 19 | 20 | | 19 | 19 | 20 | 17 | 19 | 21 | 17 | | |
| | $O_2$ | 95 | 95 | 94 | 97 | 96 | 95 | 95 | 95 | | 94 | 96 | 97 | 99 | 97 | 96 | 98 | | |
| | Mode | 2L NC | 2L NC | 2L NC | 2L NC | 2L NC | 2L NC | 2L NC | 2L NC | | 2L NC | 2L NC | 2L NC | 2L NC | 2L NC | 2L NC | 2L NC | | |

| INTAKE | TIME | 2400 | 0100 | 0200 | 0300 | 0400 | 0500 | 0600 | 0700 | 8° T | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 8° T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | IVF | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 800 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | |
| | MOM | 4 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 18 | 2 | | | | | | | | |
| | Hep | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 192 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | | |
| | IVPD | | | | | | | 50 | | 50 | | | | | | | | | |
| | TOTALS | | | | | | | | | 1060 | | | | | | | | | |

| OUTPUT | | HOUR / TOTAL | 2400 | 0100 | 0200 | 0300 | 0400 | 0500 | 0600 | 0700 | 8° T | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 8° T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | URINE | | 620 | Ø | Ø | Ø | 200/85 | Ø | Ø | 250/1075 | 1075 | 250/250 | | | 650/850 | | | 1000/1850 | | |
| | | sp gr | | | | | | | | | | | | | | | | | | |
| | | S/A | | | | | | | | | | | | | | | | | | |
| | NG | OUTPUT | | | | | | | | | | | | | | | | | | |
| | | pH | | | | | | | | | | | | | | | | | | |
| | | GUIAC | | | | | | | | | | | | | | | | | | |
| | EMESIS | | X1 | | | | | | | | | | | | | | | | | |
| | STOOL | | X1 | | | | | | | | | | | | | | | | | |
| | DRAINS | CT #1 | | | | | | 10 | | | 10 | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | TOTALS | | | | | | | | | | 1085 | | | | | | | | | |

POST-OP DAY

VITAL SIGNS

INTAKE

8° T

OUTPUT

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | TIME | | | | | | | | | |
| | MODE | | | | | | | | | |
| | $F_IO_2$ | | | | | | | | | |
| | TV | | | | | | | | | |
| | RATE | | | | | | | | | |
| | PEEP | | | | | | | | | |
| A | pH | | | | | | | | | |
| A | $PCO_2$ | | | | | | | | | |
| A | $pO_2$ | | | | | | | | | |
| B | $HCO_3$ | | | | | | | | | |
| B | SAT | | | | | | | | | |
| G | BASE | | | | | | | | | |

LABORATORY DATA

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | | | | | | | | | |
| GLUCOSE | | | | | | | | | |
| Na/K | | | | | | | | | |
| $Cl/CO_2$ | | | | | | | | | |
| BUN/Cr | | | | | | | | | |
| WBC/PLATELET | | | | | | | | | |
| Hct/Hgb | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

DAILY LIVING ACTIVITIES OF

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| TIME | | | | TURN | TIME | | | | | |
| MOUTH CARE | | | | | | | | | | |
| BATH | | | | | | | | | | |
| SKIN CARE | | | | | | | | | | |
| FOLEY CARE | | | | SUCTION | | | | | | |
| TRACH CARE | | | | | | | | | | |
| ROM EXERCISES | | | | | | | | | | |
| | | | | | | | | | | |

24° I&O TOTALS

wt Yesterday _____ wt Today _____

| INTAKE | | OUTPUT | |
|---|---|---|---|
| IV | _____ | Urine: | _____ |
| po | _____ | | _____ |
| | _____ | | _____ |
| TOTAL | _____ | TOTAL | _____ |

BALANCE _____

| NURSE'S SIGNATURE | INITIALS |
|---|---|
| [redacted] | [redacted] |
| (5)(6)-7 | |
| | |
| | |
| | |
| | |
| | |

MEDCOM - 25045

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: _____ Anesthesia Type (Circle)): General Spinal Epidural
Time In: _____ IV Sedation Nerve Block
Allergies: _____ OR Intake: Crystalloid _____ Colloid _____
Pre-op V/S: _____ OR Output: UOP _____ EBL _____
Procedures: _____ Meds/Times: _____

| Drains |
|---|
| Hemovac |
| NG |
| JP |
| T-tube |
| Foley |
| TLS |

| Airway |
|---|
| Nasal |
| Oral |
| ETT |
| Trach |
| Other |

Pre Op Meds _____ History _____

| Time | 0230 | 0300 | 0330 | 0400 |
|---|---|---|---|---|
| SaO2 | 94 | 100 | 100 | |
| FiO2 | | | | |
| Methods | | | | |
| 240 | | | | |
| 220 | | | | |
| 200 | | | | |
| 180 | | | | |
| 160 | | | | |
| 140 | V | | | |
| 120 | | V | V | V |
| 100 | | | | |
| 80 | • | | | |
| 60 | | | | |
| 40 | | | | |
| 20 | | | | |
| RR | | | | |
| T | 92.4 | 92.6 | | |

| Time | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Pain (0-10) | | | | | | | | |
| LOS | | | | | | | | |

Patient teaching done: Wound Care, Pain Management,
T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

### Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: _____ Labs: _____

### Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity<br>(2) Moves 4 Extremities<br>(1) Moves 2 Extremities<br>(0) Moves 0 Extremities | | | |
| Airway<br>(2) Cough, Deep breath<br>(1) Dyspnea, limited breathing<br>(0) Apnea | | | |
| Blood Pressure<br>(2) SBP =/- 20 of Pre-op<br>(1) SBP =/- 20-50 of Pre-op<br>(0) SBP =/- 50 of Pre-op | | | |
| Consciousness<br>(2) Fully Awake, audible crying<br>(1) Arousable to verbal or pain | | | |
| Color<br>(2) Baseline color & appearance<br>(1) pale, mottled, jaundiced<br>(0) Cyanotic | | | |
| Circulation (Peds < 5 Years)<br>(2) radial Pulse Palpable<br>(1) Axillary palpable, not radial<br>(0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C, | | | |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
* = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

PREPARED BY (Signature & Title) | DEPARTMENT/SERVICE/CLINIC | DATE

PATIENT'S IDENTIFICATION (For typed or written entries give: first, middle; grade; date; hospital or medical facility) Name – last,

[redacted] (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete
USAPPC V2.00

PACU Bed 4
[redacted] (b)(6)-4

8.0 ETT 22@ lip

# 28TH COMBAT SUPPORT HOSPITAL VENTILATOR FLOW SHEET

S/p Ex Lap (L) clavicle Fx (GSW)

| DATE | TIME | MODE | RATE | VOLUME | FI02 | PEEP | PIP | PT RATE | HR | SO2 | BP | Ph | Pco2 | Po2 | BE | HCO3 | SaO2 | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 19 NOV 03 | 0300 | SIMV | 14 | 750 | 60% | +5 | 22 | 0 | 59 | 100 | 125/81 | | | | | | | [redacted] |
| | 0520 | SIMV | 14 | 750 | 60 | 5 | 23 | 0 | 77 | 100 | 121/81 | 7.37 | 36.9 | 271 | -3 | 22 | 100 | ↓FiO2 35% @ 0520 |
| | 0820 | SIMV | 14 | 750 | ↓32 | 5 | 24 | 14 | 80 | 100 | 114/75 | | | | | | | |
| | 1100 | — | — | PA extubated | | | | | | | | | | | | | | [redacted] b6-2 |
| | 0300 | — | — | 3L NC | | | | 26 | 91 | 94 | 108/68 | | | | | | | |

**Inte. en. ns**

Airway / Breathing: intubated ī 8.0 @ 22 @ teeth

Circulation: (R) removed

Other: (L) + (R) saphenous

replaced both chest tubes on left ī 36 French ī minimal returned blood

**MEDICATIONS**

| Time | Drug | Dose | Route | Initials |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SL other side

**Blood Components**

| Unit # | Type | Time | Response |
|---|---|---|---|
| 1 | O+ | | |
| 2 | O+ | 2318 | |
| | | | |
| | | | |
| | | | |

**Vital Signs**

| Time | B/P | Pulse | Resp | Pulse Ox | Temp | GCS |
|---|---|---|---|---|---|---|
| | / | | | | | |
| | / | | | | | |
| | / | | | | | |
| | / | | | | | |
| | / | | | | | |
| | / | | | | | |

Transfer Instructions:

- intubated
- 2 chest tubes on left
- Foley

NOTES:

Personal Effects:

?

Prepared by: [redacted]

Team Lead [redacted]

Dr [redacted]

(b)(6)-2

MEDCOM - 25048

**Medical Record** **Progress Notes**

# Wound and Skin Assessment

Date and Time 19 NOV 03 Wound number 1
Stage I-IV IV Surgical or Non-Surgical GSW - entrance
Location (L) scapula
Shape sm, round Measurements 5mm
Tissue Color NFR / red
Drains and Type Ø
Drainage (amt and color) min sang
Dressing Type Ø
Dressing Change Frequency Ø Wound Cleansing
Additional Info (turning, elevation of extremeties, etc.)

Date and Time 19 NOV 03 Wound number 2
Stage I-IV IV Surgical or Non-Surgical GSW - exit
Location (L) upper chest
Shape jagged, straight Measurements 6in
Tissue Color NFR
Drains and Type Ø
Drainage (amt and color) sm. sang
Dressing Type 4x4's & tape
Dressing Change Frequency BID / PRN Wound Cleansing
Additional Info (turning, elevation of extremeties, etc.)

Date and Time 19 NOV 03 Wound number 3 / 4 / 5
Stage I-IV Surgical or Non-Surgical JP / CT1 / CT2
Location (L) upper chest
Shape Measurements
Tissue Color
Drains and Type JP / CT1 / CT2
Drainage (amt and color)
Dressing Type 4x4 & tape
Dressing Change Frequency PRN Wound Cleansing
Additional Info (turning, elevation of extremeties, etc.)

Patient ID: Unit No.
Standard Form 509

[redacted] (b)(6)-4

MEDCOM - 25049

Medical Record Progress Notes

## Braden Scale Evaluation

Date: 11/23/03

| | | | | | |
|---|---|---|---|---|---|
| Sensory Perception | No Impairment | 4 | Mobility | No Limitations | 4 |
| | Slightly Limited | 3 | | Slightly Limited | 3 |
| | Very Limited | 2 | | Very Limited | 2 |
| | Completely Impaired | 1 | | Completely Immobile | 1 |
| Moisture | Rarely Moist | 4 | Nutrition | Excellent | 4 |
| | Occasionally Moist | 3 | | Adequate (Eats >50%) | 3 |
| | Moist | 2 | | Adequate (rarely eats) | 2 |
| | Constantly Moist | 1 | | Very Poor | 1 |
| Activity | Walks Frequently | 4 | Friction and Shear | No Apparent Problem | 3 |
| | Walks Occasionally | 3 | | Potential Problem | 2 |
| | Chairfast | 2 | | Problems | 1 |
| | Bedfast | 1 | | | |

Total Score: 14

| | |
|---|---|
| Above 20 | Low Risk |
| 16-19 | Med Risk |
| 11-15 | High Risk |
| Below 10 | Very High Risk |

Score <15 requires Immediate Ulcer Prevention Program

Date: _____

| | | | | | |
|---|---|---|---|---|---|
| Sensory Perception | No Impairment | 4 | Mobility | No Limitations | 4 |
| | Slightly Limited | 3 | | Slightly Limited | 3 |
| | Very Limited | 2 | | Very Limited | 2 |
| | Completely Impaired | 1 | | Completely Immobile | 1 |
| Moisture | Rarely Moist | 4 | Nutrition | Excellent | 4 |
| | Occasionally Moist | 3 | | Adequate (Eats >50%) | 3 |
| | Moist | 2 | | Adequate (rarely eats) | 2 |
| | Constantly Moist | 1 | | Very Poor | 1 |
| Activity | Walks Frequently | 4 | Friction and Shear | No Apparent Problem | 3 |
| | Walks Occasionally | 3 | | Potential Problem | 2 |
| | Chairfast | 2 | | Problems | 1 |
| | Bedfast | 1 | | | |

Total Score: _____

| | |
|---|---|
| Above 20 | Low Risk |
| 16-19 | Med Risk |
| 11-15 | High Risk |
| Below 10 | Very High Risk |

Score <15 requires Immediate Ulcer Prevention Program

Patient ID:

Unit No. ICU 3

Standard Form 509

(b)(6)-4

[redacted]

MEDCOM - 25050

# PLAN OF CARE FOR SKIN BREAKDOWN AND WOUND MANAGEMENT

**MEDICAL RECORD** **PROGRESS NOTES**

**Admission Date:** 19 NOV 03 **Diagnosis:** GSW **HD:** 1 **POD:** 0

Date: 19 NOV Time: 0330 RN Signature [redacted] (b)(6)-2

Skin breakdown as evidenced by immobility, friction, shear, moisture, abrasions, surgical wound, skin tear.

Wound type: Surgical wound (s) GSW Location: (L) scap (L) chest Size: 5mm/6 in Drainage: min sang

~~Diabetic ulcer~~ Tubes: JP x1 CTR2 Pins: Ø Appearance: well approx

Venous stasis ulcer Dressing change: PRN / BID

Other____ Describe____

Burn wound (s): % BSA____ Partial____ Full____

Location:____ Size____

Appearance:____

Dressing change:____

Pressure Ulcer (s): Ø

Stage I, II, III, IV (Circle the one that applies and describe below)

Location:____ Size:____

Wound character: Pink____ Moist____ Dry____ Granulation tissue____ Yellow slough____

Tunneling____ Undermining____ Odor____ Purulent discharge____ Eschar____ Exudates____

**Refer to SOP for Dressing Change Instrucitons.**

**Please check the appropriate dressing Change:**

- ☒ Wet to Dry Dressing
- ☐ Carrasyn-V GelDressing
- ☐ Alginate Dressing
- ☐ Comfeel Dressing
- ☐ Pin Site Care
- ☐ J-Tube Care
- ☐ Colostomy Care
- ☒ Chest Tube Care
- ☐ Burn Care

NOTE: Document daily wound and dressing change on Progress Note or Nursing Note.

**Select the appropriate products used:**

- ☒ Sterile 4x4 gauze dressing
- ☐ Sterile 2x2 gauze dressing
- ☐ Sterile gloves
- ☐ Kerlix (super sponge)
- ☐ Gauze bandage
- ☐ Sterile Normal Saline
- ☐ Sterile Water
- ☐ 8 x 4 Sponge gauze
- ☐ Op-site
- ☐ Tegaderm clear dressing
- ☐ Alkare skin prep
- ☐ Comfeel clear
- ☐ Comfeel pressure ulcer drsg
- ☐ Carrasyn-V Gel
- ☐ Alginate
- ☐ Bacitracin
- ☐ Silvadene Cream
- ☐ Petrolatum gauze
- ☐ Hibicleanse
- ☐ Non-adhesive dressing
- ☐ Telpha Pad
- ☐ Carra-smart film
- ☐ Sterile Q-tip applicator
- ☐ Xeroform 5 x 9.
- ☐ Moisture barrier cream
- ☐ 0.125% Dakins sol
- ☐ Betadine Swab sticks
- ☐ ½ Hydrogen Peroxide & ½ Sterile Normal Saline

Select the frequency of dressing change:

- ☒ b.i.d. PRN
- ☐ t.i.d

MD Signature and Date:

CNS Signature and Date:

**Patient's Identification (For typed or written entries give: Name-last, first, middle: Grade; rank; hospital or medical facility)**

**Medical Record, SF 509**

[redacted] (b)(6)-4

MEDCOM - 25051

**Medical Record** **Progress Notes**

# Wound and Skin Assessment

Date and Time 11/23/03 Wound number 2
Stage I-IV 2 Surgical or Non-Surgical
Location (L) UPPER CHEST
Shape EDGES APPROXIMATED STRAIGHT Measurements 6 IN
Tissue Color
Drains and Type Ø
Drainage (amt and color)
Dressing Type OPEN TO AIR
Dressing Change Frequency Wound Cleansing NS
Additional Info (turning, elevation of extremeties, etc.)
MONITOR FOR SIGNS OF INFECTION

Date and Time 11/23/03 Wound number 3
Stage I-IV 2 Surgical or Non-Surgical
Location (R) UPPER CHEST
Shape STRAIGHT Measurements 3 CM
Tissue Color RED
Drains and Type Ø
Drainage (amt and color) Ø
Dressing Type WET TO DRY 4x4
Dressing Change Frequency BID Wound Cleansing NS
Additional Info (turning, elevation of extremeties, etc.)
MONITOR FOR TUNNELING AND FOR SIGNS OF INFECTION.

Date and Time 11/23/04 Wound number 4
Stage I-IV IV Surgical or Non-Surgical CHEST TUBE
Location LOWER (L)
Shape STRAIGHT LINE Measurements 4 CM
Tissue Color RED
Drains and Type CHEST TUBE ~~SEROUS~~
Drainage (amt and color) APPR 5-10 CC/HR
Dressing Type VASELINE GAUZE & 4x4
Dressing Change Frequency BID Wound Cleansing NS
Additional Info (turning, elevation of extremeties, etc.) MONITOR FOR BREAK OF ~~CH~~ SEAL IN CHEST WALL AND FOR SIGNS OF INFECTION.

Patient ID: Unit No. ICU3
Standard Form 509

(b)(6)-4
[redacted]

MEDCOM - 25052

# FSB / FST Trauma Flow Sheet

Name: Iraqi Nat'l > 82 SSN _____ Unit LOCAL NATIONAL

Blood Type

Date and time of injury: 18NOV03 Time of Arrival 2250

MOI: GSW

HPI:

PMHX: ?

PSHX:

Meds:

Allergies: —

## Primary Survey (b)(6)-2

Airway: Patent Mechanically maintained by Intubated by CPT [redacted]

Breathing: Spontaneous Assisted by CPT [redacted]

Circulation:

Pulse: Present Absent CPR

Color: Normal Abnormal

Cap refill: Normal Delayed

arrived c̄ NRB

## Secondary Survey

Intial Vital Signs: b/p 100/70 pulse 101 Resp ____ Pulse Ox 99 Temp 95.6

GEN: unresp — #2 100/64 #2 99 #2 97

HEAD: NCAT #3 129/69

NECK: ⊘ lesion

HEART: pulse 100

LUNGS: (L) lung puncture from GS

CHEST: (L) open chest wound → 2 chest tubes on (L) present

ABD: soft

PELVIS: ⊘ lesion ; Foley on arrival

EXT: ? fx (L) forearm

LACT RINGERS

100 KETAMINE 1gram ANCEF

100 Succinylcolinie

10 mg vecuronium

.4 mg scopolamine

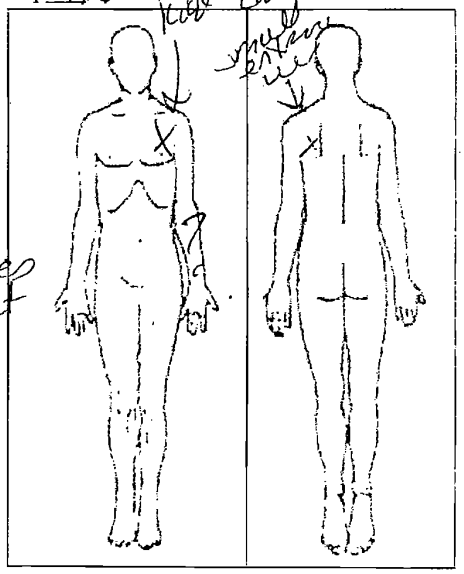
#(1) unit of BLOOD started @ 2255

#(2) started @ 2310 done @ 2315

per PT [redacted] (b)(6)-2

RECTAL: deferred

NEURO: intubated on arrival




| GLASCOW COMA | | |
|---|---|---|
| EYES OPEN | Spontaneously | 4 |
| | To Speech | 3 |
| | To Pain | 2 |
| | None | 1 |
| BEST VERBAL RESPONSE | Oriented | 5 |
| | Confused | 4 |
| | Inappropriate sounds | 3 |
| | Incomprehensible sounds | 2 |
| | None | 1 |
| BEST MOTOR REPONSE | Obeys Commands | 6 |
| | Localizes Pain | 5 |
| | Withdraws to Pain | 4 |
| | Flexes to Pain | 3 |
| | Extends to Pain | 2 |
| | None | 1 |
| | TOTAL | |

sedated

| Revised Trauma Score | | |
|---|---|---|
| GLASCOW COMA TOTAL | 13-15 | 4 |
| | 9-12 | 3 |
| | 6-8 | 2 |
| | 4-5 | 1 |
| | 3 | 0 |
| SYSTOLIC BLOOD PRESSURE | >89 mmHg | 4 |
| | 76-89 mmHg | 3 |
| | 50-75 mmHg | 2 |
| | 01-49 mmHg | 1 |
| | No pulse | 0 |
| RESPIRATORY RATE | 10-29 / min | 4 |
| | >29 / min | 3 |
| | 6-9 / min | 2 |
| | 1-5 / min | 1 |
| | None | 0 |
| | TOTAL | |

X-RAY:
1. CT in good placement
2. ETT good placement
3. white out on (L)
4.

LAB
10
20

# Admission & Coding Information

For use of this form, see AR 40-400; the proponent agency is OTSG

| | | | |
|---|---|---|---|
| [redacted] | IZ | | |
| 3. Register Number<br>[redacted] | Name (Last, First, MI)<br>[redacted]NoFirstNameGiven | 4. Pay Grade<br>FGN | 5. Sex<br>M |
| 6. DoB (YYYYMMDD) | 7. Age at Admission<br>(b)(6)-4 | 8. Race<br>X | 9. Ethnicity<br>9 | Religion |
| 10. Length of Service<br>ETS | | 11. FMP<br>99 | 12. Social Security Number<br>[redacted] | |
| Organization (Active Duty Only) | | 13. Marital Status | Hour of Admission<br>23:50 | Branch / Corps: |
| 14. Flying Status | 15. Beneficiary Category<br>K78-PRISONER OF WAR/INTERNEES | | 16. Zip Code of Residence: | |
| 17. Unit Location | 18. MOS | 19. Trauma<br>BC | Prev. Admission<br>NO | |
| 20. Source of Admission<br>Direct from ER | Ward:<br>ICU3 | Name / Relationship of Emergency Addressee<br>Address of Emergency Addressee | | |
| (b)(2)-2 Name and Location of Medical Treatment Facility:<br>[redacted] Install Provided | | Telephone Number of Emergency Addressee | | |
| 21. Type of Disposition<br>TRF-OTH | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD)<br>2003-12-02 | | |
| 24. Clinic Svc - Admitting<br>ABA - GENERAL SURGERY | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD)<br>2003-11-18 | | |
| 27. Location of Occurrence<br>IZ | 28. MTF of Initial Admission | 29. Date of Initial Admission<br>2003-11-18 | | |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: GSW SHRAPNAL CHEST

Procedure Narrative(s):

T: 1 Dx: 8760 PR: 8670
8601 8345
Inj: 450 4538 3402
7890 9739
Blood: Y E9912 9904×2

Cause of Injury Narrative:

(b)(6)-2

Admitting Officer (Signature, as required) [redacted]

Automated Facsimile - DA FORM 2985, MAR 2000

MEDCOM - 25054

Automated Facsimile

# INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400, the proponent agency is OTSG

1. Register Nbr [redacted]
2. Name [redacted]
3. Grade FGN
Admission Remarks

4. Sex M
5. Age 45Y
6. Race (b)(6)-4
7. Religion
8. LnthOfSvc
9. ETS
10. PrevAdm NO

11. FMP 99
12. SSN [redacted]
13. Organization
14. Ward ICW1

15. FlyStatus NO
17. Dept / Ben K78-PRISONER OF WAR/INTER
18. BranchCorps ARMY
19. UIC / ZIP
20. Type Case BC

21. Source of Admission Direct from ER
22. Hour Of Adm: 23:45
23. Clinic Service AEA - ORTHOPEDICS

24. Name/Relation of Emergency Addressee
25. Type Disp TRF-OTH
26. Date of Disp 2003-12-27

27a. Address of Emergency Addressee
27b. Telephone No
28. Date This Adm: 2003-11-19
AdmittingOfficer: [redacted] b6-2

29. ReportingMTF [redacted] (b)(2)-2
30. Date Init Adm 2003-11-19
32. Units Blood Components

31. Selected Administrative Data

Marital Status:
DoB: 1958-06-01
In/Out Patient: Inpatient
MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

Open L TIB FIB FX

DX: 82310
99859
6826
8911
E9912

Px: 8674
7966
7857
8309
8669
7817

Transfer
9

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 | 10 | 10 |

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 | 10 | 10 |

Discharge
569

Si[redacted]ding Medical Officer [redacted]

Signature of PAD or Medical Records Officer [redacted]

Automated Facsimile - DA FORM 3647, May 79

(b)(6)-2

MEDCOM - 25055

| MEDICAL RECORD | ABBREVIATED MEDICAL RECORD |
|---|---|

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION *(Enter date of admission)*

40 y/o Iraqi ♂ truck driver non check point in western Iraq

[illegible]

PHYSICAL EXAMINATION

HEENT: [illegible]

Chest CTA

CV: [illegible]

Ext: (L) leg [illegible] 3/5 EHL/FHL, sensation intact LT DP

PROGRESS *(Enter date of discharge and final diagnosis)*

(R) Open (E) TIB, [illegible] ⊖ GSW ⊖ [illegible]

(R) Admit Regent I+D 48

(5)(6)-2

| [redacted] | DATE 7/20/03 | IDENTIFICATION NO | ORGANIZATION |
|---|---|---|---|
| PATIENT'S LAST NAME [redacted] *(Typed or written entries give name last, first, middle; grade; date; hospital or medical facility)* | | REGISTER NO. | WARD NO. |

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FISMR 101 CFR 201-45.505
OCTOBER 1975
USAPPC V1.00

MEDCOM - 25056

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES |
|---|---|
| | ORTHO |
| 19NOV03 | ~40 yo iraqi male GSW (L) tibia. |
| 2100 | no interpreter available. |
| | able to plantar flex toes. Appears to have |
| | sensation plantar / Dorsum foot. |
| | |
| | PMed Hx - unknown. |
| | NKDA (unable to asc) |
| | |
| | AF USS NAP XRAY - comminuted prox 1/3 tib fx, Fibula intact. |
| | LLE palp dP/PT pulse |
| | (+) PF toes. appears to have plantar/dorsal foot sensation, |
| | but hard to tell (no interpreter) |
| | exposed bone, GSW prox 1/3 tibia c̄ sig soft tissue |
| | loss in Ant compartment. |
| | no other GSW noted. no active bleeding |
| | toes warm/pink. |
| | |
| | A/P Grade III B (L) tib fx 2° GSW |
| | to OR for I/D + ex fix. [redacted] (b)(6)-2 |
| | Kefzol. tetanus [redacted] |

| 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)*

EPW [redacted]

(b)(6)-4

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

MEDCOM - 25057

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 20 Nov 03 1445 | Pt A & O able to make needs known. VSS. Denies pain. LLE ↑ on pillow. Drsg. to wound site reinforced due to serous drainage. (+) pedal pulse & brisk capillary refil. Moves toes. (D) ft warmer than (R). Hepflock patent to RLE. (+) BS x 4 quad. Voiding clear yellow urine per urinal. (-) N.V. Will continue to monitor & provide emotional support. Continue Abx therapy as ordered. 2 point restraint on 5 compromise to skin/circulation [redacted] |
| 20 Nov 03 1450 | CBC, Chem 7 drawn @ 0715. [redacted] |
| 2050 | Assumed care of pt. @ 0000. VSS - A+O. Pt. speaking arabic. LS CTA (B), resp. even & unlabored, NSR, Abd. soft non-tender. BS x 4. IV (R) AC infiltrated new IV started in (L) wrist 18G. Flushes well. (0) S/Sx infiltration. Reinforced drsng to (L) Leg. Ext. fixator intact. moderate amount serous drainage noted. (+) pedal pulses, Brisk cap. refill & can move toes. Pt. got OOB → toilet. walked to doorway via crutches + turned around to get back in bed. Pt. stated he was too tired to walk and didn't have to use toilet anymore. Two pt. restraints in place. 5 compromise to skin/circulation. Will monitor pt [redacted] I concur c above assessment [redacted] |

STANDARD FORM [redacted] V1.

MEDCOM - 25058

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 20 NOV 03 0100 | VS T 98.6 - 70 - 18 BP 110/60 $O_2$ SAT 98% RA. AAO MAE unable to palpate (L) pedal pulses d/t dry. Move toes freely in (L) foot. (L) Toe c capillary refill brisk. IV to (R) AC. D/C (L) IV c cath intact. Saline lock (R) IV AC which is patent & intact. (L) LE c ~~fibrin~~ Tib/fib eff fir & dry crust c Bright red blood. Dry to (L) lower leg reinforced c comfort dry. Will monitor for bleeding. Will provide medicate for pain mgmt; IV Antibiotic Will monitor closely. [redacted] |
| 20 NOV 03 0030 | Pt vomit approx 300cc of undigested meals with thick mucous brown substance after being transferred to bed from stretcher. Pt diaped nurses afterwards. Pt resting c eyes closed. $O_2$ SAT 98% RA lungs clear Bilaterally. HOB T 30°. (L) LE T on folded blankets. Will continue care as planned. [redacted] (5)(6)-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. |
|---|---|---|
| [redacted] (5)(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

MEDCOM - 25059

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 21 NOV 03 0800 | Assumed care of pt. A+O x3. VSS Denies having pain or discomfort @ this time. Lungs CTA HRRR Active BS X4 quads Tolerating PO well. IV ABX TX cont Afebrile (L) LE External fixator applied. DSG reinforces as needed. Copious amounts of serous drainage to dsg Combine dsg and kerlix to reinforce Neurovascular check intact pt. Able to wiggle toes slightly cap refill and skin coloration WNL Will cont to monitor — [redacted] |
| 21 NOV 1800 | - Pt is NPO c/o for surgery today. Food and water taken from bedside — [redacted] |
| 22 NOV 03 @ 0420 | Assumed care @ 1800; VSS, pt Alert, speaking arabic; ⊖ c/o pain/discomfort @ this time; pt Back from OR, Ex-fix in place, dsg CDI, ⊖ drainage; NVV WNL; S/L patent, cont IV abx; Restraints in place, ⊕ circ, ⊖ skin breakdown; will continue to monitor — [redacted] |
| 22 NOV 03 0800 | Assumed care of pt. A+O x3. VSS ⊖ c/o pain or discomfort @ this time. Lungs clear HRRR active BS x4 quads. Urinating spontaneously. External fix to (L) LE tibia bulking dressing applied Ace wrapped. Neuro check intact Afebrile will cont to monitor — [redacted] |

| 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. 5/1995)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1)
USAPA V1.0

[redacted] (b)(6)-4

MEDCOM - 25060

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 23Nov03@ | Assumed care @ 1900; VSS, pt A&O, Ø c/o pain or discomfort @ this time; Ex-Fix in place, dsg CDI, Ø drainage noted; NV intact to affected extremity; S/L patent easily flushes; Cont c̄ IVabx; Restraints in place, ⊕ circ, Ø skin breakd Cont to monitor [redacted] |
| 23 nov Ø3 1025 | Pt alo, VSS, percocet given @ 0800, for (L) leg pain. pin care done to visible pins. drsg reinforced, small amt sero-sang drainage around pin drsgs. pt can wiggle toes slightly, brisk cap reflex, ⊕ pulses (pedal). (L) leg warm to touch. ex fix intact (L) LE. Will monitor [redacted] LPN |
| 1400 | MD @ BS (Dr Oliverio). drsg Δ'd. WTD packed & covered c̄ fluffs, wrapped c̄ Kerlix & ace wrap. Entrance & exit wound connected c̄ bloody drainage. Medicated c̄ 4mg MSO4 prior to Δ. Pt able to lift leg on his own during drsg Δ. Will cont to monitor [redacted] |
| 23NOV.Ø3 1915 | Pt A+O×3, VSS, LS CTA (B), ⊕ BS×4, Ex Fix intact, ace wrap CDI, pain controlled c̄ percs, pedal pulses equal (B), cap ref <3 sec limited movement of toes LLE voiding (VI) to urinal. [redacted] GIW |

RELATIONSHIP TO SPONSOR: I

SPONSOR'S NAME: LAST [illegible] FIRST [illegible]

[redacted] NUMBER (SSN or Other): [illegible]

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.: ICW #1

**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)(6)-4

MEDCOM - 25061

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 24NOV03 | (5)(6)-2 (1725) NSG. VSS. ~~Pt c~~ ⊖c/o pain. (L) Leg ex-fix. DSG CDI intact. Dr. [redacted] D/c'd DSG to (L) leg ex-fix. Large openings x2. 4-5" holes. ~~Pt~~ Tissue appeared gray + black c̄ areas of dark red. MD packed WTD c̄ Dakin solution. ~~DSG~~ Wrapped c̄ kerlex + ace bandage. BIL LE +2 pedal pulse, warm to touch, brisk cap refill. Pt able to move toes on command. IV ABX infusing. Pt urinating clear, yellow s̄ difficulty. [redacted] |
| 25NOV03 @0300 | assumed care of pt @1800. VSS, c/o pain to LLE, medicated c̄ Percocet ? MSO4 c̄ good relief noted. LSCTA, ⊕BS, void ⊖S per urinal. LLE ⊕CMS, ex-fix intact, drsg CDI. (L) wrist IV.HL, infusing ABX as ordered. 2pt restraints on s̄ s/sx of skin/circulation compromise. Plan: monitor neurovasc status, IV ABX, enc po ? ODB. [redacted] |
| 25NOV03 @1100 | Pt a/o, VSS, ⊖ c/o pain, ex fix intact (L) LE, c̄ drsg + ace wrap intact, drsg CDI. Drsg Δ's done by MD. ⊕ pulses, leg warm + pink, brisk cap refill. Pt ambulated c̄ crutches x2 today to chair. (L) wrist HL patent. IV abx con't, 2 pt restraints on s̄ compromise to skin/circulation. Will monitor— [redacted] PN— |
| 26NOV03 @0300 | Assumed care @ 1800. VSS. No c/o pain. LLE c̄ ex-fix ? drsg, CDI. ⊕CMS to LLE, cap refill < 2 secs, ⊕DP pulse equal BIL. LSCTA, tol reg diet, void per urinal ⊖S. 2pt restraints on s̄ s/sx of skin/circulation compromise. Plan: NPO PMN for OR, enc ODB, monitor NV status. [redacted] |

[redacted] (5)(6)-4

STANDARD FORM 509 (REV. 5/1999) BAC
USAPA V1

MEDCOM - 25062

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 26 Nov 03 0600 | Pt. awake + oriented x3, WS, pt went OR after AM care. Pt returned without ex-fix with AN IM nailing with a JP drain. Pt post OR WS pt c/o pain Ass (+) lower extremity given 2 pcs 1540 and 4 MSO4 (b)(6)-2 at 1625. Restraints x2 in place (+) circulation. — Sa [redacted] (1835) I concur c̄ above assessment [redacted] |
| 27 NOV 03 @0215 | assumed care of pt @1800. VSS. No complain. (+) CMS to LLE, brisk capreflll noted. Drsg from toes to above knee RDI. (+) thigh drsg c̄ serosang drainage noted. (+) wrist IV patent, IV Abx cont. Tol regdinner, nrd per nurse QS, (-) requests for pain medication. Rpt restraints on & s/sx of skin/circulation compromise. Plan: enc IS, enc po, cont IV Abx. will monitor. — [redacted] |
| 27 nov 1200 | Pt a/o, VSS, ø c/o pain expressed, (+) CMS to (L) LE Reflex, drsg, c̄ ace wrap intact, bloody drainage noted to drsg over donor graft site, ø Drsg from toes to top of thigh, unable to palpate pulses. JP intact, output recorded on DD792 Pt. tol 50% breakfast this AM. IV HL'd. Cont IV abx as ordered. Plan: OOB TC, enc IS, enc PØ, pain control monitor [redacted] LPN |

| 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] (b)(6)-4

MEDCOM - 25063

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| | Assumed care @ 1800; ~~VSS~~ T: ↑ @ 101.5, ¯ Tylenol given c̄ good relief, all other VSS, pt A&O, Ø c/o pain; dsg CDI to (L) LE, some bloody drainage noted to donor site, Ø signs active bleeding; ⊕ CMS to (L) LE, pulses audible through doppler, JP intact, OP recorded; S/L D/C'd D/T insufficient flow; New one started in (L) FA pt 2T [redacted] patent, flushing s̄ s/sx infection/infiltration; Restraints in place, Ø circ, Ø skin break ✓; will cont to monitor. (b)(6)-2 [redacted] |
| 28NOV03 | (1650) Assumed care of pt @ 0000 ⊅ report from SGT [redacted] Pt alert, speaking Arabic. VSS. Ø c/o pain. Pt amb to chair c̄ crutches c̄ difficulty. Pt c/o dizziness. Tol. well once seated in chair. Dsg to LLE c̄ marked drainage. Ø new drainage noted. IV in (L) forearm flushes well s̄ s/sx infection/infiltration. JP to LLE to bulb suction draining sm. amount of sero. sang drainage. Tol. reg diet well voiding s̄ difficulty. 2-point restraints in place s̄ s/sx complications. Will cont. to monitor. [redacted] |
| 29Nov03 0040 | Assumed care @ 1800; pt slightly Febrile, IS used, temp pt, all [redacted] other VSS, pt Alert + speaking arabic, Ø c/o pain; (L) LE ↑ on 1 blanket, dsg intact Ø new drainage noted; IV intact; S/L in (L) FA patent, flushes well s̄ s/sx infection/infiltration; JP → LLE intact draining sero sanguinous fluid; voiding s̄ difficulty, Restraints in place, Ø circ, Ø skin break ✓, cont to monitor. [redacted] |
| 29NOV03 | (1845) Assumed care @ 0000. Pt alert, speaking Arabic. VSS Ø c/o pain. LLE elevated in bed. JP to LLE d/c'd by MD this pm. Pt tol. well. S̄ in (L) forearm flushes well s̄ s/sx infection/infiltration. Tol. reg. |

STANDARD FORM 509 (REV. 5/1998) BAC
USAPA V1

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 29NOV03 (1845) | (cont) diet well. Voiding ⊼ difficulty. 2 point restraints in place ⊼ ~~s/sx infection~~ [redacted] s/sx complications. Will cont. to monitor. [redacted] |
| | Assumed care @ 1800; VSS, pt alert speaking arabic, ⊖ c/o pain; drsg to L LE CDI; ⊖ active drainage, extremity ↑ on 1 blanket; S/C patent, easily flushes, ⊼ s/sx infection/infiltration; voiding ⊼ difficulty; Tol Reg diet; Restraints in place, ⊕ circ, ⊖ skin breakdown, cont to monitor [redacted] |
| 30NOV03 | (1640) NSG. VSS. ⊖ c/o pain. Lung sounds clear through all lobes. ~~B/L~~ (L) LE splinted. ⊕ popital pulse. (L) ft pt able to move toes, warm to touch. Infusing IV ABX to (L) FA ⊼ [redacted] difficulty. (L) elevated c̄ blankets. Tol po well. [redacted] |
| 30NOV03 | 2200 - VSS - A+O speaking arabic. ⊖ c/o pain @ this time. IV HL (L) FA flushes well. (L) LE splint intact. Elevated (L) leg c̄ blankets ⊕ pulses. Pt. moves toes. Pt. resting in bed @ this time c̄ two pt. restraints in place ⊕ circulation. ⊖ skin breakdown. Will cont. to monitor pt [redacted] I Circum c̄ also assessment [redacted] |

| 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. ICW1

#[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

MEDCOM - 25065

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 1Dec03 | (0800) NSG. VSS. ⊖ c/o pain. (L) Leg elevated ō blankets. Splints to (L) Leg. ⊕ 1 popiteal pulse in (L) Leg. (L) ft warm to touch, able to move toes. ⊖ signs/symptoms of vascular compromise. (L) thigh has DSG. Spoke to Dr. [redacted] (b)(6)-2 about (L) thigh DSG ∆ to ∅ DSG ∆ order + DSG dirty. Dr [redacted] said okay to ∆ DSG. Leave whatever DSG stuck to skin. Do not peel off. Dr [redacted] informed pt will have splint removed today. Lung sounds CTA through all lung fields. (L) dorsal PA IV infusing IV ABX. IV site infuses, slightly sluggish. Will monitor. [redacted] (1350) Pt amb c̄ crutches to outside of room. Pt felt lightheaded + sat in chair. Pt able to amb back to room. Pt sitting in chair c̄ (L) leg elevated. [redacted] |
| 1Dec03 | (1700) NSG. Dr [redacted] did DSG ∆ to (L) Leg. D/ced splint. Cleaned wound c̄ NS, applied Bacitrain to wound, placed dry fluffs to fill hole + wrapped c̄ kerlex. Pt tol. DSG ∆ well. Dr [redacted] order QD DSG ∆. No new order written. (b)(6)-2 [redacted] |
| 2000- | Assumed care of pt. @ 1800. VSS- A+O. pt. tolerate Reg diet well. LS CTA (B), Resp. even unlabored, abd. soft. non-tender BSX4. Reinforced dsg to (L) leg. Intact. skin graph intact to (L) UE. Elevated leg. Pt. able to move toes. ⊕ Pop pulse. Stitch intact to (L) knee. Pt. has ⊖ clomin. voiding cyclopen urinal. (L) IV FA HL. Patent, flushes well. Two pt. restraints in place 3 skin compromise will cont. to monitor pt. [redacted] |

(b)(6)-4 [redacted]

[redacted]

MEDCOM - 25066

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 2DEC2002@1600 | Assumed care of pt. @ 0600. VSS. A+O, Ø c/o pain. (L) LE elevated in bed. DRY DXG Δ to (L) lower leg, bacitracin oint. applied to skin graft sites, mod, sero-sang drainage to old DSG. Pt. OOB, ambulated c crutches. Pt. sat in hallway & becoming light headed. Pt. ambulated back to bed. Pt. given Kerlex roll to manipulate ankle joint & given instruction to exercise (L) LE. Pt. verbalized understanding. IV meds D/C'd. IVSL D/C'd. Pt. in 2-point restraints in bed, Ø S/SX of skin breakdown. Will cont. to monitor. [redacted] CT, AN, |
| 3DEC02@0355 | Assumed care @ 1800; VSS, pt Alert speaking arabic; Ø c/o pain; NV intact to (L) LE; pt OOB to amb in hall c crutch assistance; Tolwell; pt compliant c P.T. instructions on ankle manipulation exercises; pt voiding c difficulty; TO1 Reg diet; Restraints in place c compromise to circ/skin; dsg to (L) LE CDI Ø drainage. Cont to monitor. [redacted] (b)(6)-2 |
| 3DEC@1700 | Assumed care of pt. @ 0600. V.S.S. A+O, Ø c/o pain. (L) LE elevated on blankets. Pt. dorsiflexing (L) foot c Kerlex roll as per MD instruction. (+) pulses to LE bilat., dry dsg. Δ'd to (L) LE, ÷ skin graft sites, greyish pink, sanguinous drainage to lateral STSG, serous drainage to proximal site, staples intact, bacitracin oint applied to |

| 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. |
|---|---|---|
| | | |

#[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

MEDCOM - 25067

| NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 3Dec03 0800 | USS alert & Orient. Peripheral pulses palpable +2. (L) LE c splint / bulky dsg to STSG. Will Δ dsg @1530 hrs c MD. [redacted] D/I @ this time. Pt OOB c crutches to BR NWB to (L) LE. Consumed 50% of Breakfast. Urch clear amber urine. 2 pt restraints in place without compromising skin integrity or circulation. Will continue care as planned. [redacted] |
| 1930- | Assumed care of pt. @1800. VS – B/P: 111/62, HR: 96, T: 98.6, R: 18, SpO2: 99%, Pt. A+O speaking arabic. Bulky dsg/splint to (L) LE. Pt. able to move toes, brisk cap refill, (+) pulses. Dsg CDI. Pt. ambulated to BR + hallway x 20 mins. NWB to (L) LE. Pt. voiding clear spontaneously c difficulty. Pt. tol. 100% dinner. Pt. resting in bed @ this time c two pt. restraints in place. (-) skin breakdown. (+) circulation. Will cont. to monitor pt. [redacted] |
| 14Dec 0730 | USS A+O. Peripheral pulses +2. (L) LE c splint / bulky dsg over STSG. Dsg intact. OOB → BR c crutches (I) with MP supervision. Consumed 50% of Breakfast. 2 point restraints in place without compromising circulation or skin integrity. Will continue plan of care. [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 25068

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 3DEC2003 (cont) | grafts. Ø IV access. Pt. in 2-point restraints, Ø S/Sx of skin breakdown or vascular compromise. All other assessments WNL. Will cont. to monitor. — [redacted] LT, 4A |
| 4DEC03 0730 | Assumed care @ 1900; VSS, pt alert + speaking arabic; Ø C/O pain, dsg to L LE intact, sm amt sero-sang drainage, Ø signs active drainage; Pt OOB to amb to BR C crutch assistance; pt C/O dizziness during ambulation, pt [redacted] sat in hallway for 10 min. then proceeded to BR Ⓓ BM; Pt Tol Reg diet, Voiding Ø difficulty; Restraints in place, Ø skin circulation compromise; cont to monitor. [redacted] |
| 4DEC03 @1700 | Assumed care of pt. @ 0600, VSS. A&O, Ø C/O pain. [redacted] DSG Δ to Ⓛ LE, ⅞ ST SG sites, staples intact, graft greyish pink, moderate sero-sang drainage. Ⓛ LE elevated on blankets, pt does dorsiflexion & plantarflexion exercises (ERROR) [redacted] on own. Pt. in 2-point restraints, Ø S/Sx of skin breakdown. All other assessments WNL. [redacted] LT, 4A |
| 4 DEC 03 1900 | VSS Alert & Oriented Ⓛ LE = bulky Kerlix dsg dry & intact. Pedal pulses +2 bilateral. Ⓛ LE ↑ on folded blankets. Ø C/O pain or discomfort noted @ this time. Consumed 70% of regular diet for dinner. 2 point restraints in place without compromising skin integrity or circulation. Will continue plan of care [redacted] |
| Ø5DEC03 | (1350) Assumed care @ Ø600. Pt alert, speaking Arabic. VSS. Ø C/O pain. Pt OOB to amb in hallway C crutches Ø difficulty. ↑ to chair. Tol. well. Dsg to LE Δd. Bacitracin applied to skin grafts. |

STANDARD FORM 509 (REV. 5/1999) BAC
USAPA V1

# [redacted] (b)(6)-4

MEDCOM - 25069

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 5DEC03 | 0100 - assumed care of pt. @1800. VSS - A+O. dsg. D completed to abd. WTD. Pt. tol. well. Pt. ambulated to toilet (+) BM. Returned to bed c̄ dsg saturated c̄ blood. Abd dsg, pto packed wounds WTD lightly. dsg cont. Pt. c/o pain. ii percs given @ 2030. Pt. voiding cyll via urinal s̄ difficulty. Pt. has Ø complaints @ this time. Pt. resting in bed @ this time c̄ two pt. restraints in place. (+) circulation (-) skin break-down. Will cont. to monitor pt. [redacted] I concur with above assessment [redacted] |
| 05DEC03 | (1230) Assumed care @ 0000. Pt alert, speaking Arabic. VSS. Ø c/o pain. Pt OOB to shower this am. Amb well. Abd wounds packed c̄ WTD dsgs. - NS. soaked 2x2s. wounds moist and red s̄ S/Sx infection. Tol. reg diet well. Voiding s̄ difficulty. 2 point restraints in place s̄ S/Sx complications. Will continue to monitor. — [redacted] |

| 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.

EPW # [redacted] (b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203
USAPA

MEDCOM - 25070

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 04DEC03 (1350) | (cont) staples to skin grafts intact. UE elevated while in bed. Pt doing ROM exercises c̄ UE. Pedal pulse equal bilat +2. Tol. reg diet well. Voiding s̄ difficulty. 2 point restraints in place s̄ s/sx complications. Will cont. to monitor. [redacted] |
| 5DEC03 1600 | USS A&O. Drsg to (L) LE dry & intact. Bulky Kerlix drsg. Consumed 60% of dnr for dinner. Pedal pulses +2 bilaterally. Ø c/o pain or discomfort noted or noted. (L) LE ↑ on folded blankets. Will continue plan of care [redacted] |
| 06DEC03 | (1100) Assumed care of pt @ 0000. Pt alert, speaking Arabic. VSS. Ø c/o pain. Pt OOB to amb in hallway ~~s̄ et~~ c̄ crutches s̄ difficulty. T to chair. Drsg to UE Δd. Bacitracin applied to skin graft sites. Sm. amount sero-sang drainage noted from lateral skin graft site. Staples and sutures removed from UE incisions well healed s̄ s/sx infection. Pt doing ROM exercises c̄ UE. ⊕ pedal pulse equal bilat. Pt able to move all toes. Tol. reg diet well. Voiding |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | | | | |

| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO. |
|---|---|---|
| #[redacted] (b)(6)-4 | | 1GW1 |

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 6/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1D)
USAPA V1.00

MEDCOM - 25071

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 08DEC03 | (cont) ⅁ difficulty. 2 point restraints in place ⅁ SSX complications. Will cont. to monitor. — [redacted] |
| 7Dec03 0245 | Assumed care @ 1800; VSS, pt alert speaking arabic; Ø 4/10 pain; pt OOB → BR amb ⅁ crutch assistance ⅁ difficulty; dsg to (L) LE CDI, leg ↑ on 1 blanket pt performing ROM exercises as ordered; ⊕ CMS to (R) LEs; pt TOL Reg diet; voiding ⅁ difficulty; Restraints in place, ⊕ circ, ⊖ skin breakdown, cont to monitor [redacted] |
| 7Dec03 1600 | Assumed care of pt @ 0600. BP 90/56, other VSS. PO fluids encouraged. A&O, Ø C/O pain. DSG Δ to (L) LE, mod. serosang., staples intact to skin graft sites, bacitracin applied. (L) LE elevated in bed. Pt. OOB → hallway, ambulates well ⅁ crutches. Pt. in 2-point restraints in bed, Ø S/Sx of skin breakdown. All other assessments WNL. — [redacted] |
| 7Dec03 2355 | Assumed care @ 1900; VSS; Ø 4/10 pain, pt alert speaking arabic; dsg to LLE CDI, small amt serosanguinous drainage, ⊖ s/sgns active drainage; pt OOB → BR ⅁ crutch assistance; ⊕ CMS to (R) LE; pt performing ROM exercises as instructed; TOL reg diet, voiding ⅁ difficulty; Restraints in place ⅁ compromise to skin/circulation, cont to monitor. [redacted] |
| 8Dec03 1000 | VSS A&O (L) LE ⅁ skin graft intact to lower leg. Old drsg ⅁ moderate amt of serosanguinous drainage. Staples intact. Bacitracin applied to (L) thigh skin graft donor site. (L) LE ↑ on folded blankets. Pedal pulses ⅁ bilat. Nail bed ⅁ brisk capillary refill: OOB ⅁ crutches to BR. Voiding without difficulty. Denies pain or discomfort @ this time. [redacted] |

[redacted] (b)(6)-4

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 25072

| NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 4DEC03@ 0130 | Assumed care of pt @1800. VSS. No c/o pain. Tol reg dinner well, ⊕BS, ⊖n/v. RLQ wound c̄ minimal drainage noted, WTD drsg Δd as ordered. LSCTA, void s̄ difficulty, pt ↑AMB to BR s̄ difficulty. 2pt restraints m̄s S/Sx of skin breakdown. Plan: monitor pain, monitor drsg, encpo & encOOB. [redacted] |
| 06DEC03 | (1110) Assumed care @ 0000. Pt alert, speaking Arabic. VSS. 0 c/o pain. Pt amb in hallway s̄ difficulty. Abd wounds packed c̄ NS soaked 2x2s. Wounds moist and red s̄ S/Sx infection. Small amount of sero-sang drainage noted. Tol. reg diet well. Voiding s̄ difficulty. 2-point restraints in place s̄ S/Sx complications. Will cont to monitor. [redacted] |
| 7DEC03 @0100 | Assumed care of pt @1800. VSS. 0/10 incisional pain to ML abd, percocet given c̄ good relief noted. However, pt requested sleep aid. @ HS, pt sleeping s̄ difficulty. LSCTA ⊕BS, tol reg diet, ⊕BM today per pt report. Voiding s̄ difficulty. ↑AMB in hallway s̄ difficulty. ML & RLQ wounds healing, sm amt of green-tinted sero-sanguinous drainage noted, sutures noted / staples noted, both intact. WTD drsg Δ completed. 2pt restraints m̄s S/Sx of skin/circulation compromise. Plan: encAMB, encpo, pain control, monitor drsg [redacted] |
| 7DEC03@1100 | Assumed care of pt. @0000. VSS. A&O. Ø c/o pain. [illegible] Percs for c/o pain to abd. @ 1355. WTD DSG Δ to abd, Ø S/Sx of infx. Pt. OOB → BR, ambulates s̄ difficulty, Ø IV access. Pt. in 2-point restraints. Ø S/Sx of skin breakdown. [redacted] |

[redacted] (999) BACK

USAPA V1.00

MEDCOM - 25073

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 9Dec03 0100 | Assumed care @1800; VSS, pt alert speaking arabic; Splint cast c̄ dsg to LLE intact; ⊕CMS ⊖LE; pt performing AROM exercises; pt ambulating c̄ crutch assistance; pt voiding s̄ difficulty; Tol Reg diet; pt anticipating D/C to camp 9Dec; Restraints in place s̄ compromise to skin/circ; Cont to monitor — [redacted] |
| 9Dec 03 0700 | - Assumed care of pt. A&O x3. VSS & c/o pain or discomfort. Lungs clear HRRR Active BS x4 quads Tolerating PO well. Urinating spontaneously s̄ difficulty Ambulates c̄ crutches. ⊕LE soft cast. dsg CDI. Afebrile & s/s of infection OK for discharge to epw camp. F/U in one week. Will cont to monitor — [redacted] |
| 1230 | - Pt off floor to OR I+D of wound ⊕LE — [redacted] |
| 1600 | - Pt returned from PACU VSS A&Ox3. ⊕LE DSG CDI Afebrile & N/V noted food given tolerated well. New orders and resume old. Will cont to monitor — [redacted] |
| 10Dec03 0030 | Assumed care @1800; VSS, pt alert speaking arabic; ∅ c/o pain; dsg/splint/cast to LLE CDI, ∅ drainage; pt in NAD; pt amb c̄ crutch assistance s̄ difficulty; Tol Reg diet; voiding spontaneously s̄ difficulty, ⊕CMS ⊖LE; Restraints in place s̄ compromise to skin/circulation; cont to monitor — [redacted] |

| 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)

[redacted] (b)(6)-4

REGISTER NO.

WARD NO. ICW

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 6/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 25074

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 10 DEC 03 0000 | Assumed care of pt. A+O x3. VSS Ø c/o pain or discomfort. Lungs clear HRRR Active BS x4 guards Urinating spontaneously ē difficulty Wound to (L) LE DSG CDI Bulky dsg ace wrapped. PO ABX Given Afebrile PIV (R) hand d/c Will cont to monitor [redacted] |
| 1035 | assumed care of pt @1800. VS → B/P: 100/54, HR: 94, R: 16, T: 98.4, SPO2 99%. A+O. Pt. has no c/o pain or discomfort @ this time. LS CTA (B), NSR, Resp. even unlabored, BS x4, voiding clear yellow urine via urinal spontaneously ē difficulty. (L) LE bulky dsg cont. Splinted (L) leg on blanket, brisk cap refill, (+) popliteal pulse, Encouraging IS. Tolerates PO well. good appetite. Pt. in two point restraints ē compromise to skin. (+) circulation (-) skin breakdown. Will cont. to monitor pt. [redacted] |
| 10 DEC 03 @1700 | Assumed care of pt. @ 0600. VSS, A+O, Ø c/o pain. Pt. is (L) LE elevated in bed, splinted & ace-wrapped, CDI; Pt. OOB to chair, ambulates well ē crutches. Pt. tol. reg. diet well. Urinal @ bedside → CTU. MD Δ'd DSG to (L) LE @1530. ⅞ skin graft to (L) lower leg, intact ē staples. Bacitracin applied to anterior graft, dry dsg. WTD dsg to lateral skin graft. Splint replaced & ace-wrapped. Pt. in 2-point restraints. Ø S/Sx of skin breakdown. All other assessments WNL, [redacted] pt, NAP |
| 12 Dec 03 @0430 | Assumed care @ 1800; VSS, Ø c/o pain; pt alert speaking arabic; dsg to LE CDI, Ed drainage noted; pt OOB → BR, amb ē crutch assistance ē difficul; Ø BM; pt tol Reg diet; Voiding spontaneously ē difficulty; Restraints in |

[redacted] (b)(6)-4

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 25075

ACLU-RDI 1744 p.1235

DOD-039464

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| | (cont) place 3 compromise to skin/circ 3 ~~compromise~~ ERROR to; will cont to monitor [redacted] |
| 12DEC03 0900 | VSS A&O. OOB → c̄ crutches to BR NWB to (L) LE. Consumed 50% of Breakfast. Void clear amber urine. (L) LE c̄ ~~splint~~ dry & splint dry & intact. Will Δ dry @ 1530 per Dr [redacted] request. Moves toes freely on (L) foot. Capillary refill brisk to nail beds. No c/o pain or discomfort. 2 point restraint in place without compromising circulation or skin integrity. Will continue care as planned. [redacted] LZ19 |
| 12DEC03 1920 | Assumed care of pt. @ 1800. VS: B/P 104/62, HR: 84, R: 16, ~~R: 98~~ SpO2 98%, T: 97.8. Pt has ∅ c/o pain or discomfort @ this time. Pt. ambulated to shower. Placed trash bag to (L) leg. Tolerated very well c̄ ∅ complaints. ambulated in hallway x15mins. LS CTA(B), Resp. even unlabored, BS x4, voiding cyl via urinal 3 difficulty. Dsg to (L) LE CDI. Pt. able to move toes, Brisk cap refill, (+) popliteal pulse. Two point restraints in place. will cont. to monitor pt. [redacted] |

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST [redacted]

DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)* | REGISTER NO. | WARD NO.

#[redacted] (b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203
USAPA

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 14DEC03 | 2130 - assumed care of pt @ 1800. LSS A+O ∅ c/o pain or discomfort @ this time. Tolerates reg diet & PO well. OOB to ambulate in hallway NWB. Tolerated well. left leg elevated. (+) pulses. (L) LE c̄ splint CDI. Pt. able to move toes. Voiding cyst w/o urinary difficulty - PT in two pt restraints per protocol. (−) skin breakdown (+) circulation will continue to monitor pt [redacted] |
| | (0230) Concur ō above assessment. [redacted] |
| 15DEC03 @ 1530 | pt. went to OR. taken in a gurney - [redacted] |
| 15DEC03 @ 1740 | pt. back from OR c̄ I&D on (L) leg. VSS. A+O, speaking arabic. IV site on (L) forearm patent. splint in place on (L) leg. Drsg c̄ ace wrap around (L) leg CDI. JP drain on I&D site intact. (−) drain at this time. (+) PMS on bilat LE. (−) signs of skin compromise on restraints. - [redacted] |
| 2020 - | assumed care of pt. @ 1800. LSS - A+O ∅ c/o pain or discomfort @ this time. |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | LAST | FIRST | MI | |

| DEPARTMENT/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. |
|---|---|---|
| ERW# [redacted] (5)(6)-7 | | |

PROGRESS NOTES
Medical Record

STANDARD FORM 51
Prescribed by SGA/HQ AFMC (41U2)

MEDCOM - 25077

ACLU-RDI 1744 p.1237

DOD-039466

| NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| (cont'd) | Dsg to (L) LE CDI c̄ JP drain intact. Pt. able to move toes, brisk cap refill, (+) pulses. Pt. tolerates PO well. voiding cyu ∑ difficulty. IV (L) FA flushes well Ø s/sx inf. Will cont. to monitor pt [redacted] |
| 16 | (0315) I concur c̄ above assessment. — [redacted] |
| 0550- 16DEC03 @1520 | Recieved 3cc via JP drain entire shift [redacted] Assumed care @ 0600 VSS. A&O, speaking arabic. Dsg on (L) leg CDI. JP drain intact. (+) PMS on bilat LE. OOB → hallway, toilet. amb well c̄ crutches. Req. diet tol well. Voiding CYU ∑ difficulty. (−) c/o pn or discomfort at this time. (−) signs of skin compromise on restraints. will continue to monitor. — [redacted] c̄ 9/W/10. — |
| | remain — [redacted] |
| 16DEC03 | (1720) emptied 7.5cc of drainage from [redacted] |
| 1145- | assumed care of pt. @1800. VSS - A&O Ø c/o pain or discomfort @ this time. Pt. ambulated in hallway c̄ crutches. Tol. well. splint to (L) LE CDI. JP drain intact. Pt. able to move toes. brisk cap refill, (+) pulses. Pt. tol. Req diet well. voids cyu via urinal ∑ difficulty. Pt. resting in bed @ this time c̄ two point restraints. (−) skin breakdown. (+) circulation. Will cont. to monitor pt — [redacted] |
| 17 | (0240) I concur c̄ above assessment. — [redacted] |
| 0600- | Recieved 5cc from JP drain [redacted] |

STAMP USAPA

MEDCOM - 25078 4 of 5A

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 17DEC03@1610 | Assumed care of pt. @ 0600. VSS. A&O, Ø c/o pain. Ⓡ (ERROR) ms. Ⓛ LE elevated in bed, splinted, dressed & covered c̄ ace-wrap. DSG to Ⓛ LE intact, sanguinous saturation noted inner aspect of dsg. JP to Ⓛ LE draining sanguinous fluid, MD Δ'd DSG @ 1600, yellow from drainage from skin graft, new DSG CDI. Incision to inner aspect of lower leg well approx., small amount of sanguinous drainage to inferior portion of incision. Pt. OOB, ambulates well c̄ crutches. Tol. reg diet well. Cont. PO anti-bx. Pt. in 2-point restraints, Ø S/Sx of skin breakdown. All other assessments WNL. Will cont. to monitor pt. [redacted] 2CT, AN |
| 17DEC03@1915 | JP output 8cc sanguinous drainage, [redacted] 5, AN |
| 17Dec03 2025 | Assumed care of Pt @ 1800 hrs. VSS A&O ϕ c/o pain. Ⓛ LE elevated. LLE c̄ splint and Ace wrap Drsg. No Drainage noted. JP c̄ bulb suction intact. LS CTA Ⓑ ⊕ BSx 4 quads Pt void qs c/u s̄ difficulty. Will cont to Monitor. [redacted] Spc 9HMT |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | LAST | FIRST | MI | |
| DEPARTMENT/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. KWI |

[redacted] (b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 51
Prescribed by SGABCMR 5 PMR (AFCRF)

| NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 18 Dec 0800 | VSS A&O OOB c̄ crutches → BR for AM care JP x1 ~20 Bulb suction from (L) Leg wound. (L) Leg bulky dry covered c̄ ace wrapping D/I. JP c̄ scant output serous. Consumed 30% of Bkf fast. Ø c/o pain voiced. Pedal pulses palpable ±2. (L) Leg ↑ while in bed and NWB to (L) LE while ambulating. Ø c/o dizziness while ambulating 2point restraints emplace, while in bed, without compromising circulation or skin integrity. Will continue plan of care. [redacted] 207 |
| 18 Dec 03 2000 | Assumed care of Pt @ 1800. VSS A&O ↑ PO well. LLE in splint c̄ Drsg and Ace Wrap. Drsg CDI. JP to LLE in place & Intact, putting out Sero Sang Fluid. Void qs c̄ x̄ difficulty. LS CTA (R), (+) BS x4 quads. Will cont to monitor. [redacted] 91WM1 |
| 19 Dec 03 | 0550 - Drain 7.5cc of Bloody Drainage From JP [redacted] 91WM1 |
| 19 Dec 03 @0800 | assumed care of pt @0600. VSS, no c/o pain. Alert speaking arabic. LSCTA, HRR, (+) BS, the leg dressing well, void per urinal QS. LLE in splint & ace wrap dsg, CDI, (+) CMS, +2 edema noted to toes. 2pt restraints on ~~s~~ S/Sx of skin/circulation compromise. Plan: AMB today, enc po intake, enc OOB, pain control plan. Addendum: (R) thigh skin graft donor site OTA, healed over, ~~o~~ S/Sx of infection. Will cont to monitor. [redacted] |
| 19 Dec 03 @1800 | JP output = 2.5cc of thick bloody drainage. A&O AMB x2 ~~s~~ difficulty, Ø pain. Will monitor. [redacted] |

USAF 4

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 19 DEC '03 | Assumed care @ 1800 pt awake + oriented x 3 VSS pt has ∅ c/o pain at this time. Ambs up with crutches to BR c a little difficulty restraints x2 in place ⊖ skin breakdown, pt self applies lotion to donor site. pt wishes has slight edema. Will Monitor — Spec [redacted] |
| 20 DEC 03 @ 0245 | assumed care of pt @ 0200. VSS. no c/o pain. LLE in splint c drsg CDI, ⊕ CMS, JP c minimal drainage noted. LS CTA, ⊕ BS, tol regdiet void per urinal ⊘S. Pt ↑ Amb c crutches c difficulty. ⊕ Drsg c skin graft site healing well OTA drainage. ⊕ pt restraints on S/Sx of skin/circulation compromise. Plan: cont OOB, cont po intake, monitor neuro, pain control [redacted] |
| 20 DEC '03 JP drain Scc | Assumed care @ 1800 pt AOx3, VSS pt has ∅ c/o pain @ this time, LLE splint drsg Δd AM, JP in place intact. Pt self applies lotion @ thigh graft site, restraints x2 in place ⊖ skin breakdown. Will monitor — [redacted] |
| 21 | (0335) I concur c above assessment. [redacted] |
| 12/21/03 1400 | VSS. AO. ⊕ pulses to LLE & CMS intact. BRB drainage to JP drain. ∅ c/o pain @ this time. OOB to ambulate |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | LAST | FIRST | MI | |

| DEPARTMENT/SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO. |
|---|---|---|
| [redacted] (b)(6)-4 | | |

PROGRESS NOTES
Medical Record

STANDARD FORM 97
Prescribed by DOD/DOM FPMR (41 CFR) 101-11.4

MEDCOM - 25081

| NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| | PRN ⊼ difficulty ⊼ urinates. Voids spontaneously light yellow urine ⊼ difficulty. ∅ s/s infection to wound and ∅ s/s skin breakdown. [redacted] |
| 21DEC03 | Assumed care @ 1800 pt awake oriented x3, VSS pt has ∅ c/o pain at this time, pt up OOB ambulating in hallway without difficulty. pt ⊕ leg elevated receiving meds as ordered, restraints x2 in place ⊖ s/s of infection. Will monitor for [redacted] |
| 22 | (⊕A⊕) I concur ⊼ above assessment. [redacted] |
| 22DEC03 1325 | VSS. AO. ⊕ pulse to LLE and ⊖ to RLE. CMS intact to LLE. ∅ c/o pain and up ad lib to BR and ambulate. Voids spontaneously ⊼ difficulty. All other systems WNL. ∅ s/s of infection to wound site. ∅ s/s skin breakdown. [redacted] |
| 23Dec03 0540 | Assumed care @ 1800; VSS, pt A&O speaking arabic; ∅ c/o pain; pt OOB to amb ⊼ crutch assistance ⊼ difficulty; splint cast to LLE in place, ⊕ CMS +2 PP, brisk cap Ref; pt tol Reg diet, voiding spontaneously; Restraints in place ⊼ compromise to skin/circ; cont to monitor [redacted] |
| 23DEC03 1620 | Assumed care @ 0800. Pt A&O VSS. OOB → ambulated to BR ⊼ crutches. Had X-RAY of ⊕ Tib/fib done on [redacted] Neural exam resul ∅ new ordered. Pedal pulses equal +2. ∅ c/o pain verbalized. OOB → chair one hour ⊼ ⊕ leg elevated. Consumed 50% of meals. Will continue care as planned. [redacted] |
| 24Dec03 ⊕ | Assumed care @ 1800; VSS, ∅ c/o pain, pt alert speaking arabic; splint/cast in place, dsg ODI; ⊕ CMS, +2 PP, brisk cap Ref to affected extremity |

STANDARD FORM 509 (REV. 8/1992)

USAPA

# [redacted] (b)(6)-4

OM - 25082

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| | pt tol Reg diet, voiding spontaneously w/ difficulty; Restraints in place w/ compromise to skin/circ; cont to monitor [redacted] |
| 24DEC03 1250 | Assumed care @ 0600. VSS, ~~A~~ Pt AO x 3 OOB w/ BR c crutches. Tolerated well c/o dizziness upon ambulation. Ø c/o pain voiced or noted. ~~RLE~~ (L) LE cast/splint dry, dry & intact. Pt moves toes freely (R) foot. Pedal pulses palpable +2 Bilateral. Consumed 50% of meals. 2 point restraints in place without compromising circulation or skin integrity. WILL continue planned care [redacted] |
| 25Dec03@0245 | Assumed care @ 1800; VSS, Ø c/o pain, pt A&O speaking arabic; splint/cast in place, leg wound OTA w/ 2 Band-Aids, Ø drainage, (+) CMS to LLE; pt refused to amb; pt voiding w/ difficulty, Tol Reg diet; Restraints in place w/ compromise to skin/circ; cont to monitor [redacted] |
| 25 | (PAPS) I concur w/ above assessment. (11) [redacted] |
| 25DEC03 1600 | Assumed care @ 0600. VSS AFO. Ø c/o pain throughout shift. OOB w/ crutches to BR showered. Consumed 100% of meals. Pedal pulses +2 bilateral. Small amt of active bleeding noted to STSG site [redacted] |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | SPO [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. 1CW 1 |
|---|---|---|

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1993)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

[redacted] (b)(6)-4

(b)(6)-2

MEDCOM - 25083

DATE NOTES

25DEC03 Assumed care @ 1800 pt AOX3, VSS pt has Ø c/o pain at this time, (R) elevated dsg removed splint intact, wound OTA sutures intact wound appears dark red with minimal drainage restraints x2 in place will monitor — [redacted]

Concur c above. [redacted]

26DEC03 assumed care @ 0600. AOO VSS. Ø C/O pain
1600 this shift. (OB) c crutches ⊟ BR fr Afghan Cane. STSG site (L) LE had small amt active bleeding upon ambulation. While in bed & drain (L) LE ↑ on pillows. Area clean c sterile NS & dry dressing c sterile gauze. Area left open to air. Splint in place. Pedal pulses palpable @ +2 bilateral. Will cont plan of care — [redacted]

27Dec03@0049 Assumed care @ 1800; VSS; pt A&O speaking arabic; Ø c/o pain; LLE ↑ on ovr blanket, splint in place, OTA, sutures intact, minimal drainage; S/L to (R) FA patent, easily flushes ⊟ s/sx infection; cont IV abx; pt TOI Regular, voiding ⊟ difficulty. Restraints in place c compromise to skin/circ; cont to monitor c [redacted]

27Dec03 Pt AtOX3, VSS, LS CTA (B), (+) BSX4, Ø c/o pain,
1100 LLE on splint ⊟ dsg, wound CDI OTA, Ø s/sx of infex, pending short cast to ext, voiding c/w ⊟ difficulties, consumed Ø% of breakfast, awaiting transport to camp, Ø s/sx of skin breakfast. [redacted]

STANDARD FORM 509

MEDCOM - 25084

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | PROGRESS NOTES

| DATE | NOTES |
|---|---|
| 12/27/03 | D/C Summary<br>This Iraqi male is post Int nailing & soleus muscle flap for (L) tibia Fx. Wounds are healed. He is to remain on antibiotics for three weeks. Augmentin 500 mg po 3x/day. Ambulate c̄ crutches. Follow up 1 week for suture removal & cast change.<br>[redacted] USAF MC<br>(b)(6)-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. 5/1990)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

[redacted] (b)(6)-4

MEDCOM - 25085

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 19 NOV 03 | SEX: M AGE: WGT: HGT: |
| 1945 | ALLERGIES: ASA: 1 2 3 4 5 E |
| | CURRENT MEDICATIONS: |
| | PROPOSED SURGICAL PROCEDURE: I+D (L) tibia fx, placement ext. fixator |
| | PAST MEDICAL HISTORY: |
| | AIRWAY: Mallampati 1 2 3 4 Dentition Status: |
| | |
| | RESPIRATORY: |
| | |
| | CARDIAC: |
| | |
| | RENAL: |
| | |
| | ENDOCRINE: |
| | |
| | PROPOSED ANESTHESIA TECHNIQUE: Spinal |
| | |
| | DISCUSSION OF RISKS AND BENEFITS: accepts |
| | |
| | ANESTHESIA PROVIDER: [redacted] CRNA |
| | (b)(6)-2 |
| | |

defered d/t lack of translator

| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT |
|---|---|---|---|
| 945 FST | | | |
| SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR | |
| | | SELF | |

| 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. |
|---|---|---|
| IRAQI EPW | | |

**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

MEDCOM - 25086

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
| 19NOV03 | PATIENT ARRIVED AT 1929 ON A LITTER |
| | WITH AN IV IN L HAND THAT WAS DC'd. |
| | GSW L LOWER LEG. 556 ROUND. INJURY OCCURRED |
| | AT 1845. 10 mg MORPHINE GIVEN AT 1845. |
| 1933 | WOUND CLEANED AND DRESSED. |
| | GSW THROUGH AND THROUGH L LOWER LEG |
| 1935 | IV STARTED R ARM |
| 1938 | IV STARTED L ARM AC |
| 1941 | X RAYS L LOWER LEG |

| 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.

IRAQI EPW

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
**STANDARD FORM 600** (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

MEDCOM - 25087

558-104 7540-01-075-3784

# MEDICAL RECORD

## EMERGENCY CARE AND TREATMENT *(Patient)*

LOG NUMBER | TREATMENT FACILITY [redacted] (b)(2)-2

RECORDS MAINTAINED AT

**PATIENT'S HOME ADDRESS OR DUTY STATION**

STREET ADDRESS

CITY | STATE | ZIP CODE

**ARRIVAL**

DATE *(Day, Month, Year)*: 19 Nov 03 | TIME: 0845

TRANSPORTATION TO FACILITY: Air ev ac

SEX: M

DUTY/LOCAL PHONE: AREA CODE | NUMBER

AGE: 39

HOME PHONE: AREA CODE | NUMBER

**MILITARY STATUS**

| ITEM | YES | NO | N/A |
|---|---|---|---|
| PRP | | | |
| FLYING STATUS | | | |
| MEDICAL HISTORY OBTAINED FROM | | | |

**THIRD PARTY INSURANCE**

| ITEM | YES | NO |
|---|---|---|
| ADDITIONAL INSURANCE | | |
| DD 2568 IN CHART | | |
| NAME OF INSURANCE COMPANY | | |

CURRENT MEDICATIONS: Ø

ALLERGIES: NKDA

**INJURY OR OCCUPATIONAL ILLNESS**

| ITEM | YES | NO | WHEN *(Date)* |
|---|---|---|---|
| IS THIS AN INJURY? | | | WHERE |
| INJURY/SAFETY FORMS | | | |
| HOW | | | |

**EMERGENCY ROOM VISIT**

DATE LAST VISIT | 24 HOUR RETURN ☐ YES ☐ NO

**TETANUS**

DATE LAST SHOT | COMPLETED INITIAL SERIES ☐ YES ☐ NO

CHIEF COMPLAINT: GSW (L) TIBFIB

Ø med problems
Ø surg

**CATEGORY OF TREATMENT**

☐ EMERGENT
☒ URGENT
☐ NON-URGENT

TIME: 2340

INITIALS: (b)(6) [redacted]

**VITAL SIGNS**

| | | | | | |
|---|---|---|---|---|---|
| TIME | 2347 | | | | |
| BP | 125/66 | | | | |
| PULSE | 72 | | | | |
| RESP | 16 | | | | |
| TEMP | 94.2 | | | | |
| WT | | | | | |

**LAB ORDERS**

| | | | |
|---|---|---|---|
| ✓ CBC/DIFF | ABG | ✓ PT/PTT | BHCG/URINE/BLOOD/QUANT |
| URINE C&S | UA MSCC/CATH | | CHEM: |
| BLOOD C&S X | | | |
| ✓ LIVER DANEL | | | |
| ✓ METABOLIC | ✓ Lytes | | |

**X-RAY ORDERS**

| | |
|---|---|
| CXR PA & LAT/PORTABLE | C-SPINE |
| ACUTE ABDOMEN | LS SPINE |
| SINUS | HEAD CT |
| ANKLE R/L | |

**ORDERS**

☒ PULSE OX 97 ☐ MONITOR ☐ ECG

| TIME | ORDERS | BY | COMPLETED BY | TIME | PATIENT'S RESPONSE |
|---|---|---|---|---|---|
| | | | | | |

DISPOSITION: ☐ HOME ☐ FULL DUTY

MODIFIED DUTY UNTIL

DISPOSITION QUARTERS /OFF DUTY: ☐ 24 HRS. ☐ 48 HRS. ☐ 72 HRS

RETURN TO DUTY

PATIENT/DISCHARGE INSTRUCTIONS

CONDITION UPON RELEASE: ☐ IMPROVED ☐ UNCHANGED ☐ DETERIORATED

ADMIT TO UNIT/SERVICE

TIME OF RELEASE

REFERRED ▶ TO | WHEN

I have received and understand these instructions.

PATIENT'S SIGNATURE

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name – last, first, middle; ID no. (SSN or other); hospital or medical facility)*

EPW [redacted] (b)(6)-4

**EMERGENCY CARE AND TREATMENT *(Patient)***
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)

038

MEDCOM - 25088

| MEDICAL RECORD | EMERGENCY CARE AND TREATMENT *(Doctor)* | TIME SEEN BY PROVIDER |
|---|---|---|

**TEST RESULTS**

| CBC | | SMAC | | ABG/PULSE OX | | | RADIOLOGY | Check if read by radiologist ☐ |
|---|---|---|---|---|---|---|---|---|
| WBC | | | | SUP 02 | PH | PO2 | RESULTS | |
| H/H | | | | PCO2 | SAT | OTHER | | |
| PLT | | | | | | | | |
| PT | | | | U/A | DIP | | EKG INTERPRETATION | |
| PTT | BHCG | ETOH | GLU | | MICRO | | | |

PROVIDER HISTORY/PHYSICAL

See Surgery H+P

~~(b) Freeman was Contact for pictures~~

| CONSULT WITH | TIME | ACTION |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP

PROVIDER SIGNATURE AND STAMP (b)(6)-2

[redacted]

DIAGNOSIS

OTC 6/Rh Pos c Fat/Ex

CODES

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name – last, first, middle; ID no. (SSN or other); hospital or medical facility)*

[redacted] (b)(6)-4

EMERGENCY CARE AND TREATMENT *(Doctor)*
Medical Record

STANDARD FORM 553 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)

038

MEDCOM - 25089

NSN 7540-01-075-3786

| MEDICAL RECORD | EMERGENCY CARE AND TREATMENT *(Patient)* | LOG NUMBER | TREATMENT FACILITY |
|---|---|---|---|
| | | RECORDS MAINTAINED AT | |

| PATIENT'S HOME ADDRESS OR DUTY STATION | | | ARRIVAL | |
|---|---|---|---|---|
| STREET ADDRESS | | | DATE *(Day, Month, Year)* | TIME |
| CITY | STATE | ZIP CODE | TRANSPORTATION TO FACILITY | |

| SEX | DUTY/LOCAL PHONE | | MILITARY STATUS | | | | THIRD PARTY INSURANCE | | |
|---|---|---|---|---|---|---|---|---|---|
| | AREA CODE | NUMBER | ITEM | YE | NO | N/A | ITEM | YE | NO |
| | | | PRP | | | | ADDITIONAL INSURANCE | | |
| AGE | HOME PHONE | | FLYING STATUS | | | | DD 2568 IN CHART | | |
| | AREA CODE | NUMBER | MEDICAL HISTORY OBTAINED FROM | | | | NAME OF INSURANCE COMPANY | | |

| CURRENT MEDICATIONS | INJURY OR OCCUPATIONAL ILLNESS | | | | EMERGENCY ROOM VISIT | |
|---|---|---|---|---|---|---|
| | ITEM | YES | NO | WHEN *(Date)* | DATE LAST VISIT | 24 HOUR RETURN ☐ YES ☐ NO |
| | IS THIS AN INJURY? | | | WHERE | TETANUS | |
| ALLERGIES | INJURY/SAFETY FORMS | | | | DATE LAST SHOT | COMPLETED INTITIAL SERIES ☐ YES ☐ NO |
| | HOW | | | | | |

CHIEF COMPLAINT GSW (L) lower leg

| CATEGORY OF TREATMENT | | VITAL SIGNS | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ EMERGENT | TIME | TIME | 1930 | 1940 | | | |
| | | BP | 137/84 | 119/80 | | | |
| ☐ URGENT | | PULSE | 87 | 85 | | | |
| | INITIALS | RESP | 24 | 24 | | | |
| ☐ NON-URGENT | | TEMP | | | | | |
| | | WT | | | | | |

| LAB ORDERS | | | | | | | | X-RAY ORDERS | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | CBC/DIFF | | ABG | | PT/PTT | | BHCG/URINE/BLOOD/QUANT | | | CXR PA & LAT/PORTABLE | | C-SPINE |
| | URINE C&S | | UA MSCC/CATH | | | | CHEM: | | | ACUTE ABDOMEN | | LS SPINE |
| | BLOOD C&S X | | | | | | | | | SINUS | | HEAD CT |
| | | | | | | | | | | ANKLE R/L | | |
| | | | | | | | | | | | | |

ORDERS

☐ PULSE OX ☐ MONITOR ☐ ECG

| TIME | ORDERS | BY | COMPLETED BY | TIME | PATIENT'S RESPONSE |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| DISPOSITION | DISPOSITION QUARTERS /OFF DUTY | PATIENT/DISCHARGE INSTRUCTIONS |
|---|---|---|
| ☐ HOME ☐ FULL DUTY | ☐ 24 HRS. ☐ 48 HRS. ☐ 78 HRS. | |
| MODIFIED DUTY UNTIL | RETURN TO DUTY | |

| CONDITION UPON RELEASE | ADMIT TO UNIT/SERVICE | REFERRED ▶ | TO | WHEN |
|---|---|---|---|---|
| ☐ IMPROVED ☐ UNCHANGED | | | | |
| ☐ DETERIORATE | TIME OF RELEASE | I have received and understand these instructions. | | |
| | | PATIENT'S SIGNATURE | | |

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name – last, first, middle; ID no. (SSN or other); hospital or medical facility)*

IRAQI EPW

**EMERGENCY CARE AND TREATMENT *(Patient)***
Medical Record

**STANDARD FORM 558** (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 25090

510-112 NSN 7540-00-634-4123

| MEDICAL RECORD | | | NURSING NOTES (Sign all notes) |
|---|---|---|---|
| DATE | HOUR A.M. | HOUR P.M. | OBSERVATIONS Include medication and treatment when indicated |
| 19NOV03 | | 2125 | BP: 117/42 P: 76 R: 16 Temp 96 SPO2 98% [redacted] |
| | | 2130 | ≈40 yo ♂ admitted to pt hold S/P I&D / ex-fix of (L) leg due to GSW. Pt somnolent due to anesthesia, responsive to verbal stimuli. Pt has (L) leg in (b)(6)-2 compression bandage c̄ ex-fix in place. ∅ soaking of blood. Pt to be evac to 28th CSH. [redacted] |
| | | 2230 | Pt to [redacted] priority. [redacted] |

(Continue on reverse side)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)*

Khamal

EPW

REGISTER NO.

WARD NO.

NURSING NOTES

Medical Record

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 25091

**MEDICAL RECORD** — **INTRAOPERAT[illegible]OCUMENT**

For use of this form, see AR 40-66, the propon[illegible]ncy is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA BY

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY

3. DATE 19 Nov 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME 0756 NUMBER 1

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] (b)(6)-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | SSG [redacted] | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS *(Specify)*

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS:

8. SKIN PREPARATION

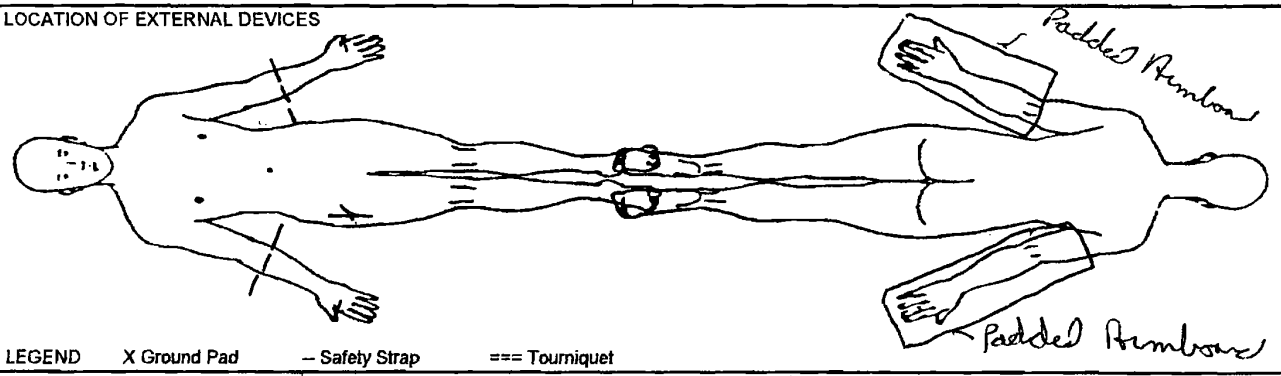
HAIR REMOVAL ☒ YES ☐ NO
DONE BY: ☒ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☒ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine
SITE: lower (L) leg BY WHOM: SSG [redacted]
SITE: BY WHOM:

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES




LEGEND X Ground Pad – Safety Strap === Tourniquet

C = Correct I = Incorrect

| 10. COUNTS | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☐ Yes | ☐ No | | | | | |
| Needle Sharp | ☐ Yes | ☐ No | | | | | |
| Instrument | ☐ Yes | ☐ No | | | | | |
| Other | ☐ Yes | ☐ No | | | | | |

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

EPW [redacted]
(b)(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☒ YES ☐ NO

☒ ESU NO: 50046
GROUND PAD: BRAND 3M
LOT NO: 2005-07 JN

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

MEDCOM - 25092

13. PROSTHESIS, IMPLANTS ☐ NO IF YES NAME: ID NUMBI IUFACTURER

External fixator (b) Tibia

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): NS

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| [redacted] (b)(6)-2 | | |
| | | |

PHYSICIAN'S SIGNATU[redacted]

15. X-RAY IN OPERATI[redacted] IF YES, SITE

YES ☐ NO ☐

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | 18. DRESSING/IMMOBILIZATION *(Specify)* 2 laps, Sterile, Ace |

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

| TYPE/SIZE | 1. | 2. | 3. |
|---|---|---|---|
| SITE | 1. | 2. | 3. |

19. ADDITIONAL INFORMATION

SP 2025

EP 2117

20. OPERATION(S) PERFORMED

I+D + ex fix (b) Tibia

| 21. PATIENT TRANSFERRED TO Pt. hold | TIME | METHOD hitler |
|---|---|---|

22. REGISTERED NURSE SIGNATURE 556 [redacted] (b)(6)-2

MEDCOM - 25093

**MEDICAL RECORD** — **INTRAOPERATIVE DOCUMENT**

For use of this form, see AR 40-407, the proponent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA letter BY anesthesia

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY [redacted] CPT/AN

3. DATE 15 Dec 03 TIME PATIENT ARRIVED IN SUITE —

4. PATIENT IN ROOM TIME 1530 NUMBER 1-1 5

**5. PREOPERATIVE EMOTIONAL STATUS**

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

**6. NURSING PERSONNEL**

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] 91D (b)(6)-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | CPT [redacted] 66E | RELIEF CIRCULATOR | |

**7. POSITION AND POSITIONAL AIDS** *(Specify)*

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS:

**8. SKIN PREPARATION**

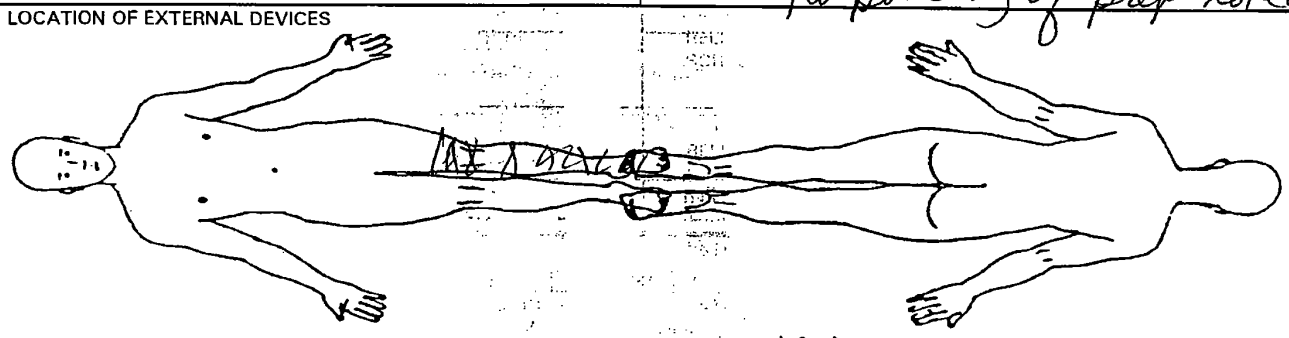
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine/Betadine
SITE: L leg BY WHOM: CPT [redacted]
SITE: BY WHOM:

COMMENTS: no pooling of prep noted

**9. LOCATION OF EXTERNAL DEVICES**



LEGEND X Ground Pad -- Safety Strap = = = Tourniquet XXX=prep

**10. COUNTS** C = Correct I = Incorrect

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☐ Yes | ☐ No | C | | C | SPC [redacted] (b)(6)-2 | CPT [redacted] |
| Needle Sharp | ☐ Yes | ☐ No | C | | C | SPC [redacted] | CPT [redacted] |
| Instrument | ☐ Yes | ☐ No | | | | | |
| Other | ☐ Yes | ☐ No | | | | | |

**11. PATIENT IDENTIFICATION** *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

# [redacted] (b)(6)-4

[redacted] (b)(2)-2

13 Dec 03

**12. ELECTROSURGERY DEVICE(S) (ESU)** ☒ YES ☐ NO

☐ ESU NO: CUT [redacted] COAG
GROUND PAD: BRAND Valleylab E7507
LOT NO: 69441 2005-03

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

MEDCOM 25094

13. PROSTHESIS, IMPLANTS ☐ YES ☒ NO IF YES NAME: ID NUMBER; JRER

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 [redacted]

15. X-RAY IN OPERATING ROOM YES ☐ NO ☐ IF YES, SITE

16. LABORATORY SPECIMENS

| | | | |
|---|---|---|---|
| SPECIMEN (S) YES ☐ NO ☐ | NAME | | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☐ | NAME | | NAME |
| CULTURE (C) YES ☒ NO ☐ | NAME Left leg. | | NAME |
| NAME | NAME | | NAME |
| NAME | NAME | | |

18. DRESSING/IMMOBILIZATION *(Specify)*
- fluffs
- kurlix

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. JP 10mm | 2. | 3. |
| SITE | 1. (L) leg. | 2. | 3. |

19. ADDITIONAL INFORMATION

(b)(6)-2

20. OPERATION(S) PERFORMED

DPC (L) leg, I&D (L) leg

21. PATIENT TRANSFERRED TO ICUB TIME 1700 METHOD letter

22. REGISTERED NURSE SIGNATURE [redacted] CPT/AN

REVERSE OF [redacted] MEDCOM - 25095 USAPA V1.00

**MEDICAL RECORD** — **INTRAOPERATI[illegible]MENT**

For use of this form, see AR 40-407, the propone[illegible]cy is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA stretcher BY anesthesia

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY [redacted], CPT/AN

3. DATE 9 DEC 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN [redacted] TIME 1343 NUMBER

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | CPT [redacted] | RELIEF CIRCULATOR | |

(b)(6)-2

7. POSITION AND POSITIONAL AIDS *(Specify)*

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: Proper body alignment maintained

8. SKIN PREPARATION

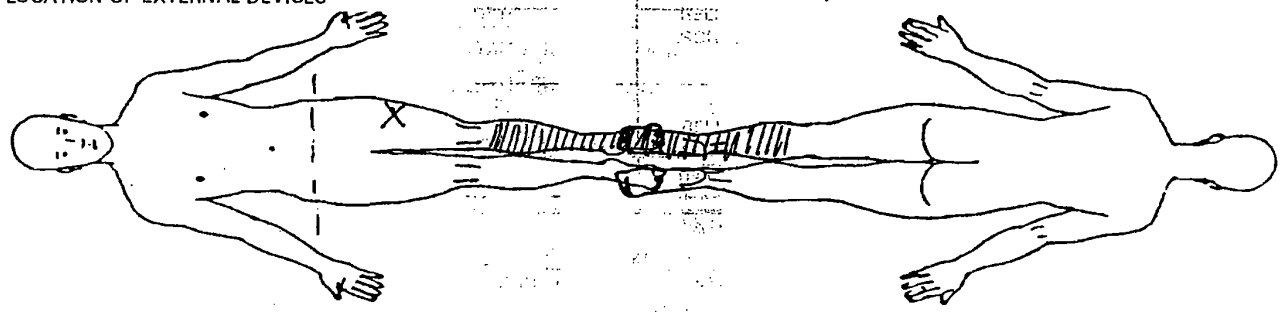
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine scrub/sol'n
SITE: Lt. lower leg BY WHOM [redacted]
SITE: BY WHOM:

COMMENTS: No pooling of fluids

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

C = Correct I = Incorrect Initial C [redacted]

| 10. COUNTS | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☐ Yes | ☒ No | | | | | |
| Needle Sharp | ☒ Yes | ☐ No | | | C | [redacted] (b)(6)-2 | [redacted] |
| Instrument | ☐ Yes | ☒ No | | | | | |
| Other | ☐ Yes | ☒ No | | | | | |

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

# [redacted] (b)(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☐ YES ☒ NO

☐ ESU NO: Force 40 R8B10239S
GROUND PAD: BRAND Valleylab REM
LOT NO: #71516

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. MEDCOM-25006 USAPA V1.00

13. PROSTHESIS, IMPLANTS [ ] ☒ NO IF YES NAME: ID NUMBER UFACTURER

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% NS

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATU[redacted]

15. X-RAY IN OPERATING ROOM YES ☐ NO ☒ IF YES, SITE

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☒ NO ☐ | NAME Cx - Aerobic/Anerobic, Gm Stain | NAME - Lt. Leg Wound |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. | 2. | 3. |
| SITE | 1. | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*

Kerlix
Fluffs
Splint
Ace

19. ADDITIONAL INFORMATION

Surg: [redacted] Anesth [redacted] CRNA Type: General

(b)(6)-2

20. OPERATION(S) PERFORMED

1. I&D of Lt. Leg Wound

21. PATIENT TRANSFERRED TO PACU TIME 1450 METHOD stretcher

22. REGISTERED NURSE SIGNATURE [redacted] CPT/AN

MEDCOM - 25097

| MEDICAL RECORD | INTRAOPERATIVE DOCUMENT<br>For use of this form, see AR 40-407, the proponent agency is the office of The Surgeon General. |
|---|---|

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA stretcher BY anesthesia

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY [redacted] CPT/AN

3. DATE 26 Nov 03 TIME PATIENT ARRIVED IN SUITE 0755

4. PATIENT IN ROOM [redacted] TIME 0806 NUMBER

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] (b)(6)-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | CP [redacted] | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS *(Specify)*

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS:

8. SKIN PREPARATION

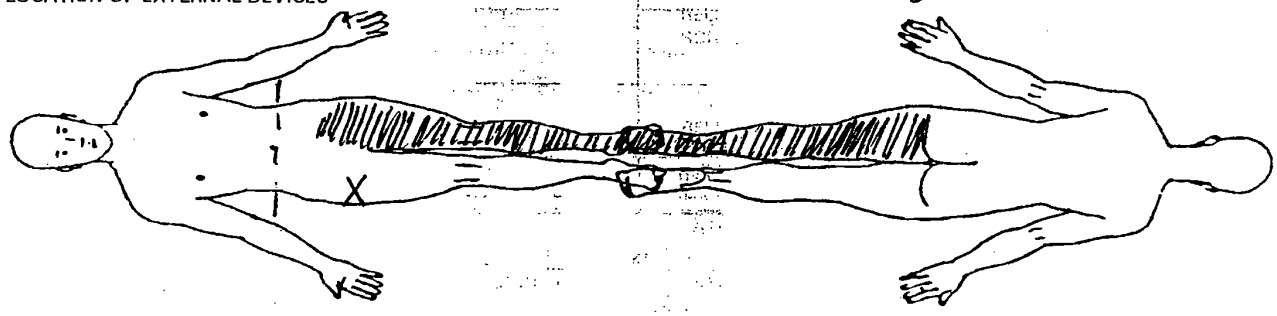
HAIR REMOVAL ☒ YES ☐ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☒ RAZOR ☐ CLIP

COMMENTS: No nicks observed

PREP SOLUTION *(Specify)* Betadine scrub/sol'n
SITE: Lt. Leg BY WHO [redacted]
SITE: BY WHOM

COMMENTS: No pooling of fluids

9. LOCATION OF EXTERNAL DEVICES




LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

C = Correct I = Incorrect Initial [redacted]

| 10. COUNTS | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☒ Yes | ☐ No | | | | | |
| Needle Sharp | ☒ Yes | ☐ No | | | C | [redacted] (b)(6)-2 | [redacted] |
| Instrument | ☐ Yes | ☒ No | | | | | |
| Other | ☐ Yes | ☒ No | | | | | |

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

# [redacted] (b)(6)-7

12. ELECTROSURGERY DEVICE(S) (ESU) ☒ YES ☐ NO

☒ ESU NO: Force 40 R8E105305 50/50
GROUND PAD: BRAND Valleylab REM
LOT NO: 71516

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00
MEDCOM-25098

13. PROSTHESIS, IMPLANTS ☒ YI ☐ NO IF YES NAME: ID NUMBEF UFA. .URER

Synthes Tib. Set: Implants
Load #0232902
Universal Tibial Nail Implants
Load #0232902

90 x 345 IM Nail

...ews:
Proximal 40 x 1
Distal 44 x 1

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☐

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| Mineral Oil | | intraop | topical | | Dr [redacted] |
| Bacitracin oint. | | intraop | topical | | Dr [redacted] |
| | | | | | |
| | | | | | |

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):

0.9% NS

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| None | | |
| | | |
| | | |
| | | |

(b)(6)-2

PHYSICIAN'S [redacted]

15. X-RAY IN [redacted]
YES ☒ NO ☐ C-Arm IF YES, SITE Lt. Leg

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

| | 1. | 2. | 3. |
|---|---|---|---|
| TYPE/SIZE | 16 Fr Foley | 10mm JP Drain | |
| SITE | Bladder | Lt. lower leg | |

18. DRESSING/IMMOBILIZATION *(Specify)*

Xeroform, Kerlix — donor site Lt. thigh

Fluffs, Xeroform, Kerlix, Cotton, Webril, Plaster splint, Ace wrap — Lt lower leg

19. ADDITIONAL INFORMATION

Surg: [redacted]
Asst: [redacted]

Anesth [redacted] CRNA

Type: General

(b)(6)-2

20. OPERATION(S) PERFORMED

1. LT. Tibial IM Nailing
2. Soleus Muscle Flap w/ skin graft

21. PATIENT TRANSFERRED TO PACU (ICW-1) TIME 1215 METHOD Stretcher

22. REGISTERED NURSE SIGNATURE [redacted] CPT/AN

MEDCOM - 25099

**MEDICAL RECORD** — **INTRAOPERATIV DOCUMENT**

For use of this form, see AR 40-407, the propone he office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING M
VIA Litter BY MAJ [redacted]

2. PATIENT IDENTIFIEL ORD REVIEWED AND PROCEDURE
VERIFIED BY MAJ [redacted]

3. DATE 21 Nov-03 TIME PATIENT ARRIVED IN SUITE 1805

4. PATIENT IN ROOM TIME 1805 NUMBER Ø 1-1

**5. PREOPERATIVE EMOTIONAL STATUS**

☑ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

**6. NURSING PERSONNEL**

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | PFC [redacted] (b)(6)-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | MAJ [redacted] | RELIEF CIRCULATOR | |

**7. POSITION AND POSITIONAL AIDS *(Specify)***

☑ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS:

**8. SKIN PREPARATION**

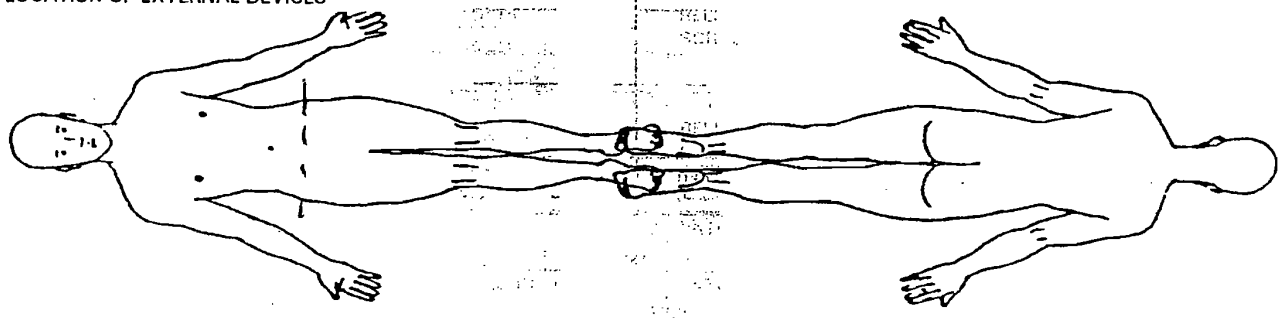
HAIR REMOVAL ☐ YES ☑ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine scrub + solution
SITE: Left Leg to hip BY WHOM: MA [redacted]
SITE: BY WHOM:

COMMENTS: No pooling of solution

**9. LOCATION OF EXTERNAL DEVICES**



LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

**10. COUNTS** — C = Correct I = Incorrect

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☑ Yes | ☐ No | | C | C | [redacted] | [redacted] |
| Needle Sharp | ☑ Yes | ☐ No | | C | C | | |
| Instrument | ☐ Yes | ☑ No | | | | PF | MA |
| Other | ☐ Yes | ☑ No | | | | | |

(b)(6)-2

**11. PATIENT IDENTIFICATION** *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

# [redacted]
(b)(6)-4

(b)(2)-2

21 Nov 03 [redacted]

**12. ELECTROSURGERY DEVICE(S) (ESU)** ☐ YES ☑ NO

☐ ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____

☐ ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____

☐ BIPOLAR NO: _____

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

MEDCOM - 25100

13. PROSTHESIS, IMPLANTS ☐ ☑ NO IF YES NAME: ID NUMBER MANUFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☑

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION ☑ YES ☐ NO; TYPE(S): Nc 5

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE [redacted]

15. X-RAY IN OPERATING ROOM YES ☐ NO ☑ (b)(6)-2 IF YES, SITE

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☑ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☑ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☑ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☑

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. | 2. | 3. |
| SITE | 1. | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*

Fluffs
Kerlix
Ace

19. ADDITIONAL INFORMATION

Surgeon: Dr [redacted]
Anes: MAJ [redacted]

(b)(6)-2

20. OPERATION(S) PERFORMED

I+D Lt T/16/F16 Fx

21. PATIENT TRANSFERRED TO PACU TIME See SF 517 METHOD OR Litter

22. REGISTERED NURSE SIGNATURE [redacted] MAJ ANC 21 Nov 03

REVERSE OF DA FORM 5179-1 OCT 87 MEDCOM - 25101 USAPA V1.00

511-119

NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR DAY: 21 | 22 | 23 | 24 | 25 | 26-27 | 27

19 2003 HOUR

PULSE (O) — TEMP. F (°): 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98.6°, 98°, 97°, 96°, 95°

180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

TEMP. C: 40.6°, 40.0°, 39.4°, 38.9°, 38.3°, 37.8°, 37.2°, 37.0°, 36.7°, 36.1°, 35.6°, 35.0°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: WEIGHT →

Record special data only when so ordered

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)*

REGISTER NO.

WARD NO. ICW1

[redacted] (b)(6)-4

**VITAL SIGNS RECORDS**

Medical Record

**STANDARD FORM 511** (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 25102

511-119

NSN 7540-00-634-4124

# MEDICAL RECORD

## VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR NOV 1963 | DAY | HOUR

| DAY | 28 | 29 | 30 | 1 | 2 Dec | 3 DEC | 4 DEC |
|---|---|---|---|---|---|---|---|

PULSE (0) | TEMP. F (°)

105° 104° 103° 102° 101° 100° 99° 98.6° 98° 97° 96° 95°

180 170 160 150 140 130 120 110 100 90 80 70 60 50 40

TEMP. C: 40.6° 40.0° 39.4° 38.9° 38.3° 37.8° 37.2° 37.0° 36.7° 36.1° 35.6° 35.0°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE

| | 28 | 29 | 30 | 1 | 2 Dec | 3 DEC | 4 DEC |
|---|---|---|---|---|---|---|---|
| | 105/68 | 105/64 | 100/58 | 108/53 | 109/58 | 108/63 | 108/63 |
| | | | 98.3 | 94 | P 87 | | |
| | 115/70 | 112/66 | 102 | 98.2 | | | |
| | | | | 96% | | | |
| | 96(RA) | 95(RA) | 95% | 98% | 96% | 97% | 97% |
| | 97% RA | 96% RA | RA | | | 96% RA | 97% RA |

HEIGHT: WEIGHT → 8.85

Record special data only when so ordered

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)*

REGISTER NO.

WARD NO. 1CW1

#[redacted] (b)(6)-4

**VITAL SIGNS RECORDS**

Medical Record

**STANDARD FORM 511** (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 25103

| MEDICAL RECORD | VITAL SIGNS RECORD |
|---|---|

HOSPITAL DAY: 1

POST- DAY

MONTH-YEAR: Nov 2003 — DAY: 20, 21, 22, 23, 24, 25, 26, 26, 27

HOUR: 0, 0, 2, 0800, 0500, 1, 0, 2, 0, 1, 1400, 1, 0, 2

PULSE (O) / TEMP. F (°): 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98.6°, 98°, 97°, 96°, 95°

PULSE (O): 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

TEMP. C: 40.6°, 40.0°, 39.4°, 38.9°, 38.3°, 37.8°, 37.2°, 37.0°, 36.7°, 36.1°, 35.6°, 35.0°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD: 18, 18, 20, 16, 18, 18, 18, 115/67, 110/73, 16, 18, 20

BLOOD PRESSURE: 114/60, 97/50, 108/67, 122/71, 122/71, 107/60, 104/63, 82/67, 106/67, 114/68, 85, 103, 104/56, 112/61

97.7, 64, 1183, 1191, 98.7, 100.2, 101.1, 99.1, 89, 197/6, 97.9, 100.6, 117/76

HEIGHT: WEIGHT →

98%, 98%, 97%, RA, RA, 95%, 98% (RA) 97% RA, 97%, 95%, 98% RA, 95%, 97% RA, 95% RA, 96% (RA) 97% RA

Record special data only when so ordered

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)

REGISTER NO.

WARD NO.

STANDARD FORM 511 (REV. 7–95) BACK

[redacted] (b)(6)-4

## MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR | DAY: Dec 1 | 2 Dec | 3 Dec | 4 Dec | 5 | 6 | 7 Dec

19 | HOUR

PULSE (O) | TEMP. F (•) | TEMP. C (Centigrade Equivalents, for Reference only)

105° 40.6°
180 104° 40.0°
170 103° 39.4°
160 102° 38.9°
150 101° 38.3°
140 100° 37.8°
130 99° 37.2°
98.6° 37.0°
120 98° 36.7°
110 97° 36.1°
100 96° 35.6°
90 95° 35.0°
80
70
60
50
40

RESPIRATION RECORD

BLOOD PRESSURE: 109/55 | 101/51 | 115/55 | 110/60 | 110/60 | 110/60 | 111/54 | 115/52

HEIGHT: | WEIGHT →

Record special data only when so ordered

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)

REGISTER NO.

WARD NO.

STANDARD FORM 511 (REV. 7-95) BACK

# [redacted] (b)(6)-4

MEDCOM - 25105

511-119 NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

| HOSPITAL DAY | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| POST- DAY | 11-25-93 | 26 | | 26 | 27 | 28 | | 29 | 30 |
| MONTH-YEAR / DAY | | | | | | | | | |
| 19 HOUR | 18 | 1600 | 0 | 2 | 2 | 0 | | 0 | 0 |

PULSE (0) / TEMP. F (°): 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98.6°, 98°, 97°, 96°, 95°

TEMP. C: 40.6°, 40.0°, 39.4°, 38.9°, 38.3°, 37.8°, 37.2°, 37.0°, 36.7°, 36.1°, 35.6°, 35.0°

(Centigrade Equivalents, for Reference only)

180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

RESPIRATION RECORD: 18 | 18 | 18 | 18 | 20 | 16 | 16 | 22 | 20 | 18

BLOOD PRESSURE: 127/69 | 113/62 | 105/40 | 109/51 | 110/60 | 107/54 | 127/72 | 110/64 | 105/62 | 112/62 | 117/57 | 102/69

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1685 | 85 | 92.5 | | 95 | | | 85 | | 98.9 | |
| | 79 | 98 | 69 | 97.3 | 63 | 97.2 | 107 | 98 | | 77 | |
| HEIGHT: WEIGHT → | 99% | 98% | | | 98% | | | | | | |
| | RA | | 98% | 98% RA | | 98% RA | 96% RA | 98% | 97% RA | 97% | 98% RA |

Record special data only when so ordered

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)

REGISTER NO.

WARD NO.

[redacted] (b)(6)-4

**VITAL SIGNS RECORDS**

Medical Record

STANDARD FORM 511 (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 25106

| MEDICAL RECORD | VITAL SIGNS RECORD |
|---|---|

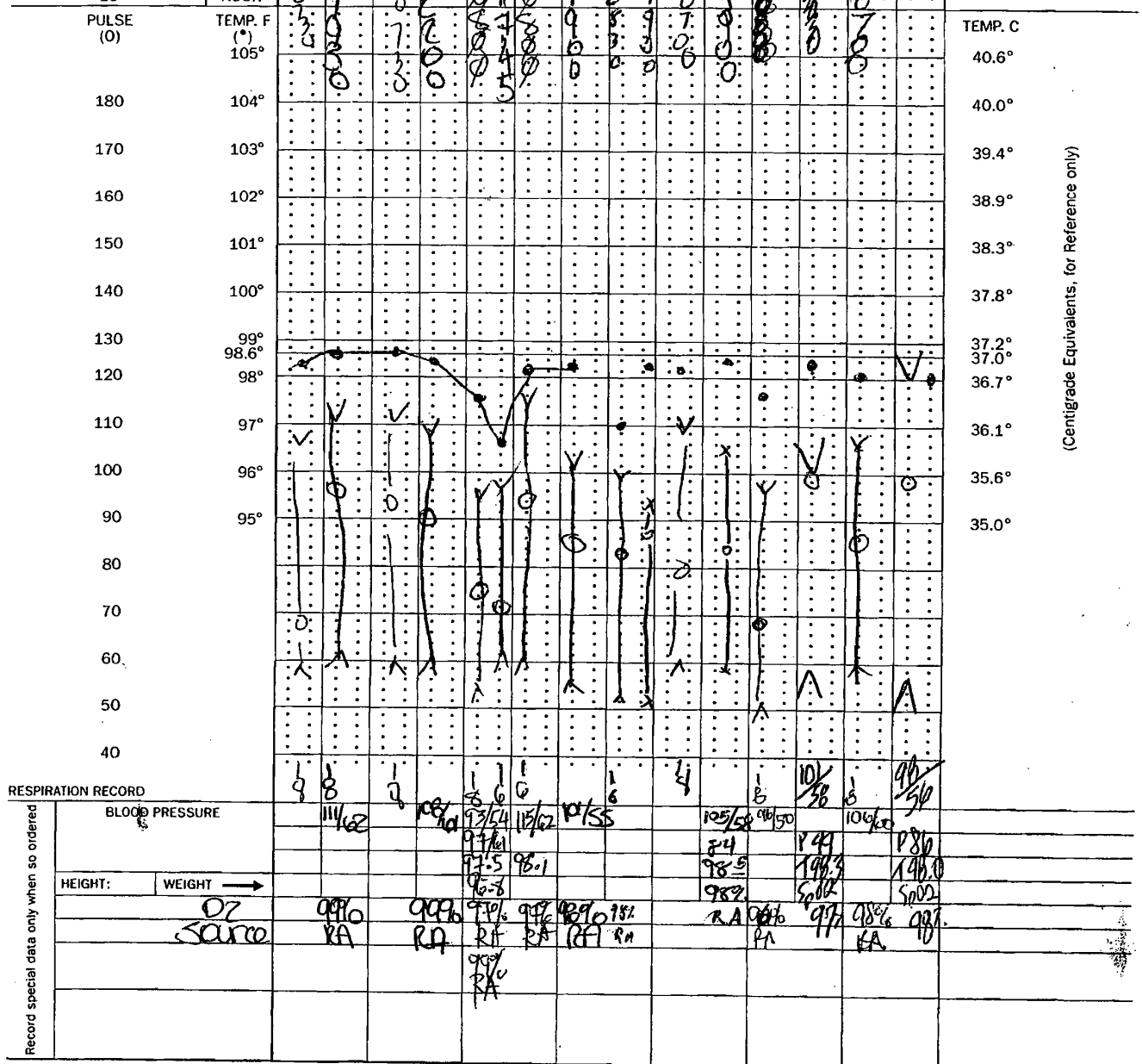
HOSPITAL DAY

POST- DAY

MONTH-YEAR DAY: 13 Dec, 14 Dec, 15, 16, 16, 17, 18, 19, 20

19 HOUR

PULSE (O) — TEMP. F (°) — TEMP. C




RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: WEIGHT →

Record special data only when so ordered

O2 Source

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.

**STANDARD FORM 511** (REV. 7-95) **BACK**

[redacted] (5)(6)-4

MEDCOM - 25107

~~511~~-119 NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR Dec 19 | DAY: 5 | 6 | 7 Dec | 8 Dec | 9 Dec | 10 | 11 | 12

HOUR

PULSE (0) | TEMP. F (°) | TEMP. C (Centigrade Equivalents, for Reference only)

105° 40.6°
180 104° 40.0°
170 103° 39.4°
160 102° 38.9°
150 101° 38.3°
140 100° 37.8°
130 99° 37.2°
98.6° 37.0°
120 98° 36.7°
110 97° 36.1°
100 96° 35.6°
90 95° 35.0°
80
70
60
50
40

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: WEIGHT →

Record special data only when so ordered

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)

REGISTER NO.

WARD NO.

[redacted] (b)(6)-4

**VITAL SIGNS RECORDS**

Medical Record

**STANDARD FORM 511** (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 25108

| Ward/Section: | REQUESTING PHYSICIAN: | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|

| LAST, FIRST, MI. | DATE | TIME | SSN/PSEUDO SSN: |
|---|---|---|---|
| | | | |

**(i-STAT)**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Na | | 138-146 mmol/L |
| K | | 3.5-4.9 mmol/L |
| Cl | | 98-109 mmol/L |
| pH | | 7.31-7.45 |
| PCO2 | | 35-45 mmHg (art) 41-51 mmHg (ven) |
| PO2 | | 80-105 mmHg (art) N/A (ven) |
| TCO2 | | 23-27 mmol/L (art) 24-29 mmol/L (ven |
| HCO3 | | 22-26 mmol/L (art) 23-28 mmol/L (ven |
| sO2 | | 95-98% |
| BEecf | | (-2) – (+3) mmol/L |
| AnGap | | 10-20 mmol/L |
| Ca | | 1.12-1.32 mmol/L |
| BUN | | 8-26 mg/dl |
| GLU | | 70-105 mg/dl |
| Creat | | 0.7-1.5 mg/dl |
| Hct | | 38-51% PCV |
| Hgb | | 12-17 g/dl |

**Misc. Chemistry**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Troponin-I | | |
| Drug of Abuse | | |
| | | |
| | | |
| | | |

**(Piccolo) Chemistry 12**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.5-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | |

======= PICCOLO =======
20/11/03 07:39
REFERENCE RANGE: MALE
PATIENT #: [redacted] (b)(4)-4
BASIC METABOLIC
DISC LOT #: 3325AA4
OPER #: 172 DR #: 000
SERIAL #: 0000100494

| | | | |
|---|---|---|---|
| GLU | 122* | 73-118 | MG/DL |
| BUN | 7 | 7-22 | MG/DL |
| CA++ | 8.5 | 8.0-10.3 | MG/DL |
| CRE | 0.8 | 0.6-1.2 | MG/DL |
| NA+ | 135 | 128-145 | MMOL/L |
| K+ | 4.4 | 3.3-4.7 | MMOL/L |
| CL- | 106 | 98-108 | MMOL/L |
| tCO2 | 26 | 18-33 | MMOL/L |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

**(Piccolo) Metabolic Panel**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| $CA^{++}$ | | 8.0-10.3 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**(Piccolo) Liver Panel Plus**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.3-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| GGT | | 5-65 u/l |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Electrolyte**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**REMARKS:**

**REPORTED BY:**

MEDCOM - 25109

(b)(6)-2

| Ward/Section: | REQUESTING PHYSICIAN: | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| ICW 1 | Dr. [redacted] | |

| LAST, FIRST, MI. | DATE | TIME | SSN/PSEUDO SSN: |
|---|---|---|---|
| EPW # [redacted] (b)(6)-7 | 20 NOV 03 | 0720 | # [redacted] |

| (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 $10^6$ | App | | N/A | Mono | | Negative |
| Hgb | | 14-18 g/dl (M)<br>12-16 g/dl (F) | Glu | | Negative | **Microbiology** | | |
| Hct | | 42-52% (M)<br>37-47% (F) | Bili | | Negative | Source | | |
| MCV | | 80-94 fl (M)<br>81-99 fl (F) | Ket | | Negative | Gram Stain | | |
| Plt | | 130-500 x $10^3$ verified | SG | | N/A | Occ Bld | | Negative |
| Lymph % | | 20.5-51.1% | Bld | | Negative | H. pylori | | Negative |
| **(Hematology) Manual Differential** | | | pH | | N/A | Micro Parasites | | |
| Segs | | Mono | Prot | | Negative | Malaria | | |
| Bands | | Eos | Urob | | 0.2-1.0 | O & P | | |
| Lymph | | Baso | Nit | | Negative | Other | | |
| Atyp | | Imm | Leuk | | Negative | **Microscopic Urinalysis** | | |
| RBC Morph | | | HCG | | Negative | | | |
| Spun Hematocrit | | 42-52% (M)<br>37-47% (F) | **CSF** | | | **Blood Bank** | | |
| Sed Rate | | | Cell Count | | | **MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED** | | |
| Other | | | Directigen | | Negative | ABO/Rh | | |

| Coagulation Studies | | | Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED) | | |
|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | UNIT | TYPE | CROSSMATCH |
| PT | | 9.8-13.6 secs | | | |
| APTT | | 21-34 secs | | | |
| D dimer | | <20 ug/ml | | | |
| FDP | | <10 ug/ml | | | |

REMARKS:

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

MEDCOM - 25110

ID [redacted]
WB

20-11-03
00:03

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 10.0 | x10^3/uL | 4.5 | 10.5 |
| RBC | 4.08 | x10^6/uL | 4.00 | 6.00 |
| Hgb | 12.4 | g/dL | 11.0 | 18.0 |
| Hct | 37.8 | % | 35.0 | 60.0 |
| MCV | 92.7 | fL | 80.0 | 99.9 |
| MCH | 30.5 | pg | 27.0 | 31.0 |
| MCHC | 32.9 L | g/dL | 33.0 | 37.0 |
| Plt | 253. | x10^3/uL | 150. | 450. |
| LYM | 15.7 *L | % | 20.5 | 51.1 |
| LY# | 1.6 * | x10^3/uL | 1.2 | 3.4 |

(b)(6)-4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/20/03 00:17

Patient ID [redacted]
Test Name :PT
Test Result:= 14.6 sec.
Ratio = 1.2
[redacted]
Sample Type:citrated wh. blood
Test Date :11/20/03
Test Time :00:15
Card Lot :080201
Operator [redacted]

ID [redacted]
WB

20-11-03
07:54

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 8.2 * | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.94 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 12.1 | g/dL | 11.0 | 18.0 |
| Hct | 36.7 | % | 35.0 | 60.0 |
| MCV | 93.2 | fL | 80.0 | 99.9 |
| MCH | 30.8 | pg | 27.0 | 31.0 |
| MCHC | 33.0 | g/dL | 33.0 | 37.0 |
| Plt | 234. | x10^3/uL | 150. | 450. |
| LYM | 19.1 *L | % | 20.5 | 51.1 |
| LY# | 1.6 * | x10^3/uL | 1.2 | 3.4 |

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/20/03 00:23

(b)(6)-2

Patient ID [redacted]
Test Name :APTT
Test Result:= 31.2 sec.
Sample Type:citrated wh. blood
Test Date :11/20/03
Test Time :00:17
Card Lot :110214
Operator [redacted]

(b)(6)-2

| Ward Section: EMT | REQUISITION: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: [redacted] (b)(6)-2 | DATE: 15 Nov 03 | TIME: 2345 | SSN: [redacted] |

| (Hematology) CBC | | | [redacted] | | | Misc. Serology | | |
|---|---|---|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | | 4.8-10.8 x 10³ | Color | | N/A | RPR | | Negative |
| RBC | | 4.7-6.1 x 10⁶ | App | | N/A | Mono | | Negative |
| Hgb | | 14-18 g/dl (M)<br>12-16 g/dl (F) | Glu | | Negative | Microbiology | | |
| Hct | | 42-52% (M)<br>37-47% (F) | Bili | | Negative | Source | | |
| MCV | | 80-94 fl (M)<br>81-99 fl (F) | Ket | | Negative | Gram Stain | | |
| Plt | | 130-500 x 10³ verified | SG | | N/A | Occ Bld | | Negative |
| Lymph % | | 20.5-51.1% | Bld | | Negative | H. pylori | | Negative |
| (Hematology) Manual Differential | | | pH | | N/A | Micro Parasites | | |
| Segs | | Mono | Prot | | Negative | Malaria | | |
| Bands | | Eos | Urob | | 0.2-1.0 | O & P | | |
| Lymph | | Baso | Nit | | Negative | Other | | |
| Atyp | | Imm | Leuk | | Negative | Microscopic Urinalysis | | |
| RBC Morph | | | HCG | | Negative | | | |

| Spun Hematocrit | | 42-52% (M)<br>37-47% (F) | CSF | | | Blood Bank | |
|---|---|---|---|---|---|---|---|
| Sed Rate | | | Cell Count | | | MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED | |
| Other | | | Directigen | | Negative | ABO/Rh | |

| Coagulation Studies | | | Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED) | | |
|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | UNIT | TYPE | CROSSMATCH |
| PT | | 9.8-13.6 secs | | | |
| APTT | | 21-34 secs | | | |
| D-Dimer | | <20 ug/ml | | | |
| FDP | | <10 ug/ml | | | |

REMARKS:

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|

MEDCOM - 25112

(b)(6)-2

| Ward/Section: pmt | REQUESTING PHYSICIAN: [redacted] | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: [redacted] | DATE: 15NOV TIME: 2345 | SSN/PSEUDO SSN: [redacted] |

| (i-STAT) | | | (Piccolo) Chemistry Panel | | | (Piccolo) Metabolic Panel | | |
|---|---|---|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | | | | TEST | RESULT | REF. RANGE |
| Na | | 135-145 mmol/L | | | | GLU | | 73-118 mg/dL |
| K | | 3.5-4.9 mmol/L | | | | | | |
| Cl | | 95-109 mmol/L | | | | | | |
| pH | | 7.31-7.45 | | | | | | |
| PCO2 | | 35-45 mmHg (art) 41-51 mmHg (ven) | | | | | | |
| PO2 | | 80-105 mmHg (art) N/A (ven) | | | | | | |
| TCO2 | | 23-27 mmol/L (art) 24-29 mmol/L (ven) | | | | | | |
| HCO3 | | 22-25 mmol/L (art) 23-28 mmol/L (ven) | | | | | | |
| sO2 | | 95-98% | | | | | | |
| BEecf | | (-2) – (-3) mmol/L | | | | | | |
| AnGap | | 10-20 mmol/L | | | | | | |
| Ca | | 1.12-1.32 mmol/L | | | | | | |
| BUN | | 8-26 mg/dl | | | | | | |
| GLU | | 70-105 mg/dl | | | | | | |
| Creat | | 0.7-1.5 mg/dl | | | | | | |
| Hct | | 38-51% PCV | | | | | | |
| Hgb | | 12-17 g/dl | | | | | | |
| Misc. Chemistry | | | | | | | | |
| TEST | RESULT | REF. RANGE | | | | | | |
| Troponin-I | | | | | | | | |
| Drug of Abuse | | | | | | | | |

======= PICCOLO =======
1:/11/03 (b)(6)-00:2: AM
REFERENCE RANGE: MALE
PATIENT #: [redacted]
LIVER PANEL PLUS
DISC LOT #: 3154AA7
OPER #: 013 DR #: 000
SERIAL #: 0000100684

| | | | |
|---|---|---|---|
| ALB | 3.6 | 3.3-5.5 | G/DL |
| ALP | 61 | 26-84 | U/L |
| ALT | 23 | 10-47 | U/L |
| AMY | 38 | 14-97 | U/L |
| AST | 27 | 11-38 | U/L |
| TBIL | 0.6 | 0.2-1.6 | MG/DL |
| GGT | 8 | 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

======= PICCOLO =======
20/11/03 00:24
REFERENCE RANGE: MALE
PATIENT #: [redacted]
BASIC METABOLIC
DISC LOT #: 3325AA4
OPER #: 013 DR #: 000
SERIAL #: 0000100494

| | | | |
|---|---|---|---|
| GLU | 144* | 73-118 | MG/DL |
| BUN | 9 | 7-22 | MG/DL |
| CA++ | 8.2 | 8.0-10.3 | MG/DL |
| CRE | 0.8 | 0.6-1.2 | MG/DL |
| NA+ | 135 | 128-145 | MMOL/L |
| K+ | 4.2 | 3.3-4.7 | MMOL/L |
| CL- | 107 | 98-108 | MMOL/L |
| tCO2 | 23 | 18-33 | MMOL/L |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

REMARKS:

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

MEDCOM - 25113

516-108

NSN 7540-00-634-4156

**MEDICAL RECORD**

# OPERATION REPORT

PREOPERATIVE DIAGNOSIS

(b)(6)-2

| SURGEON | FIRST ASSISTANT | SECOND ASSISTANT | |
|---|---|---|---|
| CPT [redacted] | LTC [redacted] | | |
| ANESTHETIST [redacted] | ANESTHETIC [redacted] | | TIME BEGAN: |
| Cpt [redacted] | | | TIME ENDED: |
| CIRCULATING [redacted] | SCRUB NURSE | TIME OPERATION BEGAN | TIME OPERATION COMPLETED |
| SSG [redacted] | SPC [redacted] | 2025 | 2117 |

OPERATIVE DIAGNOSES

GSW (L) tibia: Grade IIIA open (L) tibia fx.

| DRAINS *(Kind and number)* | SPONGE COUNT VERIFIED |
|---|---|
| none | 1 Lap pad soaked c̄ Kefzol left in wound. |

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION

None

OPERATION PERFORMED

I/D + ex fix above injury.

| DESCRIPTION OF OPERATION *(Type(s) of suture used, gross findings, etc.)* | PROSTHETIC DEVICES *(Lot no.)* | DATE OF OPERATION |
|---|---|---|
| | | |

Kefzol soaked lap pad left in wound.
probably IIIB (will need gastroc flap) for coverage + STSG.
moderate contamination in wound.
no sig vasc/neuro injury encountered.

(b)(6)-2

| SIGNATURE [redacted] LPT | | DATE 19 NOV 03 |
|---|---|---|
| PATIENT'S I[redacted] *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)* | REGISTER/I.D. NO. | WARD NO. 2100, |

EDW [redacted]

(b)(6)-4

**OPERATION REPORT**
**Medical Record**

**STANDARD FORM 516** (REV. 5-83)
Prescribed by GSA and ICMR, FPMR 101-11.806-8

USAPPC V1.00

MEDCOM - 25114

(b)(2)-2

[redacted]SPITAL
[redacted]tal
Baghdad, Iraq

## Microbiology Request Form

Req: Cx - Aerobic/Anerobic
Gm St.

(b)(6)-4

Last Name: [redacted]
First Name:
Patient # or SSN:

Ward:
Room:
Bed:
Physician: [redacted]

Collected by: [redacted] (b)(6)-2
Date: 9 Dec 03
Time: 1430

Source: Wound
Site: Lt. lower leg

[redacted]

Received by: [redacted]
Date: 9 Dec 03
Time: 1500

Specimen #: W173

## Laboratory Results

No bacteria seen 9 Dec

Acinetobacter baumannii/haemolyticus
to WRAMC

Reported
Date: 12 Dec 03
Time: 1000
Tech: [redacted]
Reviewer: [redacted]

Number of attached sheets:

# Microbiology Report

[redacted]boratory

Name: (b)(6)-7
Patient ID: [redacted]
Ward/Rm: /

Specimen: W173 (b)(2)-2
Source: Wound/Sterile site
Ward of Iso:

Status: Final
Collected:
Attd Phys:

1 Acinetobacter baumannii/haemolyticus Status Final

## 1 Ac baumann/haem

| Drug | MIC | Interps | Drug | MIC | Interps |
|---|---|---|---|---|---|
| Amikacin | <=16 | S | | | |
| Amox/K Clav (c) | 16/8 | | | | |
| Amp/Sulbactam (c) | <=8/4 | S | | | |
| Ampicillin | >16 | | | | |
| Aztreonam | >16 | R | | | |
| Cefazolin | >16 | | | | |
| Cefepime | >16 | R | | | |
| Cefotaxime (c) | >32 | R | | | |
| Cefotetan | >32 | | | | |
| Cefoxitin | >16 | | | | |
| Ceftazidime (a) | >16 | R | | | |
| Ceftriaxone (c) | >32 | R | | | |
| Cefuroxime (b) | >16 | | | | |
| Cephalothin | >16 | | | | |
| Chloramphenicol | >16 | R | | | |
| Ciprofloxacin | >2 | R | | | |
| ESBL-a Scrn | >4 | | | | |
| ESBL-b Scrn | >1 | | | | |
| Gatifloxacin | >4 | | | | |
| Gentamicin | >8 | R | | | |
| Imipenem (c) | <=4 | S | | | |
| Levofloxacin | >4 | R | | | |
| Meropenem (c) | <=4 | S | | | |
| Moxifloxacin | >4 | | | | |
| Nitrofurantoin | >64 | | | | |
| Norfloxacin | >8 | | | | |
| Piperacillin (a) | >64 | R | | | |
| Tetracycline | >8 | R | | | |
| Ticar/K Clav (a) | <=16 | S | | | |
| Tobramycin | >8 | R | | | |
| Trimeth/Sulfa | >2/38 | R | | | |

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml mg/L

NR = Not Reported
--- = Not Tested
TDS = Thymidine-dependent strain

Blank = Data [illegible]
ESBL = Extended spectrum beta-lactamase
BLC = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
ESBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases
IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs

For blood and CSF isolates, a beta-lactamase test is recommended for Enterococcus species

(a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections
(b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use S=S, I=I, R=R. Footnote [illegible] applies to this drug
(c) For streptococci refer to penicillin interpretations. For amoxicillin/clavulanate or amoxicillin/sulbactam with enterococci, refer to the penicillin interpretations
(d) For non beta-lactamase producing enterococci, refer to the penicillin interpretations. Footnote (a) applies to this drug

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Scan Oxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints. For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections use [illegible]

Name:
Patient ID: [redacted]
Ward/Rm: / (b)(6)-7

Specimen: W173
Source: Wound/Sterile site
Ward of Iso:

Status: Final
Collected:
Req. Phys: [redacted]

Printed 12/12/2003 2:30:33 PM

Page 1 of 1

Tech: [redacted]
(b)(6)-7

MEDCOM - 25116

[redacted] SPITAL
[redacted] (b)(2)-2
Baghdad, Iraq

# Microbiology Request Form

CULTURE:

Last Name [redacted] (b)(4)-7 | Ward: OR
First Name: | Room:
Patient # or SSN: | Bed:
| Physician:
Collected by: Dr [redacted] (b)(6)-2
Date: 15 Dec 03 | Source: (L) log
Time: 1620 | Site:

[redacted]

Received by: [redacted] | Specimen #: W186
Date: 16Dec03
Time: 0530

## Laboratory Results

Acinetobacter baumannii/haemolyticus

Reported
Date: 18Dec03
Time: 1440
Tech: rgc
Reviewer: [redacted] | Number of attached sheets:

MEDCOM - 25117

ACLU-RDI 1744 p.1277

DOD-039506

(b)(2)-2

# Microbiology Report

[redacted] Laboratory

| | | | | | |
|---|---|---|---|---|---|
| Name: | | Specimen: | W186 | Status: | Final |
| Patient ID: | [redacted] | Source: | Wound/Sterile site | Collected: | |
| Ward/Rm: | / (b)(6)-4 | Ward of Iso: | | Attd. Phys: | |

1 Acinetobacter baumannii/haemolyticus Status: Final

## 1 Ac baumann/haem

| Drug | MIC | Interps | Drug | MIC | Interps |
|---|---|---|---|---|---|
| Amikacin | <=16 | S | | | |
| Amox/K Clav (c) | 16/8 | | | | |
| Amp/Sulbactam (c) | <=8/4 | S | | | |
| Ampicillin | >16 | | | | |
| Aztreonam | >16 | R | | | |
| Cefazolin | >16 | | | | |
| Cefepime | >16 | R | | | |
| Cefotaxime (c) | >32 | R | | | |
| Cefotetan | >32 | | | | |
| Cefoxitin | >16 | | | | |
| Ceftazidime (a) | >16 | R | | | |
| Ceftriaxone (c) | >32 | R | | | |
| Cefuroxime (b) | >16 | | | | |
| Cephalothin | >16 | | | | |
| Chloramphenicol | >16 | R | | | |
| Ciprofloxacin | >2 | R | | | |
| ESBL-a Scrn | >4 | | | | |
| ESBL-b Scrn | >1 | | | | |
| Gatifloxacin | >4 | | | | |
| Gentamicin | >8 | R | | | |
| Imipenem (c) | <=4 | S | | | |
| Levofloxacin | >4 | R | | | |
| Meropenem (c) | <=4 | S | | | |
| Moxifloxacin | >4 | | | | |
| Nitrofurantoin | >64 | | | | |
| Norfloxacin | >8 | | | | |
| Piperacillin (a) | >64 | R | | | |
| Tetracycline | >8 | R | | | |
| Ticar/K Clav (a) | <=16 | S | | | |
| Tobramycin | >8 | R | | | |
| Trimeth/Sulfa | >2/38 | R | | | |

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
--- = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available, or drug not advisable or tested
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
ESBL? = Suspected ESBL Confirmatory tests needed to differentiate ESBL from other beta-lactamases
IB = Inducible Beta-lactamase Appears in place of Sensitive with species known to possess inducible beta-lactamases potentially they may become resistant to all beta-lactam drugs Monitoring of patients during/after therapy is recommended Avoid other/combined beta-lactam drugs

For blood and CSF isolates a beta-lactamase test is recommended for Enterococcus species

(a) Use maximum doses of drug with an aminoglycoside for P aeruginosa in patients with granulocytopenia or serious infections
(b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug
(c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation
(d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints
For S pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis For non-meningitis infections, use <2=S 2=I, >2=R

| | | | | | |
|---|---|---|---|---|---|
| Name: | | Specimen: | W186 | Status: | Final |
| Patient ID: | [redacted] (b)(6)-4 | Source: | Wound/Sterile site | Collected: | |
| Ward/Rm: | | Ward of Iso: | | Req. Phys: | [redacted] (b)(6)-2 |

Printed 12/18/2003 1:53:52 PM



Tech: [redacted]

MEDCOM - 25118

[redacted] (b)(2)-2
Baghdad, Iraq

# Microbiology Request Form

CULTURE!

Last Name [redacted] (b)(6)-7
First Name:
Patient # or SSN:

Collected by: Dr. [redacted] (b)(6)-2
Date: 15 Dec 03
Time: 1620

Ward: OR
Room:
Bed:
Physician:
Source: (L) log
Site:

[redacted]

Received by: [redacted]
Date: 16Dec03
Time: 0530

Specimen #: W186

## Laboratory Results

Acinetobacter baumannii/haemolyticus

Reported
Date: 18Dec03
Time: 1440
Tech: [redacted]
Reviewer: [redacted]

Number of attached sheets:



ACLU-RDI 1744 p.1279

(b)(2)-2

# Microbiology Report

[redacted] Laboratory

| | | | | | |
|---|---|---|---|---|---|
| Name: | | Specimen: | W186 | Status: | Final |
| Patient ID: | [redacted] | Source: | Wound/Sterile site | Collected: | |
| Ward/Rm: | (b)(6)-4 | Ward of Iso: | | Attd. Phys: | |

1 Acinetobacter baumannii/haemolyticus Status: Final

## 1 Ac baumann/haem

| Drug | MIC | Interps | Drug | MIC | Interps |
|---|---|---|---|---|---|
| Amikacin | <=16 | S | | | |
| Amox/K Clav (c) | 16/8 | | | | |
| Amp/Sulbactam (c) | <=8/4 | S | | | |
| Ampicillin | >16 | | | | |
| Aztreonam | >16 | R | | | |
| Cefazolin | >16 | | | | |
| Cefepime | >16 | R | | | |
| Cefotaxime (c) | >32 | R | | | |
| Cefotetan | >32 | | | | |
| Cefoxitin | >16 | | | | |
| Ceftazidime (a) | >16 | R | | | |
| Ceftriaxone (c) | >32 | R | | | |
| Cefuroxime (b) | >16 | | | | |
| Cephalothin | >16 | | | | |
| Chloramphenicol | >16 | R | | | |
| Ciprofloxacin | >2 | R | | | |
| ESBL-a Scrn | >4 | | | | |
| ESBL-b Scrn | >1 | | | | |
| Gatifloxacin | >4 | | | | |
| Gentamicin | >8 | R | | | |
| Imipenem (c) | <=4 | S | | | |
| Levofloxacin | >4 | R | | | |
| Meropenem (c) | <=4 | S | | | |
| Moxifloxacin | >4 | | | | |
| Nitrofurantoin | >64 | | | | |
| Norfloxacin | >8 | | | | |
| Piperacillin (a) | >64 | R | | | |
| Tetracycline | >8 | R | | | |
| Ticar/K Clav (a) | <=16 | S | | | |
| Tobramycin | >8 | R | | | |
| Trimeth/Sulfa | >2/38 | R | | | |

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
--- = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available, or drug not advisable or tested
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
EBL? = Suspected ESBL Confirmatory tests needed to differentiate ESBL from other beta-lactamases
IB = Inducible Beta-lactamase Appears in place of Sensitive with species known to possess inducible beta-lactamases potentially they may become resistant to all beta-lactam drugs Monitoring of patients during/after therapy is recommended Avoid other/combined beta-lactam drugs

For blood and CSF isolates a beta-lactamase test is recommended for Enterococcus species

(a) Use maximum doses of drug with an aminoglycoside for P aeruginosa in patients with granulocytopenia or serious infections
(b) Breakpoints based on parenteral dose For cefuroxime axetil (PO) use (8=S 8-16=I >16=R) Footnote (c) applies to this drug
(c) For streptococci refer to penicillin interpretations For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci refer to the penicillin interpretation
(d) For non beta-lactamase producing enterococci refer to the penicillin interpretation Footnote (a) also applies to this drug

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002 Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints
For S pneumoniae cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis For non-meningitis infections use <2=S 2=I >2=R

| | | | | | |
|---|---|---|---|---|---|
| Name: | | Specimen: | W186 | Status: | Final |
| Patient ID: | [redacted] | Source: | Wound/Sterile site | Collected: | (b)(6)-2 |
| Ward/Rm: | (b)(6)-4 | Ward of Iso: | | Req. Phys | [redacted] |

Printed 12/18/2003 1:53:52 PM



Tech: [redacted]

# 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, "T" = CONSTANT INFUSION

| DRUG (Units) | | | | | | | | | | | | | | | | TOTALS | TOTAL EBL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fentanyl (mcg) | (150) | 100 | | | | | | | | | | | | | | 250 | 100ml |
| Propofol (mg) | 250 | | | | | | | | | | | | | | | | TOTAL URINE |
| Succinylcholine (mg) | 100 | | | | | | | | | | | | | | | 3 / 7 | Ø |
| Morphine (mg) | | | | | 3 | | | | | | | | | | | | |
| ( ) | | | | | | | | | | | | | | | | | |
| ( ) | | | | | | | | | | | | | | | | | |
| VOLAT AGENT Forane % del | — | 1.0 | .50 | .50 | .80 | | | | | | | | | | | FLUIDS - SUMMARY | |
| % e.t. | | | | | | | | | | | | | | | | CRYSTALLOID- 1800ml | |
| AIR L/Min | | | | | | | | | | | | | | | | | |
| N2O L/Min | | | | | | | | | | | | | | | | COLLOID- Ø | |
| O2 L/Min | 10 – | 1.5 | 1.0 | 1.0 | 6 | | | | | | | | | | | | |
| SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → | | | | | | | | | | | | | | | | BLOOD- Ø | |

**FLUIDS**

| LINE site | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| L FA IB ☑ Warmed | | (1) | | | | | | | | | | | | | |
| ☐ Warmed | | | | | | | | | | | | | | | |
| ☐ Warmed | | | | | | | | | | | | | | | |
| ☐ Warmed | | | | | | | | | | | | | | | |

**LOSSES** — EST BLOOD LOSS; URINE -

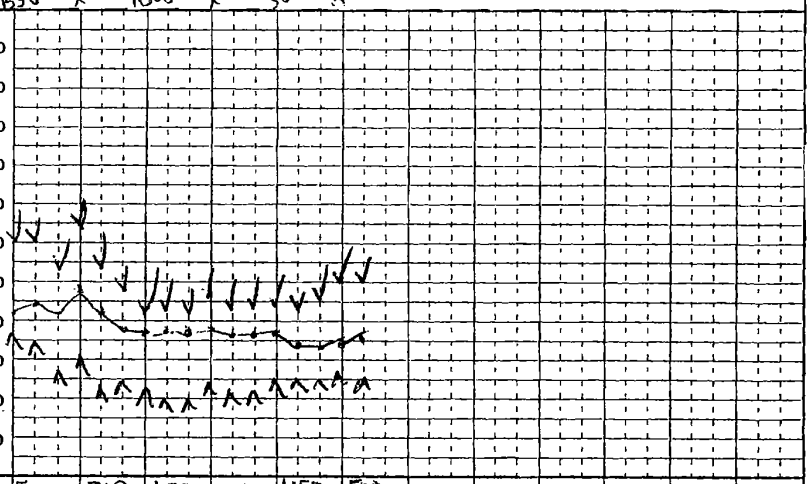
**REMARKS**

*Code drugs with numbers, events with letters*

1515 ID pt on ICW, chart reviewed, to OR via gurney. 1525 in Rm. O2 & monitors applied. IV started.

1652 Extubated, O2 applied. To PACU stable. Report given.

| PHYS STATUS | TIME → | 1530 X | 1600 X | 30 X |
|---|---|---|---|---|
| 1 2 3 4 5 E | SYMBOLS: | | | |
| BODY WEIGHT: 70 KG LB | BP by cuff V (R) ^ ARM | | | |
| HEMATOCRIT: | Heart rate ● | | | |
| INITIAL DATA: | Resp rate | | | |
| BP- 120/70 | BR (transduced) ‡ | | | |
| HR- 82 | TOURNIQUET T–T | | | |
| EQUIP CHECK | ANES- X-X | | | |
| OK?- (Y) N | PROC- ⊙-Ø | | | |
| PATIENT RECHECK | | | | |
| OK for PROCEDURE? Y | | | | |
| TIME- 1520 | | | | |




**VENTIL**

| | | | | | | |
|---|---|---|---|---|---|---|
| VT - ml | 500 | 700 | 650 | 500 | 450 | 500 |
| f - breaths/min | 12 | 10 | 8 | 6 | 10 | 10 |
| Peak inf pres / PEEP | — | 16 | 15 | — | | |
| MODE - S(pon), A(ssist), C(on) | A | C | C | A | S | S |

**MONITORS/ACCESSORIES**

| | | | | | | |
|---|---|---|---|---|---|---|
| BP/Auto Cuff / ET CO2 (torr) | + | 31 | 30 | 42 | 45 | 45 |
| BP/oth / FIO2 (Frac or %) | .90 | .90 | .90 | .90 | .90 | .90 |
| ART line / SpO2 (%) | 100 | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES / ECG | SR | SR | SR | SR | SR | SR |
| Gas analyzer / TEMP-site AXIL | | | | | | |
| N-M Block (T/4) | | 4/4 | — | | | |
| Warming blkt | | | | | | |
| Conv warmer | | | | | | |

*Mark with letters & symbols, explain under REMARKS* — EVENTS / *Position* → Supine

**RECOVERY AT**: (PACU) ICU ____ (Specify) OTHER ____

CONDITION: STABLE

RESP-12 SpO2-96-97% RA BP-106/63 HR-88

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1515 | 1525 | 1700 |
| | Ready | Begin | End |
| PROC | 1540 | 1600 | 1648 |

PROCEDURES and CPT Codes: I+D (L) Lower Leg

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks* GETA

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

#[redacted] (b)(6)-4

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* DL E MAC 4 grade I view. B.D cuffed ETT placed. (+) chest rise (+) ETCO2 sustained, (+) BILEBS. Secured 24cm at lip. Atraumatic.

SURGEONS: [redacted] (b)(6)-2

ANESTHETIST: [redacted]

PROCEDURE LOCATION: OR1

DATE: 15DEC03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 — [redacted] 2 - ANESTHESIA PROVIDER — USAPA V1.00

MEDCOM - 25121

# 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) | 1400 x 30 x 1500 |
|---|---|---|
| propofol | (mg) | 150 |
| fentanyl | (mcg) | 150 / 100 |
| LHL | (mg) | 80 |
| succinylcholine | (mg) | 80 / 2 |
| Regular Insulin | (mg) | 10 / 50 |
| | ( ) | |
| VOLAT AGENT: Forane | % del / % e.t. | |
| AIR | L/Min | |
| N2O | L/Min | |
| O2 | L/Min | 6 1.0 1.0 |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS →

**FLUIDS**

| LINE site | | |
|---|---|---|
| 18ga R hand | ☐ Warmed | 1 |
| | ☐ Warmed | 300 |
| | ☐ Warmed | |
| | ☐ Warmed | |

**LOSSES**: EST BLOOD LOSS Ø; URINE - Ø

**PHYS STATUS**: (1) 2 3 4 5 E

**BODY WEIGHT**: 80 (KG) LB

**HEMATOCRIT**: Ø

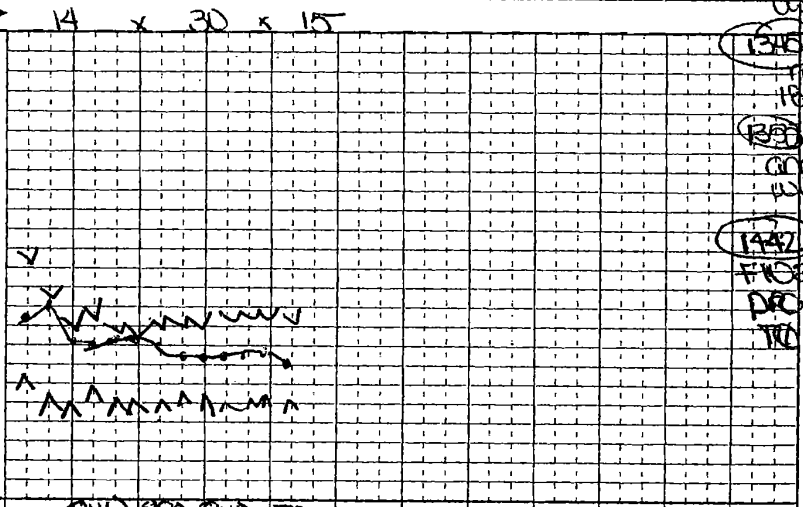
**INITIAL DATA**: BP- 123/68; HR- 94 99

**EQUIP CHECK**: OK? - (Y) N

**PATIENT RECHECK**: OK for PROCEDURE? ; TIME- 1350

**SYMBOLS**: BP by cuff V ∧; Heart rate ●; Resp rate; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø

TIME → 14 x 30 x 15




**VENTIL**

| | | | | | |
|---|---|---|---|---|---|
| VT - ml | | 840 | 880 | 840 | 500 |
| f - breaths/min | + | 12 | 11 | 11 | 16 |
| Peak inf pres / PEEP | | 14 | 14 | 14 | |
| MODE - S(pon), A(ssist), C(on) | SV | CV | CV | CV | SV |

**MONITORS/ACCESSORIES**

| | | | | | | |
|---|---|---|---|---|---|---|
| X BP/Auto Cuff | X ET CO2 (torr) | + | 34 | 35 | 33 | 35 |
| BP/oth | X FIO2 (Frac or %) | 100% | 40% | 52% | 52% | 100% |
| ART line | X SpO2 (%) | 99 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | X ECG II | SR | SR | SR | SR | SR |
| Gas analyzer | X TEMP-site skin | | 36°C | 36° | 36° | |
| | N-M Block (T/4) | 4/4 | 4/4 | 4/4 without blocked | | |
| | | | | train x 5 seconds | | |
| Warming blkt | Room warmed → | | | | | |
| Conv warmer | | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS → Supine (A) safety strap (B) arms 90° abducted ⊙.

**TOTALS** | **TOTAL EBL**

**TOTAL URINE**: Ø

**FLUIDS - SUMMARY**
CRYSTALLOID- LR 400
COLLOID- Ø
BLOOD- Ø

**REMARKS** — Code drugs with numbers, events with letters

1330 Chart Pt v H & MD states difficult to ascertain.
1345 OR #2, placed monitors 18ga IV started.
1350 Induction & intubation without incident.
1442 extubated FIO2 100% ⊕ protective reflexes TID PRN

**RECOVERY AT** 1450
PACU ICU ____ (Specify)
OT [redacted]
CONDITION: 967
RESP- 20 SpO2- 96% BP- 116/62 HR- 87

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1330 | 1345 | 1500 |
| PROC | Ready 1355 | Begin 1405 | End 1442 1450 |

PROCEDURES and CPT Codes: I+D of R leg

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

# [redacted] (5)(6)1-4

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*
GETA

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*
Rapid sequence induction. DL x 1 Miller 3.0. Atraumatic 8.0 ETT - silicone 22cm @ lips eyes taped closed - tube examined. ETCO2 x 3 BBS ⊕

SURGEONS: [redacted] (5)(6)1-2

ANESTHETISTS: [redacted] CRNA, MAJ, MSC

PROCEDURE LOCATION: OR #2
DATE: 9 Dec 03
PAGE I OF I

DA FORM 7389, FEB 1998 — COPY 3 - ANESTHESIA DEPARTMENT — USAPA V1.00

MEDCOM - 25122

Cystoscopy ♂ SP LTPB FEZ GSW
Nursing Propos

# MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-66; the proponent agency is the OTSG

used/wasted

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fent (14) | (cc) | | | | | I | | | | | | | |
| MSO4 | (mg) | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| VOLAT AGENT | Iso % del | 1.5 | 1.0 | 0.8 | X | | | | | | | | |
| | % e.t. | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | |
| O2 | L/Min | 1 | 1 | 1 | 2 | 8 | | | | | | | |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS →

**FLUIDS**

| LINE site | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18g OH | ☐ Warmed | Pcant | PD1410001 | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | |

**LOSSES**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | 300 | | | | | | | | | |
| URINE - | (500) | | 50/550 | | | | | | | | | |

| TOTALS | TOTAL EBL |
|---|---|
| 15 | 0 |
| | TOTAL URINE |
| | See |
| FLUIDS - SUMMARY | |
| CRYSTALLOID- | |
| COLLOID- | Page 1 |
| BLOOD- | |

**REMARKS**

*Code drugs with numbers, events with letters*

Cont from pg 1
Extubated @
SV + OP Spinal.
SV cont to PACU
Report to PACU
Nurse.
[redacted]
CRNA

**PHYS STATUS** 1 2 3 4 5 E

**BODY WEIGHT:** KG / LB

**HEMATOCRIT:**

**INITIAL DATA:**

BP- See page 1

HR-

**EQUIP CHECK**

OK?- Y N

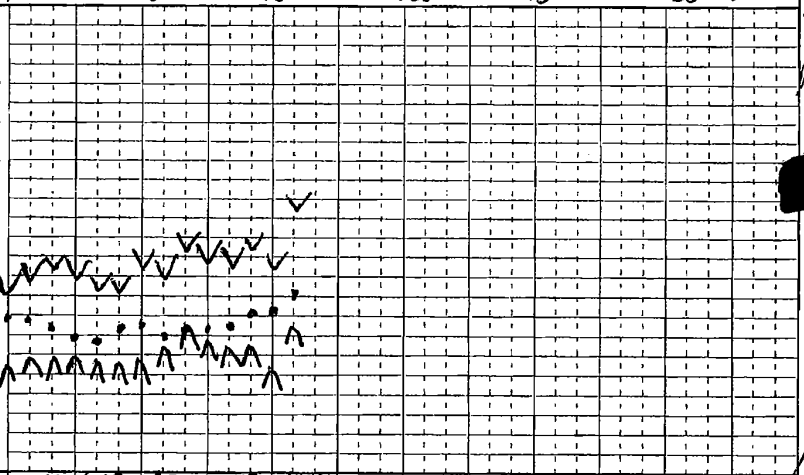
**PATIENT RECHECK**

OK for PROCEDURE?

TIME-

**TIME** → 1100 . 1130 . 1200 . 1230 . 1300 . 1330 .

SYMBOLS: BP by cuff V; Heart rate ∧; Resp rate ●; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-∅




**VENTIL**

| | | | | | | |
|---|---|---|---|---|---|---|
| VT - ml | | 780 | 680 | 670 | 380 | 480 |
| f - breaths/min | | 8 | 5 | 5 | 9 | 9 |
| Peak inf pres / PEEP | | 17 | 17 | 17 | | |
| MODE - S(pon), A(ssist), C(on) | | C | C | C S | S | S |

**MONITORS/ACCESSORIES**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | 32 | 40 | 44 | 49 | 48 | |
| BP/oth | FIO2 (Frac or %) | .66 | .67 | .67 | .83 | .88 | |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 | 100 | |
| Steth- PC/ES | ECG | SR | SR | SR | SR | SR | |
| Gas analyzer | TEMP-site | 35.6 | 36.5 | 36.4 | 35.4 | | |
| | N-M Block (T/4) | | | | | | |
| Warming blkt | | | | | | | |
| Conv warmer | | | | | | | |

*Mark with letters & symbols, explain under REMARKS* EVENTS *Position* → a

**RECOVERY AT**

PACU ICU _____ (Specify)

OTHER _____

CONDITION:

RESP- SpO2-

BP- HR-

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | | | |
| PROC | Ready | Begin | End |

PROCEDURES and CPT Codes:

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

See

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

[redacted]

(5)(6)-7

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*

Page 1

SURGEONS: [redacted] (b)(6)-2

[redacted]

PROCEDURE LOCATION: 1

DATE: 26 Nov 03

PAGE 2 OF 2

DA FORM 7389, FEB 1998 — COPY 2 - ANESTHESIA PROVIDER — USAPA V1.00

MEDCOM - 25123

# MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-66; the proponent agency is the OTSG

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fentanyl | (cc) | (3) | | 2/3 | | 2 | | | 2 | | 2 | | |
| Propofol | (mg) | 150 | | | | | | | | | | | |
| Sux | (mg) | 80 | | | | | | | | | | | |
| Ver | (mg) | | 10 | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| VOLAT AGENT Forane | % del | X1 — | 1 — | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 |
| | % e.t. | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | |
| O2 | L/Min | X6 — | 2 — | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → (A) Q (1) —— X

**FLUIDS**

| LINE site | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18ga (L) H | ☐ Warmed | A LR1000 | | | | | | | A LR1000 | | | |
| | ☐ Warmed | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | |

**LOSSES**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | | | | | | | | | | |
| URINE - | | | | | | | | | 800 | | | |

| TOTALS | TOTAL EBL |
|---|---|
| | 300 |
| | TOTAL URINE |
| | 550 |

**FLUIDS - SUMMARY**

CRYSTALLOID: 2300

COLLOID: Ø

BLOOD: Ø

**REMARKS**

Code drugs with numbers, events with letters

A I&D on ICU

Q Start/Exit room

1 Induction

X Start/Stop

Decreasing 800 mg IV Q8 prescribed

Continued on page 2

**PHYS STATUS** (1) 2 3 4 5 E

**BODY WEIGHT:** 70 (KG) LB

**HEMATOCRIT:** 36.7

**INITIAL DATA:**

BP- 115 / 67

HR- 85

**EQUIP CHECK** OK? (Y) N

**PATIENT RECHECK** OK for PROCEDURE? ✓

TIME- 0800

**TIME** → 0800 · 0830 · 0900 · 0930 · 1000 · 1030 ·

SYMBOLS: BP by cuff V; Heart rate Λ; Resp rate ●; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø

220 / 200 / 180 / 160 / 140 / 120 / 100 / 80 / 60 / 40 / 20

**VENTIL**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VT - ml | 810 | 800 | 940 | 940 | 750 | 760 | 730 | 800 | 790 | 760 | 740 | 760 |
| f - breaths/min | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| Peak inf pres / PEEP | 19 | 18 | 18 | 19 | 16 | 17 | 16 | 16 | 16 | 17 | 17 | 17 |
| MODE - S(pon), A(ssist), C(on) | S AC | | C | C | C | C | C | C | C | C | C | C |

**MONITORS/ACCESSORIES**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP/Auto Cuff — ET CO2 (torr) | 33 | 32 | 32 | 30 | 30 | 31 | 32 | 31 | 32 | 32 | 32 | 32 |
| BP/oth — FIO2 (Frac or %) | .67 | .68 | .84 | .89 | .89 | .67 | .59 | .54 | .55 | .56 | .59 | .63 |
| ART line — SpO2 (%) | 100 | 99 | 100 | 100 | 100 | 100 | 100 | 99 | 99 | 100 | 100 | 100 |
| Steth- PC/ES — ECG | SR | SR | SR | SR | SR | SR | SR | SR | SR | SR | SR | SR |
| Gas analyzer — TEMP-site | 36.6 | 36.7 | 36.4 | 36.3 | 36.2 | 36.0 | 35.9 | 35.8 | 35.7 | 35.7 | 35.6 | 35.6 |
| N-M Block (T/4) | | | | | | | | | | | | |
| Warming blkt | | | | | | | | | | | | |
| Conv warmer | | | | | | | | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position → a

[redacted]

RECOVERY AT 1215

(PACU) ICU _____ (Specify)

OTHER _____

CONDITION: P & In NAD

RESP- 14 SpO2- 96

BP- 135/75 HR- 144

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 0730 | 0805 | 1220 |
| | Ready | Begin | End |
| PROC | 0808 | 0845 | 1210 |

PROCEDURES and CPT Codes: 5756

I&D (L) LE / IM Nail / Soleus Muscle Flap

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility

[redacted]

(b)(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

DLX 1, 3 MAC gas induction BS = B, + RTC 0.5 8.0 ETT C 24 full GBA. eyes taped [redacted]

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments

SURGEONS: [redacted] (b)(6)-2

[redacted]

PROCEDURE LOCATION: 1

DATE: 26 Nov 03

PAGE 1 OF 2

DA FORM 7389, FEB 1998 GSW (L) LE NKDA COPY 2 - ANESTHESIA PROVIDER USAPA V1.00

MEDCOM - 25124

# MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-66; the proponent agency is the OTSG

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG (Units) | | | | | |
|---|---|---|---|---|---|
| phenergan (mg) | 25 | | | | |
| MSO4 (mg) | 10 | | | | |
| propofol (mg) | 200 | | | | |
| toradol mg | | 30 | | | |
| VOLAT AGENT: Iso % del / % e.t. | 2.0 | 2.0 | 2.5 | 2.0 | |
| AIR L/Min | | | | | |
| N2O L/Min | | | | | |
| O2 L/Min | 6 | 2 | 2 | 2 | |
| SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS | 1 2 | | | | |

**FLUIDS**

| LINE site | | |
|---|---|---|
| HL Bg LW | ☐ Warmed | 500 NS 1 — / #2 — |
| | ☐ Warmed | |
| | ☐ Warmed | |
| | ☐ Warmed | |

**LOSSES** — EST BLOOD LOSS / URINE -

**PHYS STATUS** 1 2 3 4 5 E

**BODY WEIGHT:** 70 KG LB

**HEMATOCRIT:** —

**INITIAL DATA:** BP- 120/76 HR- 108

**EQUIP CHECK** OK?- Y N

**PATIENT RECHECK** OK for PROCEDURE? TIME- 1755

**TIME** 18 > 30 > 19 > 30 > 20 > 30 >

SYMBOLS: BP by cuff V; Heart rate ^; Resp rate ●; BR (transduced) ╪; TOURNIQUET T—T; ANES- X-X; PROC- ⊙-⊘

220 / 200 / 180 / 160 / 140 / 120 / 100 / 80 / 60 / 40 / 20

**VENTIL**

| | | | | |
|---|---|---|---|---|
| VT - ml | 300 | 250 | 280 | 320 |
| f - breaths/min | 14 | 14 | 16 | 18 |
| Peak inf pres / PEEP | — | — | — | — |
| MODE - S(pon), A(sst), C(on) | S | S | S | S |

**MONITORS/ACCESSORIES**

| | | | | | |
|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | 46 | 50 | 50 | 44 |
| BP/oth | FIO2 (Frac or %) | 0.7 | 0.7 | 0.7 | 0.7 |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ECG | SR | SR | SR | SR |
| Gas analyzer | TEMP-site | | | | |
| | N-M Block (T/4) | | | | |
| Warming blkt | | | | | |
| Conv warmer | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS Position → 0 →

**TOTALS** — 10mg min

**TOTAL EBL** — 0

**TOTAL URINE** — N/A

**FLUIDS - SUMMARY**

CRYSTALLOID- 750 LR 5 NS

COLLOID- 0

BLOOD- 0

**REMARKS**

*Code drugs with numbers, events with letters*

No Δ in status since prior anesthetic. Plan GETA. (1) To room via litter, SOC monitors, pre O2. (2) IV indx LMA placed. 1830 ETC Gas CRNA Rely drug in SV opens mouth & MSK out to gurney

**RECOVERY AT** 1900

PACU ICU _____ (Specify)

OTHER _____

CONDITION: T-97

RESP- 16 SpO2- 97% BP- 119/69 HR- 104

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1800 | 1805 | 1905 |
| | Ready | Begin | End |
| PROC | 1810 | 1838 | 1857 |

PROCEDURES and CPT Codes: I&D Lt tibia GSW

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks* GLMA

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

39 yo Iraqi ♂

# [redacted] NKDA

Smoker (b)(6)-7

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* Eyes taped. LMA #4 in 5 diff attempts. ⊕ ETCO2, B/E B/S. Soft bite block.

SURGEONS: [redacted] (b)(6)-2

PROCEDURE LOCATION: 1

DATE: 11/21/03

PAGE 1 OF 1

[redacted] ESIA PROVIDER

DA FORM 7389, FEB 1998 — USAPA V1.00

MEDCOM - 25125

# MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-66; the proponent agency is OTSG

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML. "I" = CONSTANT INFUSION

| DRUG | (Units) | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VERSED | (mg) | 3 | 2 | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| VOLAT AGENT | % del | | | | | | | | | | | | |
| | % e.t. | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | |
| NC O2 | 4 L/Min | → | → | → | → | → | → | | | | | | |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS →

**FLUIDS**

| LINE site | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (L) A | ☐ Warmed | → | → | #2 | → | → | | | | | | |
| (R) A | ☐ Warmed | → | #2 | → | → | → | | | | | | |
| | ☐ Warmed | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | |

**LOSSES**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | | | | | | | | | | |
| URINE - | | | | | | | | | | | | |

**TOTALS**

| TOTAL EBL | TOTAL URINE |
|---|---|
| 150 cc | Ø |

**FLUIDS - SUMMARY**

CRYSTALLOID- 3000 cc

COLLOID- Ø

BLOOD- Ø

**REMARKS**

*Code drugs with numbers, events with letters*

2010 amef 1gm IV

**PHYS STATUS** 1 2 3 4 5 (E)

**BODY WEIGHT:** KG / LB

**HEMATOCRIT:**

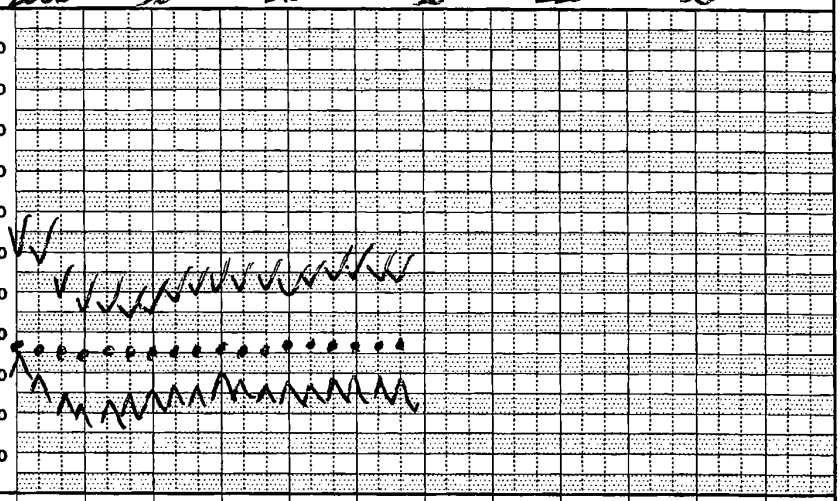
**INITIAL DATA:** BP- 138/65 HR-

**EQUIP CHECK** OK?- (Y) N

**PATIENT RECHECK** OK for PROCEDURE? TIME- 1950

**SYMBOLS:** BP by cuff V ∧ Heart rate ● Resp rate BR (transduced) ✚ TOURNIQUET T—T ANES- X-X PROC- ⊙-⊙

TIME → 2000 – 30 – 2100 – 30 – 2200 – 30 –




**VENTIL**

| | | | | | | |
|---|---|---|---|---|---|---|
| VT - ml | | | | | | |
| f - breaths/min | | | | | | |
| Peak inf pres / PEEP | | | | | | |
| MODE - S(pon), A(ssist), C(on) | S | S | S | S | S | S |

**MONITORS/ACCESSORIES**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ✓ BP/Auto Cuff | ET CO2 (torr) | | | | | | |
| BP/oth | FIO2 (Frac or %) | | | | | | |
| ART line | ✓ SpO2 (%) | 99 | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ✓ ECG | SR | SR | SR | SR | SR | SR |
| Gas analyzer | TEMP-site | | | | | | |
| | N-M Block (T/4) | | | | | | |
| Warming blkt | | | | | | | |
| Conv warmer | | | | | | | |

*Mark with letters & symbols, explain under REMARKS* EVENTS *Position* →

**RECOVERY AT:** (PACU) ICU _____ (Specify)

OTHER _____

CONDITION: STABLE

RESP- 18 SpO2- 97

BP- 117/42 HR- 102

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1945 | 2000 | 2130 |
| | Ready | Begin | End |
| PROC | 2015 | 2020 | 2100 |

PROCEDURES and CPT Codes: I+D (L) tibia GSW, ext. fixator placement of

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

IRAQI EPW

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

Spinal, 25 ga, 100mg Lidocaine L3-4, level T10

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*

betadine prep

SURGEONS: CPT [redacted] TR [redacted]

ANESTHETISTS: CPT [redacted] (b)(6)-2

PROCEDURE LOCATION: OR

DATE: 19 NOV 03

PAGE 1 OF 1

MEDCOM - 25126

NSN 7540-01-106-7294 519-301

# RADIOLOGIC CONSULTATION REQUEST/REPORT

*(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)*

| EXAMINATION(S) REQUESTED | AGE | SEX | SSN (Sponsor) | WARD/CLINIC | REGISTER NO. |
|---|---|---|---|---|---|
| AP + LAT | | M | | ICU #3 | |
| (L) tibia | FILM NO. | | | | PREGNANT ☐ YES ☐ NO |
| | REQUESTED BY [redacted] | | | | TELEPHONE/PAGE NO. |
| | SIGNATURE OF REQUESTOR (b)(6)1-2 | | | | DATE REQUESTED 26 Nov 03 |

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

S/P

| DATE OF EXAMINATION *(Month, day, year)* | DATE OF REPORT *(Month, day, year)* | DATE OF TRANSCRIPTION *(Month, day, year)* |
|---|---|---|
| | | |

RADIOLOGIC REPORT

| PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)* | LOCATION OF MEDICAL RECORDS |
|---|---|
| # (b)(6)1-4 [redacted] | LOCATION OF RADIOLOGIC FACILITY |
| | SIGNATURE |

RADIOLOGIC CONSULTATION REQUEST/REPORT
1 — MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

NSN 7540-01-165-7284

# RADIOLOGIC CONSULTATION REQUEST/REPORT - 4

*(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)*

| EXAMINATION(S) REQUESTED | AGE | SEX | SSN (Sp[redacted] (b)(6) | WARD/CLINIC | REGISTER NO. |
|---|---|---|---|---|---|
| (L) T.b/F.b | 24 | m | [redacted] | EMT | |
| | FILM NO. (b)(6)-2 | | | | PREGNANT ☐ YES ☐ NO |
| | REQUESTED BY (Print) [redacted] | | | | TELEPHONE/PAGE NO. |
| | SIGN[redacted] REQUESTOR | | | | DATE REQUESTED 15 Nov 43 |

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

| DATE OF EXAMINATION *(Month, day, year)* | DATE OF REPORT *(Month, day, year)* | DATE OF TRANSCRIPTION *(Month, day, year)* |
|---|---|---|
| | | |

RADIOLOGIC REPORT

| PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)* | LOCATION OF MEDICAL RECORDS |
|---|---|
| [redacted] (b)(6)-4 | LOCATION OF RADIOLOGIC FACILITY |
| | SIGNATURE |

MEDCOM - 25128

**MEDICAL RECORD**

**DOCTOR'S ORDERS**
*(Sign all orders)*

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 19NOV'03 | | | Admit to pt hold [redacted] | | |
| | | | Stable | | |
| 2100 | | | s/p I/D + extfix (L) tibia fx | | |
| | | | LR@100cc/° | | |
| | | | NPO ∀ meds. | | |
| | | | MSO4 1-4 mg IV q 30 min prn | | |
| | | | percocet 1-2 po q4 prn | | |
| | | | Tylenol 650mg po/PR q6° prn | | |
| | | | phenergan 25mg IV/PR q6° prn N/V | | |
| | | | Keflex 1g IV q8 - next dose @ 3AM. | | |
| | | | evac priority when available. | | |
| | | | Tetanus immunization please. | | |
| | | | | (b)(6)-2 | |
| | | | | [redacted] | |
| [redacted] | | | (b)(6)-7 | | |
| EPW | | | | | |

MEDCOM - 25129

STANDARD FORM 508 (Rev. 3–94) BACK

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| | On the evac note |
| 19NOV03 | ~40yo Iraqi male GSW (M-16) to (L) tibia |
| 2100 | (+) plantar flexion toes. appears to have plantar |
| — | and dorsal foot sensation. palpable dP/PT |
| | on presentation. XRAYS - comminuted prox 1/3 tibia |
| | Fx (no fibula fx). Med Hx unavailable (no interpreter). |
| | — To OR on 19NOV for I/D + ex fix. |
| | ~Grade IIIB Fx - will need Gastroc flap |
| | + STSG for eventual closure. wound c̄ |
| | moderate contamination. left kefzol |
| | soaked lap pad in wound (no cement |
| | available). |
| | |
| | — Admitted on kefzol. rec'd tetanus immunization. |
| | Postop course uneventful. |
| | Evac to CSH for IM nail + Gastroc flap + STSG. |
| | |
| | Evac Meds: Kefzol 1g IV q8° |
| | MSO4 1-4mg IV q30min pr[redacted] |
| | [redacted] CAT |
| | (b)(6)-2 |

| 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.

[redacted] (b)(6)-4

EPW

**CHRONOLOGICAL RECORD OF MEDICAL CARE**
Medical Record
**STANDARD FORM 600** (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

MEDCOM - 25130

**CLINICAL RECORD - DOCTOR'S ORDERS**

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

[redacted]

39 y/o ♂

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS | LIST TIME ORDER NOTED AND SIGN

20 NOV 03 0012

Admit FCW # 1 – Dr [redacted]

Dx: T.4/F.4 Fx (L) c External Fixator

condition: Stable

VITALS: per Routine

ADMIN KDA

Meds: ~~Ipu Ancef IV Q6°~~

2-4 mg MSO4 IV Q2° prn pain.

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

650 mg tylenol p.o. Q.D prn Fever.

Diet: Regular

Activity: ~~bedrest~~ ambulate

~~Plan Recordate in A.M. by Dr~~ [redacted]

CBC, chem 7 @0700, 20 NOV 03

(5)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

- Percocet II po q4° PRN pain
- Ancef 1gm IVPB q8
- Levoquin 500mg IVP q D
- Ambien 10mg po q HS prn
- Phenergan 25mg IV q6° prn nausea

= [redacted]

24° 0110 20 NOV 03

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

21 NOV 03 12:30 [redacted]

– NPO now [redacted]

21 NOV 03 1900

– Resume PRED p orders & [redacted]

– DOS Ambulate c crutch [redacted]

MEDCOM - 25131

ACLU-RDI 1744 p.1291

DOD-039520

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 21NOV03 | OpNote |
| 1900 | PreOpDx: IID open (L) TIB-A Fx |
| | PostOpDx: Same |
| | Procedure: Repaired IID (L) TIB-A Fx |
| | Surgeon: [redacted] |
| | Anesthesia: GETA |
| | Est. of |
| | fluids: 750cc |
| | Fwdg: medullary tibia Fx c̄ soft tissue defect. |
| | will need soft tissue flap. (b)(6)-2 |
| | [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACI
USAPA V1.0

MEDCOM - 25132

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

| PATIENT IDENTIFICATION | | | ↓ | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|---|---|
| [redacted] (b)(6)-4 | | | | 11/25/03 NPO pm | 1630 HOURS | [redacted] |
| | | | | | | [redacted] (b)(6)-2 11/25/03 1630 |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| ICW1 | | | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER _____ HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER _____ HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER _____ HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 25133

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION: [redacted] (b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS | LIST TIME ORDER NOTED AND SIGN

11/26/03 — 1230

- Resume preop meds, activities, & diet.
- D/C sterile D's
- Elevate @ LE
- Record output of JP drain q Shift
- AP + LAT @ TIBIA under R.
- Incentive Spirometry [redacted]

Noted 12/2/03 1415

PATIENT IDENTIFICATION: [redacted]

DATE OF ORDER | TIME OF ORDER | HOURS

- D/C Foley [redacted]

12/2/03 — 1045

- Daily dry dressing D to left leg. Apply Bacitracin ointment to graft sites & cover dressing D. [redacted]

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

Noted 12/2/03 @ 1045

PATIENT IDENTIFICATION: [redacted]

DATE OF ORDER | TIME OF ORDER | HOURS

12/2/03 — 1045

- D/C IV ABX, D/C IV
- Begin levoquin 500 mg po QD
- OOB, ambulate NWB @ LE [redacted]

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

ICW1 242 | 30 Nov 03 | 0353 [redacted]

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 — REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 25134

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 11/26/03 | OpNote |
| | PreOp Dx: Open III B (L) tibia fx |
| | PostOp Dx: SAME |
| | Procedure: IM nailing (L) TIBIA ± local soleus flap, split thickness skin graft |
| | Surgeons: [redacted] |
| | EBL: 300 |
| | Fluids: 2300 cc |
| | Findings: Mid shaft tibia fx c̄ anterior cortical bone loss a soft tissue loss. |
| | Implants: Synthes 9 x 345 mm titanium nail. |
| | PostOp Plan: Wound 5 days |
| | [redacted] |

(b)(6)-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

MEDCOM - 25135

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|---|---|
| [redacted] (b)(6)-4 | | | | 12-8-03 | 1830 HOURS | |
| | | | | - D/C to EPW Camp in Am | | |
| | | | | - F/u 1 week | | |
| | | | | [redacted] | | |
| NURSING UNIT | [redacted] | BED NO. | | | | |
| 21° [redacted] | | | | (b)(6)-2 | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | | |
| | | | | [redacted] | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

DA FORM 1 APR 70 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

[redacted] (b)(6)-4

MEDCOM - 25136

| NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 2/8/03 | D/C Note<br>This Iraqi male is post open (2) TIBIA Fx from GSW. He has had I.M. nailing & local soleus flap and split thickness skin grafting. His wounds are clean. He is to remain in a short leg cast and non weight bearing. He should follow up in 1 week for wound check. Continue oral antibiotics x 3 weeks.<br>[redacted]<br>(b)(6)-7<br>(b)(6)-4<br>[redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 25137

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 12/9/03 | Op Note<br>PreopDx: Sub Abscess / Haematoma<br>PostOpDx: same<br>Procedure: I&D (L) leg<br>Surgeon: [redacted]<br>EBL: nm (b)(6)-2<br>Fluids: 300cc<br>Findings: Sub Q haematoma / abscess between med & lateral wounds. Cultures obtained.<br>Begun wet to dry packing [redacted] |

| 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. |
|---|---|---|
| [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

MEDCOM - 25138

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION (b)(6) [redacted]

DATE OF ORDER 12-9-03 TIME OF ORDER 1450 HOURS

LIST TIME ORDER NOTED AND SIGN

- Resume preop orders meds, activities + diet.
- Daily wet to dry dressing Δ Ⓓ leg @ 1530 c̄ Dr. O present.

NURSING UNIT | ROOM NO. [redacted] | BED NO.

KW 24 [redacted] 2023 [redacted]

PATIENT IDENTIFICATION

Ø New Orders 15Dec 0200 [redacted] HOURS

12-15-03 1630

NPO now [redacted]

noted [redacted]

12-16-03 0124

Augmentin 500mg po TID [redacted]

(b)(6)-2

NURSING UNIT | ROOM NO. [redacted]

PATIENT IDENTIFICATION [redacted] TIME OF ORDER 16Dec 0200 HOURS

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 25139

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 12/15/03 | pNote |
| | Pre Dx: sub-q abscess/cellulitis |
| | Post Dx: same |
| | Procedure: I&D, DPC - V-Y advancement |
| | Surgeon [redacted] (b)(6)-2 |
| | Anesthesia: Gen |
| | EBL: 50cc |
| | Fluids: 1800cc |
| | Findings: sub-q hematoma |
| | Drains: JP |
| | Cx: 4 |
| | Specimen: Cx's obtained |

| 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. |
|---|---|---|
| [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

MEDCOM - 25140

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION [redacted]

NURSING UNIT: XCN #1 | ROOM NO.: [redacted]

DATE OF ORDER: 12/15/03 | TIME OF ORDER: ____ HOURS | LIST TIME ORDER NOTED AND SIGN

- Resume preop activities diet & meds
- D/C Levaquin
- Start Augmentin 875 mg po QD first dose tonight
- S/L Dressing A's
- Record output, TP chan QshiftH

PATIENT IDENTIFICATION: 24°V 16Dec@0130 [redacted]

~~No new orders~~ 1358 (b)(6)-2

NURSING UNIT: [redacted] | ROOM NO.: [redacted]

24°V 19Dec@0230 [redacted]

TIME OF ORDER: [redacted]

No new order [redacted] 17DEC
No new order [redacted] 18DEC03 0250
12-18-03 1500
Amikacin 975 mg IVPB qD, first dose tonight
(b)(6)-2 [redacted]

(b)(6)-7

PATIENT IDENTIFICATION: ~~No new orders 21DEC03 0335~~ ~~No new orders 22DEC03 0445~~ [redacted]

DATE OF ORDER: 23 Dec | TIME OF ORDER: 1015 HOURS

X-RAY AP/LAT (L) Tib/fib
V.O Dr [redacted]
(b)(6)-2

NURSING UNIT: KW1 24°V | ROOM NO.: 24Dec03@0235 | BED NO.:

PATIENT IDENTIFICATION: [redacted]

DATE OF ORDER: 24 Dec 03 | TIME OF ORDER: 1530 HOURS

(1) Leave (G) Lower Leg wound open to air. Leave splint in place also.
V.O Dr [redacted]
(b)(6)-2

NURSING UNIT: 16W1 24°V | ROOM NO.: 25Dec03@023[redacted] | BED NO.:

DA FORM 1 APR 79 4256 24°V REPLACES EDITION 26 DEC03 @ 0400 [redacted] WHICH MAY BE USED. /LT, AN

MEDCOM - 25141

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

| PATIENT IDENTIFICATION | | | ↓ | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|---|---|
| [redacted] (b)(6-4 | | | | 12/27/03 | 1030 HOURS | |
| | | | | D/C to EPW | [redacted] | |
| | | | | | (b)(6-2 | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER _____ HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER _____ HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER _____ HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 25142

## MEDICAL RECORD - DOCTOR'S ORDERS

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

| ORDER NUMBER | DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS | ORDER NOTED TIME & INITIALS | COMPLETED TIME & INITIALS |
|---|---|---|---|
| | POST ANESTHESIA ORDERS (circled Items) | | |
| 1 | VS q 5 min X 15 min, then q 15 min until discharge. | | |
| 2 | Supplemental oxygen. | | |
| 3 | Morphine / Meperidine 2 mg IV now and 1-2 mg q 3-5 min prn pain for a | | |
| | max dose of 15 mg. | | |
| 4 | Zofran____ mg IV prn N/V q 15 min, may repeat x ____. | | |
| 5 | Metoclopramide____ mg IV prn N/V x 1. | | |
| 6 | Droperidol 0.625 mg IV prn N/V x 1. or | | |
| 7 | Phenergan 12.5 mg 25 IV prn N/V x 1. | | |
| 8 | Benadryl 25-50mg IVP q1 hr prn, itching while in PACU. | | |
| 9 | IVF: LR @ KVO cc/hr. | | |
| 10 | Discharge from recovery status when PACU discharge criteria met. | | |
| | [redacted] CRNA | | |
| | (b)(6)-2 | | |

PATIENT IDENTIFICATION

[redacted]

(b)(6)-7

Complete the following information on page 1 only. Note any changes on subsequent pages.

Diagnosis: _____

Height: _____ Weight: _____ Diet: _____

Allergies: _____

| Nursing Unit | Room No. | Bed No. | Page No. |
|---|---|---|---|
| PACU, 28th CSH | | | 1 of 1 |

MEDCOM FORM 688-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE MC V1.00

Rewritten 2 Dec 03

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 12 Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 2 | 3 | 4 | 06 | 07 | 08 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20 | [redacted] | VS routine | D | [redacted] | | | | | | | | | | | |
| | | | N | | | | | | | | | | | | |
| 20 | [redacted] | DIET: Regular | D | | | | | | | | | | | | |
| | | | N | | | | | | | | | | | | |
| 20 | [redacted] | ACT as tolerated | D | | | | | | | | | | | | |
| | | | N | | | | | | | | | | | | |
| 20 | [redacted] | Elevate (L) leg | D | | | | | | | | | | | | |
| | | | N | | | | | | | | | | | | |
| 20 | [redacted] | Incentive spirometry | D | | | | | | | | | | | | |
| | | | N | | | | | | | | | | | | |
| 2 Dec 03 | [redacted] | Daily dry dsg Δ to left leg. Apply bacitracin | N | [redacted] | | | | | | | | | | | |
| | | ointment to graft sites | | | | | | | | | | | | | |
| | | & each dsg Δ | | | | | | | | | | | | | |
| 2 Dec 03 | [redacted] | OOB, ambulate NWB | D | [redacted] | | | | | | | | | | | |
| | | (L) LE | N | | | | | | | | | | | | |
| 4 Dec | [redacted] | N10: BRADEN SCALE Q7 | 06 | / | | X | / | | | | | | | | |
| | | DAYS | 18 | / | | DONE | / | | | | | | X | / | |
| 9 Dec | [redacted] | Daily wet to dry dsg | 06 | — | | | | | | | [redacted] | | | SEE | |
| | | Δ (L) leg @ 1530 & 0 | 18 | — | | | | | | | / | / | | BELOW | |
| | | present | | | | | | | | | | | | | |
| 09 Dec | [redacted] | Daily WTD dsg Δ @ leg | 1530 | — | | | | | | | | / | [redacted] | | |
| | | @ 1530 & Dr. O present | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO
NKDA

PRIMARY DIAGNOSIS: TIB/FIB FX (L) c IM nailing

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO: _____

PATIENT IDENTIFICATION:
[redacted] (b)(6)-7

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

(b)(6)-7

(b)(6)-7

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

MEDCOM - 25144

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo 11 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 20 | [redacted] | admit ICW#1 [redacted] stable | 20 | — | — | [redacted] |
| 20 | [redacted] | CBC, chem 7 @ 0700 20NOV03 | 11/20 | | 0715 | [redacted] |
| 21 | [redacted] | NPO o/c to surgery | 21NOV | — | — | [redacted] |
| 11/25 | [redacted] | NPO ⊼ MN | 11/26 | 0001 | not @ | [redacted] |
| 26 NOV | [redacted] | Resume preop meds, activities, diet | 26 | — | — | [redacted] |
| 26 | [redacted] | PIC dsg ΔS | 26 | — | — | [redacted] |
| 26 | [redacted] | AP/LAT ⊙ TIBIA | 26 | done in | | [redacted] |
| 26 | [redacted] | PIC foley | 26 | done in PACU | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | (b)(6)-2 | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20 | [redacted] | reinforce dsg prn | D 20 NOV | 20 NOV | 0700 | | | | | | | | | | | |
| | | | T 0700 | 0600 | 1080 | [redacted] | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 25145

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 12 Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 24 | 25 | 26 | 27 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 24 DEC 03 | [redacted] | Leave @ lower leg wound | 06 | / | [redacted] | | | | | | | | | | | |
| | | OTA. Leave splint in | 18 | | [redacted] | | | | | | | | | | | |
| | | place also | | | | | | | | | | | | | | |
| 20 NOV | [redacted] | V S: Routine | 06 | / | [redacted] | | | | | | | | | | | |
| | | | 18 | / | [redacted] | | | | | | | | | | | |
| 20 NOV | [redacted] | Diet Regular | 06 | / | [redacted] | | | | | | | | | | | |
| | | | 18 | / | [redacted] | | | | | | | | | | | |
| 20 NOV | [redacted] | ACT. As Tolerated | 06 | / | [redacted] | | | | | | | | | | | |
| | | | 18 | / | [redacted] | | | | | | | | | | | |
| 20 NOV | [redacted] | Elevate (L) Leg | 06 | / | [redacted] | | | | | | | | | | | |
| | | | 18 | / | [redacted] | | | | | | | | | | | |
| 20 NOV | [redacted] | Incentive Spiron | 06 | / | [redacted] | | | | | | | | | | | |
| | | | 18 | / | [redacted] | | | | | | | | | | | |
| 20 DEC | [redacted] | OOB, Ambulate | 06 | / | [redacted] | | | | | | | | | | | |
| | | NWB (L) LE | 18 | / | [redacted] | | | | | | | | | | | |
| 4 DEC | [redacted] | N I O: Braden scale | D/N | / | / | / | / | / | / | / | / | / | | | | |
| 4 DEC | [redacted] | Q 7 DAYS | | | | | | | | | | | | | | |
| | | (b)(6)-2 | | | | | | | | | | | | | | |

| ALLERGIES: ☐ YES ☐ NO | PRIMARY DIAGNOSIS: CTB. RIB FX C IM NAILING | ADDITIONAL PAGES IN USE: ☒ YES ☐ NO PAGE NO: 2 |
|---|---|---|

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

MEDCOM - 25146

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20 | [redacted] | VS: routine | 06 | / | [redacted] | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| 20 | [redacted] | DIET: regular | 6 | / | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| 20 | [redacted] | ACT: as tolerated | 6 | / | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| 20/26 | [redacted] | Elevate (L) leg | 6 | / | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| 26 | [redacted] | Record output of JP | 06 | | | | | | | | | | | | | |
| | | drain q shift | 18 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| | | | 06 | | | | | | | | | | | | | |
| 26 | [redacted] | incentive spirometry | 06 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | |
| | | | 06 | | | | | | | | | | | | | |

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO
NKDA

PRIMARY DIAGNOSIS:
TIB/FIB FX (L) EX FIX

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO: _____

PATIENT IDENTIFICATION:
[redacted] (b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

MEDCOM - 25147

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)* | | | | Mo 12 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| Dec | [redacted] | D/C to EPW camp in am | 9 Dec | | | |
| 9 Dec | [redacted] | F/U 1 week | 16 | | [redacted] | |
| 9 Dec | [redacted] | resume preop orders meds | 9 Dec | | | |
| | | activity + diet | | | | [redacted] |
| | | (b)(6)-2 | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 25148

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDI[illegible]NS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon Gene. | Mo. 12 Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16 Dec 03 | [redacted] | Augmentin 500mg po | 06 | [redacted] | | | | | | | | | | | | | |
| | ----- | TID | 14 | | | | | | | | | | | | | | |
| | ----- | | 22 | | | | | | | | | | | | | | |
| 18 Dec | [redacted] | Amikacin 975mg | 20 | / | / | [redacted] | | | | | | | | | | | |
| | ----- | IVPB QD first | X | | | | | | | | | | | | | | |
| | ----- | dose tonight | X | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | (b)(6)-2 | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: CTB FIB Fx c IM Nailing

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted] (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. MEDCOM-25149

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* | | | | Mo. 12 Yr. 03 |
|---|---|---|---|---|---|---|
| **Order Date** | **Clerk/ Nurse** | **SINGLE ORDER, PRE-OPERATIVES** | **Date to be Given** | **Time to be Given** | **Time Given** | **Initials** |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION | TIME/DATE DISPENSED | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20 NOV | [redacted] | MSO4 2.4mg IV 92° pm pain | D/T | | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | | |
| 20 | [redacted] | Tylenol 650mg po QID pm | D/T | | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | | |
| 20 | [redacted] | Percocet II po 94° pm pain | D/T | 2/10 1520 | | | | | | | | | | | | |
| | | | D/I | [redacted] | | | | | | | | | | | | |
| 20 | [redacted] | Ambien 10mg po qHS pm | D/T | | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | | |
| 20 | [redacted] | Phenergan 25mg IV 96° pm nausea | D/T | | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

(b)(6)-2

*U.S. GPO: 1998-454-110/95216

MEDCOM - 25150

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 12 Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2DEC03 | [redacted] | LEVOQUIN 500mg PO QD | 08 | / | [redacted] | | | | | | | | | | | | |
| | ----- | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 2Dec03 | [redacted] | Levoquin 500mg PO QD | 08 | | | | | | | | | | | | | | |
| | ----- | | | 15 | 16 | 17 | 18 | 19 | 20 | | | | | | | | |
| 15Dec | [redacted] | Augmentin 875mg | 08 | | | | | | | | | | | | | | |
| | ----- | PO QD (1st tonight) | 20 | | | | | | | | | | | | | | |
| 16Dec | [redacted] | Augmentin 500mg PO | 06 | | | | | | | | | | | | | | / |
| | ----- | TID | 14 | | | | | | | | | | | | | | / |
| | ----- | | 22 | | | | | | | | | | | | | / | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: (L) Tib/fib fx c̄ IM Nailing

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

#[redacted] (b)(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

(b)(6)-2

(b)(6)-2

DA FORM 4678, FEB 79 — EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUST — MEDCOM 25151

| Verify by Initialing | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | Mo. 12 Yr. 03 |
|---|---|---|

| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
|---|---|---|---|---|---|---|
| 02 DEC | [redacted] | DIC IV ABX, DIC IV | 02 | — | | [redacted] |
| 15 DEC | [redacted] | DIC Levoquin | 15 | — | | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

(b)(6)-2

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20 NOV | [redacted] | MSO4 2-4mg IV Q2° PRN PAIN | D/T | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | |
| 20 NOV | [redacted] | TYLENOL 650mg PO QID PRN | D/T | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | |
| 20 NOV | [redacted] | PERCOCET # PO Q4° PRN PAIN | D/T | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | |
| 20 NOV | [redacted] | AMBIEN 10mg PO QHS PRN | D/T | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | |
| 20 NOV | [redacted] | PHENERGAN 25mg IV Q6° PRN NAUSEA | D/T | | | | | | | | | | | | |
| | | ~~PHENERGAN 25mg IV Q6° PRN NAUSEA~~ (ERROR) W/D | D/I | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

*U.S. GPO: 1998-454-110/95216

MEDCOM - 25152

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 1 | 2 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20 | [redacted] | Ancef 1 gm IVPB | 6 | / | [redacted] | | | | | | | | | | | | |
| | ----- | Q8° | 14 | / | [redacted] | | | | | | | | | | | | |
| | ----- | | 22 | / | [redacted] | | | | | | | | | | | | |
| 20 | [redacted] | Levaquin 500mg | 08 | / | [redacted] | | | | | | | | | | | | |
| | ----- | IVP QD | ~~00~~ | ~~2~~ | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | | | | |
| 2Dec03 | [redacted] | Levaquin 500mg PO | 06 | | | | | | | | | | | | | | |
| | ----- | QID | 12 | | | ERROR | | | | | | | | | | | |
| | ----- | | 18 | | | | | | | | | | | | | | |
| | ----- | | ~~24~~ | | | | | | | | | | | | | | |
| | ----- | (b)(6)-2 | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |

D'cd 2Dec @110

ALLERGIES: ☐ YES ☐ NO
NKDA

PRIMARY DIAGNOSIS:
(L) TIB/FIBPX c̄ EX-FIX

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO. _____

PATIENT IDENTIFICATION:
[redacted] (b)(6)-7

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. 11 Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| 2 Dec 03 | [redacted] | D/C IV Abx, DC IV | 2 Dec 03 | Now | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20 | [redacted] | MSO4 2-4mg IV q2° prn pain | D/T | 23 Nov 1400 | 24 Nov 2015 | 26 Nov 1625 | | | | | | | | | | |
| | | | D/I | 4mg | 4mg | 4mg | [redacted] | | | | | | | | | |
| 20 | [redacted] | Tylenol 650mg po q4D prn | D/T | | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | | |
| 20 | [redacted] | Percocet 1tp° q4° prn pain | D/T | 22 Nov 1500 | 23 Nov 0800 | 24 Nov 1200 | 25 Nov 2000 | 26 Nov [illegible] | | | | | | | | |
| | | | D/I | 1T | 2 | 2 | 1tab | 1T | [redacted] | | | | | | | |
| 20 | [redacted] | Ambien 10mg po QHS prn | D/T | 24 Nov | [redacted] | | | | | | | | | | | |
| | | | D/I | 10mg po | | | | | | | | | | | | |
| 20 | [redacted] | Phenergan 25mg IV q6° prn nausea | D/T | 26 Nov 1755 | | | | | | | | | | | | |
| | | | D/I | 25mg | [redacted] | | | | | | | | | | | |

*U.S. GPO: 1998-454-110/95216

MEDCOM - 25154

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 11 Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | ~~19~~ | ~~20~~ | 21 | 22 | 23 | 24 | ~~25~~ | 26 | 27 | 28 | 29 | 30 | 1 | 2 |
| 20 | [redacted] | Ancef 1 gm IVPB | 6 | / | [redacted] | | | | | | | | | | | | |
| | ----- | Q8° | 14 | / | | | | | | | | | | | | | |
| | ----- | | 22 | / | | | | | | | | | | | | | |
| 20 | [redacted] | Levaquin 500mg | 08 | | | | | | | | | | | | | | |
| | ----- | IVP QD | ~~04~~ | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | | | | |
| 2Dec03 | [redacted] | Levaquin 500mg PO | 06 | | | | | | | | | | | | | | |
| | ----- | QID | 12 | | | ERROR | | | | | | | | | | | |
| | ----- | | 18 | | | | | | | | | | | | | | |
| | ----- | (b)(6)-2 | 24 | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |

Dcd 2 Dec @ 1100

ALLERGIES: ☐ YES ☐ NO
NKDA

PRIMARY DIAGNOSIS:
(L) TIB/FIBPX c̄ EX-FIX

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO. _____

PATIENT IDENTIFICATION:
[redacted] (b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 25155

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. 11 Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| 2 Dec 03 | [redacted] | D/C IV Abx, DC IV | 2 Dec 03 | Now | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20 | [redacted] | MSO4 2-4mg IV Q2° prn pain | D/T | 23 NOV 1400 | 23 NOV 2205 | 26 NOV 1025 | | | | | | | | | | |
| | | | D/I | 4mg | 4mg | 4mg | [redacted] | | | | | | | | | |
| 20 | [redacted] | Tylenol 650mg po QID prn | D/T | | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | | |
| 20 | [redacted] | Percocet 1tp.o Q4° prn pain | D/T | 22 NOV 1500 | 23 NOV 0800 | 24 NOV 1200 | 24 NOV 2000 | 26 NOV 1510 | | | | | | | | |
| | | | D/I | 1T | 2 | 2 | 2tab | 1T | [redacted] | | | | | | | |
| 20 | [redacted] | Ambien 10mg po QHS prn | D/T | 24 NOV 2215 | | | | | | | | | | | | |
| | | | D/I | 10mg po | [redacted] | | | | | | | | | | | |
| 20 | [redacted] | Phenergan 25mg IV Q6° prn nausea | D/T | 26 NOV 1755 | | | | | | | | | | | | |
| | | | D/I | 25mg | [redacted] | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

*U.S. GPO: 1998-454-110/95216

MEDCOM - 25156

Green Sheet Green Sheet Green Sheet

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 12 Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 15 16 17 18 19 20 21 22 23 24 25 26 27 28 |
|---|---|---|---|---|
| 20Nov | [redacted] | VS: Routine | D | [redacted] |
| | | | | |
| 20Nov | [redacted] | Diet: Regular | D | [redacted] |
| | | | N | |
| 20Nov | [redacted] | Act. as tolerated | D | [redacted] |
| | | | N | |
| 20Nov | [redacted] | Elevate (L) leg | D | [redacted] |
| | | | N | |
| 20Nov | [redacted] | Incentive Spirometer | D | [redacted] |
| | | | N | |
| 2Dec | [redacted] | Daily dry dsg Δ | D | [redacted] |
| | | to (L) leg. Apply | | |
| | | bacitracin ointment | | D/C'D |
| | | to graph sites c | | |
| | | each dsg Δ | | |
| 2Dec | [redacted] | DCB, ambulate | D | [redacted] |
| | | NWB (L) LE | N | [redacted] |
| 4Dec | [redacted] | NIO: Braden Scale | D | |
| | | Q7 Days | N | |
| 9Dec | [redacted] | Daily WTD dsg Δ | 1500 | |
| | | (L) leg @ 1530 c | | D/C'D |
| | | Dr [redacted] present | | |
| 12Dec | [redacted] | Record JP output | 6 | [redacted] D/C'd |
| | | Q shift | 18 | |
| 15Dec | [redacted] | Record JP output | D | [redacted] D/C'd |
| | | Q shift | N | |

(b)(6)-2

(b)(6)-2

| ALLERGIES: ☐ YES ☐ NO | PRIMARY DIAGNOSIS: (L) 4/6 F.6 Fx + IM Nailing | ADDITIONAL PAGES IN USE: ☒ YES ☐ NO PAGE NO. 1 |
|---|---|---|

PATIENT IDENTIFICATION:

EPW # [redacted]
ICW # (b)(6)-4

Rear Hten: 15DEC03

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

DA FORM 4679 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. ____ Yr. ____ |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| 8DEC | [redacted] | ~~Dx~~ Xc to EPW camp | | | | |
| 15DEC | [redacted] | NPO now for Sx | 15DEC | 1130 | 1130 | [redacted] |
| 15 DEC | [redacted] | Dic dsg Δs | 15 | — | — | [redacted] |
| 15 | [redacted] | Resume pre op activities, diet, meds | 15 | — | — | [redacted] |
| 23DEC | [redacted] | X-Ray APLAT (L) Tib/fib | 23DEC | Tidy | 1130 | [redacted] |
| 24DEC | [redacted] | Leave (L) Lower Leg wound operation | 24DEC | | 1500 | [redacted] |
| | | | | | | |
| | | | | | | |
| | | (b)(6)-2 | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

*U.S. GPO: 1998-454-110/95216

MEDCOM - 25158

## OUTPUT

| URINE | | | | | | NASOGASTRIC | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| CHEST | | | | | | EMESIS | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

(b)(6)-2

| STOOLS | | | | |
|---|---|---|---|---|
| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL |
| | | | | |
| | | | | 28 Nov |
| | | | | |
| | | | | |

| OTHER OUTPUT [redacted] | | | |
|---|---|---|---|
| TIME | AMOUNT | TYPE | ACCUM TOTAL |
| 0600 1800 | 20cc | Sero-Sang | 20cc |
| 1800-0600 | 10cc | Sero-Sanguinous | 30cc |
| GRAND TOTAL OUTPUT | | | |

REMARKS

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)*

# [redacted] (b)(6)-4

**INTAKE EQUIVALENTS** *(Serving levels cc)*

| | | | |
|---|---|---|---|
| MEDICINE GLASS (1 oz) | 30 | HALF PINT MILK | 240 |
| | 120 | LARGE SOUP BOWL | 240 |
| SMALL FRUIT CUP | 160 | LARGE WATER GLASS | 240 |
| COFFEE MUG | 180 | PLASTIC OR PAPER JUICE CONTAINER | 180 |

DD FORM 792, JAN 74

MEDCOM - 25159

## OUTPUT

| URINE | | | | | | NASOGASTRIC | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| CHEST | | | | | | (27 nov Ø3) ~~EMESIS~~ JP drain | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | | | | 1800 | 40cc | bloody | 40cc |
| | | | | | | 0600 | 12 cc | Sero-~~sanguinous~~ | 52cc |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| STOOLS | | | | | (26 NOV Ø3) OTHER ~~OUTPUT~~ JP | | | |
|---|---|---|---|---|---|---|---|---|
| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | | | (26) 1810 | 40cc | Sero-Sang | 40 |
| | | | | | (27) 0500 | 105 | | (105) |
| | | | | | | | | |
| | | | | | GRAND TOTAL OUTPUT | | | |

26 NOV 24 TOTAL

REMARKS

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)*

# [redacted] (b)(6)-4

**INTAKE EQUIVALENTS** *(Serving levels cc)*

| | | | |
|---|---|---|---|
| MEDICINE GLASS *(1 oz)* | 30 | HALF PINT MILK | 240 |
| SMALL FRUIT CUP | 120 | LARGE SOUP BOWL | 240 |
| COFFEE CUP | 180 | LARGE WATER GLASS | 240 |
| LARGE COFFEE MUG | 180 | PLASTIC OR PAPER JUICE CONTAINER | 180 |

**DD FORM 792, JAN 74** EDITION OF 1 SEP 54 IS OBSOLETE. REPLACES DA FORM 3630(TEMP) 1 JUL 72 WHICH MAY BE USED. USAPPC V1.00

MEDCOM - 25160

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: _____ Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block

Time In: 1900

Allergies: NKA OR Intake: Crystalloid _____ Colloid _____

Pre-op V/S: 105/60 105 OR Output: UOP _____ EBL mean

Procedures: _____ Meds/Times: _____

IAD (L) tibia ORSW

750 NS
3470
ASA 2
25 Phen
10 MSO4
10 Toradol

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds _____ History _____

| Time | 1800 | 1845 | 1900 | 1915 | 2015 |
|---|---|---|---|---|---|
| SaO2 | 98 | 95 | 99 | 98 | 98 |
| FiO2 | RA | 2L | 2L | 2L | 2L |
| Methods | | NC | NC | NC | NC |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| 120 | V | V | V | V | V |
| 100 | • | • | • | • | • |
| 80 | A | A | A | A | A |
| 60 | | | | | |
| 40 | | | | | |
| 20 | | | | | |
| RR | 16 | 15 | 14 | 14 | 14 |
| T | 99 | | | | |

| Time | |
|---|---|
| Pain (0-10) | |
| LOS | |

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 1 | 1 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | / | / | / |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 9 | 9 | 9 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done: Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

PREPARED BY (Signature & Title): SGT [redacted] (b)(6)-4 RN/C 20

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 21 NOV 03

PATIENT'S IDENTIFI[redacted] typed or written entries give: Name – last, first, middle; grade; date; hospital or medical facility)

[redacted] (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete

USAPPC V2.00

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time 1900 | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | DLE | Limited | + | P | B | W | WNL |
| 15' | DLE | Limited | + | P | R | W | WNL |
| 30' | DLE | Limited | + | P | R | W | WNL |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | DLE | Limited | + | P | R | W | WNL |

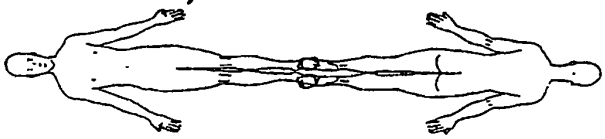
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm 1900 | D Leg Lower | Gauze Ace | Ø |
| 30' 1930 | D leg Lower | Gauze Ace | Ø |
| 60' | | | |
| D/C 2015 | D Leg Lower | Gauze Ace | Ø |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1900 | NSR | Ø | Ø |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

Admitted from OR via gurney
Alert - arousable & stimuli uss
IV cg NS to Ⓛ hand is patent x-
fix to Ⓓ LE wrapped Ace and
gauze ø drainage ø c/o pain
epresent. Pervla 3m - HR - NSR
SS - Lungs CTA - Resp even reg.
BS ⊕ x4 quads. Pedal pulses - Ⓡ
+2 Ⓛ cms intact cap refill > 3secs
Radial +2, color WNL skin
warm dry. - Sa[redacted]
(b)(6)-2

Discharge Criteria:
Date: 21 Nov 02 Time: PARS:
BP: 105/51 T: 98.1 HR: 73 RR: 7 Sa02: 99
Pain Level at D/C (0-10): Ø
Intake: Ø Output:
Additional Data: Ø
Transferred To: ICW #1
Report Given To:
Transferred Via: W/C Litter Ambulance
Transferred By: [redacted]
Cleared IAW Recovery [redacted]
Charge Nurse Signature [redacted]
(b)(6)-2

MEDCOM - 25162

## 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: **Post-Anesthesia Care Unit (PACU) Flow Sheet**

OTSG APPROVED (Date)

Date: 26 Nov 03
Time In: 1215
Allergies: NKDA
Pre-op V/S: 115/67 85
Procedures: M Nail ulna, skin graft + HD

Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 2300 Colloid
OR Output: UOP 550 EBL 300
Meds/Times: 150 Fentanyl, 150 mcg, Levoquin

**Drains**: Hemovac, NG, JP, T-tube, Foley, TLS

**Airway**: Nasal, Oral, ETT, Trach, Other

Pre Op Meds / History

| Time | 1215 | 1220 | 1225 | 1230 | 1240 | 1250 | 1315 |
|---|---|---|---|---|---|---|---|
| SaO2 | 95 | 96 | 95 | 99 | 94 | 99 | 98 |
| FiO2 | RA | RA | RA | RA | RA | RA | RA |
| Methods | | | | | | | |
| 240 | | | | | | | |
| 220 | | | | | | | |
| 200 | | | | | | | |
| 180 | | | | | | | |
| 160 | | | | | | | |
| 140 | ✓ | | | | | | |
| 120 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 100 | | | | | | | |
| 80 | ^ | ^ | ^ | ^ | ^ | ^ | ^ |
| 60 | | | | | | | |
| 40 | | | | | | | |
| 20 | | | | | | | |
| RR | 16 | 15 | 15 | 10 | 18 | 20 | 19 |
| T | 96 | | | | | | |

| Time | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Pain (0-10) | | | | | | | | | |
| LOS | | | | | | | | | |

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1215 | LR | 700 | D ARM | DL | 2300 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 1 | 1 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 9 | 9 | 9 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done; Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

(b)(6)-2

PREPARED BY (Signature): [redacted] RN

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 26 Nov 03

[redacted] (For typed or written entries give: Name – last, first, middle; grade; date; hospital or medical facility)

# [redacted] (b)(6)-4

☐ HISTORY/PHYSICAL
☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION
☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete

USAPPC V2.00

MEDCOM - 25163

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| 1240 | | MSO4 3mg | | | | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | (L) leg | WDM | + | + | B-S | W | Pk |
| 15' | | | | | | | |
| 30' | | | | | | | |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

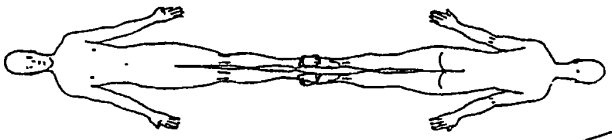
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | (L) leg | splint & Kerlix | — |
| 30' | | | min-mod |
| 60' | | | |
| D/C | | | |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1215 | ST | — | — |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

Pt to recovery room from OR s/p IM nailing, I&D & skin graft to (L) leg. Bulky dressing & splint & SP drain to lower extremity. Kerlix to upper portion of (L) leg. IV of LR infusing into (R) wrist. + s/s. of edema OR dwelling. Foley cath D/C'D. VSS. Will continue to monitor. [redacted] 1240 - Pt c/o pain. Medicated c 3mg MSO4. X-ray also done. [redacted]

(b)(6)-2

**Discharge Criteria:**
**Date:** 26 Nov **Time:** 1320 **PARS:** 9
**BP:** 119/75 **T:** 96.7 **HR:** 107 **RR:** 26 **Sa02:** 97
**Pain Level at D/C (0-10):**
**Intake:** 300 **Output:** 0
**Additional Data:**
**Transferred To:** ICW #1
**Report Given To:** [redacted]
**Transferred Via:** [redacted] Ambulance
**Transferred By:** [redacted]
**Cleared IAW Rec** [redacted]
**Charge Nurse Signature:** [redacted]

(b)(6)-2

130/60 98 15

MEDCOM - 25164

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 09 DEC 03
Time In: 1450
Allergies: NKDA
Pre-op V/S: 105/53 85 98.2 92% RA
Procedures: I&D (L) Leg

Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 400cc LR Colloid Ø
OR Output: UOP Ø EBL 1MIN
Meds/Times: Reglan Zantac 250cc Fentanyl

| Drains |
|---|
| Hemovac |
| NG |
| JP |
| T-tube |
| Foley |
| TLS |

| Airway |
|---|
| Nasal |
| Oral |
| ETT |
| Trach |
| Other |

Pre Op Meds

History 40 yo.

| Time | 1450 | 1455 | 1500 | 1505 | 1510 |
|---|---|---|---|---|---|
| SaO2 | 97 | 96 | 97 | 96 | 98 |
| FiO2 | RA | RA | RA | RA | RA |
| Methods | RA | RA | RA | RA | RA |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| 120 | | | | | |
| 100 | | | | | |
| 80 | | | | | |
| 60 | | | | | |
| 40 | | | | | |
| 20 | | | | | |
| RR | 20 | 11 | 10 | 11 | 9 |
| T | 98.7 | | | | |
| Time | | | | | |
| Pain (0-10) | | | | | |
| LOS | | | | | |

### Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1520 | Ø LR | 200cc | (R) hand | IV | — |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

### Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 1 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 8 | 10 | 10 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done; Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

(b)(6)-2

PREPARED BY (Signature & Title): [redacted] 1Lt, 9th MC

DEPARTMENT/SERVICE/CLINIC: ICU 3

DATE: 09 DEC 03

PATIENT'S IDENTIFICATION (For typed or written entries give: first, middle; grade; date; hospital or medical facility) Name – last,

40 yo

[redacted] (b)(6)-4

☐ HISTORY/PHYSICAL
☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION
☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | (D)LE | (+) | (+) | BP | <3sec | W | Pk |
| 15' | (D)LE | (+) | (+) | P | B | W | Pk |
| 30' | (D)LE | (+) | (+) | P | B | W | Pk |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | (D)LE | (+) | (+) | P | B | W | Pk |

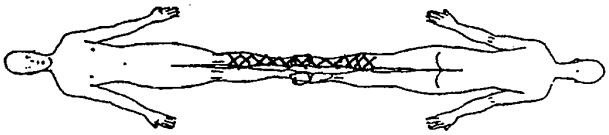
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | (D)LE | Splint | CDI |
| 30' | (D)LE | Splint | CDI |
| 60' | | | |
| D/C | (D)LE | Splint | CDI |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1500 | NSR | NO | NO |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

1505 pt recieved from OR @ 1450 VSS pt IQD (D)LE no problems @ present will continue to monitor — [redacted] PFC S/WMC (b)(6)-2

Discharge Criteria:
Date: 09 Dec 03 Time: 0525 PARS: 10
BP: 102/60 T: 96.7 HR: 77 RR: 11 Sa02: 99 on RA
Pain Level at D/C (0-10):
Intake: 200cc Output: Ø
Additional Data: NONE
Transferred To: ICW 1
Report Given To:
Transferred Via: W/C Litter Gurney Ambulance
Transferred By: PFC SGT [redacted] (b)(6)-7
Cleared IAW Recovery Room [redacted]
Charge Nurse Signature: [redacted]

MEDCOM - 25166

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 15 Dec 03
Time In: 1700
Allergies: NKDA
Pre-op V/S: 120/70 82
Procedures: I&D Q Leg

Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 1800 Colloid Ø
OR Output: UOP Ø EBL 100
Meds/Times: 800 Fentanyl 3 mg 50

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds

History ASA 2

| Time | 1900 | 1905 | 1910 | 1915 | 1930 |
|---|---|---|---|---|---|
| SaO2 | 98 | 98 | 99 | 100 | 96 |
| FIO2 | RA | RA | RA | RA | RA |
| Methods | RA | RA | RA | RA | RA |

240, 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20

| | | | | | |
|---|---|---|---|---|---|
| RR | 20 | 11 | 10 | 17 | 24 |
| T | 96.6 | | | | |

| Time | | | | | |
|---|---|---|---|---|---|
| Pain (0-10) | | | | | |
| LOS | | | | | |

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1700 | LR | TKO | Q Forearm | IV | TKO |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 9 | 10 | 10 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
* = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done: Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

PREPARED BY (Signature & Title) (b)(6)-2 [redacted] 91WM6

DEPARTMENT/SERVICE/CLINIC: ICUS

DATE: 15 DEC 03

PATIENT'S IDENTIFICATION (For typed or written entries give: first, middle; grade; date; hospital or medical facility) Name —last,

[redacted] (b)(6)-4 EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete

USAPPC V2.00

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | (L)LE | + | + | P | B | W | PK |
| 15' | (L)LE | + | + | P | B | W | PK |
| 30' | (L)LE | + | + | P | B | W | PK |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | (L)LE | + | + | P | B | W | PK |

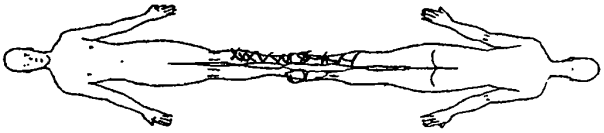
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | (L)LE | Ace wrap Splint Keeler | CDI, J-P drain |
| 30' | (L)LE | Ace wrap Splint Keeler | CDI, J-P drain |
| 60' | | | |
| D/C | (L)LE | Ace wrap Splint Keeler | CDI, J-P drain |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1705 | NSR | No | No |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

pt recieved From OR @ 1700 pt VSS pt able to wiggle toe of (L)LE warm ⊕ pulses will continue to monitor for any Δ's - [redacted] PFC SIWK (b)(6)-2

**Discharge Criteria:**
**Date:** 15 DEC 03 **Time:** 1735 **PARS:** 10
**BP:** 105/60 **T:** **HR:** 70 **RR:** 18 **SaO2:** 99% RA
**Pain Level at D/C (0-10):**
**Intake:** 50cc **Output:** Ø
**Additional Data:** None
**Transferred To:** ICW2
**Report Given To:** PFC [redacted] (b)(6)-2
**Transferred Via:** W/C Litter ~~Gurney~~ Ambulance
**Transferred By:** PFC [redacted]
**Cleared IAW Recovery Room SOP B-3**
**Charge Nurse Signature:**

MEDCOM - 25168

# ROVISIONAL AUTHORITY FORCES APPREHENSION FORM

LDS MUST BE FILLED IN, IF APPLICABL UPON APPREHENSION

Offense agains s) [check one] If "Other" then describe

- on (I.P.C 34
- m of Form ion (I.P.C
- t/Sexu cts (I.P.C 98, 402)
- sault With Intent To Kill (I.P.C. 410)
- Burglary ousebreaking (I.P.C. 428)
- Extortion unicating Threats (I.P.C. 430)
- Theft (I.P
- Destructio roperty (I.P.C. 477)
- Obstructi ublic Highway/Place (I.P.C. 487)
- Dischargi earm/ Explosive in City/Town/Village (I.P.C. 495)
- Riot or Br of Peace (I.P.C. 495(3))
- [x] Other

Coalition Forces [check one] If "Other" then describe: RAN TCP

- Curfew
- Illegal Possession
- Assault/A k o s
- Theft o
- Trespass on Military Installation or Facility
- Photographing/Surveilling Military Installation o
- Obstructing Performance of Military Mission
- Other

(b)(2)-2

| | | | |
|---|---|---|---|
| Apprehend [redacted] | | Location Grid 502752 | |
| Date of Inc 19 11 03 | Time of Incident: 18 30 hrs to 1835 hrs | Date of Report: (D/M/Y) 19 11 03 | Time 20 |

(b)(6)-4

| | | | |
|---|---|---|---|
| Detainee # ~~ALPHA~~ | | Key Connecti Person: [ ] Victim [ ] W | |
| Last Name | | Last Name. | |
| First Name [redacted] | Given Name | First Name: | Given Name: |
| Color: | ttoos/Deformities: | Hair Color: | Scars/Tattoos/Deformities: |
| Brown | 150 lb Height: 66 in | Eye Color: | Weight: lb Height: |
| | | Address. | |
| | | Place of Birth | |
| Phone#: | | Ethn/Tribe/ Sect | Phone#: |
| DOB D/M/Y: | [ ] Mobile [ ] Regular | [ ] M [ ] F | DOB D/M/Y: [ ] Mo [ ] Re |
| [ ] Dr license | [ ] Other (specify) | [ ] Passport | [ ] Dr. license [ ] Other (s |
| Document #: | | Document #: | |

Total Number of Per ived 1 (list names/identifying info on reverse under "Additional Help

| | | |
|---|---|---|
| [ ] Vehicle Number | Vehicle Number ____ of ____ Vehicle(s) | Owner: |
| Make: Tra | r: BLUE | VIN: |
| Model: Mer | Fuel Tank | Plate No.: |
| Year: | es of People in Vehicle: | Number of People in Veh |
| Contraband | e: None | |

| | | | |
|---|---|---|---|
| [ ] Proper | [ ] Weapon | Photo Taken of Suspe ith Weapon/Contraband: Yes/ No | |
| pe: | Model: | | Color/Caliber: |
| No.: | ntity: | Make: | Receipt Provided to Owner: Yes/ N |
| ls: | | Where Found: | Owner: |

n Inte Email, Phone, or Contact Info:

(b)(6)-2

| | |
|---|---|
| [redacted] MI SGT/E-5 | Supervising Offi s Name (Pri Last, First MI |
| | Signature: |
| Date: 19 / 11 / 03 | Email: Unit Phone: Date: |

MEDCOM - 25169

ON PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

TRIED to DRIVE vehicle Through COALITION
Control Point

Who witnes... g detained or the reason for detention? Give names, contact number

(b)(6)-2 [redacted]

(b)(6)-2 [redacted]

APO AE [redacted]

person ... car, bus, on foot)? semi tractor trailer (fuel tanke

NO one

...s this person carrying? none

What contra... on carrying? none

What other ... ed?

...ormatio... get from the person?

Suspect tried to drive Through COAL
...ck point, 2 soldiers FIRED WARNING shots
...s of ...ck, one into grill. soldier (SPC [redacted]
into ...'s side door, striking suspect in Left
...top until DRIVER (suspect) was scre

(b)(6)-2

MEDCOM - 25170

**SWORN STATEMENT**

*For use of this form, see AR 190-45; the proponent agency is ODCSOPS*

**PRIVACY ACT STATEMENT**

*...C Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).*
*...commanders and law enforcement officials with means by which information may be accur...*
*...al security number is used as an additional/alternate means of identification to facilitate filing...*
*... Disclosure of your social security number is voluntary.*

| | | | |
|---|---|---|---|
| FOB ... ES | 2. DATE (YYYYMMDD) 20031119 | 3. TIME 2030 | 4. FILE... |
| 5. LAST NAME, FIRST NA... ...DDLE NAME [redacted] | 6. SS... [redacted] | 7. ... | |
| 8. ORGANIZATION OR A... (b)(6)-2 [redacted] (b)(6)-2 APO AE 09... | | | |

9.

I, SGT [redacted] (b)(2)-2, WANT TO MAKE THE FOLLOWING STATEMENT UN...

On ..., At Approximately 1830, while conducting A... presence pa... route clearance of Route Bronze, the Killer... patrol ... A Hasty Traffic Control Point at vicinity Gra... After searching Approximately five cars with no ... blue Fuel Semi Truck Approached from the sou... flagged the truck over and signaled for the ..., which it did not. Advancing uphill through our TC... The truck ...ued. I fired a warning shot with ... 9mm pisto... The truck's cab, and PFC [redacted] (b)(6)-2 ... warning ... into the truck's radiator grill. The truck ... up the ... seemingly gaining speed. I instructed Sp... to the ... west) of the vehicle to fire low into the Dr... side doo... fired 3 rounds, and the truck finally came ... We ...ed the single occupant from the vehicle and ... issued first aid. We were then instructed to ... suspect/casualty to FOB Rifles / Al Asad, which we di... contraband or weapons were found in the vehicle.

NOTHING FOLLOWS

| | | |
|---|---|---|
| ...HIBIT | 11. INITIALS OF PERSON MAKING STATEMENT [redacted] (b)(6)-2 | PAGE ... |

ADDITIONAL PAGES MUS... ...IN THE HEADING "STATEMENT ..... TAKEN AT ..... DATED ...

THE BOTTOM OF EACH ... ...AL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEME... MUST BE BE INDICATED

DA FORM 2823, DE... DA FORM 2823, JUL 72, IS OBSOLETE

MEDCOM - 25171

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM

STATEMENT OF [redacted] TAKEN AT FOB RIFLES DATED

(b)(6)-2

9. STATEMENT (Continued)

[redacted]

(b)(6)-2

[redacted]

[redacted]

[redacted]

OF PERSON MAKING STATEMENT

[redacted]

PAGE 2 OF 3

2823, DEC 1948

MEDCOM - 25172

STATEMENT OF [redacted] TAKEN AT FOB [illegible] FLES DATED 19 NO

STATEMENT (Contin...

(b)(6)-2

AFFIDAVIT

[redacted], HAVE READ OR HAVE HAD READ TO ME THIS ST
BEGINS ON PAGE 1 AND ENDS ON PAGE 1. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIR
BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTO
CONTAINING THE STATEM... I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR
THREAT OF PUNISHMEN... WITHOUT COERCION, UNLAWFUL INFLUENC[redacted]

[redacted]

WITNESSES:

(b)(6)-2

Subscribed and sworn to before me, a person [redacted]
administer oaths, this 19 day of NOV
at [redacted]

ZATION OR AD...

[redacted] istering Oath)

[redacted] ering Oath)

(Authority To Administer Oaths)

EMENT

PAGE 2 OF 2

..., DEC 1998

MEDCOM - 25173

**SWORN STATEMENT**

*For use of this form, see AR 190-45; the proponent agency is ODCSOPS*

**PRIVACY ACT STATEMENT**

*USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).*
*Commanders and law enforcement officials with means by which information may be accur*
*security number is used as an additional/alternate means of identification to facilitate filing*
*sure of your social security number is voluntary.*

| 1. ORG/UNIT 013 Rifles | 2. DATE (YYYYMMDD) 19 Nov 03 | 3. TIME 2006 | 4. FILE NUM |
|---|---|---|---|
| 5. LAST NAME, FIRST NA[redacted]DDLE NAME [redacted] (b)(6)-2 | 6. SSN [redacted] | 7. | |
| 8. ORGANIZATION OR AD[redacted] | | | |

9.

I, SPC [redacted], WANT TO MAKE THE FOLLOWING STATEMENT:

While on [redacted]sence patrol From FOB Miller to FOB Rifles [redacted] stopped and [redacted] AT Grid 50[redacted]75[redacted] During that [redacted]e fuel [redacted]k failed to stop and SGT [redacted] (b)(6)-2 fired a wa[redacted] The Truck continued PFC [redacted] also fired a warn[redacted] At that time SGT [redacted] (b)(6)-2 told me to fire l[redacted] I fired, I put three shots into the l[redacted]ers side door, After I fired the truck th[redacted]p. The man was screaming and we rem[redacted] the truck, [redacted]ad a wound on his left calve and s[redacted] did first-a[redacted]e were then instructed to Bring [redacted] Iraqi to F[redacted]fles. When we arrived, we dropped [redacted] of at the [redacted] Aid-Station at FOB Rifles.

Nothing Follows

Nothing Follows

| | 11. INITIALS OF PERSON MAKING STATEMENT [redacted] (b)(6)-2 | PAGE [redacted] |
|---|---|---|

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT OR MUST BE BE INDICATED.

DA FORM 2823, DEC [redacted] DA FORM 2823, JUL 72, IS OBSOLETE

MEDCOM - 25174

[redacted] TAKEN AT FOB Rifles DATED 19

9. STATEMENT (Continued) (b)(6)-2

[redacted]

(b)(6)-2

[redacted]

(b)(6)-2

AFFIDAVIT

[redacted], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT [redacted] PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT [redacted] IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE [redacted]. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT [redacted] WITHOUT COERCION, UNLAWFUL INFLUENCE, OR [redacted]

[redacted] Signature of Person Making Statement

Subscribed and sworn to before me, a person [redacted] administer oaths, this 19 day of [redacted]

(b)(6)-2 at [redacted]

ORGANIZATION OR ADDRESS [redacted] (Signature of Person Administering Oath)

[redacted] (Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS (Authority To Administer Oaths)

[redacted] OF PERSON MAKING STATEMENT [redacted] PAGE 2 OF 2

[redacted] 2823, DEC 1998

MEDCOM - 25175

# Admission a. Coding Information

For use of this form, see AR 40-400; the proponent agency is OTSG

| 1. Reporting MTF | 2. MTF Lo. | | | |
|---|---|---|---|---|
| [redacted] | IZ | | | |
| 3. Register Number | Name (Last, First, MI) | | 4. Pay Grade | 5. Sex |
| [redacted] | [redacted] | | FGN | M |
| 6. DoB (YYYYMMDD) | 7. Age at Admission | 8. Race | 9. Ethnicity | Religion |
| 1958-06-01 (b)(6)-4 | 45Y | X | 9 | |
| 10. Length of Service | ETS | 11. FMP | 12. Social Security Number | |
| | | 99 | [redacted] | |
| Organization (Active Duty Only) | | 13. Marital Status | Hour of Admission | Branch / Corps. |
| | | | 23:45 | ARMY |
| 14. Flying Status | 15. Beneficiary Category | | 16. Zip Code of Residence: | |
| NO | K78-PRISONER OF WAR/INTERNEES | | | |
| 17. Unit Location | 18. MOS | | 19. Trauma | Prev. Admission |
| | | | BC | NO |
| 20. Source of Admission | Ward: | | Name / Relationship of Emergency Addressee | |
| Direct from ER | ICW1 | | Address of Emergency Addressee | |
| (b)(2)-2 Name and Location of Medical Treatment Facility: [redacted] No Install Provided | | | Telephone Number of Emergency Addressee | |
| 21. Type of Disposition | 22. MTF Transferred To | | 23. Date of Disposition (YYYYMMDD) | |
| TRF-OTH | | | 2003-12-27 | |
| 24. Clinic Svc - Admitting | 25. MTF Transferred From | | 26. Date this Admission (YYYYMMDD) | |
| AEA - ORTHOPEDICS | | | 2003-11-19 | |
| 27. Location of Occurrence | 28. MTF of Initial Admission | | 29. Date of Initial Admission | |
| IZ | | | 2003-11-19 | |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: L TIB FIB FX

Procedure Narrative(s):

Cause of Injury Narrative:

Admitting Officer (Signature, as required) [redacted] (b)(6)-2

Signature of Admitting Clerk for [redacted]

Automated Facsimile - DA FORM 2985, MAR 2000

MEDCOM - 25176

For use of this form, see AR 40-400, the proponent agency is OTSG

| 1. Register Nbr | 2. Name | | | | | 3. Grade | Admission Remarks |
|---|---|---|---|---|---|---|---|
| [redacted] | [redacted] | | | | | FGN | |
| 4. Sex | 5. Age | 6. Race | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm | |
| M | 30Y | (b)(6)X-4 | | | | NO | |
| 11. FMP | 12. SSN | 13. Organization | | | | 14. Ward | |
| 99 | [redacted] | | | | | ICW1 | |
| 15. FlyStatus | 17. Dept / Ben | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case | | | |
| | K78-PRISONER OF WAR/INTER | | | DIS | | | |

| | | | |
|---|---|---|---|
| 21. Source of Admission<br>Direct from ER | 22. Hour Of Adm:<br>15:55 | 23. Clinic Service<br>AEA - ORTHOPEDICS | |
| 24. Name/Relation of Emergency Addressee | 25. Type Disp<br>TRF-OTH | 26. Date of Disp<br>2003-11-25 | (b)(6)-2 |
| 27a. Address of Emergency Addressee | 27b. Telephone No | 28. Date This Adm:<br>2003-11-21 | AdmittingOfficer:<br>[redacted] |
| (b)(2)-2 29. ReportingMTF<br>[redacted] | | 30. Date Init Adm<br>2003-11-21 | 32. Units Blood Components |

31. Selected Administrative Data

Marital Status: Z DoB: 1973-06-01

In/Out Patient: Inpatient MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

GSW R FOOT RENAL FAILURE

Dx: 8920
Dx: 7760

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 | 5 | 5 |

| Signature of Attending Medical Officer | Signature of [redacted] |
|---|---|
| [redacted] (b)(6)-2 | [redacted] |

Automated Facsimile - DA FORM 3647, May 79

MEDCOM - 25177

| MEDICAL RECORD | ABBREVIATED MEDICAL RECORD |
|---|---|

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION *(Enter date of admission)*

2/7/10 Dry: 8 shot in foot by Iraqi police
15 days ago. No complaints of pain
Self-healed at home by patient

Pulse: P
Resp: P
Mood: P
Alert, oriented
Safety: Issued boots

PHYSICAL EXAMINATION

HEENT: WNL
Chest: Clear
Card: S.R.
Back: Healing abrasions / lacerations - staples or bandaid
Foot: 2x3 cm plantar wound - granulation tissue
2+DP/PT

RR: Shrapnel
1st 2nd 4th space
3rd not visible
no drainage

12.5 / 8.8 / 88.3 / 474
130 / 103 / 74 / 116
4.6 / 20 / 21

PROGRESS *(Enter date of discharge and final diagnosis)*

(A) GSW (R) foot, renal failure
(P) Admit overnight

(b)(6)-2

| SIG[redacted] | DATE 4/21/03 | IDENTIFICATION NO. | ORGANIZATION |
|---|---|---|---|

PATIENT'S IDENTIFICATION *(For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)*

| REGISTER NO. | WARD NO. |
|---|---|
| | |

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1975
USAPPC V1.00

MEDCOM - 25178

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 1/2/03 | Operable |
| | PreOpDx: GSW (R) foot |
| | PostOpDx: same |
| | Procedure: I&D (R) foot |
| | Surgeon: [redacted] |
| | Anesthesia: [redacted] |
| | Fluids: 500cc |
| | Findings: open comminuted wound plantar aspect of foot |
| | (b)(6)-2 [redacted] |
| 1/24/03 | PreOpDx: GSW (R) foot |
| | PostOpDx: same |
| | Procedure: Repeat I&D, irrig (R) leg |
| | Surgeon [redacted] (b)(6)-2 |
| | Fluids: 400cc |
| | EBL: minimal |
| | Findings: clean wound |
| | [redacted] |

| 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. 6/19)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)
USAPA V

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES |
|---|---|
| 21 Nov 03 2000 | Pt received from ICU 3 via Litter. Pt A&O VSS, Denies pain @ this time. (R) Foot Drsg c̄ Ace Wrap. CDI. Pt c̄ multiple open wounds, superficial to Back. Wounds OTA, Scabbed over. Pt has 18 G to (L) FA. 150cc/h of NS. No s/sx of infection Noted. Lung Sounds clear to Ascultation B/lat. HRRR, S1 S2 present. (+) BS x4 quads. Will cont to monitor. (b)(6)-2 [redacted] Spc 911/M6 |
| 22 Nov 03 | (1530D) Assumed care @ 0600. Pt alert, speaking Arabic. VSS. ¢ c/o pain. IVFs infusing into IV in (R) forearm s̄ s/sx infection/infiltration. Splint/dsg on RLE CDI. Pt OOB to amb c̄ crutches. Tol well. Wounds on back cleaned c̄ ~~Silvadene~~ Betadine and NS. Loose scabs cut off. Burn pad placed behind back. Tol reg diet well. Voiding s̄ difficulty. Pt OOB to chair for 2°. 3 point restraints in place. s̄ s/sx complications. Dsgs applied to wrists d/t old lacerations on wrists. Will cont to monitor. [redacted] (b)(6)-2 |
| 22 Nov 03 | |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | | | | |

| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)*

REGISTER NO. | WARD NO.

[redacted] (b)(6)-4

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 25180

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 22 NOV 03 1900 | VSS. (L) FA IV patent & intact infusing NS @ 152 (R) LE c̄ ~~cast~~ splint/ace wrap in place. Pt move toes freely to (R) foot. (R) dorsalis pedis pulse palpable +2. Capillary ~~refill~~ refill will ~~be~~ brisk. Consumed 70% of regular diet for dinner. Voiding clear yellow urine. Ø c/o pain @ this time. 2+ ~~[illegible]~~ restraints in place without ~~[illegible]~~ compromising circulation or skin integri [redacted] |
| 23 NOV Ø3 | (1510) Assumed care @ Ø1ØØØ. Pt alert, speaking Arabic. VSS. Ø c/o pain. Pt OOB to amb c̄ crutches. Splint/Ace wrap to RLE CDI. Pt able to move toes. Wounds on back open to air. min. amount of drainage on burn pad. Pt MRSA (+) Placed in own room. MD notified. Precautions started. IVFs infusing into (L) forearm c̄ SIS c̄ infection/infiltration. 3-point restraints in place c̄ SIS complications. Will cont. to monitor. [redacted] |
| 23 Nov 03 2100 | Assumed care of Pt @ 1800. Pt Alert & Oriented Speaking small amount of english. VSS. Denies pain @ this time. LR infusing @ 150 cc/hr via [redacted] 18g to (L) FA. Wounds on back OTA. Wound to (R) Foot Dressed c̄ kerlix roll. small "Dime size" showing on bottom of foot. Pt MRSA (+) and precautions in place. Will [redacted] continue To monitor. [redacted] |

(REV. 5/1999) BAC
USAPA V1.

MEDCOM - 25181

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 24NOV03@1400 | Assumed care of pt. @ 0900. VSS. A&O. Med. management - any. drainage to (R) foot dressing, no order for DRSNG Δ. Scabbed over wounds to back. Pt. ambulates c crutches to BR this AM. Pt. on MRSA precautions. Pt. NPO. O/C to OR. Will cont. to monitor. — [redacted] RN, AN |
| 24Nov03 | Pt return From OR @ 1930 hours. LS CTA (B), HRRR (+) BS x4 quads. VSS. Pt consumed 80% of Dinner. Cast to (R) Foot e Ankle. Toes Warm e Dry to palpation. Able to move toes. Cap refill ≤ 3 Sec. NS @ 150cch via 18g to (L) [redacted]. [redacted] Pt Denies Pain @ this time. Will [redacted] to Monitor. [redacted] 91WM |
| 2100 | Pt DC to Camp tomorro[redacted] prescriptions in Med Folder — [redacted] 91WM |
| 25Nov'03 | Assumed care 0600 pt awake + oriented x3, VSS, pt has no c/o pain at this time. II initiated left forearm, IV initiated (R) forearm patent and intact. (R) foot (+) circulation, good cap-refill. NS @ 150cc. Pt awaiting DC to EPW camp. Restraints x2 in place. (+) skin breakdown, will monitor — [redacted] |

| 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.

# [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

MEDCOM - 25182

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 11/25/03 | Discharge Note<br>Traq. of = GSW to eight foot, open 3rd MT fx a 1st from injury > 2 weeks old. wound clean & healing well. Full contact cast applied. Weight bearing as tolerated. Follow 2 weeks for cast change. Continue oral antibiotics, levaquin 500mg po QD for four weeks. |
| | [redacted] |
| | (b)(6)-2 |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | LAST | FIRST | MI | |
| DEPARTMENT/SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT | | |

| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO. |
|---|---|---|
| # [redacted] (b)(6)-4 | | |

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 25183

NSN 7540-01-075-3786

| MEDICAL RECORD | EMERGENCY CARE AND TREATMENT *(Patient)* | LOG NUMBER | TREATMENT FACILITY EMT |
|---|---|---|---|
| | | RECORDS MAINTAINED AT | |

**PATIENT'S HOME ADDRESS OR DUTY STATION**

STREET ADDRESS

CITY | STATE | ZIP CODE

**ARRIVAL**

DATE *(Day, Month, Year)* 20 Nov 03 | TIME 1627

TRANSPORTATION TO FACILITY HMMWV

SEX: M

DUTY LOCAL PHONE: AREA CODE | NUMBER

HOME PHONE: AREA CODE | NUMBER

AGE: 21

MILITARY STATUS

| ITEM | YES | NO | N/A |
|---|---|---|---|
| PRP | | | |
| FLYING STATUS | | | |

MEDICAL HISTORY OBTAINED FROM

THIRD PARTY INSURANCE

| ITEM | YES | NO |
|---|---|---|
| ADDITIONAL INSURANCE | | |
| DD 2568 IN CHART | | |

NAME OF INSURANCE COMPANY

CURRENT MEDICATIONS: None

ALLERGIES: NKDA

**INJURY OR OCCUPATIONAL ILLNESS**

| ITEM | YES | NO | WHEN *(Date)* |
|---|---|---|---|
| IS THIS AN INJURY? | | | WHERE |
| INJURY/SAFETY FORMS | | | |
| HOW | | | |

**EMERGENCY ROOM VISIT**

DATE LAST VISIT | 24 HOUR RETURN ☐ YES ☐ NO

**TETANUS**

DATE LAST SHOT | COMPLETED INITIAL SERIES ☐ YES ☐ NO

CHIEF COMPLAINT: Foot

**CATEGORY OF TREATMENT**

☐ EMERGENT

☐ URGENT

☑ NON-URGENT

TIME: 1627

INITIALS

**VITAL SIGNS**

| | | | | | |
|---|---|---|---|---|---|
| TIME 1627 | | | | | |
| BP 112/50 | | | | | |
| PULSE 116 | | | | | |
| RESP 16 | | | | | |
| TEMP 99.4 | | | | | |
| WT | | | | | |

**LAB ORDERS**

| | | | |
|---|---|---|---|
| ✓ CBC/DIFF | ABG | PT/PTT | BHCG/URINE/BLOOD/QUANT |
| URINE C&S | UA MSCC/CATH | | ✓ CHEM: Not 8 |
| BLOOD C&S X | | | |

**X-RAY ORDERS**

| | |
|---|---|
| CXR PA & LAT/PORTABLE | C-SPINE |
| ACUTE ABDOMEN | LS SPINE |
| SINUS | HEAD CT |
| ANKLE R/L | |

**ORDERS**

☐ PULSE OX ☐ MONITOR ☐ ECG

| TIME | ORDERS | BY | COMPLETED BY | TIME | PATIENT'S RESPONSE |
|---|---|---|---|---|---|
| 1640 | TD IM | | [redacted] | | (b)(6)-2 |
| 1641 | 3G Unasyn | | | | |

DISPOSITION: ☐ HOME ☐ FULL DUTY

DISPOSITION QUARTERS /OFF DUTY: ☐ 24 HRS. ☐ 48 HRS. ☐ 78 HRS.

MODIFIED DUTY UNTIL

RETURN TO DUTY

PATIENT/DISCHARGE INSTRUCTIONS

CONDITION UPON RELEASE: ☐ IMPROVED ☐ UNCHANGED ☐ DETERIORATED

ADMIT TO UNIT/SERVICE

TIME OF RELEASE

REFERRED ▶ TO | WHEN

I have received and understand these instructions.

PATIENT'S SIGNATURE

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other); hospital or medical facility)*

(b)(6)-2

[redacted]

(b)(6)-4

**EMERGENCY CARE AND TREATMENT** *(Patient)*
Medical Record

**STANDARD FORM 558** (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 25184

NSN 7540-01-075-3786

| MEDICAL RECORD | EMERGENCY CARE AND TREATMENT *(Doctor)* | TIME SEEN BY PROVIDER |
|---|---|---|

TEST RESULTS

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| WBC 12 | SMAC | 130 | 103 | 14 / 116 | ABG/PULSE OX | | RADIOLOGY — Check if read by radiologist ☐ |
| H/H 8.8/28 | | | | | SUP O2 / PH / PO2 | | RESULTS |
| PLT 476 | | 4.6 | 20 | 2.1 | PCO2 / SAT / OTHER | | |
| | | | | | U/A: DIP | | EKG INTERPRETATION |
| TT | BHCG | ETOH | GLU | | U/A: MICRO | | |

OVIDER HISTORY/PHYSICAL

: 21yo EPW c̄ wounds on face/back/(R) foot x 3 + weeks old.

PMHx ⊖

: A&O, NAD

· Back - multiple large scabbed plaques on back

Face (+) depigmented patches on face

(R) foot - (+) swelling c̄ lg. defect plantar aspect; (+) foul smell.

All NKA

Med. ⊖

X-ray (R) foot
(+) 3rd mc fx
(+) 1st mc fx
(+) gas soft tissue (from recent trauma)
(+) shrapnel

: Unasyn 3.0 gm IV
Tetanus
Surg/ortho consult.
Aerobic/anaerobic cx sent.

(b)(6)-2

| CONSULT WITH | TIME | ACTION |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

RESIDENT [redacted] STUDENT SIGNATURE AND STAMP

[redacted]

AND STAMP
MAJ, MC
FM/Spec Int
28th

DIAGNOSIS
(1) chronic open foot fx c̄ infection (R)
(2) Back - healing wounds/? infection

CODES

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other); hospital or medical facility)*

(3) CHRONIC
(4) ↑ react... dehydration likely.

[redacted] 1

(b)(6)-4

EMERGENCY CARE AND TREATMENT *(Doctor)*
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 25185

| MEDICAL RECORD | **PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT**<br>For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General. |
|---|---|
| 1. AGE: 21<br>HEIGHT:<br>WEIGHT: | 2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): NKDA<br>3. PREVIOUS SURGERY [ ] NO [ ] YES (type): unknown |

4. PROPOSED SURGICAL PROCEDURE:
(R) Foot I&D

5. ADDITIONAL INFORMATION: Last PO: ? Medical Hx: ∅ Implants: ∅ Medications: none
Jewelry removed: yes/no Family waiting: yes/no

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| A. PSYCHOSOCIAL<br>X Potential for anxiety related to traumatic injury; language barrier; family separation; surgical environment | o Pt. verbalizes any specific anxiety.<br>o Pt. exhibits relaxed body posture. | o Allow pt. to verbalize freely.<br>o Explain OR environment and answer questions regarding surgery.<br>o Offer comfort measures, (e.g., warm blanket, touch)<br>o Explain all nursing procedures before they are done.<br>o Remain with pt. whenever possible.<br>o Maintain family interface. |
| B. AERATION<br>X Potential for respiratory dysfunction due to sedation; positioning; injury | o PT. will be able to breathe without difficulty during immediate intra-operative phase. | o Offer to elevate head of litter or offer pillow.<br>o Observe pt. while awaiting surgery for signs of distress<br>o Assist anesthesia during intubation and extubation |
| C. INTEGUMENT<br>X Potential impairment of skin integuity due to bovie pad; position; fluid shift | o PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas. | o Utilize pressure preventing devices on OR table and accessories.<br>o Check for proper positioning and support to maintain good body alignment.<br>o Pad pressure points.<br>o Place ESU ground pad on non compromised skin surface area.<br>o 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] (b)(6)-4

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| D. CIRCULATION<br>X Potential for inadequate tissue perfusion due to anesthesia; traumatic injury; position; shock; previous surgery | o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse). | o Check for support stockings or ace wraps. If none, check with doctors.<br>o Check that safety straps are correctly applied.<br>o Offer pillow for under knees.<br>o Place and take down legs from stirrups with slow bilateral motion.<br>o Check that rings have been removed. |
| E. NEUROMUSCULAR CONTROL<br>E.1. X Potential impairment of mobility due to sedation; pain; injury<br>E.2. X Potential discomfort due to injury; pain | o Pt. will be transferred to OR table without difficulty.<br>o Pt. will not experience unnecessary physical discomfort. | o Have sufficient people available for transfer.<br>o Insure proper body alignment.<br>o Allow patient to lie in position of comfort while waiting for surgery.<br>o Offer support (i.e., pillows, bathtowels, etc.) for positioning. |
| F. NEUROMUSCULAR CONTROL<br>F.1. X Disminished visual perception due to being injury; sedation;<br>F.2. X Potential for decreased communictaion due to language barrier; sedation<br>F.3. Potential injury due to dentures. | o Pt. will be made aware of surroundings prior to anesthesia induction.<br>o Pt. will be transferred safely to OR table.<br>o Pt. will be able to understand instructions.<br>o Minimize danger of injury during intraop period. | o Introduce self. Keep pt. informed as to where he/she is and what is happening.<br>o Inform pt. in which direction to move and assist if necessary.<br>o Speak clearly and slowly.<br>o Address pt. from _____ side.<br>o Validate pt.'s understanding of verbal communications.<br>o Verify removal of dentures. |
| G. OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs. | OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes. | OTHER NURSING INTERVENTIONS. Or continuation of above interventions. |

10. OR NURSING INTERVENTIONS COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

[redacted] 21 NOV 03 DATE

11. POSTOPERATIVE EVALUATION:

All goals met

(b)(6)-2

| 12. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title) [redacted] | 13. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title) [redacted] |
|---|---|
| DATE: 21 NOV 03 TIME: 1905 | DATE: 21 NOV 03 TIME: 1956 |

| VIA Litter | BY [redacted] | VERIFIED BY [redacted] |
|---|---|---|
| 3. DATE 21 Dec 03 | TIME PATIENT ARRIVED IN SUITE 1912 | 4. PATIENT IN ROOM TIME 1912 NUMBER 2 |

**5. PREOPERATIVE EMOTIONAL STATUS**

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

**6. NURSING PERSONNEL**

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] (b)(6)-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | SPC [redacted] | RELIEF CIRCULATOR | |

**7. POSITION AND POSITIONAL AIDS** *(Specify)* Pt in Dorsal Lithotomy w/ Pneumoboots (90°)

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS:

**8. SKIN PREPARATION**

HAIR REMOVAL ☐ YES ☒ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

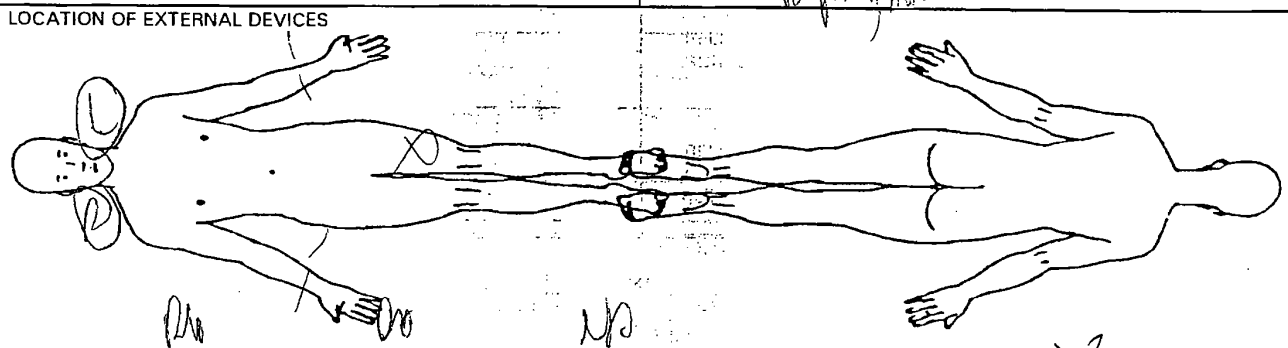
PREP SOLUTION *(Specify)* [redacted]

SITE: (R) Foot & lower leg BY WHOM: [redacted]

SITE: BY WHOM:

COMMENTS: No foley noted

**9. LOCATION OF EXTERNAL DEVICES**




LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

**10. COUNTS** C = Correct I = Incorrect

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☒ Yes | ☐ No | | 2 | 2 | [redacted] | [redacted] |
| Needle Sharp | ☒ Yes | ☐ No | | 2 | 2 | [redacted] | [redacted] |
| Instrument | ☐ Yes | ☒ No | | | | [redacted] | [redacted] |
| Other | ☐ Yes | ☒ No | | | | | |

(b)(6)-2

**11. PATIENT IDENTIFICATION** *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

[redacted] (b)(6)-4

**12. ELECTROSURGERY DEVICE(S) (ESU)** ☐ YES ☒ NO

☒ ESU NO: RBB 107398

GROUND PAD: BRAND

LOT NO: 69441

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

MEDCOM - 25188

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): Q 8 hrs

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☐ NO ☒ IF YES, SITE

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. | 2. | 3. |
| SITE | 1. | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*

Fluffs, Kelly, webril, splints, webril, ace

19. ADDITIONAL INFORMATION

Fusion [redacted]

Dr [redacted] CMD

(b)(6)-2

20. OPERATION(S) PERFORMED

I&D (D) foot

21. PATIENT TRANSFERRED TO [redacted] TIME 1950 METHOD Litter

22. REGISTERED NURSE SIGNATURE [redacted]

*REVERSE OF DA FORM 5179-1, OCT 87* USAPA V1.00

MEDCOM - 25189

| MEDICAL RECORD | INTRAOPERATIVE DOCUMENT<br>For use of this form, see AR 40-4[illegible] [illegible]one[illegible] [illegible]cy is the office of The Surgeon General. |
|---|---|

1. PATIENT TRANSPORTED TO OPE[illegible]G ROOM
VIA stretcher BY anesthesia

2. PATIENT [illegible]IFIED, RECORD REVIEWED AND PROCEDURE
VERIFIED BY [redacted] CPT/AN

3. DATE 24 Nov 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM
TIME 1720 NUMBER

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☒ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | PFC [redacted] (b)(6)-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | CPT [redacted] | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS *(Specify)*

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: Proper body alignment maintained

8. SKIN PREPARATION

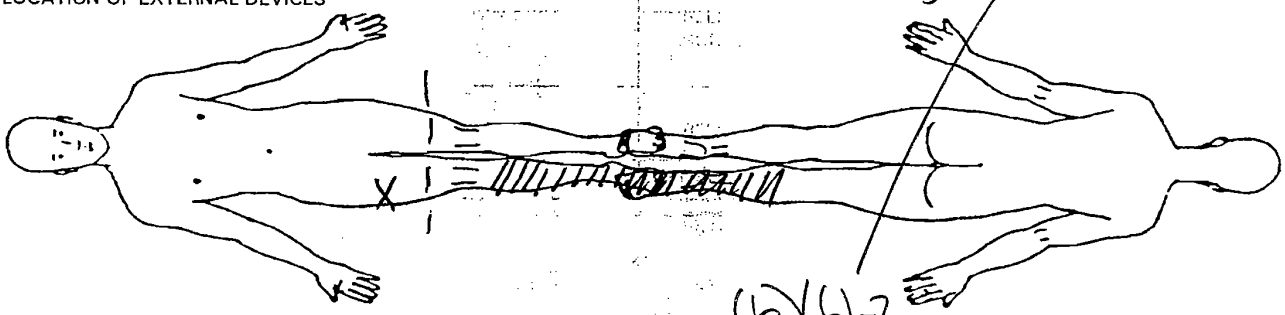
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine scrub/sol'n
SITE: Rt lower leg BY WHOM [redacted]
SITE: BY WHOM [redacted]

COMMENTS: No pooling of fluids

9. LOCATION OF EXTERNAL DEVICES




(b)(6)-2

LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

C = Correct I = Incorrect INITIAL C [redacted]

10. COUNTS

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☐ Yes | ☐ No | / | / | C | [redacted] | [redacted] |
| Needle Sharp | ☐ Yes | ☐ No | | | | | |
| Instrument | ☐ Yes | ☒ No | | | | | |
| Other | ☐ Yes | ☒ No | | | | | |

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

# [redacted]

(b)(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☐ YES ☒ NO

☐ ESU NO: Force 40 R8E10530S 50/50
GROUND PAD: BRAND
LOT NO: 69441

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

MEDCOM - 25190

13. PROSTHESIS, IMPLANTS ☐ YE ☒ IF YES NAME: ID NUMBER; .. .N RER

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% NS

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| None | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATU[redacted]

15. X-RAY IN OPERATING ROOM YES ☐ NO ☒ IF YES, SITE

16. LABORATORY SPECIMENS

| | | | |
|---|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | | NAME |
| NAME | NAME | | NAME |
| NAME | NAME | | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

| TYPE/SIZE | 1. | 2. | 3. |
|---|---|---|---|
| SITE | 1. | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*

Fluffs Kerlix
Webril Fiberglass cast

19. ADDITIONAL INFORMATION

Surg: [redacted] Anesth: [redacted]NA Type: General

(b)(6)-2

20. OPERATION(S) PERFORMED

1. I & D RT Leg Wound (foot) w/ fiberglass cast

21. PATIENT TRANSFERRED TO PACU (ICW1) TIME 1815 METHOD stretcher

22. [redacted]NATURE CPT/AN

REVERSE OF [redacted] OCT 87 USAPA V1.00

MEDCOM - 25191

511-119 NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HOSPITAL DAY | | | | | | | | | | | | | | | | | | |
| POST- DAY | | | | | | | | | | | | | | | | | | |
| MONTH-YEAR NOVEMBER | DAY | 21 | | 22 | | 23/24 | | 24 | | 25 | | | | | | | | |
| 19 2003 | HOUR | 2 | | 8 | 1 | 8 | 1 | 1 | | 0720 | | | | | | | | |
| PULSE (0) | TEMP. F (°) | 2 | | 8 | 9 | 8 | 9 | 9 | | | | | | | | | | TEMP. C |
| | | 1 | | | 8 | | 8 | 8 | | | | | | | | | | |
| | 105° | 5 | | | 0 | | 0 | 0 | | | | | | | | | | 40.6° |
| 180 | 104° | | | | | | | | | | | | | | | | | 40.0° |
| 170 | 103° | | | | | | | | | | | | | | | | | 39.4° |
| 160 | 102° | | | | | | | | | | | | | | | | | 38.9° |
| 150 | 101° | | | | | | | | | | | | | | | | | 38.3° |
| 140 | 100° | | | | | | | | | | | | | | | | | 37.8° |
| 130 | 99° | | | | | | | | | | | | | | | | | 37.2° |
| | 98.6° | | | | | | | | | | | | | | | | | 37.0° |
| 120 | 98° | | | | | | | | | | | | | | | | | 36.7° |
| 110 | 97° | | | | | | | | | | | | | | | | | 36.1° |
| 100 | 96° | | | | | | | | | | | | | | | | | 35.6° |
| 90 | 95° | | | | | | | | | | | | | | | | | 35.0° |
| 80 | | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | |
| RESPIRATION RECORD | | 14 | | 18 | 16 | 18 | 16 | 18 | | 114/62 | | | | | | | | |
| Record special data only when so ordered: BLOOD PRESSURE ① | | 152/62 | | | 138/84 | 127/68 | | 127/68 | | V 94 | | | | | | | | |
| ② | | | | | | 124/66 | | | | 98 | | | | | | | | |
| ① TEMP | | 98.1 F | | | 99.3 | 97.9 | | 98.0 | | 98.9% | | | | | | | | |
| HEIGHT: WEIGHT ② TEMP | | | | | | | | | | | | | | | | | | |
| ① O2Sat | | 99% | | | 98% | 97% (RA) | | 97% | | | | | | | | | | |
| SOURCE | | RA | | | RA | | | RA | | | | | | | | | | |
| ② O2Sat | | | | | | 98% | | 98% | | | | | | | | | | |
| SOURCE | | | | | | RA | | RA | | | | | | | | | | |

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)* REGISTER NO. WARD NO.

# [redacted] (b)(6)-4

**VITAL SIGNS RECORDS**

Medical Record

**STANDARD FORM 511** (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 25192

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR NOVEMBER 19 2003 — DAY: 21, 22, 23/24, 24, 25

HOUR: 2, 8, 12, 8, 12, 4, 8, 12, 4, 0720

PULSE (O) / TEMP. F (°) / TEMP. C (Centigrade Equivalents, for Reference only)

| TEMP. F | TEMP. C |
|---|---|
| 105° | 40.6° |
| 104° | 40.0° |
| 103° | 39.4° |
| 102° | 38.9° |
| 101° | 38.3° |
| 100° | 37.8° |
| 99° | 37.2° |
| 98.6° | 37.0° |
| 98° | 36.7° |
| 97° | 36.1° |
| 96° | 35.6° |
| 95° | 35.0° |

| PULSE (O) |
|---|
| 180 |
| 170 |
| 160 |
| 150 |
| 140 |
| 130 |
| 120 |
| 110 |
| 100 |
| 90 |
| 80 |
| 70 |
| 60 |
| 50 |
| 40 |

RESPIRATION RECORD: 14, 18, 16, 18, 16, 18, 119/62

Record special data only when so ordered

| | 21 | 22 | 23/24 | 24 | 25 |
|---|---|---|---|---|---|
| BLOOD PRESSURE ① | 157/82 | 138/84 | 127/68 | 127/66 | 144 |
| BLOOD PRESSURE ② | | | 124/66 | | 98.1 |
| ① TEMP | 98.1 F | 99.3 | 97.9 | 98.0 | 102 90/80 |
| HEIGHT: / WEIGHT ② TEMP | | | | | |
| ① $O_2$ Sat | 99% | 98% | 97% (RA) | 97% RA | |
| SOURCE | RA | RA | | | |
| ② $O_2$ Sat | | | 98% RA | 98% RA | |
| SOURCE | | | | | |

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)*

REGISTER NO.

WARD NO.

[redacted] (b)(6)-4

**VITAL SIGNS RECORDS**

Medical Record

**STANDARD FORM 511** (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

(b)(6)-2

| Ward/Section: EMT | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST: [redacted] | DATE: 21 NOV | TIME: 1627 | SSN/PSEUDO SSN: [redacted] |

(b)(6)-7

(b)(6)-4

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | N/A |
| App | | N/A |
| Glu | | Negative |
| Bili | | Negative |
| Ket | | Negative |
| SG | | N/A |
| Bld | | Negative |
| pH | | N/A |
| Prot | | Negative |
| Urob | | 0.2-1.0 |
| Nit | | Negative |
| Leuk | | Negative |
| HCG | | Negative |

**Misc. Serology**

------ PICCOLO ------
21/11/03 16:55
REFERENCE RANGE: MALE
PATIENT #: [redacted]
METLYTE 8
DISC LOT #: 3152AA4
OPER #: 777 DR #: 000
SERIAL #: 0000100494

| | | | |
|---|---|---|---|
| GLU | 116 | 73-118 | MG/DL |
| BUN | 14 | 7-22 | MG/DL |
| CRE | 2.1* | 0.6-1.2 | MG/DL |
| CK | 96 | 39-380 | U/L |
| NA+ | 130 | 128-145 | MMOL/L |
| K+ | 4.6 | 3.3-4.7 | MMOL/L |
| CL- | 103 | 98-108 | MMOL/L |
| tCO2 | 20 | 18-33 | MMOL/L |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

| | | |
|---|---|---|
| Spun Hematocrit | | 42-52% (M) 37-47% (F) |
| Sed Rate | | |
| Other | | |

**CSF**

| | | |
|---|---|---|
| Cell Count | | |
| Directigen | | Negative |

**Coagulation Studies**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| PT | | 9.8-13.6 secs |
| APTT | | 21-34 secs |
| D dimer | | <20 ug/ml |
| FDP | | <10 ug/ml |

**Blood Bank Un**
**(MUST SUBMIT SF 518 WIT**
**REQUE**

| UNIT | TYP |
|---|---|
| | |

**REMARKS:**

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

| Ward/Section: | REQUESTING PHYSICIAN: | **CHEMISTRY RESULT FORM** (Subject to the Privacy Act of 1974) |
|---|---|---|

| LAST, FIRST, MI. | DATE | TIME | SSN/PSEUDO SSN: |
|---|---|---|---|

**(i-STAT)**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Na | | 138-146 mmol/L |
| K | | 3.5-4.9 mmol/L |
| Cl | | 98-109 mmol/L |
| pH | | 7.31-7.45 |
| PCO2 | | 35-45 mmHg (art)<br>41-51 mmHg (ven) |
| PO2 | | 80-105 mmHg (art)<br>N/A (ven) |
| TCO2 | | 23-27 mmol/L (art)<br>24-29 mmol/L (ven) |
| HCO3 | | 22-26 mmol/L (art)<br>23-28 mmol/L (ven) |
| sO2 | | 95-98% |
| BEecf | | (-2) – (+3) mmol/L |
| AnGap | | 10-20 mmol/L |
| Ca | | 1.12-1.32 mmol/L |
| BUN | | 8-26 mg/dl |
| GLU | | 70-105 mg/dl |
| Creat | | 0.7-1.5 mg/dl |
| Hct | | 38-51% PCV |
| Hgb | | 12-17 g/dl |

**Misc. Chemistry**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Troponin-I | | |
| Drug of Abuse | | |
| | | |
| | | |
| | | |

**(Piccolo) Chemistry 12**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.5-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| BUN | | 7-22 mg/dl |
| $CA^{++}$ | | 8.0-10.3mg/dl |
| CHOL | | 100-200 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| GLU | | 73-118 mg/dl |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Metlyte 8**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| CK | | 39-380 u/l (M)<br>30-190 u/l (F) |
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**(Piccolo) Metabolic Panel**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| $CA^{++}$ | | 8.0-10.3 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**(Piccolo) Liver Panel Plus**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.3-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| GGT | | 5-65 u/l |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Electrolyte**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**REMARKS:**

| **REPORTED BY:** | **DATE:** | **LAB ID NO.:** |
|---|---|---|

| Ward/Section: ICU 1 | REQUESTING PHYSICIAN: | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. | DATE 22 Nov | TIME 0520 | SSN/PSEUDO SSN: [redacted] |

**(i-STAT)**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Na | | 138-146 mmol/L |
| K | | 3.5-4.9 mmol/L |
| Cl | | 98-109 mmol/L |
| pH | | 7.31-7.45 |
| PCO2 | | 35-45 mmHg (art)<br>41-51 mmHg (ven) |
| PO2 | | 80-105 mmHg (art)<br>N/A (ven) |
| TCO2 | | 23-27 mmol/L (art)<br>24-29 mmol/L (ven) |
| HCO3 | | 22-26 mmol/L (art)<br>23-28 mmol/L (ven) |
| sO2 | | 95-98% |
| BEecf | | (-2) – (+3) mmol/L |
| AnGap | | 10-20 mmol/L |
| Ca | | 1.12-1.32 mmol/L |
| BUN | | 8-26 mg/dl |
| GLU | | 70-105 mg/dl |
| Creat | | 0.7-1.5 mg/dl |
| Hct | | 38-51% PCV |
| Hgb | | 12-17 g/dl |

**Misc. Chemistry**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Troponin-I | | |
| Drug of Abuse | | |
| | | |
| | | |

**(Piccolo) Chemistry 8**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.5-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| BUN | | 7-22 mg/dl |
| $CA^{++}$ | | 8.0-10.3mg/dl |
| CHOL | | 100-200 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| GLU | | 73-118 mg/dl |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Metlyte 8**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| CK | | 39-380 u/l (M)<br>30-190 u/l (F) |
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**(Piccolo) Metabolic Panel**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| | | |

(b)(6)-4

==== == PICCOLO =======
22/11/03 06:02
REFERENCE RANGE: MALE
PATIENT #: [redacted]
BASIC METABOLIC
DISC LOT #: 3325AA4
OPER #: 013 DR #: 000
SERIAL #: 0000100494
.....

| | | | |
|---|---|---|---|
| GLU | 97 | 73-118 | MG/DL |
| BUN | 11 | 7-22 | MG/DL |
| CA++ | 8.5 | 8.0-10.3 | MG/DL |
| CRE | 1.5* | 0.6-1.2 | MG/DL |
| NA+ | 140 | 128-145 | MMOL/L |
| K+ | 4.5 | 3.3-4.7 | MMOL/L |
| CL- | 111* | 98-108 | MMOL/L |
| tCO2 | 23 | 18-33 | MMOL/L |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

**REMARKS:**

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

[redacted] (b)(2)-2

Baghdad, Iraq

# Microbiology Request Form

Last Name: [redacted] (b)(6)-4

First Name:

Patient # or SSN:

Collected by: Maj [redacted]

Date: 21 Nov 03

Time: 1651

(b)(6)-2

Received b [redacted]

Date: 21 Nov 03

Time: ~~1655~~ 1728

Ward: EMT

Room:

Bed:

Physician: [redacted]

Source: Wound

Site: Right Foot

[redacted]

Specimen #: W141

## Laboratory Results

S Taphylococcus aureus MRSA

Reported

Date: 23 NOV 03

Time: 1000

Tech: Zu

Reviewer: [redacted]

Number of attached sheets:

MEDCOM - 25197

DOD-039586

ACLU-RDI 1744 p.1357

Name:
Patient ID: [redacted] (b)(6)-4
Ward/Rm: EMT/

Specimen: **W141**
Source: Wound/Sterile site
Ward of Iso:

Status: **Final**
Collected:
Attd. Phys:

**1** Staphylococcus aureus Status: Final

1· **S. aureus**

| Drug | MIC | Interps | Drug | MIC | Interps |
|---|---|---|---|---|---|
| Amox/K Clav (c) | <=4/2 | R | | | |
| Amp/Sulbactam (c) | <=8/4 | R | | | |
| Ampicillin | >8 | BLAC | | | |
| Azithromycin | <=2 | S | | | |
| Cefazolin | <=8 | R | | | |
| Cefepime | <=8 | R | | | |
| Cefotaxime (c) | <=8 | R | | | |
| Ceftriaxone (c) | <=8 | R | | | |
| Cephalothin | <=8 | R | | | |
| Chloramphenicol | >16 | R | | | |
| Ciprofloxacin | <=1 | S | | | |
| Clindamycin | <=0.5 | S | | | |
| Erythromycin | <=0.5 | S | | | |
| Gatifloxacin | <=2 | S | | | |
| Gentamicin | <=4 | S | | | |
| Imipenem (c) | <=4 | R | | | |
| Levofloxacin | <=2 | S | | | |
| Linezolid | 4 | S | | | |
| Moxifloxacin | <=2 | S | | | |
| Nitrofurantoin | <=32 | | | | |
| Norfloxacin | <=4 | | | | |
| Ofloxacin | <=2 | S | | | |
| Oxacillin | >2 | R | | | |
| Penicillin | >8 | BLAC | | | |
| Rifampin | <=1 | S | | | |
| Synercid | <=1 | S | | | |
| Tetracycline | >8 | R | | | |
| Trimeth/Sulfa | <=2/38 | S | | | |
| Vancomycin | <=2 | S | | | |

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
--- = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available or drug not advisable or tested
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
EBL? = Suspected ESBL Confirmatory tests needed to differentiate ESBL from other beta-lactamases
IB = Inducible Beta-lactamase Appears in place of Sensitive with species known to possess inducible beta-lactamases, potentially they may become resistant to all beta-lactam drugs Monitoring of patients during/after therapy is recommended Avoid other/combined beta-lactam drugs

For blood and CSF Isolates, a beta-lactamase test is recommended for Enterococcus species

(a) Use maximum doses of drug with an aminoglycoside for P aeruginosa in patients with granulocytopenia or serious infections
(b) Breakpoints based on parenteral dose For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R) Footnote (c) applies to this drug
(c) For streptococci refer to penicillin interpretations For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation
(d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation Footnote (a) also applies to this drug

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002 Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints
For S pneumoniae cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis For non-meningitis infections, use <2=S 2=I >2=R

Name:
Patient ID: [redacted] (b)(6)-4
Ward/Rm: EMT/

Specimen: **W141**
Source: Wound/Sterile site
Ward of Iso:

Status: **Final**
Collected: (b)(6)-7
Req. Phys [redacted]

Printed 11/23/2003 9:48:36 AM



Tech: [redacted]

[redacted] (b)(2)-2

Baghdad, Iraq

# Microbiology Request Form

Last Name: [redacted] (b)(6)-4

First Name:

Patient # or SSN:

Collected by: Maj [redacted] (b)(6)-2

Date: 21 Nov 03

Time: 1651

Ward: EMT

Room:

Bed:

Physician [redacted]

Source: Wound

Site: Right Foot

[redacted]

Received by: [redacted]

Date: 21 Nov 03

Time: ~~1655~~ 1728

Specimen #: (1) 141

## Laboratory Results

S Taphylococcus aureus MRSA

Reported

Date: 23 Nov 03

Time: 1000

Tech: Zu

Reviewer: [redacted]

Number of attached sheets:

MEDCOM - 25199

DOD-039588

ACLU-RDI 1744 p.1359

Name:
Patient ID: [redacted] (b)(6)-4
Ward/Rm: EMT/

Specimen: W141
Source: Wound/Sterile site
Ward of Iso:

Status: Final
Collected:
Attd. Phys:

1 Staphylococcus aureus Status: Final

1 S. aureus

| Drug | MIC | Interps | Drug | MIC | Interps |
|---|---|---|---|---|---|
| Amox/K Clav (c) | <=4/2 | R | | | |
| Amp/Sulbactam (c) | <=8/4 | R | | | |
| Ampicillin | >8 | BLAC | | | |
| Azithromycin | <=2 | S | | | |
| Cefazolin | <=8 | R | | | |
| Cefepime | <=8 | R | | | |
| Cefotaxime (c) | <=8 | R | | | |
| Ceftriaxone (c) | <=8 | R | | | |
| Cephalothin | <=8 | R | | | |
| Chloramphenicol | >16 | R | | | |
| Ciprofloxacin | <=1 | S | | | |
| Clindamycin | <=0.5 | S | | | |
| Erythromycin | <=0.5 | S | | | |
| Gatifloxacin | <=2 | S | | | |
| Gentamicin | <=4 | S | | | |
| Imipenem (c) | <=4 | R | | | |
| Levofloxacin | <=2 | S | | | |
| Linezolid | 4 | S | | | |
| Moxifloxacin | <=2 | S | | | |
| Nitrofurantoin | <=32 | | | | |
| Norfloxacin | <=4 | | | | |
| Ofloxacin | <=2 | S | | | |
| Oxacillin | >2 | R | | | |
| Penicillin | >8 | BLAC | | | |
| Rifampin | <=1 | S | | | |
| Synercid | <=1 | S | | | |
| Tetracycline | >8 | R | | | |
| Trimeth/Sulfa | <=2/38 | S | | | |
| Vancomycin | <=2 | S | | | |

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
--- = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available or drug not advisable or tested
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
ESBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases
IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases. Potentially they may, induce resistance to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates a beta-lactamase test is recommended for Enterococcus species

(a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections
(b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (S=S, 8-16=I, >16=R). Footnote (c) applies to this drug
(c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci refer to the penicillin interpretation
(d) For non beta-lactamase producing enterococci refer to the penicillin interpretation. Footnote (a) also applies to this drug

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints
For S. pneumoniae cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections use (S, I, R)

Name:
Patient ID: [redacted] (b)(6)-4
Ward/Rm: EMT/

Specimen: W141
Source: Wound/Sterile site
Ward of Iso:

Status: Final (b)(6)-2
Collected
Req. Phys: [redacted]

Tech [redacted]

MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-66; the proponent agency is the OTSG

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | |
|---|---|---|
| Prop & Lido | (mg) | 120/30 |
| Sux | (mg) | 80 |
| Fent | (mg) | 150 100 |
| | ( ) | |
| | ( ) | |
| | ( ) | |
| VOLAT AGENT: Sevo | % del | 2.5 3.0 |
| | % e.t. | |
| AIR | L/Min | |
| N2O | L/Min | |
| O2 | L/Min | 8 2 2 8 |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → 1 2 3

**FLUIDS**

| LINE site | | |
|---|---|---|
| 18ga IV A-L | ☐ Warmed | NS 1000 |
| | ☐ Warmed | |
| | ☐ Warmed | |
| | ☐ Warmed | |

**LOSSES**: EST BLOOD LOSS; URINE -

**PHYS STATUS**: 1 (2) 3 4 5 E

**BODY WEIGHT**: 95 kg LB

**HEMATOCRIT**: 28

**INITIAL DATA**: BP- ___/___ HR-

**EQUIP CHECK** OK?- (Y) N

**PATIENT RECHECK** OK for PROCEDURE? ✓ TIME- 1905

**TIME** → 1930, 2000, 2030

SYMBOLS: BP by cuff V ∧; Heart rate ●; Resp rate; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-⊙

220 / 200 / 180 / 160 / 140 / 120 / 100 / 80 / 60 / 40 / 20

**VENTIL**

| | | | | |
|---|---|---|---|---|
| VT - ml | | 980 | 940 |
| f - breaths/min | | 8 | 10 |
| Peak inf pres / PEEP | | 18 | 21 |
| MODE - S(pon), A(ssist), C(on) | | S A C | C |

**MONITORS/ACCESSORIES**

| | | | | |
|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | | 39 | 39 |
| BP/oth | FIO2 (Frac or %) | | .81 | .81 |
| ART line | SpO2 (%) | 100 | 100 | 100 |
| Steth- PC/ES | ECG | SR | SR | SR |
| Gas analyzer | TEMP-site | | | |
| | N-M Block (T/4) | | | |
| Warming blkt | | | | |
| Conv warmer | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS / Position → Ol

| TOTALS | TOTAL EBL |
|---|---|
| | min |
| 250 | TOTAL URINE |
| | 0 ml |

**FLUIDS - SUMMARY**: CRYSTALLOID- 500; COLLOID 0; BLOOD 0

**REMARKS** — Code drugs with numbers, events with letters

Pt I Dan Tam
Dtn/Exit
Induction
OSTart/Stop
Demeqin 500mg
I LPB PSA
Extubated @
SUROP Stable
SU cont to PACU
Report to PACU
RN
[redacted]

**RECOVERY AT** 1944

PACU / ICU ____ (Specify)

OTHER ____

CONDITION: Pt in MRD T 98.9 RESP- 20 SpO2- 98 BP- 100/69 HR- 103

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1900 | 1912 | 1950 |
| | Ready | Begin | End |
| PROC | 1920 | 1930 | 1942 |

PROCEDURES and CPT Codes: TKD Pt

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: GETA

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility

[redacted] (b)(6)-7

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: Ot X7 mil 2 Grade I view ETT 02 c BBBS, taped @ 22cm @ lip. Eyes taped. Arms Bandaged B <500

SURGEONS: [redacted]

ANESTHETIST: [redacted] (b)(6)-7

PROCEDURE LOCATION: 2

DATE: 21 Nov 03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 — COPY 2 - ANESTHESIA PROVIDER — USAPA V1.00

MEDCOM - 25201

# MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-66; the proponent agency is the OTSG

Used / wasted

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fent | (mcg) | 150 | 100 | | | | | | | | | | | | | | |
| Prop | (mg) | 180 | | | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | | | |
| | ( ) | | | | | | | | | | | | | | | | |
| VOLAT AGENT | Sevo % del | 2.0 | 2.5 | 2.5X | | | | | | | | | | | | | |
| | % e.t. | | | | | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | | | | | |
| O2 | L/Min | 8 | 2 | 2 | | | | | | | | | | | | | |
| SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → | | QQ | | L | | | | | | | | | | | | | |

**FLUIDS**

| LINE site | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18Ga L AC | ☐ Warmed | | | | | | | | | | | | | | | | |
| | ☐ Warmed | RL 1000 cc | | | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | | | | | | |

| LOSSES | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | | | | | | | | | | | | | | | |
| URINE - | | | | | | | | | | | | | | | | | |

| TOTALS | TOTAL EBL |
|---|---|
| 280 | 0 |

TOTAL URINE: Ø measured

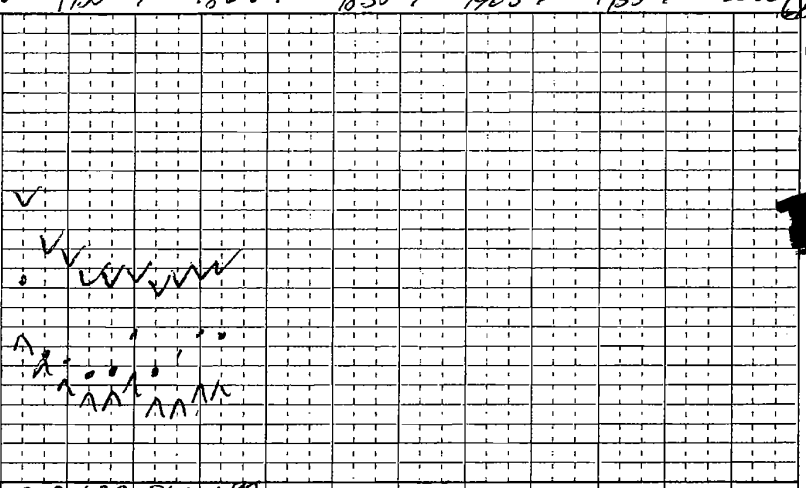
FLUIDS - SUMMARY
CRYSTALLOID- 400
COLLOID- Ø
BLOOD- Ø

REMARKS
Code drugs with numbers, events with letters
Pt to OR on ITW. Oth/Exit ... Induction w/ Fent ... Qual removed, SV cont to RACU, Report to RACU Nurse [redacted] cpm (b)(6)-2

PHYS STATUS: 1 2 3 4 5 E
BODY WEIGHT: 90 KG LB
HEMATOCRIT:
INITIAL DATA:
BP-
HR-
EQUIP CHECK
OK? Y N
PATIENT RECHECK
OK for PROCEDURE? Y
TIME- 1710

SYMBOLS: BP by cuff V ∧; Heart rate ●; Resp rate; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø

TIME → 1730, 1800, 1830, 1900, 1930, 2000




**VENTIL**

| | | | | |
|---|---|---|---|---|
| VT - ml | 600 | 420 | 560 | 680 |
| f - breaths/min | 14 | 9 | 12 | 8 |
| Peak inf pres / PEEP | | | | |
| MODE - S(pon), A(ssist), C(on) | S | A S | S | S |

**MONITORS/ACCESSORIES**

| | | | | | |
|---|---|---|---|---|---|
| BP/Auto Cuff | ET CO2 (torr) | 49 | 48 | 43 | 47 |
| BP/oth | FIO2 (Frac or %) | .80 | .80 | .79 | .80 |
| ART line | SpO2 (%) | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ECG | SR | SR | SR | SR |
| Gas analyzer | TEMP-site | 37.1 | 37.1 | 37.0 | 37.0 |
| | N-M Block (T/4) | | | | |
| Warming blkt | | | | | |
| Conv warmer | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS / Position → a

RECOVERY AT 1808
PACU ICU _____ (Specify)
OTHER _____
CONDITION: Pt in NAD
RESP 24 SpO2 98
BP 120/62 HR 93

ANESTHESIA / PROCEDURE TIMES

| | Start | Room | End |
|---|---|---|---|
| ANES | 1705 | 1720 | 1814 |
| | Ready | Begin | End |
| PROC | 1730 | 1735 | 1805 |

PROCEDURES and CPT Codes: I+D @ Foot

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility
[redacted]
(b)(6)-1

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
GA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
LMA #4 placed 3 difficulty. Leak Vol @ < 20cm $H_2O$ pressure

SURGEONS: [redacted]
ANESTHETISTS: [redacted] (b)(6)-2

PROCEDURE LOCATION: 1
DATE: 24 NOV 03
PAGE 1 OF 1

DA FORM 7389, FEB 1998 — COPY 2 - ANESTHESIA PROVIDER — USAPA V1.00

MEDCOM - 25202

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION (b)(6)-4 [redacted]

DATE OF ORDER 11-21-03 TIME OF ORDER _____ HOURS

- Admit 1 CW-1
- IV LR @ 125 c/hr
- NPO
- On call to OR.

[redacted]

Noted [redacted] 23 NOV 03 1525

NURSING UNIT [redacted] BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 11/21/03 TIME OF ORDER 1945 HOURS

- Stable
- Routine vitals
- ~~Lovenox~~ Ambulate c crutches WBAT
- ~~Heparin IV~~
- IVF NS @ 150 c/hr
- Regular diet
- Percocet 1 tab q 4° PRN

Noted 11/21/03 2100hrs [redacted] 23 NOV 03

NURSING UNIT [redacted] BED NO.

PATIENT IDENTIFICATION [redacted] 23 NOV 03 1525

DATE OF ORDER TIME OF ORDER

- Tylenol 650 mg PO q 4° PRN fever > 100.5 HOURS
- Ambien 10 mg PO QHS PRN
- Levoquin 500 mg IV qd in AM
- Phenergan 25 mg IVP q 6° PRN nausea
- CHEM 8 in AM.

[redacted]

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION Noted 23 NOV 03 1150 [redacted]

DATE OF ORDER 11/23/03 TIME OF ORDER 2130 HOURS

- NPO p MN

[redacted]

- 11/24/03 1830
- Resume Preop orders.
- B/E in AM to EPW CAMP

NURSING UNIT ROOM NO. BED NO.

[redacted]

(b)(6)-2

(b)(6)-2

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 25203

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. ____ Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 21 | 22 | 23 | 24 | 25 | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 21Nov | [redacted] | Routine Vitals | 06 | [redacted] | | | | | | | | | | | |
| | [redacted] | | 18 | [redacted] | | | | | | | | | | | |
| 21Nov | [redacted] | Ambulate c crutches | 06 | [redacted] | | | | | | | | | | | |
| | | WB AT | 18 | [redacted] | | | | | | | | | | | |
| 21Nov | [redacted] | Regular Diet | 06 | [redacted] | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | |
| 21 | [redacted] | NPO | 08 | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | |
| | | (b)(6)-2 | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: GSW (R) Foot

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted]

(b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

MEDCOM - 25204

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)* | | | | Mo 11 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 21 Nov | [redacted] | Stable Admit icw | 21Nov | 2000 | | [redacted] |
| 21 Nov | [redacted] | Chem 8 in Am | 22Nov | 0500 | — | [redacted] |
| 21 NOV | [redacted] | On call to OR | 21 NOV | : | — | [redacted] |
| 22 Nov | [redacted] | NPO p MN | 24NV | 0001 | | [redacted] |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | (b)(6)-2 | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

CLINICAL RECORD

**THERAPEUTIC DOCUMENTATION CARE PLAN** (*MEDICATIONS*)
For use of this form, see AR 40-407;
the proponent agency is the Office of The Surgeon General.

Mo. Nov Yr. 03

*VERIFY BY INITIALING* — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 21 | 22 | 23 | 24 | 25 | 26 |
|---|---|---|---|---|---|---|---|---|---|
| 21 Nov | [redacted] | IVF NS @ 150cc/h | 06 | [redacted] | | | | | |
| | ----- | | 18 | | | | | | |
| 21 Nov | [redacted] | Levaquin 500mg IV | 08 | [redacted] | | | | | |
| | ----- | QD in AM | | | | | | | |
| 21 | [redacted] | LR @ 125cc/hr | 08 | | | | | | |
| | ----- | | 18 | | | | | | |
| | ----- | | 06 | | | | | | |
| | ----- | | | | | | | | |
| | ----- | (b)(6)-2 | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |
| | ----- | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: GSW (R) Foot

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

# [redacted] (b)(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 25206

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. 11 Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION | TIME/DATE DISPENSED | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 21 Nov | [redacted] | Ambien 10 mg po | D/T | | | | | | | | | | | | | |
| | | qhs PRN | D/T | | | | | | | | | | | | | |
| 21 Nov | [redacted] | Phenergan | | | | | | | | | | | | | | |
| 21 Nov | [redacted] | Percocet II q 4° | D/T | | | | | | | | | | | | | |
| | | PRN | D/T | | | | | | | | | | | | | |
| 21 Nov | [redacted] | Tylenol 650 mg q | D/T | | | | | | | | | | | | | |
| | | 4° PRN Fever > 100.5 | D/T | | | | | | | | | | | | | |
| 21 | [redacted] | Phenergan 25 mg IV | D/T | 21 Nov 16[redacted] | | | | | | | | | | | | |
| | | q 6 prn nausea | | 25 mg | | | | | | | | | | | | |
| | | | D/T | [redacted] | | | | | | | | | | | | |
| | | (b)(6)-2 | | | | | | | | | | | | | | |

MEDCOM - 25207

REPORT TITLE **Post-Anesthesia Care Unit (PACU) Flow Sheet**

DTSG APPROVED *(Date)*

Date: 1955 21 NOV
Time In: 1955
Allergies: NKDA
Pre-op V/S:
Procedures: ICD Rpl

Anesthesia Type (Circle)): General Spinal Epidural
IV Sedation Nerve Block
OR Intake: Crystalloid _____ Colloid _____
OR Output: UOP _____ EBL _____
Meds/Times: _____

500 Plm
500 w/S
500 Levaquin

| Drains |
|---|
| Hemovac |
| NG |
| JP |
| T-tube |
| Foley |
| TLS |

| Airway |
|---|
| Nasal |
| Oral |
| ETT |
| Trach |
| Other |

Pre Op Meds History

| Time | 1955 | 2000 | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SaO2 | 99% | 15 | | | | | | | | | | | | | | |
| FiO2 | RA | RA | | | | | | | | | | | | | | |
| Methods | | | | | | | | | | | | | | | | |
| 240 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 220 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 180 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 160 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 140 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 120 | V | | | | | | | | | | | | | | | |
| | • | | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | | | | | |
| | Λ | • | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| RR | 15 | 20 | | | | | | | | | | | | | | |
| T | | | | | | | | | | | | | | | | |

| Time | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Pain (0-10) | | | | | | | | | |
| LOS | | | | | | | | | |

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity<br>(2) Moves 4 Extremities<br>(1) Moves 2 Extremities<br>(0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway<br>(2) Cough, Deep breath<br>(1) Dyspnea, limited breathing<br>(0) Apnea | 2 | 2 | 2 |
| Blood Pressure<br>(2) SBP =/- 20 of Pre-op<br>(1) SBP =/- 20-50 of Pre-op<br>(0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness<br>(2) Fully Awake, audible crying<br>(1) Arousable to verbal or pain | 2 | 2 | 2 |
| Color<br>(2) Baseline color & appearance<br>(1) pale, mottled, jaundiced<br>(0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years)<br>(2) radial Pulse Palpable<br>(1) Axillary palpable, not radial<br>(0) Carotid only reliable pulse | / | / | / |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 10 | 10 | 10 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
" = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done: Wound Care, Pain Management,
T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

*(Continue on reverse)*

PREPARED BY *(Signature)* [redacted] (b)(6)-2
SA [redacted] 9/L-20

DEPARTMENT/SERVICE/CLINIC PACU

DATE 21 NOV 03

PATIENT'S ID [redacted] *If typed or written entries give: Name – last, (first, middle; grade; date; hospital or medical facility)*

[redacted] (b)(6)-4

- ☐ HISTORY/PHYSICAL
- ☐ FLOW CHART
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ OTHER *(Specify)*
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete
USAPPC V2.00

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**NEUROVASCULAR**

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | (R) LE | Limited | + | P | B | W | WNL |
| 15' | (R) LE | Limited | + | P | B | W | WNL |
| 30' | (R) LE | Limited | + | P | B | W | WNL |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | (R) LE | Limited | + | P | B | W | WNL |

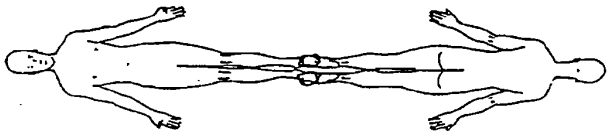
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

**C-SECTIONS**

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

**DRESSINGS**

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm 1955 | (R) LE cast | cast | Ø |
| 30' 2030 | (R) LE | CAST | Ø |
| 60' | | | |
| D/C 2030 | (R) LE | Cast | Ø |



**PACU OUTPUT**

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**CARDIAC RHYTHM**

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1955 | NSR | Ø | |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

NURSING NOTES

Received from OR via Gurney Admitted to PAC U. VSS - Alert & [illegible] IV of NS to (R) Arm patent cast to (R) LE c/d/i - Pearl Lazen HR - NSR S1 S2 - Lungs CTA BIL Resp Reg even. BS (R) x4 quads. Pedal pulses (L) +2 (R) cms intact - cap refill <3sec. Radial +2. Color WNL warm to touch. Ø c/o pain. — Sgt [redacted]

(b)(6)-2

**Discharge Criteria:**
Date: 21 NOV 03 Time: 2030 PARS:
BP: 138/78 T: 98.1 HR: 67 RR: 21 Sa02: 98
Pain Level at D/C (0-10): Ø
Intake: Ø Output: Ø
Additional Data: Ø
Transferred To: ICW #1
Report Given To:
Transferred Via: W/C [redacted] Ambulance
Transferred By: [redacted]
Cleared IAW Recovery [redacted]
Charge Nurse Signatu[redacted]

(b)(6)-2

MEDCOM - 25209

REPORT TITLE **Post-Anesthesia Care Unit (PACU) Flow Sheet**

OTSG APPROVED *(Date)*

Date: 24 NOV 03 Anesthesia Type (Circle)): General Spinal Epidural
Time In: 1815 IV Sedation Nerve Block
Allergies: OR Intake: Crystalloid 400 Colloid
Pre-op V/S: 143/73 103 OR Output: UOP Ø EBL min
Procedures: Meds/Times:
I&D @ foot

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds History

| Time | 1815 | 1820 | 1825 | 1830 | 1835 |
|---|---|---|---|---|---|
| SaO2 | 98 | 97 | 97 | 96 | 97 |
| FiO2 | RA | RA | RA | RA | RA |
| Methods | | | | | |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| 120 | V | V | V | V | V |
| 100 | | | | | |
| 80 | • | • | • | • | • |
| 60 | ^ | ^ | ^ | ^ | ^ |
| 40 | | | | | |
| 20 | | | | | |
| RR | | | | 10 | |
| T | 97 | | | | |

| Time | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Pain (0-10) | | | | | | | | | |
| LOS | | | | | | | | | |

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1715 | RL 600 | 600 | LAC | OR | 50cc |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 2 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | / | / | / |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 10 | 10 | |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done; Wound Care, Pain Management, T, C, & DB., Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

*(Continue on reverse)*

PREPARED BY *(Signature & Title)* [redacted] (b)(6)-2 AN

DEPARTMENT/SERVICE/CLINIC PACU

DATE 24 NOV 03

PATIENT'S [redacted] *entries give: Name – last, first, middle; grade; date; hospital or medical facility)*

[redacted] MRSA

(b)(6)-4

☐ HISTORY/PHYSICAL
☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION
☐ OTHER *(Specify)*
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete
USAPPC V2.00

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**NEUROVASCULAR**

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | (R)foot | + | + | UA | BR | W | Pk |
| 15' | | | | | | | |
| 30' | (R)foot | + | + | UTA | BR | W | Pk |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | (R)foot | + | + | UTA | BR | W | Pk |

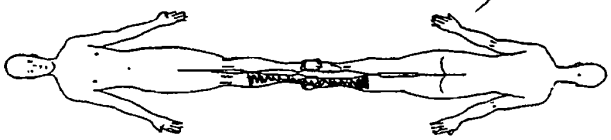
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

**C-SECTIONS**

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

**DRESSINGS**

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | (R)foot | cast | Ø |
| 30' | (R)foot | cast | Ø |
| 60' | | | |
| D/C | (R)foot | cast | Ø |



**PACU OUTPUT**

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**CARDIAC RHYTHM**

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1820 | NSR | Ø | Ø |
| | | | |
| 1845 | NSR | Ø | Ø |
| | | | |

WAMC OP 173-E

NURSING NOTES

1815- pt arrived via gurney stable, alert/oriented X3 Ø/10 pain - [redacted] TAN
PT Transferred to ICW by [redacted]
Report given to SPC [redacted]
Transferred by SPC [redacted]

(b)(6)-2

Discharge Criteria:
Date: 2 mar 05 Time: 1845 PARS: 10
BP: 135/59 T: 97.7 HR: 65 RR: 10 Sa02: 98
Pain Level at D/C (0-10):
Intake: 500 cc Output: Ø
Additional Data: Ø
Transferred To: ICW
Report Given To: SPC [redacted]
Transferred Via: W/C [redacted] Gurney Ambulance
Transferred By: SPC [redacted]
Cleared IAW Recovery Room [redacted]
Charge Nurse Signature [redacted] TAN

(b)(6)-2

# COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

[X] Offense against Civilian(s) [check one] If "Other" then describe: IPC Murder

- [ ] Arson (I.P.C. 342)
- [ ] Solicitation of Fornication/Prostitution (I.P.C. 399)
- [ ] Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-96, 402)
- [X] Murder (I.P.C. 405) 406
- [ ] Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)
- [ ] Maiming (I.P.C. 412)
- [ ] Simple Assault (I.P.C. 415)
- [ ] Kidnapping (I.P.C. 421)
- [ ] Burglary or Housebreaking (I.P.C. 428)
- [ ] Extortion/Communicating Threats (I.P.C. 430)
- [ ] Theft (I.P.C. 439)
- [ ] Destruction of Property (I.P.C. 477)
- [ ] Obstructing a Public Highway/Place (I.P.C. 487)
- [ ] Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 495)
- [ ] Riot or Breach of Peace (I.P.C. 495(3))
- [ ] Other

[ ] Offense against Coalition Forces [check one] If "Other" then describe:

- [ ] Violation of Curfew
- [ ] Illegal Possession of Weapon
- [ ] Assault/Attack on Coalition Forces
- [ ] Theft of Coalition Force Property
- [ ] Trespass on Military Installation or Facility
- [ ] Photographing/Surveilling Military Installation or Facility
- [ ] Obstructing Performance of Military Mission
- [ ] Other

| | |
|---|---|
| Apprehending Unit: IP / 1165 M MD | Location Grid: |
| Date of Incident: (D/M/Y) / / to / / | Time of Incident: hrs to hrs |
| Date of Report: (D/M/Y) 21 / 11 / 03 | Time of Report: 1645 hrs |

(b)(6)-2

| | |
|---|---|
| Detainee #: [redacted] | Key Connected Person: [ ] Victim [ ] Witness |
| Last Name: [redacted] | Last Name: |
| First Name: [redacted] Given Name [redacted] | First Name: Given Name: |
| Hair Color: BLACK / Scars/Tattoos/Deformities: MANY | Hair Color: / Scars/Tattoos/Deformities: |
| Eye-Color: BLACK / Weight: 65 kg / Height: 170 cm | Eye-Color: / Weight: lb / Height: in |
| Address: AL DWRA POLICE | Address: |
| Place of Birth: | Place of Birth: |
| Ethn/Tribe/ Sect: / Sex: [X] M [ ] F / Phone#: / DOB D/M/Y: / [ ] Mobile [ ] Regular | Ethn/Tribe/ Sect: / Sex: [ ] M [ ] F / Phone#: / DOB D/M/Y: / [ ] Mobile [ ] Regular |
| [ ] Passport [ ] Dr. license [ ] Other (specify) Document #: | [ ] Passport [ ] Dr. license [ ] Other (specify) Document #: |

Total Number of Persons Involved ____ (list names/identifying info on reverse under "Additional Helpful Information")

| | | | |
|---|---|---|---|
| [ ] Vehicle Information: | Vehicle Number ____ of ____ Vehicle(s) | | Owner: |
| Make: | Color: | VIN: | |
| Model: | Type: | Plate No.: | Number of People in Vehicle: |
| Year: | Names of People in Vehicle: | | |
| Contraband/Weapons in Vehicle: | | | |

| | | | |
|---|---|---|---|
| [ ] Property/Contraband | [ ] Weapon | Photo Taken of Suspect with Weapon/Contraband Yes/ No | |
| Type: | | Model: | Color/Caliber |
| Serial No.: | Quantity | Make: | Receipt Provided to Owner Yes/ No |
| Other Details | | Where Found | Owner |

Name of Assisting Interpreter: Email, Phone, or Contact Info.

| | |
|---|---|
| Detaining Soldier's Name (Print): SSG [redacted] | Supervising Officer's Name (Print): [redacted] |
| Signature: [redacted] | Signature: 1st LT / Last: [redacted] |
| Email: / Unit Phone: [redacted] Date: 21/NOV/03 | Email: / Unit Phone: 582 [redacted] Date: |

(b)(6)-2

(b)(6)-2

MEDCOM - 25212

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

(b)(6)-4

Why was this person detained? [redacted] is awaiting multiple murder charges in AC-Mahmodia for confirmed killing of two IP police officers. He is being investigated by Iraqi police board and the 82nd Airborne and [redacted] AC case files held in AC-Mahmodia

(b)(7)-E

Who witnessed this person being detained or the reason for detention? Give names, contact numbers, addresses.

Case is still under investigation

How was this person traveling (car, bus, on foot)? N/A

Who was with this person? N/A

What weapons was this person carrying? N/A

What contraband was this person carrying? N/A

What other weapons were seized? N/A

What other information did you get from this person? N/A

Additional Helpful Information: N/A

MEDCOM - 25213

| 3. Register Number | Name (Last, First, MI) | 4. Pay Grade | 5. Sex |
|---|---|---|---|
| [redacted] | [redacted] | FGN | M |

| 6. DoB (YYYYMMDD) | 7. Age at Admission | 8. Race | 9. Ethnicity | Religion |
|---|---|---|---|---|
| 1973-06-01 | 30Y (b)(6)-4 | X | 9 | |

| 10. Length of Service | ETS | 11. FMP | 12. Social Security Number |
|---|---|---|---|
| | | 99 | [redacted] |

| Organization (Active Duty Only) | 13. Marital Status | Hour of Admission | Branch / Corps: |
|---|---|---|---|
| | Z | 15:55 | |

| 14. Flying Status | 15. Beneficiary Category | 16. Zip Code of Residence: |
|---|---|---|
| | K78-PRISONER OF WAR/INTERNEES | |

| 17. Unit Location | 18. MOS | 19. Trauma | Prev. Admission |
|---|---|---|---|
| | | DIS | NO |

| 20. Source of Admission | Ward: | Name / Relationship of Emergency Addressee |
|---|---|---|
| Direct from ER | ICW1 | Address of Emergency Addressee |
| Name and Location of Medical Treatment Facility: [redacted] (b)(2)-2 | | Telephone Number of Emergency Addressee |
| 21. Type of Disposition | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) |
| TRF-OTH | | 2003-11-25 |
| 24. Clinic Svc - Admitting | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) |
| AEA - ORTHOPEDICS | | 2003-11-21 |
| 27. Location of Occurrence | 28. MTF of Initial Admission | 29. Date of Initial Admission |
| | | 2003-11-21 |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: GSW R FOOT RENAL FAILURE

Procedure Narrative(s):

Cause of Injury Narrative:

Dx: 8920
586
Px: 7760

| Admitting Officer (Signature, as required) | Signature of Admitting Clerk |
|---|---|
| [redacted] (b)(6)-2 | [redacted] |

Automated Facsimile - DA FORM 2985, MAR 2000

Automated Facsimile

# INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400, the proponent agency is OTSG

| 1. Register Nbr | 2. Name | | | | | 3. Grade | Admission Remarks |
|---|---|---|---|---|---|---|---|
| [redacted] | | | | | | FGN | |
| 4. Sex | 5. Age | 6. Race | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm | |
| M | 45Y (b)(6)-4 | X | | | | NO | |
| 11. FMP | 12. SSN | 13. Organization | | | | 14. Ward | |
| 99 | [redacted] | | | | | ICW2 | |
| 15. FlyStatus | 17. Dept / Ben | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case | | | |
| NO | K78-PRISONER OF WAR/INTER | | | BC | | | |
| 21. Source of Admission | | 22. Hour Of Adm: | 23. Clinic Service | | | | |
| Direct from ER | | 05:40 | AEA - ORTHOPEDICS | | | | |
| 24. Name/Relation of Emergency Addressee | | 25. Type Disp | 26. Date of Disp | | | | |
| | | TRF-OTH | 2003-11-25 | | | | |
| 27a. Address of Emergency Addressee | | 27b. Telephone No | 28. Date This Adm: | AdmittingOfficer: | | | |
| | | | 2003-11-22 | [redacted] | | | |
| 29. ReportingMTF | | | 30. Date Init Adm | 32. Units Blood Components | | | |
| [redacted] (b)(2)-2 | | | 2003-11-22 | | | | |

31. Selected Administrative Data

Marital Status: DoB: 1958-01-01

In/Out Patient: Inpatient MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

GSW R LEG S/P IM NAILING

Open (R) TIB/A Fx Bed I

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 | 4 | 4 |

Sig[redacted] Attending Medical Officer [redacted] (b)(6)-2 [redacted] Officer

Automated Facsimile - DA FORM 3647, May 79

MEDCOM - 25215

| MEDICAL RECORD | ABBREVIATED MEDICAL RECORD |
|---|---|

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION *(Enter date of admission)*

45 y/o Iraqi ♂ sustained GSW @ leg thru-thru.

PMHx: ∅
PSHx: ∅
MEDS: ∅
Allergies NKDA
Smoker (+) tob

PHYSICAL EXAMINATION

HEENT: WNL
Chest: CTA
CVS: S. Sr
Ext:

XR: midshaft tibia fx

GSW anterior tibia, swollen anterior / lat asp.
Non tense. 2+DP/PT

PROGRESS *(Enter date of discharge and final diagnosis)*

(A) Open (R) TIB/AFX
(A) Admit, IVF nutrition

(b)(6)-2

| SIGNATURE [redacted] | DATE 11/22/03 | IDENTIFICATION NO. | ORGANIZATION |
|---|---|---|---|

PATIENT'S IDENTIFICATION *(For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)*

| REGISTER NO. | WARD NO. |
|---|---|
| | |

**ABBREVIATED MEDICAL RECORD**
**Standard Form 539**

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1975
USAPPC V1.00

SKIN AND WOUND ASSESSMENT

MEDICAL RECORD — PROGRESS NOTES

Admission Date: 28 Nov 03 Diagnosis: GSW (R) leg POD: 3 POD: 3

Skin assessment must be done initially and every 7 days.

Braden Scale Evaluation (See Braden Evaluation Table for Details)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Sensory Perception | No impairment | (4) | 4 | Mobility | No limitations | 4 | 3 |
| | Slightly limited | 3 | | | Slightly limited | (3) | |
| | Very limited | 2 | | | Very limited | 2 | |
| | Completed | 1 | | | Completely immobile | 1 | |
| Moisture | Rarely moist | (4) | 4 | Nutrition | Excellent | 4 | 3 |
| | Occasionally moist | 3 | | | Adequate (Eats >50%) | (3) | |
| | Moist | 2 | | | Adequate (Rarely eats) | 2 | |
| | Constantly moist | 1 | | | Very poor | 1 | |
| Activity | Walks frequently | (4) | 4 | Friction and Shear | No apparent problem | (3) | 3 |
| | Walks occasionally | 3 | | | Potential problems | 2 | |
| | Chairfast | 2 | | | Problems | 1 | |
| | Bedfast | 1 | | | | | |

*Add the total score* — *Total Score:* 21

| | |
|---|---|
| Above 20 | Low Risk |
| Between 16 and 20 | Medium Risk |
| Between 11 and 15 | High Risk |
| Below 10 | Very High Risk |

Note: A Braden Scale Score of less than 15 indicates HIGH RISK-requires immediate Ulcer Prevention program.

Surgical wound (s): Yes X No__ Location: (R) leg Size: several small incisions Drainage: 0

Tubes: 0 Pins: 0 Appearance: staples intact

Dressing change: 0 kerlix dressing sutures intact

Burn wound (s): Yes__ No X % BSA_____ Partial_____ Full_____

Location:_____ Size_____

Appearance:_____

Dressing change:_____

Pressure Ulcer (s): Yes___ No X

Stage I, II, III, IV (Circle the one that applies and describe below)

Location:_____ Size:_____

Wound character: Pink____ Moist____ Dry____ Granulation tissue_____ Yellow slough _____ Tunneling_____

Undermining_____ Odor_____ Purulent discharge_____ Eschar_____ Exudates _____

Type of dressing change: Wet-to-dry_____ Comfeel dressing_____ Carrasyn-V Gel_____ Alginate_____

Physician notified/consulted for wound debridement: Yes___ No X Date/time MD notified _____

CNS notified/consulted for Stage II and greater: Yes____ No X

Nutrition Referral: Yes_____ No X

Physical Therapy Referral: Yes_____ No X

Action taken:_____ Date & Time 28 Nov 03

REGISTER NO. WARD NO. 4W12

Patient's Identification (For typed or written entries give: Name-last, first, middle; Grade; rank; hospital or medical facility)

PROGRESS NOTES
Medical Record
STANDARD FORM 509

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **PROGRESS NOTES**

| DATE | NOTES |
|---|---|
| 11/22/03 | Op Note |
| 1 | Pre Op Dx: Gal Tibia (R) Tibia Fx |
| | Post Op Dx: Same |
| | Procedure: I+D Int nailing (R) Tibia |
| | Surgeon [redacted] |
| | EBL: 100cc |
| | Fluids: 1400 |
| | Findings: mid shaft fibular fx (b)(6)-2 |
| | Cx: 0 |
| | Implant: Synthes 8mm x 330 mm intramedullary nail |
| | Cx: 0 |
| | [redacted] |

| 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)*

[redacted] (b)(6)-4

REGISTER NO. | WARD NO.

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 6/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 25218

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| (cont) 24nov @ 1300. | Monitor [redacted] LPN (b)(6)-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. ICW #1

# [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

MEDCOM - 25219

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 22NOV03 | S 45y/o ♂ c̄ gsw to (R) lower leg/tibia, possible fracture. |
| P 107 | |
| R | IV started @ 0330 18g 500cc NS |
| B/P 120/80 | R/O fracture |
| T | (A) PMS |
| SpO2 98 | resplinted leg |
| | |
| 60 Toradol | 0334 45y/o Detainee c̄ GSW to (R) leg, pt has A |
| 4gm Ansef | 0337 Fx mid shaft tibia fibula intact per xray. No other Injuries. |
| | exam ADXSNAD XRay show Fx to (R) tibia comminuted ∅ loss of length |
| | two bones are extreme and rest |
| Foley cath | Distal pulses intact, ∅ deformity noted |
| | A/P GSW to (R) leg Fx to (R) tibia comminuted |
| | - Medevac to MEK to be evaluated by ortho |
| | - pt in a L+U splint now |
| | - pt will need further lavage + debridement + casting. |
| | (b)(6)-2 |
| | [redacted] |

| 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.)* (b)(6)-4

[redacted]

Civilian D

| REGISTER NO. | WARD NO. |
|---|---|
| | |

**CHRONOLOGICAL RECORD OF MEDICAL CARE**
Medical Record
**STANDARD FORM 600** (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

MEDCOM - 25220

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| | Flight Medic notes |
| | LOC - Alert |
| | ABC - Patent / stable SpO2 98 room air |
| | (R) lower leg - TX + splinted PTA (+) Distal PMS |
| | V/S - 110/71 R 86 R WNL 0505 |
| | IV Access PTA patent NS |
| | 0503 - 500cc NS on board, switched to 1L bag wo |
| | 0515 - 118/54 P - 88 c̄ 1000mL NS onboard |

FPI. LEX. Printed on Recycled Paper

STANDARD FORM 600 (REV. 6-97) BACK

MEDCOM - 25221

NSN 7540-01-075-3786

| MEDICAL RECORD | EMERGENCY CARE AND TREATMENT *(Patient)* | LOG NUMBER / TREATMENT FACILITY [redacted] |
|---|---|---|
| | | RECORDS MAINTAINED AT [redacted] (b)(7)-7 |

**PATIENT'S HOME ADDRESS OR DUTY STATION**

STREET ADDRESS: # [redacted]

CITY: (b)(6)-4 | STATE | ZIP CODE

**ARRIVAL**

DATE *(Day, Month, Year)*: 22 Nov 03 | TIME: 0530

TRANSPORTATION TO FACILITY: A/E

SEX: M

AGE: 45

| DUTY/LOCAL PHONE | | HOME PHONE | |
|---|---|---|---|
| AREA CODE | NUMBER | AREA CODE | NUMBER |
| | | | |

| MILITARY STATUS | | | |
|---|---|---|---|
| ITEM | YES | NO | N/A |
| PRP | | | |
| FLYING STATUS | | | |
| MEDICAL HISTORY OBTAINED FROM | | | |

| THIRD PARTY INSURANCE | | |
|---|---|---|
| ITEM | YES | NO |
| ADDITIONAL INSURANCE | | |
| DD 2568 IN CHART | | |
| NAME OF INSURANCE COMPANY | | |

CURRENT MEDICATIONS: Zantac

ALLERGIES: NKDA's

| INJURY OR OCCUPATIONAL ILLNESS | | | |
|---|---|---|---|
| ITEM | YES | NO | WHEN *(Date)* |
| IS THIS AN INJURY? | | | WHERE |
| INJURY/SAFETY FORMS | | | |
| HOW Foley | | | |
| 1986 RFA NS | | | |

| EMERGENCY ROOM VISIT | |
|---|---|
| DATE LAST VISIT | 24 HOUR RETURN ☐ YES ☐ NO |
| **TETANUS** | |
| DATE LAST SHOT | COMPLETED INTITIAL SERIES ☐ YES ☐ NO |

CHIEF COMPLAINT: GSW (R) f.ib/f.ib

Smoke-1/2 yr x 20 yrs PSHx-(L) hand GSW ~~hand~~ Ring finger PMHx- Gastx

**CATEGORY OF TREATMENT**

☐ EMERGENT

☐ URGENT

☒ NON-URGENT

TIME / INITIALS

**VITAL SIGNS**

| | | | | |
|---|---|---|---|---|
| TIME | 0530 | | | |
| BP | 115/74 | | | |
| PULSE | 112 | | | |
| RESP | 18 | | | |
| TEMP Oral | 96.8 | | | |
| WT | | | | |

**LAB ORDERS**

| | | | |
|---|---|---|---|
| ☒ CBC/DIFF | ABG | PT/PTT | BHCG/URINE/BLOOD/QUANT |
| URINE C&S ☒ | UA MSCC | CATH | CHEM: |
| BLOOD C&S X | | | Mg X |

**X-RAY ORDERS**

| | |
|---|---|
| CXR PA & LAT/PORTABLE | C-SPINE |
| ACUTE ABDOMEN | LS SPINE |
| SINUS | HEAD CT |
| ANKLE R/L | |

**ORDERS**

☐ PULSE OX 98 % ☐ MONITOR ☐ ECG

| TIME | ORDERS | BY | COMPLETED BY | TIME | PATIENT'S RESPONSE |
|---|---|---|---|---|---|
| | Td .5 ml cc Im | | | | |
| | Penicillin 5 Meg IM | [redacted] | | | |
| | GSW R L NS | | | | |

(b)(6)-7

DISPOSITION: ☐ HOME ☐ FULL DUTY

DISPOSITION QUARTERS /OFF DUTY: ☐ 24 HRS. ☐ 48 HRS. ☐ 78 HRS.

MODIFIED DUTY UNTIL

RETURN TO DUTY

PATIENT/DISCHARGE INSTRUCTIONS

CONDITION UPON RELEASE: ☐ IMPROVED ☐ UNCHANGED ☐ DETERIORATED

ADMIT TO UNIT/SERVICE

TIME OF RELEASE

REFERRED ▶ TO | WHEN

I have received and understand these instructions.

PATIENT'S SIGNATURE

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other); hospital or medical facility)*

EPW # [redacted]

(b)(6)-4

**EMERGENCY CARE AND TREATMENT** *(Patient)*
Medical Record

**STANDARD FORM 558** (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 25222

NSN 7540-01-075-3786

| MEDICAL RECORD | EMERGENCY CARE AND TREATMENT *(Doctor)* | TIME SEEN BY PROVIDER ARR |
|---|---|---|

**TEST RESULTS**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| WBC | SMAC | | | ABG/PULSE OX | | | RADIOLOGY | Check if read by radiologist ☐ |
| H/H | | | | SUP 02 | PH | PO2 | RESULTS | (R) open Comminuted fx |
| PLT | | | | PCO2 | SAT | OTHER | | |
| | | | | U/A | DIP | | EKG INTERPRETATION | |
| TT | BHCG | ETOH | GLU | | MICRO | | | |

PROVIDER HISTORY/PHYSICAL

41 yo ♂ s/p GSW to (R) leg @ ≈ 0245. Arrived by airevac. Seen @ (BAS?) given Anef PTA. ↑ other injuries. AOS neg stenose c/o (R) leg pain

PMH: GERD
PSH: (R) heel fx
Meds: Zantac

O: Ao ox4 – mod distress.
HEENT: oplwp clear pat mucosa neck: supple NT Heart: atraumatic
Chest: CTA(B) LUS rhythm per 1/4 Abd: bowel
Ext: (R) leg ⊕ T-T GSW (R) and fx.6 ⊕2 dors pseudo pulses (B)

A/P Stable

| CONSULT WITH | TIME | ACTION |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

RESIDENT/MEDICAL STUDENT SIGNATURE [redacted] (b)(6)-2

PROVIDER SIGNATURE AND STAMP [redacted]

DIAGNOSIS open (R) fx.6 comminuted fx 2° GSW

CODES

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other); hospital or medical facility)*

EPW # [redacted] (b)(6)-4

EMERGENCY CARE AND TREATMENT *(Doctor)*
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 25223

## NURSING NOTES
(Sign all Notes)

| DATE | HOUR A.M. | HOUR P.M. | OBSERVATIONS Include medication and treatment when indicated |
|---|---|---|---|
| 22Nov03 | | | Pt admitted to floor. IVF patent (R) |
| 0710 | | | arm. Foley to gravity (R) leg bandaged |
| | | | c̄ bright red blood. Pt o/c to OR. 2-point |
| | | | restraints applied ⊖ skin breakdown |
| | | | under restraint - [redacted] 10MG |
| 0850 | | | Pt transported to OR via litter - [redacted] |
| 22Nov03 | | 1500 | Pt returned from sx via gurney in |
| | | | stable cond. Pt alert, speaking Arabic. |
| | | | VSS. ⊖ c/o pain. Drsg to RLE CDI. Pt |
| | | | able to move toes. Cap refill <3secs. |
| | | | SL in (R) arm flushes well ⊖ S/Sx |
| | | | infiltration/infection. Foley draining |
| | | | quantity sufficient clear yellow urine. |
| | | | Tol reg diet well. 2-point restraints in |
| | | | place ⊖ S/Sx complications. Will cont |
| | | | to monitor. [redacted] |
| 23Nov03 | 0745 | | assumed care of pt @1800. VSS. c/o some |
| | | | pain to RLE. Drsg CDI, ⊕ CMS, elevated |
| | | | on blankets. (R) FA IV flushes well, IV |
| | | | Abx cont. Foley draining clear yellow |
| | | | urine. 2pt restraints ⊖ S/Sx of skin |
| | | | circulation compromise. Plan: monitor |
| | | | NV status, pain control, IV Abx. |
| | | | [redacted] |

* U.S. Government Printing Office: 1995 - 404-763/20065

STANDERD FORM 510 (REV. 7-91) BACK

[redacted] (b)(6)-4

MEDCOM - 25224

510-112 NSN 7540-00-634-4123

| MEDICAL RECORD | | | NURSING NOTES (Sign all notes) |
|---|---|---|---|
| DATE | HOUR A.M. | HOUR P.M. | OBSERVATIONS Include medication and treatment when indicated |
| 23NOV03 | | 1855 | Assumed care @ 0700. Pt alert, speaking Arabic VSS. Pain controlled c̄ Percs. Pt amb in hallway c̄ crutches s̄ difficulty. Dsg/splint to RLE intact c̄ sm. amount sero-sang drainage noted. Elevated while in bed. Pt OOB to chair. Tol. well. Foley d/cd @ 1710. Pt amb to BR - (+) void. Tol. reg diet well. 2-point restraints in place s̄ s/sx complications. Will continue to monitor. [redacted] |
| 23Nov03 | | 2112 | Assumed care of Pt @ 1800 hrs. Pt A&O [redacted] VSS Denies pain @ this time. Dsg to (R)LE c̄ Ace Wrap CDI. LS CTA (B). HRRR. (+) BS x4 quads. RLE elevated while in Bed. Pt consumed 40% of meal this PM. Will cont to monitor. [redacted] |
| 24nov03 | @ 1300 | | Pt A&O, VSS, ∅ c/o pain @ this time. Pt amb x1 c̄ crutches s̄ difficulty. Splint c̄ dsg to RLE c̄ small amt sero-sang drainage. Elevated while in chair or bed. Pt moves toes, brisk cap refill. Tol. Reg diet well. 2 pt restraints on while in bed. Will |

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

| REGISTER NO. | WARD NO. |
|---|---|
| | |

NURSING NOTES
Medical Record

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 25225

| MEDICAL RECORD | **PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT**<br>For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General. |
|---|---|
| 1. AGE: 45<br>HEIGHT: 165 cm<br>WEIGHT: 63 Kg | 2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): NKDA<br>3. PREVIOUS SURGERY [ ] NO [X] YES (type): (L) Hand surgery |

4. PROPOSED SURGICAL PROCEDURE: IM Nailing (R) LE

NPO p 2000

5. ADDITIONAL INFORMATION: Last PO: Medical Hx: + gerd Implants: Medications:
Jewelry removed: yes/no Family waiting: yes/no
missing 1 front bottom tooth (Ⓐ TOB) Zantac

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| A. PSYCHOSOCIAL<br>X Potential for anxiety related to traumatic injury; language barrier; family separation; surgical environment | Pt. verbalizes any specific anxiety.<br>Pt. exhibits relaxed body posture.<br>Speaks limited English | Allow pt. to verbalize freely.<br>Explain OR environment and answer questions regarding surgery.<br>Offer comfort measures, (e.g., warm blanket, touch)<br>Explain all nursing procedures before they are done.<br>Remain with pt. whenever possible.<br>o Maintain family interface. |
| B. AERATION<br>X Potential for respiratory dysfunction due to sedation; positioning; injury | PT. will be able to breathe without difficulty during immediate intra-operative phase. | Offer to elevate head of litter or offer pillow.<br>Observe pt. while awaiting surgery for signs of distress<br>Assist anesthesia during intubation and extubation |
| C. INTEGUMENT<br>X Potential impairment of skin integuity due to bovie pad; position; fluid shift | PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas. | Utilize pressure preventing devices on OR table and accessories.<br>Check for proper positioning and support to maintain good body alignment.<br>Pad pressure points.<br>Place ESU ground pad on non compromised skin surface area.<br>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] (b)(6)-4

[redacted]

DA FORM 5179, JUN 91 Previoius editions are obsolete. USAPA V1.01

MEDCOM - 25226

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| D. CIRCULATION<br>X Potential for inadequate tissue perfusion due to anesthesia; traumatic injury; position; shock; previous surgery | Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse). | o Check for support stockings or ace wraps. If none, check with doctors.<br>Check that safety straps are correctly applied.<br>Offer pillow for under knees.<br>o Place and take down legs from stirrups with slow bilateral motion.<br>Check that rings have been removed. |
| E. NEUROMUSCULAR CONTROL<br>E.1. X Potential impairment of mobility due to sedation; pain; injury<br>E.2. X Potential discomfort due to injury; pain | Pt. will be transferred to OR table without difficulty.<br>Pt. will not experience unnecessary physical discomfort. | Have sufficient people available for transfer.<br>Insure proper body alignment.<br>Allow patient to lie in position of comfort while waiting for surgery.<br>Offer support (i.e., pillows, bathtowels, etc.) for positioning. |
| F. NEUROMUSCULAR CONTROL<br>F.1. X Disminished visual perception due to being injury; sedation;<br>F.2. X Potential for decreased communictaion due to language barrier; sedation<br>F.3. Potential injury due to dentures. | Pt. will be made aware of surroundings prior to anesthesia induction.<br>Pt. will be transferred safely to OR table.<br>Pt. will be able to understand instructions.<br>Minimize danger of injury during intraop period. | Introduce self. Keep pt. informed as to where he/she is and what is happening.<br>Inform pt. in which direction to move and assist if necessary.<br>Speak clearly and slowly.<br>Address pt. from either side. Very litl English<br>Validate pt.'s understanding of verbal communications.<br>o Verify removal of dentures. |
| G. OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs. | OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes. | OTHER NURSING INTERVENTIONS. Or continuation of above interventions. |

10. OR NURSING INTERVENTIONS COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

[redacted] CPT/AN 22 Nov 03 DATE

11. POSTOPERATIVE EVALUATION:

Bovie site: intact
Dsg: C+D
Resp: unassist
LOC: Drowsy

(b)(6)-2

| 12. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title) | 13. ~~PRE~~POST OPERATIVE EVALUATION PREPARED BY (Signature and Title) |
|---|---|
| [redacted] CPT<br>DATE: 22 Nov 03 TIME: 0700 | [redacted] CPT, AN<br>DATE: 22 Nov 03 TIME: 1052 |

REVERSE OF DA FORM 5179, JUN 91 USAPA V1.01

MEDCOM - 25227

**MEDICAL RECORD** | **INTRAOPERATIVE DOCUMENT**

For use of this form, see AR 40-407, the proponent agency is the office of The Surgeon General.

PATIENT TRANSPORTED TO OPERATING ROOM BY stretcher / BY anesthesia

2. PATIENT IDENTIFICATION RECORD REVIEWED AND PROCEDURE VERIFIED BY CPT [redacted]

DATE 2NOV03 — TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME 0821 — NUMBER 1-1

**5. PREOPERATIVE EMOTIONAL STATUS**

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

**6. NURSING PERSONNEL**

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SPC [redacted] (b)(6)-2 | RELIEF SCRUB | |
| ASSIGNED CIRCULATOR | CPT [redacted] | RELIEF CIRCULATOR | |

**7. POSITION AND POSITIONAL AIDS *(Specify)***

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

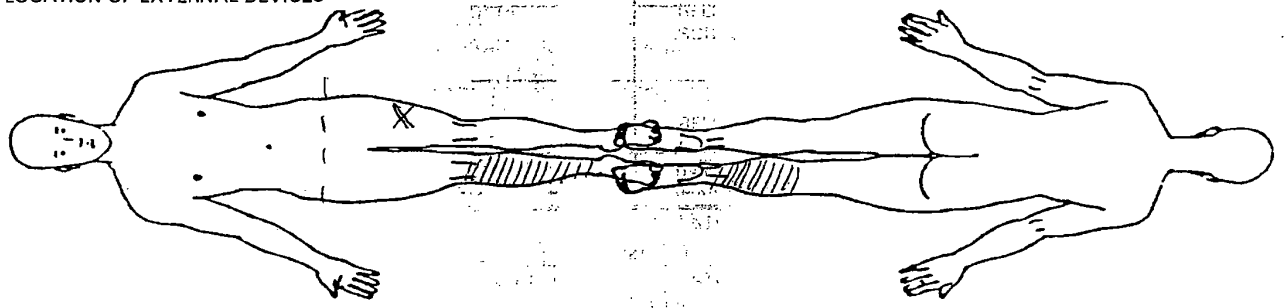
COMMENTS: on fx trable. Arms tucked @ sides

**8. SKIN PREPARATION**

HAIR REMOVAL ☒ YES ☐ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☒ RAZOR ☐ CLIP
COMMENTS: Sm. skin nick on knee

PREP SOLUTION *(Specify)* Betadine scrub/sol'n
SITE: Rt. Lower leg BY WHOM: Meyer
SITE: BY WHOM:
COMMENTS: No pooling of fluids

**9. LOCATION OF EXTERNAL DEVICES**



LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

C = Correct I = Incorrect Initial [redacted] (b)(6)-2

**10. COUNTS**

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☒ Yes | ☐ No | | | | [redacted] | [redacted] |
| Needle Sharp | ☒ Yes | ☐ No | | | C | | |
| Instrument | ☐ Yes | ☒ No | | | | | |
| Other | ☐ Yes | ☒ No | | | | | |

**11. PATIENT IDENTIFICATION** *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

# [redacted] (b)(6)-4

**12. ELECTROSURGERY DEVICE(S) (ESU)** ☒ YES ☐ NO

☒ ESU NO: Force 40 R8E 105303 50/50
GROUND PAD: BRAND
LOT NO: 69441

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 — REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. — USAPA V1.00

MEDCOM 25228

13. PROSTHESIS, IMPLANTS ☒ YES ☐ NO IF YES NAME: ID NUMBER, MANUFACTURER

IM Nail Tray Load # 0332601 | IM Nail X1 8 X 330 | Screws 38 X 58.800 X1 42 X1 | Cap screw 5 X 58.100 X1

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 % NS

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| None | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☒ NO ☐ C-Arm IF YES, SITE Rt. Lower Leg

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

| TYPE/SIZE | 1. | 2. | 3. |
|---|---|---|---|
| SITE | 1. | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*
Fluffs
Lg ABD
Kerlix
Ace

19. ADDITIONAL INFORMATION

Surg: [redacted]
Asst: [redacted]
Anesth: [redacted] CRNA Type: General

(b)(6)-2

Foley in place PTA.

20. OPERATION(S) PERFORMED
1. Rt. Tibial Nailing

21. PATIENT TRANSFERRED TO PACU TIME 1049 METHOD stretcher

22. REGISTERED NURSE SIGNATURE [redacted] CPT/AN

REVERSE OF DA FORM 5179-1, OCT 87 MEDCOM - 25229 USAPA V1.00

511-119 NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

| HOSPITAL DAY | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| POST- DAY | | | | | | | | | | | | | | | | | | |
| MONTH-YEAR | DAY | 22 | | 23/24 | | | | | | | | | | | | | | |
| Nov 2003 | HOUR | 9 | 12 | 18 | 10 | | | | | | | | | | | | | |
| PULSE (O) | TEMP. F (•) | 98.9 | 98.9 | 99 | 99 | | | | | | | | | | | | | |
| | 105° | | 100 | 100 | | | | | | | | | | | | | | |
| 180 | 104° | | | | | | | | | | | | | | | | | |
| 170 | 103° | | | | | | | | | | | | | | | | | |
| 160 | 102° | | | | | | | | | | | | | | | | | |
| 150 | 101° | | | | | | | | | | | | | | | | | |
| 140 | 100° | | | | | | | | | | | | | | | | | |
| 130 | 99° / 98.6° | | | | | | | | | | | | | | | | | |
| 120 | 98° | | | | | | | | | | | | | | | | | |
| 110 | 97° | | | | | | | | | | | | | | | | | |
| 100 | 96° | | | | | | | | | | | | | | | | | |
| 90 | 95° | | | | | | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | |
| RESPIRATION RECORD | | 18 | 18 | 16 | 20 | 18 | | | | | | | | | | | | |

TEMP. C: 40.6°, 40.0°, 39.4°, 38.9°, 38.3°, 37.8°, 37.2°, 37.0°, 36.7°, 36.1°, 35.6°, 35.0° (Centigrade Equivalents, for Reference only)

Record special data only when so ordered

| | | | | | | |
|---|---|---|---|---|---|---|
| BLOOD PRESSURE | ① | 124/76 | 123/59 | 106/62 | 114/73 | |
| | ② | 111 | 116/77 | 117/79 | | |
| ① TEMP | | T97.9 | 100.1 | 100.6 | | |
| HEIGHT: | WEIGHT ② TEMP | | 98.6 | | | |
| ① $O_2$ Sat | | | 91 (RA) | 96 (RA) | 97% (RA) | |
| SOURCE | | | RA | 9 | | |
| ② $O_2$ Sat | | | 100% | 97% | | |
| SOURCE | | | RA | RA | | |

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)*

REGISTER NO.

WARD NO.

[redacted] (b)(6)-4

**VITAL SIGNS RECORDS**

Medical Record

**STANDARD FORM 511** (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 25230

# MEDICAL RECORD — VITAL SIGNS RECORD

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HOSPITAL DAY | | | | | | | | | | | | | | | | | |
| POST- | DAY | | | | | | | | | | | | | | | | |
| MONTH-YEAR | DAY | 25 | | | | | | | | | | | | | | | |
| 19 | HOUR | 0800 | | | | | | | | | | | | | | | |
| PULSE (O) | TEMP. F (°) | | | | | | | | | | | | | | | | TEMP. C |
| | 105° | | | | | | | | | | | | | | | | 40.6° |
| 180 | 104° | | | | | | | | | | | | | | | | 40.0° |
| 170 | 103° | | | | | | | | | | | | | | | | 39.4° |
| 160 | 102° | | | | | | | | | | | | | | | | 38.9° |
| 150 | 101° | | | | | | | | | | | | | | | | 38.3° |
| 140 | 100° | | | | | | | | | | | | | | | | 37.8° |
| 130 | 99° | | | | | | | | | | | | | | | | 37.2° |
| | 98.6° | | | | | | | | | | | | | | | | 37.0° |
| 120 | 98° | | | | | | | | | | | | | | | | 36.7° |
| 110 | 97° | | | | | | | | | | | | | | | | 36.1° |
| 100 | 96° | | | | | | | | | | | | | | | | 35.6° |
| 90 | 95° | | | | | | | | | | | | | | | | 35.0° |
| 80 | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | |

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

Record special data only when so ordered

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.

**STANDARD FORM 511** (REV. 7–95) **BACK**

MEDCOM - 25231

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/22/03 06:16

Patient ID: [illegible]
Test Name [illegible]
Test [illegible] := 14.8 sec.
Rat[illegible]
Calculated INR = 1.97
Sample Type: [illegible] wh. blood
Test Date :11/22/[illegible]
Test Time :06:15
Card Lot :080201
Operator [redacted]

(b)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/22/03 06:22

Patient ID [redacted]
Test Name [illegible]
Test Result:= 33.6 sec.
Sample Type:citrated wh. blood
Test Date :11/22/03
Test Time :06:19
Card Lot :100208
Operator [redacted]

(b)(6)-4

[redacted]

22-11-03
06:12

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 14.5 H | x10^3/uL | 4.5 | 10.5 |
| RBC | 4.78 | x10^6/uL | 4.00 | 6.00 |
| Hgb | 12.7 | g/dL | 11.0 | 18.0 |
| Hct | 40.1 | % | 35.0 | 60.0 |
| MCV | 83.9 | fL | 80.0 | 99.9 |
| MCH | 26.6 L | pg | 27.0 | 31.0 |
| MCHC | 31.7 L | g/dL | 33.0 | 37.0 |
| Plt | 299. | x10^3/uL | 150. | 450. |
| LY% | 11.2 *L | % | 20.5 | 51.1 |
| LY# | 1.6 * | x10^3/uL | 1.2 | 3.4 |

(b)(6)-2

| Ward/Section: ER | REQUESTING PHYSICIAN: [redacted] | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. EPW # [redacted] | DATE 22NOV03 / TIME | SSN/PSEUDO SSN: |

**(i-STAT)**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Na | 143 | 138-146 mmol/L |
| K | | 3.5-4.9 mmol/L |
| Cl | 109 | 98-109 mmol/L |
| pH | | 7.31-7.45 |
| PCO2 | | 35-45 mmHg (art)<br>41-51 mmHg (ven) |
| PO2 | | 80-105 mmHg (art)<br>N/A (ven) |
| TCO2 | | 23-27 mmol/L (art)<br>24-29 mmol/L (ven) |
| HCO3 | | 22-26 mmol/L (art)<br>23-28 mmol/L (ven) |
| sO2 | | 95-98% |
| BEecf | | (-2) – (+3) mmol/L |
| AnGap | | 10-20 mmol/L |
| Ca | | 1.12-1.32 mmol/L |
| BUN | | 8-26 mg/dl |
| GLU | | 70-105 mg/dl |
| Creat | | 0.7-1.5 mg/dl |
| Hct | | 38-51% PCV |
| Hgb | | 12-17 g/dl |

**Misc. Chemistry**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Troponin-I | | |
| Drug of Abuse | | |
| | | |
| | | |
| | | |

**(Piccolo) Chemistry 12**

(b)(6)-4

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.5-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| BUN | | 7-22 mg/dl |
| $CA^{++}$ | | 8.0-10.3mg/dl |
| CHOL | | 100-200 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| GLU | | 73-118 mg/dl |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Metlyte 8**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| CK | | 39-380 u/l (M)<br>30-190 u/l (F) |
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**(Piccolo) Metabolic Panel**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| [illegible] | | 73-118 mg/dl |

======= PICCOLO =======
22/11/03 06:17
REFERENCE RANGE: MALE
PATIENT #: [redacted]
METLYTE 8
DISC LOT #: 3152AA4
OPER #: 013 DR #: 000
SERIAL #: 0000100494
.....

| | | | |
|---|---|---|---|
| GLU | 102 | 73-118 | MG/DL |
| BUN | 9 | 7-22 | MG/DL |
| CRE | 1.2 | 0.6-1.2 | MG/DL |
| CK | 4165* | 39-380 | U/L |
| ~~NA+~~ | ~~126*~~ | 128-145 | MMOL |
| K+ | 4.5 | 3.3-4.7 | MMOL |
| ~~CL~~ | ~~***~~ | 98-108 | MMOL |
| tCO2 | 18 | 18-33 | MMOL |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 1+, ICT 0

**REMARKS:**

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

GSW (R) Ed/Fil ... Nailing Fent 50 ... BAS ≈ 0100

ASA II E

# MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-66; the proponent agency is the OTSG

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG (Units) | 0845 | 0900 | 0930 | 1000 | 1030 | 1100 |
|---|---|---|---|---|---|---|
| Fentanyl MCG | 100 | 100 50 | 30 30 | | 25 | 25 |
| Midazolam MG | 100 | | | | | |
| Propofol MG | 150 | | | | | 30/20 |
| Neuromuscular (MG) | 100 | | | 2 | | |
| ( ) | | | | | | |
| ( ) | | | | | | |

VOLAT AGENT Forane % del / % e.t.: 0 1.5 1.0 1.0 1.0 1.0 .9 1.3 1.0 1.0 1 .6 .6 .6 .6 .1

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AIR L/Min | | | | | | | | | | | | | |
| N2O L/Min | | | | | | | | | | | | | |
| O2 L/Min | 2 6 | 2.5 | 1.8 | 1.8 | 1.8 | 1.6 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 2.4 | 1.0 |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → 1030 #1 Gravicanet

**FLUIDS**

LINE site: RGA (R) JA — ☐ Warmed ☒ Warmed ☐ Warmed ☐ Warmed

UR — 1000 — 1300 — 1700

**LOSSES** — EST BLOOD LOSS / URINE - Foley — 500 — 200/700 — 750

PHYS STATUS: 1 2 3 4 5 (E)

BODY WEIGHT: ≈ 75 KG / LB

HEMATOCRIT: 40

INITIAL DATA: BP- 126/75 HR- 106 100%

EQUIP CHECK: OK?- (Y) N

PATIENT RECHECK: OK for PROCEDURE? YES TIME- 0820

TIME → 0830 0900 0930 1000 1030 1100

SYMBOLS: BP by cuff V ∧; Heart rate ●; Resp rate; BR (transduced); TOURNIQUET T—⊥; ANES- X-X; PROC- ⊙-⊘

220 / 200 / 180 / 160 / 140 / 120 / 100 / 80 / 60 / 40 / 20

**VENTIL**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| VT - ml | | 700 | 630 | 810 | 840 | 700 | 630 | 570 | 700 | 400 | 400 |
| f - breaths/min | + | 9 | 10 | 9 | 7 | 8 | 8 | 8 | 7 | 9 | 16 |
| Peak inf pres / PEEP | | 16 | 15 | 20 | 20 | 21 | 21 | 21 | 21 | 20 | |
| MODE - S(pon), A(ssist), C(on) | SV | A/CV | CV | CV | CV | CV | CV | CV | CV | AV | SV |

**MONITORS/ACCESSORIES**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BP/Auto Cuff / ET CO2 (torr) | + | 35 | 39 | 29 | 29 | 31 | 29 | 29 | 28 | 45 | 45 |
| BP/oth / FIO2 (Frac or %) | .88 | .88 | .85 | .85 | .82 | .82 | .87 | .87 | .88 | .88 | .88 |
| ART line / SpO2 (%) | 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 |
| Gas analyzer / TEMP-site | Nasal | 36.0 | 35.9 | 36.0 | 36.0 | 35.9 | 35.9 | 35.9 | 35.9 | 35.9 | |
| N-M Block (T/4) | 4/4 | 0/4 | 0/4 | 0/4 | 0/4 | 0/4 | 0/4 | 0/4 | 1/4 | 4/4 | Adequate Relaxation |

Warming blkt: Warmed Room → X 0845

Conv warmer

Mark with letters & symbols, explain under REMARKS — EVENTS Position → Supine Mechanical table arms tucked

**TOTALS** — TOTAL EBL: <50 ml; TOTAL URINE: 750 ml

**FLUIDS - SUMMARY**

CRYSTALLOID- 1700 ml

COLLOID- Ø

BLOOD- Ø

**REMARKS** — *Code drugs with numbers, events with letters*

0750 Propofol as below. IV #1
0810 IV OR #1
transfer to OR table
pre-oxygenation
0825 Induction + intubation 3 min
0845 Neostigmine 3.0 mg
Glycopyrrolate 0.4 mg
1045 Oral suction
1050 Extubated FiO2 1.0
TOF 4/4 sustained
Hand left x 5 seconds
SvO2 96 (+) spontaneous
TO PACU Report to
SGT [redacted]

RECOVERY AT 1050 — PACU / ICU _____ (Specify) — OTHER _____

CONDITION: Stable 100%

RESP: 22 SpO2: 98 SpO2: 94

BP- 134/75 HR- 88 95 (T)

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 0820 | 0830 | 1100 |
| | Ready | Begin | End |
| PROC | 0825 | 0850 | 1045 |

PROCEDURES and CPT Codes: IM Nailing R Tib / Fib

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

# [redacted] EPW

(b)(6)-4

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks* GETA

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* Mouth Easy Mask Nasal Intubation DL x 1 Grade 1 View with CP Pressure x 3 BBS=CPA Secured 23 cm @ teeth R. OETT Milton 2.0

SURGEONS: [redacted] (b)(6)-2 [redacted]

PROCEDURE LOCATION: OR #1

DATE: 22 Nov 03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 — COPY 2 - ANESTHESIA PROVIDER — USAPA V1.00

Good 11/22/03 PT 14.8 INR 1.2 PTT 33.6
Hct 109/9 4.79a.7 299 NKDA NPO Advanced

MEDCOM - 25234

NSN 7540-01-165-7294 519-301

# RADIOLOGIC CONSULTATION REQUEST/REPORT

*(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)*

| EXAMINATION(S) REQUESTED | AGE / SEX | SSN *(Sponsor)* | WARD/CLINIC | REGISTER NO. |
|---|---|---|---|---|
| AP/LAT (R) TIBIA | M | | ICW#1 | |
| | FILM NO. | | | PREGNANT ☐ YES ☐ NO |
| | REQUESTED BY *(Print)* [redacted] | | | TELEPHONE/PAGE NO. |
| | SIGNATURE OF REQUESTOR (b)(6)-2 | | | DATE REQUESTED 22NOV03 ASAP |

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

POST-OP FILMS

| DATE OF EXAMINATION *(Month, day, year)* | DATE OF REPORT *(Month, day, year)* | DATE OF TRANSCRIPTION *(Month, day, year)* |
|---|---|---|
| | | |

RADIOLOGIC REPORT

| PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)* | LOCATION OF MEDICAL RECORDS |
|---|---|
| [redacted] (b)(6)-4 | LOCATION OF RADIOLOGIC FACILITY |
| | SIGNATURE |

MEDCOM - 25235

## 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 |
|---|---|---|---|---|---|---|
| (b)(6)-4 [redacted] (b)(6) [redacted] 22 Nov 03 @ 0715 | | | | 22 Nov 03 | 0600 HOURS | |
| | | | | ① Admit to ICW 1 | | |
| | | | | NPO | | |
| | | | | IVF 100 cc/hr LR | | |
| | | | | on call to OR [redacted] | | |
| | | | | MSO4 2-8mg IV q 2° prn pain | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER _____ HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER _____ HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER _____ HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 25236

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION: [redacted] (b)(6)-2

DATE OF ORDER: 11/27/03 TIME OF ORDER: 1800 HOURS

- Stable
- Routine vitals
- Heplock IV
- Elevate (R) leg @ heart level
- Reinforce dressing prn
- Bedrest today. OOB & ambulate tomorrow WBAT

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: [redacted] Noted 23NOV03 1220

DATE OF ORDER | TIME OF ORDER | HOURS

- Regular Diet
- Percocet 1 po q4° p
- Demerol 50-75 mg IM q4° prn breakthrough
- Phenergan 25 mg IVq6° prn nausea
- Ambien 10 mg po q HS prn
- Ancef 1 gm IV/IB q8°
- Levoquin 500 mg IVqD

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: (b)(6)-2 24° a/w [redacted]

DATE OF ORDER | TIME OF ORDER | HOURS

- XR: AP+LAT (R) TIB/FIB

[redacted]

23NOV03 1630

DIC Foley

V.O. Dr [redacted]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: [redacted] Noted 24 Nov

DATE OF ORDER: 24 Nov TIME OF ORDER: 1730 HOURS

V.O. from Dr [redacted]

Transfer to WW2

[redacted]

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 25237

## MEDICAL RECORD - DOCTOR'S ORDERS

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

| ORDER NUMBER | DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS | ORDER NOTED TIME & INITIALS | COMPLETED TIME & INITIALS |
|---|---|---|---|
| | POST ANESTHESIA ORDERS (circled Items) | | |
| 1 | VS q 5 min X 15 min, then q 15 min until discharge. | | |
| 2 | Supplemental oxygen. | | |
| 3 | Morphine / Meperidine 2 mg IV now and 2 mg q 3-5 min prn pain for a max dose of 10 mg. | | |
| 4 | ~~Zofran ____ mg IV prn N/V q 15 min, may repeat x ____.~~ [redacted] | | |
| 5 | Metoclopramide 10 mg IV prn N/V x 1. | | |
| 6 | Droperidol .625 mg IV prn N/V x 1. | | |
| 7 | Phenergan 25 mg IV prn N/V x 1. | | |
| 8 | ~~Benadryl 25-50mg IVP q1 hr prn, itching while in PACU.~~ [redacted] | | |
| 9 | IVF: LR @ 100 cc/hr. | | |
| 10 | Discharge from recovery status when PACU discharge criteria met. | | |
| 11. | Demerol 12.5mg IV prn for shivering, may repeat x1 in 15 minutes for continued shivering. [redacted] MC/NAGR, MD (b)(6)-2 | [redacted] (b)(6)-2 22 Nov 03 | |

PATIENT IDENTIFICATION

[redacted] (b)(6)-4

Complete the following information on page 1 only. Note any changes on subsequent pages.

Diagnosis: _____

Height: _____ Weight: _____ Diet: _____

Allergies: _____

| Nursing Unit | Room No. | Bed No. | Page No. |
|---|---|---|---|
| PACU, 28th CSH | | | 1 of 1 |

MEDCOM FORM 688-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE MC V1.00

.CORD - DOCTOR'S ORDERS

For us . 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 |
|---|---|---|---|---|---|
| (b)(6)-7 [redacted] | | | 11/24/03 | 1045 HOURS | |
| | | | - D/C IV ABX | | |
| | | | - Start Levaquin 500mg po QD | | |
| | | | - D/C to EPW Camp Pendleton | | |
| [redacted] | | | (b)(6)-2 [redacted] | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| 24° / done [redacted] / AN | | | | | |
| PATIENT IDENTIFICATION | | | | TIME OF ORDER | |
| | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
| | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 25239

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo NOV Yr. 2003 |
|---|---|---|

*VERIFY BY INITIALING* — *INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION*

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 22 | 23 | 24 |
|---|---|---|---|---|---|---|
| 22Nov | [redacted] | NPO | 06 12 18 | [redacted] | PRE-op | |
| 22 | [redacted] | Routine vitals | 06 18 19 06 | [redacted] | | |
| 22 | [redacted] | elevate (R) leg above heart level | 06 18 19 06 | [redacted] | | |
| 22 | [redacted] | incentives BR tidal | 06 18 19 06 | [redacted] | | |
| 22 | [redacted] | OBC crutches trm. WBAT | 06 18 19 06 | [redacted] | | |
| 22 | [redacted] | regular diet | 06 18 19 06 | [redacted] | | |

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: GSW (R) leg S/P IM nailing.

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION: (b)(6)-4 [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 |

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

MEDCOM - 25240

**BATES PAGES MEDCOM 25241-26178 ARE NONRESPONSIVE AND HAVE NOT BEEN PROVIDED**

| MEDICAL RECORD | ABBREVIATED MEDICAL RECORD |
|---|---|

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION *(Enter date of admission)*

20yo EPW S/P Blunt trauma to face.
Pt seen @ 21st CSH (mosul) and transferred here for tx. 5min LOC per report.
Pt c̄ Bilateral mandible fx's per plain film.

PMH: Φ
PSH: Φ
meds: Φ
allergies: NKDA.

13.6 / 15.9 / 46.9 / 278

| 132 | 101 | 18 | 90 |
|---|---|---|---|
| 3.9 | | 0.8 | |

PHYSICAL EXAMINATION

nc c̄ facial swelling
PERRL EOMI Φ Battle's sign/Raccoon Eyes
Φ palpable facial steps (mid face)
nares patent
mouth stable
mand mobile
CV RRR
lungs CTA (B)
abdomen [redacted]
ext Φ C/C/E
neuro ⊕ V3 paresthesia

Plain films show [redacted] b(6) 2 Right parasymphysis fx and left angle + ramus fx

DIAGNOSIS *(enter date of discharge and final diagnosis)*

A/P Bilateral mandible fx's
(b) Plan for OR c̄ reduction of fx's
Open vs closed

b(6) 2

| SIGNATURE OF PHYSICIAN [redacted] | DATE 11 Dec 03 | IDENTIFICATION NO. | ORGANIZATION |
|---|---|---|---|

PATIENT IDENTIFICATION *(For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)*

| REGISTER NO. | WARD NO. |
|---|---|
| | |

[redacted] b(6) 4

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1975
USAPPC V1.00

MEDCOM - 26179

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 12 Dec 03 | (1230) VSS. Ø c/o pain. Pt arrived to floor ~ 2330. Pt amb into cot ī difficulty. (L) side of face swelling noted. Pt spitting into cup ~~bt~~ bright, red blood. Yankeur suction at ~~BS~~ bedside. HOB @ 45°. Ø signs/symptoms of Respiratory distress. BS CTA, BS (+) x 4 quads. IV in (R) AC. ī difficulty. N.S 125cc/hr. 2 pt Restraints placed. Will monitor. b(6)-2 [redacted] |
| 12 Dec 03 0700 | - Assumed care of pt. AT0 x 3. VSS Ø c/o pain or discomfort. Lungs clear No evidence of respiratory distress noted. HRRR. Active BS x 4 quads tolerating clear liquid diet ī difficulty suction machine ī yankeur at bedside. Clear yellow urine spontaneously. BS. Dx mandible fx. HOB elevated. (L) side of face swollen spitting dark blood Ø active bleeding noted. Will cont to monitor. [redacted] |
| 13 DEC 03 | (0010) Assumed care @ 1800. Pt alert, speaking Arabic. b(6)-2 VSS. Ø c/o pain. Swelling noted on (L) side of face. Ø c/o N/V. HOB elevated. IV in (R) ac dlcd d/t infiltration, catheter intact. IV 18g started in (R) forearm. IVFs infusing ī sign infiltration. Pt aware he is NPO @ this time. voiding ī difficulty. 2-point restraints in place ī sign complications. Will continue to monitor. b(6)-2 [redacted] |

| 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. 6/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

[redacted] b(6)-4

MEDCOM - 26180

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | PROGRESS NOTES

| DATE | NOTES |
|---|---|
| | b(6)-2 A11 |
| 22DEC03 (0005) | wired shut. Tol. BTS diet well. Voiding ē difficulty. 2 point restraints in place ē s/sx complications. Will cont. to monitor. [redacted] |
| 22DEC03 @ 1605 | Assumed care @ 0600. VSS. A&O, speaking arabic c jaws still wired shut. BTS diet tol well. Voiding clear, yellow urine ē difficulty - OOB → hallway x 1hr, toilet. ⊖ signs of skin compromise on restrains, will monitor. [redacted] |
| 23Dec03 | (0115) VSS. ⊘ c/o pain. Jaw wired shut. Wire cutters at nurse's station. Tol po well. Voids clear, yellow ē difficulty. Amb c steady gait. ⊘ BS CTA, BS+ x 4quad. ⊕ side of face slightly swollen. Will continue to monitor. [redacted] |
| 23Dec03 1610 | Assumed care of pt @ 0600. Pt resting comfortable in bed ⊖ s/s of resp distress, pain or discomfort. Pt ambulates in hallway. Voiding clear urine. Jaws remain wired. Wire cutters @ nurses station. Will continue to monitor. [redacted] |
| 24Dec03 | (0000) VSS. ⊘ c/o pain. ⊕ side of jaw ↓ swelling. ⊘ signs/symptoms resp distress. Wire cutters at nurse's station. Voids clear, yellow ē difficulty. Amb c steady gait. Tol po well. Will monitor. [redacted] |

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | SSN or Other)

DEPART. SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO.

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(6)-1

MEDCOM - 26181

b(6)-2 A11

| NAME | FIRST NAME | M.I. | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 24DEC03 @ 1145 | Assumed care @ 0600. VSS. A&O, jaws still wired shut. Scissors @ nurse's station. Tol BTS diet c̄ milk and ensure well. Voiding clear, yellow urine s̄ difficulty. OOB → toilet, hallway. ⊖ signs of skin compromise on restraints. will monitor — [redacted] PFC911 |
| 24DEC03 @ 2300 | Assumed care of pt. @ 1800. VSS. A&O, ⊖ c/o pain. LS CTA. ⊕ BS all 4 quads. Pt. reported watery stool p̄ OOB → BR. Voids CYU s̄ difficulty. Ø IV access. Jaws wired shut, tol BTS diet well. Pt. in 2-point restraints. Ø s/sx of skin breakdown. All other assessments WNL. [redacted] 2LT, AN |
| 0915 25Dec03 | Pt A&Ox3, VSS, LS CTA ⊕, ⊕ BS x4, OOB → BR, performed ~~ADLs~~ personal hygiene, c/o loose stool, new order for Immodium 20cc liquid, voiding CYU s̄ difficulties, Ø s/sx of skin breakdown, jaws remain wired shut, consumed 100% of diet. — [redacted] JW |
| 1150 | Adm 4mg Immodium diluted in water for loose stools. — [redacted] JW |
| 26DEC0400 | Assumed care of pt. @ 1800. VSS, Ø c/o pain. [redacted] sleeping @ this time. Jaws wired shut, wire cutters @ nurses station. Mild edema to mandible. Tol. BTS diet well, Ø IV access. Pt. in 2-point restraints, Ø signs of skin breakdown. All other assessments WNL. Will cont. to monitor. — [redacted] T, AN |
| 1200 | Pt A&O, VSS, ¢ complaints, sleeping often, wire cutters @ Nurses station. Tol. BTS diet this AM. amb. s̄ difficulty. voiding CYU. 2 pt restraints on ⊖ complication — [redacted] PN |

STANDARD FORM 508 (REV. 9/1999) B

MEDCOM - 26182

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | PROGRESS NOTES

| DATE | NOTES |
|---|---|
| 26DEC03 | (2235) Assumed care of pt @ 1800. Pt alert, speaking Arabic. VSS. Ø c/o pain. Jaw remains wired shut. Tol. BTS diet well. Amb well. Voiding s̄ difficulty. 2-point restraints in place s̄ s/sx complications. Will cont. to monitor. b(6)-2 [redacted] |
| 27DEC03 @1045 | assumed care of pt @ 0600. VSS. no c/o pain. Jaw wired shut, all intact, Ø c/o from pt. Tol liquid diet s̄ difficulty. LS CTA ⊕ BS. Void s̄ difficulty. Amb in hallway s̄ problems. 2pt restraints in place in bed, Ø s/sx of sym/circulation compromise. Plan: enc po, enc OOB, monitor jaws/mouth pain control. b(6)-2 [redacted] |
| 28DEC03 | (0045) Assumed care @ 1800. Pt alert, speaking Arabic. VSS Ø c/o pain. Amb well. Jaw remains wired shut. Tol. BTS diet well. Oral hygiene done this pm. Voiding s̄ difficulty. 2-point restraints in place s̄ s/sx complications. Will cont. to monitor. b(6)-2 [redacted] |
| 28DEC03 @0915 | assumed care of pt @ 0600. VSS. Ø c/o pain. alert, speaks some English. LS CTA ⊕ BS, tol ~~liq~~ eng blended/liq diet well. Oral care completed. Wires to mouth intact. Ø difficulty c̄ voiding. Amb often. (CONT) ngu |

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME (LAST, FIRST, MI) | SPONSOR'S DIVISION/BRANCH

DEPARTMENT | HOSPITAL OR FIELD DESIGNATION | RECORD MAINTAINED AT

PATIENT'S IDENTIFICATION (Rank, Name, Date of birth, Sex, Date of entry, Place of birth) | REGISTER NO | WARD NO

PROGRESS NOTES
Medical Record
STANDARD FORM 509 REV. 4/73

# [redacted] b(6)-4

b(6)-2 A11

0915 2 pt restraints on ∃ S/Sx of skin/circulation
(CONT) compromise. Plan: maintain airway, enc OOB,
enc po. [redacted]

29DEC03 (0110) Assumed care @ 1800. Pt alert, speaking Arabic. VSS. ∅ c/o
pain. Pt amb well. Jaw remains wired shut. Tol. BTS diet
well. Voiding ∃ difficulty. 2 point restraints in place ∃
S/Sx complications. Will cont. to monitor. [redacted]

29Dec03 Rec'd report and assumed care. ⊖ s/s of Resp distress
1100 pain or discomfort @ present time. Pt ambulates to
BR. Jaw remains wired, wired cutter @ nurses'
station. ⊖ skin breakdown under restraints. Will
continue to monitor - [redacted] 91WM6

1630 Pt evaluated by Dr [redacted] ⊖ 4 in condition
wires intact - [redacted] 91WM6

30DEC03 (0140) VSS. ∅ c/o pain. HOB 30°. BS CTA. ∅ signs/symptoms
of resp distress. Jaw wired shut. Tol PO well. Amb c̄ steady
gait. Voids ∃ difficulty. Wire ~~cutters~~ cutters at NS. Will
continue to monitor. [redacted]

30DEC03 @ 1600. Assumed care @ 0600 VSS. A&O. Pt c/o
very hungry after meals. Dr [redacted] informed
Pt diet changed to Double Portion to BTS diet. Pt
also informed of NPO status ∃ MN for in Tomorrow
∅ c/o pain voiced or noted. OOB to BR and ambulate
in hallway. Jaws remain wired. Wire cutters
@ nurses station. HOB ↑ 30°. Will continue plan of
care. 2 point restraints in place without compromise
circulation or skin integrity. [redacted]

MEDCOM - 26184

ACLU-RDI 1744 p.1407

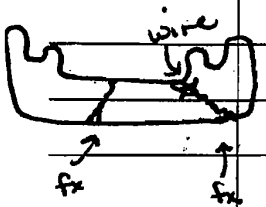
DOD-039636

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |

OMFS Transfer Summary

02 JAN 04 @ 1117 ~2040Im S/P Blunt Trauma to face. Pt sustained a right mandibular body + left mandibular angle fx. Pt was originally seen @ 21ST CSH mosul and transferred to [redacted] 622 Baghdad for Tx. Pt taken to OR on 13 DEC 03 for closed reduction of mandible fracture with arch bars + wire c̄ maxillo-mandibular fixation. S/P tx Pt c̄ c/o movement @ (L) mandibular angle. Panorex xray taken and left mandibular angle - Proximal segment more displaced. Pt was taken back to the OR on 31 Dec 03 for open reduction of left mandibular angle fx with wire osteosynthesis @ superior border. Post OP panorex




| 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. |
|---|---|---|
| # [redacted] b(4)-4 [redacted] | | |

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 6/1998)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

TRANSCRIPT SUMMARY

MEDCOM - 26185

NSN 7540-01-075-3786

| MEDICAL RECORD | EMERGENCY CARE AND TREATMENT *(Doctor)* | TIME SEEN BY PROVIDER |
|---|---|---|
| | | AR R |

**TEST RESULTS**

| CBC | | SMAC | | ABG/PULSE OX | | | RADIOLOGY | Check if read by radiologist ☐ |
|---|---|---|---|---|---|---|---|---|
| | WBC | | | SUP 02 | PH | PO2 | RESULTS | |
| | H/H | | | PCO2 | SAT | OTHER | | |
| | PLT | | | | | | | |
| PT | | | | U/A | DIP | | EKG INTERPRETATION | |
| APTT | BHCG | ETOH | GLU | | MICRO | | | |

PROVIDER HISTORY/PHYSICAL 20 year old Iraqi male, pt states he was "punched" in left side of Jaw, pt states difficulty swallowing saliva, no difficulty breathing, ⊖LOC, Pt. states ⊕ dizziness, ⊖ nausea that lasted 5-10 mins, pain radiating to mandible [redacted] b(4)-2

20yo EPW s/p Jaw injury on Dec 8th c̄ fx to Mandible c/o Pain @ Jaw + upperarm.

PE: USS gen NAD
CV: RRR ⊖M
Lungs: CTA ⊖ Good air exchange
abd: ⊕ Contusion c̄ ecchymosis over ⊕ inf Rib, ⊕ TTP @ Rib, ⊖ crepitus, ⊖ flailing. abd soft, ND, ⊕BS, NTTP, ⊖HSM.
Neuro: AAOx3, CN intact.
Xray: ⊕ fx Mandible - L to R.
CT:

| CONSULT WITH | TIME | ACTION | RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP |
|---|---|---|---|
| OMF | 2130 | Admit | |
| | | | PROVIDER SIGNATURE AND STAMP b(4)-2 [redacted] |

DIAGNOSIS: Mandible fx

CODE: [redacted]

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name – last, first, middle; ID no. (SSN or other); hospital or medical facility)*

# [redacted]
[redacted] b(4)-4

**EMERGENCY CARE AND TREATMENT** *(Doctor)*
Medical Record

**STANDARD FORM 558** (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 26186

b(6)-4 [redacted]

558-103 (See Instructions on Back of this Sheet) NSN 7540-01-075-3786

# EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY (Stamp): 21CSH, BCo, Mosul Iraq

LOG NUMBER:

ARRIVAL — DATE: DAY 11, MONTH Dec, YR. 03 — TIME: 1450

TRANSPORTATION TO HOSPITAL (Attach care enroute sheet): [ ] PRIVATE VEHICLE [ ] AMBULANCE [X] OTHER (Specify)

CURRENT MEDS. (tetanus immunization and other data): Ø

HISTORY OBTAINED FROM: [X] PATIENT [ ] OTHER (Specify)

ALLERGIES: NKDA

PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code): Mosul, Iraq

HOME TELE. NO. (Inc. area code):

CHIEF COMPLAINT(S) (Include symptom(s), duration):

SEX: M AGE: 20

POSSIBLE THIRD PARTY PAYER? [ ] YES [ ] NO

TIME SEEN BY PROVIDER: on arrival

| VITAL SIGNS | | | |
|---|---|---|---|
| TIME | 1500 | 1605 | 1801 |
| BP | 130/71 | 120/69 | 116/72 |
| PULSE | 118 | 110 | 105 |
| RESP. | 18 | 18 | 18 |
| TEMP. | 98.8 | 98.6 | 99.4 |
| WT. (Child) | 98% | 97% | 98 |

CATEGORY (See reverse)
- [ ] EMERGENT
- [ ] URGENT
- [X] NON-URGENT

| ORDERS | INITS. | TIME |
|---|---|---|
| MANDIBLE SERIES | | |

ASSESSMENT/DIAGNOSIS: MANDIBLE FRACTURE

DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up)

20 y/o ~~AIR~~ ♂ C/O

PFC HIETT, 2/44 FA accompanied patient from 2nd BDE HOLDING AREA.

20y IRAQI ♂ DETAINEE brought to CSH for evaluation ↳ sustaining blunt trauma to face. Reportedly evaluated by PA or physician at AID STATION w FSB and x-ray shows mandible fracture. History obtained through translator. Individual reports that he sustained injuries in beating. Reports 5 min LOC. Injury sustained within past 24 o

PMHx: Ø Meds: None

PSxHx: Ø Allergies: NKDA

13.6 | 15.9 / 46.9 | 278

GENERAL: Thin Iraqi ♂ young adult/NAD/alert responsive/answers questions through interpreter

132 | 101 | 90 / 39 | 18 / 0.8

INTEG: Warm + dry Ø rashes

MOUTH: ↓ jaw swelling as noted
Pers/oral sclera clear
Moves patent Ø septal hematoma
Observes malocclusion lower incisors
Midface stable
Upper incisors, maxilla stable
Ø Battles or Raccoon's
C-spine without tenderness or step-off

LUNGS: CTAB & W/R/R

CV: NRR & (m) w S1/S2

CHEST: Scattered minor contusions, no TTP

BACK: Ø penetrating trauma, ØTTP, Ø CVAT

ABDO: Soft/NT/ND/Ø mass

EXTREM: Normal

PELVIS: Stable

NEURO: Nonfocal

(CONTINUE ON SF 507, IF NEEDED)

DISPOSITION (Check all that apply): [ ] HOME [ ] FULL DUTY

QUARTERS: [ ] 24 Hrs. [ ] 48 Hrs. [ ] 72 Hrs.

MODIFIED DUTY UNTIL: DAY / MONTH / YEAR

REFERRED TO (Indicate clinic): 21st (3) ONFS 1600

[ ] EMERGENCY [ ] TODAY
[ ] 72 HOURS [ ] ROUTINE

ADMIT. TO HOSP. UNIT/SERVICE:

CONDITION UPON RELEASE: [ ] IMPROVED [ ] UNCHANGED [ ] DETERIORATED

TIME OF RELEASE:

PATIENT'S IDENTIFICATION (Mechanical imprint) FOR WRITTEN ENTRIES GIVE: Name - last, first, middle; SSN; DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD).

POTUS: [redacted] b(6)-4 [redacted]

SIGNATURE OF PROVIDER: [redacted] MD, MC

INSTRUCTIONS TO PA[redacted] medications ordered, any limitations and follow-up plans):

X-ray - ⊕ mandible fracture

b6-2

ACCEPTED / IN TRANSFER BY

DR [redacted] [redacted] CSH b2-2

ONFS @ 1800

EMERGENCY CARE AND TREATMENT — STANDARD FORM 558 (Rev. 6-82)

MEDCOM - 26187

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 13 Dec 03 0700 | - Assumed care of pt. AOX3. VSS Ø c/o pain or discomfort. Lungs clear HRRR Active BS x4 quads. Urinating QS CXU ī difficulty ambulates ward. FX to mandible swelling to (D) side of face suction @ bedside a shift check Ø difficulty swallowing spitting up dark red blood Ø active bleeding noted remains NPO ī̄ MW on call for surgery this morning. Will cont to monitor [redacted] b(6)-2 [redacted] grams. |
| 14 Dec 03 | (XXXAS) ~~Assumed care @ 1800. Pt [redacted] Pt~~ returned from PACU via gurney in stable cond following surgery. VSS. medicated ī̄ MSO4 for pain ī̄ good relief. (D) side of face swollen. Ø c/o nausea. Wire cutters @ BS and @ nurses station. Pt tol water and juice. (D) post op void. Pt OOB to chair and amb in hallway ī̄ difficulty. SL in (D) ac dlcd d/t infiltration IVFs infusing into IV in (R) forearm ī̄ S/Sx infection/infiltration. 2-point restraints in place ī̄ S/Sx complications. Will cont. to monitor [redacted] b(6)-2 |
| 14 Dec 03 0800 | - Assumed care of pt. AOX3. VSS Ø c/o pain or discomfort @ this time Lungs CTA HRRR Active BS x4 quads. Full liquid diet tolerating well. Mandible FX mouth wired shut wire cutter @ bedside and nursing station. Suction machine and yankter at bedside. (L) side of face ī̄ swelling noted. Urinating CXU QS PIV (R) FA 18g HC IV ABX TX Afebrile Will cont to monitor [redacted] grams. b(6)-2 [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 26188

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 12 DEC 03 | UMFC HD# 2 |
| 0531 | |
| | PT injury unbed 3 c/o Thus Am. |
| | unmed cont of pain controlled c meds. |
| | pt tolerating a liquid diet. |
| | Step off [illegible] area |
| | CN II-XII |
| | lungs CTA B |
| | abd SOFT NT ND (+) BS |
| | ext. 4 c/c/c |
| A/P S/P [illegible] | |
| (1) Continue [illegible] and screens | |
| (2) Plan for OR tomorrow. | b(6) 2 |
| | [redacted] |

| 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.

#[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

PROGRESS NOTES

| DATE | |
|---|---|
| | OMFS Brief OP NOTE |
| 13 Dec 03 @ 1844 | Pre OP dx: Right mandibular Body Left angle fracture |
| | Post op dx: Same |
| | Procedure: Closed reduction of mandible fracture |
| | Surg: [redacted] b(6)-2 |
| | assist: [redacted] |
| | EBL: [redacted] |
| | fluids: 1300LR |
| | Comp: Ø |
| | findings: mobile tooth # 26 |
| | Cond: Stable extubated and breathing spontaneously and transferred to recovery Ward |
| | b(6)-2 [redacted] |

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |

b(6) 2

15 DEC '03 Assumed care @ 1815 pt AOX3, UUS pt has Ø c/o pain at this time. pt jaw wired shut pt exhibits soul swelling to ⓡ side of face. pt tol fluids well, wire cutter located in unit green, suction at bedside. pt restrained x2, IV @ forearm infiltrated new IV started further up @ forearm. Will monitor [redacted] (0330) ⓘ sxpm / Dx of respiratory. Concur c̄ above ~~assess~~ assessment. [redacted]

15 Dec 03 0715 - Assumed care of pt. AOx3. UUS Ø c/o pain or discomfort. Lungs clear HRRR. Active BS x4 quads tolerating full liquid diet. c̄ difficulty mandible to ⓛ side of face swollen mouth wired shut. Wire cutters @ bs suction c̄ yankauer at bedside. PIV patent HL irrigating c̄ difficulty QS. Ø s/s of infection. Will cont to monitor - [redacted]

15 DEC 03 Assumed care @ 1815, AOx3 UUS pt has Ø c/o of pain at this time, pt jaws is still wired shut, pt exhibits swelling on ⓡ side of face, pt tol liquid diet well, wire cutters located in unit green, suction @ BS. pt restraint x2, IV @ forearm flushes easily. Will monitor [redacted] (0125) I concur c̄ above assessment. [redacted]

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | |
|---|---|---|---|---|
| | LAST | FIRST | MI | SSN or Other Number |

| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

PATIENT'S IDENTIFICATION: (For typed or written entries, print: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)

REGISTER NO. | WARD NO. CW1

#[redacted] b(6) 2

PROGRESS NOTES
Medical Record

STANDARD FORM 56
Prescribed by OSD/HCMR FPMR (41CFR)

| NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 16 Dec 03 0700 | - Assumed care of pt. A&O x3. Sleep yet easily arousable lungs clear HRRR Active BS x4 quads tolerating Liquid BTS diet. Urinating ∓ difficulty CVU QS. (L) side of face c̄ swelling Mouth wired shut. Wire cutters @ bs and nursing station. Ø c/o pain or discomfort. Will cont to monitor b(6)-2 [redacted] |
| 16 Dec 03 | Assumed care 1800 hrs. Temp 103.8 @ 2000 hrs. Tylenol 650mg Suppository administered. 2200 hrs Temp 100.8 0200 Temp 100.8 IV (R) FA D/C'd IV (L) FA HL. Wire cutters @ BS. Suction c̄ yankar @ bed side. Pt A&O ~~another~~ BP 133/93 Pulse 105. LS CTA (B), HRRR. (+) BS x4 quads. cont IV Antibiotics. Pt void CVU QS ∓ difficulty. (L) side of face c̄ swelling Will cont. To monitor. b(6)-2 [redacted] pc. 9/WM6 |
| 6/17/03 1200 | VSS. A&O. T@ 97° @ 0745. HRR LSCTAB. PERRLA. Suction c̄ yankauer @ bedside. Wire cutters @ nurses station. Up and ambulate c/o diarrhea x2 and provided 4mg Loperamide per V.O. Dr. [redacted] d/c skin breakdown. b(6)-2 [redacted] cont to monitor. |
| 17 DEC 03 | ASSUMED care @ 1815 Pt Awake & oriented x3, VSS pt had Ø c/o pain at this time, swelling on (L) side jaw reduced, IV (L) forearm flushes easily, suction at BS wire cutters ready at nursing station, restraints x2 in place @ skin breakdown, will monitor, pt rd. clear diet. [redacted] 2130 Hrs. Place from (01) came to visit and asc questions requested if possible copies of X-rays [redacted] |
| 18 | (0230) I concur c̄ above assessment. [redacted] b(6)-2 |

STANDARD FORM 505 (REV. 5/1999) BY USAPA

[redacted] b(6)-4

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 12/18/03 1247 | VSS. AO. ∅ s/s infection to jaw. wire cutters placed @ nurses station. Tanover taken for ongoing investigation. Up ad lib to BR. Voiding spontaneously, light amber urine. Performed oral care ∑ difficulty. ∅ s/s skin breakdown. b(6)-2 [redacted] Amy N |
| 2045- | Assumed care of pt @1800- VSS - AO. Pt. has ∅ c/o pain or discomfort @ this time. Ambulate to BR ∑ complaints. ⊕ edema to ⓒ side of jaw. HOB ↑ 30°. Yankauer suction @ BS, wire cutters readily available @ nurses station. Tolerates BTS diet well. voiding dark yellow urine via urinal ∑ difficulty. Pt. in bed @ this time in two point restraints per DPW protocol. will cont. to monitor pt. b(6)-2 [redacted] |
| | Concur w/ above. [redacted] STN |
| 12/19/03 1130 | VSS, AO. Up ad lib. Jaw remains wired shut. Tolerating BTS diet well. ∅ c/o pain or discomfort @ this time. Voiding spontaneously. ∅ s/s infection or ∑ skin breakdown. [redacted] Amy N b(6)-2 |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER |
|---|---|---|---|---|
| | LAST | FIRST | MI | (SSN or Other) |
| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT | | |

PATIENT'S IDENTIFICATION (Print typed or written entries, print: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO. KW

[redacted] b(6)-2

PROGRESS NOTES
Medical Record

STANDARD FORM 51
Prescribed by OSD/PDWR AFMD (HSCR)

MEDCOM - 26193

b(6) 2 A1

| NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| | b(6) 2 A1 |
| 19DEC03 (2235) | Assumed care of pt @ 1800. Pt alert, speaking Arabic VSS. Ø c/o pain. Swelling to ⓔ side of face ↓. Pt tol. BTS diet well. Voiding s̄ difficulty. SL in ⓔ forearm flushes well s̄ s/sx infection/infiltration. Pt OOB to amb in hallway s̄ difficulty. 2-point restraints in place s̄ s/sx complications. Will cont. to monitor. [redacted] |
| 20DEC03 @1625 | Assumed care @ Ø6ØØ. Pt alert and oriented. jaws still wired shut. VSS. Ø c/o pn. OOB → hallway, toilet. tol BTS diet well. Voiding clear yellow urine s̄ difficulty. Decreased swell on (L) cheek. IV site on (L) forearm patent. Ø signs of skin compromise on restraints. will monitor. [redacted] PFC 9/W/10 |
| 21DEC03 | (0100) Assumed care @ 1800. Pt alert, speaking Arabic. VSS Ø c/o pain. Jaw remains wired shut. swelling ↓. Pt OOB to amb in hallway s̄ difficulty. Tol. BTS diet. Voiding s̄ difficulty. SL in ⓔ forearm flushes well s̄ s/sx infection/infiltration. Will cont. to monitor. [redacted] |
| 21DEC03 @ 1510 | Assumed care @ Ø6ØØ. VSS. Afeb. jaws wired shut. Ø c/o pn. BTS diet tol well. Voiding clear yellow urine s̄ difficulty. OOB → toilet, hallway. Minor swelling on (L) side of face. IV site on (L) forearm patent. Ø signs of skin compromise on restraints. Will cont. to monitor. [redacted] PFC 9/W/10 |
| 21 DEC | (1730) IV site on (L) forearm D/C'd per order [redacted] 9/W/10 |
| 22DEC03 | (0005) Assumed care @ 1800. Pt alert, speaking Arabic. VSS. Ø c/o pain. Amb s̄ difficulty. Jaw remains |

STANDARD FORM 509 (REV. 5/1999) B.
USAPA

AUTHORIZED FOR LOCAL REPRODUCTIO

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |

OMFS POD #16

29 Dec 03 @ 0811 Pt doing very well S/P closed reduction of mandible fx. Pt tolerating PO intake well. elMF stable and oral hygiene good.

CV RRR
Lungs CTA (B)
Abd Soft NT ND (+) BS
ext: (0) C/C/E

A/P S/P closed reduction of mandible fx. (R) body (L) ✗ doing well.

(1) Plan for elMF removal 23 Jan 03
(2) Continue current care

b(6)-2 [redacted]

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | LAST | FIRST | MI | MAJ |

| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO. |
|---|---|---|
| # [redacted] b(6)-2 | | |

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/199
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1
USAPA V1.0

MEDCOM - 26195

AUTHORIZED FOR LOCAL REPRODUCTIO

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 30 Dec 03 | (2250) VSS. ∅ c/o pain. Pt aware O.R. on ~~0.7~~ 31 Dec + NPO p̄ MN. IV placed in (R) FA 20G. Flushes well. (L) side of face slightly swollen. Tol PO well. BTS diet through straw. Wire cutters at NS. Amb c̄ steady gait to BR. Voids clear yellow s̄ difficulty. Will continue to monitor. b(6)-2 [redacted] 7/20 |
| 31 DEC 03 1005 | AO. to OR @ 0830. HRR. ⊕ pulses. LSCTAB. Voiding spontaneously. ∅ s/s skin breakdown @ this time. b(6)-2 [redacted] |
| 01 JAN04 @ 0140 | Assumed care of pt. @ 1800. VSS, A&O, Toradol 60mg IV for c/o mild pain to (L) mandible, Edema noted to (L) mandible, Pt. tol BTS diet well. Jaws wired shut, wire cutters @ nurses station. Ambulates well to BR, voids c̄ CVU s̄ difficulty. HRRR, LS CTA bilat., ⊕ BS all 4 quads. Pt. in 2-point restraints, ∅ signs of skin breakdown. Will cont. to monitor pt. — b(6)-2 [redacted] 1LT, AN |
| 1/1/04 1140 | VSS. AO. OOB Ad lib this AM. Provided ice pack to place on (R) side of face. Marked ⊕ 2 swelling to that area. LSCTAB. HRR. BS ⊕ x4. ∅ c/o pain @ this time. Resting comfortably. Voiding spontaneously CVU s̄ difficulty. b(6)-2 [redacted] |

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR 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. |
|---|---|---|

[redacted] b(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/199
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1.
USAPA V1.C

MEDCOM - 26196

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |

OMFS Brief OP NOTE

31 Dec 03 @ 1018

Pre OP dx: Left mandibular angle fracture
Post OP dx: Same
Procedure: ORIF left mandibular angle pt c wire osteosynthesis
Surg: [redacted]
Assist: [redacted]
Anesth: [redacted] b(4)-2
EBL: min
fluids: 600cc LR
Comp: Ø
findings: displaced medial segment
Cond: Stable and extubated and transferred to recovery 5 ward.

b(4)-2 [redacted]

MAJ/DC

| 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. |
|---|---|---|
| # [redacted] b(4)-2 | | |

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

MEDCOM - 26197

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 1/1/04 1755 | @ or around 1720 Pt. c/o feeling very cold and shaking extremely. Notified MD. Given 25 mg Benadryl IV push, covered c̄ blanket which subsequently removed to cool off patient. Labs drawn. VS – HR 128 $O_2$ – 96% BP – 112/59. MD ordered 30cc Tylenol elixir for 103.7 temp. axillary. |
| 1800 | BP – 112/59 HR – 119 T – 102° $O_2$ – 96% Cont to monitor closely and notify MD of abnormalities [redacted] b(6)-V |
| 2JAN04@0120 | Assumed care of pt. @ 1800. T – 99.1. Other VSS. Ø c/o pain. Mod. edema noted to ⓒ mandible. Jaw wired shut, wire cutters @ nurses station. Pt. tol. BTS diet well. ⊕BS all 4 quads. Voids CTU c̄ difficulty. Pt. asleep @ this time. Pt. in 2-point restraints. Ø signs of skin breakdown. All other assessments WNL. Will cont. to monitor. [redacted] b(6)-V ICT, AA |
| 2JAN03 1900 | VSS. AO. Jaw intact. IV ABx given. Ice pack provided to L mandible RTC. Ø c/o pain. Tolerated PO well. COBT BR several times. [redacted] b(6)-V |
| 03JAN04 | (0350) Assumed care @ 1800. Pt alert, speaking Arabic. VSS. Ø c/o pain. Swelling to ⓒ side of face ↓. Tol. BTS diet well. Amb well. Voiding c̄ difficulty. |

| 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. 6.
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203
USAPA

[redacted] b(6)-V

MEDCOM - 26198

| NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 03JAN04 | (cont) SL in @ forearm flushes well s̄ s/sx complications 2 point restraints in place s̄ s/sx infection/ infiltration. will cont. to monitor. [redacted] |
| 30JAN04 1000 | Pt alg, temp now 99.5 p̄ 20cc Tylenol elixir, slight swelling to (L) cheek. Wire cutters @ ns. IV fluids and meds now d/c'd, tol BTS diet well. amb s̄ difficulty, voiding sys. 2 pt restraints on s̄ complication. Will monitor [redacted] LPN. |
| 04JAN04 | (0140) Assumed care @ 1800. Pt alert, speaking Arabic. VSS. Ø c/o pain. Amb well. tol BTS diet well. Swelling to Ø side of face cont. to ↓. voiding s̄ difficulty. 2 point restraints in place s̄ s/sx complications. will cont. to monitor. [redacted] |
| 4 JAN 04 | @ 0800 - Assumed care of pt. A+O x3. VSS. Denies having pain or discomfort @ this time. Lungs CTA. Bowel active BS x 4 quads. Tolerating BTS diet well. Mouth wired shut swelling to (R) side of face. Afebrile Ø s/s of infection. Will cont to monitor. [redacted] |
| 4JAN04 @0930 | Falls risk assessment: Pt ambulates s̄ transfers s̄ difficulty. Will cont. to monitor/assess. [redacted] |

b(6)-2 A7)

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 26199

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| | Shows both pt sides to be in good alignment ⊤ wire on left superior border (superimposed on #17 on panorex). *Please refer to Panorex film dated 31 Dec 03. |
| | Procedures |
| | ① CR mand Ⓡ body + Ⓛ ∡ fx on 13 Dec 03 |
| | ② OR mand Ⓛ ∡ fx on 31 Dec 03 |
| * | D/C Diet: BTS diet (Blended/thinned/strained |
| | D/C cond: Stable |
| | D/C meds: Percocet (crushed) 1-2 tab po q 4-6° prn pain |
| | D/C Films: Panorex (x3) & CT Scan |
| | Follow UP Plan |
| | ① Pt will need wires + arbars removed on 23 JAN 04. |
| | ② Pt will need to remain on a soft diet for 2 weeks after archbars and wires removed. |
| | [redacted] MAJ/DC |
| | OMFS |
| | b(2) [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 26200

[redacted] [redacted] b(2)-2

NSN 7540-01-075-3786

| MEDICAL RECORD | EMERGENCY CARE AND TREATMENT *(Patient)* | LOG NUMBER | TREATMENT FACILITY [redacted] |
|---|---|---|---|
| | | RECORDS MAINTAIN [redacted] | |

**PATIENT'S HOME ADDRESS OR DUTY STATION**

STREET ADDRESS: # [redacted] b(6)-1

CITY | STATE | ZIP CODE

**ARRIVAL**

DATE *(Day, Month, Year)*: 11 Dec 03 | TIME: 2112

TRANSPORTATION TO FACILITY

SEX: M

AGE: 20

| DUTY/LOCAL PHONE | | HOME PHONE | |
|---|---|---|---|
| AREA CODE | NUMBER | AREA CODE | NUMBER |

| MILITARY STATUS | | | |
|---|---|---|---|
| ITEM | YES | NO | N/A |
| PRP | | | |
| FLYING STATUS | | | |
| MEDICAL HISTORY OBTAINED FROM: pt & translator | | | |

| THIRD PARTY INSURANCE | | |
|---|---|---|
| ITEM | YES | NO |
| ADDITIONAL INSURANCE | | |
| DD 2568 IN CHART | | |
| NAME OF INSURANCE COMPANY | | |

CURRENT MEDICATIONS: Ø

ALLERGIES: Ø

| INJURY OR OCCUPATIONAL ILLNESS | | | |
|---|---|---|---|
| ITEM | YES | NO | WHEN *(Date)* |
| IS THIS AN INJURY? | | ✓ | WHERE |
| INJURY/SAFETY FORMS | | | |
| HOW | | | |

| EMERGENCY ROOM VISIT | |
|---|---|
| DATE LAST VISIT | 24 HOUR RETURN ☐ YES ☐ NO |
| **TETANUS** | |
| DATE LAST SHOT | COMPLETED INTITIAL SERIES ☐ YES ☐ NO |

CHIEF COMPLAINT: Jaw Deformity

**CATEGORY OF TREATMENT**

☐ EMERGENT

☐ URGENT

☒ NON-URGENT

TIME: 2112

[redacted]

**VITAL SIGNS**

| | | | | | |
|---|---|---|---|---|---|
| TIME | 2112 | 2212 | | | |
| BP | 114/64 | 108/65 | | | |
| PULSE | 107 | 91 | | | |
| RESP | 15 | 15 | | | |
| TEMP | 99.6 | | | | |
| WT | 99 | | | | |

**LAB ORDERS**

| | | | |
|---|---|---|---|
| ✓ CBC/DIFF | [redacted] PT/PTT | BHCG/URINE/BLOOD/QUANT | |
| URINE C&S | UA MSCC/CATH | CHEM: Lipid 81 | |
| BLOOD C&S X | | LFTS | |

**X-RAY ORDERS**

| | |
|---|---|
| CXR PA & LAT/PORTABLE | C-SPINE |
| ACUTE ABDOMEN | LS SPINE |
| SINUS | ✓ HEAD CT C/o's through limitable |
| ANKLE R/L | |

**ORDERS**

☒ PULSE OX 100%  ☒ MONITOR  ☐ ECG

| TIME | ORDERS | BY | COMPLETED BY | TIME | PATIENT'S RESPONSE |
|---|---|---|---|---|---|
| 2212 | bolus ÷ L NS | [redacted] | [redacted] | | |
| 2235 | Td 5cc IM in left arm | | | | |

b(6)-2

DISPOSITION: ☐ HOME ☐ FULL DUTY

MODIFIED DUTY UNTIL

DISPOSITION QUARTERS /OFF DUTY: ☐ 24 HRS. ☐ 48 HRS. ☐ 78 HRS.

RETURN TO DUTY

PATIENT/DISCHARGE INSTRUCTIONS

CONDITION UPON RELEASE: ☒ IMPROVED ☐ UNCHANGED ☐ DETERIORATED

ADMIT TO UNIT/SERVICE

TIME OF RELEASE

REFERRED ▶ TO | WHEN

I have received and understand these instructions.

PATIENT'S SIGNATURE

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name – last, first, middle; ID no. (SSN or other); hospital or medical facility)*

[redacted]

DOB 1983

# [redacted] b(6)-1

**EMERGENCY CARE AND TREATMENT** *(Patient)*
Medical Record

**STANDARD FORM 558** (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 26201

510-112 NSN 7540-00-634-4123

MEDICAL RECORD

NURSING NOTES
(Sign all notes)

| DATE | HOUR A.M. | HOUR P.M. | OBSERVATIONS Include medication and treatment when indicated |
|---|---|---|---|
| | | | OMFS POD #8 |
| 21 Dec 03 @1637 | | | Pt sitting in bed 5 c/o this PM. Tolerating BTS diet very well. (+) (L) V3 paresthesia. xlMF wires stable and oral hygiene good. |
| | | | VSS, AF |
| | | | CV RRR |
| | | | lungs CTA (B) |
| | | | abd soft NT/ND BS |
| | | | ext ⊖ c/c/t |
| | | | A/P S/P CR of mand fx's doing well |
| | | | (1) Plan for xlMF removal 23 Jan 03. |
| | | | (2) continue current care [redacted] MMFS |
| | | | OMFS POD #10 |
| 23 Dec 03 @0823 | | | Pt doing well S/P C/R of mand fx. xlMF stable. Oral hygiene fair. continue current care [redacted] b(6)-2 |

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility) REGISTER NO. [redacted]

NURSING NOTES
Medical Record

[redacted] b(6)-4
938

MEDCOM - 26202

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA, ICMR, FIRMR (41 CFR) 201-9.202-1

MEDICAL RECORD [redacted]

**INTRAOPERAT[redacted]D[redacted]ENT**

For use of this form, see AR 40-407, the proponent age[redacted]e office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA Litter BY Anesthesia

2. PATIENT IDENTIF[redacted]VED AND PROCEDURE
VERIFIED BY ILT [redacted] b(6)-2

3. DATE 13 DEC 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM
TIME 1600 NUMBER 2 #6

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:
NKDA

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SGT [redacted] 91D b(6)-2 | RELIEF SCRUB | b(6)-2 |
| ASSIGNED CIRCULATOR | ILT [redacted] 66E | RELIEF CIRCULATOR | [redacted] (1830-1925) |

7. POSITION AND POSITIONAL AIDS *(Specify)* Pt. supine on padded OR table. LUE on padded armboard <90°. RUE tucked at side. Safety strap across mid-thigh.

☐ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: Normal anatomic body alignment maintained

8. SKIN PREPARATION

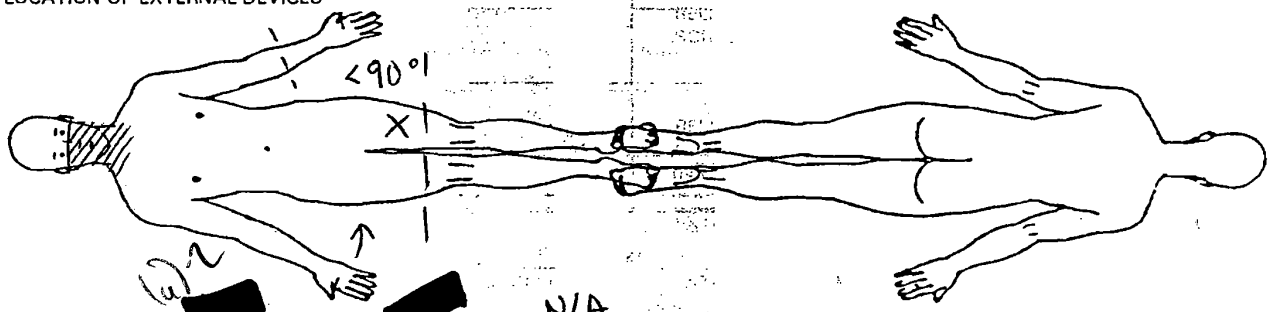
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS: N/A

PREP SOLUTION *(Specify)* ~~Betadine~~ [redacted]
SITE: Face x neck BY WHOM: IC [redacted]
SITE: BY WHOM:

COMMENTS: No pooling or adverse reaction

9. LOCATION OF EXTERNAL DEVICES




LEGEND X [redacted] -- Safety Strap = = = Tourniquet ▨ - prep

INITIAL: SGT [redacted] ILT [redacted]

C = Correct I = Incorrect

10. COUNTS

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☒ Yes | ☐ No | | | | [redacted] b(6)-2 | [redacted] |
| Needle Sharp | ☒ Yes | ☐ No | | | C | | |
| Instrument | ☐ Yes | ☒ No | | | | | |
| Other | ☐ Yes | ☒ No | | | | | |

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

# [redacted]
b(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☒ YES ☐ NO

☐ ESU NO: VL Force 40 CUT: 30 COAG: 30
GROUND PAD: BRAND VLRom PolyHesive II
LOT NO: 69441 Exp 2005-03

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

MEDCOM - 26203

13. PROSTHESIS, IMPLANTS [redacted] ☒ NO IF YES NAME: ID NUM[redacted]UFACTURER

b(6)-2

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☒ NO ☐

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| 1% Xylocaine c̄ Epi LOT 208137 EXP 8-04 | 8cc | intra-op | Local Injection | MFR: [redacted] | Dr. [redacted] |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):
0.9% NaCl Q.S.

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| None | | |
| | | |
| [redacted] | | |
| | | |

b(6)-2

15. X-[redacted]ROOM IF YES, SITE
YES ☐ NO ☒

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

| TYPE/SIZE | 1. | 2. | 3. |
|---|---|---|---|
| SITE | 1. | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*
None

19. ADDITIONAL INFORMATION
Surgeon: Dr [redacted]
Anesthesia: CPT [redacted]
b(6)

20. OPERATION(S) PERFORMED
1. Closed Reduction Mandible Fx.
Lt. Angle & Right Body
b(6)-2

21. PATIENT TRANSFERRED TO PACU TIME See DA7389 METHOD LITTER

22. REGISTERED NURSE SIGNATURE [redacted] T/AN [redacted] CPT/AN

*REVERSE OF DA FORM 5179-1, OCT 87* MEDCOM - 2620[redacted] USAPA V1.00

**MEDICAL RECORD** [redacted]

**INTRAOPERAT[redacted]D[redacted]ENT**

For use of this form, see AR 40-407, the proponent age[redacted]e office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING R[redacted]M
VIA ambulatory BY anesthesia

2. PATIENT IDENTIFIED, R[redacted]D AND PROCEDURE
VERIFIED BY Karen [redacted] CPT/AN

3. DATE 31 DEC 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME 0817 NUMBER b(6)-2

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☒ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | SGT [redacted] b(6)-2 | RELIEF SCRUB | PFC [redacted] (005-EOC) b(6)-2 |
| ASSIGNED CIRCULATOR | CPT [redacted] | RELIEF CIRCULATOR | |

7. POSITION AND POSITIONAL AIDS *(Specify)*

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: Rt. arm tucked @ side. Proper body alignment maintained

8. SKIN PREPARATION

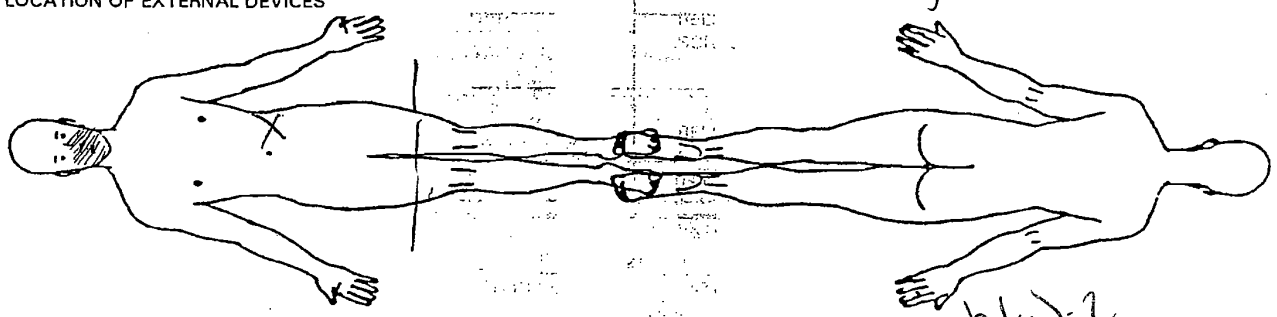
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* [redacted]
SITE: lower face BY WHOM [redacted]
SITE: BY WHOM

COMMENTS: No pooling of fluids b(6)-2

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

b(6)-2

C = Correct I = Incorrect I Initial C [redacted]

| 10. COUNTS | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☒ Yes | ☐ No | | | | [redacted] | [redacted] |
| Needle Sharp | ☒ Yes | ☐ No | | | | | |
| Instrument | ☐ Yes | ☒ No | | | | | |
| Other | ☐ Yes | ☒ No | | | | | |

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

# [redacted] b(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☒ YES ☐ NO

☒ ESU NO: Force 2 FOE000366 30/30
GROUND PAD: BRAND Valleylab REM
LOT NO: 69441

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

MEDCOM-26208

13. PROSTHESIS, IMPLANTS [redacted] ☑ NO IF YES NAME: ID NUM[redacted]UFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☑ NO ☐

| MEDICATIONS/SOLUTION | DOSAGE | TIME | METHOD | PREPARED BY | GIVEN BY |
|---|---|---|---|---|---|
| 2% Lidocaine w/ 1:100,000 | 5cc | intraop | inj | | [redacted] |
| | | | | | b(6)-2 |
| | | | | | |
| | | | | | |
| | | | | | |

WOUND IRRIGATION ☒ YES ☐ NO; TYPE(S):

0.9% NS

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| None | | |
| | | |
| | | |
| | | |

[redacted] b(6)-2

YES ☐ NO ☒ IF YES, SITE

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

| | | | |
|---|---|---|---|
| TYPE/SIZE | 1. | 2. | 3. |
| SITE | 1. | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*

19. ADDITIONAL INFORMATION

Sur[redacted]s Anesth[redacted] Type: General

b(6)-2

20. OPERATION(S) PERFORMED

ORIF Mandible Fx Lt. Angle

21. PATIENT TRANSFERRED TO PACU b(6)-2 TIME 1027 METHOD stretcher

22. REGISTERED NURSE SIGNATURE [redacted] CPT/AN

*REVERSE OF DA FORM [redacted] 1, OCT 87* MEDCOM - 26206 USAPA V1.00

511-119 NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

| HOSPITAL DAY | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| POST- DAY | | | | | | | | | | | | | | | |
| MONTH-YEAR | DAY | 12 | | 12/13 | | 13/14 | | DEC/14 | | 15 Dec | | 16 | | | |
| 19 | HOUR | 0 | 0630 | 2 | 0645 | 1 | 0700 | 0715 | | 0800 | 2000 | 0800 | 2 | 20 | |
| PULSE (0) | TEMP. F (°) | | | | | | | | | | | | | | TEMP. C |
| | 105° | | | | | | | | | | | | | | 40.6° |
| 180 | 104° | | | | | | | | | | | | | | 40.0° |
| 170 | 103° | | | | | | | | | | | | | | 39.4° |
| 160 | 102° | | | | | | | | | | | | | | 38.9° |
| 150 | 101° | | | | | | | | | | | | | | 38.3° |
| 140 | 100° | | | | | | | | | | | | | | 37.8° |
| 130 | 99° | | | | | | | | | | | | | | 37.2° |
| | 98.6° | | | | | | | | | | | | | | 37.0° |
| 120 | 98° | | | | | | | | | | | | | | 36.7° |
| 110 | 97° | | | | | | | | | | | | | | 36.1° |
| 100 | 96° | | | | | | | | | | | | | | 35.6° |
| 90 | 95° | | | | | | | | | | | | | | 35.0° |
| 80 | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | |
| RESPIRATION RECORD | | 16 | | 18 | 16 | 28 | 16 | 120/69 | | 16 | 112/72 | 16 | | | |
| BLOOD PRESSURE | | 119/70 | 124/53 | 108/56 | 103/63 | 137/82 | 135/73 | 100 | | 122/69 | 101 | 110/69 | 163/53 | | |
| | | 99 | H101 | | H87 | | H81 | 148 | | 107 H | 197.9 | A91 | 105 | | |
| | | 992 | T992 | | T98.4 | | T95° | 102 | | 98.5 T | S002 | T98.2 | 1038 | | |
| HEIGHT: | WEIGHT → | 98% | 97% | | 98% | | 95% | 99% | | 98% | 98% | 97% | | | |
| | | RA | RA | | RA | (RA) | RA | | | RA | | RA | | | |

Record special data only when so ordered

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)

REGISTER NO.

WARD NO.

(Centigrade Equivalents, for Reference only)

[redacted]

**VITAL SIGNS RECORDS**

Medical Record

**STANDARD FORM 511** (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDGOM - 26207

# MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR DEC DAY 17 DEC 18 19 20 21 22 23

19 2003 HOUR

PULSE (O) — TEMP. F (°) — TEMP. C (Centigrade Equivalents, for Reference only)

| TEMP. F (°) | TEMP. C |
|---|---|
| 105° | 40.6° |
| 104° | 40.0° |
| 103° | 39.4° |
| 102° | 38.9° |
| 101° | 38.3° |
| 100° | 37.8° |
| 99° | 37.2° |
| 98.6° | 37.0° |
| 98° | 36.7° |
| 97° | 36.1° |
| 96° | 35.6° |
| 95° | 35.0° |

| PULSE (O) |
|---|
| 180 |
| 170 |
| 160 |
| 150 |
| 140 |
| 130 |
| 120 |
| 110 |
| 100 |
| 90 |
| 80 |
| 70 |
| 60 |
| 50 |
| 40 |

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: WEIGHT →

Record special data only when so ordered

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)*

REGISTER NO.

WARD NO.

**STANDARD FORM 511** (REV. 7–95) **BACK**

[redacted] b(6)-4

MEDCOM - 26208

511-119

NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR DEC 2003 DAY: 24, 25/26, 26, 27, 28, 29, 30

19 HOUR

PULSE (O) — TEMP. F (°) — TEMP. C

105° — 40.6°
180 — 104° — 40.0°
170 — 103° — 39.4°
160 — 102° — 38.9°
150 — 101° — 38.3°
140 — 100° — 37.8°
130 — 99° — 37.2°
98.6° — 37.0°
120 — 98° — 36.7°
110 — 97° — 36.1°
100 — 96° — 35.6°
90 — 95° — 35.0°
80
70
60
50
40

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE: 116/63; 101/58; 114/62; 113/61; 102/62; 108/57; 98/60

65; 67; 74

97.4; 97.8; 97.5; 97.4

HEIGHT: WEIGHT →

99% RA; 99% RA; 98% 98% RA; 98% RA; 98% RA; 98% RA; 98% RA

Record special data only when so ordered

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)

REGISTER NO.

WARD NO.

[redacted]

b(6)-4

**VITAL SIGNS RECORDS**

Medical Record

**STANDARD FORM 511** (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 26209

# MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR DAY: 31 | JAN 1 | 2 | 3 | 4

19 2024 HOUR

PULSE (O) — TEMP. F (°) — TEMP. C (Centigrade Equivalents, for Reference only)

| TEMP. F (°) | TEMP. C |
|---|---|
| 105° | 40.6° |
| 104° | 40.0° |
| 103° | 39.4° |
| 102° | 38.9° |
| 101° | 38.3° |
| 100° | 37.8° |
| 99° | 37.2° |
| 98.6° | 37.0° |
| 98° | 36.7° |
| 97° | 36.1° |
| 96° | 35.6° |
| 95° | 35.0° |

PULSE: 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: WEIGHT →

Record special data only when so ordered

| | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| BP | 110/62 | 91/52 | 107/55 110/60 | 117/60 94/65 |
| | 81 | 85 | | 96 |
| | 98.2 | 98.0 | | T97.6 |
| | 98.1 | 98.1 | | 97% |
| | 98% RA | 97% RA | 98% (RA) | 98% (RA) 98% RA |

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.

**STANDARD FORM 511** (REV. 7–95) **BACK**

[redacted] b(6)-4

MEDCOM - 26210

| Ward/Section: EM7 | REQUESTING [redacted] | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) | | |
|---|---|---|---|---|
| LAST, FIRST, M [redacted] | | DATE 11 Dec 03 | TIME 2112 | SSN/PSEU [redacted] |

**(i-STAT)**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Na | | 138-146 mmol/L |
| K | | 3.5-4.9 mmol/L |
| Cl | | 98-109 mmol/L |
| pH | | 7.31-7.45 |
| PCO2 | | 35-45 mmHg (art) 41-51 mmHg (ven) |
| PO2 | | 80-105 mmHg (art) N/A (ven) |
| TCO2 | | 23-27 mmol/L (art) 24-29 mmol/L (ven) |
| HCO3 | | 22-26 mmol/L (art) 23-28 mmol/L (ven) |
| sO2 | | 95-98% |
| BEecf | | (-2) – (+3) mmol/L |
| AnGap | | 10-20 mmol/L |
| Ca | | 1.12-1.32 mmol/L |
| BUN | | 8-26 mg/dl |
| GLU | | 70-105 mg/dl |
| Creat | | 0.7-1.5 mg/dl |
| Hct | | 38-51% PCV |
| Hgb | | 12-17 g/dl |

**Misc. Chemistry**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Troponin-I | | |
| Drug of Abuse | | |
| | | |
| | | |
| | | |

**(Piccolo) Chemistry 12**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.5-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| BUN | | 7-22 mg/dl |
| $CA^{++}$ | | 8.0-10.3mg/dl |
| CHOL | | 100-200 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| GLU | | 73-118 mg/dl |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Metlyte 8**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| CK | | 39-380 u/l (M) 30-190 u/l (F) |
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**(Piccolo) Metabolic Panel**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| $CA^{++}$ | | 8.0-10.3 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| $NA^-$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**(Piccolo) Liver Panel Plus**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.3-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| GGT | | 5-65 u/l |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Electrolyte**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

REMARKS:

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

b(6)-4

EMT

| Ward/Section: EMT | [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: b(6)-4 [redacted] b(6) | DATE: 11 DEC 03 / TIME: 2112 | SSN/P[redacted] b(6)-4 |

| (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 $10^6$ | App | | N/A | Mono | | Negative |
| Hgb | | 14-18 g/dl (M)<br>12-16 g/dl (F) | Glu | | Negative | **Microbiology** | | |
| Hct | | 42-52% (M)<br>37-47% (F) | Bili | | Negative | Source | | |
| MCV | | 80-94 fl (M)<br>81-99 fl (F) | Ket | | Negative | Gram Stain | | |
| Plt | | 130-500 x $10^3$ verified | SG | | N/A | Occ Bld | | Negative |
| Lymph % | | 20.5-51.1% | Bld | | Negative | H. pylori | | Negative |
| **(Hematology) Manual Differential** | | | pH | | N/A | Micro Parasites | | |
| Segs | | Mono | Prot | | Negative | Malaria | | |
| Bands | | Eos | Urob | | 0.2-1.0 | O & P | | |
| Lymph | | Baso | Nit | | Negative | Other | | |
| Atyp | | Imm | Leuk | | Negative | **Microscopic Urinalysis** | | |
| RBC Morph | | | HCG | | Negative | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Spun Hematocrit | | 42-52% (M)<br>37-47% (F) | **CSF** | | | **Blood Bank** | |
| Sed Rate | | | Cell Count | | | **MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED** | |
| Other | | | Directigen | | Negative | ABO/Rh | |

| **Coagulation Studies** | | | **Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)** | | |
|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | UNIT | TYPE | CROSSMATCH |
| PT | | 9.8-13.6 secs | | | |
| APTT | | 21-34 secs | | | |
| D dimer | | <20 ug/ml | | | |
| FDP | | <10 ug/ml | | | |

**REMARKS:**

| **REPORTED BY:** | **DATE:** | **LAB ID NO.:** |
|---|---|---|

ID: [redacted] 11-12-03
WT 21:42

| | | | Patient % | Limits | |
|---|---|---|---|---|---|
| WBC | 13.4 H | x10^3/uL | 4.5 | 10.5 | |
| RBC | 5.03 | x10^6/uL | 4.00 | 6.00 | |
| Hgb | 15.0 | g/dL | 11.0 | 18.0 | |
| Hct | 48.3 | % | 35.0 | 60.0 | |
| MCV | 96.1 | fL | 80.0 | 99.9 | |
| MCH | 29.7 | pg | 27.0 | 31.0 | |
| MCHC | 31.0 L | g/dL | 33.0 | 37.0 | |
| Plt | 320. | x10^3/uL | 150. | 450. | |
| LY% | 11.4 | WL % | 20.5 | 51.1 | |
| LY# | 1.5 * | x10^3/uL | 1.2 | 3.4 | |

======= PICCOLO =======
11/12/03 21:43
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
BASIC METABOLIC
DISC LOT #: 3325AA4
OPER #: [redacted] b(6)-2 DR #: 000
SERIAL #: 0000100697

| | | | |
|---|---|---|---|
| GLU | 98 | 73-118 | MG/DL |
| BUN | 14 | 7-22 | MG/DL |
| CA++ | 9.1 | 8.0-10.3 | MG/DL |
| CRE | 0.7 | 0.6-1.2 | MG/DL |
| NA+ | 139 | 128-145 | MMOL/L |
| K+ | 4.7 | 3.3-4.7 | MMOL/L |
| CL- | 95* | 98-108 | MMOL/L |
| tCO2 | 23 | 18-33 | MMOL/L |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

======= PICCOLO =======
0?/12/03 15:01
REFERENCE RANGE: MALE
PATIENT #: [redacted]
LIVER PANEL PLUS
DISC LOT #: 3154AA7
OPER #: [redacted] DR #: 000
SERIAL #: 0000100684

| | | | |
|---|---|---|---|
| ALB | 5.0 | 3.3-5.5 | G/DL |
| ALP | 62 | 26-84 | U/L |
| ALT | 48* | 10-47 | U/L |
| AMY | 56 | 14-97 | U/L |
| AST | 131* | 11-38 | U/L |
| TBIL | 1.9* | 0.2-1.6 | MG/DL |
| GGT | 11 | 5-65 | U/L |
| TP | 8.1 | 6.4-8.1 | G/DL |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

ent ID: [redacted] b(6)-4
t Name :PT
t Result:= 14.8 sec.
io = 1.2
culated INR = 1.37
ple Type:citrated wh. blood
t Date :12/11/03
t Time :21:43
d Lot :080201
rator : [redacted] b(6)-2

DPOINT COAG ANALYZER V4.54
AL #005485 12/11/03 21:47

Patient ID: [redacted] b(6)-4
Test Name :APTT
Test Result:= 32.6 sec.
Sample Type:citrated wh. blood
Test Date :12/11/03
Test Time :21:45
Card Lot :110210

(4)

**21st COMBAT SUPPORT HOSPITAL**

**LABORATORY RESULTS FORM**
(Subject to Privacy Act of 1974)

| LAST, FIRST, MI. | UNIT | DOB | RANK | SSN |
|---|---|---|---|---|
| NM-US 426 | 6/6 | [redacted] | | |

| Physician: | Ward: | STAT / Routine | Specimen Date and Time: | R[redacted] | Date and Time: |
|---|---|---|---|---|---|
| [redacted] | CMT | | | [redacted] | DEC03 |

**Chemistry (i-STAT)** — 6+ 7+ 8+ Glu Crea

| X | TEST | RESULT | REF. RANGE |
|---|---|---|---|
| | Na | 132 | 128-145 mmol/L |
| | K | 3.9 | 3.3-4.7 mmol/L |
| | Cl | 101 | 98-108 mmol/L |
| | pH | | 7.35-7.45 |
| | PCO2 | | 35-45 mmHg |
| | PO2 | | 80-90 mmHg |
| | TCO2 | | 18-33 mmol/L |
| | HCO3 | | 22-28 mmol/L |
| | sO2 | | 95-99% |
| | BEecf | | (-2) - (+3) |
| | AGap | | 8-16 mmol/L |
| | iCa | | 0.11-1.23 mmol/L |
| | BUN | 18 | 7-22 mmol/L |
| | Glu | 90 | 73-118 mmol/L |
| | Creat | 0.8 | 0.6-1.2 mmol/L |
| | Hct | | 35.0-60.0% |
| | Hgb | | 12.0-18.0 g/dL |
| | Lactate | | 0.90-1.70 mmol/L |

**Urinalysis**

| | | |
|---|---|---|
| Color | | Straw/Yellow |
| Clarity | | Clear |
| Glucose | | Negative |
| Bilirubin | | Negative |
| Ketone | | Negative |
| SG | | 1.010-1.025 |
| Blood | | Negative |
| pH | | 5.0-8.0 |
| Protein | | Negative-Trace |
| Urobili | | Negative |
| Nitrite | | Negative |
| Leuko | | Negative |

**Urine Microscopic**

| | | | |
|---|---|---|---|
| WBC | | Epi | |
| RBC | | Mucus | |
| Bacteria | | Yeast | |
| Casts: | | Spermatozoa | |
| Crystals: | | Amorph Sed | |
| Other: | | | |
| Other: | | | |

**Chemistry (Piccolo Analyzer)** — Chem 12 MetLyte8 BMP Liver

| X | TEST | RESULT | REF. RANGE |
|---|---|---|---|
| | ALB | | 3.3-5.5 g/dL |
| | ALP | | 26-84 U/L |
| | ALT | | 10-47 U/L |
| | AMY | | 14-97 U/L |
| | AST | | 11-38 U/L |
| | Tbil | | 0.2-1.6 mg/dL |
| | BUN | | 7-22 mg/dL |
| | Ca | | 8.0-10.3 mg/dL |
| | Chol | | 100-200 mg/dL |
| | CK | | 30-170 U/L |
| | CL | | 98-108 mmol/L |
| | TCO2 | | 18-33 mmol/L |
| | Creat | 0 | 0.6-1.2 mg/dL |
| | GGT | | 5-65 U/L |
| | Glu | | 73-118 mg/dL |
| | K | | 3.3-4.7 mmol/L |
| | TProtein | | 6.4-8.1 g/dL |
| | Na | | 128-145 mmol/L |

**Misc. Chemistry**

| | | |
|---|---|---|
| Mono | | Negative |
| RPR | | Negative |
| HIV | | Negative |
| Meningitis | | Negative |
| DOA | | Negative |
| CK-MB | | < 4.3 ng/mL |
| Troponin I | | < 0.19 ng/mL |
| Myoglobin | | < 107 ng/mL |

**Microbiology**

| | | |
|---|---|---|
| Source: | | |
| FecLeuk | | Negative |
| Gram Stain | | |
| WetPrep | | Negative |
| KOH | | No Fungal Elements |
| OccBld | | Negative |
| O&P | | No Ova/Parasite |

**HCG**

| | | |
|---|---|---|
| Urine | | Negative |
| Serum | | Negative |

**Hematology** 18:00

CBC Malaria H/H

| X | TEST | RESULT | REF. RANGE |
|---|---|---|---|
| | WBC | 13.6 | 4.8-10.8 x10(3)/uL |
| | RBC | 4.92 | 4.2-6.1 x10(6)/uL |
| | Hgb | 15.9 | 12.0-18.0 g/dL |
| | Hct | 46.9 | 35.0-60.0% |
| | MCV | 95.2 | 80.0-99.0 fl |
| | MCH | 32.3 | 27.0-31.0 pg |
| | MCHC | 33.9 | 33.0-37.0 g/dL |
| | Plt | 278 | 130-400 x10(3)/uL |
| | LY% | 10.8 | 15.0-55.0% |
| | LY# | 1.5 | 0.7-4.3 x10(3)/uL |

**Differential**

| | |
|---|---|
| Segs | Mono |
| Bands | Eos |
| Lymph | Baso |
| Atyp Ly | Immature cells |
| RBC Morph: | |
| Plt verify: | |
| Spun Crit | 35-60% |

**Malaria Smear**

| | | |
|---|---|---|
| Thin | | No Plasmodium Seen |
| Thick | | No Plasmodium Seen |

**Sed Rate**

| | | |
|---|---|---|
| Sed Rate | | 1hr = 0-20 mm |

**Coagulation**

| | | |
|---|---|---|
| PT | | 10-13 seconds |
| APTT | | 22.1-33.7 seconds |
| FDP | | Negative |
| D-Dimer | | Negative |
| Fibrinogen | | 200-400 mg/dL |

**Blood Bank**

| | | |
|---|---|---|
| ABO/Rh | | |
| T&C | | |
| T&S | | |

MEDCOM - 26214

Ward/Section: ICW-1

ESTING PHYSICIAN:

TRY RESULT FORM
(Subject to the Privacy Act of 1974)

LAST, FIRST, MI. b(6)-2 [redacted]

DATE 1/1/04 TIME 1740

SSN/PSEUDO SSN:

| (i-ST[redacted]) | | | (Piccolo) Chemistry 12 | | | (Piccolo) Metabolic Panel | | |
|---|---|---|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| Na | | 138-146 mmol/L | ALB | | 3.5-5.5 g/dl | GLU | | 73-118 mg/dl |
| K | | 3.5-4.9 mmol/L | ALP | | 26-84 u/l | F | | |
| Cl | | 98-109 mmol/L | | | | | | |
| pH | | 7.31-7.45 | | | | | | |
| PCO2 | | 35-45 mmHg (art) 41-51 mmHg (ven) | | | | | | |
| PO2 | | 80-105 mmHg (art) N/A (ven) | | | | | | |
| TCO2 | | 23-27 mmol/L (art) 24-29 mmol/L (ven) | | | | | | |
| HCO3 | | 22-26 mmol/L (art) 23-28 mmol/L (ven) | | | | | | |
| sO2 | | 95-98% | | | | | | |
| BEecf | | (-2) – (+3) mmol/L | | | | | | |
| AnGap | | 10-20 mmol/L | | | | | | |
| Ca | | 1.12-1.32 mmol/L | | | | | | |
| BUN | | 8-26 mg/dl | | | | | | |
| GLU | | 70-105 mg/dl | | | | | | |
| Creat | | 0.7-1.5 mg/dl | | | | | | |
| Hct | | 38-51% PCV | | | | | | |
| Hgb | | 12-17 g/dl | | | | | | |

| Misc. Chemistry | | |
|---|---|---|
| TEST | RESULT | REF. RANGE |
| Troponin-I | | |
| Drug of Abuse | | |
| | | |
| | | |
| | | |

======= PICCOLO =======
01/01/04 17:47
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-2
METLYTE 8
DISC LOT #: 3474AA5
OPER [redacted] DR #: 000
SERIAL #: b(6)-2 0000100494

| | | | |
|---|---|---|---|
| GLU | 95 | 73-118 | MG/DL |
| BUN | 7 | 7-22 | MG/DL |
| CRE | 1.0 | 0.6-1.2 | MG/DL |
| CK | 154 | 39-380 | U/L |
| NA+ | 142 | 128-145 | MMOL/L |
| K+ | 4.2 | 3.3-4.7 | MMOL/L |
| CL- | 104 | 98-108 | MMOL/L |
| tCO2 | 25 | 18-33 | MMOL/L |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 1+, ICT 0

======= PICCOLO =======
01/01/04 17:47
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-2
LIVER PANEL PLUS
DISC LOT #: 3352AA4
OPER #: [redacted] DR #: 000
SERIAL #: 0000100676

| | | | |
|---|---|---|---|
| ALB | 4.6 | 3.3-5.5 | G/DL |
| ALP | 60 | 26-84 | U/L |
| ALT | 24 | 10-47 | U/L |
| AMY | 86 | 14-97 | U/L |
| AST | 31 | 11-38 | U/L |
| TBIL | 1.4 | 0.2-1.6 | MG/DL |
| GGT | 17 | 5-65 | U/L |
| TP | 7.9 | 6.4-8.1 | G/DL |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

REMARKS:

[redacted]

Thanks –

REPORTED BY: DATE: LAB ID NO.:

| Ward/Section: | REQUESTING PHYSICIAN: | **LABORATORY RESULT FORM** (Subject to the Privacy Act of 1974) |
|---|---|---|

| LAST, FIRST, MI. | DATE | TIME | SSN/PSEUDO SSN: |
|---|---|---|---|

| **(Hematology) CBC** | | | **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 $10^3$ | App | | N/A | Mono | | Negative |
| Hgb | | 14-18 g/dl (M)<br>12-16 g/dl (F) | Glu | | Negative | **Microbiology** | | |
| Hct | | 42-52% (M)<br>37-47% (F) | Bili | | Negative | Source | | |
| MCV | | 80-94 fl (M)<br>81-99 fl (F) | Ket | | Negative | Gram Stain | | |
| Plt | | 130-500 x $10^3$ verified | SG | | N/A | Occ Bld | | Negative |
| Lymph % | | 20.5-51.1% | Bld | | Negative | H. pylori | | Negative |
| **(Hematology) Manual Differential** | | | pH | | N/A | Micro Parasites | | |
| Segs | | Mono | Prot | | Negative | Malaria | | |
| Bands | | Eos | Urob | | 0.2-1.0 | O & P | | |
| Lymph | | Baso | Nit | | Negative | Other | | |
| Atyp | | Imm | Leuk | | Negative | **Microscopic Urinalysis** | | |
| RBC Morph | | | HCG | | Negative | | | |
| Spun Hematocrit | | 42-52% (M)<br>37-47% (F) | **CSF** | | | **Blood Bank** | | |
| Sed Rate | | | Cell Count | | | **MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED** | | |
| Other | | | Directigen | | Negative | ABO/Rh | | |

| **Coagulation Studies** | | | **Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)** | | |
|---|---|---|---|---|---|
| *TEST* | *RESULT* | *REF. RANGE* | *UNIT* | *TYPE* | *CROSSMATCH* |
| PT | | 9.8-13.6 secs | | | |
| APTT | | 21-34 secs | | | |
| D dimer | | <20 ug/ml | | | |
| FDP | | <10 ug/ml | | | |

**REMARKS:**

| **REPORTED BY:** | **DATE:** | **LAB ID NO.:** |
|---|---|---|

b6-4

ID: [redacted]
DOB

01-01-04
10:54

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 10.8 H | x10^3/uL | 4.5 | 10.5 |
| RBC | 4.57 | x10^6/uL | 4.00 | 6.00 |
| Hgb | 14.4 | g/dL | 11.0 | 16.0 |
| HCT | 44.1 | % | 35.0 | 60.0 |
| MCV | 94.0 | fL | 80.0 | 99.9 |
| MCH | 29.4 | pg | 27.0 | 31.0 |
| MCHC | 31.3 L | g/dL | 33.0 | 37.0 |
| Plt | 302. | x10^3/uL | 150. | 450. |
| L/% | 5.0 HL | % | 20.5 | 51.1 |
| L/# | 0.6 HL | x10^3/uL | 1.2 | 3.4 |

[redacted]

01-01-04
23:06

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 8.0 | x10^3/uL | 4.5 | 10.5 |
| RBC | 4.42 | x10^6/uL | 4.00 | 6.00 |
| Hgb | 12.0 | g/dL | 11.0 | 16.0 |
| HCT | 43.5 | % | 35.0 | 60.0 |
| MCV | 98.5 | fL | 80.0 | 99.9 |
| MCH | 27.2 | pg | 27.0 | 31.0 |
| MCHC | 30.7 L | g/dL | 33.0 | 37.0 |
| Plt | 294. | x10^3/uL | 150. | 450. |
| L/% | 8.5 HL | % | 20.5 | 51.1 |
| L/# | 0.6 HL | x10^3/uL | 1.2 | 3.4 |

4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 01/01/04 17:49

Patient ID: [redacted] b(6)-4
Test Name :PT
Test Result:= 13.4 sec.
Ratio = 1.1
Calculated INR = 1.16
Sample Type:citrated wh. blood
Test Date :01/01/04
Test Time :17:48
Card Lot :010302
Operator [redacted] b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 01/01/04 17:53

Patient ID: [redacted]
Test Name :APTT
Test Result:= 40.2 sec.
Sample Type:citrated wh. blood
Test Date :01/01/04
Test Time :17:49
Card Lot :100208
Operator [redacted]

| Ward/Section: ICW1 | REQUESTING PHYSICIAN: [redacted] b(6)-2 | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: b(6)-4 # [redacted] | DATE: 25JAN04 TIME: 0930 | 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 $10^6$ | App | | N/A | Mono | | Negative |
| Hgb | | 14-18 g/dl (M) 12-16 g/dl (F) | Glu | | Negative | **Microbiology** | | |
| Hct | | 42-52% (M) 37-47% (F) | Bili | | Negative | Source | | |
| MCV | | 80-94 fl (M) 81-99 fl (F) | Ket | | Negative | Gram Stain | | |
| Plt | | 130-500 x $10^3$ verified | SG | | N/A | Occ Bld | | Negative |
| Lymph % | | 20.5-51.1% | Bld | | Negative | H. pylori | | Negative |
| **(Hematology) Manual Differential** | | | pH | | N/A | Micro Parasites | | |
| Segs | | Mono | Prot | | Negative | Malaria | | |
| Bands | | Eos | Urob | | 0.2-1.0 | O & P | | |
| Lymph | | Baso | Nit | | Negative | Other | | |
| Atyp | | Imm | Leuk | | Negative | **Microscopic Urinalysis** | | |
| RBC Morph | | | HCG | | Negative | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | **CSF** | | | **Blood Bank** | |
| Sed Rate | | | Cell Count | | | **MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED** | |
| Other | | | Directigen | | Negative | ABO/Rh | |

| **Coagulation Studies** | | | **Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)** | | |
|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | UNIT | TYPE | CROSSMATCH |
| PT | | 9.8-13.6 secs | | | |
| APTT | | 21-34 secs | | | |
| D dimer | | <20 ug/ml | | | |
| FDP | | <10 ug/ml | | | |

**REMARKS:**

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|

MEDCOM - 26218

20yo ♂ (11 DEC03)
NKDA
NPO x12+ hrs
13.4/15/48/320 | 3/14/98 | 3/7

# MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-66; the proponent agency is the OTSG

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG | (Units) | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Midazolam | (mg) | (3) | | | | | | | | | | | |
| Fentanyl | (mcg) | 150 | 100 | | | 100 | 150 | | | | | | |
| Propofol | (mg) | 300 | | | | | | | | | | | |
| Vecuronium | (mg) | | 5 | 5 | | | | | | | | | |
| Morphine | (mg) | | | | 3-3 | | | | | | | | |
| | ( ) | | | | | | | | | | | | |
| VOLAT AGENT ~~Forane~~ | % del | | 1.5 | 1.5 | 2.0 | 2.0 | 2.0 | 0.5 X | | | | | |
| | % e.t. | | | | | | | | | | | | |
| AIR | L/Min | | | | | | | | | | | | |
| N2O | L/Min | | | | | | | | | | | | |
| O2 | L/Min | N - | 1.0 - | 1.0 - | 1.0 - | 1.0 | 1.0 | 2.0 | 10 | 10 X | | | |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS →

**FLUIDS**

| LINE site | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (L) AC 18G | ☑ Warmed | | (1) | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | |
| | ☐ Warmed | | | | | | | | | | | |

**LOSSES**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | | | | | | | | | | |
| URINE - | | | | | | | | | | | | |

| TOTALS | | TOTAL EBL |
|---|---|---|
| 3 | 2 | <50 |
| 500 | | |
| | | TOTAL URINE |
| 6 | 4 | Ø |

**FLUIDS - SUMMARY**

CRYSTALLOID- 1300

COLLOID- Ø

BLOOD- Ø

**REMARKS**

*Code drugs with numbers, events with letters*

1635 ID'd pt DNIRW, chart reviewed. IV placed.
1650 Transport to OR via gurney.
1705 Nasal intubation -
1740 10mg Decadron 4mg Zofran
1806 1% lidocaine (1:100K epi) perineural x 8ml
1839 Neostigmine 5mg Glycopyrrolate 0.8 IV
1920 Extubated, O2 applied. To PACU stable. Report given.

**PHYS STATUS** 1 (2) 3 4 5 E

**BODY WEIGHT:** 80 (KG) LB

**HEMATOCRIT:** 46

**INITIAL DATA:** BP- 130/65 HR- 80

**EQUIP CHECK** OK?- (Y) N

**PATIENT RECHECK** OK for PROCEDURE? Y TIME- 1655

**TIME** 1700 X 30 X 1800 X 30 X 1900

SYMBOLS: BP by cuff V; Heart rate ∧; Resp rate ●; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø

MAJ [redacted] - dinner break

**VENTIL**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| I:E 1:2 VT - ml | 450 | 750 | 800 | 780 | 760 | 800 | 670 | 300 | 450 | |
| f - breaths/min | 12 | 12 | 10 | 9 | 8 | 8 | 5 | 8 | 6 | |
| Peak inf pres / PEEP | — | 18 | 19 | 19 | 19 | 19 | 17 | — | — | |
| MODE - S(pon), A(ssist), C(on) | S/A | C | C | C | C | C | C | A/S | SV | |

**MONITORS/ACCESSORIES**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| BP/Auto Cuff / ET CO2 (torr) | + | 34 | 30 | 29 | 29 | 32 | 36 | 54 | 42 | |
| BP/oth / FIO2 (Frac or %) | .52 | .52 | .52 | .52 | .52 | .52 | 0.56 | 0.55 | .56 | |
| ART line / SpO2 (%) | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | |
| Steth- PC/ES / ECG | SR | SR | SR | SR | SR | SR | SR | SR | SR | |
| Gas analyzer / TEMP-site Ax. | | 35.7 → | | 35.8 | 35.8 | 35.9 | 36.0 | 35.8 | — | |
| / N-M Block (T/4) | | 2/4 | 0/4 | | | | 4/4 | 4/4 | — | |
| | | | | | | | | Swatted | | |
| | | | | | | | | >5sec | | |
| Warming blkt | | | | | | | | | | |
| Conv warmer | | | | | | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS / Position → Supine (R) ARM TUCKED (L) ARM SECURED, padded, <90°

**THROAT PACK:** IN: 1730 OUT: 1825

**RECOVERY AT** (PACU) ICU ____ (Specify) OTHER ____

CONDITION: stable

RESP- 14 SpO2- 99% BP- 121/82 HR- 99

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 1635 | 1657 | 1930 |
| | Ready | Begin | End |
| PROC | 1710 | 1734 | 1840 |

PROCEDURES and CPT Codes: Closed reduction of mandible fx (angle) (R) (L) (body)

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks* GETA

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* AFFIX TO (R) NARE 30F then 32F NASAL TRACHEAL TUBE placed c sweat. O NASAL RAE TUBE ADVANCED THRU CORDS c MAGILL FORCEPS ASSIST. O BETH CIRC BAG, CHEST RISE. SECURED. ATRAUMATIC INTUB.

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rank, Medical facility* [redacted] #[redacted] b(6)-1

SURGEONS: [redacted] b(6)-1

ANESTHETIS[redacted]

PROCEDURE LOCATION: OR2

DATE: 13 DEC03

PAGE 1 OF 1

DA FORM 7389, FEB 1998 — COPY 3 - ANESTHESIA DEPARTMENT — USAPA V1.00

MEDCOM - 26219

# MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-66; the proponent agency is the OTSG

**ANESTHETIC AGENTS AND DRUGS** — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

| DRUG (Units) | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MS (1 mg) | 1 | | | | | | | | | | | | | |
| FENTANYL ( ) | | | 200 | 50 | 150 | | | | | | | | | |
| Vecuronium ( ) | | 70 | | | | | | | | | | | | |
| Propofol ( ) | | 200 | | | | | | | | | | | | |
| Lidocaine ( ) | | 100 | | | | | | | | | | | | |
| Diphenhydramine (50) | 50 | | | | | | | | | | | | | |
| VOLAT AGENT % del | X | 1.5 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 1.0 | X | X | X | X | | |
| VOLAT AGENT % e.t. | X | | | | | | | | | | | | | |
| AIR L/Min | | | | | | | | | | | | | | |
| N2O L/Min | | | | | | | | | | | | | | |
| O2 L/Min | 10 | 10 | 10 | 10 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| | 10 | 10 | 10 | 10 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS →

| TOTALS | TOTAL EBL |
|---|---|
| 1 | Ø |
| 400 | |
| 70 | TOTAL URINE |
| 200 | |
| 100 | Ø |
| 50 | |

**FLUIDS - SUMMARY**

CRYSTALLOID- 700

COLLOID- Ø

BLOOD- Ø

**FLUIDS**

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LINE site 18 RI ACF ☐ Warmed | 50 | 100 | 200 | 250 | 300 | 350 | 400 | 550 | 600 | 650 | | | |
| ONDANSETRON ☐ Warmed | | | | | | | | | | | | | |
| DEXAMETHASONE ☐ Warmed | 8 | | | | | | | | | | | | 8 |
| GLYCOPYRROLATE ☐ Warmed | .3 | | | | | | | | | | | | .3 |

**LOSSES** — EST BLOOD LOSS / URINE -

PHYS STATUS: 1 (2) 3 4 5 E

BODY WEIGHT: 140 KG LB

HEMATOCRIT:

INITIAL DATA: BP- 132/71

HR- 88-125

EQUIP CHECK

OK?- (Y) N

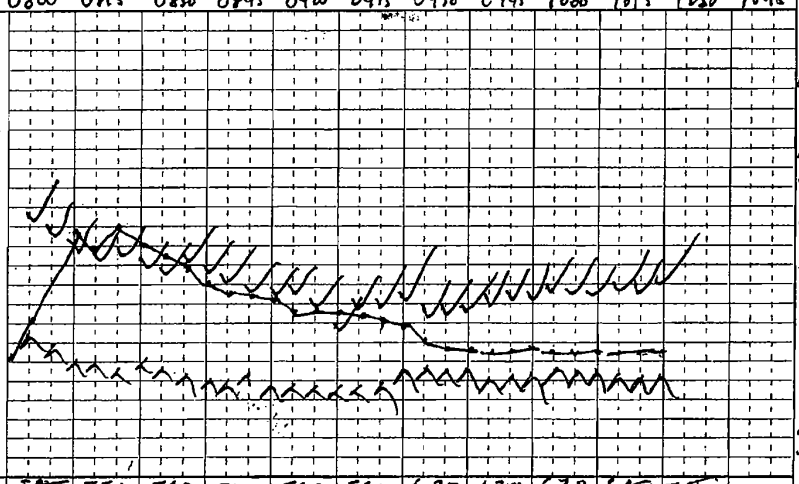
PATIENT RECHECK

OK for PROCEDURE- yes

TIME- 0800

**TIME** → 0800, 0815, 0830, 0845, 0900, 0915, 0930, 0945, 1000, 1015, 1030, 1045

SYMBOLS: BP by cuff V; Heart rate ●; Resp rate; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø




**VENTIL**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VT - ml | SPT | 550 | 560 | 560 | 560 | 560 | 630 | 630 | 630 | SPT | SPT | |
| f - breaths/min | 12 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 12 | 12 | |
| Peak inf pres / PEEP | | | | | | | | | | | | |
| MODE - S(pon), A(ssist), C(on) | S | A | A | C | C | C | C | C | C | S | S | |

**MONITORS/ACCESSORIES**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP/Auto Cuff / ET CO2 (torr) | 36 | 34 | 34 | 33 | 32 | 32 | 33 | 33 | 33 | 33 | 33 | |
| BP/oth / FIO2 (Frac or %) | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | |
| ART line / SpO2 (%) | 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 | |
| Gas analyzer / TEMP-site | 36.0 | 36.0 | 36.0 | 36.0 | 36.0 | 36.0 | 36.0 | 36.0 | 36.0 | 36.0 | — | |
| N-M Block (T/4) | 4/4 | 4/4 | 0/4 | 0/4 | 4/4 | 0/4 | 0/4 | 0/4 | 0/4 | 4/4 | 4/4 | |
| ANCEF 2g | | | | | X | | | | | | | |
| Dex/Oxyco | | | | | | | 4/8 | | | | | 4/8 |
| Warming blkt | | | | | | | | | | | | |
| Conv warmer | | | | | | | | | | | | |

Mark with letters & symbols, explain under REMARKS — EVENTS → Position

**REMARKS**

Code drugs with numbers, events with letters

Surgical Theatre 1
Supine Head on pillow EKG leads II, SaO2, BP cuff, arms to padded arms <90° (RT) Arm Tucks. comfort confirmed pre meds given (MS, Dexamethasone) Notes RLO Rolled RSL at waist site ⊖ paralytic ⊖ pain relief ⊖ Hemodynamic Δ's. & MS allergic. Prep 100% Iodine Smart stamped #7 NRET passed (LT) nare tube cleared to pass via RN Dr. [redacted] in #3 min passed w/. Bassalgia other normal sections

RECOVERY AT

PACU ICU _____ (Specify)

OTHER _____

CONDITION:

RESP: 16 SpO2- 99

BP 129/73 HR- 85

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 0800 | 0817 | 1035 |
| | Ready | Begin | End |
| PROC | 0855 | 0900 | 1015 |

PROCEDURES and CPT Codes: ORIF mandible
Winn of Mandible,

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

[redacted]

AIRWAY [redacted] tubation route, blade, technique, comments

(LT) [redacted]

SURGEON: Dr [redacted]

b(6)-2

PROCEDURE LOCATION: 01

DATE: 31 Dec 03

[redacted] CRNA

PAGE 1 OF

DA FORM 7389, FEB 1998 — COPY 3 - ANESTHESIA DEPARTMENT — USAPA V1.00

MEDCOM - 26220

**ANESTHESIA PLAN OF CARE PR[redacted]OCEDURAL ASSESSMENT (Sedation/Anesthesia)**

**Age** ___ **DAYS MOS YRS** **Sex** (X) **MALE** ( ) **FEMALE**

**PROPOSED PROCEDURE:** ORIF MANDIBLE REMOVAL OF TEETH
**SURGICAL SERVICE:** _____
**NPO SINCE:** _____

ASA Physical State 1 (2) 3 4 5 E
WT: 140 KG (LB) HT: 5'5" IN.
ALLERGIES: Poss Morphine.

**HABITS:**
TOBACCO: 2
ETOH: 2
DRUGS: 2

**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: _____/_____
U/A: _____
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 _____
Steriods (N) Y _____
Thyroid (N) Y _____
**Neurological:**
Seizures (N) Y _____
Neuropathy (N) Y _____
Other (N) Y _____
**Gynecological :**
Pregnancy (N) Y _____
**Other Significant Hx:**
(N) Y _____
(N) Y _____
**Familial HX** (N) Y _____

**ASSESSMENT**
**PAST SURGICAL/ANESTHETIC**
ORIF MAND, 17 Dec 03

**PHYSICAL EXAMINATION**
BP/72/72 HR 88 R 16 T 97
Pain Scale 0-10 (3)
HEENT - Teeth WNL
Trachea MIDLINE
TMJ/Neck WNL
Oropharnyx —
Nares patent
CHEST: CTA
CARDIAC: Regular
EXTREMITIES:
IV Access: RD ACF
Ulnar Filling: Brisk
BACK: Clear
OTHER: WNL

**NPO Since** 24 hr

**ANESTHETIC PLAN:** { } **LOCAL** { } **MAC** { } **Regional (Specify):** _____ (X) **General: Mask Intubation**
NTI

**INFORMED CONSENT/COUNSELING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained to and discussed with the patient/legal guardian.**

The p[redacted]derstand and agrees. Questions answered.
Si[redacted] _____ **Date:** 31 Dec 03 **Time:** 800 **Hrs**

POS[redacted]OTE (NON ASU)
{ } NO APPARENT ANESTHETIC COMPLICATIONS { } OTHER
[redacted] _____ **Date:** 31 Dec 03 **Time:** 1130 **Hrs**

**Patient Identification: (Ward)** _____

**SEDATION KEY:**

1. **MINIMAL** (Anxiolysis) Patient responds normally to verbal commands
2. **MODERATE** (conscious sedation) Patient responds purposefully to verbal commands alone or accompanied by light tactile stimulation. Airway assistance is not necessary.
3. **DEEP SEDATION/ANALGESIA.** Patient responds purposefully following repeated or painful stimulation. Airway assistance may be necessary.
4. **ANESTHESIA.** Patient does not respond to painful stimulation.

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

b(6)-4

#[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 11 Dec 03 TIME OF ORDER: @ 2252 HOURS

LIST TIME ORDER NOTED AND SIGN

b(6)-2

1. Admit to ICW 2 Dr [redacted]
2. Dx: mandible fracture
3. cond: Stable
4. Vitals: per routine
5. aller: NKDA
6. activ: ad lib

PATIENT IDENTIFICATION

b(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

7. Nuro: HOB ↑ 30° HOURS
   Yankauer suction to BS
8. Diet: clear liquid
9. IV: D5 @ 125cc/hr
10. meds: Clindamycin 900mg IVq8
    MSO4 2-4 mg IVq 1° pm pain
    Tylenol 650mg PO/PR q 4° pm T >101
11.

PATIENT IDENTIFICATION

b(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 12 Dec 03 TIME OF ORDER: 0830 HOURS

1. V.O NPO ⊼ MN for OR
   13 Dec 03

b(6)-2

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

24° V [redacted] 13DEC03 0005

PATIENT IDENTIFICATION

b(6)-2

DATE OF ORDER: 21 Dec 03 TIME OF ORDER: @ 1633 HOURS

1. D/C IV & IV meds [redacted]
2. Ambien 5mg crush [redacted] po qhs pm insomnia
3. D/C Yankauer suction

NURSING UNIT | ROOM NO. | BED NO.

24° V [redacted] 22DEC03 0010

[redacted]

b(6)-2

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 26222

## ICAL RECORD - DOCTOR'S ORDERS

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

| ORDER NUMBER | DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS | ORDER NOTED TIME & INITIALS | COMPLETED TIME & INITIALS |
|---|---|---|---|
| | 13DEC03 1930 POST ANESTHESIA ORDERS (circled Items) | | |
| 1 | VS q 5 min X 15 min, then q 15 min until discharge. | | |
| 2 | Supplemental oxygen. | | |
| 3 | Morphine / Meperidine 2-3 mg IV now and 2-3 mg q 3-5 min prn pain for a | | |
| | max dose of 20 mg. RR ≥ 10/min | | |
| 4 | Zofran____mg IV prn N/V q 15 min, may repeat x ____. | | 2 |
| 5 | Metoclopramide____mg IV prn N/V x 1. | | |
| 6 | Droperidol____mg IV prn N/V x 1. | Noted 12/13/03 19:30 SGT | b(6) [redacted] |
| 7 | Phenergan____mg IV prn N/V x 1. | | |
| 8 | Benadryl 25-50mg IVP q1 hr prn, itching while in PACU. | | |
| 9 | IVF: LR @ 150 cc/hr. | | |
| 10 | Discharge from recovery status when PACU discharge criteria met. | | |
| | b(6)-2 [redacted] | | |

PATIENT IDENTIFICATION

[redacted] b(6)-4

Complete the following information on page 1 only. Note any changes on subsequent pages.

Diagnosis: _____

Height: _____ Weight: _____ Diet: _____

Allergies: _____

| Nursing Unit | Room No. | Bed No. | Page No. |
|---|---|---|---|
| PACU, 28th CSH | | | 1 of 1 |

MEDCOM FORM 688-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE MC V1.00

b(4)-2 all unless otherwise noted

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

# [redacted] b(4)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN

13 Dec 03 @ 1830 HOURS

1. Admit to MCW 1-D [redacted]
2. Dx: S/P closed reduction of mandible fx's
3. Cond: Stable
4. Vitals: Per routine
5. Aller: NKDA
6. Activ: ad lib
7. Nurs: HOB ↑ 30°
   Yankauer suction to BS
   * Wire cutters hanging @ nurses station @ all times
8. Diet: full liquid diet
9. IVF: NS @ 125 cc/hr then HLIV when taking PO
10. meds: MSO4 2-4 mg IVq 10 pm pri
    Clindamycin 900 mg IVq 8°

[redacted]

Noted w/ [redacted] 13 Dec 03 2000

MAS/DC

NURSING UNIT | ROOM NO. | BED NO.

249 [redacted] 14 DEC 03 0045

PATIENT IDENTIFICATION

[redacted]

DATE OF ORDER | TIME OF ORDER

14 Dec 03 @ 1432 HOURS

1. Δ diet to BTS

[redacted]

Noted w/ [redacted] 14 Dec 03 1432

NURSING UNIT | ROOM NO. | BED NO.

249 [redacted] 16 DEC 03 0130 12/17/03 1000

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH [redacted]

2. V.O. Mgr. [redacted]

Hold Clindamycin [redacted]

249 [redacted] 18 DEC 03 0220 MEDCOM - 26224

No new orders [redacted] 20 DEC 03 0110

b(6)-2 all unless otherwise noted

**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 |
|---|---|---|---|---|---|
| b(6)-4 [redacted] | | | | 23 DEC 03 @ 0822 HOURS | |
| | | | | | |
| | | | | ① add ensure and milk T every BTS meal please | |
| NURSING UNIT | ROOM NO. | BED NO. | | [redacted] | |
| | | | | MAJ | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER / TIME OF ORDER | |
| b(6)-4 [redacted] | | | | 25 DEC 03 ~~0809~~ HOURS | |
| | | | | ① immodium 20ml PO then 10CC after each unformed stool up to 5 doses. | |
| NURSING UNIT | ROOM NO. | BED NO. | | [redacted] | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER / TIME OF ORDER | |
| | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| PATIENT IDENTIFICATION | | | | DATE OF ORDER / TIME OF ORDER | |
| | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 26225

b(6)-2 All unless otherwise noted

# 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 [redacted] BELOW.

24° ✓ 24° ✓ 28 DEC 03 @ 0400 [redacted] 1LT, AN

PATIENT IDENTIFICATION 25 DEC 03 @ 0240 [redacted] 2LT, AN

b(6)-4 [redacted]

note 30 DEC 03 [redacted] 080

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| KW' | | |

DATE OF ORDER [redacted] TIME OF ORDER 0755 HOURS — LIST TIME ORDER NOTED AND SIGN

30 Dec

1. Double the BTS diet Pt is still hungry
2. NPO ~~P~~ MN for Sx in AM. [redacted]

24° ✓ 1 JAN 04 [redacted] 1LT, AN @ 0130

PATIENT IDENTIFICATION 24° ✓ 30 DEC 03 [redacted] DATE OF ORDER [redacted] HOURS

01 JAN 04 @ 1548

[redacted] 1/1/04 1600

1. Decadron 10mg IV q8° x 2 doses then decadron 8mg q8° x 1 dose then decadron 6mg q8° x 1 dose then D/C

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

PATIENT IDENTIFICATION

DATE OF ORDER 1/1/04 TIME OF ORDER 1800 HOURS

1. Hold Decadron
2. Tylenol Elixir for T > 101.5 30cc q4h prn

V.O. Dr [redacted]

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

No new orders [redacted] 03 JAN 04 0350 — 24° ✓ 02 JAN 04 @ 0355 [redacted]

PATIENT IDENTIFICATION [redacted] Noted [redacted] 3 Jan 04 0800 b(6)-4

DATE OF ORDER 3 Jan 04 TIME OF ORDER 0725 HOURS

1. D/C IV meds
3. D/C IV

V.O Dr [redacted]

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| 24° ✓ [redacted] | 04 JAN 04 0190 | |

DA [redacted] 1256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 26226

b(a)-2 All Unless noted otherwise

# CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

[redacted]

b(a)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS | LIST TIME ORDER NOTED AND SIGN

31 Dec 03 @ 1018

1. Admit to PACU then ICW1 - Dr Perkins
2. Dx: S/P ORIF mandible fracture
3. Cond: stable
4. Vitals: Per routine

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO.

DATE OF ORDER | TIME OF ORDER | HOURS

5. aller: NKDA
6. activ: ad lib
7. Nurs: HOB↑ 30°
8. Diet: BTS - (Double BTS) diet
9. IV: HLIV
10. Medd (K) clindamycin 900mg IVq8 x 3 days only
    (K) MSO4 2-4mg IVq1° pm pain

PATIENT IDENTIFICATION

[redacted]

DATE OF ORDER | TIME OF ORDER

(K) Toradol 30 mg IVq6° pm pain

11. When pt awake please have dental take a PANOREX XRAY ON Him
12. Phenergan 12.5-25mg IVq4° pm N/V
13. Tylenol 650mg PR q4° pm T > 101

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

14. Wire cutters (A) nurses station @ all times

24° ✓ 02 JAN04 @ 0355 [redacted] 1LT, AN [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 26227

## ...DICAL RECORD - DOCTOR'S ORDERS

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

| ORDER NUMBER | DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS | ORDER NOTED TIME & INITIALS | COMPLETED TIME & INITIALS |
|---|---|---|---|
| | POST ANESTHESIA ORDERS (circled Items) | | |
| 1 | VS q 5 min X 15 min, then q 15 min until discharge. | | |
| 2 | Supplemental oxygen. | | |
| 3 | Morphine / Meperidine _____mg IV now and _____mg q 3-5 min prn pain for a | | |
| | max dose of _____mg. | | |
| 4 | Zofran_____mg IV prn N/V q 15 min, may repeat x _____. | | |
| 5 | Metoclopramide_____mg IV prn N/V x 1. | | |
| 6 | Droperidol_____mg IV prn N/V x 1. | | |
| 7 | Phenergan_____mg IV prn N/V x 1. | | |
| 8 | Benadryl 25-50mg IVP q1 hr prn, itching while in PACU. | | |
| 9 | IVF:_____@_____cc/hr. | | |
| 10 | Discharge from recovery status when PACU discharge criteria met. | | |
| (11). | Narcan 20mcg IV x 1 prn apnea or RR<7bpm | | |
| | | | |
| | [redacted] b(6)-2 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

PATIENT IDENTIFICATION

#[redacted] b(6)-4

Complete the following information on page 1 only. Note any changes on subsequent pages.

Diagnosis: _____

Height: _____ Weight: _____ Diet: _____

Allergies: _____

| Nursing Unit | Room No. | Bed No. | Page No. |
|---|---|---|---|
| PACU, 28th CSH | | | 1 of 1 |

MEDCOM FORM 688-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE MC V1.00

MEDCOM - 26228

b(6)-2 All

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 12 Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | [redacted] | BRADEN SCALE | 10 | | / | / | / | / | / | / | | / | / | / | / | / |
| | | EVAL | | | | | | | | | | | | | | |
| 12 Dec | [redacted] | Vitals: Routine | 06 | [redacted] | | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | | |
| 12 Dec | [redacted] | Activity: Ad Lib | 06 | [redacted] | | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | | |
| 12 Dec | [redacted] | Nurs: HOB↑ 30° | 06 | [redacted] | | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | | |
| 12 Dec | [redacted] | Yankeur suction to BS | 06 | [redacted] | | | PRE-OP | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | | |
| 12 Dec | [redacted] | Diet: Clear Liquids | 06 | [redacted] | | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | | |
| 13 Dec 03 | [redacted] | Vitals per routine | 06 | | / | [redacted] | | | | | | | | | | |
| | | | 18 | | / | [redacted] | | | | | | | | | | |
| 13 | [redacted] | Activ: ad lib | 06 | | / | [redacted] | | | | | | | | | | |
| | | | 18 | | / | [redacted] | | | | | | | | | | |
| 13 | [redacted] | HOB ↑ 30° | 06 | | / | [redacted] | | | | | | | | | | |
| | | | 18 | | / | [redacted] | | | | | | | | | | |
| 13 | [redacted] | Yankauer suction to | 06 | | / | [redacted] | | | | | | | | | | |
| | | BS | 18 | | / | [redacted] | | | | | | | | | | |
| 13 | [redacted] | wire cutters hanging | 06 | | / | [redacted] | | | | | | | | | | |
| | | @ nurses station @ | 18 | | / | [redacted] | | | | | | | | | | |
| | | all times | | | | | | | | | | | | | | |
| 13 | [redacted] | Diet: Full liquid diet | 06 | | / | [redacted] | | | | | | | | | | |
| | | | 18 | | / | [redacted] | | | | | | | | | | |
| 14 | [redacted] | diet to BTS | 06 | | / | [redacted] | | | | | | | | | | |
| 23 | [redacted] | Add milk & ensure | 18 | | / | [redacted] | | | | | | | | | | |
| | | to every meal | 06 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

Δ'd 14 Dec

ALLERGIES: ☐ YES ☑ NO
NKDA

PRIMARY DIAGNOSIS:
S/P CLOSED REDUCTION OF MANDIBLE FX'S
Mandible fractures

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted] b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

b(6)-2 All

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | | Mo 12 Yr 2003 |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 12 Dec | [redacted] | Admit to ICW 2 Dr. [redacted] | 12Dec | — | — | [redacted] |
| 12Dec | [redacted] | Cond: Stable | 12Dec | — | — | [redacted] |
| 12Dec | [redacted] | NPO p MN for surgery 13Dec | 13Dec | 0001 | — | [redacted] |
| 13 Dec | [redacted] | Admit to ICW1 - Dr [redacted] Cond. Stable | 13 | — | — | [redacted] |
| 12/21 | [redacted] | ~~D/c IV, IV Meds, IV Fluids,~~ [redacted] | 12/21 | — | — | [redacted] |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 26230

b(6)-2

**CLINICAL RECORD**

**THERAPEUTIC DOCUMENTATION CARE PLAN** *(NON-MEDICATION)*
For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.

Mo. DEC Yr. 2003

*VERIFY BY INITIALING* — *INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION*

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 25 | 26 | 27 | 28 | 29 | 30 | 31 | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | [redacted] | BRADEN SCALE Q7 DAYS | 06 | / | / | / | | | | | / | | / | | | |
| | | | 18 | / | [redacted] | / | | | | | / | | / | | | |
| 13 DEC 03 | [redacted] | VITALS PER ROUTINE | 06 | [redacted] | | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | | |
| 13 DEC | [redacted] | ACTIV: AD LIB | 06 | [redacted] | | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | | |
| 13 | [redacted] | HOB ↑ 30° | 06 | [redacted] | | | | | | | | | | | | |
| | | | 18 | [redacted] | | | | | | | | | | | | |
| 13 | [redacted] | WIRE CUTTERS HANGING @ | 06 | [redacted] | | | | | | | | | | | | |
| | | NURSES STATION @ ALL | 18 | [redacted] | | | | | | | | | | | | |
| | | TIMES | X | [redacted] | | | | | | | | | | | | |
| 14 | [redacted] | Δ DIET TO BTS, ADD | 06 | [redacted] | | | | | | | | | | | | |
| | | MILK & ENSUR TO EVERY MEAL | 18 | [redacted] | | | | | | | | | | | | |
| | | (Double the portions) | | | | | | | | | | | | | | |
| 4 JAN | [redacted] | NIO: Fall Risk assessment | 10 | | | | | | | | | | [redacted] | | | |
| | | Q7D & prn | / | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☒ NO
NKDA
MORPHINE Ws Q4!

PRIMARY DIAGNOSIS: S/P CLOSED REDUCTION OF MANDIBLE FX'S

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO: _____

PATIENT IDENTIFICATION: REWRITTEN

[redacted]

b(6)

**ACTION TIMES**
**USE PENCIL. CIRCLE ACTION TIMES**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

b(6)-2 All

| Verity by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) | | | Mo 12 Yr 2003 | |
|---|---|---|---|---|---|---|
| Order Date | Clerk Nurse | SINGLE ACTIONS | Date to be Done | Time to be Done | Time Done | Initials |
| 30Dec | [redacted] | NPO PMN for SX in AM | 31Dec | 0001 | — | [redacted] |
| 31Dec | [redacted] | S/P ORIF Mandible Fracture | 31Dec | 1200 | — | [redacted] |
| | [redacted] | Cond: stable | | | | |
| 1Jan | [redacted] | When pt awake please have panor-ex | — | DONE | — | |
| | ---- | x-ray on him | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 26232

b(6)-2 9/11

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 12 Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12Dec | [redacted] | IV: NS @ 125cc/hr | 06 | [redacted] | | | | | | | | | | | | | |
| | | | 18 | | | | | | | | | | | | | | |
| 12Dec | [redacted] | Clindamycin 900mg | 06 | | | | | | | | | | | | | | |
| | | IV Q8° | 14 | | | | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | | | |
| 13 Dec 03 | [redacted] | NS @ 125cc/hr then | 06 | | | | | | | | | | | | | | |
| | | HL IV when taking po | 18 | | | | | | | | | | | | | | |
| 13 | [redacted] | Clindamycin 900mg | 06 | | | | | | | | | | | | | | |
| | | IV q8° | 14 | | | | | | | | | | | | | | |
| | | | 22 | | | | | | | | | | | | | | |
| ~~12/31~~ | ~~[redacted]~~ | ~~HL IV~~ | ~~6~~ | | | | | | | | | | | | | | |
| | | | ~~18~~ | | | | | | | | | | | | | | |
| | | | 31 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 12/31 | [redacted] | HL IV | 6 | | | | | | | | | | | | | | |
| | | | ~~18~~ | | | | | | | | | | | | | | |
| 12/31 | [redacted] | ~~Clindamycin 900mg IV~~ | 6 | X | 3 | 6 | 9 | | | | | | | | | | |
| | | ~~q8° X 3 days only~~ | 14 | 1 | 4 | 7 | X | | | | | | | | | | |
| | | | 22 | 2 | 5 | 8 | X | | | | | | | | | | |

PRE-OP

[redacted]

D/C'd

| ALLERGIES: ☐ YES ☑ NO | PRIMARY DIAGNOSIS: | ADDITIONAL PAGES IN USE: ☐ YES ☐ NO |
|---|---|---|
| NKDA | S/P CLOSED REDUCTION OF MANDIBLE FRS<br>Mandible fracture | PAGE NO. |

PATIENT IDENTIFICATION:

[redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

DA FORM 1 FEB 79 4678 — EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 26233

b(a)-2 All

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. 12 Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| 17 DEC | [redacted] | Add Clindamycin | 17 | — | — | [redacted] |
| 21 DEC | [redacted] | D/C IV, IV meds, IV fluids | 21 | — | — | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 Dec | [redacted] | MSO4 mg 2-4 mg IV | D/T | | | | | | | | | | | | | |
| | | f/ pain | D/I | | | | | | | | | | | | | |
| 12 Dec | [redacted] | Tylenol 650 mg PO/PR | D/T | | | | | | | | | | | | | |
| 12/31 | [redacted] | Q4° PRN T > 101. | D/I | | | | | | | | | | | | | |
| 13 DEC 03 | [redacted] | MSO4 2-4 mg IV q1° pm pain | D/T | 13 DEC 2300 4mg | 16 DEC 0930 4mg | | | | | | | | | | | |
| | | | D/I | [redacted] | | | | | | | | | | | | |
| 12/21 | [redacted] | Ambien 5mg Crushed po qhs prn insomnia | D/T | | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | | |
| 12/25 | [redacted] | Immodium 2 and p.o then 1 QC | | | | | | | | | | | | | | |
| | | after each unformed | | | | | | | | | | | | | | |
| | | stool up to 5 doses. | | | | | | | | | | | | | | |
| 12/31 | [redacted] | Toradol 30-60 mg IV q6° prn pain | D/T | | | | | | | | | | | | | |
| | | | D/I | | | | | | | | | | | | | |

*U.S. GPO: 1998-454-110/95216

MEDCOM - 26234

b(6)-2 A11

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 1 Yr. 04 |
|---|---|---|

*VERIFY BY INITIALING* — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 31 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12/31 | [redacted] | HLIV | 6 | [redacted] | | | | | | | | | | | | |
| | --- | | 18 | [redacted] | | | | | | | | | | | | |
| 12/31 | [redacted] | Ertudamycin 900mg IV | 6 | X [redacted] | | | | | | | | | | | | |
| | ----- | q8° X3 days only | 12 | [redacted] | | | X | | | | | | | | | |
| | [redacted] | | 22 | [redacted] | | | X | | | | | | | | | |
| 1/1 | [redacted] | Decadron 10mg q8°x2 | 8 | X | 8 | | | | | | | | | | | |
| | ----- | doses, then 8mg | 16 | [redacted] | 6 | | HOLD | | | | | | | | | |
| | ----- | q8°x1 dose, then | 24 | | X | | | | | | | | | | | |
| | ----- | 6mg q8°x1 dose | 32 | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | |

DCd 3 Jan

ALLERGIES: ☐ YES ☒ NO
MORPHINE
NKDA WSU

PRIMARY DIAGNOSIS: S/P ORIF Mandible Fx

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

# [redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

DA FORM 1 FEB 79 4678 — EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 26235

b(6)-2 A11

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. 1 Yr. 04 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ N[redacted] | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| 1/3 | [redacted] | D/C IV, IV meds | 1/3 | | [redacted] | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ N[redacted] | PRN MEDICATION, DOSE, FREQUENCY | | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12/31 | [redacted] | Tylenol 650mg PO/PRN | D/T | | | | | | | | | | | | | | |
| | | Q4° PRN T>101 | D/I | | | | | | | | | | | | | | |
| 12/31 | [redacted] | MSO4 2-2mg IV q1° | D/T | | | | | | | | | | | | | | |
| | | PRN PAIN | D/I | | | | | | | | | | | | | | |
| 12/31 | [redacted] | Toradol 30-60mg IV q 6° prn pain | D/T | 31 DEC 1900 | 1 JAN 0700 | | | | | | | | | | | | |
| | | | D/I | 60mg | [redacted] | | | | | | | | | | | | |
| 12/31 | [redacted] | Phenergan 12.5-25mg IV | D/T | | | | | | | | | | | | | | |
| | | q4° prn N/V | D/I | | | | | | | | | | | | | | |
| 12/31 | [redacted] | Ambien 5mg Crushed | D/T | | | | | | | | | | | | | | |
| | | PO QHS prn insomnia | D/I | | | | | | | | | | | | | | |
| 12/25 | [redacted] | Immodium 30cc po then 10cc p | D/T | | | | | | | | | | | | | | |
| | | each unformed stool up to 5 doses | D/I | | | | | | | | | | | | | | |
| 1/1 | [redacted] | Tylenol Elixir 30cc PO prn q4° for T>101.5 | D/T | 3 Jan 0400 | | | | | | | | | | | | | |

D/C'd

2001 [redacted]

*U.S. GPO: 1998-454-110/95216

MEDCOM - 26236

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 13 Dec 03
Time In: 1825
Allergies: NKDA
Pre-op V/S: 130/65 80
Procedures: Jaw fx Repair

Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block

OR Intake: Crystalloid 1300 Colloid
OR Output: UOP 0 EBL <50
Meds/Times: Versed Fentanyl MSO4

| Drains | Airway |
|---|---|
| Hemovac | Nasal |
| NG | Oral |
| JP | ETT |
| T-tube | Trach |
| Foley | Other |
| TLS | |

Pre Op Meds

History

| Time | 1820 | 1835 | 1840 | 1855 | RA |
|---|---|---|---|---|---|
| SaO2 | 100 | 100 | 100 | 100 | 100 |
| FiO2 | NC | NC | NC | NC | |
| Methods | NC | NC | NC | NC | RA |
| 240 | | | | | |
| 220 | | | | | |
| 200 | | | | | |
| 180 | | | | | |
| 160 | | | | | |
| 140 | | | | | |
| 120 | V | V | V | V | |
| 100 | | | | | |
| 80 | ^ | ^ | ^ | ^ | |
| 60 | | | | | |
| 40 | | | | | |
| 20 | | | | | |
| RR | 10 | 14 | 12 | 11 | 11 |
| T | 98 | 99 | 97.2 | | |

| Time | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Pain (0-10) | | | | | | | | |
| LOS | | | | | | | | |

Patient teaching done: Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

### Pacu Intake

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| | LR | 400 | (L) AC | | |
| | NS | 100 | (L) AC | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

### Post-Anesthesia Recovery score

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 2 | 2 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 2 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 1 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | | | |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C, | 9 | 10 | 10 |

Codes:
AIRWAY: A = Ambu, BB = Blow-by, M = Mask, FT = Face Tent, RA = RoomAir, NC = Nasal Cannula
V/S: X = A-line BP, " = Cuff BP, = Pulse
TEMP: S = Skin, O = Oral, A = Axillary, T = Tympanic, R = Rectal
LOS: C = Cervical, T = Thoracic, L = Lumbar, S = Sacral

PREPARED BY (Signature): SGT [redacted] b(6)-2

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 13 Dec 03

PATIENT'S IDENTIFICATION (For typed or written entries give: Name – last, first, middle; grade; date; hospital or medical facility)

[redacted]

b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete USAPPC V2.00

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | | | | | | | |
| 15' | | | | | | | |
| 30' | | | | | | | |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

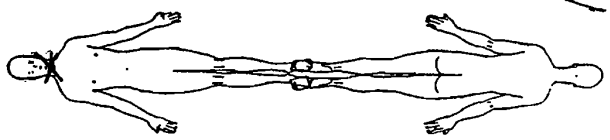
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | | | |
| 30' | | | |
| 60' | | | |
| D/C | | | |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 1955 | SR | NO | NO |
| | | | |
| | | | |
| | | | |

## NURSING NOTES

1930 Rec'd pt from OR. Hooked up to monitor. Maintaining own airway. SPO2 90% RA - placed on 4L O2 NC. SPO2 ↑ 100%. VSS
SGT [redacted] PN

1931 Wire cutters, Sx, & nasal airway @ BS SGT [redacted] PN

2015 Report given to LT [redacted] and pt transported via litter SGT [redacted]

b(6)-2 A11

**Discharge Criteria:**
Date: 13 Dec 03 Time: PARS: 10
BP: 119/76 T: 97.2 HR: 72 RR: 11 Sa02: 100% RA
Pain Level at D/C (0-10): 0
Intake: 500cc Output: 0
Additional Data:
Transferred To: ICW
Report Given To: LT [redacted]
Transferred Via: W/C Litter Gurney Ambulance
Transferred By: SGT [redacted]
Cleared IAW Recovery [redacted]
Charge Nurse Signat [redacted] Felton

WAMC OP 173-E MEDCOM 26238

## 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: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 31Dec 03
Time In: 1035
Allergies: MSO4
Pre-op V/S: 132/71 88-125
Procedures: ORIF of mandible + wiring

Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 600 Colloid
OR Output: UOP – EBL –
Meds/Times: 1 MSO4 400 mcg Fent 70 Vec 200 propofol

Drains: Hemovac NG JP T-tube Foley TLS

Airway: Nasal Oral ETT Trach Other

Pre Op Meds History

| Time | 1035 | 1030 | 1035 | 1040 | 1055 | 1110 | 1125 | 1140 |
|---|---|---|---|---|---|---|---|---|
| SaO2 | 100 | 100 | 100 | 99 | 100 | 100 | 98 | 99 |
| FiO2 | 4L | 4L | 4L | 4L | | | | |
| Methods | NC | NC | NC | NC | RA | RA | RA | RA |
| 240 | | | | | | | | |
| 220 | | | | | | | | |
| 200 | | | | | | | | |
| 180 | | | | | | | | |
| 160 | | | | | | | | |
| 140 | | | | | | | | |
| 120 | | | | | | | | |
| 100 | | | | | | | | |
| 80 | | | | | | | | |
| 60 | | | | | | | | |
| 40 | | | | | | | | |
| 20 | | | | | | | | |
| RR | 15 | 12 | 10 | 14 | 16 | 15 | 19 | 20 |
| T | 98.5 | | | | | | | |

| Time | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Pain (0-10) | | | | | | | | | |
| LOS | | | | | | | | | |

Patient teaching done: Wound Care, Pain Management.
T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

**Pacu Intake**

| Time | Solution | Amount | Site | By | Infused |
|---|---|---|---|---|---|
| 1035 | LR | 100 | LAC | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

X-rays: Labs:

**Post-Anesthesia Recovery score**

| Criteria | ADM | 30' | D/C |
|---|---|---|---|
| Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities | 2 | 2 | 2 |
| Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea | 1 | 1 | 2 |
| Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op | 2 | 2 | 2 |
| Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain | 1 | 2 | 2 |
| Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic | 2 | 2 | 2 |
| Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse | / | / | / |
| TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C. | 8 | 9 | 10 |

**Codes**

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
• = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

PREPARED BY (Signature & Title): [redacted] b(4)-2

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 31Dec 03

PATIENT'S IDENTIFICATION (Typed or written entries give: Name – last, first, middle; grade; date; hospital or medical facility)

[redacted] b(4)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete USAPPC V2.00

## MEDICATIONS

Allergies:

| Time | Pain 1-10 | Medication & Dosage | Route | Pain 1-10 | I/E | By |
|---|---|---|---|---|---|---|
| 1055 | | 20mcg Navcan | IV | | | [redacted] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## NEUROVASCULAR

| Time | Site | Range Of Motion | Sensory | P | Cap Refill | T | Color |
|---|---|---|---|---|---|---|---|
| Adm | | | | | | | |
| 15' | | | | | | | |
| 30' | | | | | | | |
| 45' | | | | | | | |
| 60' | | | | | | | |
| 90' | | | | | | | |
| D/C | | | | | | | |

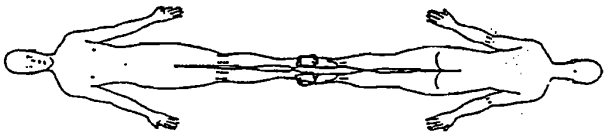
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

## C-SECTIONS

| | Adm | 15' | 30' | 45' | 60' | 90' | D/C |
|---|---|---|---|---|---|---|---|
| Fund. Height | | | | | | | |
| Lochia | | | | | | | |
| Peripad# | | | | | | | |
| Fund. Cond. | | | | | | | |

## DRESSINGS

| Time | Location | Type | Drainage |
|---|---|---|---|
| Adm | | | |
| 30' | | | |
| 60' | | | |
| D/C | | | |



## PACU OUTPUT

| Time | Source | Color/Appearance | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## CARDIAC RHYTHM

| Time | Rhythm | Symptomatic? | Rhythm Strip Run? |
|---|---|---|---|
| 0935 | NSR | — | — |
| | | | |
| | | | |
| | | | |

WAMC OP 173-E

## NURSING NOTES

Pt received from OR s/p ORIF of mandible and rewiring. Pt $SpO_2$ 85% upon arrival put NC @ 4L sats ↑ 99%. Pt had allergic reaction to MSO4 in OR, given Benedryl. VSS. Will continue to monitor for any further reactions. Pt does not breathe unless stimulated. Dr [redacted] brought to bedside. 20mg Navcan given. Pt now breathing with no difficulty. Transferring to ICW1. Report given to Lt [redacted] SJ

b(a)-2 A11

**Discharge Criteria:**
**Date:** 31Dec03 **Time:** 1144 **PARS:** 10
**BP:** 119/72 **T:** 97.4 **HR:** 97 **RR:** 14 **Sa02:** 99%
**Pain Level at D/C (0-10):**
**Intake:** 100 **Output:** —
**Additional Data:** —
**Transferred To:** ICW1
**Report Given To:** Lt [redacted]
**Transferred Via:** W/C [redacted] Gurney Ambulance
**Transferred By:** Sgt [redacted]
**Cleared IAW Recovery Room SOP B-3**
**Charge Nurse Signature:**

b(2)-2

| 1. Reporting MTF | 2. MTF Locatio | Admission and Coding Information<br>For use of this form, see AR 40-400; the proponent agency is OTSG | |
|---|---|---|---|
| [redacted] | IZ | | |
| 3. Register Number | Name (Last, First, MI) | 4. Pay Grade | 5. Sex |
| [redacted] b(6)-4 | | FGN | M |

| 6. DoB (YYYYMMDD) | 7. Age at Admission | 8. Race | 9. Ethnicity | Religion |
|---|---|---|---|---|
| 1983-01-01 | 20Y | X | 9 | |

| 10. Length of Service | ETS | 11. FMP | 12. Social Security Number |
|---|---|---|---|
| | | 99 | [redacted] b(6)-4 |

| Organization (Active Duty Only) | 13. Marital Status | Hour of Admission | Branch / Corps: |
|---|---|---|---|
| | | 21:20 | |

| 14. Flying Status | 15. Beneficiary Category | 16. Zip Code of Residence: |
|---|---|---|
| | K78-PRISONER OF WAR/INTERNEES | |

| 17. Unit Location | 18. MOS | 19. Trauma | Prev. Admission |
|---|---|---|---|
| | | DIS | NO |

| 20. Source of Admission | Ward: | Name / Relationship of Emergency Addressee |
|---|---|---|
| Direct from ER | ICW1 | Address of Emergency Addressee |
| [redacted] b(2)-2 | | Telephone Number of Emergency Addressee |

| 21. Type of Disposition | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) |
|---|---|---|
| TRF-A | | 2004-01-04 |

| 24. Clinic Svc - Admitting | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) |
|---|---|---|
| ABF - ORAL SURGERY | | 2003-12-11 |

| 27. Location of Occurrence | 28. MTF of Initial Admission | 29. Date of Initial Admission |
|---|---|---|
| | | 2003-12-11 |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: MANDIBLE FX

Procedure Narrative(s):

Cause of Injury Narrative:

DX 80228
80225
PROC 7676
7909
7819
Trauma 9
Inj 999
b(4)

| Ad[redacted]required) | Signature of Admitting Clerk |
|---|---|
| [redacted] b(6)-2 | [redacted] |

[redacted] FORM 2985, MAR 2000

MEDCOM - 26241

b(6)-2

**BATES PAGES MEDCOM 26242-26414 ARE NONRESPONSIVE AND HAVE NOT BEEN PROVIDED**

Automated Facsimile

# INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400, the proponent agency is OTSG

1. Register Nbr 2. Name [redacted] b(6)-4 | 3. Grade FGN | Admission Remarks

4. Sex M | 5. Age 60Y | 6. Race X | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm NO

11. FMP 99 | 12. SSN [redacted] | 13. Organization | 14. Ward ICW2

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: 21:07 | 23. Clinic Service AEA - ORTHOPEDICS

24. Name/Relation of Emergency Addressee | 25. Type Disp TRF-OTH | 26. Date of Disp 2003-12-24

27a. Address of Emergency Addressee | 27b. Telephone No | 28. Date This Adm: 2003-12-14 | AdmittingOfficer [redacted] b6-2

29. ReportingMTF [redacted] b(2)-2 | 30. Date Init Adm 2003-12-14 | 32 Units Blood Components

31. Selected Administrative Data

Marital Status: | DoB: 1943-07-01

In/Out Patient: Inpatient | MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

FEMOVAL NECK FX ®

ORIF

820.8
753.10
E888.9

79.35

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 | 11 | 11 |

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 | 11 | 11 |

[redacted] ding Medical Officer | Signature of PAD or Medical Records Officer

[redacted] b(6)-2 | [redacted] b(6)-2

DA FORM 3647, May 79 MEDCOM - 26415

| MEDICAL RECORD | ABBREVIATED MEDICAL RECORD |
|---|---|

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION *(Enter date of admission)*

59 y/o ♂ 2PW sustained fall ~ 5 days ago, was transferred here for tx of (R) femoral neck fx. No apparent LOC. No other reported injuries

| PMH | Meds | PSH | Allergies |
|---|---|---|---|
| HTN | - Diovan<br>- ASA | 4 | |

PHYSICAL EXAMINATION

PE: (+) tenderness / pain to (R) hip
(-) ecchymosis bruising to (R) hip & anterior chest
Pulses present DP/PT
Xray: Garden III Femoral neck fx

PROGRESS *(Enter date of discharge and final diagnosis)*

A. Femoral neck fx (R)
P. I.O.R.I.F / Screw fixation.

CBC WNL 11,600
H&H 12.8/43.3
INR 1.34

[redacted] b(6)-2

| SIG[redacted] | TC, MC | DATE 14 DEC 03 | IDENTIFICATION NO. | ORGANIZATION |
|---|---|---|---|---|

PA[redacted] *(typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)*

| REGISTER NO. | WARD NO. |
|---|---|
| | |

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1975
USAPPC V1.00

MEDCOM - 26416

## VITAL SIGNS

Rectal Temp: 98.2°F

GCS: 15

| TIME | BP | HR | RHY | RR | $SAO_2$ | $FIO_2$ | MODE | E | V | M | T |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 909 | 141/82 | 98 | | 20 | 100% | | | | | | |
| 924 | 144/59 | 91 | | 23 | 100% | | | | | | |

## GLASGOW COMA SCALE

| EYE OPENING | VREBLE RESPONSE | MOTOR RESPONSE |
|---|---|---|
| (4) Spontaneous | (5) Oriented | (6) Obeys Commands |
| 3 - To Voice | 4 - Confused | 5 - Localizes Pain |
| 2 - To Pain | 3 - Inapp Words | 4 - Withdraws to Pain |
| 1 - None | 2 - Incomp Speech | 3 - Flexion to Pain |
| | 1 - None | 2 - Extension to Pain |
| | | 1 - None |

| TIME | PROCEDURE | PERFORMED BY: |
|---|---|---|
| | ☐ Backboard Removed | BY: |
| | ☐ Downgraded | BY: |

## NOTES

PMH - ~~[illegible]~~
HYPERTENSION

INJURY OCCURRED
5 X AGO

PT. SLIPPED ON
WATER

2109 - Pt arrived via medevac
Ø resp distress. Arrived
c̄ 1 18G IV to RAC c
2nd bag NaCl running.
2115 - xRays taken,
Chest, Abdomen, pelvis.
2117 - labs drawn +
sent to lab.
2118 - Pt states he was

born on 1944. [redacted] IRAN

→ FP Staff Note: 59 yo Iraqi ♂ s/p "fall" 5 days ago
Pt c̄ Contusion (R) Chest - appears old by color.
Ⓐt alert, oriented, answering questions.
Ⓐt states fell on water in his cell.
Ø LOC. Ø Head/Neck Pain.
Pt Ø ambulatory since.

→ PMH
HTN

PE: USS gen NAD
CV: RRR ± (M)
Lungs: CTA (B) (R) Chest c̄ Contusion, wound
old Based on Δ's.
abd: soft, (+)BS, FAST (-). Foley c̄ Dark Urine
Ext: (R) ant hip c̄ (+) ecchymosis, (+) Pain c̄
(R) hip/femur [redacted] leg is ext. Rotated.
Distal pulses 2+ Symm; (+) ecchymosis (L) ant leg, (+) feet
Dorsum c̄ ecchymosis.
A/P: (L)(R) femur - head

PSH Ø

Meds
Diuran
Aspirin

NKDA

MEDSOM - 26417

## MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-68; the proponent agency is the Office of The Surgeon General.

REPORT TITLE: TRAUMA FLOWSHEET
The proponent is Dept of Surgery

OTSG APPROVED (Date): QI Appr 11 Jun 97

### EMS REPORT

TIME: 909 ETA: 909 UNIT:
MED COM: [Y] [N]

### ARRIVAL STATUS

TIME 909 ☐ IV x 1 ☐ $O_2$ ____ 1/min ☐ C-Spine Immob
Meds: ☐ UKN ☑ None ☐ Yes: Dilaudid / ASPIRIN
Allergies: ☐ UKN ☑ None ☐ Yes:
Tetanus: ☑ UKN ☐ Current Last Meal/Fluid Intake ____ hrs
LMP: ____ ☐

### PRIMARY SURVEY

**AIRWAY**
☑ Natural Patient [Y] [N]
☐ ETT ____ ☐ ____
☐ Secretions ____

**BRETHING**
☑ Labored ☐ Unlabored ☐ Absent
TRACHEA: ☑ Midline ☐ Deviated [L] [R]
CHEST SYMMETRY: [L] > = < [R]

**CIRCULATION**
PULSE: ☑ Present ☐ Absent
BLEEDING: [Y] [N]
HEART TONES: ☐ Clear ☐ Muffled
SKIN: ☑ Warm ☐ Cool ☐ Hot
☑ Pink ☐ Pale ☐ Cyanotic ☐ ____
☑ Dry ☐ Moist ☐ Diaphoretic

### SECONDARY SURVEY

**DISABILITY**
GCS: E 15
V ____
M ____
SPHINCTER TONE: ☑ WNL ☐ None

**HEAD**
PUPILS: ☑ Equal ☐ Fixed ☐ React ☐ Dilated [L] [R]
TM: ☑ Clear ☐ Blood [L] [R]

**NECK**
C-Spine Tenderness: [Y] [N]
Pain @ ____
JVD: [Y] [N]

**HEART**
RHYTHM: ☑ Regular ☐ ____
PULSES: ☐ Central ☐ Peripheral

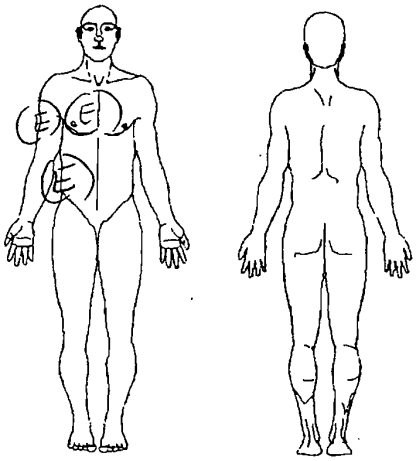
**LUNGS**
BREATH SOUNDS: ☑ Bilat ☐ Equal ☑ Clear
Decreased [L] [R] Absent [L] [R]
Wheezes [L] [R] Crackles [L] [R]

**ABDOMEN**
☑ Soft ☐ Rigid ☐ Non-Tender
☐ Tender:

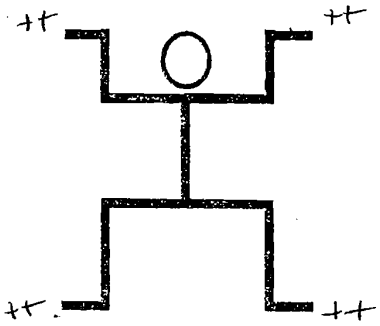
**PELVIS**
☑ Stable ☐ Unstable ☐ ____
Blood at meatus/vagina: [Y] [N]
Heme + / - Prostate: ☑ WNL ☐ Abnl

### USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

(AB)rasion
(AMP)utation
(AV)ulsion
Battle's Signs
(BL)eeding
(B)urn
(D)eformity
(E)cchymosis
(F)oreign Body
(H)ematoma
(LAC)eration
(P)uncture (W)ound
(Pain)
(S)eatbelt (S)ign
(S)tab (W)ound
(GSW) Gun Shot Wound



### VASCULAR ASSESSMENT




++ Strong | + Palpable | D Dopler

RN: LT [redacted] b(6)-1
PHYSICIAN: Dr [redacted] b(6)-2
(Continue on reverse)
PREPARED BY [redacted]
DEPARTMENT/SERVICE/CLINIC: EHT
DATE: 14 DEC 03

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

[redacted] b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

MEDCOM - 26418

DA FORM 4700

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 14Dec03 | (2350) VSS. Ø c/o pain. Pt arrived from EMT ~2300. (+) Foley draining clear, light amber urine. BS CTA, BS (+) x4 quads. Pt presents c̄ multiple bruises on body; ~~a~~ B/L dorsal feet, forehead above (L) eyebrow, (R) LQ. Pt able to move fingers in B/L UE & able to move toes in B/L LE. (+) 2 pedal pulses in B/L LE. IV fluids: LR @ 100cc/hr. in (R) AC. Pt NPO p̄ MN for O.R. 15 Dec. Pt aware to be NPO p̄ MN. Pt verbalized understanding to interpreter. Ice to (R) side of hip. Will monitor. b(6)-2 [redacted] 20 JAN (0400) ~~Abd~~ Abd soft & non tender upon palpation [redacted] |
| 15DEC03 @ 0805 | pt taken to OR for Sx. 850 cc Urine emptied from foley. [redacted] PFC 9/W/10 b(6)-2 |
| 15DEC03 @ 1245 | pt back from OR @ 1205 c̄ ORIF in place on (R) hip, Drsg CDI. Kerlix wrapped around (R) elbow, drsg CDI. VSS. Foley intact, draining to gravity. (+) PMS on bilat foot. (+) PMS on bilat UE. A&O, speaking Arabic. (−) c/o pn at this time. IV site on (L) forearm patent. Will continue to monitor b(6)-2 [redacted] PFC 9/W/10. |
| 15DEC @ 1800 | 1400 cc CYU emptied from FTG b(6)-2 [redacted] 9/W/10 |
| 16Dec03 | (0100) VSS x̄ temp of 99.8. Will monitor temp. Ø c/o pain. BS CTA, BS (+) x4 quads. Abd soft & nontender on palpation. Multiple bruises on body. (R) hip ~~HQS~~ DSG CDI + ice. |

| 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.

[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

b(6)-2 All

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| | (cont') (+) 2 pedal pulse to B/L LE, able to move toes, warm to touch. (+) Foley to gravity ō clear, light amber urine. IV fluids LR @ [redacted] 100cc/hr into (L) Arm IV ō difficulty. Will continue to monitor pt. [redacted] |
| 16 Dec 03 0745 | Pt c/o pain in (R) arm. Pt given 11 percocet per MD orders. Reassess — [redacted] 9/10 Mo |
| 16 DEC 03 @ 1545 | Assumed care @ 0600. VSS. A&O, speaking arabic. IV site on (L) forearm patent. Drsg on (R) hip CDI. Drsg on (R) arm CDI. (+) PMs on bilat LE. (+) PMs on bilat UE. Voiding ō difficulty. Ice on hip D/C'd per MD. IV LR @ 100cc/hr. (-) c/o discomfort at this time. Reg. diet tol well. ~~will~~ ~~Ae~~ (-) signs of skin breakdown on restraints. will continue to monitor. |
| b(6)-2 | [redacted] 9/10 |
| | Concu [redacted] |
| 16 DEC @ 1710 | 1400 cc. of clear, yellow urine from Foley. Foley intact and draining well. — [redacted] 9/10. |
| 16 Dec 03 | (2230) VSS x temp of 100. Med c̄ percocets. Will continue to monitor. BS CTA, BS + x4 quads. (+) Foley to gravity, draining clear, yellow urine. DSG to (R) elbow CDI, (+) 2 radial pulse, warm to touch, move fingers. DSG (R) hip CDI. (+) 2 pedal pulse. IV to (L) Arm infusing. LR @ 100cc/hr. Will monitor. [redacted] |

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

MEDCOM - 26420

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 15 Dec 2003 | Preop Dx: (R) Femoral Neck Fx |
| | Postop Dx: Same |
| 1100 | Operation: ORIF (R) Femoral Neck Fx |
| | Surgeon: [redacted] b(6)-2 |
| | Assist - [redacted] |
| | Anesth: [redacted] |
| | EBL: 75 cc |
| | Fluids 1000 LR |
| | U/O 600 |
| | |
| | Comp. ✓ |
| | Intraop Course Satisfactory |
| | [redacted] b(6)-2 |
| | [redacted] RC, |
| | [redacted] MC |

| 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

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |

17Dec 03 1130 Rec'd report and assumed care of pt. Pt awake in bed ⊖ c/o pain, discomfort or resp distress @ present time. Pt IV leaking spoke c̄ Dr [redacted] pt IV D'cd per verbal order. Drsg Δ40 ® elbow, pt has @ 3cm open wound, clean and cover c̄ 2x2. Resp CTA ⊕BS ⊕ distal pulses greater toe has black spot but cap refill < 3. ® hip drsg D&I ⊖ drainage. 2-point restraint in place ⊖ skin breakdown noted b(6)-2 [redacted] RLWH6

18DEC03 (0055) Assumed care @ 0000. Pt alert, speaking Arabic. VSS. ⊖ c/o pain. Pt OOB to W/C to tx to new room. Tol. well. Drsgs to ® elbow and ® hip CDI. Tol. reg diet well. Foley draining quantity sufficient clear yellow urine. 2 point restraints in place ⊖ SISX complications. Will continue to monitor. b(6)-2 [redacted]

18 Dec 03 @ 0730 - Assumed care of pt. Sleep yet easily arousable. AFOX3. speaking arabic lungs clear HRRR Active BS x4 quads Tolerating PO well. Urinating per FTG clear yellow urine BS. Wounds

| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID NUMBER (SSN or Other) |
|---|---|---|---|---|
| | LAST | FIRST | MI | |
| SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT | | |

PATIENT IDENTIFICATION (for typed or written names, give: Name - last, first, middle; ID No. or SSN; Date of Birth; Sex/Race)

REGISTER NO. | WARD NO. KW

PROGRESS NOTES
Medical Record

STANDARD FORM 5
Prescribed by DOD 6040.37

[redacted] b(6)-4

MEDCOM - 26422

b(6)-2 All

| NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 19 Dec | cont 0700 - to (R) elbow and (R) thigh dsg's CDI complaint of pain medicated per order. percocet II tabs. Will cont to monitor — b(6)-2 [redacted] |
| 19 Dec03 | (0150) VSS. Ø C/O pain. (R) Femur DSG CDI. Pt able to move toes BIL. (+)2 pedal pulses x BIL LE. (+) Foley draining clear, yellow urine. BS CTA, BS + x4 quads. (R) Elbow Ø DSG. OTA. Ø signs of infection. Elbow ~~raised~~ slightly swollen + appears red. Will monitor. ↓ mobility to (R) Arm. Will cont. to monitor. — [redacted] |
| 19DEC03 | (0845) assumed care of pt @ 0800. VSS, Ø pain to (R) femur incision SAC & (R) thigh. Percocet given c̄ good relief noted. LS CTA, HRR, (+) BS, tol reg diet, void per foley amber urine QS. (R) femur dsg changed completed, incision CDI, staples in place, dry dsg replaced. (+) CMS to RLE, brisk capr fill, +1 edema to (R) thigh & (R) toes noted. Spt restraints on S/SX of skin/circulation compromise. Plan: CDBTC, ~~[illegible]~~ monitor neuro, pain control, encp intake, enc $H_2O$ intake — [redacted] |
| 19DEC03 @ 1800 | Pt voided 800cc per foley. Pt c/o pain well-controlled pain relief. Will monitor. — [redacted] |
| 20 Dec03 | (0110) VSS, Ø C/O pain. BS CTA, BS + x4 quads, voids clear, yellow c̄ difficulty. (R) Femur: DSG CDI; (+)2 pedal pulse, Ø signs of vascular compromise. (R) elbow: OTA, Wound intact, Ø signs of infection. ~~Will cont~~ (+) Foley - clear, yellow. Will cont. monitor. — [redacted] |
| 20 DEC 03 | - D/C'D FOLEY, PT VOP VIA FOLEY PRIOR TO D/C 400cc CLR. YELLOW URINE. WILL CONTINUE TO MONITOR — [redacted] |

STANDARD FORM 600 REV. [illegible]

MEDCOM - 26423

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 20 DEC 03 @1220 | assumed care of pt @ 0600. VSS - Pain controlled c̄ Percocet well. (R) gmm drsg CDI, ∅ drainage noted, staples intact. LS CTA, tol liq diet well, [redacted] foley D/c'd this Am, DTV by 1600. Pt ↑ OOB/TC c̄ assistance tol well. Pt ⓒ 40 ∅ PM x 10 days, supp given p̄ lunch, will monitor effect. (+) CMS to RLE, brisk cap refill noted. Spt restraints on S/S/&c of skin/circulation compromise. Plan: enc OOB, enc po intake, monitor pain, monitor neuro. b(6)-2 [redacted] |
| 20 Dec 03 | Assumed care of Pt @ 1800. VSS. Denies Pain A&O. LS CTA (R), (+) BS x 4 quads. Pt voided Dark Amber clear urine qs s̄ difficulty. Tol Po Well. Drsg to Anterior (R) thigh. CDI. Drsg to (R) Elbow CDI. Will cont [redacted] tor. b(6)-2 [redacted] 91WM6 |
| 21 DEC 03 1330. | VSS. AO. PERRLA. HRR. OOB to BR [redacted] and performed self care. Incision to RUE CDI, sutures covered c̄ dry DSG. Elbow DSG changed c̄ 2nd. drsg. Elbow washed over s̄ ∅s infection. Meds c/o pain and provided relief. Jointly spontaneously c̄ difficulty. b(6)-2 [redacted] |

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | (SSN or Date)

BRANCH OF SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; TC No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO.

PROGRESS NOTES
Medical Record
STANDARD FORM 51
(Prescribed by SGO/DMA-FMO-1 NGSF)

[redacted]

b(6)-4

MEDCOM - 26424

b(6)-2 A11

| NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| 21Dec03 | Assumed care @ 1800. A&O VSS. Denies Pain. LS CTA (R) ⊕BS x4 quads. Lat incision to R [redacted] thigh OTA well approximated. ⊖ S/Sx infection. Pt Denies Pain. Void qs CXU [redacted] difficulty. Will cont to monitor pt. — [redacted] Spc 91WMb |
| 22DEC03 1320 | VSS. A&O. ⊕2 pulse to RLE & CVS intact. Dry BBS Δ to (R) elbow. skin sut over elbow diminished in size. Small amount of clear drainage noted. ⊖ odor. Voiding spontaneously. Tol other systems WNL. ⊖ S/S skin breakdown. [redacted] |
| 22Dec03 1833 | VSS A&O Denies pain. LS CTA (R) ⊕ BS x 4 quad. Lateral incision to (R) Thigh OTA closed c̄ sutures. Well approximated. ⊖ S/Sx of infection. Voids qs CXU ⊖ difficulty. Tol PO well [redacted] will cont to monitor. — [redacted] Spc 91WMb |
| 23DEC03 1630 | Assumed care @ 0600. A&O. OOB → BR c̄ crutches. NWB to (R) LE. Incision to (R) thigh with staples intact & wound edges well approximated. No drainage or pus or drainage noted. OOB → chair & ate hearty. Consumed 50% of meals. ⊖ c/o pain voiced. Will continue plan of care. [redacted] |
| 23DEC04 | Assumed care @1800 pt A&Ox3, VSS pt has ⊖ c/o pain at this time, staples to (R) thigh well approximated and intact OTA. dsg to (R) elbow Δd 2x2 minimal drainage noted, restraints x2 in place. Will monitor [redacted] Concur c̄ above. |

STANDARD FORM 509 (REV. 5/1999) BA
USAPA

[redacted] b(4)-4

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | PROGRESS NOTES

| DATE | NOTES |
|---|---|
| 24 Dec 2003 | Iraqi EPW sustained (R) hip FX, then to OR for ORIF ~9 days ago. 3 cannum screws placed into head & neck. IV & SF complications. Pt doing well. No major c/o. Wound looks good - no s/s infect. Able to be DC to EPW Prison, must ambulate c crutches. |
| | b(4)-2 [redacted] |

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | SPONSOR'S ID NUMBER (SSN or Other)

DEPART. SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO.

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(4)-4

MEDCOM - 26426

| MEDICAL RECORD | **PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT**<br>For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General. |
|---|---|
| 1. AGE: 59<br>HEIGHT:<br>WEIGHT: | 2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication):<br>3. PREVIOUS SURGERY [ ] NO [ ] YES (type): |

4. PROPOSED SURGICAL PROCEDURE:
ORIF Rt. Hip

5. ADDITIONAL INFORMATION:

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| A. PSYCHOSOCIAL<br>X Potential for anxiety related to Procedure & outcome | o Pt. verbalizes any specific anxiety.<br>o Pt. exhibits relaxed body posture. | o Allow pt. to verbalize freely.<br>o Explain OR environment and answer questions regarding surgery.<br>o Offer comfort measures, (e.g., warm blanket, touch)<br>o Explain all nursing procedures before they are done.<br>o Remain with pt. whenever possible.<br>o Maintain family interface. |
| B. AERATION<br>X Potential for respiratory dysfunction due to Positioning Anesthesia | o PT. will be able to breathe without difficulty during immediate intra-operative phase. | o Offer to elevate head of litter or offer pillow.<br>o Observe pt. while awaiting surgery for signs of distress<br>o Assist anesthesia during intubation and extubation |
| C. INTEGUMENT<br>X Potential impairment of skin integuity due to Immobility, pooling of fluids, positional aids | o PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas. | o Utilize pressure preventing devices on OR table and accessories.<br>o Check for proper positioning and support to maintain good body alignment.<br>o Pad pressure points.<br>o Place ESU ground pad on non compromised skin surface area.<br>o 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] b(6)-9
6940 ♂

[redacted] b(2)-2

| 6. PATIENT PROBLEMS AND NEEDS | 7. PATIENT GOALS AND EXPECTED OUTCOMES | 8. OR NURSING INTERVENTIONS |
|---|---|---|
| D. CIRCULATION<br>X Potential for inadequate tissue perfusion due to immobility, positioning | o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse). | o Check for support stockings or ace wraps. If none, check with doctors.<br>o Check that safety straps are correctly applied.<br>o Offer pillow for under knees.<br>o Place and take down legs from stirrups with slow bilateral motion.<br>o Check that rings have been removed. |
| E. NEUROMUSCULAR CONTROL<br>E.1. X Potential impairment of mobility due to pain positioning<br>E.2. X Potential discomfort due to pain | o Pt. will be transferred to OR table without difficulty.<br>o Pt. will not experience unnecessary physical discomfort. | o Have sufficient people available for transfer.<br>o Insure proper body alignment.<br>o Allow patient to lie in position of comfort while waiting for surgery.<br>o Offer support (i.e., pillows, bathtowels, etc.) for positioning. |
| F. NEUROMUSCULAR CONTROL<br>F.1. X Disminished visual perception due to being pre-med<br>F.2. X Potential for decreased communictaion due to language barrier<br>F.3. Potential injury due to dentures. | o Pt. will be made aware of surroundings prior to anesthesia induction.<br>o Pt. will be transferred safely to OR table.<br>o Pt. will be able to understand instructions.<br>o Minimize danger of injury during intraop period. | o Introduce self. Keep pt. informed as to where he/she is and what is happening.<br>o Inform pt. in which direction to move and assist if necessary.<br>o Speak clearly and slowly.<br>o Address pt. from either side.<br>o Validate pt.'s understanding of verbal communications.<br>o Verify removal of dentures. |
| G. OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs. | OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes. | OTHER NURSING INTERVENTIONS. Or continuation of above interventions. |

10. OR NURSING INTERVENTIONS COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

Karen Meyer CPT/AN 15 Dec 03 DATE

11. POSTOPERATIVE EVALUATION:

| 12. PREOPERTIVE EVALUATION PREPARED BY | 13. PREOPERTIVE EVALUATION PREPARED |
|---|---|
| (Sig[redacted] Title)<br>[redacted] CPT/AN b(6)-2<br>DATE: 15 Dec 03 TIME: 0810 | [redacted] b(6)-2<br>D[redacted] 15 Dec 03 TIME: 1100 |

REVERSE OF DA FORM 5179, JUN 91 USAPA V1.01

MEDCOM - 26428

MEDICAL RECO. INTRAOPE. DOCUMENT

For use of this form, see AR 40-407, the propo...t agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA stretcher BY anesthesia

2. PATIEN[redacted]VED AND PROCEDURE VERIFIED BY [redacted] CPT/AN

3. DATE 15 Dec 03 TIME PATIENT ARRIVED IN SUITE →

4. PATIENT IN[redacted] TIME 0810 b(6)-2 NUMBER 2

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

| | | | |
|---|---|---|---|
| ASSIGNED SCRUB | PFC [redacted] b(6)-2 | RELIEF SCRUB | b(6)-2 |
| ASSIGNED CIRCULATOR | CPT [redacted] | RELIEF CIRCULATOR | CPT [redacted] (10:25-end) |

7. POSITION AND POSITIONAL AIDS (Specify)

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: on fx table w/ (L) leg in padded stirrup. R. arm flexed across chest

8. SKIN PREPARATION

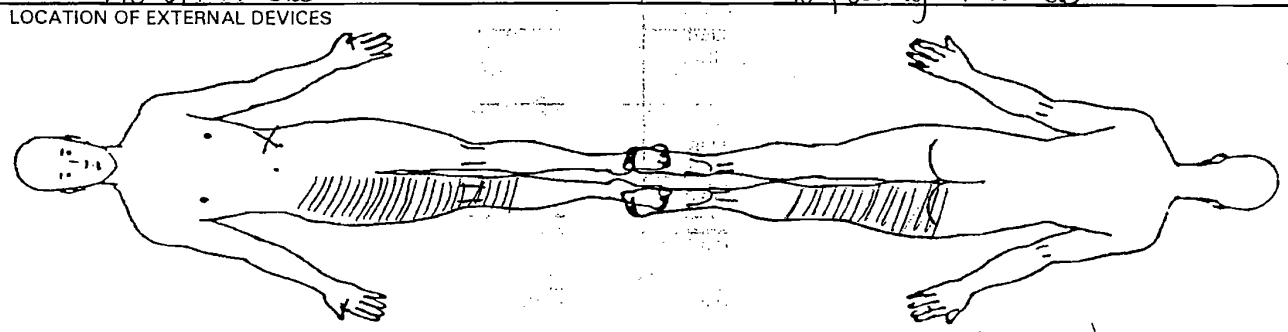
HAIR REMOVAL ☒ YES ☐ NO [redacted]
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☒ RAZOR ☐ CLIP

COMMENTS: No skin nicks

PREP SOLUTION (Specify) Betadine scrub/soln
SITE: Rt. Leg BY WHOM [redacted]
SITE: BY WHOM:

COMMENTS: No pooling of fluids

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

C = Correct I = Incorrect Initial C [redacted] b(6)-2

10. COUNTS

| | | | Other** | First Closing Count | Final Closing Count | SCRUB | CIRCULATOR |
|---|---|---|---|---|---|---|---|
| Sponge | ☒ Yes | ☐ No | | | C | [redacted] | [redacted] |
| Needle Sharp | ☐ Yes | ☐ No | | | | | |
| Instrument | ☐ Yes | ☒ No | | | | | |
| Other | ☐ Yes | ☒ No | | | | | |

11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)

[redacted] b(6)-4
69 yo ♂

b(6)-2
[redacted]

12. ELECTROSURGERY DEVICE(S) (ESU) ☒ YES ☐ NO

☒ ESU NO: Force 40 R8E10530S 50/50
GROUND PAD: BRAND Valleylab REM
LOT NO: 69441

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

4+1/5 7/...

MEDCOM - 26429

PROSTHESIS, IMPLANTS ☒ YES ☐ IF YES NAME: ID NUMBER; ACTUF

Synthes ASIF
Lg Frag Screws
Load # 0334703

6.5 cancellous screws
short thread
85mm X1
90mm X2

4. 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% NS

| OTHER ORDERS | TIME | CARRIED OUT BY |
|---|---|---|
| None [redacted] b(6)-2 | | |
| | | |
| | | |
| | | |

PHYSICIAN'S SIGNATU [redacted] C, MC

15. X-RAY IN OPERAT [redacted] IF YES, SITE
YES ☒ NO ☐ [redacted] C-Arm Rt. Hip

16. LABORATORY SPECIMENS

| | | |
|---|---|---|
| SPECIMEN (S) YES ☐ NO ☒ | NAME | NAME |
| FROZEN SECTION (FS) YES ☐ NO ☒ | NAME | NAME |
| CULTURE (C) YES ☐ NO ☒ | NAME | NAME |
| NAME | NAME | NAME |
| NAME | NAME | |

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

| TYPE/SIZE | 1. | 2. | 3. |
|---|---|---|---|
| SITE | 1. | 2. | 3. |

18. DRESSING/IMMOBILIZATION *(Specify)*

4V8's

19. ADDITIONAL INFORMATION

Surg: [redacted] Anesth: [redacted] CRNA Type: ~~General~~ Spinal w/ sedation

b(6)-2

20. OPERATION(S) PERFORMED

ORIF Femeral Neck Fx

b(6)-2

21. PATIENT TRANSFERRED TO PACU TIME 1100 METHOD Stretcher

22. REGISTERED NURSE SIGNATURE [redacted] CPT/AN / [redacted] CPT/AN

*REVERSE OF DA FORM 5179-1, OCT 87* USAPA V1.00

MEDCOM - 26430

0

| MEDICAL RECORD | VITAL SIGNS RECORD |
|---|---|

HOSPITAL DAY — POST- DAY: 21, 22, 23, 24, 25, 26, 27

MONTH-YEAR DEC 2003 — DAY / HOUR

PULSE (0) / TEMP. F (°)

TEMP. C (Centigrade Equivalents, for Reference only): 40.6°, 40.0°, 39.4°, 38.9°, 38.3°, 37.8°, 37.2°, 37.0°, 36.7°, 36.1°, 35.6°, 35.0°

PULSE: 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

TEMP. F: 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98.6°, 98°, 97°, 96°, 95°

RESPIRATION RECORD

BLOOD PRESSURE: 129/62, 88, 98.9, 531, RA; 107/56, 87, 531, RA; 114/60, 75, 98.2; 55, 75, 98.8, 512, 97

HEIGHT: WEIGHT →

Record special data only when so ordered

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)

REGISTER NO.

WARD NO. ICU 1

STANDARD FORM 511 (REV. 7–95) BACK

[redacted] b(6)-4

MEDCOM - 26431

511-119

NSN 7540-00-634-4124

# MEDICAL RECORD — VITAL SIGNS RECORD

| HOSPITAL DAY | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| POST- | DAY | DEC | | DEC | | DEC | | | | | | | | | | | |
| MONTH-YEAR | DAY | 14 | 15 | 15 | 16 | 16 | | 17 | | 18 DEC | | 19 | | 20 | | | |
| 19 | HOUR | | 11 | 1 | 01 | 0 | 1 | 0 | 2 | 0715 | 1 | 0 | 1 | 0 | 1 | | |
| PULSE (0) | TEMP. F (°) | 2 3 0 0 | 2 5 0 0 | 9 0 3 0 | 82 0 0 0 | 4 0 0 0 | 9 0 0 0 | 8 0 0 0 | 8 3 0 | | 9 6 6 | 8 8 8 | 9 6 6 | 7 8 8 | 9 6 6 | | TEMP. C |
| | 105° | | | | | | | | | | | | | | | | 40.6° |
| 180 | 104° | | | | | | | | | | | | | | | | 40.0° |
| 170 | 103° | | | | | | | | | | | | | | | | 39.4° |
| 160 | 102° | | | | | | | | | | | | | | | | 38.9° |
| 150 | 101° | | | | | | | | | | | | | | | | 38.3° |
| 140 | 100° | | | | | | | | | | | | | | | | 37.8° |
| 130 | 99° | | | | | | | | | | | | | | | | 37.2° |
| | 98.6° | | | | | | | | | | | | | | | | 37.0° |
| 120 | 98° | | | | | | | | | | | | | | | | 36.7° |
| 110 | 97° | | | | | | | | | | | | | | | | 36.1° |
| 100 | 96° | | | | | | | | | | | | | | | | 35.6° |
| 90 | 95° | | | | | | | | | | | | | | | | 35.0° |
| 80 | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | |
| RESPIRATION RECORD | | 8 4 | 4 4 | | 16 6 | 8 | | 18 | 18 8 | 8 | | 20 8 | | 18 | | | |
| BLOOD PRESSURE | | 134/71 | 130/66 | 120/60 | 123/62 | 124/64 | 122/58 | | 120/68 | 121/60 | 130/62 | 116/61 | 124/63 | 120/68 | | | |
| | | 97.8 | 123/67 | 92 | 125/64 | | 89 | | | 99.4 | 80 | | 79 | | | | |
| | | 78 | 99.4 | 98% | 99.8 | 99.8 | 94(10) | | | T99.1 | 97.2 | | 99.3 | | | | |
| HEIGHT: | WEIGHT → | 98% | 99.9 | 99.8 | 99.7 | | 94% | 98% | | 98% | 98% | 96% | 93% | 98% | | | |
| | | | 98% | | 96% | 98% | RA | | | RA | RA | RA | RA | RA | | | |
| | | | RA | | RA | RA | | | | | | | | | | | |
| | | | 96% | | 97% | | | | | | | | | | | | |
| | | | RA | | RA | | | | | | | | | | | | |

Record special data only when so ordered

(Centigrade Equivalents, for Reference only)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)*

REGISTER NO.

WARD NO.

[redacted]

b(4)

**VITAL SIGNS RECORDS**

Medical Record

**STANDARD FORM 511** (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 26432

b(6)-2

| Ward/Section: EMT | REQUESTING [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. b(6)-4 [redacted] | DATE 14 DEC 03 / TIME 2110 | SSN/[redacted] b(6)-4 |

| (Hematology) CBC | | | Urinalysis | | | [redacted] | | |
|---|---|---|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | | 4.8-10.8 x $10^3$ | Color | DK Yellow | N/A | RPR | | Negative |
| RBC | | 4.7-6.1 x $10^6$ | App | HZY | N/A | Mono | | Negative |
| Hgb | | 14-18 g/dl (M)<br>12-16 g/dl (F) | Glu | NEG | Negative | **Microbiology** | | |
| Hct | | 42-52% (M)<br>37-47% (F) | Bili | NEG | Negative | Source | | |
| MCV | | 80-94 fl (M)<br>81-99 fl (F) | Ket | LRG | Negative | Gram Stain | | |
| Plt | | 130-500 x $10^3$ verified | SG | 1.010 | N/A | Occ Bld | | Negative |
| Lymph % | | 20.5-51.1% | Bld | NEG | Negative | H. pylori | | Negative |
| **(Hematology) Manual Differential** | | | pH | 8.0 | N/A | Micro Parasites | | |
| Segs | | Mono | Prot | NEG | Negative | Malaria | | |
| Bands | | Eos | Urob | 8 | 0.2-1.0 | O & P | | |
| Lymph | | Baso | Nit | NEG | Negative | Other | | |
| Atyp | | Imm | Leuk | NEG | Negative | **Microscopic Urinalysis** | | |
| RBC Morph | | | HCG | | Negative | ACE - LRG | | |

| Spun Hematocrit | | 42-52% (M)<br>37-47% (F) | **CSF** | | | **Blood Bank** | |
|---|---|---|---|---|---|---|---|
| Sed Rate | | | Cell Count | | | **MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED** | |
| Other | | | Directigen | | Negative | ABO/Rh | |

| **Coagulation Studies** | | | **Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)** | | |
|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | UNIT | TYPE | CROSSMATCH |
| PT | | 9.8-13.6 secs | | | |
| APTT | | 21-34 secs | | | |
| D-dimer | | <20 ug/ml | | | |
| FDP | | <10 ug/ml | | | |

**REMARKS:**

| **REPORTED BY:** | **DATE:** | **LAB ID NO.:** |
|---|---|---|

b(6)-2

| Ward/Section: F/M1 | REQUESTING PHY: Dr. [redacted] | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI: [redacted] b(6)-4 | DATE / TIME | SSN/PSEUDO SSN: |

**(i-STAT)**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Na | | 138-146 mmol/L |
| K | | 3.5-4.9 mmol/L |
| Cl | | 98-109 mmol/L |
| pH | | 7.31-7.45 |
| PCO2 | | 35-45 mmHg (art)<br>41-51 mmHg (ven) |
| PO2 | | 80-105 mmHg (art)<br>N/A (ven) |
| TCO2 | | 23-27 mmol/L (art)<br>24-29 mmol/L (ven) |
| HCO3 | | 22-26 mmol/L (art)<br>23-28 mmol/L (ven) |
| sO2 | | 95-98% |
| BEecf | | (-2) – (+3) mmol/L |
| AnGap | | 10-20 mmol/L |
| Ca | | 1.12-1.32 mmol/L |
| BUN | | 8-26 mg/dl |
| GLU | | 70-105 mg/dl |
| Creat | | 0.7-1.5 mg/dl |
| Hct | | 38-51% PCV |
| Hgb | | 12-17 g/dl |

**Misc. Chemistry**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Troponin-I | | |
| Drug of Abuse | | |
| | | |
| | | |
| | | |

**(Piccolo) Chemistry 12**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.5-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| BUN | | 7-22 mg/dl |
| $CA^{++}$ | | 8.0-10.3mg/dl |
| CHOL | | 100-200 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| GLU | | 73-118 mg/dl |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Metlyte 8**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| CK | | 39-380 u/l (M)<br>30-190 u/l (F) |
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**(Piccolo) Metabolic Panel**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| $CA^{++}$ | | 8.0-10.3 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**(Piccolo) Liver Panel Plus**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.3-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| GGT | | 5-65 u/l |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Electrolyte**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

REMARKS:

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

ID [redacted] 15-12-03
WB 05:57

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 12.2 H | x10^3/uL | 4.5 | 10.5 |
| RBC | 4.26 | x10^6/uL | 4.00 | 6.00 |
| Hgb | 12.5 | g/dL | 11.0 | 18.0 |
| Hct | 40.6 | % | 35.0 | 60.0 |
| MCV | 95.2 | fL | 80.0 | 99.9 |
| MCH | 29.4 | pg | 27.0 | 31.0 |
| MCHC | 30.9 L | g/dL | 33.0 | 37.0 |
| Plt | 279. | x10^3/uL | 150. | 450. |
| LY% | 11.6 *L | % | 20.5 | 51.1 |
| LY# | 1.4 * | x10^3/uL | 1.2 | 3.4 |

ID [redacted] 16-12-03
WB 05:47

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 8.3 | x10^3/uL | 4.5 | 10.5 |
| RBC | 3.67 L | x10^6/uL | 4.00 | 6.00 |
| Hgb | 10.1 L | g/dL | 11.0 | 18.0 |
| Hct | 34.2 L | % | 35.0 | 60.0 |
| MCV | 93.3 | fL | 80.0 | 99.9 |
| MCH | 28.2 | pg | 27.0 | 31.0 |
| MCHC | 29.5 L | g/dL | 33.0 | 37.0 |
| Plt | 312. | x10^3/uL | 150. | 450. |
| LY% | 14.1 *L | % | 20.5 | 51.1 |
| LY# | 1.2 *L | x10^3/uL | 1.2 | 3.4 |

======= PICCOLO =======
15/12/03 05:59
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(u)-4
METLYTE 8
DISC LOT #: 3152AA4
OPER # [redacted] DR #: 00
SERIAL #: 0000100697

| | | | |
|---|---|---|---|
| GLU | 108 | 73-118 | MG/DL |
| BUN | 9 | 7-22 | MG/DL |
| CRE | 0.9 | 0.6-1.2 | MG/DL |
| CK | 310 | 39-380 | U/L |
| NA+ | [redacted] 139 | 128-145 | MMOL |
| K+ | 3.1* | 3.3-4.7 | MMOL |
| CL- | 102 | 98-108 | MMOL |
| tCO2 | 21 | 18-33 | MMOL |

b(u)-2

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

[redacted]

| | | | Patient Limits | |
|---|---|---|---|---|
| WBC | 11.6 H | x10^3/uL | 4.5 | 10.5 |
| RBC | 4.55 | x10^6/uL | 4.00 | 6.00 |
| Hgb | 13.8 | g/dL | 11.0 | 18.0 |
| Hct | 43.3 | % | 35.0 | 60.0 |
| MCV | 95.2 | fL | 80.0 | 99.9 |
| MCH | 28.2 | pg | 27.0 | 31.0 |
| MCHC | 29.6 L | g/dL | 33.0 | 37.0 |
| Plt | 316. | x10^3/uL | 150. | [illegible] |
| LY% | 14.6 *L | % | 26.5 | 51.1 |
| LY# | 1.7 *L | x10^3/uL | 1.2 | 3.4 |

======= PICCOLO =======
15/12/03 03:2?
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
ELECTROLYTE
DISC LOT #: 3241BA4
OPER #: 034 DR #: 034
SERIAL #: 0000100684

| | | | |
|---|---|---|---|
| NA+ | 135 | 128-145 | MMOl/L |
| K+ | 3.4 | 3.3-4.7 | MMOl/L |
| CL- | 99 | 98-108 | MMOl/L |
| tCO2 | 24 | 18-33 | MMOl/L |

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 0

======= PICCOLO =======
11/15/03 09:40 PM
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3382AA4
OPER #: 034 DR #: 702
SERIAL #: 0000100494

| | | | |
|---|---|---|---|
| ALB | 3.4 | 3.3-5.5 | G/DL |
| ALP | 62 | 26-84 | U/L |
| ALT | 22 | 10-47 | U/L |
| AMY | 15 | 14-97 | U/L |
| AST | 24 | 11-38 | U/L |
| TBIL | 2.1* | 0.2-1.6 | MG/DL |
| BUN | 14 | 7-22 | MG/DL |
| CA++ | 8.5 | 8.0-10.3 | MG/DL |
| CHOL | 149 | 100-200 | MG/DL |
| CRE | 0.7 | 0.6-1.2 | MG/DL |
| GLU | 135* | 73-118 | MG/DL |
| TP | 7.0 | 6.4-8.1 | G/DL |

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 0

[illegible]

Patient ID: 1554
Test Name :PT
Test Result:= 14.6 sec.
Ratio = 1.2
Calculated INR = 1.34
Sample Type:citrated wh. blood
Test Date :12/14/03
Test Time :21:41
Card Lot :080201
Operator : MCCARTER

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 12/14/03 21:45

Patient ID: [redacted] b(6)-4
Test Name :APTT
Test Result:= 21.2 sec.
***RESULT OUT OF RANGE***
Sample Type:citrated wh. blood
Test Date :12/14/03
Test Time :21:43
Card Lot :110210
Operator : [redacted]

| Ward/Section: | REQUESTING PHYSICIAN: | **LABORATORY RESULT FORM** (Subject to the Privacy Act of 1974) |
|---|---|---|

| LAST, FIRST, MI. | DATE | TIME | SSN/PSEUDO SSN: |
|---|---|---|---|

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| WBC | | 4.8-10.8 x $10^3$ |
| RBC | | 4.7-6.1 x $10^6$ |
| Hgb | | 14-18 g/dl (M)<br>12-16 g/dl (F) |
| Hct | | 42-52% (M)<br>37-47% (F) |
| MCV | | 80-94 fl (M)<br>81-99 fl (F) |
| Plt | | 130-500 x $10^3$ verified |
| Lymph % | | 20.5-51.1% |

**(Hematology) Manual Differential**

| | | | |
|---|---|---|---|
| Segs | | Mono | |
| Bands | | Eos | |
| Lymph | | Baso | |
| Atyp | | Imm | |
| RBC Morph | | | |

| | | |
|---|---|---|
| Spun Hematocrit | | 42-52% (M)<br>37-47% (F) |
| Sed Rate | | |
| Other | | |

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | Dk Yellow | N/A |
| App | HZY | N/A |
| Glu | NEG | Negative |
| Bili | NEG | Negative |
| Ket | LRG | Negative |
| SG | 1.010 | N/A |
| Bld | NEG | Negative |
| pH | 8.0 | N/A |
| Prot | NEG | Negative |
| Urob | 8 | 0.2-1.0 |
| Nit | NEG | Negative |
| Leuk | NEG | Negative |
| HCG | | Negative |

**CSF**

| | | |
|---|---|---|
| Cell Count | | |
| Directigen | | Negative |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| EPR | | Negative |
| Mono | | Negative |

**Microbiology**

| | |
|---|---|
| Source | |
| Gram Stain | |
| Occ Bld | Negative |
| H pylori | Negative |
| Micro Parasites | |
| Malaria | |
| O & P | |
| Other | |

**Microscopic Urinalysis**

ACE -

**Blood Bank**

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

| | |
|---|---|
| ABO/Rh | |

**Coagulation Studies**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| PT | | 9.8-13.6 secs |
| APTT | | 21-34 secs |
| D dimer | | <20 ug/ml |
| FDP | | <10 ug/ml |

**Blood Bank Unit Crossmatch**
**(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)**

| UNIT | TYPE | CROSSMATCH |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**REMARKS:**

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|

NSN 7540-00-634-4165

| MEDICAL RECORD | REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES |
|---|---|

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

ORIF (R) Femoral Neck Fx

B. STATEMENT OF REQUEST

1. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be reduction of (R) hip fx + PINNING.
*(Description of operation or procedure in layman's language)*

which is to be performed by or under the direction of Dr. [redacted] b(6)-2

2. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.

3. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.

4. Exceptions to surgery or anesthesia, if any, are: None -
*(If "none", so state)*

5. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.

6. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:

a. The name of the patient and his/her family is not used to identify said pictures.

b. Said pictures be used only for purposes of medical/dental study or research.

[redacted] b(6)-2

*(Cross out any parts above which are not appro[redacted]*

C. SIGNATURES *(Appropriate items in Parts A and B must be completed [redacted]*

1. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the [redacted] attendant risks involved, and expected results, as described above.

[redacted] TC, MC

b(6)-2

2. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, [redacted] described above, and hereby request such procedure(s) be performed.

[redacted] ITAN [redacted] 14 Dec 2003
*(Signature of Witness, excluding members of operating team)* *(Signature of Patient)* *(Date and Time)*

b(6)-2 [redacted]

3. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) I, _____ sponsor/guardian of _____ understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

*(Signature of Witness, excluding members of operating team)* *(Signature of Sponsor/Legal Guardian)* *(Date and Time)*

| PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)* | REGISTER NO. | WARD NO. |
|---|---|---|

REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

Medical Record

STANDARD FORM 522 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR)

USAPPC V2.00

MEDCOM - 26438

# 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, "T" = CONSTANT INFUSION

| DRUG | (Units) | 08:11 | 08:30 | 09 | 09:30 | 10 | 10:30 | 11 |
|---|---|---|---|---|---|---|---|---|
| versed | (mg) | 1 1 | | | | 1 | | 1 |
| fentanyl | (Mg) | 50 | | | 50 | | 50 | |
| Ketamine | (mg) | 20/20/20 | | | 10 | 10 | 10 | 10 |
| | ( ) | | | | | | | |
| | ( ) | | | | | | | |
| | ( ) | | | | | | | |
| VOLAT AGENT | % del | | | | | | | |
| | % e.t. | | | | | | | |
| AIR | L/Min | | | | | | | |
| N2O | L/Min | | | | | | | |
| mask O2 | L/Min | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → | | (1) (2) | | | | | | (3) |

| TOTALS | TOTAL EBL |
|---|---|
| 4mg | |
| 150mg | 75 |
| 100mg | TOTAL URINE |
| 0 | |
| | 600 |

**FLUIDS - SUMMARY**

CRYSTALLOID: 1000cc

COLLOID: Ø

BLOOD: Ø

**FLUIDS**

| LINE site | | 08:11 | 08:30 | 09 | 09:30 | 10 | 10:30 | 11 |
|---|---|---|---|---|---|---|---|---|
| RAC | ☐ Warmed | HL | | | | | | |
| LFA | ☐ Warmed | LR 500 T | | #2 | 800 | | 1000 | |
| | ☐ Warmed | | | | | | | |
| | ☐ Warmed | | | | | | | |

**LOSSES**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| EST BLOOD LOSS | | | | | | 50 | 75 | |
| URINE - Foley | | | | 550 | | | 600 | |

**REMARKS**

*Code drugs with numbers, events with letters*

(1) To OR via litter, SOC mons positioned rt lateral for SAB.

(2) SAB in. Pt left in RLD x5 mins then positioned for prep. Level on rt T8.

(3) To PACU stable. Report given.

PHYS STATUS: 1 (2) 3 4 5 E

BODY WEIGHT: 75 (KG) LB

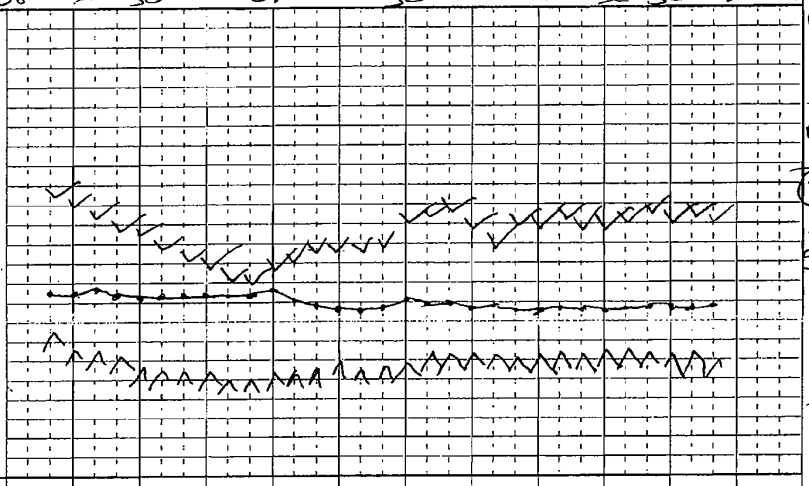
HEMATOCRIT: 43.3

INITIAL DATA: BP- 146/73 HR- 95

EQUIP CHECK OK?- (Y) N

PATIENT RECHECK OK for PROCEDURE? ✓ TIME- 0755

SYMBOLS: BP by cuff V; Heart rate ∧; Resp rate ●; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø




**VENTIL**

| | 08:11 | 08:30 | 09 | 09:30 | 10 | 10:30 | 11 |
|---|---|---|---|---|---|---|---|
| VT - ml | | | | | | | |
| f - breaths/min | | | | | | | |
| Peak inf pres / PEEP | | | | | | | |
| MODE - S(pon), A(ssist), C(on) | S | S | S | S | S | S | S |

**MONITORS/ACCESSORIES**

| | | 08:11 | 08:30 | 09 | 09:30 | 10 | 10:30 | 11 |
|---|---|---|---|---|---|---|---|---|
| ✓ BP/Auto Cuff | ET CO2 (torr) | | | | | | | |
| BP/oth | ✓ FIO2 (Frac or %) | >.21 | >.21 | >.21 | >.21 | >.21 | >.21 | >.21 |
| ART line | ✓ SpO2 (%) | 96 | 96 | 100 | 100 | 100 | 100 | 100 |
| Steth- PC/ES | ✓ ECG | SR | SR | SR | SR | SR | SR | SR |
| Gas analyzer | TEMP-site | | | | | | | |
| | N-M Block (T/4) | | | | | | | |
| Warming blkt | | | | Bue tucked on Fx Table | | | | |
| Conv warmer | | | | | | | | |

*Mark with letters & symbols, explain under REMARKS* — EVENTS / *Position* → RLD → 0 →

**RECOVERY AT** 1050

PACU ICU _____ (Specify)

OTHER _____

CONDITION:

RESP- 22 SpO2- 95

BP- 124/6 HR- 94

**ANESTHESIA / PROCEDURE TIMES**

| | Start | Room | End |
|---|---|---|---|
| ANES | 0755 | 0810 | 1055 |
| | Ready | Begin | End |
| PROC | 0825 | 0932 | 1045 |

PROCEDURES and CPT Codes: ORIF Rt Fem Neck Fx

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

# [redacted] 59 yo ♂ EPW

NKDA b(4)

Hx: HTN; ?cystic kidneys

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

RLD. Back prep betadine x3. 24g Sprotte via 18g introd @ L3-4 space @ 1% xylo infiltration. Clear CSF on 3rd pass, Ø heme, Ø paresth. 15mg hyperbaric bupivacaine & all needles removed

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*

SURGEONS: Dr [redacted]

ANESTHETISTS: [redacted] b(4)-2 [redacted] MS, CRNA

PROCEDURE LOCATION: 1

DATE: 12/15/03

PAGE 1 OF 1

(2) SAB in 0820

DA FORM 7389, FEB 1998 — MEDCOM - 2439 — [redacted] HESIA PROVIDER — USAPA-V1.00

NSN 7540-01-165-7294 519-301

# RADIOLOGIC CONSULTATION REQUEST/REPORT

*(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)*

| EXAMINATION(S) REQUESTED | AGE | SEX | SSN *(Sponsor)* | WARD/CLINIC | REGISTER NO. |
|---|---|---|---|---|---|
| [redacted] b(6)-4 | | | | | |
| | FILM NO. | | | | PREGNANT ☐ YES ☐ NO |
| | REQUESTED BY *(Print)* | | | | TELEPHONE/PAGE NO. |
| | SIGNATURE OF REQUESTOR | | | | DATE REQUESTED |

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

| DATE OF EXAMINATION *(Month, day, year)* | DATE OF REPORT *(Month, day, year)* | DATE OF TRANSCRIPTION *(Month, day, year)* |
|---|---|---|
| | | |

RADIOLOGIC REPORT

1) Multiple cystic lesions (6) in bilateral kidney: probable simple cysts — 3 were too small to characterize

2) (R) fem fx and hematoma

3) (R) psoas study

[redacted] b(6)-2

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REQUEST/REPORT
1 — MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

MEDCOM - 26440

b(a)-2 All unless noted otherwise

**CLINICAL RECORD - DOCTOR'S ORDERS**

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 14 Dec 2003 TIME OF ORDER: 2112 HOURS

LIST TIME ORDER NOTED AND SIGN

√ ATSOL ICW1
√ Dx: Femoral Neck Fx (R)
√ VS q4° WA
√ Regular diet p fully awake (Hold)
√ Ice to hip
√ CBC, chem7 in am

PATIENT IDENTIFICATION

b(6)-4 [redacted]

14 Dec 03 (2345)

[redacted] ROOM NO. 9/ICU BED NO.

DATE OF ORDER: 14 Dec 2003 TIME OF ORDER: 2112 HOURS

√ IV LR 1000cc/@ 100cc/h
√ MSO4 2-5 mg IV q30 p pain
√ Phenergan 25 mg IM q30 p nausea/vomiting
√ Percocet tabs 5/325 mg ~~PO~~ PO q4° p pain
error ~~Lovenox (Long) 40 bid~~

[redacted]

PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT | ROOM NO.

DATE OF ORDER: 14 Dec 2003 TIME OF ORDER: 2112

√ NPO p MN
√ Sx in AM

[redacted]

Chart 1 [redacted] 15 Dec 03 @ 0100

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 16 Dec 2003 TIME OF ORDER: 1230 HOURS

√ 1. BSC for BRP
√ 2. side to side roll tid
√ 3. up to chair BID
√ 4. IS q20 WA
√ 5. Dressing [redacted] Q/bowel daily.
6. DC 100 @ 24°

noted 16 Dec 03 @ 310 [redacted]

24° √ 17 Dec 03 @ 0100 [redacted] TAN [redacted] CTC MC

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 26441

b(6)-2 all except where otherwise noted

# CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

b(6)-4 [redacted]

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | [redacted] |

15 Dec 03 0300

| DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|
| 15 Dec 2003 | 1110 HOURS | |
| ✓ VS per PACU therapeutic cuts | | |
| ✓ Tice to (R) hip | | |
| ✓ Regular diet as tolerated | | |
| ✓ Labs: CBC in am | | |
| ✓ Xrays: (R) hip, PA & lat | | |
| (R) elbow, PA & lat oblique | | |

PATIENT IDENTIFICATION

[redacted]

b(6)-4

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

| DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|
| 15 Dec 2003 | 1110 HOURS | |
| ✓ IV LR @ 100cc/h | | |
| ✓ MSO4 - 2-5 mg IV q 3° PRN pain | | |
| ✓ Phenergan 25 mg IM q 3° PRN pain | | |
| ✓ Percocet 5/325 q 4° PRN pain | | |
| ✓ Lovenox 40 mg q 24 hrs | | |
| [redacted] | | |

PATIENT IDENTIFICATION

No new orders [redacted] 16 Dec 03 @ 0030 [redacted] 18 Dec 03 1535

b(6)-4 [redacted] 15-30 18 Dec 03

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| 24° V | 19 Dec 0200 | [redacted] |

| DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|
| 18 Dec 03 | 1530 HOURS | |
| ① Dry Dress A to (R) hip incision daily | | |
| V.O. Dr [redacted] | | |

PATIENT IDENTIFICATION

Ø New Orders 20 Dec 03 @ 0130 [redacted] 20 Dec 03 0330

| DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|
| | HOURS | |
| ① D/C Foley | | |
| ② DVT cotax supp X 1 now | | |
| V.O. Dr [redacted] Agnoo Ball | | |

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| 24° V [redacted] | | |

21 Dec 03 0355

DA FORM 4256 1 APR 79 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 26442

b(6)-2 except where noted

# 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 |
|---|---|---|---|---|---|---|
| b(6)-4 [redacted] | | | | 12/21/03 | 1605 HOURS | |
| | | | | (R) D/C Dry DSG Δ to (R) thigh | | |
| | | | | leave OTA. Dr. [redacted] | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |
| 24°V [redacted] | 23DEC03 | 0535 | | | | |

| PATIENT IDENTIFICATION | | | | | |
|---|---|---|---|---|---|
| 24° [redacted] ICATION 23DEC0225 [redacted] | | | [redacted] RECK-T, AN | TIME OF ORDER | |
| b(6)-4 [redacted] | | | 23DEC03 | 1540 HOURS | |
| | | | (1) D/C staples to (R) hip/thigh | | |
| | | | normal to [redacted] | | |
| | | | V.O Dr [redacted] OTA | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |
| 5Cw | 24°V | 24Dec@0220 [redacted] | | | |

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|---|---|
| b(6)-4 [redacted] | | | 24DEC2003 | 1000 HOURS | |
| | | | DC for Chang | | |
| | | | [redacted] | | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|---|---|
| | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 26443

b(6)-7 A11

**CLINICAL RECORD**

**THERAPEUTIC DOCUMENTATION CARE PLAN** *(NON-MEDICATION)*
For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.

Mo. 12 Yr. 2003

*VERIFY BY INITIALING* — *INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION*

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 14Dec | [redacted] | Skin & Wound assessment form | D [redacted] | / | / | / | / | / | / | [redacted] | / | / | / | / | / | |
| 14Dec | [redacted] | VS q4° | 06 18 | / | [redacted] | reordered 15Dec03 @ 1500 | | | | | | | [redacted] | | | |
| 14Dec | [redacted] | Regular Diet p̄ fully awake | 06 18 | / | [redacted] | Reordered 15Dec03 @ 1200 | | | | | | | [redacted] | | | |
| 14Dec | [redacted] | Ice to hip | 16 18 | / | [redacted] | reordered 15Dec03 @ 1500 | | | | | | | [redacted] | | | |
| 15Dec | [redacted] | VS per PACU, then Q4 rnd | 06 18 | / | [redacted] | | | | | | | | | | | |
| | [redacted] | | 18 06 | / | [redacted] | | | | | | | | | | | |
| 15Dec | [redacted] | Ice to (R) hip | 06 18 | / | [redacted] | | | | | | | | | | | |
| | [redacted] | | 18 06 | / | [redacted] | | | | | | | | | | | |
| 15Dec | [redacted] | Regular diet as tolerated | 06 18 | / | [redacted] | | | | | | | | | | | |
| | [redacted] | | 18 06 | / | [redacted] | | | | | | | | | | | |
| 16Dec | [redacted] | BSC for BRR | 06 18 | / | / | [redacted] | | | | | | | | | | |
| | [redacted] | | 18 06 | / | / | [redacted] | | | | | | | | | | |
| 16Dec | [redacted] | side to side roll | 06 18 | | | [redacted] | | | | | | | | | | |
| | [redacted] | TID | 18 06 | | | [redacted] | | | | | | | | | | |
| 16Dec | [redacted] | Up to chair BID | 06 18 | | | [redacted] | | | | | | | | | | |
| | [redacted] | | 18 06 | | | [redacted] | | | | | | | | | | |
| 16Dec | [redacted] | IS q2° WA | 06 18 | | | [redacted] | | | | | | | | | | |
| | [redacted] | | 18 06 | | | [redacted] | | | | | | | | | | |
| 16Dec | [redacted] | Dsg Δ to (R) elbow daily | 10 | / | / | / | | | | | | | | | | |
| 18 Dec | [redacted] | Dry Dsg Δ to (R) Hip incision Daily | 10 X | / | / | / | / | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

**ALLERGIES:** ☐ YES ☒ NO

**PRIMARY DIAGNOSIS:** Femoral Neck Fx (R)

**ADDITIONAL PAGES IN USE:** ☐ YES ☐ NO

**PAGE NO:** _____

**PATIENT IDENTIFICATION:**

[redacted]

b(6)-4

**ACTION TIMES**
**USE PENCIL. CIRCLE ACTION TIMES**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

**DA FORM 4677, 1 OCT 78** — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

MEDCOM - 26444

b(4)-2

| Verity 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 |
| 14Dec | [redacted] | Admit to ICW #1 | 14Dec | — | — | [redacted] |
| 14Dec | [redacted] | Regular diet p fully awake - HOLD | 14Dec | — | — | [redacted] |
| 14Dec | [redacted] | CBC, chem 7 in AM | 15Dec | 0500 | ~~05~~ | [redacted] |
| 14Dec | [redacted] | NPO p MN | 15Dec | 0000 | — | [redacted] |
| 14Dec | [redacted] | Sx in AM | 15Dec | AM | AM | [redacted] |
| 15Dec | [redacted] | CBC in AM | 16 Dec | AM | 0530 | [redacted] |
| 15Dec | [redacted] | X-Ray (R) hip, PA, lat (R) elbow, PA lat | 15 Dec | PM | PM | [redacted] |
| | [redacted] | oblique | | | | |
| 20Dec | [redacted] | D/C Foley | 20 Dec | 0930 | 0930 | [redacted] |
| 21 | [redacted] | D/C dry dsg Δ to (R) thigh - leave OTA | 21 | — | — | [redacted] |
| 23Dec | [redacted] | D/C staple to (R) thigh incision tomorrow | 23Dec | 1000 | 0900 | [redacted] |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

MEDCOM - 26445

USAPA V1.00

b(6)-2

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 12 Yr. 03 |
|---|---|---|

*VERIFY BY INITIALING* — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ~~14Dec~~ | [redacted] | | | | | | | | | | | | | | | | |
| 15 Dec | [redacted] | IV LR@ 100cc/° | 06 18 | [redacted] | | | | | | | | | | | | | |
| | ----- | | 18 00 | | | | | | | | | | | | | | |
| 15Dec | [redacted] | Lovenox 60mg BID | 08 | | | | | | | | | | | | | | |
| | ----- | | 20 | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |
| | ----- | | | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Femoral Neck Fx (R)

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

DA FORM 1 FEB 79 4678 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUS

MEDCOM - 26446

b(6)-2 A11

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. 12 Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ [redacted] | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| 14Dec | [redacted] | IV LR 1000cc @ 100cc/hr° | 14Dec | — | — | [redacted] |
| 20D[redacted] | | Dulcolax Supp x-T now | 20Dec | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 14Dec 15Dec | [redacted] | MSO4 2-5mg IV | D/I | | | | | | | | | | | | | | |
| | | q3° PRN Pain | D/I | | | | | | | | | | | | | | |
| 14Dec 15Dec | [redacted] | Phenergan 25mg IM | D/I | | | | | | | | | | | | | | |
| | | q3° PRN N/V | D/I | | | | | | | | | | | | | | |
| 14Dec 15Dec | [redacted] | Percocet tabs 5/325mg | D/I | 15Dec 2100 | 16Dec 0745 | 16Dec 2015 | 16Dec 1100 | 16Dec 0120 | 16Dec 0930 | 16Dec 1120 | | | | | | | |
| | | 11 11 PO q4° for pain | D/I | 11 | 11 | 2 | 11 | 11 | 11 | 2 | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

*U.S. GPO: 1998-454-110/95216

MEDCOM - 26447

| TIME | PROCEDURE | SIZE | SITE | BY | RESULTS |
|---|---|---|---|---|---|
| | ET Intubation | | ☐ Oral ☐ Nasal Teeth | | ☐ ETCO2 Change ☐ BBS Post Int ☐ Post CXR |
| | Gastric Tube | | ☐ Oral ☐ Nasal | | ☐ Air ☐ Contents ☐ Verified_____ Suction: Y N |
| ON ARRIVAL | Urinary | | ☑ Meatus ☐ Supra-Public | | ☐ Return_____cc ☐ Heme Dip: + - ☐ Secured |
| | DPL | | ☐ Opened ☐ Closed | | ☐ Grossly: + - Cell count Sent@_____ |
| | Chest Tube #1 | | L R | | ☐ Air ☐ Blood ☐ Pleuravac____cm ☐ Autotransfuser |
| | Chest Tube #2 | | L R | | ☐ Air ☐ Blood ☐ Pleuravac____cm ☐ Autotransfuser |
| | 12 Lead | Rhythm: | | Comments | |

| TIME | PROCEDURE | ACCOMPANED BY | RETURN |
|---|---|---|---|
| | CT Scan: ☐ Contrast | | |
| | ☐ Head ☐ Abd ☐ Pelvis | | |
| | ☐ C-Spine ☐ T/L Spine ☐ Chest | | |
| | ☐ | | |
| | A-Gram Site: | | |

## IV ACCESS & FLUIDS

| TIME | # | GA | IAW SOP | | SITE | IVF TYPE | AMT UP | AMT IN |
|---|---|---|---|---|---|---|---|---|
| ON ARRIVAL | | 18 | Y | N | (R) A C | | | |
| | | | Y | N | | | | |
| | | | Y | N | | | | |
| | | | Y | N | | | | |

| ABG SITE | TIME | %$O_2$ | pH | BE | $pCO_2$ | $PO_2$ | $O_2$ Sat | $HCO_3$ |
|---|---|---|---|---|---|---|---|---|
| 1) | | | | | | | | |
| 2) | | | | | | | | |

## MEDICATIONS

| MEDICATION | TIME | DOSE | RTE | TIME | DOSE | RTE | TIME | DOSE | RTE |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

## LABS

| TIME | LABS |
|---|---|
| | ☐ D-stick_____ ☐ SHct_____ |
| | ☐ D-stick_____ ☐ SHct_____ |
| | ☑ CBC ☑ Chem ☑ PT/PTT ☐ ETOH ☐ T&S ☐ T&C x_____ |
| | ☐ Tox Screen |
| | ☑ UA ☐ HCG |
| | ☑ OTHER TYPE/SCREEN |
| | ☐ OTHER |

## X-RAYS

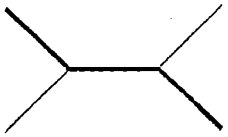
| TIME | LABS |
|---|---|
| | ☑ Chest Initial |
| | ☐ Chest Post ET |
| | ☐ Chest Post CT |
| | ☐ C-Spine |
| | ☑ Pelvis |
| | ☑ ABD |
| | ☑ (E) HIP |
| | ☐ |

## BLOOD PRODUCTS

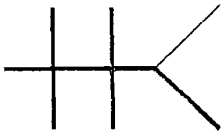
| START | # | TYPE | UNIT# | AMT UP | AMT IN | END | INT |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

## LAB RESULTS

CBC:



Chem:



## INTAKE & OUTPUT

| INTAKE | AMOUNT | OUTPUT | AMOUNT |
|---|---|---|---|
| IVF | | Urine | |
| NGT | | NGT | |
| Blood | | EBL | |
| Other | | Other | |
| TOTAL | | TOTAL | |

## TRAUMA TEAM ARRIVAL

| TITLE | NAME (Print) | PAGED | RESPONDED | ARRIVED |
|---|---|---|---|---|
| ED Phys | Dr. [redacted] | | | |
| Surgeon | | | | |
| Anesth | [redacted] | | | |
| | | | | |
| | | | | |
| X-Ray | | | | |
| RT | | | | |
| Ortho | | | | |
| Neuro | | | | |
| Chaplain | | | | |

## VALUABLES & CLOTHING

| V | STATUS | C |
|---|---|---|
| | None Found | |
| | Given to Patient | |
| | Given to Family | |
| | Inventoried and Released to Patient Trust Fund/NCOO See DA Form 3696 | |
| | Other: See Nursing Notes | |

## DISPOSITION

☐ Home ☐ _____

Admitted to_____

Report Called to_____

Time Transferred_____

Accompanied By_____

☐ Stretcher ☐ Wheelchair

MEDCOM - 26448.

b(2)-2

# Admission and Coding Information

For use of this form, see AR 40-400; the proponent agency is OTSG

| 1. Reporting MTF | 2. MTF Locat. | 3. Register Number | Name (Last, First, MI) | 4. Pay Grade | 5. Sex |
|---|---|---|---|---|---|
| [redacted] | IZ | [redacted] | | FGN | M |

b(6)-2

| 6. DoB (YYYYMMDD) | 7. Age at Admission | 8. Race | 9. Ethnicity | Religion |
|---|---|---|---|---|
| 1943-07-01 | 60Y | X | 9 | |

| 10. Length of Service | ETS | 11. FMP | 12. Social Security Number |
|---|---|---|---|
| | | 99 | [redacted] |

b(6)-2

| Organization (Active Duty Only) | 13. Marital Status | Hour of Admission | Branch / Corps: |
|---|---|---|---|
| | | 21:07 | |

| 14. Flying Status | 15. Beneficiary Category | 16. Zip Code of Residence: |
|---|---|---|
| | K78-PRISONER OF WAR/INTERNEES | |

| 17. Unit Location | 18. MOS | 19. Trauma | Prev. Admission |
|---|---|---|---|
| | | DIS | NO |

| 20. Source of Admission | Ward: | Name / Relationship of Emergency Addressee |
|---|---|---|
| Direct from ER | ICW2 | Address of Emergency Addressee |
| Name and Location of Medical Treatment Facility: [redacted] | | Telephone Number of Emergency Addressee |

b(2)-2

| 21. Type of Disposition | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) |
|---|---|---|
| TRF-OTH | | 2003-12-24 |

| 24. Clinic Svc - Admitting | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) |
|---|---|---|
| AEA - ORTHOPEDICS | | 2003-12-14 |

| 27. Location of Occurrence | 28. MTF of Initial Admission | 29. Date of Initial Admission |
|---|---|---|
| | | 2003-12-14 |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: FEMOVAL NECK FX®

Procedure Narrative(s): T: 9 Dx: 8208 PR: 7935 E8889 Inj: 929

Cause of Injury Narrative:

b(6)-2

[redacted] ...ture, as required) ...tf Cmz

Signature of A[redacted]

b(6)-2

Automated Facsimile - DA FORM 2985, MAR 2000 MEDCOM - 26449

**BATES PAGES MEDCOM 26450-26911 ARE NONRESPONSIVE AND HAVE NOT BEEN PROVIDED**

Automated Facsimile

# IN-PATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400, the proponent agency is OTSG

1. Register Nbr [redacted] 2. Name [redacted] b(6)-4 3. Grade FGN Admission Remarks

4. Sex M 5. Age 53Y 6. Race X 7. Religion 8. LnthOfSvc 9. ETS 10. PrevAdm NO

11. FMP 99 12. SSN [redacted] 13. Organization b(4)-4 14. Ward MORGUE

15. FlyStatus 17. Dept / Ben K78-PRISONER OF WAR/INTER 18. BranchCorps 19. UIC / ZIP 20. Type Case DIS

21. Source of Admission Carded for Record Only (CRO) 22. Hour Of Adm: 01:40 23. Clinic Service XXX - CARDED FOR RECORD

24. Name/Relation of Emergency Addressee 25. Type Disp CRO/DOA 26. Date of Disp 2003-12-26

27a. Address of Emergency Addressee 27b. Telephone No 28. Date This Adm: 2003-12-26 AdmittingOfficer: [redacted] b6-2

29. ReportingMTF [redacted] b(2)-2 30. Date Init Adm 2003-12-26 32. Units Blood Components

31. Selected Administrative Data

Marital Status: DoB: 1950-06-01

In/Out Patient: Inpatient MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

CARDIAC ARREST

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 | 1 | 1 |

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 | 1 | 1 |

Signature of Attending Medical Officer [redacted] b(4)-2 Signature of PAD or Medical [redacted]

Automated Facsimile - DA FORM 3647, May 79

MEDCOM - 26912

Sept 3L IV
2atR Narcan

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

gasping respirat

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| DATE: | 501ST FSB APO AE 09324 OPERATION IRAQI FREEDOM BAGHDAD multiple bruxi extrem |
| 25 Dec 03 2323 | patient brought in, pretty unresponsive, small mouth, unconscious, pinpoint pupils used oxygen. Then bagged. bruising around pelvis. lashy |
| T | started IV (2327) can't hear breathing, performed CPR (2330) |
| B/P | giving epi (2333) 2mLS narcan (2335) % $SpO_2$ 67 Pulse 125 |
| P | 2nd dose epi (2336) suction (2340) ~~rectal temp~~ |
| R | 2nd IV (neck 2342) 3rd dose epi (2342) NG going in fol Y (235 |
| SPO2 | ~~rectal temp~~ SpO2 68% (2358) IM valium (2353 |
| ALLERGIES | Intubated (2355) EPI (24:00) $O^2$ 45% (24:00) 67 pulse (24:00) |
| | Temp 96° (24:00) pupils nonreactive |
| MEDICATIONS | rectal temp #2 2407 still below 96°F atropine 8mg (2400) |
| | bruising left lateral chest, upper extimities bruising |
| PMHX | left iliac crest abrasions on both wrists multiple bruis |
| | abrasions left lower extimities ziptie removed from |
| | right lower extimities, %: $SpO_2$ 81% pulse 62 (2414) |
| PSHX | %. $SpO_2$ 82, pulse 73 (2417) rectal temp (0025) |
| | temp not going up (94.1°F) rectal temp (hypothermic Therm) |
| | not registering ~~[illegible]~~ stopped bagging, patient breathed |
| TOB | on his own (0033). ~~Atropine 8mg~~ heart rate of 30 on own (0037) |
| | % $SpO_2$ 83 heart TB. compressions 4th dose epi (0040) |
| | atropine 1mg (0042) stopped at (0045) drew breath continued (0046) |
| | Urine output (100cc) (0049) |

| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT |
|---|---|---|---|
| 501ST FSB BATTALION AID STATION | | | |
| 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.)* [redacted] blu) -2

REGISTER NO. | WARD NO.

NAME [redacted] DOB

SSN Det # [redacted] RANK

UNIT Local • National (Detainee)

**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

MEDCOM - 26913

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
| DATE: | 501ST FSB APO AE 09324 OPERATION IRAQI FREEDOM BAGHDAD b(2)-2 |
| T | Iraqi detainee brought to [redacted] Detention |
| B/P | Center this pm ~2000 pt detained @ 2/3x |
| P | ~2d. Brought to BAS ~2320, noted to have |
| R | agonal resp, agonal heart rhythm, unresponsive. CPR started, pt intubated |
| SPO2 | IV started. Pt noted to be extremely |
| ALLERGIES | cold, warmer placed below pt, blankets on. |
| | Pt given total 5 doses epi, 2 doses atropine. |
| MEDICATIONS | Pt init noted to have pinpt pupil on (L), |
| | unresp. on (R), pt given Narcan 1 amp |
| PMHX | c ∅ response. Pt c ∅ sig response to meds |
| | noted - CPR [redacted] continued. Rescue stopped |
| | several times, pt noted to have continued |
| PSHX | agonal resp. Temp remained <92° |
| | despite available warming measures. |
| | D/w [redacted] @ [redacted] (0,1) b(4)-2 |
| | transport via AIRevac. |
| TOB | [redacted] b(4)-2 |
| | 5 epi |
| | 2 atropine |
| | 3L IVF |
| | 1 narcan b(4)-2 |
| | [redacted] MD CPT, MC |

| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT |
|---|---|---|---|
| [redacted] b(4)-2 | | | |
| SPONSOR'S NAME [redacted] | 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 [redacted] DOB b(4)-4 | | |
| SSN _____ RANK _____ | | |
| UNIT Detainee | | |

**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

MEDCOM - 26914

**MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA**

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

| REPORT TITLE | | OTSG APPROVED *(Date)* |
|---|---|---|
| | **TRAUMA FLOWSHEET**<br>The proponent is Dept of Surgery | QI Appr 11 Jun 97 |

## EMS REPORT

TIME: 0145 ETA: _____ UNIT: _____

MED COM: [Y] [N] _____

## ARRIVAL STATUS

TIME 0145 ☐ IV x NS ☐ $O_2$ _____ 1/min ☐ C-Spine Immob

Meds: ☐ UKN ☐ None ☐ Yes: _____

Allergies: ☒ UKN ☐ None ☐ Yes: _____

Tetanus: ☐ UKN ☐ Current Last Meal/Fluid Intake _____ hrs

LMP: [redacted] ☐ _____

77 [redacted] $O_2$ saturation No carotid pulse by Dr [redacted]

b(6)-2

## PRIMARY SURVEY

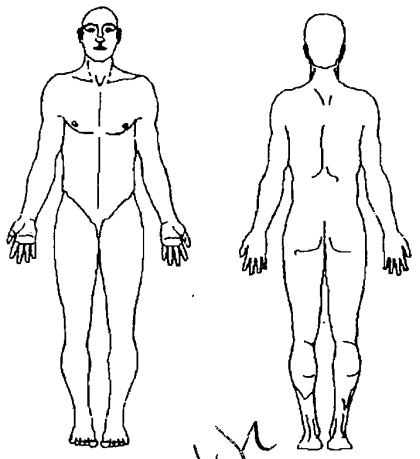
| AIRWAY | BRETHING | CIRCULATION | |
|---|---|---|---|
| ☐ Natural Patient [Y] [N] | ☐ Labored ☐ Unlabored ☒ Absent | PULSE: ☐ Present ☒ Absent | SKIN: ☐ Warm ☒ Cool ☐ Hot |
| ☒ ETT 8.0 ☐ 25 @ 1-0 | TRACHEA: ☐ Midline ☐ Deviated [L] [R] | BLEEDING: [Y] [N] no carotid | ☐ Pink ☐ Pale ☒ Cyanotic ☐ _____ |
| ☐ Secretions _____ | CHEST SYMMETRY: [L] > = < [R] | HEART TONES: ☐ Clear ☐ Muffled | ☐ Dry ☐ Moist ☐ Diaphoretic |

## SECONDARY SURVEY

| DISABILITY | HEAD | HEART | ABDOMEN |
|---|---|---|---|
| GCS: E 1 | PUPILS: ☐ Equal ☒ Fixed ☐ React ☐ Dilated [L] [R] | RHYTHM: ☐ Regular ☒ Irregular | ☒ Soft ☐ Rigid ☐ Non-Tender |
| V 1 | TM: ☐ Clear ☐ Blood [L] [R] | PULSES: ☐ Central ☐ Peripheral | ☐ Tender: |
| M 1 | **NECK** | **LUNGS** | **PELVIS** |
| SPHINCTER TONE: ☐ WNL ☐ None | C-Spine Tenderness: [Y] [N] ☒<br>Pain @ _____ | BREATH SOUNDS: ☐ Bilat ☒ Equal ☐ Clear<br>Decreased [L] [R] Absent [L] [R] | ☒ Stable ☐ Unstable ☐ _____<br>Blood at meatus/vagina: [Y] [N] |
| | JVD: [Y] [N] ☒ | Wheezes [L] [R] Crackles [L] [R] | Heme +/ - Prostate: ☐ WNL ☐ Abnl |

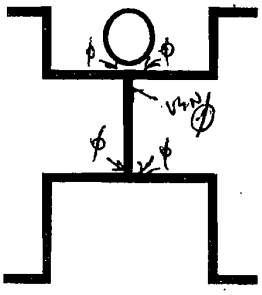
## USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

(AB)rasion
(AMP)utation
(AV)ulsion
Battle's Signs
(BL)eeding
(B)urn
(D)eformity
(E)cchymosis
(F)oreign Body
(H)ematoma
(LAC)eration
(P)uncture (W)ound
(Pain)
(S)eatbelt (S)ign
(S)tab (W)ound
(GSW) Gun Shot Wound



b(6)

## VASCULAR ASSESSMENT



| ++ Strong | + Palpable | D Doppler |
|---|---|---|

| RN | PHYSICIAN |
|---|---|
| [redacted] | Dr. [redacted] b(6)-2 |
| **PREPARED BY** *(Sig* [redacted] | **DEPARTMENT/SERVICE/CLINIC** Emg |
| | **DATE** 26 Dec 03 |

*(Continue on reverse)*

**PATIENT'S IDENTIFICAT** [redacted] *Name--last, first, middle; grade; date; hospital or medical facility)*

EP W [redacted]

b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER *(Specify)*

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

**DA** FORM 1 MAY 78 **4700**

REQUIREMENT OF PRIVACY ACT OF 1974 IS COVERED BY DD FORM 2005.
PREVIOUS EDITION IS OBSOLETE.
MEDCOM - 26915

EAMC OP 503, 1 Dec 98

| TIME | PROCEDURE | SIZE | SITE | BY | RESULTS |
|---|---|---|---|---|---|
| [illegible] | ET Intubation | 7.0 | ☑ Oral ☐ Nasal Teeth | [redacted] | ☐ $ETCO_2$ Change ☑ BBS Post Int ☐ Post CXR |
| [illegible] | Gastric Tube | [illegible] | ☐ Oral ☑ Nasal | [redacted] | ☐ Air ☑ Contents ☐ Verified ____ Suction: Y (N) |
| [illegible] | Urinary | [illegible] | ☑ Meatus ☐ Supra-Public | [redacted] | ☐ Return 200 cc ☐ Heme Dip: + - ☑ Secured |
| | DPL | | ☐ Opened ☐ Closed | | ☐ Grossly: + - Cell count Sent@ ____ |
| | Chest Tube #1 | | L R | | ☐ Air ☐ Blood ☐ Pleuravac ____ cm ☐ Autotransfuser |
| | Chest Tube #2 | | L R | | ☐ Air ☐ Blood ☐ Pleuravac ____ cm ☐ Autotransfuser |
| | 12 Lead | Rhythm: | | Comments | |

| ABG SITE | TIME | %$O_2$ | pH | BE | $pCO_2$ | $PO_2$ | $O_2$ Sat | $HCO_3$ |
|---|---|---|---|---|---|---|---|---|
| 1) | | | | | | | | |
| 2) | | | | | | | | |

## LABS

| TIME | LABS |
|---|---|
| | ☐ D-stick ____ ☐ SHct ____ |
| | ☐ D-stick ____ ☐ SHct ____ |
| | ☐ CBC ☐ Chem ☐ PT/PTT |
| | ☐ ETOH ☐ T&S ☐ T&C x ____ |
| | ☐ Tox Screen |
| | ☐ UA ☐ HCG |
| | ☐ OTHER |
| | ☐ OTHER |

## X-RAYS

| TIME | LABS |
|---|---|
| | ☐ Chest Initial |
| | ☐ Chest Post ET |
| | ☐ Chest Post CT |
| | ☐ C-Spine |
| | ☐ Pelvis |
| | ☐ |
| | ☐ |
| | ☐ |

| TIME | PROCEDURE | ACCOMPANED BY | RETURN |
|---|---|---|---|
| | CT Scan: ☐ Contrast | | |
| | ☐ Head ☐ Abd ☐ Pelvis | | |
| | ☐ C-Spine ☐ T/L Spine ☐ Chest | | |
| | ☐ | | |
| | A-Gram Site: | | |

## IV ACCESS & FLUIDS

| TIME | # | GA | IAW | SOP | SITE | IVF TYPE | AMT UP | AMT IN |
|---|---|---|---|---|---|---|---|---|
| [illegible] | [illegible] | [illegible] | Y | N | L AC | NS | 200 | ~ [illegible] |
| | | | Y | N | | | | |
| | | | Y | N | | | | |
| | | | Y | N | | | | |

## MEDICATIONS

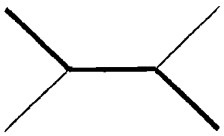
| MEDICATION | TIME | DOSE | RTE | TIME | DOSE | RTE | TIME | DOSE | RTE |
|---|---|---|---|---|---|---|---|---|---|
| ~~Toradol~~ [redacted] | | | | | | | | | |
| Fentanyl | 0155 | 100mg | IV | | | | | | |
| Versed | 0200 | 5mg | IV | | | | | | |

## BLOOD PRODUCTS

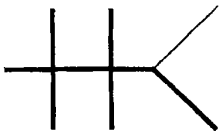
| START | # | TYPE | UNIT# | AMT UP | AMT IN | END | INIT |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## LAB RESULTS

CBC:



Chem:



## INTAKE & OUTPUT

| INTAKE | AMOUNT | OUTPUT | AMOUNT |
|---|---|---|---|
| IVF | | Urine | |
| NGT | | NGT | |
| Blood | | EBL | |
| Other | | Other | |
| TOTAL | | TOTAL | |

## TRAUMA TEAM ARRIVAL

| TITLE | NAME (Print) | PAGED | RESPONDED | ARRIVED |
|---|---|---|---|---|
| ED Phys | | | | |
| Surgeon | | | | |
| Anesth | | | | |
| | | | | |
| | | | | |
| X-Ray | | | | |
| RT | | | | |
| Ortho | | | | |
| Neuro | | | | |
| Chaplain | | | | |
| | | | | |

## VALUABLES & CLOTHING

| V | STATUS | C |
|---|---|---|
| | None Found | |
| | Given to Patient | |
| | Given to Family | |
| | Inventoried and Released to Patient Trust Fund/NCOD See DA Form 3696 | |
| | Other: See Nursing Notes | |

## DISPOSITION

☐ Home ☐ ____

Admitted to ____

Report Called to ____

Time Transferred ____

Accompanied By ____

Via: ☐ Stretcher ☐ Wheelchair

MEDCOM - 2696

## VITAL SIGNS

Rectal Temp:

| TIME | BP | HR | RHY | RR | $SAO_2$ | $FIO_2$ | MODE | GCS: E | V | M | T |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0145 | 90/81 | 26 | | 6 | 77% | | | 1 | 1 | 1 | 3 |
| ~~0155~~ | / | | | | | | | | | | |
| 0215 | UTA | Called | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |
| | / | | | | | | | | | | |

## GLASGOW COMA SCALE

| EYE OPENING | VREBLE RESPONSE | MOTOR RESPONSE |
|---|---|---|
| 4 - Spontaneous | 5 - Oriented | 6 - Obeys Commands |
| 3 - To Voice | 4 - Confused | 5 - Localizes Pain |
| 2 - To Pain | 3 - Inapp Words | 4 - Withdraws to Pain |
| 1 - None | 2 - Incomp Speech | 3 - Flexion to Pain |
| | 1 - None | 2 - Extension to Pain |
| | | 1 - None |

| TIME | PROCEDURE | PERFORMED BY: |
|---|---|---|
| | ☐ Backboard Removed | BY: |
| | ☐ Downgraded | BY: |

## NOTES

Prior to arrival pt recd 5 epinephrine, 2 atropine injections. Also, ↑ Narcan + value of vital signs.
CT performed. ∅ obvious deficits

To EMT via litter from 501st FSB. See SF 600 from FSB.
Intubated on arrival. DVNS Lt [redacted] on arrival.
5mg Versed 100 Fentanyl at 0153 by CPT [redacted]
RT SGT [redacted] bagging pt. Pupils dilated on arrival. b(6)-2
To CT for CT head 0156. [redacted] TC, CN

☆U.S.GOVERNMENT PRINTING OFFICE 1997-571-7000

EPW - Found Down at ≈ 2300 to [illegible]. pt Brought to
501 FSB - No pulse, unresponsive, GCS (3) pinpoint pupils.
Intubated - Resuscitated until 0100 c̄ No Response but still
δ ≈ 6 Breaths Per minute. Aerouned head.
Pt GCS 3T on Arrival c̄ Intubated (R) Pupil Fixed &
Dilated. CT Scan gutter - ∅ Bleed Found. Pt no
longer Breathing. Code called @ 0215. ∅HR/∅pulse/∅BP
∅Respiration.

[redacted] NO

MEDCOM - 26918

b(6)-2

# CERTIFICATE OF DEATH *(OVERSEAS)*
## Acte de décès *(D'Outre-Mer)*

b(6)-4

| | | | |
|---|---|---|---|
| NAM... | ...st, Middle) ... (Nom et prénoms) [redacted] | GRADE Grade: ERW | BRANCH OF SERVICE Arme: ~~EP~~ N/A | SOCIAL SECURITY NUMBER (Numéro de l'Assurance Sociale) [redacted] |
| ORG... | ...on | NATION *(e.g., United States)* Pays | DATE OF BIRTH Date de naissance | SEX Sexe: ☒ MALE Masculin ☐ FEMALE Féminin |

| Race | MARITAL STATUS État Civil | | | RELIGION Culte | | |
|---|---|---|---|---|---|---|
| ...que | ☐ SINGLE Célibataire | ☐ DIVORCED Divorcé | | ☐ PROTESTANT Protestant | ☐ OTHER *(Specify)* Autre *(Spécifier)* | |
| | ☐ MARRIED Marié | ☐ SEPARATED Séparé | | ☐ CATHOLIC Catholique | | |
| ☒ IRAQI | ☐ WIDOWED Veuf | | | ☐ JEWISH Juif | | |

| | |
|---|---|
| NAM... ...om du plus proche parent | RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit |
| STR... ...é à (Rue) | CITY OF TOWN AND STATE *(Include ZIP Code)* Ville (Code postal compris) |

### MEDICAL STATEMENT Déclaration médicale

| CAUSE OF DEATH *(Enter only one cause per line)* Cause du décès (N'indiquer qu'une cause par ligne) | | INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès |
|---|---|---|
| DIS... ...ECTLY LEADING TO DEATH[1] ...ent responsable de la mort.[1] | CARDIAC ARREST UNKNOWN ETIOLOGY | UNKNOWN. |
| ...ORBID CONDITION, IF ANY, ...EADING TO PRIMARY CAUSE ...ondition morbide, s'il y a lieu, ...enant à la cause primaire | | |
| ...NDERLYING CAUSE, IF ANY, ...IVING RISE TO PRIMARY ...AUSE ...aison fondamentale, s'il y a lieu, ...ant suscité la cause primaire | | |
| OT... ...TIONS[2] Au... ...es[2] | | |

...TOPSY PERFORMED Autopsie effectuée ☐ YES Oui ☐ NO Non

...JOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie

CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
Circonstances de la mort suscitées par des causes extérieures

...ME OF PATHOLOGIST Nom du pathologiste

| | | |
|---|---|---|
| ...GNATURE Signature | DATE Date | AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☐ NO Non |

| | |
|---|---|
| DA... ...*(month, year)* Da... ...*(le mois, l'année)* | PLACE OF DEATH Lieu de décès |

...EIWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
...examiné les restes mortels du défunt et je conclus que la décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci dessus

| | |
|---|---|
| N... ...Nom du médecin militaire ou du médecin sanitaire | TITLE OR DEGREE Titre ou diplômé |
| G... INSTALLATION OR ADDRESS Installation ou adresse [redacted] b(6)-2 | |
| D... ...3 SIG... [redacted] | |

*...complication which caused death, but not mode of dying such as heart failure, etc.*
*...ating to the death, but not related to the disease or condition causing death.*
*...maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.*
*...contribué à la mort mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.*

MEDCOM-26919

ACLU-RDI 1744 p.1509

DOD-039738

FOR USE OF T

# SPITAL REPORT OF DEATH

40400; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.

NAME AND LOCATION OF HOSPITAL

*Instructions - Medical Officer in attendance will:*

*Prepare, Print or t only, Items 1 through 10 and sign Item 11.*

*Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.*

## SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

### PERSONAL DATA

1. PATIE identifying *tient's ward plate will be used to imprint able)*

[redacted]

2. TIME OF DEATH *(Hour-day-month-year)*: 0215 26 Dec 03

3. MEDICAL EXAMINER/ CORONER'S CASE: ☐ YES ☒ NO

4. RELIGION

5. CHAPLAIN NOTIFIED: ☐ YES ☐ NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH

Patient's r Social Sec *irst, middle initial) Grade, No., Register Number and Ward Number*

### CAUSE OF DEATH

| | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 7a. DISEAS DEATH *(This heart failure, or complicati* | N DIRECTLY LEADING TO *the mode of dying, e.g., means the disease, injury, death)* | DUE TO *(or as a consequence of)* CARDIAC Arrest unknown Etiology | Unknown |
| 7b. ANTECE *giving rise to condition las:* | *orbid conditions, if any, stating the underlying* | DUE TO *(or as a consequence of)* (1) CARDIAC Arrest unknown Etiology | Unknown. |
| | | (2) | |
| 8. OTHER S TO THE DEA OR CONDITIC | IDITIONS CONTRIBUTING LATED TO THE DISEASE | a. | |
| | | b. | |

9. DATE: 26 De

10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE: [redacted]

11. SIGNATURE OF MEDIC [redacted] E

## SECTION B - ADMINISTRATIVE ACTION

| | E OF ACTION | HOUR | DAY | MONTH | YEAR | INITIALS OF RESPONSIBLE OFFICER |
|---|---|---|---|---|---|---|
| 12. TELEGRA | N OR OTHER AUTHORIZED PERSON | | | | | |
| 13. POST AD | L NOTIFIED | | | | | |
| 14. IMMEDIA | SED NOTIFIED | | | | | |
| 15. INFORM | IFIED | | | | | |
| 16. POST MC | NOTIFIED | | | | | |
| 17. RED CRO | | | | | | |
| 18. OTHER *(S* | | | | | | |
| 19. | | | | | | |

## SECTION C - RECORD OF AUTOPSY

20. AUTOPS ☐ YES *es, give date and place)*

21. AUTOPSY ORDERED BY *(Signature)*

22. PROVIS AL FINDINGS

23. DATE

24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY

25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY

26. DATE

27. TYPED NAME AND GRADE OF REGISTRAR

28. SIGNATURE OF REGISTRAR

[redacted] b(2)-2 IZ

For use of this form, see AR 40-400; the proponent agency is OTSG

| 3. Register Number | Name (Last, First, MI) | 4. Pay Grade | 5. Sex |
|---|---|---|---|
| [redacted] b(4)-4 | | FGN | M |

| 6. DoB (YYYYMMDD) | 7. Age at Admission | 8. Race | 9. Ethnicity | Religion |
|---|---|---|---|---|
| 1950-06-01 | 53Y | X | 9 | |

| 10. Length of Service | ETS | 11. FMP | 12. Social Security Number |
|---|---|---|---|
| | | 99 | 000-00-1640 |

| Organization (Active Duty Only) | 13. Marital Status | Hour of Admission | Branch / Corps: |
|---|---|---|---|
| | Z | 01:40 | |

| 14. Flying Status | 15. Beneficiary Category | 16. Zip Code of Residence: |
|---|---|---|
| | K78-PRISONER OF WAR/INTERNEES | |

| 17. Unit Location | 18. MOS | 19. Trauma | Prev. Admission |
|---|---|---|---|
| | | DIS | NO |

| 20. Source of Admission | Ward: | Name / Relationship of Emergency Addressee |
|---|---|---|
| Carded for Record Only (CRO) | MORGUE | Address of Emergency Addressee |
| Name and Location of Medical Treatment Facility: [redacted] b(2)-1 | | Telephone Number of Emergency Addressee |

| 21. Type of Disposition | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) |
|---|---|---|
| CRO/DOA | | 2003-12-26 |

| 24. Clinic Svc - Admitting | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) |
|---|---|---|
| XXX - CARDED FOR RECORD ONLY | | 2003-12-26 |

| 27. Location of Occurrence | 28. MTF of Initial Admission | 29. Date of Initial Admission |
|---|---|---|
| | | 2003-12-26 |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: CARDIAC ARREST

Dx: 4275 92410 9221 9139 92321 9928

Trauma 9

427.5 924.8

Procedure Narrative(s):

Px 9960 966

Injury 989

Cause of death #1

Cause of Injury Narrative:

Admitting Officer [redacted] b(4)-4

Signature of Admitting Clerk [redacted] b(4)-2

Automated Facsimile - DA FORM 2985, MAR 2000

**BATES PAGES MEDCOM 26922-27240 ARE NONRESPONSIVE AND HAVE NOT BEEN PROVIDED**

b(6)-4

# INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1. REGISTER NUMBER [redacted] | | | NAME (Last, First, MI) EPW # [redacted] | | | 3. GRADE EPW | ADMISSION REMARKS |
| 4. M | 5. 60 | 6. UNK | 7. RELIGION UNK | 8. LENGTH OF SVC — | 9. ETS — | 10. PREVIOUS ADMISSION N | |
| 11. FMP 99 | 12. [redacted] | | 13. ORGANIZATION b(6)-4 | | | 14. WARD ICU | |
| 15. FLYING STATUS — | 16. RATING/ DSG — | 17. [redacted] BEN K70 | BRANCH/CORPS — | 19. UIC/ZIP — | | 20. TYPE CASE NBI | |
| 21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION: Direct from ER | | | | 22. HOURS OF ADMISSION 0050 | 23. CLINIC SERVICE ABMA | | |
| 24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE: UNK | | | | 25. TYPE DISPOSITION 50 | 26. DATE OF DISPOSITION 9JUL03 | | |
| 27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code): UNK | | | | 27b. TELEPHONE NO. UNK | 28. DATE OF THIS ADMISSION 5JUL03 | | ADMITTING OFFICER b(6)-2 [redacted] |
| 29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] b(2)-2 | | | | | 30. DATE OF INTIAL ADMISSION | | 32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED |

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

2° burns, ⓑ buttocks, chest pain

786.50

942.24

E 924.8

**35. Total Days This Facility**

| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
|---|---|---|---|---|---|
| Ø | Ø | Ø | Ø | 4 | 4 |

**36. Total Days All Facilites** [redacted] b(6)-2

| a. ABSENT SICK DAYS | b. [redacted] | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL [redacted] | e. BED DAYS b(6)-1 | f. TOTAL SICK DAYS |
|---|---|---|---|---|---|

SIGNATURE OF [redacted] MEDCOM [redacted]

ACLU-RDI 1744 p.1513

DOD-039742

| MEDICAL RECORD | b2-2 ABBREVIATED MEDICAL RECORD |
|---|---|

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION *(Enter date of admission)*

60 ish ♂ Iraqi evac'd to [redacted] c̄ ① Buttocks 2° Burns. 2° to seating a hot surface
② Chest Pain. "Squeezing" since ≈1300 today. Ø N/V was given ASA @ aid station. Had 5 sec of ® sided pain while in ER.
U/A ± tangecter

Pmhx
- MI 3 mos ago
- MI years ago
Cardiac Arrest c̄ MI 2002 c̄ cath & stent.
- "Weak heart" by echo.
h/o Anxiety

Meds
- ASA 81 mg
- ? Cardiac Rx

NKDA

PHYSICAL EXAMINATION 111/68 Morbidly obese, A&O x 3, speaking easily.
lungs = CTA®
Chest = non reproducible on ②; reproducible on ® ØJVD
♡ = distant heart sounds
ABD = soft Non tender, obese, soft
Buttocks = 2nd burn, red Ø vesicles Ø D/C areas preserved.
Ext = Ø edema in Ankles

ECG = 1° AV block. Ø morphology
CXR = Ø effusions. nl.
128 | 106 | 14 / 4.1 | 21 | 0.9 (82 CK 109
PT/PTT =

PROGRESS *(Enter date of discharge and final diagnosis)*

- Td given
- Silvasulfadiazine applied
- IVF
- Admit to R/O.

- Burns 2° = 1-2% = burn care.
- Chest Pain = R/O MI
nl ECG ± 1° AV block
nl CK 12° ↑ pain started

b(6)-2

| SIGNATURE OF PHYSICIAN [redacted] | DATE 5 July 03 | IDENTIFICATION NO. | ORGANIZATION |
|---|---|---|---|
| PATIENT'S IDENTIFICATION [redacted] *(Written entries give Name last, first, grade; date; hospital or medical facility)* | | REGISTER NO. | WARD NO. |

# [redacted]
b(6)-4

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1975
USAPPC V1.00

MEDCOM - 27242

b(6)-2

NOTES

09 Jul 1120 Pt Lying in bed & sleeping, Appears to be resting Comfortably @ this time. Will continue to Monitor. — [redacted] /WM

1215 Pt complained of CP. Placed on 2L NC, BP taken, & EKG obtained. DR [redacted] Notified & gave V.O. for 2mg MSO4. 2mg MSO4 given, Will continue to Monitor. — [redacted] /WM6

1345 Pt Lying in bed sleeping & appears to be resting. Comfortably @ this time. Will continue to Monitor. — [redacted] /WM6

1600 Pt Lying in bed sleeping & appears to be resting Comfortably @ this time. Will continue to Monitor. [redacted] /WM6

1700 Report given to Night shift. — [redacted] /WM6

1730 Report recieved from SPC [redacted]. pt VSS no significant Changes in pt condition. pt currently lying in bed, no c/o pain or discomfort. — [redacted] /WM6

2400 Pt sleeping comfortably in bed. VSS, afebrile Ø c/o SOB or Chest pain. VOP adequate. Will continue to monitor — [redacted]

10 July, 0500 Received report & Assumed care of Pt. VSS, Pt sleeping in bed & Appears to be resting Comfortably @ this time. Will Monitor. — [redacted] /WM6

| SHIP TO SPONSOR | SPONSOR'S NAME | | | SPONSOR'S ID (SSN or Other) |
|---|---|---|---|---|
| | LAST | FIRST | MI | |

| SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT |
|---|---|---|
| | | |

| IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO |
|---|---|---|
| # [redacted] | | |

b(6)

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509**
Prescribed by GSA/ICMR FPMR (41CFR) 101

MEDCOM - 27243

AUTHORIZED FOR LOCAL REPRODUCT

:AL RECORD | PROGRESS NOTES

'E | NOTES b(6)-2

10 July 0800 Pt ↑ OOB to BSC. Ambulated from bed to BSC [redacted] minimal assisstance. Ø Ntd complaint @ this time. [redacted]

1055 Pt sitting ↑ in bed @ this time. VSS. Ø complaints. Ntd. Will Monitor. [redacted] A(6)M

1300 Pt Lying in bed sleeping & appears to [redacted] comfortably @ this time. Will Monitor. [redacted] VMG

SHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | SPONSOR'S ID NUMBER (SSN or Other)

SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex, Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO.

# [redacted]

b(6)-4

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV 5/
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(

MEDCOM - 27244

AUTHORIZED FOR LOCAL REPRODUCT

:AL RECORD | D/C Summary. PROGRESS NOTES

'E | NOTES

10 July 03 | 58 yo Iraqi ♂ admitted 5 July c̄ ① CP
② Buttock 2° burn (2%)

Pt. has a significant Cardiac Hx (MI 3 yrs ago, stent/cath 2001)
"Squeezing" for ≈ 8 hrs before presentation.
No CP c̄ ER. ECG = nl ; had neg CK & other labs.
1° AV block.

R/O'd by CK x3 40°. Did have Chest pain twice while in the ICU. Both ~~resolved~~ resolved SNTG & c̄ time. EGG's were nl (not even 1° AV block). Was tx'd c̄ Zantac during stay. BP's improved to 110/60's

Burns tx'd c̄ Silvadene & Dsg. Δ's. Burns resolved.
Burns were reported to Headquarters as suspicious for forced burns during questioning.

(A) 2%. 2° burns to buttocks. (* nice patient)
Chest pain. R/O'd CK ; ? GERD / Anxiety
CAD

(P) - NTG PRN CP D/C to Cary.
Zantac / Tyl [redacted] b(6)-2

SHIP TO SPONSOR | LAST | [redacted] | MI | SPONSOR'S ID NUMBER (SSN or Other)

SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

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/
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(

[redacted] b(6)-4

MEDCOM - 27245

DD FORM 1 NOV 71 1289
DOD PRESCRIPTION

FOR (Full name, address & phone number.) (If under 12 years, give age.)

[redacted] b(6)-4 (Dlc Medo)

MEDICAL FACILITY | DATE 5 July 03

℞ Gm. or ml.

Percocet 1-II tabs po q 4-6° PRN pain ~~Heat~~ #12

[redacted]

MFGR: | EXP DATE:

LOT NO: | FILLED BY: [redacted] b(6)-2

℞ NUMBER | SIGNATURE AND RANK AND DEGREE

EDITION OF 1 JAN 60 MAY BE USED.

Medcom 27246

DD FORM 1 NOV 71 128[redacted]
DOD PRESCRIPTION

FOR (Full name, address & phone number.) (If under 12 years, give age.)

[redacted] b(6)-4 (Dlc Medo)

MEDICAL FACILITY | DATE 5 July 03

℞ Gm. or ml.

Zantac 150mg 1 po BID #30

Tylenol 325mg II po q 4° PRN pain #20

ASA 81mg 1 po qd #30

[redacted] b(6)-2

MFGR: | EXP DATE:

LOT NO: | FILLED BY: [redacted] b(6)-2

℞ NUMBER | SIGNATURE AND RANK AND DEGREE

EDITION OF 1 JAN 60 MAY BE USED.

NSN 7540-00-634-4176 600-108

**HEALTH RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| | D/C Summary |
| | 58yo Iraqi ♂ presents c̄ 1) 2° burns to the buttocks p̄ sitting |
| D/C meds | on a hot surface. (Cleansed. silvadene/dis, Td given) |
| | 2) Chest Pain x 10 hrs. Pt. has |
| ASA 81mg qd | a significant Cardiac hx to include 3 mos ago MI, |
| Zantac 150mg BID | MI 2001 c̄ stent/cath/Echo w/ low EF. CRF (Tob+, MI+, FHx) |
| Tylenol PRN | Pt. had low Asymptomatic BP (90's systolic). No NTG given. |
| Percocet | Pain comes & goes @ rest. ∅ leg edema ∅ Failure. nl Pulse OXS |
| | CK's nl 109/164/164/ |
| | Lovenox given, ASA, EKG nl (1° AV block on admission); CXR = nl |
| | |
| | |
| | (A) 2° Burn Buttocks: Wound care performed. |
| | Chest Pain = R/o'd by CK (no troponins here); no ECG Δ's. Although |
| | pt. has a significant hx/risk. CP atypical @ this presentation. Started Zantac |

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

[redacted]

blus-4

| RECORDS MAINTAINED AT: | | |
|---|---|---|
| PATIENT'S NAME *(Last, First, Middle initial)* | | SEX |
| RELATIONSHIP TO SPONSOR | STATUS | RANK/GRADE |
| SPONSOR'S NAME | | ORGANIZATION |
| DEPART./SERVICE | SSN/IDENTIFICATION NO. | DATE OF BIRTH |

**CHRONOLOGICAL RECORD OF MEDICAL CARE**

MEDCOM - 27247

**STANDARD FORM 600** (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 05 July 0055 male ♂ burn | 60 year old ♂ ICIV w/ EPW admitted to ICU3 from the ER c̄ diagnosis of 2° burns to the buttocks and chest pain. Hx of MI 3 mos ago and a year ago c̄ cardiac cath and stent placement. Pt alert + awake, do speak or understand English. Buttocks burn area debrided and dressed c̄ silvadene cream. See flow sheets + assessment data for other pertinent information. VS: 98.9 – 78-12 – 112/65, sat 99 @ RA. In NAD mildly obese. b(6)-2 [redacted] Maj/AN |
| 05 July 03 0300 | Pt restless c/o pain to the burn buttocks, redressed earlier + was medicated c̄ MSO4 @0100 c̄ 2mg + 2mg @0200 c̄ any sustained effect. At 1430 asked for more given 2mg additional c̄ any result. Gave another MSO4 2mg at this time. Monitor pain level in an hour. b(6)-2 [redacted] Maj/AN |
| 0330 | Pt up to the BSC, had BM large loose stool. Pt had been medicated up to MSO4 10mg IVP up to this time for c/o severe pain to the buttocks, dressing applied X3 pt continue to loose them or intentionally remove tape to remove dressing. Has not voided in the urinal. Must have voided c̄ having BM. [redacted] Maj/AN b(6)-2 |

| 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. |
|---|---|---|
| #[redacted] b(6)-4 | | |

**CHRONOLOGICAL RECORD OF MEDICAL CARE**
Medical Record
**STANDARD FORM 600** (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

MEDCOM - 27248

b(6)-2 AN

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 5 Jul 03 0656 | Nursing: VSS, Ø pain, Ø SOB, Ø N/V. Pt sleeping quietly. Receiving NS @ 150cc/hr. Ø S/S of infection from IV site. Chem 8 drawn + sent to ~~lab~~ lab. Will continue to monitor. [redacted] 0659 b(6)-1 |
| 5 July | HA#1 CP / Burn / ↓ $Na^+$<br>CK 104 / 164 / 164 125 \| 103 \| 13 / 38 \| 22 \| 0.8 < 75 ne Tenina.<br>little CP pain / ↑ Buttocks, pain. rest while, no CP.<br>[redacted] Lovenox ASA Zantac IVF Colace |
| 5 Jul 03 0900 | Nursing: Pt c/o pain from burns in buttocks area. Pt given 2mg HSO4 IV @ 0808. Medication effective. Ø CP or SOB, ~~w/ Resting~~ Resting [redacted] |
| 5 Jul 03 1350 | Nursing: Dressing change completed on buttocks (B). Skin beefy red [redacted] 1350 S/S of infection. Silvadene cream applied. Given 4mg HSO4 IV total during dressing change. Pt c/o midsternal chest pain described as squeezing pain [redacted] 1357 during dressing change. Dr. Wynn notified. ECG completed, pt placed on O2 2L NC. Ø SOB, ~~Ø diaphore~~ [redacted] 1358 Ø diaphoresis, Ø N/V. Ø ECG Δs noted. 2nd set of CK negative. Pt given 30cc Maalox and first dose of Lovenox, Zantac, and Colace. Pt in + out of sleep. No distress noted. Pt assessed by Dr. [redacted] Will continue to monitor. [redacted] |
| 5 Jul 03 1700 | Nursing: VSS. Pt denies any CP, SOB, [redacted] sitting up on edge of bed eating dinner. [redacted] |

STANDARD FORM 600 (REV. 6-97) BACK

*U.S. GPO: 2002 - 491-600/50618

MEDCOM - 27249

b(6)-2 A11

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 5Jul03 1700 | Received Report from Day Shift. Pt appears to be resting comfortably in Bed IV to OAC c̄ NS @ 150cc/hr. Will continue pain management [redacted] SPC, 91WM6. |
| 1800 | Drews chem 8, pt tolerated procedure well. VSS, Will continue to monitor. |
| 2000 | Pt resting in bed. Continue pain management. Will continue to monitor [redacted] SPC, 91WM6 — |
| 2200 | Dressing complete. Pt tolerated procedure well. Premedicated c̄ percocet ii tab. VSS will continue to monitor — [redacted] SPC, 91WM6 — |
| 2400 | Pt appears to be resting comfortably, VSS, Pt off O2, SATS WNL. Continue pain management, Will continue to monitor. |
| 0200 | Pt appears to be sleeping comfortably. VSS. Will continue to monitor [redacted] SPC, 91WM6 |
| 0400 | Pt appears to be sleeping peacefully. VSS will continue to monitor. |
| 1700 | Reported off to on coming shift [redacted] |

| 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.

EPW [redacted]

b(6)-4

**CHRONOLOGICAL RECORD OF MEDICAL CARE**
Medical Record
**STANDARD FORM 600** (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

MEDCOM - 27250

b(4)-2 A11

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| 6 Jun 03 0830 | Nursing: Pt ate 85% of breakfast. VSS. Pt denies any CP, SOB, N/V. Resting quietly @ this time. [redacted] |
| 6 Jun 03 1015 | Nursing: Pt c/o SOB. Sats 95% on RA, RR-25. HOB↑45° and placed on 2L NC. Sats 98% and RR-20. Breathing more regular. Pt denies CP. Pt sleeping [redacted] |
| 6 Jun 03 1345 | Nursing: Dressing change to buttocks completed. Skin beefy red ~ exudate or foul odor. Silvadene cream applied. Received 2 tabs Percocet for premedication and 1mg MSO4 IV during dressing change. Tolerated procedure well. ØCP, Ø SOB. Ate 90% of lunch. Voiding ~ difficulty. [redacted] |
| 6 Jul 03 1700 | Received Report from day shift. Pt appears to be resting comfortably in Bed. VSS. Will continue to monitor - Rosario Lazel, SPC, 91WM6 - |
| 2100 | Pt appears to be resting comfortably in bed, VSS, Dressing & complete area looks Red & beefy. Will continue to monitor [redacted] |
| 2400 | Pt pulled out IV. Replaced ~ 20G to (L) wrist. IV (+) Flush ~ NS @ 150cc/hr. Pt tolerated procedure well, will continue to monitor hourly [redacted] |
| 7 Jul 03 0400 | Pt appears to be sleeping [redacted] will continue to monitor. VSS - [redacted] SPC 91WM |
| 0500 | Reported off to oncoming shift - [redacted] |
| 07 July 03 @ 0700 | report received from Spc Rand' pt VSS no complaints @ present pt resting in bed ~ s/s of distress noted will continue to monitor [redacted] |

STANDARD FORM 600 (REV. 6-97) BACK

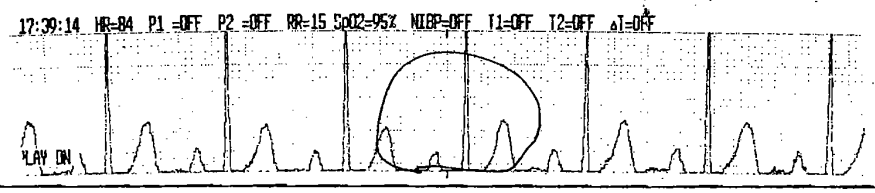
*U.S. GPO: 2002 - 491-600/50618

MEDCOM - 27251

b(6)-2 #1

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 07 Jul 03 1000 | Initial assessment completed earlier. Dressing to buttocks changed. Skin to buttocks red with dead tissue removed at the border of the burn. Buttocks healing with no signs of infection. Moy given ā dressing Δ: Sits at bedside making it hard to keep dressing on. Silverdine applied to burn + reinforced. IVF infusing as ordered. ↑ uop. v.s.s. Ø CP. Cont. to monitor. Plan: Dressing Δ's, pain management [redacted] |
| 7 July (1715) | Pt care. Rep & Receives from LTC [redacted] PFC [redacted] Pt resting awake in Bed ī distress noted/ reposted. — [redacted] |
| PR .22 QRS .04 QT .40 |   |
| 7 July (1800) | Pt ↑ in chair @ Bedside to eat dinner. Transfers independently ī staff @ hand. Back to Bed @ 1840. — [redacted] |
| 7 July (2000) | Dressing Δ to Bilat gluteus per RN. Wound pink, moist ī some minimal bleeding ī hibiclens scrub. 1x1 Blisters scattered at edge of wound lancet + skin trimmed ī adverse effects noted. Pt resting Quiet ī care. — [redacted] |

| 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.

#[redacted]

b(6)-4

**CHRONOLOGICAL RECORD OF MEDICAL CARE**
Medical Record
**STANDARD FORM 600** (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

MEDCOM - 27252

b(6)-2 All

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| (2050 7July) | Percocet tab ii po, ambien 10mg given for c/o Buttock discomfort & Requests for ambien for sleep. Pt resting quietly & Core. [redacted] 9lwmk |
| 7July 03 (LE 1900) | Pt tearful & relating thru another English Speaking pt his Request for [redacted] assistance in contacting daughter in Baghdad. States daughter being detained "in jail" on charges against fugitive husband. Pt understands that request must go to Iraqi Security [redacted] 9lwmk |
| 8July 03 | (0515) Pt care Report Given To Pt [redacted] Pt Resting asleep & acute Episode noted [redacted] 9lwmk |
| 8 July 03 @0520 | received pt report @ 0520 pt resting quietly in bed pt has no complaints @ this time assessment complet see ~~AA from 1900~~ [redacted] ~~OPS~~ pt assessment form for details. will continue to monitor. Kathy Banks [redacted] |
| @1150 | pt resting quietly with no complaints @ present will continue to monitor throughout day [redacted] PFC Wilson |
| @ | |
| 09 Jul 0500 | Received report + assumed care of pt. VSS, pt lying in bed + sleeping, Appears to be resting comfortably @ this time. Will continue to monitor. [redacted] WMG |
| 0730 | Applied silvadine + bulky dressing to burn area on buttock. Will continue to monitor. [redacted] WMG |
| 0920 | Pt sitting up in bed bathing. VSS, Denied complaints. Will continue to monitor. [redacted] 9lwmk |

STANDARD FORM 600 (REV. 6-97) BACK
*U.S. GPO: 2002 - 491-600/50618

MEDCOM - 27253

b(2)-2

NSN 7540-01-075-3786

| MEDICAL RECORD | EMERGENCY CARE AND TREATMENT *(Patient)* | LOG NUMBER [redacted] ITY |
|---|---|---|
| | | RECORDS MAINTAINED AT |

| PATIENT'S HOME ADDRESS OR DUTY STATION | | | ARRIVAL | |
|---|---|---|---|---|
| STREET ADDRESS | | | DATE *(Day, Month, Year)* 4 JUL 03 | TIME 2327 |
| CITY | STATE | ZIP CODE | TRANSPORTATION TO FACILITY Medevac | |

| SEX | DUTY/LOCAL PHONE | | MILITARY STATUS | | | | THIRD PARTY INSURANCE | | |
|---|---|---|---|---|---|---|---|---|---|
| M | AREA CODE | NUMBER | ITEM | YES | NO | N/A | ITEM | YES | NO |
| | | | PRP | | | | ADDITIONAL INSURANCE | | |
| AGE | HOME PHONE | | FLYING STATUS | | | | DD 2568 IN CHART | | |
| 59 | AREA CODE | NUMBER | MEDICAL HISTORY OBTAINED FROM | | | | NAME OF INSURANCE COMPANY | | |

| CURRENT MEDICATIONS | INJURY OR OCCUPATIONAL ILLNESS | | | | EMERGENCY ROOM VISIT | |
|---|---|---|---|---|---|---|
| | ITEM | YES | NO | WHEN *(Date)* | DATE LAST VISIT | 24 HOUR RETURN ☐ YES ☐ NO |
| NHPO | IS THIS AN INJURY? | | | WHERE | TETANUS | |
| ALLERGIES | INJURY/SAFETY FORMS | | | | DATE LAST SHOT | COMPLETED INTITIAL SERIES ☐ YES ☐ NO |
| NKDA | HOW | | | | | |

CHIEF COMPLAINT
Chest pains

| CATEGORY OF TREATMENT | | VITAL SIGNS | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ EMERGENT | TIME 2330 | TIME 2328 | | | | | |
| | | BP 84/55 | | | | | |
| ☐ URGENT | | PULSE 77 | | | | | |
| | IN [redacted] | RESP 18 | | | | | |
| ☐ NON-URGENT | | TEMP | | | | | |
| | | WT | | | | | |

b(6)

| LAB ORDERS | | | | | X-RAY ORDERS | | |
|---|---|---|---|---|---|---|---|
| X CBC/DIFF | ABG | PT/PTT | BHCG/URINE/BLOOD/QUANT | | CXR PA & LAT/PORTABLE | | C-SPINE |
| X URINE C&S | UA MSCC/CATH | | X CHEM: Met 8 | | ACUTE ABDOMEN | | LS SPINE |
| BLOOD C&S X | | | | | SINUS | | HEAD CT |
| | | | | | ANKLE R/L | | |
| | | | | X | CXR | | |

ORDERS

☒ PULSE OX 99%  ☐ MONITOR  ☐ ECG

| TIME | ORDERS | BY | COMPLETED BY | TIME | PATIENT'S RESPONSE |
|---|---|---|---|---|---|
| | CXR 8 | | | | |
| | CBC, Met8, 9 | | | | |
| | | | | | |
| | | | | | |

| DISPOSITION | DISPOSITION QUARTERS /OFF DUTY | PATIENT/DISCHARGE INSTRUCTIONS |
|---|---|---|
| ☐ HOME ☐ FULL DUTY | ☐ 24 HRS. ☐ 48 HRS. ☐ 78 HRS. | |
| MODIFIED DUTY UNTIL | RETURN TO DUTY | |

| CONDITION UPON RELEASE | ADMIT TO UNIT/SERVICE | REFERRED ▶ | TO | WHEN |
|---|---|---|---|---|
| ☐ IMPROVED ☐ UNCHANGED | | | | |
| ☐ DETERIORATED | TIME OF RELEASE | I have received and understand these instructions. | | |
| | | PATIENT'S SIGNATURE | | |

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name – last, first, middle; ID no. (SSN or other); hospital or medical facility)*

# [redacted]

b(6)-4

FPW

**EMERGENCY CARE AND TREATMENT** *(Patient)*
Medical Record

**STANDARD FORM 558** (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 27254

## PATIENT ASSESSMENT

TIME: SIGNATURE:

### SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry

Skin: Temperature Warm

Color: Pale / Cyanotic / Jaundiced NFR

Mucous Membranes: Moist / Dry / Cracked

Skin Breakdown: None Location: Size:

### NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS:

Orientated / Disoriented Pupils: PERRL

Extremity Movement: Full / Limited / None

### CARDIOVASCULAR

Pulse ( 0 - 4): Radials Pedals

Capillary Refill: brisk Seconds Homan's Sign

Jugular Venous Distension Ø Edema

Heart Sounds S1, S2

Rhythm PRI: QRS:

| Vascular Catheter | Central | Arterial | Peripheral 1 | Peripheral 2 |
|---|---|---|---|---|
| Waveforms | | | | |
| Site | | | | |
| Solution | | | | |

Chest Pain

### RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical

Respiration / No Distress / SOB / Labored / Use of Access Muscles

Breathing Patterns: Reg. R+R

Cough: Productive / Nonproductive / None

Sputum: Color / Amount / Consistency / Odor

Chest Drainage System Gravity: Suction cm:

Air Leak No Yes Crepitus

Character of Drainage:

Trachea / Midline / Deviated (R) / Deviated (L)

Artificial Airway Size: Type: Position:

| Breath Sounds | Anterior/Location | Posterior/Location |
|---|---|---|
| Crackles | | |
| Wheezes | | |
| Diminished | | |
| Absent | | |

### GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth

Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent

Dressings: None

NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage

NG Drainage: Color Character

Tube Feeding: Day No: Strength: Rate: Aspirate:

Stool: Character Formed

Drains: None

### GENITOURINARY

Urine Color: Clr Yellow Character:

Voiding: Continent / Incontinent / Catheter

### EMOTIONAL/PSYCHOSOCIAL

OTHER:

## PATIENT ASSESSMENT

TIME: SIGNATURE:

### SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry

Skin: Temperature

Color: Pale / Cyanotic / Jaundiced

Mucous Membranes: Moist / Dry / Cracked

Skin Breakdown: None Location: Size:

### NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS:

Orientated / Disoriented Pupils:

Extremity Movement: Full / Limited / None

### CARDIOVASCULAR

Pulse ( 0 - 4): Radials Pedals

Capillary Refill: Seconds Homan's Sign

Jugular Venous Distension Edema

Heart Sounds

Rhythm PRI: QRS:

| Vascular Catheter | Central | Arterial | Peripheral 1 | Peripheral |
|---|---|---|---|---|
| Waveforms | | | | |
| Site | | | | |
| Solution | | | | |

Chest Pain

### RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical

Respiration / No Distress / SOB / Labored / Use of Access Muscles

Breathing Patterns:

Cough: Productive / Nonproductive / None

Sputum: Color / Amount / Consistency / Odor

Chest Drainage System Gravity: Suction cm:

Air Leak No Yes Crepitus

Character of Drainage:

Trachea / Midline / Deviated (R) / Deviated (L)

Artificial Airway Size: Type: Position:

| Breath Sounds | Anterior/Location | Posterior/Locatio |
|---|---|---|
| Crackles | | |
| Wheezes | | |
| Diminished | | |
| Absent | | |

### GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth

Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent

Dressings:

NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Draina

NG Drainage: Color Character

Tube Feeding: Day No: Strength: Rate: Aspirate

Stool: Character

Drains:

### GENITOURINARY

Urine Color: Character:

Voiding: Continent / Incontinent / Catheter

### EMOTIONAL/PSYCHOSOCIAL

OTHER:

#344 10 JUL 14

| | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|
| Temp | | | 97.7 | | | | 98.6 | | |
| HR | | | 75 | | | | 72 | | |
| RR | | | 16 | | | | 18 | | |
| SAO2 | | | 94% | | | | 95% | | |
| BP | | | 114/66 | | | | 104/80 | | |
| INPUT | | | | | | | | | |
| PO | | | 300 | | | | | | |
| IV | | | | | | | | | |
| NG+ | | | | | | | | | |
| TOTAL | | | | | | | | | |
| OUTPUT | | | | | | | | | |
| urine | | | 170 | | | | | | |
| NG+ | | | | | | | | | |
| Stool | | | | X1 | | | | | |
| TOTAL | | | | | | | | | |
| BALANCE | | | | | | | | | |

ACLU-RDI 1744 p.1528
MEDCOM - 27256
DOD-039757

## PATIENT ASSESSMENT

TIME: SIGNATURE:

### SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry

Skin: Temperature warm

Color: Pale / Cyanotic / Jaundiced Normal For Race

Mucous Membranes: Moist / Dry / Cracked

Skin Breakdown: None Location: Size:

### NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS:

Orientated / Disoriented Pupils:

Extremity Movement: Full / Limited / None

### CARDIOVASCULAR

Pulse (0 - 4): Radials 4 Pedals 4

Capillary Refill: ≤ 3 Seconds Homan's Sign

Jugular Venous Distension None Edema None

Heart Sounds S S2

Rhythm NSR HR-80 PRI: QRS:

| Vascular Catheter | Central | Arterial | Peripheral 1 | Peripheral 2 |
|---|---|---|---|---|
| Waveforms | | | | |
| Site | | | @ Arm | |
| Solution | | | Hep-lock | |

Chest Pain None @ Present

### RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical

Respiration / No Distress / SOB / Labored / Use of Access Muscles

Breathing Patterns: 22

Cough: Productive / Nonproductive / None

Sputum: Color / Amount / Consistency / Odor

Chest Drainage System Gravity: Suction cm:

Air Leak No Yes Crepitus

Character of Drainage:

Trachea / Midline / Deviated (R) / Deviated (L)

Artificial Airway Size: Type: Position:

| Breath Sounds | Anterior/Location | Posterior/Location |
|---|---|---|
| Crackles | | |
| Wheezes | CTA | CTA |
| Diminished | | |
| Absent | | |

### GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth

Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent

Dressings: CDI

NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage

NG Drainage: Color Character

Tube Feeding: Day No: Strength: Rate: Aspirate:

Stool: Character

Drains

### GENITOURINARY

Urine Color: Clear Yellow Character:

Voiding: Continent / Urinal Incontinent / Catheter

### EMOTIONAL/PSYCHOSOCIAL

OTHER:

## PATIENT ASSESSMENT

TIME: SIGNATURE:

### SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry

Skin: Temperature

Color: Pale / Cyanotic / Jaundiced

Mucous Membranes: Moist / Dry / Cracked

Skin Breakdown: None Location: Size:

### NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS:

Orientated / Disoriented Pupils:

Extremity Movement: Full / Limited / None

### CARDIOVASCULAR

Pulse (0 - 4): Radials Pedals

Capillary Refill: Seconds Homan's Sign

Jugular Venous Distension Edema

Heart Sounds

Rhythm PRI: QRS:

| Vascular Catheter | Central | Arterial | Peripheral 1 | Peripheral 2 |
|---|---|---|---|---|
| Waveforms | | | | |
| Site | | | | |
| Solution | | | | |

Chest Pain

### RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical

Respiration / No Distress / SOB / Labored / Use of Access Muscles

Breathing Patterns:

Cough: Productive / Nonproductive / None

Sputum: Color / Amount / Consistency / Odor

Chest Drainage System Gravity: Suction cm

Air Leak No Yes Crepitus

Character of Drainage:

Trachea / Midline / Deviated (R) / Deviated (L)

Artificial Airway Size: Type: Position:

| Breath Sounds | Anterior/Location | Posterior/Location |
|---|---|---|
| Crackles | | |
| Wheezes | | |
| Diminished | | |
| Absent | | |

### GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth

Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent

Dressings:

NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage

NG Drainage: Color Character

Tube Feeding: Day No: Strength: Rate: Aspirate

Stool: Character

Drains:

### GENITOURINARY

Urine Color: Character:

Voiding: Continent / Incontinent / Catheter

### EMOTIONAL/PSYCHOSOCIAL

OTHER:

#[redacted] b(6)-4

MEDCOM - 27257

8 July 03

[redacted] /

8 July 03

PTS NAME

| | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 01 | 02 | 03 | 04 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP | | | | | | 120/62 | | | | 115/89 | | | | 110/65 | | | | 110/68 | | | | 113/58 | | |
| TEMP | 97.9 | | | | | 97.4 | | | | 97.3 | | | | 97.4 | | | | 97.9 | | | | 97.5 | | |
| HR | 80 | | | | | 95 | | | | 73 | | | | 84 | | | | 80 | | | | 81 | | |
| RR | 22 | | | | | 20 | | | | 20 | | | | 20 | | | | 21 | | | | 18 | | |
| SA02 | 95 | | | | | 96 | | | | 98 | | | | 98 | | | | 98 | | | | 98 | | |
| MODE | RA | | | | | RA | | | | RA | | | | RA | | | | RA | | | | RA | | |
| MEAO | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| INPUT | | | ⊕ | | | | | | | | | | | | | | | | | | | | | |
| PO | | | 300 | | | | 400 | | | | | | | | | | | | | | | | | |
| IV | | | | | | | | | | | | | | | | | | | | | | | | |
| VGT | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | 300 | | | | 700 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| OUTPUT | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE | | 600 | | | 200 | | | | | 400 | | | | | | 500 | | | | | | | | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | ⊕ | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | 600 | | | 800 | | | | | 1200 | | | | | | | | | | | | | | |
| B. E | | | | | | | | | | | | | | | | | | | | | | | | |

MEDCOM 2225B

ACLU-RDI 1744 p.1530

DOD-039759

b(6)-2

## PATIENT ASSESSMENT

TIME: 0615 SIGNATUI [redacted]

### SKIN AND MUCOUS MEMBRANES

Skin : Loose / Tight / Diaphoretic / Shiny / Dry
Skin : Temperature Warm
Color: Pale / Cyanotic / Jaundiced NFR
Mucous Membranes: Moist / Dry / Cracked
Skin Breakdown: None Location: Size:

### NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS:
Orientated / Disoriented Pupils:
Extremity Movement: Full / Limited / None

### CARDIOVASCULAR

Pulse ( 0 - 4): Radials +3 Pedals +3
Capillary Refill: brisk Seconds Homan's Sign
Jugular Venous Distension Ø Edema
Heart Sounds S1, S2
Rhythm PRI: QRS:

| Vascular Catheter | Central | Arterial | Peripheral 1 | Peripheral 2 |
|---|---|---|---|---|
| Waveforms | | | | |
| Site | | | (L) wrist | |
| Solution | | | Heplocked | |

Chest Pain

### RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical
Respiration / No Distress / SOB / Labored / Use of Access Muscles
Breathing Patterns: Reg. R+R
Cough: Productive / Nonproductive / None
Sputum: Color / Amount / Consistency / Odor
Chest Drainage System Gravity: Suction cm:
Air Leak No Yes Crepitus
Character of Drainage:
Trachea / Midline / Deviated (R) / Deviated (L)
Artificial Airway Size: Type: Position:

| Breath Sounds | Anterior/Location | Posterior/Location |
|---|---|---|
| Crackles | | |
| Wheezes | CTA | |
| Diminished | bilat | |
| Absent | | |

### GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth
Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent
Dressings:
NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage
NG Drainage: Color Character
Tube Feeding: Day No: Strength: Rate: Aspirate:
Stool: Character
Drains NONE

### GENITOURINARY

Urine Color: Clr Yellow Character:
Voiding: Continent / Incontinent / Catheter

### EMOTIONAL/PSYCHOSOCIAL

OTHER:

## PATIENT ASSESSMENT

TIME: SIGNATURE:

### SKIN AND MUCOUS MEMBRANES

Skin : Loose / Tight / Diaphoretic / Shiny / Dry
Skin : Temperature Warm
Color: Pale / Cyanotic / Jaundiced NFR
Mucous Membranes: Moist / Dry / Cracked
Skin Breakdown: None Location: Size:

### NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS:
Orientated / Disoriented Pupils:
Extremity Movement: Full / Limited / None

### CARDIOVASCULAR

Pulse ( 0 - 4): Radials +3 Pedals +3
Capillary Refill: Seconds <3 Homan's Sign ⊖
Jugular Venous Distension Ø Edema Ø
Heart Sounds S1 S2
Rhythm RRR NSR PRI: QRS:

| Vascular Catheter | Central | Arterial | Peripheral 1 | Peripheral 2 |
|---|---|---|---|---|
| Waveforms | | | | |
| Site | | | (L) wrist | |
| Solution | | | Heplock | |

Chest Pain

### RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical
Respiration / No Distress / SOB / Labored / Use of Access Muscles
Breathing Patterns: RRR
Cough: Productive / Nonproductive / None
Sputum: Color / Amount / Consistency / Odor
Chest Drainage System Gravity: Ø Suction cm.
Air Leak No Yes Crepitus
Character of Drainage:
Trachea / Midline / Deviated (R) / Deviated (L)
Artificial Airway Size: Ø Type: Position:

| Breath Sounds | Anterior/Location | Posterior/Location |
|---|---|---|
| Crackles | | |
| Wheezes | CTA | |
| Diminished | Bilat | |
| Absent | | |

### GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth
Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent
Dressings:
NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage
NG Drainage: Color Character
Tube Feeding: Day No: Strength: Rate: Aspirate
Stool: Character
Drains: Ø

### GENITOURINARY

Urine Color: yellow Character: Clear
Voiding: Continent / Incontinent / Catheter

### EMOTIONAL/PSYCHOSOCIAL

OTHER:

09 Jul 03

[redacted] b(6)-4

MEDCOM - 27259

## PATIENT ASSESSMENT [redacted] b(6)-2

TIME 0) Pulse 0) SIGNATURE: [redacted]

### SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry

Skin Temperature: Warm 98.4

Color: Pale / Cyanotic / Jaundiced Normal For Race

Mucous Membranes: Moist / Dry / Cracked

Skin Breakdown: None Location: Size:

### NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS:

Orientated / Disoriented Pupils:

Extremity Movement: Full / Limited / None

### CARDIOVASCULAR

Pulse (0 - 4): Radials ++ Pedals ++

Capillary Refill: ≤3 Seconds Homan's Sign

Jugular Venous Distension NO Edema NO

Heart Sounds NSR - 74 $S_1S_2$

Rhythm NSR - 74 PRI: QRS:

| Vascular Catheter | Central | Arterial | Peripheral 1 | Peripheral 2 |
|---|---|---|---|---|
| Waveforms | | | | |
| Site | | | (L) wrist | |
| Solution | | | NS @ 150 cc/hr | |

Chest Pain Not @ Present

### RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical

Respiration / No Distress / SOB / Labored / Use of Access Muscles

Breathing Patterns: 19

Cough: Productive / Nonproductive / None

Sputum: Color / Amount / Consistency / Odor

Chest Drainage System Gravity: Suction cm:

Air Leak No Yes Crepitus

Character of Drainage:

Trachea / Midline / Deviated (R) / Deviated (L)

Artificial Airway Size: Type: Position:

| Breath Sounds | Anterior/Location | Posterior/Location |
|---|---|---|
| Crackles | | |
| Wheezes | CTA | CTA |
| Diminished | | |
| Absent | C throat | Snoring |

### GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth

Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent

Dressings: CDI

NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage

NG Drainage: Color Character

Tube Feeding: Day No: Strength: Rate: Aspirate:

Stool: Character

Drains:

### GENITOURINARY

Urine Color: Clear Yellow Character:

Voiding: Continent / Incontinent / Catheter

### EMOTIONAL/PSYCHOSOCIAL

OTHER: [redacted]

## PATIENT ASSESSMENT b(6)-2

TIME: 1715 SIGNATURE [redacted] 91

### SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry

Skin: Temperature WARM

Color: Pale / Cyanotic / Jaundiced Membranes pink

Mucous Membranes: Moist / Dry / Cracked

Skin Breakdown: None Location: Size: SEE SF600

### NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS:

Orientated / Disoriented Pupils:

Extremity Movement: Full / Limited / None

### CARDIOVASCULAR

Pulse (0 - 4): +3 Radials palp +3 Pedals palp

Capillary Refill: < 3 Seconds Homan's Sign neg

Jugular Venous Distension Ø Edema

Heart Sounds $S_1S_2$

Rhythm SR PRI: QRS:

| Vascular Catheter | Central | Arterial | Peripheral 1 | Peripheral 2 |
|---|---|---|---|---|
| Waveforms | | | | |
| Site | | | (L) wrist 18g | |
| Solution | | | Saline lock | |

Chest Pain Denies

### RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical

Respiration / No Distress / SOB / Labored / Use of Access Muscles

Breathing Patterns: Regular

Cough: Productive / Nonproductive / None

Sputum: Color / Amount / Consistency / Odor Ø

Chest Drainage System Gravity: N/A Suction cm.

Air Leak No Yes Crepitus

Character of Drainage:

Trachea / Midline / Deviated (R) / Deviated (L)

Artificial Airway Size: Type: Position:

| Breath Sounds | Anterior/Location | Posterior/Location |
|---|---|---|
| Crackles | | |
| Wheezes | CTA B/Lat | |
| Diminished | | |
| Absent | | |

### GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended Obese cm Girth

Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent

Dressings: B/LAT gluteals

NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage

NG Drainage: Color Character

Tube Feeding: Day No: Strength: Rate: Aspirate

Stool: Character Ø

Drains: Ø

### GENITOURINARY

Urine Color: VOIDS in normal Character: dark yellow

Voiding: Continent / Incontinent / Catheter

### EMOTIONAL/PSYCHOSOCIAL

See ~~Ø~~ SF 600

OTHER: [redacted]

b(6)-2

MEDCOM - 27260

EPW

b(a)=2

## PATIENT ASSESSMENT

TIME: SIGNATURE:

### SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry

Skin: Temperature Warm

Color: Pale / Cyanotic / Jaundiced NFR

Mucous Membranes: Moist / Dry / Cracked

Skin Breakdown: None Location: Buttocks Size:

### NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS:

Orientated / Disoriented Pupils: 3mm PERRL

Extremity Movement: Full / Limited / None

### CARDIOVASCULAR

Pulse (0 - 4): Radials +3 Pedals +3

Capillary Refill: Seconds <3sec Homan's Sign

Jugular Venous Distension N/A Edema

Heart Sounds S1 S2

Rhythm ? AV Block ? Ectopy PRI: QRS:

| Vascular Catheter | Central | Arterial | Peripheral 1 | Peripheral 2 |
|---|---|---|---|---|
| Waveforms | | | | |
| Site | | | TB (L) AC | |
| Solution | | | NS 150cc/hr | |

Chest Pain

### RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical

Respiration / No Distress / SOB / Labored / Use of Access Muscles

Breathing Patterns: RR + Rhythm

Cough: Productive / Nonproductive / None

Sputum: Color / Amount / Consistency / Odor

Chest Drainage System Gravity: Suction cm:

Air Leak No Yes Crepitus

Character of Drainage:

Trachea / Midline / Deviated (R) / Deviated (L)

Artificial Airway Size: Type: Position:

| Breath Sounds | Anterior/Location | Posterior/Location |
|---|---|---|
| Crackles | | |
| Wheezes | CTA BILAT | |
| Diminished | ZLNC | |
| Absent | | |

### GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth

Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent

Dressings: CDT to Buttocks

NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage

NG Drainage: Color Character

Tube Feeding: Day No: Strength: Rate: Aspirate:

Stool: Character NONE at this time

Drains:

### GENITOURINARY

Urine Color: Clear yellow Character:

Voiding: Continent / Incontinent / Catheter

### EMOTIONAL/PSYCHOSOCIAL

Pt Resting comfortably in bed.

OTHER: Restraints to (L) Hand & R foot

EPW

## PATIENT ASSESSMENT

TIME: 0800 SIGNATURE: [redacted]

### SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry

Skin: Temperature Warm

Color: Pale / Cyanotic / Jaundiced Normal for Race

Mucous Membranes: Moist / Dry / Cracked

Skin Breakdown: None Location: 2° Burn Size: Buttocks

### NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS:

Orientated / Disoriented Pupils:

Extremity Movement: Full / Limited / None

### CARDIOVASCULAR

Pulse (0 - 4): Radials +3 (B) Pedals +3 (B)

Capillary Refill: <5 Seconds Homan's Sign (-)

Jugular Venous Distension (-) Edema (-)

Heart Sounds S1 S2

Rhythm 1° AV Block PRI: QRS:

| Vascular Catheter | Central | Arterial | Peripheral 1 | Peripheral 2 |
|---|---|---|---|---|
| Waveforms | | | | |
| Site | | | (D) AC | |
| Solution | | | NS | |

Chest Pain

### RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical

Respiration / No Distress / SOB / Labored / Use of Access Muscles

Breathing Patterns: Regular

Cough: Productive / Nonproductive / None

Sputum: Color / Amount / Consistency / Odor

Chest Drainage System Gravity: Suction cm:

Air Leak No Yes Crepitus

Character of Drainage:

Trachea / Midline / Deviated (R) / Deviated (L)

Artificial Airway Size: Type: Position:

| Breath Sounds | Anterior/Location | Posterior/Location |
|---|---|---|
| Crackles | | |
| Wheezes | CTA | |
| Diminished | | |
| Absent | | |

### GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth

Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent

Dressings: Buttocks

NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage

NG Drainage: Color Character

Tube Feeding: Day No: Strength: Rate: Aspirate

Stool: Character

Drains:

### GENITOURINARY

Urine Color: Character:

Voiding: Continent / Incontinent / Catheter

### EMOTIONAL/PSYCHOSOCIAL

[redacted] Cooperative, Calm

OTHER:

EPW [redacted] b(6)-4

PATIENT ASSE 'ENT

TIME: SIGNATURE:

| SKIN AND MUCOUS MEMBRANES | |
|---|---|
| Skin : Loose / Tight / Diaphoretic / Shiny / Dry | |
| Skin : Temperature | Warm |
| Color: Pale / Cyanotic / Jaundiced | NFR |
| Mucous Membranes: Moist / Dry / Cracked | |
| Skin Breakdown: None Location: Buttocks Size: | |
| **NEUROLOGICAL** | |
| Loc / Alert / Lethargic / Unresponsive | GCS: |
| Orientated / Disoriented | Pupils: 3mm PERRL |
| Extremity Movement: Full / Limited / None | |
| **CARDIOVASCULAR** | |
| Pulse ( 0 - 4): Radials +3 | Pedals +3 |
| Capillary Refill: Seconds <3sec | Homan's Sign |
| Jugular Venous Distension N/A | Edema |
| Heart Sounds S1 S2 | |
| Rhythm ? AV Block ? Ectopy | PRI: QRS: |

| Vascular Catheter | Central | Arterial | Peripheral 1 | Peripheral 2 |
|---|---|---|---|---|
| Waveforms | | | | |
| Site | | | RB (L) AC | |
| Solution | | | NS 150cc/hr | |
| Chest Pain | | | | |

| RESPIRATORY | |
|---|---|
| Chest Expansion / Symmetrical / Asymmetrical | |
| Respiration / No Distress / SOB / Labored / Use of Access Muscles | |
| Breathing Patterns: | RR + Rhythm |
| Cough: Productive / Nonproductive / None | |
| Sputum: Color / Amount / Consistency / Odor | |
| Chest Drainage System Gravity: | Suction cm: |
| Air Leak No Yes | Crepitus |
| Character of Drainage: | |
| Trachea / Midline / Deviated (R) / Deviated (L) | |
| Artificial Airway Size: Type: | Position: |

| Breath Sounds | Anterior/Location | Posterior/Location |
|---|---|---|
| Crackles | | |
| Wheezes | CTA BILAT | |
| Diminished | ZLNC | |
| Absent | | |

| GASTROINTESTINAL | |
|---|---|
| Abdomen: Soft / Firm / Hard / Distended | cm Girth |
| Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent | |
| Dressings: CDT To Buttocks | |
| NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage | |
| NG Drainage: Color | Character |
| Tube Feeding: Day No: Strength: | Rate: Aspirate: |
| Stool: Character | NONE at this time |
| Drains: | |

| GENITOURINARY | |
|---|---|
| Urine Color: Clear yellow | Character: |
| Voiding: Continent / | Incontinent / Catheter |

| EMOTIONAL/PSYCHOSOCIAL |
|---|
| Pt Resting comfortably in bed. |
| OTHER: Restraints to (D) Hand + R foot |

EPW

TIME: 0800 SIGNATU[redacted] b(6)-2

| SKIN AND MUCOUS ME[redacted] | |
|---|---|
| Skin : Loose / Tight / Diaphoretic / Shiny / Dry | |
| Skin : Temperature | Warm |
| Color: Pale / Cyanotic / Jaundiced | Normal for Race |
| Mucous Membranes: Moist / Dry / Cracked | |
| Skin Breakdown: None Location: 2° Burn Size: | Buttocks |
| **NEUROLOGICAL** | |
| Loc / Alert / Lethargic / Unresponsive | GCS: |
| Orientated / Disoriented | Pupils: |
| Extremity Movement: Full / Limited / None | |
| **CARDIOVASCULAR** | |
| Pulse ( 0 - 4): Radials +3 (B) | Pedals +3 (B) |
| Capillary Refill: <5 Seconds | Homan's Sign (-) |
| Jugular Venous Distension (-) | Edema (-) |
| Heart Sounds S1 S2 | |
| Rhythm 1° AV Block | PRI: QRS: |

| Vascular Catheter | Central | Arterial | Peripheral 1 | Peripheral 2 |
|---|---|---|---|---|
| Waveforms | | | | |
| Site | | | (D) AC | |
| Solution | | | NS | |
| Chest Pain | | | | |

| RESPIRATORY | |
|---|---|
| Chest Expansion / Symmetrical / Asymmetrical | |
| Respiration / No Distress / SOB / Labored / Use of Access Muscles | |
| Breathing Patterns: | Regular |
| Cough: Productive / Nonproductive / None | |
| Sputum: Color / Amount / Consistency / Odor | |
| Chest Drainage System Gravity: | Suction cm: |
| Air Leak No Yes | Crepitus |
| Character of Drainage: | |
| Trachea / Midline / Deviated (R) / Deviated (L) | |
| Artificial Airway Size: Type: | Position: |

| Breath Sounds | Anterior/Location | Posterior/Location |
|---|---|---|
| Crackles | | |
| Wheezes | CTA | |
| Diminished | | |
| Absent | | |

| GASTROINTESTINAL | |
|---|---|
| Abdomen: Soft / Firm / Hard / Distended | cm Girth |
| Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent | |
| Dressings: [redacted] Buttocks | |
| NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage | |
| NG Drainage: Color | Character |
| Tube Feeding: Day No: Strength: | Rate: Aspirate |
| Stool: Character | |
| Drains: | |

| GENITOURINARY | |
|---|---|
| Urine Color: | Character: |
| Voiding: Continent / | Incontinent / Catheter |

| EMOTIONAL/PSYCHOSOCIAL |
|---|
| [redacted] ~~Cooperative~~ Cooperative, Calm |
| OTHER: |

MEDCOM - 27262

EPW 399 / 6 Jul 03

PTS NAME

| | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 01 | 02 | 03 | 04 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP | | 117/82 | | | | 114/61 | | | | 108/59 | | | | 110/73 | | | | 107/58 | | | | 110/68 | | |
| TEMP | | 96 | | | | 95.7 | | | | 97.2 | | | | 97.2 | | | | 97.4 | | | | 98.6 | | |
| HR | | 72 | | | | 70 | | | | 69 | | | | 63 | | | | 59 | | | | 66 | | |
| RR | | 17 | | | | 22 | | | | 20 | | | | 18 | | | | 22 | | | | 20 | | |
| SA02 | | 95 | | | | 98 | | | | 94 | | | | 95 | | | | 95 | | | | 96 | | |
| O2 | | RA | | | | 2LNC | | | | RA | | | | RA | | | | RA | | | | RA | | |
| INPUT | | | | | | | | | | | | | | | | | | | | | | | | |
| PO | | | | 240 | | | | 300 | | | | | | 400 | | | 50 | | | 50 | | | 50 | |
| NG IV | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | |
| OUTPUT | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE | | | | 525 | | | | | 400 | | | | | | 675 | | | | 675 | | | | 625 | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | |
| E CE | | | | | | | | | | | | | | | | | | | | | | | | |

DOD-039764

MEDCOM - 27263

ACLU-RDI 1744 p.1535

## PATIENT ASSESSMENT

TIME: SIGNATUI

### SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry

Skin: Temperature Warm

Color: Pale / Cyanotic / Jaundiced NFR

Mucous Membranes: Moist / Dry / Cracked

Skin Breakdown: None Location: Burn to Size: (B) Buttock

### NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS:

Orientated / Disoriented Pupils:

Extremity Movement: Full / Limited / None

### CARDIOVASCULAR

Pulse (0 - 4): Radials +3 Pedals +3

Capillary Refill: Seconds <3 sec Homan's Sign

Jugular Venous Distension Edema

Heart Sounds S1 S2

Rhythm RR + Rhythm PRI: QRS:

| Vascular Catheter | Central | Arterial | Peripheral 1 | Peripheral 2 |
|---|---|---|---|---|
| Waveforms | | | | |
| Site | | | 20g IV to (L) wrist | |
| Solution | | | ĪNS @ 150cc/hr | |

Chest Pain Ø S/S CP

### RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical

Respiration / No Distress / SOB / Labored / Use of Access Muscles

Breathing Patterns: RR + Rhythm

Cough: Productive / Nonproductive / None

Sputum: Color / Amount / Consistency / Odor

Chest Drainage System Gravity: Suction cm:

Air Leak No Yes Crepitus

Character of Drainage:

Trachea / Midline / Deviated (R) / Deviated (L)

Artificial Airway Size: Type: Position:

| Breath Sounds | Anterior/Location | Posterior/Location |
|---|---|---|
| Crackles | | |
| Wheezes | CTA Bilat | |
| Diminished | | |
| Absent | | |

### GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth

Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent

Dressings: CDI to (B) Buttock

NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drainage

NG Drainage: Color Character

Tube Feeding: Day No: Strength: Rate: Aspirate:

Stool: Character NONE at this time

Drains:

### GENITOURINARY

Urine Color: clear yellow Character:

Voiding: Continent / Incontinent / Catheter

### EMOTIONAL/PSYCHOSOCIAL

pt Resting comfortably in Bed

OTHER:

## PATIENT ASSESSMENT

TIME: SIGNATURE:

### SKIN AND MUCOUS MEMBRANES

Skin: Loose / Tight / Diaphoretic / Shiny / Dry

Skin: Temperature

Color: Pale / Cyanotic / Jaundiced

Mucous Membranes: Moist / Dry / Cracked

Skin Breakdown: None Location: Size:

### NEUROLOGICAL

Loc / Alert / Lethargic / Unresponsive GCS:

Orientated / Disoriented Pupils:

Extremity Movement: Full / Limited / None

### CARDIOVASCULAR

Pulse (0 - 4): Radials Pedals

Capillary Refill: Seconds Homan's Sign

Jugular Venous Distension Edema

Heart Sounds

Rhythm PRI: QRS:

| Vascular Catheter | Central | Arterial | Peripheral 1 | Peripheral 2 |
|---|---|---|---|---|
| Waveforms | | | | |
| Site | | | | |
| Solution | | | | |

Chest Pain

### RESPIRATORY

Chest Expansion / Symmetrical / Asymmetrical

Respiration / No Distress / SOB / Labored / Use of Access Muscles

Breathing Patterns:

Cough: Productive / Nonproductive / None

Sputum: Color / Amount / Consistency / Odor

Chest Drainage System Gravity: Suction cm.

Air Leak No Yes Crepitus

Character of Drainage:

Trachea / Midline / Deviated (R) / Deviated (L)

Artificial Airway Size: Type: Position:

| Breath Sounds | Anterior/Location | Posterior/Location |
|---|---|---|
| Crackles | | |
| Wheezes | | |
| Diminished | | |
| Absent | | |

### GASTROINTESTINAL

Abdomen: Soft / Firm / Hard / Distended cm Girth

Bowel Sounds: Normal / Hyperactive / Hypoactive / Absent

Dressings:

NG Tube: Clamped/Inter. Suction/Cont. Suction/Dependent Drain

NG Drainage: Color Character

Tube Feeding: Day No: Strength: Rate: Aspirate

Stool: Character

Drains:

### GENITOURINARY

Urine Color: Character:

Voiding: Continent / Incontinent / Catheter

### EMOTIONAL/PSYCHOSOCIAL

OTHER:

b(6)-4 [redacted]

9 Jul 10

| | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 1800 VS | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 01 | 02 | 03 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP | | 103/47 | | | | 118/76 | | | | 114/51 | | | 117/66 | | | | | 111/69 | | | | 108/62 | |
| Temp | | 97.9 | | | | 96.8 | | | | 98.2 | | | 98.2 | | | | | 98.6 | | | | 98.7 | |
| HR | | 86 | | | | 90 | | | | 87 | | | 96 | | | | | 83 | | | | 79 | |
| RR | | 14 | | | | 18 | | | | 16 | | | 18 | | | | | 16 | | | | 16 | |
| SAO2 | | 95% | | | | 96% | | | | 99% | | | 99% | | | | | 99 | | | | 99 | |
| INPUT | | | | | | | | | | | | | | | | | | | | | | | |
| PO | | 240 | 240 | | | | | | | | | | | | | | | | | | | | |
| IV | | | | | | | | | | | | | | | | | | | | | | | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | | | |
| OUTPUT | | | | | | | | | | | | | | | | | | | | | | | |
| urine | | 450 | | | | | | | | | | | | 300 | | | | | 400 | | | | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | | | |
| NCB | | | | | | | | | | | | | | | | | | | | | | | |

04

400

MEDCOM - 27265

DOD-039766

ACLU-RDI 1744 p.1537

EPW

PTS NAME [redacted]

| | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 01 | 02 | 03 | 04 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP | 110/68 | | | | 108/52 | | | | 119/55 | | | | 102/57 | | | | 114/56 | | | | | | | |
| TEMP | 98.4 | | | | 98.4 | | | | | | | | 98.7 | | | | | | | | | | | |
| HR | 74 | | | | 80 | | | | 76 | | | | 80 | | | | 76 | | | | 87 | | | |
| RR | 19 | | | | 18 | | | | 20 | | | | 18 | | | | 14 | | | | 24 | | | |
| SA02 | 94% | | | | 97% | | | | 96% | | | | 95% | | | | 95 | | | | 97 | | | |
| | RA | | | | RA | | | | RA | | | | RA | | | | RA | | | | RA | | | |
| INPUT | | | | | | | | | | | | | | | | | | | | | | | | |
| PO | | | | | | 240 | 240 | | | | | | | | | | | | | | | | | |
| IV | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | Heplock → | | | | | | | | | | | | | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | 150 | 300 | 450 | 600 | 750 | 1140 | 1530 | 1680 | 1830 | 1980 | | | | | | | | | | | | | | |
| OUTPUT | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE | 350 | 0 | 500 | 0 | 100 | 800 | 650 | | 650 | | | 500 | 475 | | 475 | | | | | | | | | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | 350 | 350 | 850 | 850 | 950 | 1750 | 1400 | | 2050 | | | 2550 | | | | | | | | | | | | |

BALANCE

IV 1500
PO 480
1980

Urine 4500

2520 Balance

MEDCOM - 27266

DOD-039767

ACLU-RDI 1744 p.1538

5 Jul 03

PTS NAME

EPW [redacted]

| | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 01 | 02 | 03 | 04 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP | 85/59 | 116/73 | 109/66 | 100/61 | 106/59 | 86/52 | 127/57 | 126/68 | 127/70 | 118/66 | 105/64 | 95/61 | 102/59 | 105/56 | 102/53 | 117/57 | 110/65 | 113/71 | 96/59 | 96/59 | 113/60 | 117/57 | 107/62 | 99/57 |
| TEMP | 98.6 | | | | 97.9 | | | 98 | | | | | | | | | | | | | | | | |
| HR | 74 | 77 | 72 | 73 | 73 | 69 | 75 | 75 | 84 | 78 | 67 | 72 | 77 | 74 | 72 | 74 | 77 | 70 | 70 | 70 | 67 | 67 | 69 | 90 |
| RR | 31 | 19 | 20 | 24 | 21 | 23 | 14 | 20 | 25 | 22 | 20 | 20 | 24 | 13 | 19 | 19 | 21 | 21 | 10 | 14 | 15 | 17 | 27 | 10 |
| SA02 | 95 | 98 | 97 | 97 | 95 | 95 | 97 | 97 | 97 | 98 | 99 | 98 | 98 | 98 | 98 | 93 | 94 | 94 | 94 | 94 | 92 | 94 | 90 | 94 |
| O2 | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | 2LNC | 2LNC | 2LNC | 2LNC | 2LNC | RA | RA | RA | RA | RA | RA | RA | RA | RA |
| HAP | | | | | | 65 | | | | | | | | | | | | | | | | | | |
| INPUT | | | | | | | | | | | | | | | | | | | | | | | | |
| PO | | | | 240 | | | | 118 | 60 | | | | | 400 | 50 | | | | | | | | | |
| NS IV | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | |
| OUTPUT | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE | | | | | | | | | | | | 325 | | | | | | | 525 | | | | | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | |
| B E | | | | | | | | | | | | | | | | | | | | | | | | |
| Initials | | JR | JR | JR | JR | JR | JR | JR | JR | JR | JL | JL | JL | JL | JL | JL | JL | JL | JL | JL | JL | JL | JL | JL |

b(6) 4

DOD-039768

MEDCOM - 27267

ACLU-RDI 1744 p.1539

4 Jul 03

| | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BP | | | | | | | | | | | | | | | | | | | | 112/65 | | | 114/72 |
| Temp | | | | | | | | | | | | | | | | | | | (A) | 98.9 | | 98.6 | |
| HR | | | | | | | | | | | | | | | | | | | | 78 | 81 | 76 | 74 |
| RR | | | | | | | | | | | | | | | | | | | | 12 | 26 | 26 | 25 |
| SaO2 | | | | | | | | | | | | | | | | | | | | 99 | 100 | 96 | 95 |
| | | | | | | | | | | | | | | | | | | | | RA | RA | RA | RA |
| INPUT | | | | | | | | | | | | | | | | | | | | | | | |
| PO | | | | | | | | | | | | | | | | | | | | | | | |
| IV | | | | | | | | | | | | | | | | | | | | | | | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | | | |
| OUTPUT | | | | | | | | | | | | | | | | | | | | | | | |
| Urine | | | | | | | | | | | | | | | | | | | | | | | |
| NGT | | | | | | | | | | | | | | | | | | | | | | | |
| STOOL | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | large loose | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | | | |
| Nce | | | | | | | | | | | | | | | | | | | | | | | |

MEDCOM - 27268

DOD-039769

ACLU-RDI 1744 p.1540

b(6)-2

Ward Section: EMT

[redacted]ICIAN:

[redacted]MISTRY RESULT FORM
(Subject to the Privacy Act of 1974)

LAST, FIRST, MI: EPW

DATE: 4/04/03 TIME: 2328

[redacted] b(6)-4

**(i-STAT)**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Na | | 138-146 mmol/L |
| K | | 3.5-4.9 mmol/L |
| Cl | | 98-109 mmol/L |
| pH | | 7.31-7.45 |
| PCO2 | | 35-45 mmHg (art) 41-51 mmHg (ven) |
| PO2 | | 80-105 mmHg (art) 8-5 (ven) |
| TCO2 | | 23-27 mmol/L (art) 24-29 mmol/L (ven) |
| HCO3 | | 22-26 mmol/L (art) 23-28 mmol/L (ven) |
| sO2 | | 95-98% |
| Bicarb | | (-2) - (+3) mmol/L |
| Anion gap | | 10-20 mmol/L |
| iCa | | 1.12-1.32 mmol/L |
| BUN | | 8-26 mg/dl |
| GLU | | 70-105 mg/dl |
| Creat | | 0.7-1.5 mg/dl |
| Hct | | 38-51% PCV |
| Hgb | | 12-17 g/dl |

**Misc. Chemistry**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Troponin-I | | Negative |
| Drug of Abuse | | Negative |
| | | Negative |
| | | Negative |
| | | Negative |

**(Piccolo) Chemistry 12**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.5-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| BUN | | 7-22 mg/dl |
| $CA^{++}$ | | 8.0-10.3mg/dl |
| CHOL | | 100-200 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| GLU | | 73-118 mg/dl |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Metlyte 8**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | 82 | 73-118 mg/dl |
| BUN | 14 | 7-22 mg/dl |
| CRE | 0.9 | 0.6-1.2 mg/dl |
| CK | 109 | 39-380 u/l (M) 30-190 u/l (F) |
| $NA^+$ | 128 | 128-145 mmol/l |
| $K^+$ | 4.1 | 3.3-4.7 mmol/l |
| $CL^-$ | 106 | 98-108 mmol/l |
| $tCO_2$ | 21 | 18-33 mmol/l |

**(Pi[redacted]metabolic Panel**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| $CA^{++}$ | | 8.0-10.3 mg/dl |
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| Cl | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**(Piccolo) Liver Panel Plus**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.5-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| GGT | | 5-65 u/l |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Electrolyte**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

REMARKS:

b(6)-4

REPORTED BY: [redacted]

DATE: 4/4/03

LAB ID NO.:

MEDCOM - 27269

Chemistry Only

Section: ICU 3 | REQUESTING PHYSICIAN: DR. (MAJ) [redacted] b(6)-2 | **CHEMISTRY RESULT FORM** (Subject to the Privacy Act of 1974)

FIRST [redacted] b(6)-4 | DATE: 5/7/03 | TIME: 1215 | SSN/PSEUDO SSN:

| (Piccolo) Chemistry | | | | | | (Piccolo) Metabolic Panel | | |
|---|---|---|---|---|---|---|---|---|
| RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | | TEST | RESULT | REF. RANGE |
| | 138-146 mmol/L | ALB | | 3.5-5.5 g/dl | | GLU | | 73-118 mg/dl |
| | 3.5-4.9 mmol/L | ALP | | 26-84 u/l | | BUN | | 7-22 mg/dl |
| | 98-109 mmol/L | ALT | | 10-47 u/l | | $CA^{++}$ | | 8.0-10.3 mg/dl |
| | 7.31-7.45 | AMY | | 14-97 u/l | | CRE | | 0.6-1.2 mg/dl |
| | 35-45 mmHg (art)<br>41-51 mmHg (ven) | AST | | 11-38 u/l | | $NA^+$ | | 128-145 mmol/l |
| | 80-105 mmHg (art)<br>N/A (ven) | TBIL | | 0.2-1.6 mg/dl | | $K^+$ | | 3.3-4.7 mmol/l |
| | | | | 7-22 mg/dl | | $CL^-$ | | 98-108 mmol/l |
| | | | | 8.0-10.3mg/dl | | $tCO_2$ | | 18-33 mmol/l |
| | | | | 100-200 mg/dl | | (Piccolo) Liver Panel Plus | | |
| | | | | 0.6-1.2 mg/dl | | TEST | RESULT | REF. RANGE |
| | | | | 73-118 mg/dl | | ALB | | 3.3-5.5 g/dl |
| | | | | 6.4-8.1 g/dl | | ALP | | 26-84 u/l |
| | | | | | | ALT | | 10-47 u/l |
| | | | | REF. RANGE | | AMY | | 14-97 u/l |
| | | | | 73-118 mg/dl | | AST | | 11-38 u/l |
| | | | | 7-22 mg/dl | | TBIL | | 0.2-1.6 mg/dl |
| | | | | 0.6-1.2 mg/dl | | GGT | | 5-65 u/l |
| | | | | 39-380 u/l (M)<br>30-190 u/l (F) | | TP | | 6.4-8.1 g/dl |
| | | | | 128-145 mmol/l | | (Piccolo) Electrolyte | | |
| | | | | 3.3-4.7 mmol/l | | TEST | RESULT | REF. RANGE |
| | | | | 98-108 mmol/l | | $NA^+$ | | 128-145 mmol/l |
| | | | | 18-33 mmol/l | | $K^+$ | | 3.3-4.7 mmol/l |
| | | | | | | $CL^-$ | | 98-108 mmol/l |
| | | | | | | $tCO_2$ | | 18-33 mmol/l |

PICCOLO
05/07/03 12:43
REFERENCE RANGE [redacted] MALE
PATIENT #: [redacted] b(6)-2
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: b(6)-4 0000100684

| | | | |
|---|---|---|---|
| GLU | 80 | 73-118 | MG/DL |
| BUN | 13 | 7-22 | MG/DL |
| CRE | 0.7 | 0.6-1.2 | MG/DL |
| CK | 164 | 39-380 | U/L |
| NA+ | 126* | 128-145 | MMOL/L |
| K+ | 4.0 | 3.3-4.7 | MMOL/L |
| CL- | 102 | 98-108 | MMOL/L |
| tCO2 | 22 | 18-33 | MMOL/L |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 2+, ICT 0

REMARKS:

REPORTED BY: LAB ID NO.:

MEDCOM - 27270

Chemistry Ok

Section: ICU 3b(6)-4 | REQUESTING PHYSICIAN: [redacted] b(6)-2 | **CHEMISTRY RESULT FORM** (Subject to the Privacy Act of 1974)

FIRST, MI: EPW [redacted] | DATE: 5 Jul 03 | TIME: 1800 | SSN/PSEUDO S: EPW [redacted] b(6)-4

**(ISTAT)**

| T | RESULT | REF. RANGE |
|---|---|---|
| | | 138-146 mmol/L |
| | | 3.5-4.9 mmol/L |
| | | 98-109 mmol/L |
| | | 7.31-7.45 |
| | | 35-45 mmHg (art)<br>41-51 mmHg (ven) |
| | | 80-105 mmHg (art)<br>N/A (ven) |
| | | 23-27 mmol/L (art)<br>24-29 mmol/L (ven) |
| | | 22-26 mmol/L (art)<br>23-28 mmol/L (ven) |
| | | 95-98% |
| | | (-2) – (+3) mmol/L |
| | | 10-20 mmol/L |
| | | 1.12-1.32 mmol/L |
| | | 8-26 mg/dl |
| | | 70-105 mg/dl |
| | | 0.7-1.5 mg/dl |
| | | 38-51% PCV |
| | | 12-17 g/dl |

**(Piccolo) Chemistry 12**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.5-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| BUN | | 7-22 mg/dl |
| $CA^{++}$ | | 8.0-10.3mg/dl |
| CHOL | | 100-200 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| GLU | | 73-118 mg/dl |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Metabolic Panel**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| $CA^{++}$ | | 8.0-10.3 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**(Piccolo) Liver Panel Plus**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.3-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| GGT | | 5-65 u/l |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Electrolyte**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**(Piccolo) Metabolic**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | 108 | 73-118 mg/dl |
| BUN | 13 | 7-22 mg/dl |
| CRE | 1.0 | 0.6-1.2 mg/dl |
| CK | 176 | 39-380 u/l (M)<br>30-190 u/l (F) |
| $NA^+$ | 127 | 128-145 mmol/l |
| $K^+$ | 4.2 | 3.3-4.7 mmol/l |
| $CL^-$ | 103 | 98-108 mmol/l |
| $tCO_2$ | 21 | 18-33 mmol/l |

**(Misc Chemistry)**

| T | RESULT | REF. RANGE |
|---|---|---|
| | | |
| | | |
| | | |

REMARKS:

REPORTED BY: [redacted] b(6)-2 | DATE: 05 July 03 | LAB ID NO.:

MEDCOM - 27271

Chemistry Only

| Section: | REQUESTING PHYSICIAN: | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| ICU 3 | DR. (KAT[redacted] b(6)-2 | |

| FIRST, MI | DATE | TIME | SSN/PSEUDO SSN: |
|---|---|---|---|
| b(6)-2 [redacted] | 5 Jul 03 | 0620 | |

**(i-STAT)**

| T | RESULT | REF. RANGE |
|---|---|---|
| | | 138-146 mmol/L |
| | | 3.5-4.9 mmol/l |
| | | 98-109 mmol/L |
| | | 7.31-7.45 |
| | | 35-45 mmHg (art)<br>41-51 mmHg (ven) |
| | | 80-105 mmHg (art)<br>N/A (ven) |
| | | 23-27 mmol/L (art)<br>24-29 mmol/L (ven) |
| | | 22-26 mmol/L (art)<br>23-28 mmol/L (ven) |
| | | 95-98% |
| | | (-2) – (+3) mmol/L |
| | | 10-20 mmol/L |
| | | 1.12-1.32 mmol/L |
| | | 8-26 mg/dl |
| | | 70-105 mg/dl |
| | | 0.7-1.5 mg/dl |
| | | 38-51% PCV |
| | | 12-17 g/dl |

**(Piccolo) Chemistry**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.5-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| BUN | | 7-22 mg/dl |
| $CA^{++}$ | | 8.0-10.3mg/dl |
| CHOL | | 100-200 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| GLU | | 73-118 mg/dl |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Metabolic**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | 75 | 73-118 mg/dl |
| BUN | 13 | 7-22 mg/dl |
| CRE | 0.5 | 0.6-1.2 mg/dl |
| CK | 164 | 39-380 u/l (M)<br>30-190 u/l (F) |
| $NA^+$ | 125 | 128-145 mmol/l |
| $K^+$ | 3.8 | 3.3-4.7 mmol/l |
| $CL^-$ | 103 | 98-108 mmol/l |
| $tCO_2$ | 22 | 18-33 mmol/l |

**(Piccolo) Metabolic Panel**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |
| BUN | | 7-22 mg/dl |
| $CA^{++}$ | | 8.0-10.3 mg/dl |
| CRE | | 0.6-1.2 mg/dl |
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

**(Piccolo) Liver Panel Plus**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| ALB | | 3.3-5.5 g/dl |
| ALP | | 26-84 u/l |
| ALT | | 10-47 u/l |
| AMY | | 14-97 u/l |
| AST | | 11-38 u/l |
| TBIL | | 0.2-1.6 mg/dl |
| GGT | | 5-65 u/l |
| TP | | 6.4-8.1 g/dl |

**(Piccolo) Electrolyte**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

ARKS:

RTED BY: b(6)-2 [redacted] | DATE: 5 Jul 03 | LAB ID NO.:

MEDCOM - 27272

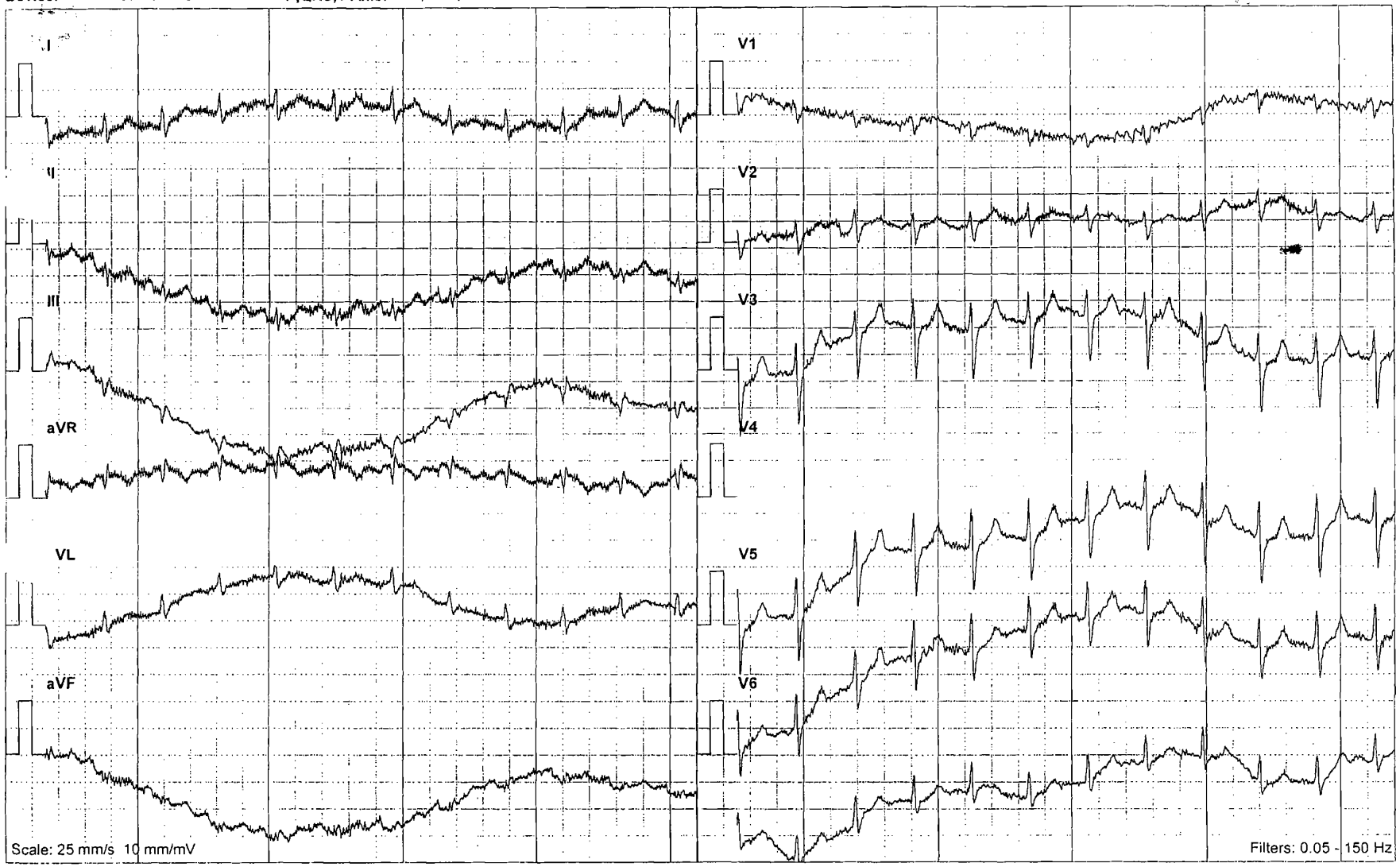
ACLU-RDI 1744 p.1545

6x2 ECG Report

Name: [redacted]
Number:
Sex: Male
Date of Birth: 7/3/1960 (43 years)
Height/Weight: 70in / 209lb

Recorded: 7/3/2003 3:43:25 PM
Device: CL 131132

| Measurements | | Interpretation (Unconfirmed) |
|---|---|---|
| Heart Rate: | 140 bpm | Sinus tachycardia |
| P Duration: | 106 ms | Multifocal ventricular extrasystole(s) |
| PR Interval: | 112 ms | Ventricular extrasystole(s) with full compensation |
| QRS Duration: | 108 ms | Short PR interval |
| QT Interval: | 292 ms | Inferior infarction, probably old |
| QTc Interval: | 446 ms | |
| P,QRS,T Axis: | 58°, -10°, 32° | |




MEDCOM - 27273



(Data must be reviewed by a qualified physician)

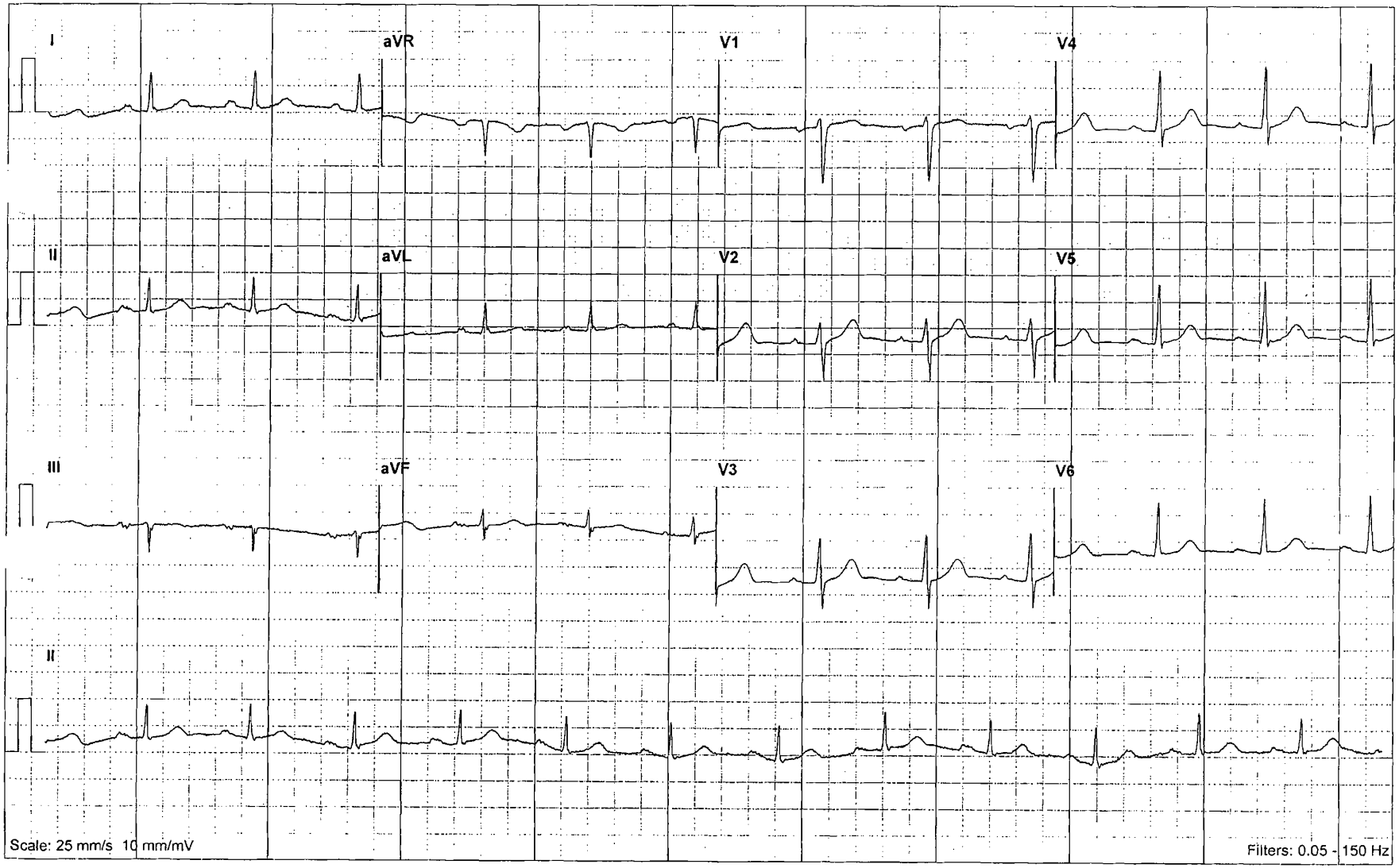
Confirmed by:

DOD-039774

ACLU-RDI 1744 p.1546

3x4 Simultaneous Report

| | | | | | |
|---|---|---|---|---|---|
| Name: | epw iraqi | Measurements | | Interpretation (Unconfirmed) | |
| Number: | [redacted] | Heart Rate: | 77 bpm | Normal sinus rhythm | |
| Sex: | Male | P Duration: | 110 ms | Normal morphology | |
| Date of Birth: | 7/5/2003 | PR Interval: | 194 ms | [redacted] | |
| Height/Weight: | 71in / 245lb | QRS Duration: | 84 ms | | |
| | | QT Interval: | 360 ms | | |
| Recorded: | 7/5/2003 6:10:10 PM | QTc Interval: | 407 ms | | |
| Device: | CL 131134 | P,QRS,T Axis: | 39°, 11°, 39° | | |




Page 1 of 1 File: viewECG.scp Printed: 7/5/2003

(Data must be reviewed by a qualified physician)

**Confirmed by:**

MEDCOM - 27274

DOD-039775

ACLU-RDI 1744 p.1547

6x2 ECG Report

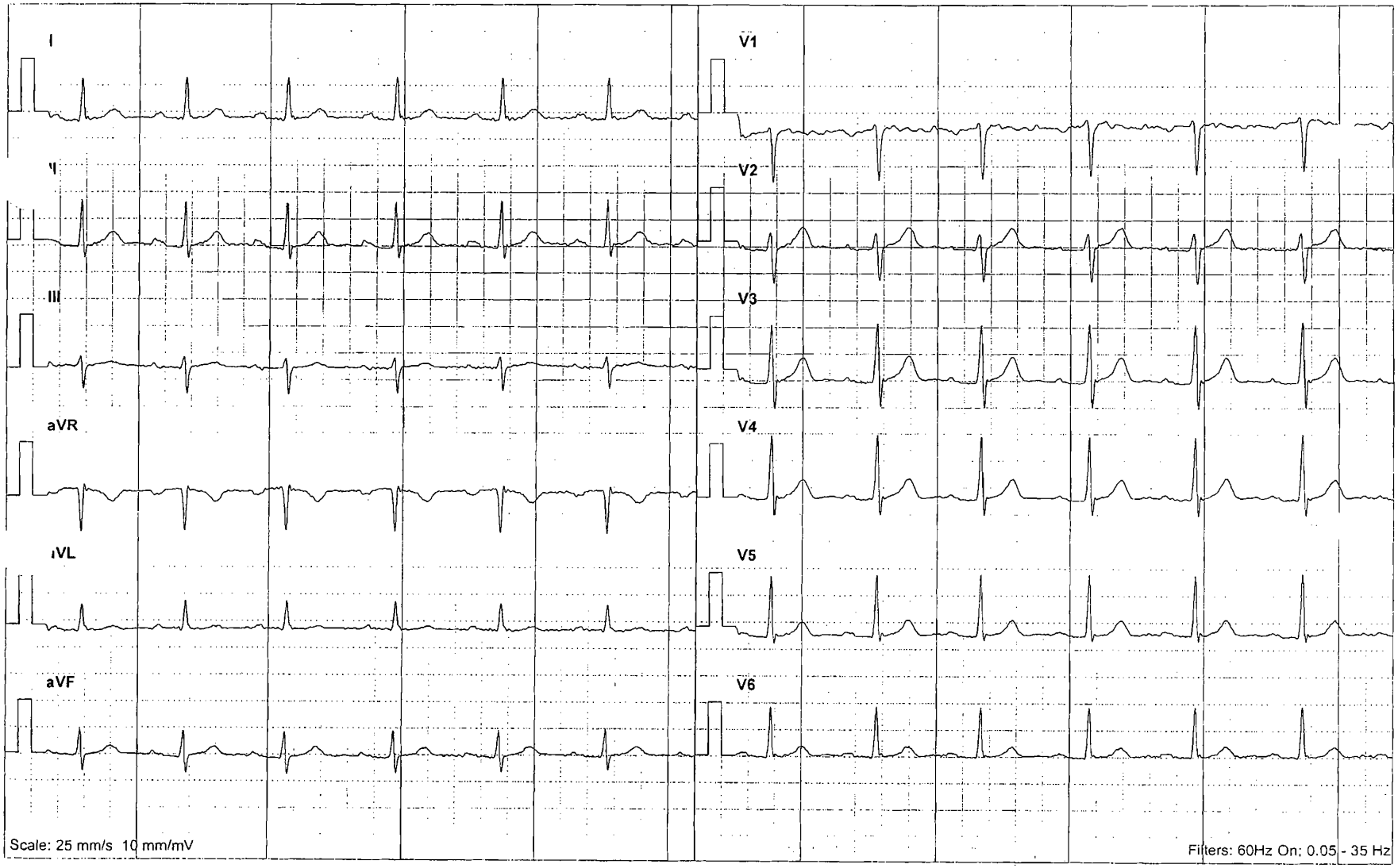
Name: [redacted]
Number:
Sex: Male
Date of Birth: 1/1/1948 (55 years)
Height/Weight: 71in / 300lb

Recorded: 7/4/2003 11:34:42 PM
Device: CL 131132

| Measurements | |
|---|---|
| Heart Rate: | 77 bpm |
| P Duration: | 138 ms |
| PR Interval: | 224 ms |
| QRS Duration: | 86 ms |
| QT Interval: | 366 ms |
| QTc Interval: | 414 ms |
| P,QRS,T Axis: | 39°, 25°, 46° |

Interpretation (Unconfirmed)
Sinus rhythm with 1st degree AV block
Normal morphology

Prolonged PR 1° AV block w/o nl [redacted]




Page 1 of 1 File: viewECG.scp Printed: 7/4/2003

(Data must be reviewed by a qualified physician)

Confirmed by:

MEDCOM - 27275

DOD-039776

6x1 ECG Report

**Name:** [redacted]
**Number:**
**Sex:** Male
**Date of Birth:** 7/9/2003
**Height/Weight:** 72in / 300lb

**Interpretation (Unconfirmed)**
Normal sinus rhythm
Normal morphology

**Recorded:** 7/9/2003 12:51:21 PM
**Device:** CL 131132

(Data must be reviewed by a qualified physician)

**Confirmed by:**

MEDCOM - 27276
DOD-039777
ACLU-RDI 1744 p.1548

6x1 ECG Report

b(9)-4

**Name:** [redacted]
**Number:**
**Sex:** Male
**Date of Birth:** 7/9/2003
**Height/Weight:** 72in / 300lb

**Interpretation (Unconfirmed)**
Normal sinus rhythm
Normal morphology

**Recorded:** 7/9/2003 12:51:21 PM
**Device:** CL 131132

(Data must be reviewed by a qualified physician)

**Confirmed by:**

MEDCOM - 27277
DOD-039778
ACLU-RDI 1744 p.1549

**CLINICAL RECORD - DOCTOR'S ORDERS**

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

# [redacted] b(6)-4

DATE OF ORDER: 5 July 03 TIME OF ORDER: 0010 HOURS

LIST TIME ORDER NOTED AND SIGN

Adm = ICU
Dx = 2° Burns / Chest pain.
Cond - Guarded
VS = per routine
All - NKDA
Act = Bedrest
Nursing = Wound care i S

noted AN

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

# [redacted] b(6)-4

DATE OF ORDER | TIME OF ORDER

Diet = Reg. HOURS
IV = 150cc/hr NS
Labs = mt 8 @ 0600 / 1200 / 1800
Meds = MSO4 2-4mg IV q 2° PRN pain
ASA qd PO 81mg
Phenergan 25mg IV q 8° PRN N & V MSO4

b(6)-2

NURSING UNIT | ROOM NO. | BED NO.

24° [redacted] / AN 5 Jul 03 0540 [redacted] / [redacted] mf b(6)-2

PATIENT IDENTIFICATION

# [redacted] b(6)-4

DATE OF ORDER: [redacted] 5 July 03 TIME OF ORDER HOURS

1. Lovenox 1mg/kg SC q12°, first now ≈ 100mg X 4 doses.
2. Maalox 30cc - 10cc po q 4° PRN heartburn.
3. Zantac 150mg i po BID, first now
4. Ambien 10mg i po qhs PRN insomnia
5. Tylenol 325mg ii po q 4° PRN
   Percocet i - ii po q 4° PRN if Tylenol not given
6. If CP; get ECG, 2 LNC, Dx, VSigns
   if BP > 120/70 may give one spray of NTG.
7. Colace 100mg i po BID
8. ~~Saline lock IV.~~ ~~Nasal~~ Saline Nasal Spray PRN

b(6)-2

[redacted] 5 July 1404 AN

NURSING UNIT | ROOM NO. | BED NO.

b(6)-2

24° [redacted] / AN [redacted] / NAJW 6 Jul 03 0535 b(6)-2

MEDCOM - 27278

## CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

[redacted] b(6)-1

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| ICU 3 | 24[redacted] | |

DATE OF ORDER: 6 Jul 03 TIME OF ORDER: 0725 HOURS

(1) VS Q4 h[redacted]

V.O. per [redacted] CM/AN

[redacted] b(6)-2 [redacted]

[redacted] AN 2300 0725 6 Jul 03

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| 24 | | |

DATE OF ORDER: 7 Jul 03 TIME OF ORDER: 1640 HOURS

V.O. Heplock IV.

From Dr. [redacted] / KR OL LTC

[redacted]

Chart Check 0100 09JUL [redacted] ILT/AN

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| 24 [redacted] | | |

DATE OF ORDER: 9 July 03 TIME OF ORDER: 1310 HOURS

noted 1310 9 July

(1) MSO4 2mg IVP prn chest [redacted]

V.O. Dr [redacted] AN

[redacted] b(6)-2

b(6)-2

CM/AN 1749 10 Jul 03

PATIENT IDENTIFICATION

| NURSING UNIT | ROOM NO. | BED NO. |
|---|---|---|
| | | |

DATE OF ORDER: TIME OF ORDER: HOURS

DA FORM 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

b(6)-2

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. 7 Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTIONS, FREQUENCY, TIME | HR | DATE COMPLETED 5 | 6 | 7 | 8 | 9 | 10 | 11 | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 05Jul03 | [redacted] | Activity: Bedrest | 05 | [redacted] | | | | | | | | | | | | | |
| | | | 17 | | | | | | | | | | | | | | |
| | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| 05Jul | [redacted] | VS per routine q 1° | 05 | 7R | | | | | | | | | | | | | |
| | | for 18° then q 4° if | 17 | | | | | | | | | | | | | | |
| | | R/O MI | X | | | | | | | | | | | | | | |
| 05Jul | [redacted] | Labs: Met 8 @ | 0600 | [redacted] | X | | | | | | | | | | | | |
| | | | 120 | [redacted] | X | | | | | | | | | | | | |
| | | | 18 | [redacted] | X | | | | | | | | | | | | |
| | | | X | | | | | | | | | | | | | | |
| 5Jul03 | [redacted] | VS per routine | 05 | [redacted] | | | | | | | | | | | | | |
| | | | 17 | [redacted] | | | | | | | | | | | | | |
| | | | X | | | | | | | | | | | | | | |
| 5Jul03 | [redacted] | Burn care per protocol | 05 | [redacted] | | | | | | | | | | | | | |
| | | | 17 | [redacted] | | | | | | | | | | | | | |
| 5Jul03 | [redacted] | Diet: Regular | 05 | [redacted] | | | | | | | | | | | | | |
| | | | 12 | [redacted] | | | | | | | | | | | | | |
| | | | 17 | [redacted] | | | | | | | | | | | | | |
| 5Jul03 | [redacted] | If CP, get ECG, O2 | 05 | [redacted] | | | | | | | | | | | | | |
| | | 2L NC, VS, if BP > 120/70 | 17 | [redacted] | | | | | | | | | | | | | |
| | | may give spray NTG | | | | | | | | | | | | | | | |
| 6Jul03 | [redacted] | VS Q4 hrs | 05 | [redacted] | | | | | | | | | | | | | |
| | | | 17 | [redacted] | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☒ NO
NKDA

PRIMARY DIAGNOSIS: Chest Pain, 2° Burns/Buttocks

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO: _____

PATIENT IDENTIFICATION:
#[redacted]
b(6)-4

CIV/EPW

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

MEDCOM - 27280

b(6)-2

| 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 |
| 05Jul | [redacted] | Admit to ICU | 5Jul | 0100 | Done | [redacted] |
| 05Jul | [redacted] | Condition: Stable | 5Jul | Noted | | [redacted] |
| 5Jul03 | [redacted] | Condition Guarded | 5Jul03 | | Done | [redacted] |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 27281

b(6)-2

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. JUL Yr. 03 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED 05 | 06 | 07 | 08 | 09 | 10 | 11 | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 05JUL | [redacted] | ASA QD PO 81 mg | 08 | [redacted] | | | | | | | | | | | | | |
| | | | X | | | | | | | | | | | | | | |
| 05Jul. | [redacted] | IV NS @ 150cc/hr | 05 | [redacted] | | | | | | | | | | | | | |
| | | | 17 | [redacted] | | | | | | | | | | | | | |
| | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| 5Jul03 | [redacted] | Lovenox 1mg/kg SC | 08 | 1350 [redacted] | | | | | | | | | | | | | |
| | | Q12°, First Now ≈ 100mg | 20 | [redacted] | | | | | | | | | | | | | |
| | | x 4 doses | | | | | | | | | | | | | | | |
| 5Jul03 | [redacted] | Zantac 150mg i PO | 08 | 1350 [redacted] | | | | | | | | | | | | | |
| | | BID; First Now | 20 | [redacted] | | | | | | | | | | | | | |
| 5Jul03 | [redacted] | Colace 100mg i PO | 08 | [redacted] | | | | | | | | | | | | | |
| | | BID | 20 | [redacted] | | | | | | | | | | | | | |
| 7Jul | [redacted] | Heplock (flush q | 05 | / | / | [redacted] | | | | | | | | | | | |
| | | shift) | 17 | / | / | [redacted] | | | | | | | | | | | |

ALLERGIES: ☐ YES ☒ NO
NKDA

PRIMARY DIAGNOSIS: Chest Pain 5% BSA 2° Burns

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO. 1

PATIENT IDENTIFICATION: EPW [redacted] b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

DA FORM 4678, 1 FEB 79 — EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. — USAPA V1.00

MEDCOM - 27282

| Verify by Initialing | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* | Mo. JUL Yr. 03 |
|---|---|---|

| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
|---|---|---|---|---|---|---|
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |

blue-2

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 05JUL ~~05MA~~ | [redacted] | MSO4 2-4mg IV | D T | 05JUL 0100 | 05JUL 0200 | 05JUL 0300 | 5Jul03 0406 | 5Jul03 1250 | 5Jul03 1310 | 5Jul 2000 | 5Jul 2315 | 6Jul03 0445 | 6Jul 1330 | 7Jul 0330 | 7Jul 0925 | 7Jul 1245 | 7Jul 1245 | |
| ----- | ----- | q2° PRN PAIN | D I | 2mg | 2mg | 2mg | 2mg | 2mg | 2mg | 2mg | 2mg | 2mg | 2mg | 2mg | 2mg 100 (+) | 2mg 100 (+) | 4mg 4 | |
| ----- | ----- | | E | | (E) | | (E) | | | | | | | | | | | |
| 05JUL ----- | [redacted] | Phenergan 25mg IV q8° PRN Nausea and c̄ MSO4 | D | 05JUL 0105 | 05JUL 2315 | 4Jul 2000 | | | | | | | | | | | | |
| ----- | ----- | | D I | 25mg IM | 25mg IM | 25mg IM | | | | | | | | | | | | |
| ----- | ----- | | E | | | | | | | | | | | | | | | |
| 5Jul03 | [redacted] | Maalox 10 - 30cc PO | | 5Jul03 30cc | | | | | | | | | | | | | | |
| ----- | ----- | Q4° PRN Heartburn | | 1345 [redacted] | | | | | | | | | | | | | | |
| 5Jul03 | [redacted] | Ambien 10mg ī PO | | 7Jul 2030 | | | | | | | | | | | | | | |
| ----- | ----- | Q6hrs PRN insomnia | | 10mg [redacted] | | | | | | | | | | | | | | |
| 5Jul03 | [redacted] | Tylenol 325mg ī | | | | | | | | | | | | | | | | |
| ----- | ----- | PO Q4° PRN | | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | | | |

USAPA V1.00

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)*<br>For use of this form, see AR 40-407;<br>the proponent agency is the Office of The Surgeon General. | *Mo.* ____ *Yr.* ____ |
|---|---|---|

*VERIFY BY INITIALING* — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Chest Pain 5% 2° Burns

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO. 2

PATIENT IDENTIFICATION: EPW [redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* | | | | Mo._____ Yr. _____ |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | b(6)-2 | | | | |
| | ----- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | *INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION* TIME/DATE DISPENSED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 25 Jul [redacted] | ----- | MSO4 2-4 mg IV | 8 Jul 1640 | [redacted] 2mg | 09 Jul 1320 | | | | | | | | | | | |
| Discontinued 8 Jul 03 | | q2° PRN pain | 4mg SN | IVP | 2mg | [redacted] | | | | | | | | | | |
| 9 Jul 4 | [redacted] | MSO4 2mg IVP prn | 09 Jul 1320 | | | | | | | | | | | | | |
| ----- | ----- | chest pain | 2mg | [redacted] | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |
| ----- | ----- | | | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 27285

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)*<br>For use of this form, see AR 40-407;<br>the proponent agency is the Office of The Surgeon General. | Mo. July Yr. 03 |
|---|---|---|

*VERIFY BY INITIALING* — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

| ORDER DATE | CLERK/ NURSE | RECURRING MEDICATIONS, DOSE, FREQUENCY | HR | DATE DISPENSED | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |
| | - - - - - - | | | | | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☐ NO

NKDA

PRIMARY DIAGNOSIS: Chest Pain, 2° Burn

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

EPW [redacted] b/w-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| E | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| N | 23 | 24 | 01 | 02 | 03 | 04 | 05 | 06 |

**DA FORM 4678, 1 FEB 79** EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. USAPA V1.00

MEDCOM - 27286

| Verify by Initialing | | THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) | | | | Mo. Jul Yr. 03 |
|---|---|---|---|---|---|---|
| Order Date | Clerk/ Nurse | SINGLE ORDER, PRE-OPERATIVES | Date to be Given | Time to be Given | Time Given | Initials |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |
| | ----- | | | | | |

bdw-2

| Order/ Expir Date | Clerk/ Nurse | PRN MEDICATION, DOSE, FREQUENCY | | INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 Jul 03 | [redacted] | Percocet 1-2 PO | | 5 Jul 03 2315 | 6 Jul 03 1206 | 6 Jul 03 1905 | 7 Jul 2050 | 8 Jul 03 | | | | | | | | |
| ----- | ----- | Q4° PRN if Tylenol | | | [redacted] | | | | | | | | | | | |
| ----- | ----- | Not Given | | | | | | | | | | | | | | |
| 5 Jul 03 | [redacted] | [redacted] Saline Nasal | D | 05 Jul 03 | | | | | | | | | | | | |
| ----- | ----- | Spray PRN | T | 1400 | | | | | | | | | | | | |
| ----- | ----- | | D | 1330 | | | | | | | | | | | | |
| ----- | ----- | | I | [redacted] | | | | | | | | | | | | |
| 05 JUL | [redacted] | NTG spray if | D | | | | | | | | | | | | | |
| ----- | ----- | BP > 120/70 | T | | | | | | | | | | | | | |
| ----- | ----- | | D | | | | | | | | | | | | | |
| ----- | ----- | | I | | | | | | | | | | | | | |
| 08 Jul 03 | ----- | MSO4 2-4 mg IV | D | 8 Jul 03 1430 | 9 Jul 0610 | | | | | | | | | | | |
| ----- | ----- | 8 2° PRN PAIN | T | Ons | 2000 | | | | | | | | | | | |
| ----- | ----- | | D | [redacted] | | | | | | | | | | | | |
| ----- | ----- | | I | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 27287

1. LAST NAME, FIRST NAME / NOM ET PRÉNOM: [redacted] | RANK / GRADE | MALE / HOMME | FEMALE / FEMME

SSN / NUMÉRO MATRICULE | SPECIALTY CODE / GPM | RELIGION / RELIGION

2. UNIT / UNITÉ

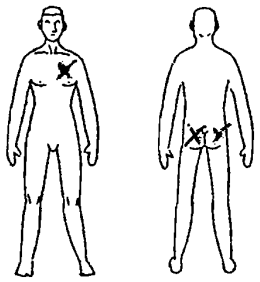
FORCE / ÉLÉMENT | NATIONALITY / NATIONALITÉ

A/T | AF/A | N/M | MC/M

BC / BC | NBI / BNC | DISEASE / MALADIE | PSYCH / PSYCH

3. INJURY / BLESSURE

FRONT / DEVANT | BACK / ARRIÈRE



- AIRWAY / TRACHÉE
- HEAD / TÊTE
- WOUND / BLESSURE
- NECK/BACK INJURY / BLESSURE AU COU/AU DOS
- BURN / BRÛLURE
- AMPUTATION / AMPUTATION
- STRESS / TENSION
- OTHER (Specify) / AUTRE (Spécifier)

Chest Pain
[illegible]
Deep 2° Burns
Other Injuries

4. LEVEL OF CONSCIOUSNESS / NIVEAU DE CONSCIENCE

ALERT / ALERTE | PAIN RESPONSE / RÉPONSE À LA DOULEUR

VERBAL RESPONSE / RÉPONSE VERBALE | UNRESPONSIVE / SANS RÉPONSE

5. PULSE / POULS | TIME / HEURE

6. TOURNIQUET / GARROT: NO / NON | YES / OUI | TIME / HEURE

7. MORPHINE / MORPHINE: NO / NON | YES / OUI | DOSE / DOSE | TIME / HEURE

8. IV / IV | TIME / HEURE

9. TREATMENT / OBSERVATIONS / CURRENT MEDICATION / ALLERGIES / NBC (ANTIDOTE)
TRAITEMENT / OBSERVATIONS / PRESENTE MEDICATION / ALLERGIES / ANTIDOTES

[illegible]
CXR
1 KSPA
[illegible]
Cath & Stent Placement

10. DISPOSITION / [redacted] UNITÉ | TIME / HEURE

[redacted] | DATE/DATE (YYMMDD)

b(6)-2

DEC 91 [redacted] of DD Form 1380 (TEST) [redacted]

U.S. FIELD MEDICAL CARD
MÉDICALE DE L'AVANT ÉTATS-UNIS

MEDCOM - 27288

# ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is OTSG

| 1. REPORTING MTF | 2. LOCATION (State or Country Code.) |
|---|---|
| A 1 1 D 1 | I Z |

| 3. REGISTER NUMBER | NAME (Last, First, Middle Initial) | 4. PAY GRADE | 5. SEX |
|---|---|---|---|
| [redacted] | b(6)-4 | EPW | M |

| 6. DATE OF BIRTH (YYYYMMDD) | 7. AGE AT ADMISSION | 8. RACE | 9. ETHNIC BACKGROUND | RELIGION |
|---|---|---|---|---|
| Z Z Z Z Z Z Z Z | 6 0 Y | X | 9 | UNK |

| 10. LENGTH OF SERVICE | ETS | 11. FMP | 12. SOCIAL SECURITY NUMBER |
|---|---|---|---|
| — | — | 9 9 | [redacted] |

| ORGANIZATION (Active Duty Only) | 13. MARITAL STATUS | HOUR OF ADMISSION | BRANCH / CORPS |
|---|---|---|---|
| — | Z | 0050 | b(6)-4 — |

| 14. FLYING STATUS | 15. BENEFICIARY CATEGORY | 16. ZIP CODE OF RESIDENCE |
|---|---|---|
| — | K 7 8 | Z Z Z Z Z |

| 17. UNIT LOCATION (State or Country Code) | 18. MOS | 19. TRAUMA | PREV. ADMISSION |
|---|---|---|---|
| — | — | 9 | YEAR: ☒ NO |

| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | WARD | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE |
|---|---|---|
| 0 b(2)-2 | ICU | UNK |

| NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE |
|---|---|---|
| [redacted] | UNK | UNK |

| 21. TYPE OF DISPOSITION | 22. MTF TRANSFERRED TO | 23. DATE OF DISPOSITION (YYMMDD) |
|---|---|---|
| 5 0 | | 0 3 0 7 0 9 |

| 24. CLINIC SVC - ADMITTING | 25. MTF TRANSFERRED FROM | 26. DATE THIS ADMISSION (YYMMDD) |
|---|---|---|
| A B M A | | 0 3 0 7 0 5 |

| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | 28. MTF OF INITIAL ADMISSION | 29. DATE INITIAL ADMISSION (YYMMDD) |
|---|---|---|
| | | |

FOR LOCAL USE

Chest pain, 2° burns ⓑ buttocks

Dx: 94222
94229
94800
E924

Px: 8622

b(6)-2

ADMITTING OFFICER [redacted]

[redacted] ADMITTING CLERK

DA FORM [redacted]

MEDCOM - 27289

**BATES PAGES MEDCOM 27290-27298 ARE NONRESPONSIVE AND HAVE NOT BEEN PROVIDED**

b(2)-2

| 1. Reporting MTF | 2. MTF Locat. | Admission a[illegible]oding Information<br>For use of this form, see AR 40-400; the proponent agency is OTSG |
|---|---|---|
| [redacted] | IZ | |

| 3. Register Number | Name (Last, First, MI) | 4. Pay Grade | 5. Sex |
|---|---|---|---|
| [redacted] b(6)-4 | | FGN | M |

| 6. DoB (YYYYMMDD) | 7. Age at Admission | 8. Race | 9. Ethnicity | Religion |
|---|---|---|---|---|
| 1973-03-30 | 30Y | X | 9 | MUSLIM |

| 10. Length of Service | ETS | 11. FMP | 12. Social Security Number |
|---|---|---|---|
| | | 99 | [redacted] b(6)-4 |

| Organization (Active Duty Only) | 13. Marital Status | Hour of Admission | Branch / Corps: |
|---|---|---|---|
| | Z | 17:00 | |

| 14. Flying Status | 15. Beneficiary Category | 16. Zip Code of Residence: |
|---|---|---|
| N/A | K78-PRISONER OF WAR/INTERNEES | |

| 17. Unit Location | 18. MOS | 19. Trauma | Prev. Admission |
|---|---|---|---|
| | | Inj | NO |

| 20. Source of Admission | Ward: | Name / Relationship of Emergency Addressee |
|---|---|---|
| Direct from ER | ICW1 | Address of Emergency Addressee |
| Name and Location of Medical Treatment Facility: [redacted] b(2)-2 | | Telephone Number of Emergency Addressee |

| 21. Type of Disposition | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) |
|---|---|---|
| TRF-OTH | | 2004-01-24 |

| 24. Clinic Svc - Admitting | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) |
|---|---|---|
| ABA - GENERAL SURGERY | | 2004-01-20 |

| 27. Location of Occurrence | 28. MTF of Initial Admission | 29. Date of Initial Admission |
|---|---|---|
| IZ | | 2004-01-20 |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: MULTI CONTUSIONS

Procedure Narrative(s):

Cause of Injury Narrative: BEATING

T: 9
Inj: 999

Dx: 920
36441
72981
9160
9110
9140
3888
7905
E9689

| Admitting Officer (Signature, as required) | Signature of Admitting Clerk |
|---|---|
| [redacted] b(6)-2 | [redacted] b(6)-2 |

Automated Facsimile - DA FORM 2985, MAR 2000

MEDCOM - 27299

US9IZ-157082CI

| | |
|---|---|
| Last Name | [redacted] b6-4 |
| First Name | |
| Middle | |
| Category | CI-CIVILIAN INTERNEE |
| Power | IZ-Iraq |
| Arm of Service | |
| MOS | |
| COS | |
| Service No | |
| Grade | |
| Geneva Cat. | |
| ICRC | |
| Camp Name | BCF DB-2 |
| Enclosure | 04-CLINIC |
| Holding/Cel | [redacted] b2-2 |

THIS PHOTO HAS BEEN WITHHELD PURSUANT TO FOIA EXEMPTIONS 6 AND 7, 5 U.S.C. 552(B)(6) AND (B)(7)(C).

Photo depicting Deceased

| | | | | | |
|---|---|---|---|---|---|
| Height | | Nationality | IZ-Iraq | Sex | M |
| Weight | | | | Blood Type | |
| Hair Color | | Religion | | DOB | 1973/03/30 |
| Eye Color | | Race | | Complexion | |
| | | Marks | | | |

THIS PHOTO HAS BEEN WITHHELD PURSUANT TO FOIA EXEMPTIONS 6 AND 7, 5 U.S.C. 552(B)(6) AND (B)(7)(C).

Photo depicting Deceased

CI-CIVILIAN INTERNEE

Geneva Cat

Weight(lbs) | Hair | Eye

Birth /03/30 | Blood Type | ICRC

[redacted] b(6)-4

Issuing Facility: BCF DB-2

Issuing UIC: WYS7Y2 Date issued: 2004/01/20

ID Particular 26171

Marks

Left Index | Right Index

MEDCOM - 27300

## ABBREVIATED MEDICAL RECORD

**1. ADMISSION DATE** *(YYYYMMDD)* 2004/01/20

**2. CHIEF COMPLAINT, PERTINENT HISTORY, AND PERTINENT SYSTEM REVIEW**

31 yo civilian detainee brought in by SF with evidence of bruising trauma to face. Swollen hands, ~~scraps~~ Abrasions back, hands. Able to give good history for interpreter. No food/water x 2 days. Denies pain, just tired and fatigued.

PMHx: ⊖ ∅ PSHx: ∅ Pers/Soc Hx: worked petroleum station Meds: ∅ NKDA

**3. PHYSICAL EXAMINATION** *(Including pertinent positives and negatives)*

General → poorly kept 144/63 115 20 99.4

Neuro → awake, appropriate, gives good history, alert, oriented → to interpreter

Heart → (+) hyperemia both eyes, ~~necrosis~~ hemorrhages. (−) nasal/oral blood, swelling (L) ear, abrasions knees

Lungs: CTA (B)

ON: RRR NES, Sr

Ext: hands swollen

CK → too high to measure

CT of head (−)

140/14/22 49/23/.8

12.4 > 12/39 < 221

ALT/AST → 73/135

bruit/abdomen (−)

**4. IMPRESSION** *(Enter admission note with plan on progress notes)*

Impression ① Multiple Abrasions/bruising with ↑CPK

Plan ① Aggressive IV hydration x 3-4 liters
② monitor CPK and urine output
③ Rhabdo possible

**5. ADMITTING OFFICER**

**a. SIGNATURE** [redacted] b(6)-2

**b. DATE SIGNED** *(YYYYMMDD)* 2004/01/20

**6.** [redacted] *course, diagnoses, procedures, condition on discharge, pertinent discharge inform[redacted]ding medications, diet, activity limitations, follow-up instructions).)*

**7. DISCHARGE DATE** *(YYYYMMDD)*

**. DISCHARGING OFFICER**

| NAME *(Last, First, Middle Initial)* | b. GRADE | c. TITLE | d. SIGNATURE |
|---|---|---|---|
| | | | |

**PATIENT IDENTIFICATION** *(For typed or written entries: Name (last, first, middle), grade, SSN, date of birth, hospital or medical facility, ward number, and register number)*

**10. OUTPATIENT/HEALTH RECORD MAINTAINED AT:**

**11. COPY PLACED IN OUTPATIENT RECORD** *(X when done)*

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)* |
|---|---|
| 20JAN04 | CI 157082 BROUGHT IN FOR MEDICAL |
| 1203 HRS | TREATMENT. Pt WAS/IS A SF |
| BP- | DETAINEE, AND HAS SIGNS OF MULTIPLE |
| 98 P- | INJURIES. CI HAS RACCOON EYES |
| R- | BI-LATERAL WITH EDEMA OF THE |
| SPO2- | (L) EAR. CI HAS EDEMA OF BOTH |
| TEMP- | HANDS WHICH ARE COLD TO THE |
| DRUG ALL.- | TOUCH. CI HAS/EXHIBITS PAIN |
| Ø | ON THE (L) LATERAL SIDE OF |
| | CHEST. CI HAS ABRASIONS BELOW |
| | BOTH KNEES. PGST CI IS |
| MEDS- | EXHIBITING STRESS AND IS AGITATED. |
| unk | • CI RECEIVED (1) L 4/R WITH 25 mg |
| | PHENEGREN IV |
| | • CI RECEIVED (1) L N/S WITH (2) PERCOCET |
| | FOR PAIN |
| | b2-2 |
| | • CI GROUND EVAC TO [redacted] |
| MEDHX- | CONSULT CT SCAN |
| unk | b(6)-2 |
| | [redacted] |
| | MSG 91W |
| FAMMEDHX- | |
| unk | |

| HOSPITAL OR MEDICAL FACILITY | STATUS | RECORDS MAINTAINED AT |
|---|---|---|
| 320 TH BAS | | |
| SPONSOR'S NAME | SSN/ID 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. | WARD NO |
|---|---|---|
| NAME- [redacted] | | |

RANK-

SSN- b(6) 4

UNIT-

DOB-

SEX- M or F

**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

MEDCOM - 27302

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 23 Jan 04 69 20 | Discharge Summary<br>30 y.o. Iraqi civilian detained assaulted with bruising/hematomas and CK 991. CPK decreasing, rhabdomyolysis, good urine output. No evidence of Rhabdomyolysis or acute renal failure<br><br>Impression ① Elevated CPK after assault<br><br>Plan: Return to Camp b(6)-2<br>[redacted] M.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. |
|---|---|---|

b(6)-4
[redacted]

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 27303

NSN 7540-01-075-3786

| MEDICAL RECORD | EMERGENCY CARE AND TREATMENT *(Doctor)* | TIME SEEN BY PROVIDER |
|---|---|---|

CK - two high, two regular

TEST RESULTS

| CBC | | SMAC | | ABG/PULSE OX | | | RADIOLOGY | Check if read by radiologist ☐ |
|---|---|---|---|---|---|---|---|---|
| WBC 12 | | 140 | 101 | 20 / 95 | SUP 02 | PH | PO2 | RESULTS CT head - normal |
| H/H 12/39 | | 4.9 | 23 | | PCO2 | SAT | OTHER | |
| PLT 221 | | | | 0.8 | | | | |
| PT | | | | U/A | DIP small blood | | | EKG INTERPRETATION |
| APTT | BHCG | ETOH | GLU | | MICRO 7-10 RBC's | | | |

PROVIDER HISTORY/PHYSICAL

S: 30yo MVC, diffuse abdomen. Little hx but signs of facial injury.

O: AA O, MAD, (+) bilat raccoon eyes
Eyes - bilat conjunctival hemorrhage ≅ hyphema
Face/orbit (-) bony crepitance; (+) nl. bite
Extrem - pelvis tender c slt. tenderness
(-) bony tenderness or crepitus
Able to make fists ≅ ↑ pain.

Lungs - CTAB
Heart - tachy but reg.
Abd - soft, non-tender, non-distended

P: Admit / IV hydration / follow

| CONSULT WITH | TIME | ACTION |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
[redacted] LTC, MC b(6)-2

PRO[redacted]ATURE AND STAMP
pp/ [redacted]

DIAGNOSIS

A: Blunt trauma injuries. Possible early rhabdo.

CODES b(2)-2

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other); hospital or medical facility)*

[redacted]
b(6)-4

**EMERGENCY CARE AND TREATMENT** *(Doctor)*
Medical Record

**STANDARD FORM 558** (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 27304

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 20JAN04 | ~~(0120)~~(2200) VSS. Ø c/o pain. Admitted from EMT @ 2000. ~~BS CT~~ BS - Insp wheezes in upper lobes. ⊕ BS x 4 quads. Large abd. Nontender on palpation. Pt has IV to ® AC 18G infusing NS @200cc/hr x Ø L. Pt on 1st liter. Pt amb to BR c̄ steady gait. Unable to assess pt's urine ∂ pt flushed toilet. BIL eyes ~~purp~~ ecchymosis. Sclera BIL bright red. Eye gtts at BS, but Ø orders written for eye gtts. BIL upper extremities has trace edema. Will continue monitor. b(6)-2 [redacted] 7AN |
| 21JAN04@0145 | Assumed care of pt. @ 2200. VSS, Ø c/o pain. BS: inspiratory wheezing to upper lobes bilat. ⊕ BS x 4 quads, voids amber urine ∓ difficulty. Strict I & Os. NS @ 200cc/h to ® AC. Orbital bruises to OU. Sclera red to OU. Pt in 2 pt. restraints, Ø signs of skin breakdown. 1-2 + pitting edema to bilat. hands, elevated on blankets. All other assessments WNL. Pt. sleeping @ this time. Will cont. to monitor. [redacted] T, AN |

b(6)-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. |
|---|---|---|
| | | |

[redacted] b(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 6/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES b(6)-2+1 |
|---|---|
| 21 Jan 04 | assumed care @ 0600 VSS A+O. |
| 1130 | Pt with Raccoon eyes c/o red [redacted] sclera. Hands elevated non-pitting. Edema noted to knees & [redacted] lower legs c̄ [redacted] small abrasion noted to knees. (R) AC saline lock in place and intact. OOB ⇒ BR for dinner tolerated well. Ø skin breakdown noted. Ambulated c̄ steady gait. Ø c/o dizziness. Urine clear amber. Lungs clear. BS (+) x4 quad. ABD soft, round, non distended. Consume 60% of meals. Will continue to monitor. 2pt restraints in place without compromising skin integrity/circ. b(4)-2 [redacted] |
| (1840) | Pt A&O, VSS, Ø complaints, sclera red, raccoon eyes, head CT negative per report, hands c̄ +1 non-pitting edema, abrasions to (B) knees & bruising to upper arms, ICTA abd: non-distended, soft, round, (+) BS x4, +2 peripheral pulses, voiding moderate clear yellow urine, all I/O's per output. Ambulating c̄ difficulty, good appetite. 2pt restraints on c̄ compromise. Cont to monitor. b(4)-2 [redacted] LPN |
| 22 JAN 04 @ 0120 | Assumed care of pt. @ 2200. Temp. 97.8, other VSS. I.S. encouraged. Pt. compliant. Ø C/O pain. Slight inspiratory wheeze. (+) BS x4 quad. Pt has not voided this shift. Sclera red to OU, bruising around OU. Scabbed over abrasions to bilat knees. +1-2 pitting edema to bilat hands, elevated. (+) pulses to all extremities. IVSL to (R) AC, flushes well. Pt in 2 pt. restraints, Ø signs of skin breakdown. [redacted] ICT, AN |

b(4)-2

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

*-urine

MEDCOM - 27306

NSN 7540-01-165-7294 519-301

# RADIOLOGIC CONSULTATION REQUEST/REPORT

*(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)*

| EXAMINATION(S) REQUESTED | AGE | SEX | SSN (Sponsor) | WARD/CLINIC | REGISTER NO. |
|---|---|---|---|---|---|
| head CT | 30 | M | [redacted] | EMST | |
| | FILM NO. | | b(6)-4 | | PREGNANT ☐ YES ☐ NO |
| | REQUESTED BY (Rank, name) | | [redacted] | | TELEPHONE/PAGE NO. |
| | SIGNATURE OF REQUESTOR | | b(6)-2 | | DATE REQUESTED 20 Jan 03 |

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

raccoon eyes

| DATE OF EXAMINATION *(Month, day, year)* | DATE OF REPORT *(Month, day, year)* | DATE OF TRANSCRIPTION *(Month, day, year)* |
|---|---|---|
| | | |

RADIOLOGIC REPORT

normal

Hu MD

[redacted]

b(2)-2

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*

EP iv b(6)-4

[redacted]

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REQUEST/REPORT
1 — MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

MEDCOM - 27307

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS | LIST TIME ORDER NOTED AND SIGN

20Jan04 1900

1. Admit to ICW
2. Diagnosis: assault/bruising
3. Condition: stable
4. Vitals q shift
5. NKDA
6. Activity → EPW restrictions
7. Nursing: Ø

PATIENT IDENTIFICATION

noted [redacted] b(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

8. Diet: regular
9. IV with NS 200cc/hr x 2 liters then saline lock
10. meds Ø
11. Labs CPK, lytes, chem 12 QD
12. monitor I/O and note color of urine b(6)-2 [redacted]

[redacted]

22JAN04 1700 HOURS

1. Tylenol 650mg Q6° prn

noted [redacted]

b(6)-4 # [redacted]

V/O Young / LT [redacted] 22Jan b(6)-2 1900

b(6)-2 [redacted]

[redacted]

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

NEW SHEET

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 27308

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 22 Jan 04 1030 | Assumed care @ 0600 VSS Pt AxO. Lungs clear. BS(+) x4 quad. Abd round soft non-distended. Voiding large and clear amber urine. P.O fluid intake Qs. Poor intake of solids. Bruising centered around eyes. OU sclera = redness. Ø c/o pain voiced. Peripheral pulses palpable +2. Labs drawn. 2 pt restraints in place without b(4)-2 compromising circ/skin integrity. [redacted] |
| (2000) | Assumed care @ 1400, temp 104.2, MD made aware, ordered Tylenol, enc. IS & ambulated. ice packs, temp ↓ to 102.0. I/O's recorded on form. Pt last void was in BR ṗ showering @ 1800. (unable to record urine color). Interpreter unavailable @ this time. abd: soft, round, non-distended, bruising to eyes & red sclera unchanged from previous. 2 pt restraints on 3 compromise. Cont to monitor— [redacted] PN— |
| b(4)-2 23JAN04 @ 0300 | Assumed care of pt. @ 2200. Temp 101.7 @ 2330. ii Tylenol PO for fever. I.S. encouraged 10x/°, pt. compliant. Temp @ 0300: 99.8°. Bruising noted to (R) LE & around eyes lilac. Sclera red to OU. Ø c/o pain. |

| 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. |
|---|---|---|
| # b(6)-4 [redacted] | | |

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 27309

b(4)-2 A11

| LAST NAME | FIRST NAME | MIDDLE INITIAL | ID NUMBER |
|---|---|---|---|
| | | | |

| DATE | NOTES |
|---|---|
| (cont.) | Abrasions noted to bilat. knees, scabbed over. +1 edema, pitting noted to bilat. hands. Ø IV access. Pt. in 2 pt. restraints. Ø signs of skin breakdown. All other [redacted] WNL. Will cont. to monitor. — b(6)-2 [redacted] LT, AN. |
| 23 Jan Ø7ØØ | Temp 99. Lungs clear. BS(+) x4 quad. ABD round soft non-distended. HOB ↑ 30°. Discoloration continues around eyes. OU sclera red. Denies pain @ this time. Consumed 60% of Breakfast. Peripheral pulses palpable +2. 2pt restraints in place. [redacted] I+O and monitor color of urine. [redacted] |
| 23 Jan 04 1630 | Assumed pt @ 1400 hrs., VS WNL, bilateral dark eyes, (+) sclera filled c̄ blood. Thoracic cavity WNL, bowel sounds x 4 quad., bladder nondistended, non tender upon palpation. 0/10 on pain scale, equally strong extremities. Pt. will be discharged tomorrow per physicians orders. will cont. to monitor I+O's. — [redacted] LVN. |
| 23 Jan 04 1700 | Pt. urinated, 900cc - clear amber, no floating particles — [redacted] LVN. |
| 23 Jan 04 1838 | Pt. I+O's - ate 30% of [redacted] no complaints at this time — [redacted] LVN. |
| 23 Jan 04 1910 | Pt. urinated - 225cc - cl[redacted] LVN |
| | (0030) Assumed pt care @ 2200; VS WNL; pt restricted to [redacted]; Pt c/o pain to Heplock site (Ⓒ A/C) - warm to touch c̄ ecchymosis; Pt given Tylenol 600mg; Heat pack placed to Ⓒ A/C; bruised/discoloration around eyes; (+) sclera filled c̄ blood; pt on restraints; urine dark yellow Ø sediment. Pt is to be discharged back to com[redacted] per physians orders. — [redacted] |

STANDARD [redacted] (REV. 5/1999) BAC

USAPA V1.0

MEDCOM - 27310

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | PROGRESS NOTES |
|---|---|
| DATE | NOTES |
| 24 Jan 04 0700 | VSS. AOO. Voids clear yellow urine. Bruising around OU decreasing as well as redness to sclera. Continue to have good appetite. Lungs clear. BS ⊕ 4 quad. Abd soft round non-distended. Peripheral pulses +2. D/C dressing taken to PAO. 2 pt restraints in place without compromising circ/skin integrity. [redacted] 2079 |
| 24 Jan 04 1200 | D/C to MP for Camp [redacted] 207 |

b(4)-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. |
|---|---|

b(6)-4 [redacted]

**PROGRESS NOTES**
Medical Record

**STANDARD FORM 509** (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 27311

b(2)-2

NSN 7540-01-075-3786

| MEDICAL RECORD | EMERGENCY CARE AND TREATMENT *(Patient)* | LOG NUMBER / TREAT[redacted] |
|---|---|---|
| | | RECORDS MAINTAINED AT |

**PATIENT'S HOME ADDRESS OR DUTY STATION**

STREET ADDRESS: Iraqi Detainee

CITY | STATE | ZIP CODE

**ARRIVAL**

DATE *(Day, Month, Year)*: 20 Jan 04 | TIME: 1655

TRANSPORTATION TO FACILITY

SEX: M

AGE: 30

| DUTY/LOCAL PHONE | |
|---|---|
| AREA CODE | NUMBER |
| HOME PHONE | |
| AREA CODE | NUMBER |

| MILITARY STATUS | | | |
|---|---|---|---|
| ITEM | YES | NO | N/A |
| PRP | | | ✓ |
| FLYING STATUS | | | ✓ |

MEDICAL HISTORY OBTAINED FROM: pt / denied

| THIRD PARTY INSURANCE | | |
|---|---|---|
| ITEM | YES | NO |
| ADDITIONAL INSURANCE | | ✓ |
| DD 2568 IN CHART | | ✓ |

NAME OF INSURANCE COMPANY

CURRENT MEDICATIONS: Ø

ALLERGIES: Ø

| INJURY OR OCCUPATIONAL ILLNESS | | | |
|---|---|---|---|
| ITEM | YES | NO | WHEN *(Date)* |
| IS THIS AN INJURY? | ✓ | | WHERE |
| INJURY/SAFETY FORMS | | ✓ | |
| HOW ? | | | |

| EMERGENCY ROOM VISIT | |
|---|---|
| DATE LAST VISIT | 24 HOUR RETURN ☐ YES ☒ NO |
| **TETANUS** | |
| DATE LAST SHOT: N/A | COMPLETED INTITIAL SERIES ☐ YES ☒ NO |

CHIEF COMPLAINT: SOB

**CATEGORY OF TREATMENT**

☐ EMERGENT

☐ URGENT

☒ NON-URGENT

TIME: 1555

INITIALS: bb-2 [redacted]

**VITAL SIGNS**

| | | | | | |
|---|---|---|---|---|---|
| TIME | 1655 | | | | |
| BP | 144/63 | | | | |
| PULSE | 115 | | | | |
| RESP | 30 | | | | |
| TEMP | 99.4 | | | | |
| WT | | | | | |

**LAB ORDERS**

| | | | |
|---|---|---|---|
| ✓ CBC/DIFF | ABG | PT/PTT | BHCG/URINE/BLOOD/QUANT |
| URINE C&S | ✓ IV/IA MSCC/CATH | | ✓ CHEM: 12 / Lytes |
| BLOOD C&S X | | | |

**X-RAY ORDERS**

| | |
|---|---|
| CXR PA & LAT/PORTABLE | C-SPINE |
| ACUTE ABDOMEN | LS SPINE |
| SINUS | ✓ HEAD CT |
| ANKLE R/L | |

**ORDERS**

☒ PULSE OX 96%  ☐ MONITOR  ☐ ECG

| TIME | ORDERS | BY | COMPLETED BY | TIME | PATIENT'S RESPONSE |
|---|---|---|---|---|---|
| | | | | | |

DISPOSITION: ☐ HOME ☐ FULL DUTY

MODIFIED DUTY UNTIL

DISPOSITION QUARTERS /OFF DUTY: ☐ 24 HRS. ☐ 48 HRS. ☐ 78 HRS.

RETURN TO DUTY

PATIENT/DISCHARGE INSTRUCTIONS

CONDITION UPON RELEASE: ☐ IMPROVED ☐ UNCHANGED ☐ DETERIORATED

ADMIT TO UNIT/SERVICE

TIME OF RELEASE

REFERRED ▶ TO | WHEN

I have received and understand these instructions.

PATIENT'S SIGNATURE

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other); hospital or medical facility)*

EPW b(6)-4 [redacted]

**EMERGENCY CARE AND TREATMENT** *(Patient)*
Medical Record

**STANDARD FORM 558** (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

MEDCOM - 27312

511-119

NSN 7540-00-634-4124

# MEDICAL RECORD

## VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR DAY 20 21 22 23 23 24

19 HOUR

PULSE (0) TEMP. F (°) TEMP. C (Centigrade Equivalents, for Reference only)

105° 40.6°

180 104° 40.0°

170 103° 39.4°

160 102° 38.9°

150 101° 38.3°

140 100° 37.8°

130 99° 37.2°

98.6° 37.0°

120 98° 36.7°

110 97° 36.1°

100 96° 35.6°

90 95° 35.0°

80

70

60

50

40

RESPIRATION RECORD

BLOOD PRESSURE

128/56 125/62 166/53 138/55

98.8 89

HEIGHT: WEIGHT →

SAT O2 98% 98% 96% (RA) RA 96% RA 97% (RA) 97% 100% 98%

Record special data only when so ordered

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)*

REGISTER NO.

WARD NO.

[redacted] b(6)-4

**VITAL SIGNS RECORDS**

Medical Record

**STANDARD FORM 511** (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 27313

~~OUTPUT~~

| URINE | | | | | | IV Fluids ~~NASOGASTRIC~~ | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| 0545 | 650 | 650cc | | | | 2000 | | NS@200 | 300 |
| | | | | | | 22-06 | 200cc/o | NS | 1600 |

| CHEST | | | | | | ~~EMESIS~~ PO FLUIDS | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | | | | 0500 | 800cc | H2O | 800cc |

| STOOLS | | | | |
|---|---|---|---|---|
| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL |
| | | | | |

| OTHER OUTPUT | | | |
|---|---|---|---|
| TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | |
| | | | |
| | | | |
| | | | |
| **GRAND TOTAL OUTPUT** | | | |

REMARKS

Start: 20Jan@2000

End: 21Jan@0600

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)*

[redacted] b(4)-4

**INTAKE EQUIVALENTS** *(Serving levels cc)*

| | | | |
|---|---|---|---|
| MEDICINE GLASS *(1 oz)* | 30 | HALF PINT MILK | 240 |
| SMALL FRUIT CUP | 120 | LARGE SOUP BOWL | 240 |
| COFFEE CUP | 160 | LARGE WATER GLASS | 240 |
| LARGE COFFEE MUG | 180 | PLASTIC OR PAPER JUICE CONTAINER | 180 |

**DD FORM 792, JAN 74** EDITION OF 1 SEP 54 IS OBSOLETE. REPLACES DA FORM 3630(TEMP) 1 JUL 72 WHICH MAY BE USED. USAPPC V1.00

NI

*(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)*

| TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET | FROM 06 HOURS TO 06 HOURS | TOTAL HOURS COVERED 24 | DATE 21 Jan 04 |
|---|---|---|---|

**INTAKE**

| ORAL | | | | INTRAVENOUS | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | TYPE | AMOUNT | ACCUM TOTAL | TIME STARTED | AMOUNT | TYPE *(Include Medications)* | AMOUNT RECD | TIME COMPL | ACCUM TOTAL |
| 0700 | Juice | 180 | | 0600 | 500 | NS | 500 | 0830 | 520 |
| | Milk | 180 | | | | | | | |
| | $H_2O$ | 200 | 560 | | | | | | |
| 1800 | $H_2O$ | 500 | 1060 | | | | | | |
| 1800 | Juice | 200 | 1260cc | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| IRRIGATIONS *(N/G, Bladder, etc.)* | | | |
|---|---|---|---|
| TIME | TYPE | AMOUNT | ACCUMULATIVE TOTAL |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| BLOOD/BLOOD DERIVATIVES | | | | |
|---|---|---|---|---|
| TIME STARTED | PRODUCT *(i.e. B1, A1b, P. cells etc.)* | TIME COMPL | AMOUNT | ACCUM TOTAL |
| | | | | |
| | | | | |
| | | | | |

| OTHER INTAKE | | | |
|---|---|---|---|
| TIME | TYPE | AMOUNT | ACCUMULATIVE TOTAL |
| | | | |
| | | | |
| | | | |
| GRAND TOTAL INTAKE | | | |

DD FORM 792, JAN 74 (EG) EDITION OF 1 SEP 54 IS OBSOLETE. Designed using Perform Pro, WHS/DIOR, Jun 94

[redacted] b(6)-4

MEDCOM - 27315

## OUTPUT

| URINE | | | | | | NASOGASTRIC | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| 08 | 300 | 300 | | | | | | | |
| 1530 | 400 | 700cc | | | | | | | |
| 1830 | 800 | 1500cc | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| CHEST | | | | | | EMESIS | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| STOOLS | | | | | OTHER OUTPUT | | | |
|---|---|---|---|---|---|---|---|---|
| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | GRAND TOTAL OUTPUT | | | |

REMARKS

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)*

[redacted] b(6)-4

**INTAKE EQUIVALENTS** *(Serving levels cc)*

| | | | |
|---|---|---|---|
| MEDICINE GLASS (1 oz) | 30 | HALF PINT MILK | 240 |
| | 120 | LARGE SOUP BOWL | 240 |
| SMALL FRUIT CUP | 160 | LARGE WATER GLASS | 240 |
| COFFEE MUG | 180 | PLASTIC OR PAPER JUICE CONTAINER | 180 |

DD FORM 792, JAN 74



MEDCOM - 27316

## OUTPUT

| URINE | | | | | | NASOGASTRIC | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| 0700 | 1000 | 1000 | | | | | | | |
| 0940 | 1000 | 1000 | | | | | | | |
| 1400 | 200 | 2200cc | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| CHEST | | | | | | EMESIS | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| STOOLS | | | | |
|---|---|---|---|---|
| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| OTHER OUTPUT | | | |
|---|---|---|---|
| TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | |
| | | | |
| | | | |
| GRAND TOTAL OUTPUT | | | |

REMARKS

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)*

[redacted] b(6)-4

**INTAKE EQUIVALENTS** *(Serving levels cc)*

| | | | |
|---|---|---|---|
| MEDICINE GLASS (1 oz) | 30 | HALF PINT MILK | 240 |
| | 120 | LARGE SOUP BOWL | 240 |
| SMALL FRUIT CUP | 160 | LARGE WATER GLASS | 240 |
| COFFEE MUG | 180 | PLASTIC OR PAPER JUICE CONTAINER | 180 |

DD FORM 792, JAN 74



MEDCOM - 27317

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

| TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET | FROM 06 HOURS TO 06 HOURS | TOTAL HOURS COVERED 24 | DATE 22 Jan04 |
|---|---|---|---|

**INTAKE**

| ORAL | | | | INTRAVENOUS | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | TYPE | AMOUNT | ACCUM TOTAL | TIME STARTED | AMOUNT | TYPE (Include Medications) | AMOUNT RECD | TIME COMPL | ACCUM TOTAL |
| 0700 | $H_2O$ | 200 | 200 | | | | | | |
| | juice | 180 | 380 | | | | | | |
| 0830 | juice | 180 | 560 | | | | | | |
| | juice | 180 | 740 | | | | | | |
| | $H_2O$ | 200 | 940 | | | | | | |
| 2000 | $H_2O$ | 600cc | 1540cc | | | | | | |
| 0600 | $H_2O$ | 200cc | 1740cc | | | | | | |

IRRIGATIONS (N/G, Bladder, etc.)

| TIME | TYPE | AMOUNT | ACCUMULATIVE TOTAL |
|---|---|---|---|
| | | | |

BLOOD/BLOOD DERIVATIVES

| TIME STARTED | PRODUCT (i.e. Bl, Alb, P. cells etc.) | TIME COMPL | AMOUNT | ACCUM TOTAL |
|---|---|---|---|---|
| | | | | |

OTHER INTAKE

| TIME | TYPE | AMOUNT | ACCUMULATIVE TOTAL |
|---|---|---|---|
| | | | |

GRAND TOTAL INTAKE

DD FORM 792, JAN 74 (EG) EDITION OF 1 SEP 54 IS OBSOLETE. Designed using Perform Pro, WHS/DIOR, Jun 94

[redacted] b(6)-4

MEDCOM - 27318

## OUTPUT

| URINE | | | | | | NASOGASTRIC | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| 0900 | 1000 | 1000 | | | | | | | |
| 1700 | 900 | 1900cc | | | | | | | |
| 2330 | 1000 | 2900cc | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| CHEST | | | | | | EMESIS | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | ACCUM TOTAL | TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| STOOLS | | | | |
|---|---|---|---|---|
| TIME | COLOR | CHARACTER | AMOUNT | ACCUM TOTAL |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| OTHER OUTPUT | | | |
|---|---|---|---|
| TIME | AMOUNT | TYPE | ACCUM TOTAL |
| | | | |
| | | | |
| | | | |
| GRAND TOTAL OUTPUT | | | |

REMARKS

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)*

[redacted] b(6)-4

**INTAKE EQUIVALENTS** *(Serving levels cc)*

| | | | |
|---|---|---|---|
| MEDICINE GLASS (1 oz) | 30 | HALF PINT MILK | 240 |
| | 120 | LARGE SOUP BOWL | 240 |
| SMALL FRUIT CUP | 160 | LARGE WATER GLASS | 240 |
| COFFEE MUG | 180 | PLASTIC OR PAPER JUICE CONTAINER | 180 |

DD FORM 792, JAN 74

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

| TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET | FROM 06 HOURS TO 06 HOURS | TOTAL HOURS COVERED 24 | DATE 23 Jan 04 |
|---|---|---|---|

INTAKE

| ORAL | | | | INTRAVENOUS | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| TIME | TYPE | AMOUNT | ACCUM TOTAL | TIME STARTED | AMOUNT | TYPE (Include Medications) | AMOUNT RECD | TIME COMPL | ACCUM TOTAL |
| 0800 | Juice | 180 | 180 | | | | | | |
| | water | 200 | 380 | | | | | | |
| 1130 | water | 450 | 830 | | | | | | |
| | Juice | 180 | 1010 | | | | | | |
| 1700 | H20 | 500 | 1510 | | | | | | |
| 1800 | juice | 500 | 2010cc | | | | | | |
| 2230 ~~2200~~ | H2O | 350 | 2360cc | | | | | | |
| 2330 | Juice | 400 | 2760cc | | | | | | |

| IRRIGATIONS (N/G, Bladder, etc.) | | | |
|---|---|---|---|
| TIME | TYPE | AMOUNT | ACCUMULATIVE TOTAL |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| BLOOD/BLOOD DERIVATIVES | | | | |
|---|---|---|---|---|
| TIME STARTED | PRODUCT (i.e. B1, A1b, P. cells etc.) | TIME COMPL | AMOUNT | ACCUM TOTAL |
| | | | | |
| | | | | |
| | | | | |

| OTHER INTAKE | | | |
|---|---|---|---|
| TIME | TYPE | AMOUNT | ACCUMULATIVE TOTAL |
| | | | |
| | | | |
| | | | |
| GRAND TOTAL INTAKE | | | |

DD FORM 792, JAN 74 (EG) EDITION OF 1 SEP 54 IS OBSOLETE. Designed using Perform Pro, WHS/DIOR, Jun 94

[redacted] b(6)-4

MEDCOM - 27320

| Ward/Section: | REQUESTING PHYSICIAN: | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| ER 4 | [redacted] b(6)-2 | |

| LAST, FIRST, MI. | DATE | TIME | SSN/PSEUDO SSN: |
|---|---|---|---|
| EPW | 20 Jan 04 | 16 55 | [redacted] b(6)-4 |

| (i-STAT) | | | (Piccolo) Chemistry 12 | | | (Piccolo) Metabolic Panel | | |
|---|---|---|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| | | | | | 3.5-5.5 g/dl | | | |
| | | | | | 26-84 u/l | | | |
| | | | | | 10-47 u/l | | | |
| | | | | | 14-97 u/l | | | |
| | | | | | 11-38 u/l | | | |
| | | | | | 0.2-1.6 mg/dl | | | |
| | | | | | 7-22 mg/dl | | | |
| | | | | | 8.0-10.3mg/dl | | | |
| | | | | | 100-200 mg/dl | | | |
| | | | | | 0.6-1.2 mg/dl | | | |
| | | | | | 73-118 mg/dl | | | |
| | | | | | 6.4-8.1 g/dl | | | |

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 01/20/04 17:13

Patient ID: [redacted] b(6)-4
Test Name :PT
Test Result:= 13.4 sec.
Ratio = 1.1
Calculated INR = 1.16
Sample Type:citrated wh. blood
Test Date :01/20/04
Test Time :17:12
Card Lot :080201
Operator [redacted] b(6)-2

| olo) Metlyte 8 | | |
|---|---|---|
| ESULT | | REF. RANGE |
| | | 73-118 mg/dl |
| | | 7-22 mg/dl |
| | | 0.6-1.2 mg/dl |
| | | 39-380 u/l (M) 30-190 u/l (F) |
| | | 128-145 mmol/l |
| | | 3.3-4.7 mmol/l |
| | | 98-108 mmol/l |
| | | 18-33 mmol/l |

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 01/20/04 17:16

Patient ID: [redacted] b(6)-4
Test Name :APTT
Test Result:= 28.8 sec.
***RESULT OUT OF RANGE***
Sample Type:citrated wh. blood
Test Date :01/20/04
Test Time :17:13
Card Lot :110213
Operator [redacted] b(6)-2

| (Piccolo) Electrolyte | | |
|---|---|---|
| TEST | RESULT | REF. RANGE |
| $NA^+$ | | 128-145 mmol/l |
| $K^+$ | | 3.3-4.7 mmol/l |
| $CL^-$ | | 98-108 mmol/l |
| $tCO_2$ | | 18-33 mmol/l |

REMARKS:

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

b(6)-2

| Ward/Section: EMT | REQUESTING PHYSICIAN: [redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. EPW | DATE 20 Jan / TIME 1655 | SSN/PSEUDO SSN: [redacted] |

b(6)-4

| (Hematology) CBC | | | Urinalysis | | | Misc. Serology | | |
|---|---|---|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE | TEST | RESULT | REF. RANGE |
| WBC | | 4.8-10.8 x $10^3$ | Color | Amber | N/A | RPR | | Negative |
| RBC | | 4.7-6.1 x $10^9$ | App | Clear | N/A | Mono | | Negative |
| Hgb | | 14-18 g/dl (M) 12-16 g/dl (F) | Glu | neg | Negative | **Microbiology** | | |
| Hct | | 42-52% (M) 37-47% (F) | Bili | neg | Negative | Source | | |
| MCV | | 80-94 fl (M) 81-99 fl (F) | Ket | mod | Negative | Gram Stain | | |
| Plt | | 130-500 x $10^3$ verified | SG | 1.020 | N/A | Occ Bld | | Negative |
| Lymph % | | 20.5-51.1% | Bld | small | Negative | H. pylori | | Negative |
| **(Hematology) Manual Differential** | | | pH | 6.0 | N/A | Micro Parasites | | |
| Segs | | Mono | Prot | 2+ | Negative | Malaria | | |
| Bands | | Eos | Urob | 0.2 | 0.2-1.0 | O & P | | |
| Lymph | | Baso | Nit | neg | Negative | Other | | |
| Atyp | | Imm | Leuk | neg | Negative | **Microscopic Urinalysis** | | |
| RBC Morph | | | HCG | | Negative | SSA-3+ 7-10 RBC<br>Acetest - large 2-5 WBC<br>5-7 Hyline casts | | |
| Spun Hematocrit | | 42-52% (M) 37-47% (F) | **CSF** | | | **Blood Bank** | | |
| Sed Rate | | | Cell Count | | | **MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED** | | |
| Other | | | Directigen | | Negative | ABO/Rh | | |

| Coagulation Studies | | | Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED) | | |
|---|---|---|---|---|---|
| TEST | RESULT | REF. RANGE | UNIT | TYPE | CROSSMATCH |
| PT | | 9.8-13.6 secs | | | |
| APTT | | 21-34 secs | | | |
| D dimer | | <20 ug/ml | | | |
| FDP | | <10 ug/ml | | | |

REMARKS:

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|

| Ward/Section: | REQUESTING PHYSICIAN: | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|

| LAST, FIRST, MI. | DATE | TIME | SSN/PSEUDO SSN: |
|---|---|---|---|
| | | | |

**(Hematology) CBC**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| V | | |

```
======= PICCOLO =======
01/20/04                17:12
REFERENCE RANGE:          MALE
PATIENT #: [redacted]
METLYTE 8
DISC LOT #:               3294AA4
OPER #: [redacted]        DR #: 034
SERIAL #:                 0000100494
.........................
```

b(6)-4

b(6)-2

| | | | |
|---|---|---|---|
| GLU | 95 | 73-118 | MG/DL |
| BUN | 20 | 7-22 | MG/DL |
| CRE | 1.1 | 0.6-1.2 | MG/DL |
| CK | ♦♦♦ | 39-380 | U/L |
| NA+ | 140 | 128-145 | MMOL |
| K+ | 4.9* | 3.3-4.7 | MMOL |
| CL- | 101 | 98-108 | MMOL |
| tCO2 | 23 | 18-33 | MMOL |

INST QC: OK  CHEM QC: OK
HEM 2+, LIP 0 , ICT 0

**Urinalysis**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Color | | N/A |
| App | | |
| Glu | | |
| Bili | | |
| Ket | | |
| SG | | |
| Bld | | |
| pH | | |
| Prot | | |
| Urob | | |
| Nit | | |
| Leuk | | |
| HCG | | |
| Cell Count | | |
| Directiger | | |

**Misc. Serology**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| RPR | | Negative |
| | | Negative |
| | | Negative |
| | | Negative |

**Microbiology**

**oscopic Urinalysis**

**Blood Bank**

**BMIT SF 518 WITH NIT REQUESTED**

**tch**
**UNIT OF BLOOD**

*CROSSMATCH*

```
======= PICCOLO =======
01/20/04                17:12
REFERENCE RANGE:          MALE
PATIENT #: [redacted]
GENERAL CHEMISTRY 12
DISC LOT #:               3463AA7
OPER #: [redacted]        DR #: 000
SERIAL #:                 0000100697
.........................
```

b(6)-4

b(6)-2

| | | | |
|---|---|---|---|
| ALB | 3.7 | 3.3-5.5 | G/DL |
| ALP | 79 | 26-84 | U/L |
| ALT | 73* | 10-47 | U/L |
| AMY | 20 | 14-97 | U/L |
| AST | 135* | 11-38 | U/L |
| TBIL | 1.3 | 0.2-1.6 | MG/DL |
| BUN | 22 | 7-22 | MG/DL |
| CA++ | 8.9 | 8.0-10.3 | MG/DL |
| CHOL | 180 | 100-200 | MG/DL |
| CRE | 0.8 | 0.6-1.2 | MG/DL |
| GLU | 99 | 73-118 | MG/DL |
| TP | 7.2 | 6.4-8.1 | G/DL |

INST QC: OK  CHEM QC: OK
HEM 2+, LIP 0 , ICT 0

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

MEDCOM - 27323

4PA

Ward/Section: ICW#1 | REQUESTING PHYSICIAN: [redacted] b(6)-1 | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI: [redacted] b(6)-4 | DATE: 21JAN04 | TIME: 0400 | SSN/PSEUDO SSN:

| (i-STAT) TEST | RESULT | REF. RANGE | (Piccolo) Chemistry 12 TEST | RESULT | REF. RANGE | (Piccolo) Metabolic Panel TEST | RESULT | REF. RANGE |
|---|---|---|---|---|---|---|---|---|
| Na | | 138-146 mmol/L | ALB | | 3.5-5.5 g/dl | GLU | | 73-118 mg/dl |
| K | | | | | 26-8 | | | /dl |
| Cl | | | | | 10-4 | | | mg/dl |
| pH | | | | | 14-9 | | | mg/dl |
| PCO | | | | | 11-3 | | | mmol/l |
| PO2 | | | | | 0.2- | | | mmol/l |
| TCO | | | | | 7-22 | | | mmol/l |
| HCO | | | | | 8.0- | | | mmol/l |
| sO2 | | | | | 100 | | | Plus |
| BEec | | | | | 0.6- | | | RANGE |
| AnGa | | | | | 73- | | | g/dl |
| Ca | | | | | 6.4 | | | /l |
| BUN | | | | | | | | /l |
| GLU | | | | | | | | /l |
| Creat | | | | | 73- | | | /l |
| Hct | | | | | 7-2 | | | mg/dl |
| Hgb | | | | | 0.6 | | | l |
| | | | | | 39- | | | g/dl |
| TEST | | | | | 30- | | | |
| | | | | | 12 | | | e |
| Troponi | | | | | 3.3 | | | RANGE |
| Drug o Abuse | | | | | 98 | | | 5 mmol/l |
| | | | | | 18 | | | mmol/l |
| | | | | | | | | mmol/l |
| | | | | | | | | mmol/l |

REMARKS: [redacted]

REPORTED BY: | DATE: | L

======= PICCOLO =======
01/21/04 05:38 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
LIVER PANEL PLUS
DISC LOT #: 3415AA7
[redacted]#: 77 DR #: 034 b(6)-1
SERIAL #: 0000100676

| | | | |
|---|---|---|---|
| ALB | 3.3 | 3.3-5.5 | G/DL |
| ALP | 54 | 26-84 | U/L |
| ALT | 68* | 10-47 | U/L |
| AMY | 25 | 14-97 | U/L |
| AST | 121* | 11-38 | U/L |
| TBIL | 1.2 | 0.2-1.6 | MG/DL |
| GGT | 40 | 5-65 | U/L |
| TP | 6.0* | 6.4-8.1 | G/DL |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

======= PICCOLO =======
01/21/04 05:30
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3291
[redacted]#: 77 DR #: b(6)-1
SERIAL #: 0000100697

| | | | |
|---|---|---|---|
| GLU | 102 | 73-118 | MG/DL |
| BUN | 15 | 7-22 | MG/DL |
| CRE | 1.1 | 0.6-1.2 | MG/DL |
| CK | *** | 39-380 | U/L |
| NA+ | 139 | 128-145 | MMOL/L |
| K+ | 3.9 | 3.3-4.7 | MMOL/L |
| CL- | 103 | 98-108 | MMOL/L |
| tCO2 | 22 | 18-33 | MMOL/L |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

CK->5000

# [redacted] b(6)-4

MEDCOM - 27324

| Ward/Section: ICU 1 | REQUESTING PHYSICIAN: [redacted] b(6) | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. 1881 | DATE 22 Jan / TIME 0910 | SSN/PSEUDO SSN: [redacted] b(6)-4 |

======= PICCOLO =======
01/22/04 10:27
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)
METLYTE 8
DISC LOT #: 3294AA4
OPER #: [redacted] b(6) DR #: 000
SERIAL #: 0000100494

| | | | |
|---|---|---|---|
| GLU | 175* | 73-118 | MG/DL |
| BUN | 11 | 7-22 | MG/DL |
| CRE | 1.0 | 0.6-1.2 | MG/DL |
| CK | 4234* | 39-380 | U/L |
| NA+ | 129 | 128-145 | MMOL/L |
| K+ | 4.5 | 3.3-4.7 | MMOL/L |
| CL- | 100 | 98-108 | MMOL/L |
| tCO2 | 23 | 18-33 | MMOL/L |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

======= PICCOLO =======
01/22/04 10:32 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted]
GENERAL CHEMISTRY 12
DISC LOT #: 3463AA7
OPER #: [redacted] DR #: 000
SERIAL #: 0000100676

| | | | |
|---|---|---|---|
| ALB | 3.3 | 3.3-5.5 | G/DL |
| ALP | 97* | 26-84 | U/L |
| ALT | 82* | 10-47 | U/L |
| AMY | 32 | 14-97 | U/L |
| AST | 103* | 11-38 | U/L |
| TBIL | 1.2 | 0.2-1.6 | MG/DL |
| BUN | 11 | 7-22 | MG/DL |
| CA++ | 8.7 | 8.0-10.3 | MG/DL |
| CHOL | 206* | 100-200 | MG/DL |
| CRE | 0.8 | 0.6-1.2 | MG/DL |
| GLU | 180* | 73-118 | MG/DL |
| TP | 6.4 | 6.4-8.1 | G/DL |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

(Piccolo) Metabolic Panel

| TEST | RESULT | REF. RANGE |
|---|---|---|
| LU | | 73-118 mg/dl |
| UN | | 7-22 mg/dl |
| A++ | | 8.0-10.3 mg/dl |
| RE | | 0.6-1.2 mg/dl |
| A+ | | 128-145 mmol/l |
| + | | 3.3-4.7 mmol/l |
| L- | | 98-108 mmol/l |
| $CO_2$ | | 18-33 mmol/l |

(Piccolo) Liver Panel Plus

| TEST | RESULT | REF. RANGE |
|---|---|---|
| LB | | 3.3-5.5 g/dl |
| LP | | 26-84 u/l |
| LT | | 10-47 u/l |
| MY | | 14-97 u/l |
| ST | | 11-38 u/l |
| BIL | | 0.2-1.6 mg/dl |
| GT | | 5-65 u/l |
| P | | 6.4-8.1 g/dl |

(Piccolo) Electrolyte

| TEST | RESULT | REF. RANGE |
|---|---|---|
| A+ | | 128-145 mmol/l |
| + | | 3.3-4.7 mmol/l |
| L- | | 98-108 mmol/l |
| $CO_2$ | | 18-33 mmol/l |

Chem 12 - Lytes, CPK

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

| Ward/Section: ICW #1 | ...STING PHYSICIAN: b(6)-4 | CL...STRY RESULT FORM (Subject to the Privacy Act of 1974) | |
|---|---|---|---|
| LAST, FIRST, MI. [redacted] | DATE 23JAN04 | TIME 1700 | SSN/PSEUDO SSN: |

**(i-STAT)**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Na | | 138-146 mmol/L |
| K | | 3.5-4.9 mmol/L |
| Cl | | 98-109 mmol/L |
| pH | | 7.31-7.45 |
| PCO2 | | 35-45 mmHg (art)<br>41-51 mmHg (ven) |
| PO2 | | 80-105 mmHg (art)<br>N/A (ven) |
| TCO2 | | 23-27 mmol/L (art)<br>24-29 mmol/L (ven) |
| HCO3 | | 22-26 mmol/L (art)<br>23-28 mmol/L (ven) |
| sO2 | | 95-98% |
| BEecf | | (-2) – (+3) mmol/L |
| AnGap | | 10-20 mmol/L |
| Ca | | 1.12-1.32 mmol/L |
| BUN | | 8-26 mg/dl |
| GLU | | 70-105 mg/dl |
| Creat | | 0.7-1.5 mg/dl |
| Hct | | 38-51% PCV |
| Hgb | | 12-17 g/dl |

**Misc. Chemistry**

| TEST | RESULT | REF. RANGE |
|---|---|---|
| Troponin-I | | |
| Drug of Abuse | | |
| | | |
| | | |
| | | |

======= PICCOLO =======
01/23/04 06:16
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3294AA4
OPER #: [redacted] DR #: 000
SERIAL #: b(6)-4 0000100676

| | | | |
|---|---|---|---|
| GLU | 113 | 73-118 | MG/DL |
| BUN | 11 | 7-22 | MG/DL |
| CRE | 0.7 | 0.6-1.2 | MG/DL |
| CK | 2328* | 39-380 | U/L |
| NA+ | 130 | 128-145 | MMOL |
| K+ | 3.9 | 3.3-4.7 | MMOL |
| CL- | 97* | 98-108 | MMOL |
| tCO2 | 24 | 18-33 | MMOL |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

======= PICCOLO =======
01/23/04 06:20
REFERENCE RANGE: MALE
PATIENT #: [redacted]
GENERAL CHEMISTRY 12
DISC LOT #: 3463AA7
OPER # [redacted] DR #: 000
SERIAL #: 0000100494

| | | | |
|---|---|---|---|
| ALB | 3.3 | 3.3-5.5 | G/DL |
| ALP | 104* | 26-84 | U/L |
| ALT | 242* | 10-47 | U/L |
| AMY | 34 | 14-97 | U/L |
| AST | 214* | 11-38 | U/L |
| TBIL | 1.2 | 0.2-1.6 | MG/DL |
| BUN | 12 | 7-22 | MG/DL |
| CA++ | 8.6 | 8.0-10.3 | MG/DL |
| CHOL | 153 | 100-200 | MG/DL |
| CRE | 0.9 | 0.6-1.2 | MG/DL |
| GLU | 115 | 73-118 | MG/DL |
| TP | 7.0 | 6.4-8.1 | G/DL |

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 0

**REMARKS:** MET 8, CHEM 12, CPK

| REPORTED BY: | DATE: | LAB ID NO.: |
|---|---|---|
| | | |

| Ward/Section: ICW #1 | REQUESTING PHYSICIAN: | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974) |
|---|---|---|
| LAST, FIRST, MI. | DATE 23JAN04 / TIME 0600 | SSN/PSEUDO SSN: |

| (Hematology) CBC | | | Urinalysis | | | Misc. Serology | | |
|---|---|---|---|---|---|---|---|---|
| *TEST* | *RESULT* | *REF. RANGE* | *TEST* | *RESULT* | *REF. RANGE* | *TEST* | *RESULT* | *REF. RANGE* |
| WBC | | 4.8-10.8 x $10^3$ | Color | | N/A | RPR | | Negative |
| RBC | | 4.7-6.1 x $10^9$ | App | | N/A | Mono | | Negative |
| Hgb | | 14-18 g/dl (M)<br>12-16 g/dl (F) | Glu | | Negative | **Microbiology** | | |
| Hct | | 42-52% (M)<br>37-47% (F) | Bili | | Negative | Source | | |
| MCV | | 80-94 fl (M)<br>81-99 fl (F) | Ket | | Negative | Gram Stain | | |
| Plt | | 130-500 x $10^3$ verified | SG | | N/A | Occ Bld | | Negative |
| Lymph % | | 20.5-51.1% | Bld | | Negative | H. pylori | | Negative |
| **(Hematology) Manual Differential** | | | pH | | N/A | Micro Parasites | | |
| Segs | | Mono | Prot | | Negative | Malaria | | |
| Bands | | Eos | Urob | | 0.2-1.0 | O & P | | |
| Lymph | | Baso | Nit | | Negative | Other | | |
| Atyp | | Imm | Leuk | | Negative | **Microscopic Urinalysis** | | |
| RBC Morph | | | HCG | | Negative | | | |

| | | | CSF | | | Blood Bank | |
|---|---|---|---|---|---|---|---|
| Spun Hematocrit | | 42-52% (M)<br>37-47% (F) | | | | | |
| Sed Rate | | | Cell Count | | | MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED | |
| Other | | | Directigen | | Negative | ABO/Rh | |

| Coagulation Studies | | | Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED) | | |
|---|---|---|---|---|---|
| *TEST* | *RESULT* | *REF. RANGE* | *UNIT* | *TYPE* | *CROSSMATCH* |
| PT | | 9.8-13.6 secs | | | |
| APTT | | 21-34 secs | | | |
| D dimer | | <20 ug/ml | | | |
| FDP | | <10 ug/ml | | | |

**REMARKS:** MET

| **REPORTED BY:** | **DATE:** | **LAB ID NO.:** |
|---|---|---|

# [redacted] b(6)-4

b(6)-4

Ward/Section: CW1

REQUESTING PH

CHE[illegible] RESULT FORM
(Subject to the Privacy Act of 1974)

LAST, FIRST, MI: [redacted]

DATE: 24 Jan 04

TIME: 0530

SSN/PSEUDO SSN: [redacted]

(i-STAT) [illegible]istry 12

| TEST | RESULT | REF |
|---|---|---|
| Na | | 133-1[illegible] |
| K | | 3.5-4.[illegible] |
| Cl | | 98-109 |
| pH | | 7.31[illegible] |
| PCO2 | | 35-45 |
| PO2 | | 41-51 |
| TCO2 | | [illegible] mmol/L |
| HCO3 | | 22-26 mmol/L |
| sO2 | | 95-98% |
| BEecf | | (-2)-(+3) mmol/L |
| AnGap | | 16-20 mmol/L |
| Ca | | 1.12-1.32 mmol/L |
| BUN | | 8-26 mg/dl |
| GLU | | 70-105 mg/dl |
| Creat | | 0.7-1.5 mg/dl |
| Hct | | 38-51% PCV |
| Hgb | | [illegible]-17 g/dl |

| TEST | RANGE |
|---|---|
| Troponin-I | |
| Drug of Abuse | |

REMARKS:

REPORTED BY: DATE: LAB ID

======= PICCOLO =======
01/24/04 05:55
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3463AA7
OPER #: [redacted] DR #: 000
SERIAL #: b(6) 0000100676

| | | | |
|---|---|---|---|
| ALB | 3.2* | 3.3-5.5 | G/DL |
| ALP | 116* | 26-84 | U/L |
| ALT | 207* | 10-47 | U/L |
| AMY | 31 | 14-97 | U/L |
| AST | 133* | 11-38 | U/L |
| TBIL | 0.9 | 0.2-1.6 | MG/DL |
| BUN | 9 | 7-22 | MG/DL |
| CA++ | 9.1 | 8.0-10.3 | MG/DL |
| CHOL | 171 | 100-200 | MG/DL |
| CRE | 0.7 | 0.6-1.2 | MG/DL |
| GLU | 121* | 73-118 | MG/DL |
| TP | 7.1 | 6.4-8.1 | G/DL |

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 0

(Piccolo) Metabolic Panel

| TEST | RESULT | REF. RANGE |
|---|---|---|
| GLU | | 73-118 mg/dl |

======= PICCOLO =======
01/24/04 05:59
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3294AA4
OPER #: 13 DR #: 000
SERIAL #: b(6) 0000100494

| | | | |
|---|---|---|---|
| GLU | 118 | 73-118 | MG/DL |
| BUN | 8 | 7-22 | MG/DL |
| CRE | 1.1 | 0.6-1.2 | MG/DL |
| CK | 1297* | 39-380 | U/L |
| NA+ | 134 | 128-145 | MMOL/L |
| K+ | 4.0 | 3.3-4.7 | MMOL/L |
| CL- | 102 | 98-108 | MMOL/L |
| tCO2 | 26 | 18-33 | MMOL/L |

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

# CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66; the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|---|---|---|---|---|---|---|
| [redacted] b(6)-4 | | | | 23 Jan 04 | 0930 HOURS | |
| | | | | Return to the Camp | | |
| | | | | [redacted] b(4)-2 | | |
| NURSING UNIT | ROOM NO | BED NO. | | | | |

| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|---|---|---|
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO | BED NO. | | | | |

| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|---|---|---|
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO | BED NO. | | | | |

| PATIENT IDENTIFICATION | | | | DATE OF ORDER | TIME OF ORDER | |
|---|---|---|---|---|---|---|
| | | | | | HOURS | |
| NURSING UNIT | ROOM NO. | BED NO. | | | | |

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

MEDCOM - 27329

b(a)-2

| CLINICAL RECORD | THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. | Mo. ___ Yr. 2003 |
|---|---|---|

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

| ORDER DATE | CLERK/ NURSE | RECURRING ACTION, FREQUENCY, TIME | HR | DATE COMPLETED 20 | 21 | 22 | 23 | 24 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | [redacted] | Braden Scale on admission | 08 | DONE | | | | | | | | | | | | |
| | | & QTD | | | | | | | | | | Error | | | | |
| | [redacted] | Skin integrity & circulation | | | | | | | | | | | | | | |
| | | checks to restrained limbs | | | | | | | | | | | | | | |
| 20Jan | [redacted] | Vitals : QShift | D | | [redacted] | | | | | | | | | | | |
| | | | E | | | | | | | | | | | | | |
| | | | N | | | | | | | | | | | | | |
| 20Jan | [redacted] | Activity → EPN restriction | D | | [redacted] | | | | | | | | | | | |
| | | | E | | | | | | | | | | | | | |
| | | | N | | | | | | | | | | | | | |
| 20Jan | [redacted] | Nursing: Ø | D | | [redacted] | | | | | | | | | | | |
| | | | E | | | | | | | | | | | | | |
| | | | N | | | | | | | | | | | | | |
| 20Jan | [redacted] | Diet: Regular | D | | [redacted] | | | | | | | | | | | |
| | | | E | | | | | | | | | | | | | |
| 20Jan | [redacted] | Labs: CPK, lytes, | 04 | | [redacted] | | | | | | | | | | | |
| | | Chem 12 QD | | | | | | | | | | | | | | |
| 20Jan | [redacted] | Monitor I/O + note | D | | [redacted] | | | | | | | | | | | |
| | | color of urine | E | | | | | | | | | | | | | |
| | | | N | | | | | | | | | | | | | |

ALLERGIES: ☐ YES ☑ NO

PRIMARY DIAGNOSIS: Assault / Bruising

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted] b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| D | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| N | 24 | 01 | 02 | 03 | 04 | 05 | 06 | 07 |

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

MEDCOM - 27330

Automated Facsimile

# INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400, the proponent agency is OTSG

| 1. Register Nbr | 2. Name | 3. Grade | Admission Remarks |
|---|---|---|---|
| [redacted] | [redacted] b(6)-4 | FGN | |

| 4. Sex | 5. Age | 6. Race | 7. Religion | 8. LnthOfSvc | 9. ETS | 10. PrevAdm |
|---|---|---|---|---|---|---|
| M | 30Y | X | MUSLIM | | | NO |

| 11. FMP | 12. SSN | 13. Organization | 14. Ward |
|---|---|---|---|
| 99 | [redacted] b(6)-4 | | ICW1 |

| 15. FlyStatus | 17. Dept / Ben | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case |
|---|---|---|---|---|
| N/A | K78-PRISONER OF WAR/INTER | | | Inj |

| 21. Source of Admission | 22. Hour Of Adm: | 23. Clinic Service |
|---|---|---|
| Direct from ER | 17:00 | ABA - GENERAL SURGERY |

| 24. Name/Relation of Emergency Addressee | 25. Type Disp | 26. Date of Disp |
|---|---|---|
| | TRF-OTH | 2004-01-24 |

| 27a. Address of Emergency Addressee | 27b. Telephone No | 28. Date This Adm: | AdmittingOfficer: |
|---|---|---|---|
| | | 2004-01-20 | [redacted] b6-2 |

| 29. ReportingMTF | 30. Date Init Adm | 32. Units Blood Components |
|---|---|---|
| [redacted] b(2)-2 | 2004-01-20 | |

31. Selected Administrative Data

Marital Status: Z DoB: 1973-03-30

In/Out Patient: Inpatient MOS:

33. Cause Of Injury: BEATING

34. Diagnosis / Operations and Special Procedures:

MULTI CONTUSIONS

Dx

790.5
276.5
920
921.0
923.9
922.31
E960.0

Px

87.03
99.29

35. Total Days This Facility

| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days |
|---|---|---|---|---|---|
| 0 | 0 | 0 | Ø | Ø4 | Ø4 |

35. Total Days This Facility

| Absent Sick Days | Other Days | ConLv / Coop Care Days | Supplemental Care | Bed Days | Total Sick Days |
|---|---|---|---|---|---|
| 0 | 0 | 0 | Ø | Ø4 | Ø4 |


| Signature of Attending Medical Officer | Signature of [redacted] Records Officer |
|---|---|
| [redacted] b(6)-2 | [redacted] |

Automa[redacted]47, May 79

MEDCOM - 27331

| Verity 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 |
| 20 Jan | [redacted] | Admit to FCW: Condition-Stable | 20 Jan | | | |
| 23 Jan | [redacted] | Return to Camp D(6)-2 | Next Camp Run | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |
| | ---- | | | | | |

| Order/ Expir Date | Clerk/ Nurse | PRN ACTION, FREQUENCY | INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |
| ---- | ---- | | | | | | | | | | | | | | | |

USAPA V1.00

MEDCOM - 27332

**BATES PAGES MEDCOM 27333-27494 ARE NONRESPONSIVE AND HAVE NOT BEEN PROVIDED**