DEPARTMENT OF THE ARMY
UNITED STATES ARMY CRIMINAL INVESTIGATION COMMAND
CAMP CROPPER IRAQ CID OFFICE
BAGHDAD, IRAQ APO AE 09342

CIRF-ZA-BD

7 Sep 2006

MEMORANDUM FOR SEE DISTRIBUTION.

SUBJECT: CID REPORT OF INVESTIGATION – CORRECTED FINAL/SSI – 0206-2005-CID789 -39288 –5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:
1. 2 DEC 2005, 0710 - 2 DEC 2005, 0732; 344TH FIELD MEDICAL HOSPITAL, BAGHDAD CENTRAL CONFINEMENT FACILITY (BCCF); GRID 38S MB130840; ABU GHRAIB, IRAQ (IZ)

DATE/TIME REPORTED: 02 DEC 2005, 0800

INVESTIGATED BY: SA (b)(2),(b)(6),(b)(7)(C) SA (b)(2),(b)(6),(b)(7)(C) SA (b)(2),(b)(6),(b)(7)(C)

SUBJECT: 1. NONE; [DEATH BY NATURAL CAUSES]

VICTIM: 1. AL-ZUBAYDI, MUHAMMED HAMZA; INTERNMENT SERIAL NUMBER (ISN) (b)(6),(b)(7)(C) (DECEASED); 28 JUL 1938; BABYLON, IRAQ; MALE; WHITE; XZ; DATE OF CAPTURE BY U.S. FORCES, 22 APR 2003; [DEATH BY NATURAL CAUSES] (NFI)

"This is an Operation Iraqi Freedom Investigation"

On 2 Dec 05, this office was notified by the Patient Administration Department (PAD), 344th Field Medical Hospital, BCCF, Abu Ghraib, IZ (AGI), of a detainee death.

Investigation revealed AL-ZUBAYDI was transported from the Camp Cropper Detention Facility, Baghdad, Iraq to the 344TH Field Medical Hospital, BCCF, AGI for extreme chest pains. Between 20 Nov 05 to 2 Dec 05, AL-ZUBAYDI suffered heart failure three times and on 2 Dec 05, AL-ZUBAYDI died a natural death as a result of Hypertensive Atherosclerotic Cardiovascular Disease.

STATUTES:

N/A

EXHIBITS/SUBSTANTIATION:

Attached:

1. Agent's Investigation Report (AIR) of SA (b)(6),(b)(7)(C) Dec 05, detailing the initial notification; collection of detainee records of AL-ZUBAYDI; interview of medical personnel; collection of preliminary death certificate and medical records.

2. Photographic Packet containing 12 photographs.

a. Packet containing photographs 1-12 (AL-ZUBAYDI).

3. Personal Data Report (PDR) pertaining to AL-ZUBAYDI, 23 Sep 03.

4. Medical Records pertaining to AL-ZUBAYDI, various dates.

5. AIR of SA (b)(6),(b)(7)(C) Fort Meade Resident Agency (CID), Fort Meade, MD 20755, 20 Dec 05, detailing the receipt of the Request for Assistance and attending the autopsy.

6. Photographic Packet containing 10 photographs.

a. Packet containing photographs 13-22 (Autopsy).

7. Fingerprints pertaining to AL-ZUBAYDI (USACRC copy only).

8. AIR of SA (b)(6),(b) 26 Jul 06, detailing the receipt of the final autopsy report and death certificate of AL-ZUBAYDI.

9. Death Certificate, 9 Dec 05, pertaining to AL-ZUBAYDI.

10. Autopsy Report, ME05-1157, 23 Jun 06, pertaining to AL-ZUBAYDI.

11. Compact disc 050206.789 containing all photographic images and the originals of Exhibits 2 and 6 (USACRC and file copies only)

12. Compact disc containing the images of the autopsy of AL-ZUBAYDI (USACRC and file copies only).

NOT ATTACHED:

None.

The originals of Exhibits 1, 2, 5 through 8 and 11 are forwarded with the USACRC copy of this report. The original of Exhibit 3 is retained in the database of Task Force 134, Camp Victory, IZ. The original of Exhibits 9, 10 and 12 are retained in the files of the Armed Forces Institute of Pathology, 1413 Research Blvd., Building 102, Rockville, MD. The originals of Exhibit 4 are retained in the files of the Patient Administration Systems and Biostatistics Activity, 1216 Stanley Road, Suite 25, Fort Sam Houston, TX.

STATUS: This is a Final Report.

Report Prepared By:

(b)(2),(b)(6),(b)(7)(C)

Special Agent (b)(2), (b)(6),(

Report Approved By:

(b)(6),(b)(7)(C)

Special Agent in Charge

Distribution:

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1 - File

b(6), b(7)(C)

DEPARTMENT OF THE ARMY
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7 Sep 2006

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DATE/TIME REPORTED: 02 DEC 2005, 0800

INVESTIGATED BY: SA (b)(2),(b)(6),(b)(7)(C) SA (b)(2),(b)(6),(b)(7)(C) (b)(2),(b)(6),(b SA (b)(2),(b)(6),(b)(7)(C)

SUBJECT: 1. NONE; [DEATH BY NATURAL CAUSES]

VICTIM: 1. AL-ZUBAYDI, MUHAMMED HAMZA; INTERNMENT SERIAL NUMBER (ISN) (b)(6),(b)(7)(C) (DECEASED); 28 JUL 1938; BABYLON, IRAQ; MALE; WHITE; XZ; DATE OF CAPTURE BY U.S. FORCES, 22 APR 2003; [DEATH BY NATURAL CAUSES] (NFI)

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STATUTES:

b(2), b(6), b(7)(C)

ACLU DETAINEE DEATH 2 CID 216

N/A

EXHIBITS/SUBSTANTIATION:

Attached:

1. Agent's Investigation Report (AIR) of SA (b)(6),(b)(7)(C) Dec 05, detailing the initial notification; collection of detainee records of AL-ZUBAYDI; interview of medical personnel; collection of preliminary death certificate and medical records.

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NOT ATTACHED:

None.

b(6), b(7)(C)

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STATUS: This is a Final Report.

Report Prepared By:

(b)(2),(b)(6),(b)(7)(C)

Special Agent, (b)(2), (b)(6),

Report Approved By:

(b)(6),(b)(7)(C)

Special Agent in Charge

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DEPARTMENT OF THE ARMY
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CIRF-ZA-BD 3 Sep 2006

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2. DATE/TIME REPORTED: 02 DEC 2005, 0800

3. INVESTIGATED BY: SA (b)(2),(b)(6),(b)(7)(C) SA (b)(2),(b)(6),(b)(7)(C), (b)(2), SA (b)(2),(b)(6),(b)(7)(C)

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STATUTES: b(2), b(6), b(7)(C)

ACLU DETAINEE DEATH 2 CID 220

N/A

EXHIBITS/SUBSTANTIATION:

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a. Packet containing photographs 13-32 (Autopsy).

b. Packet containing photographs 33-52 (Autopsy).

c. Packet containing photographs 53-67 (Autopsy).

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STATUS: This is a Final Report.

Report Prepared By:

(b)(2),(b)(6),(b)(7)(C)

(b)(2 Special Agent (b)(2),

Report Approved By:

(b)(6),(b)(7)(C)

Special Agent in Charge

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b(6), b(7)(C)

CERTIFICATE OF DEATH *(OVERSEAS)*
Acte de décès *(D'Outre-Mer)*

8886 0586 0 9850 9988

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
(b)(6) UNKNOWN			600020006
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]		MULTI SYSTEM ORGAN FAILURE	9 HOURS
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	SEPSIS	24 HOURS
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	CONGESTIVE HEART FAILURE	2 WEEKS
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 extérieures
☐ 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 (b)(6)	DATE Date 02 DEC 05

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

NAME OF MEDICAL OFFICER Nom du médicin militaire ou du médicin sanitaire	TITLE OR DEGREE Titre ou diplômé
(b)(6)	
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse 344TH CSH
DATE Date 02 DEC 2005	SIGNATURE Signature (b)(6)

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.*

FOR OFFICIAL DOD CIDER LAW ENFORCEMENT SENSITIVE USE ONLY

EXHIBIT 4

206 n5 CID 789 39288

HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AR 40400; 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)*

HVD UNKNOWN

6000200006

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)*: 0737

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)*: MULTI SYSTEM ORGAN FAILURE	~ 9 hours
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): SEPSIS	~ 24 hours
	(2): CONGESTIVE HEART FAILURE	~ 2 weeks
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.	
	b.	

9. DATE	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE
02 DEC 2005	(b)(6)	(b)(6)

SECTION B - ADMINISTRATIVE ACTION

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)*	21. AUTOPSY ORDERED BY *(Signature)*
☐ YES ☒ NO	

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.

USAPA V2.01

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LAW ENFORCEMENT SENSITIVE
ACLU DDII CID 789 39288
EXHIBIT 4

0206 05 CID789 39288

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
26 NOV 05 1945	Procedure Note Under sterile conditions a (R) radial arterial line was inserted via Seldinger technique. Good waveform. BP 194/60. Pt tol well.
26 NOV 05 2000	RT [illegible] a (R) radial arterial line was placed and is in a [illegible] fashion. [illegible] sedative [illegible] no acute distress. Dr [illegible] notified.

(b)(6)

(b)(6)

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)*

[illegible] | REGISTER NO. | WARD NO.

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

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~~USE ONLY~~

CID R019999834

EXHIBIT 4

0206 05 CID 789 39288

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MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
26NOV05	Medicine
1605	Events of the early morning noted. HR + BP proved resistant to aggressive treatment ∅ nitrates + β blocker + diltiazem, but both came down promptly ? sedation and intubation. He had an episode of hypotension earlier today when he was on propofol for sedation and diltiazem infusion was resumed. He was transferred + continued in the place of propofol, the initial bolus of which produced more profound hypotension ? SBP 70, HR 58 He was taken off carbon chain and propofol, and subsequently BP stabilised ~ 110 systolic - HR ~ 60 By early this afternoon HR was up into 80s, BP 120-130 systolic. In process of obtaining a pre-extubation ABG, pt succeeded in extubating himself. Post. extubation CXR confirmed presence of interstitial and airspace pulmonary edema. HR increased into 80s and BP ? to 120s-130s p/t extubation. Diltiazem infusion was resumed at 5mg per hour. His BP and HR subsequently increased again, failed to respond to nitroglycerine SL or inhaled, and ? increased dose of diltiazem infusion. He was given furosemide 20mg IVP but subsequently developed severe dyspnoea and hypoxemia and was sedated, paralysed and re-intubated.

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)*

[illegible]

[illegible] 20 60020 0006
[illegible], UNKNOWN
[illegible] CETATEE
[illegible]

REGISTER NO.	WARD NO.

PROGRESS NOTES
Medical Record

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FOR ACTION BDH CID [illegible]

EXHIBIT
4

0206 05 CID789 39288

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MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
26 Nov 05	Nursing Notes continued
1520	Pt O2 Sat ↓ RN replace Nasal Cannula c NRM,
	Sat improve from 83% → to 100% pt BP 183/86
	RR 42 HR 95
1530	pt HR ↑ 123 BP 197/89 (b)(6) orders ↑
	Cardizem TO 15 mt/hr. Give additional cardizem
	10mg PO / Heat packs to left groin
	20mg IV push.
1535	pt HR and BP continue to rise. IS intubated
	c 8 size ET tube c 24" @ lips, breath sounds
	assumed @ 50mg/hr (b)(6)
1540	(b)(6) Orders ↑ Nitroglycerin Sublingual
	0.4mg stat and 0.2mg/hr = 2mg in normal Saline
	IV push. (b)(6)
1550	(b)(6) Orders received 10mg/ml in
	and 1 IV infusion @ 50 cc/hr (b)(6)
1805	pt is resting comfortably sedated but BP continues
	to rise is 170/76 See Drug Chronology, as per
	RN and PA Infusion rate to 15mg/hr = 45ml/hr
	(b)(6)

NIBP TREND 11/26/05

TIME	HR/PR	SpO2	SYS / DIA - MEAN	RR
HH:MM	BPM	%	mmHg	RPM
18:11	85	100	177 / 76 - 119	19
18:05	86	100	194 / 79 - 125	25
18:00	85	100	171 / 80 - 116	19
17:55	89	100	194 / 91 - 142	15
17:50	87	100	166 / 87 - 114	22
17:45	85	100	184 / 86 - 121	13
17:41	80	100	182 / 74 - 114	15
17:35	68	100	147 / 67 - 99	12
17:30	66	100	146 / 64 - 95	12
17:25	72	100	126 / 57 - 83	12
17:20	65	100	124 / 58 - 86	12
17:15	63	100	128 / 56 - 83	12
17:10	66	100	124 / 56 - 82	12
17:05	63	100	108 / 55 - 73	12
17:00	63	100	108 / 55 - 73	12
16:55	63	100	108 / 49 - 71	12
16:50	63	100	103 / 47 - 67	12
16:45	69	100	97 / 45 - 65	12

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

LAST

FIRST

DEPART./SERVICE

HOSPITAL OR MEDICAL FACILITY

RECOR

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

1 of 1

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EXHIBIT 4

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MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
26NOV05 0700	pt received intubated simv mode 50% O2 see icu flow sheet for complete vital signs, seems mildly agitated new TLC (b)(6) Jugular (b)(6)
0800	Start Cardizem 10ml/hr, 50mcg bolus of fentanyl hold and watch VS then start fentanyl infusion 50mcg/hr, D/C propofol, Start CVP (b)(6) (b)(6)
0900	Dr orders to hold Cardizem (b)(6)
0926	Pt extubated himself put on NC @ 4lpm Sat 97% O2, Bp 137/62, RR29, HR69 Dr Calmed down (b)(6)
0936	pt O2 sat 98% HR65 Bp117/60, Dr orders to resume Cardizem infusion @ 5mcg/hr, D/C fentanyl infusion (b)(6)
Addendum 0926	(b)(6) was at bedside when pt extubated himself (b)(6)
1010	RN suggests to hold on PO meds that are not life threatening Zantac & Aspirin, also pt is presently on Cardizem drip so PO meds will be started later. Plan will wait for another hour (b)(6)
1150	(b)(6) made aware of pt low (24cc) urine output take no action continue to follow (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.

A14F1

DOOOEC1 20 60C20 0006
MVD, UNKNOWN
[illegible] M O DETAINEE
[illegible]
[illegible]

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV. 5/1999)
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EXHIBIT 4

EXHIBIT 4

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LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
LONDRES	(b)(6) orders that pt cardizem be increased
1345	to 10mg/hr (b)(6)
1420	(b)(6) order that nitro drip be decreased (b)(6)
	5mg/hr
1500	↑ Nitro drip to 10 mcg/hr, ↑ cardizem to 15 mg/hr
	Resume PO meds, pt tolerated (b)(6) a little
	discomfort
26 NOV	Anesthesia
1530	Called To Intubate pt. Fr CHF
	Decomp. PTA on NIV Nebulizer.
	PTA Administered 5 mg Morphine, 1 mg Versed,
	100 mg Lidocaine & Int. X1. PTA Tolerated
	Int. well. BS = + ETCO2, Equal Atraumatic
	+ UC easily Visualized.
	Thanks!
	(b)(6)

STANDARD FORM 509 (REV. 5/1999) BACK

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0206 05 CID789 39288

ACLU DDII CID ROIS 00838

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
25Nov 2005 2115hrs	Pt received @ 1900hrs. A&O, sitting up in bed 1950hrs c c/o SOB. O_2 via NC @ 2L applied. ≈ 1955hrs ↑SOB noted, tachypneic, tachycardia (110), ↑ BP 199/82. SpO_2 ↓ 88%. O_2 ↑ 4L via NC. (b)(6) notified *assessed pt. Nitrostat ī tab SL given @ 1958hrs. Cardizem 30mg po given @ 2000hrs. EKG done *shows to (b)(6) Cardizem 10mg IV given by (b)(6) @ 2005hrs. Cardizem gtt 5mg/hr started @ 2010hrs. Symptoms improved but HR >80, SBP >140. Cardizem gtt ↑ 10mg/hr @ 2030hrs. Nitro gtt @ 4mg/hr started @ 2045hrs. Cardiac panel/enzymes drawn & sent to lab. Safety precautions maintained. All meds & procedures explained to pt. Lungs c scattered rales & ↑ productive cough also noted during episode. Ø further distress noted. See ICU flowsheet for initial assessment. Will monitor pt closely. (b)(6)
26Nov 2005 0120hrs	Pt pulled out IV. (b)(6) notified ō unsuccessful attempts to put IV in. Pt pulled out IV ≈ 2355hrs (b)(6) unsuccessful c attempt @ femoral TLC (R). Pressure applied to site x 5min. Ø bleeding/hematoma noted to site. (b)(6) TLC placed by (b)(6) under aseptic technique * use of ultrasound. All ports c @ flush/blood return noted. Area cleaned & dsg applied. IVF, Cardizem gtt & Nitro gtt restarted @ 0110hrs. Pt c SOB * mild ↑HR (80s) noted. Ø distress noted. Pt tolerated procedure fairly well. (R) wrist restraints applied for safety. Will continue to monitor pt closely. (b)(6)
26 NOV 05 c 05:00	ETA MS Called to bedside @ ~ 05:00 for ↑'ing SOB/distress over ~ 1°. Attempted ↑ in Dolantagen (up to 30/hr), ↑ in NTG gtt (up to 700/min), Metoprolol 5mg IV and additional SL sprays x ~ 100, ↓ significant relief in severe distress. Clinically appears to be CHF. W/ pt's consent, opted to ETI pt. @ 06:15
Succ. 200mg Etomidate 30mg Propofol 25ug/kg/min Sitrv @ 12/600/5 60% FiO2	Placed 8.5 ETT under good visualization of VC's (normal) - defective cuff noted → switched to different ETT (no desat. event @ any point) successfully. SIMV ↓ BP dropped to 124 syst c/in 23 minutes of ETI/sedation. EKG unchanged throughout. CXR (P). Pt now stable, on PSV, with ✓ CXR. All meds stopped ↓ sedation due to ↓ BP drop

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EXHIBIT

PREVIOUS EDITION IS USABLE

0206 05 CID 789 3928

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MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
25NOV08	medicine
2020	notified that pt c/o chest pain and SOB
	On my arrival seconds later BP 210/98 P 90-100
	Pt visibly uncomfortable. On review of chart it was noted that
	he did not receive his 1800 dose of cardizem
	He was given SLNTG and 30mg cardizem po stat
	I gave him 10mg diltiazem IV bolus and ordered diltiazem
	infusion at 5mg per hour. HR returned to 70s/80s, BP to 120s
	systolics c improvement in symptoms
	EKG at peak of symptoms shows same changes as c prior
	episodes c inferior TWI and lateral ST depressions
	- Monitor HR - BP - symptoms on diltiazem drip, adjust for effect
	- Continue antithrombotic therapy
	- Continue metoprolol @ 100mg Q8h
	- Serial EKGs + cardiac enzymes

(b)(6)

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.

A14F1

DOOESC1 20 6CC20 0006
HVO, UNKNOWN
DETAINEE
CHOPPER

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

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ACLU DDI CID ROI 039840

0206 09 CID 789 39288

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MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
26 Nov 2025 0720hrs	Pt c tachypnea (59), tachycardia (129), SpO_2 80% @ 0520hrs. ↑SOB c ↓abs noted. (b)(6) notified & arrived @ bedside. 10Ltr NRB mask placed by RT (b)(6). The following meds given by (b)(6) & (b)(6) 0527hrs - Nitro spray, 0528hrs Lopressor 5mg IVP, Nitro gtt ↑ 10mg/hr 0530hrs - Lopressor 5mg IVP 0531hrs - Nitro spray 0534hrs - Lopressor 5mg IVP 0537hrs - Nitro Spray 0540hrs - Nitro gtt ↑ 200mcg/min 0541 hrs - Nitro gtt ↑ 300mcg/min 0544 hrs - Cardizem gtt ↑ 20 mg/hr 0546hrs - Nitro gtt ↑ 400mcg/min, Nitro Spray 0552hrs - Nitro Spray 0555hrs - EKG performed 0556hrs - Nitro gtt ↑ 500mcg/min 0557hrs - Nitro Spray 0601hrs - Nitro gtt ↑ 600mcg/min 0602 hrs - Cardizem gtt ↑ 30 mg/hr 0603 hrs Nitro Spray. Pt BP slowly improving SpO_2 97-100% but, pt remained tachypneic, SOB c use of accessory muscles noted. 0605hrs Succinylcholine 200mg IVP & Etomidate 30mg IVP given for intubation. Cardizem & Nitro gtts also D/C'd @ this time. Pt intubated by (b)(6) 8.5 ETT, placed on vent SIMV mode. See (b)(6) notes for settings. Propofol gtt started @ 1602hrs 25mcg/kg/min. Pt remains agitated. Propofol gtt ↑ 50 mcg/kg/min @ 0610hrs. BP ↑ 80/38. (b)(6) notified. Propofol to continue c no further orders given. Safety precautions maintained - Bilateral wrist restraints to prevent self-extubation. ↓ further distress noted. Report given to (b)(6) (b)(6)
Addendum	0600hrs dose of Metformin & Clonidine held during decompensation

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME: LAST	FIRST	MI	SPONSOR'S (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.

A14F1

DOOPSC1 20 60020 0006
HVC, UNKNOWN
I 8 M O DETAINEE
CROPPED
NOV 05

PROGRESS NOTES
Medical Record

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AGCUADII CID ROI 009841

EXHIBIT 4

0206 05 CID 89 39288

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MEDICAL RECORD	PROGRESS NOTES

DATE	NOTES
25NOV05	Medicine
1445	Pt had episode of chest pain and dyspnea last night, initially without worsened hypertension, but c HR to 90s EKG c inferior lead TWI, deepened / lateral ST segment depression compared to previous, but present on a few of his prior EKGs Troponins normal so far. Still managed to reach SBP >200 overnight Pt felt to be mildly confused, but c normal status level of consciousness FSGs 'have to 200s or 300s
	On exam, pt is in no distress
	T 96.9 P 68 R 24 BP 110/48 SpO2 97% NC 2L
	Chest clear
	Cor reg S1S2
	Abdomen soft, not tender
	Extremities ok
	Neuro: no facial asymmetry
	EKG- resolved (about preceding ST segment depression
	Stable 1 mm (about from) plan ST segment depression (chronic)
	Inferior TWI resolved
	Will continue on Plavix and aspirin
	Taper off the nitro drip. Continue BB titrate + metoprolol. Consider renal US

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR (SSN or (b)(6)
	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.

[illegible]
[illegible] 20 60020 0006
[illegible], UNKNOWN
[illegible] M O DETAINEE
[illegible]PER
[illegible]OV C[illegible]

PROGRESS NOTES
Medical Record

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0000842

EXHIBIT 4

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
25 Nov 05	pt received sleeping, VS as listed on
late entry	ICU flow sheet (b)(6)
1015	pt awakes to ask where he is, had translator explain to him, he is aware of who he is but not where he is (b)(6)
1025	(b)(6) request 12 lead EKG on (b)(6)
	pt, results are in Records
1530	pt complains that nasal canula hurts nares & nose, with RN suggestion D/C O2 therapy and will reevaluate O2 sat for maintenance. (b)(6)
1550	(b)(6) ordered 10 lead EKG (b)(6)

EXHIBIT

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0206 05 CAUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **PROGRESS NOTES**

DATE	NOTES
24 Nov 05 1750	Dr orders 40mg IV Lasix to ↑ UOP
2130	Pt c/o chest pain given nitro sublingual
24 NOV 05	tongue, EKG, and CXR. 2 hours time
24 NOV 05	
24 Nov 05 2145	Pt seen for C/SOB. EKG repeat shows
	ST ↓'s worsened from EKG ~ 36' earlier (V5, V6, I
	and TWI's in inferior leads, new (II/III/AVF)
	NTG started, CXR done, EKG's continue PAN tonight
	Heparin re-started as well. CXR c/w increasing CHF w/ unchanged
	SL NTG ordered and pt observed
2215	Pt given heparin 2 hours time referring to 13
24 NOV 05	morphine and single dose of Ativan
2230	Pt receive second dose of nitro 2 hours time
24 NOV 05	
2311	Pt given third dose of nitro Pt send pain
24 NOV 05	is 8 on a rate from 1-10
0140	Pt begin having SOB & ↑ BP 94 02 ↓84. Consult
	Dr. MO advice Nitro spray which Pt was given

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)*

0000501 20 60020 0006
HVO, UNKNOWN
1938 M O DETAINEE
CAUCASIAN
[illegible] NOV 05

REGISTER NO.	WARD NO.

PROGRESS NOTES
Medical Record

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FOR ACCEDD CID REVIEW ONLY
EXHIBIT 4

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
2300hrs	Pt last on [redacted] and given Nitro in ER with
0130	relief. Pt given bolus of Lasix 40mg
2330	IV. Started on Nitro gtt @ 50mg and was increased
2400hrs	to 300mg/hr Pt still has SOB & is c/o chest pain
	from scale 1-10 Pt stated it's a 7. Nitro spray & IV
	Nitro infusing into Pt
0213	Pt given another bolus of Lasix 40mg and Nitro
0515hrs	Spray. Pt started to feel like he was going to
	and Pt able to breathe easy.
0420	Called to bedside @ approx 0400 for increased SOB, diaphoresis.
	Pt found in extremis. ~ 60 SL sprays of NTG given, and Nitro gtt
	started @ 100ug/min. → increased to 200 → 300 over approximately
	10-15 minutes. Pt SBP 230 at highest, fell to 170 s NTG @ 300/min.
	Clinically showed significant improvement. Lasix 40mg ordered also.
	Now pt appears more comfortable, and subjectively feels much better.
	Etomidate/Succ both drawn up from ETI boxes, but not administered.
	Most recent EKG: TWI inferiorly now flattened or reversed, ST & V4-6 improved
	✡ CXR/EKG/clinical picture all c/w ischemia leading to CHF, now
	appears to be resolving or improving. Latest B/P 94/64, pt
	appears well, c minimal SOB. Troponins ordered, Hep continues

(b)(6)

(b)(6)

(b)(6)

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ACLU DDII CID ROIS 39845

0206 05 CID 789 39288

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MEDICAL RECORD — **PROGRESS NOTES**

DATE	NOTES
23NOV05 0815hrs	Report received, assessment completed per ICU flow sheet. Vital signs stable. Resting comfortably in bed. Noted to be on room air oxygen. Denies chest pain but reports slight shortness of breath. Hood O2 rate noted. (b)(6)
1145hrs	Reported shortness of breath (increased) and "food in throat" crackles and slight inspiratory wheeze upon assessment. Also noted to be hypertensive & increased heart rate. Lasix given slow IVP and Lasix given by MD. Decreased heart rate and blood pressure noted. Continue to deny chest pain. (b)(6)
1330hrs.	Remains stable blood pressure and heart rate. Reports improved respiratory state. (b)(6)
1700hrs	Became agitated & attempts to pull restraints off and get out of bed. Was OOB for 1½ hours & difficulty with trying to get OOB due to inconsistency of the ~~patients~~ Attempts IV unhooked from (b)(6)
0600	PO resting comfortably, and is no signs of distress (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)* 1 of 1		REGISTER NO.		WARD NO.

0000501 20 6C020 0006
NVD, UNKNOWN
1938 M O DETAINEE
HOPPER
NOV 05

PROGRESS NOTES
Medical Record

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ACLU DDII CID REQ 2009846

EXHIBIT 4

EXHIBIT

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LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
24Nov05 0730	pt received resting in bed, VS as listed in the flowsheet (b)(6)
1400	pt asks to sit up; suggests he sat in a chair (b)(6)
1600	pt back in bed resting peacefully (b)(6)
1154	(b)(6) orders 12 lead EKG & Pot (b)(6)
24NOV05 1326	Medicine Pt remains chest pain free. Agitated behavior without mental confusion resolved last night. Appetite & pour. Asks to get OOB to chair for comfort periodically T 100.1 P 78 R 32 BP 122/60 Sat 99% on 2L NC Central line site in good repair Chest ~~clear~~ decreased breath sounds, scattered pips + wheezes Cor reg S1 S2 CVP 12 Abdomen soft, not tender Extremities OK in 2540 out 3240 133 / 102 / 7 (173) 3.8 24 1.3 Phosphorus 2.0 15.6 12.3 2.43 36.1 Hgb - Platelets remain inadequate - Dressing to Carleton - retro pelvic - Furosemide - Bronchial

(b)(6)

BACK

PA V1.00

0206 05 CID789 39288

ACLU DDII CID ROIS 039841

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MEDICAL RECORD — **PROGRESS NOTES**

DATE	NOTES
21NOV05 0700-1900hrs	Assessment completed per ICU flow sheet. Received supine in bed, vital signs stable. Denies Chest pain, but reports feeling short of breath. Hood O_2 sats noted on 2L via NC. Heparin drip and NTG drip infusing per MD order. At 0900 reported chest pain and NTG drip increased. (b)(6) Aware. (b)(6) bolused Chint c Lopressor IV c good effect noted on heartrate and blood pressure. Lab work drawn and evaluated per MD order. Tolerating clear liquid diet c difficulty. Decreased urine output noted in afternoon, received order to increase IVF. Increase in urine noted. No bleeding noted from (R) IJ TLC site. Report given at end of shift to (b)(6) (b)(6)
22NOV05 0900hrs	Assessment completed per ICU flow sheet. Received sup in bed in no distress. Heparin drip at 650units per hour and NTG drip at 30mcg/min. Denies chest pain or discomfort. (b)(6)
1300hrs	OOB to chair for two hours c assist. NTG being titrated to off per (b)(6) (b)(6) (b)(6)
1730hrs	Skin warm & dry. Denies chest pain. Assisted NTG off. (b)(6)
1900hrs	Report given to (b)(6) (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)*

DDDSCI 20 60000 0501 A14F1
MVO-UNKNOWN
1935 M O C
CAMP CROPPER

REGISTER NO.

WARD NO.

ICU #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

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EXHIBIT 4

0206 05 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
21 NOV 05 0640	signs of respiratory distress. Pt is laying in supine position resting comfortably. As per translator pt states he feels better now & he has no more pain in (R) shoulder. (b)(6)
21NOV05	MNT - FIN Pt tolerated c/L. Adv to Diabetic Diet. (b)(6)
21NOV0T	Medicine
1730	Pt had more chest pressure this morning EKG c deepened ST segment depression in lateral precordial leads BP 170-180/60 HR 82 CVP 1 cm H2O Chest clear on auscultation Cor- rrg/rr s3 Abdomen soft not tender Extremities WNL. (R) IJ central line c less wavy waveform Dx: Unstable angina s/p MI in pt c known CAD s/p CABG Pt started on optimal medical therapy I gave him 3 slow IV boluses of metoprolol 5 mg for total dose of 15 mg. HR in 70s BP 150-160 systolic c relief of chest pressure and dyspnea; gave additional 50 mg of metoprolol PO and increased nitro drip

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)*

0000501 20 60000 0501
HVO-UNKNOWN
1539 M O C
CAMP CROPPER

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

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LAW ENFORCEMENT SENSITIVE
DII CID EXHIBIT 4

G 9
1100
330
610

P Subsequently on CVS and BP 120s-130s systolic and pt free of
previous symptoms HR remains in 60s-70s but BP now back up into
160s systolic Pt remains symptom free

- Started Sotalol in AM
- Continue heparin until asymptomatic >24h
- Continue metop 50mg BD 6/52
- Consider sustained effect calcium channel blocker if no further evidence of CHF
- Continue to monitor cardiac enzymes, troponin
- CXR in AM tomorrow

(b)(6)

22NOV05 Medicine
1325 Pt now symptom-free
T 99.0 P 60 R 16 BP 103-178/42-74
Chest generally diminished breath sounds bilaterally
Cor reg s1 s2 no murmurs CVP 5

132 | 100 | 10 → 206
3.5 | 31 | 0.5

12.8 | 12.4 → 171
36.5

Troponin 0.47

- Will D/c heparin infusion once asymptomatic >24hrs.
- continue aspirin, B-blocker, ACE-I, HMG
- titrate off nitro infusion as tolerated
- Consider wean off Clonidine, replace ~~β-blocker~~ calcium channel blocker
- monitor ECG, enzymes, troponin x 3) ~~P~~ echocardiogram
- repeat CXR

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~~LAW ENFORCEMENT SENSITIVE~~

ACHADDU CID RQ1206 EXHIBIT

(b)(6)

0206 05 CID789 39288

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
21NOV05 0700-1900hrs	Assessment completed pr ICU flow sheet. Received supine in bed, vital signs stable. Denies Chest pain, but reports feeling short of breath. Hood O2 sats noted on 2L via NC. Heparin drip and NTG drip infusing per md order. At 0900 reported chest pain and NTG drip increased. (b)(6) aware. (b)(6) bolused Clint c Lopressor IV c good effect noted on heart rate and blood pressure. Lab work drawn and evaluated per md order. Tolerating clear liquid diet c difficulty. Decreased urine output noted in afternoon, received order to increase IVF. Increase in urine noted. No bleeding noted fm (R) IJ TLC site. Report given at end of shift to (b)(6) (b)(6)
22NOV05 0900hrs	Assessment completed pr ICU flow sheet. Received supine in bed in no distress. Heparin drip at 650units per hour and NTG drip at 30mcg/min. Denies chest pain or discomfort. (b)(6)
1300hrs	OOB to chair for two hours c unit. NTG being titrated off pr (b)(6) (b)(6)
1730hrs	Status unchanged. Denies chest pain. Assisted NTG off (b)(6) (b)(6)
1900hrs	Report given to (b)(6) (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)*

A1471

DDDDDDDDDD 00000 0501

DOD - UNKNOWN

1935 M O C

CARD CROPPED

ICU #1

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

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~~LAW ENFORCEMENT SENSITIVE~~

ACLU DDII CID ROI 009851

EXHIBIT 4

0206 05 CID789 39288
AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
20 NOV 05 1900	Received pt in bed in supine position, pt is alert, awake and oriented BI's guage at site is saturated c blood, site cleansed and new pressure dsg applied to site, minimal bleeding persists. Will continue to assess site. Pt is on heparin therapy. All therapies in progress explained to pt. via translator, translator verbalizes pt. understanding. Safety precautions maintained. See ICU flow sheet for assessment. Pt is on NC @ 4ltrs and tolerating well @ vss 160/90. No sigs of respiratory distress noted. (b)(6)
2130	Lab work done as ordered results pending. (b)(6)
2130	PTT 79.8 confirmed c (b)(6) the dosage for results 650u/h rate 13ml/hr. as previously ordered by (b)(6) the same in progress.
2200	Rx medications given as ordered no adverse reactions noted.
0000	Pt is resting comfortably, pt offered no c/o of chest pain (b)(6)
21 NOV 0340	Lab results APTT 82.6 heparin remains @ 13ml/h as per MD's
0525	order. Lab work done as ordered results pending (b)(6)
21 NOV 0530	Pt c/o @ shoulder pain (b)(6) informed of the same. Plan is for PCXR the same is ordered for this am. Sigs of respirat. (b)(6)
0540	EKG done as ordered. no sigs of respiratory distress noted (b)(6)
0605	Lasix given as per MD's order no adverse reactions noted.
0620	CXR done as ordered results pending. (b)(6) reminded of pt c/o @ shoulder
0640	pain no intervention done. All therapies maintained as ordered. Pt denies no

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

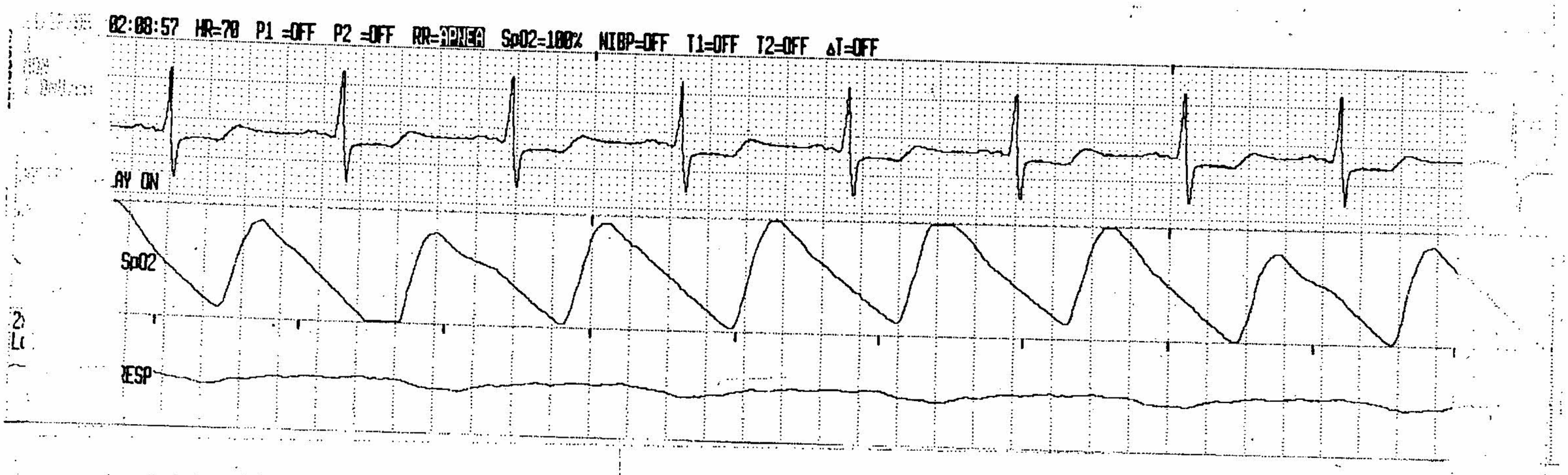
20000501 2C 60000 0501 A14F1
MVO-UNKNOWN
CPT M O C
CAMP CROPPER

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~~LAW ENFORCEMENT SENSITIVE~~
USE ONLY

ACLUDDII CIDR0|3005852

EXHIBIT
4

0206 05 CID789 39288



New admit

(B) IJ TLC
(D) hand PV

(B) UE + cap 138cc 0
(B) UE + cap 138cc 0

DATE	DSG CHANGE	ASSESSMENT BY	ASSESSMENT BY	ASSESSMENT
				NIGHTS
				patent, intact
				patent, intact

(b)(6)

ICU BED #1 20 NOV 2005

A14F1

0501 20 60000 0501
1-UNKNOWN
M O C
P CROPPER

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LAW ENFORCEMENT
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LAW ENFORCEMENT
FOUO DDII CID 0003852

EXHIBIT 4

NEURO	TIME		TIME 0800
Level of consciousness			sedated & intubated
Extremities: Movement			sedated
Strength			sedated
PAIN ASSESSMENT			sedated
CARDIOVASCULAR			
Rhythm/Lead			SR, T↓
Heart Sounds			S1 S2 ~~murmur~~
Skin			~~pale~~ warm & dry
Edema			0
JVD/ Capillary refill			0/<2 secs
Pulses: Radial			+
Posterior Tibial			+
Dorsalis Pedis			+
RESPIRATORY			
Breath Sounds			clear, equal bilateral
Oxygen Delivery			vent
Suctioning/Sputum			prn
E.T./Trach tube			8
Size: Placement			22 at the lip
Cough			—
Treatments			—
GASTROINTESTINAL			
Bowel Sounds			hyperactive in all 4 quadrants
Abdomen			soft, non-distended
Date of last BM			unknown
NG tube Placement			Salem Sump
Suction			
Drainage			
GENITOURINARY			
Urine: Color			clear yellow
Void/Foley			foley
INTEGUMENTARY			
Integrity			intact
Dressings			—
Dressing Condition			—
Drains/Tubes			—
Drainage			—
Signature			(b)(6)

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LAW ENFORCEMENT SENSITIVE
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2060000 0501

20NOV05

0206 05 CID789 39288

	141/71	96/43	98/45	101/47	99/49	108/49
	80	81	62	63	60	
	34	12	12	12	12	
	99.8				97.3	
	100	100	100	100	100	
	45	45	45	45	45	
	vent	vent	vent	vent	vent	
	AC	AC	AC	AC	AC	
	12	12	12	12	12	
	650	650	650	650	650	
	—	—				
Sedated	∅	∅	∅	∅	∅	
Supine	✓	✓	✓	✓	✓	
	125	125	125	125	125	625
Propofol	19.2	19.2	16.8	16.8	16.8	50.4

675.4

292

383.4

675

100 50 22 50 70

— 150 172 222 292 292

2060000 0501 20NOV05 CID789 39288

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LAW ENFORCEMENT SENSITIVE

EXHIBIT 4

MEDICATED DRIP FLOW SHEET

PT. HOSP#/ISN#: 2060000051

MEDICATED GTT/RATE

DATE 28 Nov 05

Time	Fentanyl mcg	Ativan mg	Vec mg	Versed mg/hr	Neo. mcg	Dopa. mcg	Dobut. mcg	Amio. mg/min	Cardizem mg/hr	Lasix mg/hr	Insta cath
0700											
0730											
0800											
0830											
0900											
0930											
1000											
1030											
1100											
1130											
1200											
1230											
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2130											
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2300											
2330											
2400											
0030											
0100											
0130											
0200											
0230											
0300											
0330											
0400											
0430											
0500											
0530											
0600											
0630											

EXHIBIT 4

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CSL ONLY

0206 05 [redacted](6)(a) 789 39288

0700 0730 0800 0830 0900 0930 1000 1030 1100 1130 1200 1230 1300 1330 1400 1430 1500 1530 1600 1630 1700 1730 1800 1830 1900 1930 2000 2030 2100 2130 2200 2230 2300 2330 2400 0030 0100 0130 0200 0230 0300 0330 0400 0430 0500 0530 0600 0630

0206 0051 20 60000 0501 A14F1

UNKNOWN
TO
CROPPER

0800 22NOV05

0206 05 CID 789 39288

Alert
MAE spontaneously
Strong /=
denies

S,S$_2$ noted
intact
none noted
no JVD/cap refill <3sec.
(R) + (L) +
+ +
+ +

2L NC
N/A

positive
soft/nontender
0
N/A

Clear yellow
void

intact

(b)(6)

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LAW ENFORCEMENT SENSITIVE

ACLU DDII CID RQ13 03857

EXHIBIT
4

CH7 / AM1 / Fever

U206 05 CID 89 39281

114/47	138/74	168/72	180/65	145/61	160/62	164/58		116/50	123/52	145/55	134/50	147/56	143/60	162/55	152/52		
61	80	66	81	77	81	70		64	70	69	68	67	78	80	65		
12	14	12	16	14	16	18		16	14	16	16	14	14	18	14		
98 2				98 4							99 4				98.6		
100%	100%	98%	97%	97%	99%	99%		100%	100%	100%	100%	100	100	100	100		
45%																	
Vent AC	Vent PMV	Vent CPAP	FM	4LNC	4L	4L		4L	4L	4L	4L	4L NC	4L NC	4L NC	4L NC		
12	12	—															
650	650																
0	0	0															
5	10	10															

	S	S	S 7	S	S	S	S		S	S	S	S 3	Supine 3	✓ 3	✓	✓ 6		
NTG drip																		
NS	125	125 0.45	50	50	50	50	50	50	550	50	50	50	50	50	50	50	50	950
			50	100					150								50	200
Propofol	19.2	19.2	Off						38									
Heparin			20	20	20	20	20	100	10 off	off	8	15	15	15	15	13	191	
NTG					0	3	3	6	3	3	3	3	3	3	3	3	24	
						350	50	400			250					300	950	

1244

Lasix

500	100	140	200	360	480	670		80	60	160	—	140	150	75	140	3155		
500	600	740	940	1300	1780	2450		2530	2590	2650	—	2790	2940	3015	3155			

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LAW ENFORCEMENT SENSITIVE

ACLU DII CID ROI 9999858

EXHIBIT

ACLU-DOD-OIG ROI-000859

	162/62	174/74	184/54	176/61	161/71	168/68	103/42			153/57	172/68		163/74	164/66	167/66	160/65		
	64	62	57	59	66	70	60			59	70		75	78	80	78		
	18	14	16	20	18	18	16	14	14	14	16							
		99%				98.2				99.3					97.7			
	99%	99%	100%	100%	99%	100%	99%	100%	99%	99%	98%		100	99	97	96		
	2L	2L	2L	2L	2L	2L	RA	RA	RA	RA	RA		2L	2L	RA	RA		
	NC	NC	NC	NC	NC	NC												
	S	S	S	S	S	S	S	S		S	S	S		S	Scap	Scap	Scap	
		5				4					5							
O2 1/2 NS	100	100	100	100	100	100	100	100	800	100	100	100	100	100	100	100	100	
					150				150									
Heparin	13	13	13	13	13	13	13	13	104	13	13	13	13	13	13	13	13	
NTG	9	9	9	9	9	9	9	6	69	6	3	off						
			200				200					150						
			150	140	200	120	30						130	180	100	60	60	60	100
			150	290	490	610	640						770	950	1050			

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~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT

4

0730hrs 20NOV05	1915
sedated	alert awake
sedated	moves all 4 extremities
sedated	stung
	denies any pain at this time
NSR = depressed ST/TW	NSR / TW
$S_1 S_2$ noted	S_1 S_2
intact	warm
none noted	+
no JVD/~~normal~~ limit/Cap refill < 3sec	0 / < 3secs
(R) + (L) +	+ R/R
+ +	+ R/L
+ +	+ R/L
clear to all fields ateriy	clear; equal bilaterally
Vent	NC
RRR	—
CTT	—
	—
N/N	—
	—
pink	Pre in all 4 quadrants
soft	soft; non-distended
	bowel sounds
NG Orange	—
	—
	—
Clear yellow #16 Foley	clear yellow #16 Foley
intact	intact
	—
	—
	—
	—

(b)(6)

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LAW ENFORCEMENT SENSITIVE

EXHIBIT
ACLU DDII CID ROI 009860

0206 05 CID 789 39288

ACCLU BDH CID ROI 0098861

0000 0101

59 54 64 64 68 63 55 74
76 54 103 96 108 80 71 90

94 95 95 96 92 90 90 95
LA LA LA LA LA LA LA LL

100 102 100 100 100 100 100 100
13 12 13 12 13 13 13 13
7 9 9 9 9 9 9 9

170 50 50 100 100 40 70 20

2-10V 05

3085 2928
4045 2490
-1162 438

2400
312
216

2928

2490

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LAW ENFORCEMENT SENSITIVE

EXHIBIT
4

Heme NT 1011-

U206 05 CID 289 39281

174/70	115/67	181/62	182/62	174/67	159/66	114/47	115/50	132/52	141/51	138/54	161/66	173/65	161/61	191/69	
80	86	82	79	75	79	69	68	69	63	61	88	74	74	76	
18	18	14	18	16	18	20	14	16	16	18	16	14	16		
	100					100									
99	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	97%	95%	97%	
2LFW	2LFW	2L	2L	2L	2L	2L	2L	2L	2L	2L	RA	RA	RA	RA	
NC	NC	NC	NC	NC	NC	NC	NC	UC	NC	NC	RA				

6 3 0 0 3 0 0 0 0 0 0 0 0 0 0

Supine S S S S S S S S S S S S S S S

1 6

NTG 20mg NTG 30mg

50 50 50 50 50 50 50 100 100 120 100 100 100 100 100

50 100

Heparin 13 13 13 13 13 13 13 13 13 13 13 13 13 13 13

NGT 3 6 6 6 6 9 9 9 9 9 9 9 9 7 9

240 300 200

post test

600 300 160 140 80 70 30 25 25 60 70 90 NP CD

600 900 1060 1200 1280 1350 1380 1405 (1405) 25 85 155 245

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LAW ENFORCEMENT SENSITIVE

EXHIBIT

ACLUDDII CID ROIS 89862

Hawk NM / CHF

ACLU DOJ CID ROI 000863

	172/70	117/67	152/62	162/62	174/67	159/66	113/47	115/50	132/52	141/51	138/54	161/66	178/65	161/61	191/69
	80	86	82	79	75	79	69	68	69	63	61	88	74	74	76
	18	18	16	18	16	18	20	14	16	16	18	16	14	16	
		100 L					100 L								
	99	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	97%	95%	98%
	2LW	2LW	2L	2L	2L	2L	2L	2L	2L	2L	2L	RA	RA	RA	RA
	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	RA			

Supine	S	S	S	S	S	S	S		S	S	S	S	S	Sup	Sup
	1				6										
	NTG 20mg			NTG 30mg											
	50	50	50	50	50	50	50	100	100	100	100	100	100	100	100
			50			100									
Heparin	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13
NGT	3	6	6	6	6	9	9	9	9	9	9	9	9	T	9
			240				300				200				

post Lasix

	600	300	160	140	80	70	30	25	(140S)	25	60	70	90	NP	(D)
	600	900	1060	1200	1280	1350	1380	1405		25	85	155	245		

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LAW ENFORCEMENT SENSITIVE

EXHIBIT
4

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LAW ENFORCEMENT SENSITIVE

AOEU DDII CID ROI 0098864

EXHIBIT

0206 05 CID 789 39288

ACCU DBK CID ROI 09865

	sedated	1915
	sedated	alert, awake
	sedated	moves all 4 extremities
		strong
		denies any pain at this time
	NSR c depressed ST/TI	NSR /TI
	S, S2 noted	S, S2
	intact	warm
	none noted	+
	no JVD/~~limit~~/Cap refill < 3sec	0/< 3secs
	R + L +	+ BP
	+ +	+ BR
	+ +	+ Rh
	clear to all fields ausc	clear; equal bilaterally
	Vent	NC
	PRN	—
	ETT	—
		—
	N/M	—
		—
	intact	free in all 4 quadrants
	soft	soft; non-distended
		unknown
	NG Drain	—
		—
		—
	Clear yellow #16 Foley	clear yellow #16 Foley
	intact	intact
		—
		—
		—
		—

(b)(6)

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LAW ENFORCEMENT SENSITIVE

EXHIBIT 4

	161/62	179/74	151/54	178/61	161/71	148/68	103/42			153/57	177/68		163/74	164/66	167/66	160/65		
	64	62	57	59	66	70	60			59	70		75	78	80	78		
	18	14	16	20	18	18	16	14	14	14	16							
		99%				98%				99%					97.7			
	99%	99%	100%	100%	99%	100%	99%	100%	99%	99%	98%		100	99	97	96		
	2L	2L	2L	2L	2L	2L	RA	RA	RA	RA	RA		2L	2L	RA	RA		
	NC	NC	NC	NC	NC	NC												
	S	S	S	S	S	S	S	S		S	S	S		S	Sxp	Sxp	Sxp	
		5				4					5							
Os½NS	100	100	100	100	100	100	100	100	800	100	100	100	100	100	100	100	100	100
					150				150									
Heparin	13	13	13	13	13	13	13	13	104	13	13	13	13	13	13	13	13	
NTG	9	9	9	9	9	9	9	6	69	6	3	off						
			200			200						150						
			150	140	200	120	50						130	180	100	60	60	60	100
			150	290	490	610	640						770	950	1050			

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LAW ENFORCEMENT SENSITIVE

EXHIBIT

ACLU DDII CID ROIS 009866

CH7 / AM1 / Fever

ACLU DDII CID ROI 009867

	114/47	138/74	168/72	180/65	147/61	160/62	167/58		116/50	123/52	145/55	134/50	147/56	143/60	162/55	152/52		
	61	80	66	81	77	81	70		64	70	69	68	67	78	80	65		
	12	14	12	16	14	16	18		16	14	16	16	14	14	18	14		
	98				98							99				98.6		
	100%	100%	98%	97%	97%	99%	99%		100%	100%	100%	100%	100	100	100	100		
	45%																	
	Vent	Vent	Vent	FM	4NC	4L	4L		4L	4L	4L	4L	4L	4L	4L	4L		
	AC	PMV	CPAP										NC	NC	NC	NC		
	12	12	—															
	650	650																
	0	0	0															
	5	10	10															
	S	S	S 7	S	S	S	S		S	S	S	S 3	Supine ✓ 3	✓ 3	✓	✓ 6		
						NTG drip												
NS	125	125 D/C'd	50	50	50	50	50	50	550	50	50	50	50	50	50	50	50	950
			50	100					150							50	200	
Propofol	19.2	19.2	Off						38									
Heparin				20	20	20	20	20	100	10 off	off	8	15	15	15	15	13	191
NTG						0	3	3	6	3	3	3	3	3	3	3	3	24
							350	50	400			250					300	950
									1244									
						Lasix												
	500	100	140	200	360	480	670		80	60	160	—	140	150	75	140	3155	
	500	600	740	940	1300	1780	2450		2530	2590	2650	—	2790	2940	3015	3155		

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LAW ENFORCEMENT SENSITIVE

EXHIBIT 8

ACELU-DDII CID ROIS 09868

0206 05 CID 789 39288

Alert
nAE spontaneously
strong / =
denies

S1S2 noted
intact
none noted
no JVD/cap refill < 3sec.
(R) + + +
(L) + + +

2L NC
N/A

positive
soft/nontender
N/A

clear yellow
void

intact

(b)(6)

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LAW ENFORCEMENT SENSITIVE

EXHIBIT
4

0206 05 CID 89 39288

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LAW ENFORCEMENT SENSITIVE

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LAW ENFORCEMENT SENSITIVE

DII CID 009869

EXHIBIT

DATE:	DIAGNOSIS	23 NOV 2005	206 05 CID 789 39288 HOSPITAL DAY:

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22
NIBP/ ABP (MAP)	161/65	142/79	148/67	191/87	160/64	161/66	154/63	168/73	143/64	171/32	172/91	179/89	170/86	160/79	166/79	131/54
Pulse	78	73	75	78	74	75	73	72	71	74	84	81	86	79	82	67
Respirations																
Temperature			97	98.4		99						98.4				
SaO2	96	96	97	100	100	100	99	77	99	100	100	100	100	100	100	100
%O2	RA	RA	RA	4L NC	2L NC	2L NC	RA									
O_2 Delivery																
Mode																
Rate																
Tidal Vol.																
Peep																
PS																
Pain Scale																
Pain Med	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pt Position	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
CVP										5	5	5	9	8+	9+	0

INTAKE

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
IV D5½NS	100	100	100	100	100	~~100~~	—	50	550	50	50	50	50	50	50	50	50	450
IVPB			100	100		100		150	450									900
PO/ TF			120					120	240									
Other																		
TOTAL																		

OUTPUT

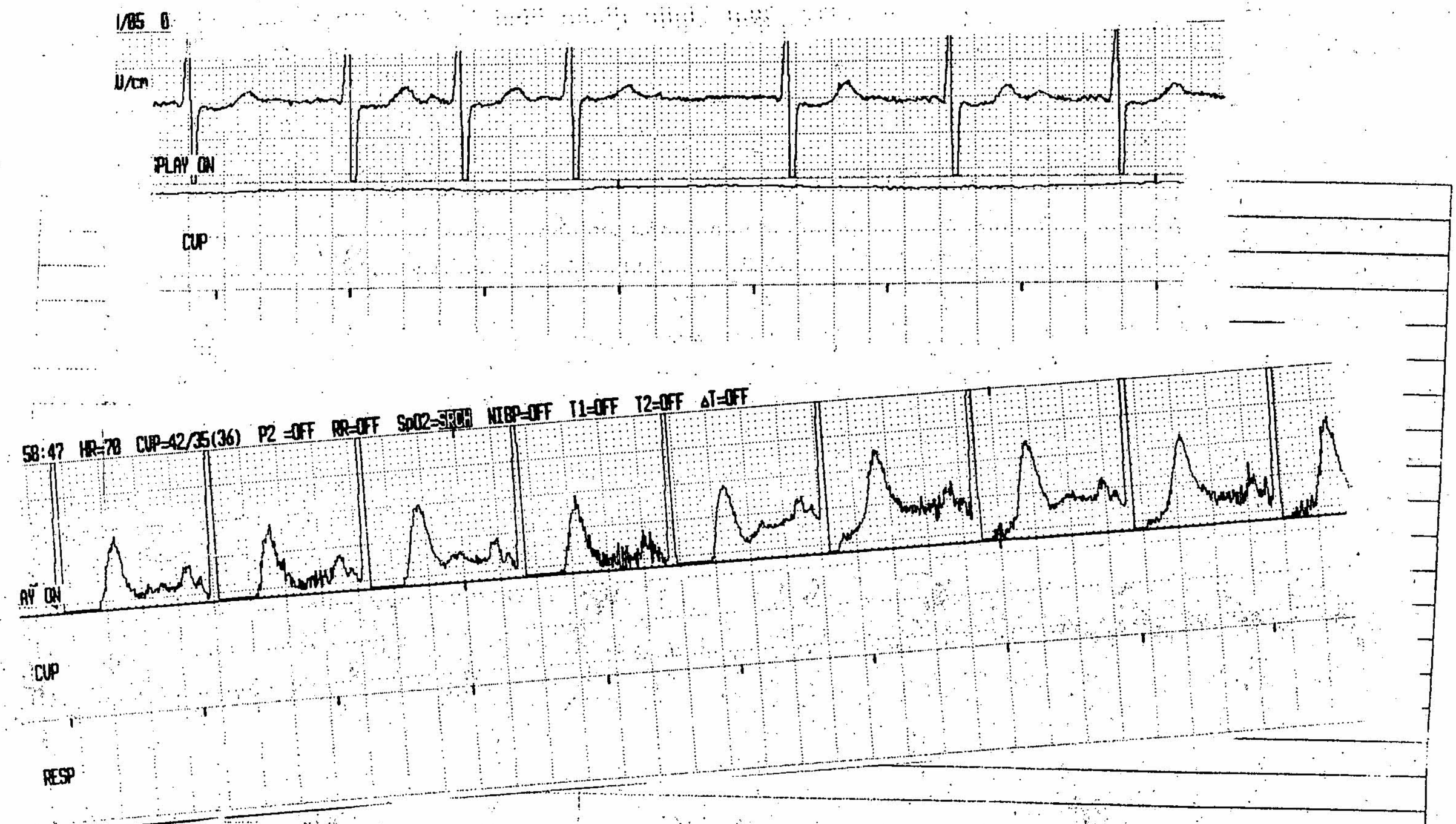
TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
Urine output/ Total	/	/	100/100	30/130	200/330	670/1000	900/1900	140/1840		150/1990	160/2150	150/2300	100/2400	100/2500	100/2600	40/2640	50/2690	490
NG output																		
Emesis																		
Stool																		
Chest tube #1/ #2	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Jackson Pratt #1/ #2	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
TOTAL																		

ASPECT	TIME/INITIALS	
Bath/Skin Care		
Oral Care		
Foley Care		
Trach Care		
Range of Motion		

SAFETY	D	E	N
Cardiac Monitor	(Y) N	Y N	Y N
Bed position/Locked	(Y) N	Y N	Y N
Call bell in reach	Y (N)	Y N	Y N
Protective Device	Y (N)	Y N	Y N
High risk for falls	Y (N)	Y N	Y N

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USE ONLY
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LAW ENFORCEMENT SENSITIVE
USE ONLY
CACI-UBDII CID ROI 009870
EXHIBIT

0206 05 CID/89 39288



INTERVENTIONS:	DAYS				NIGHTS			
0700 site	pulse	cap. ref.	edema	1900	Site	pulse	cap. ref.	edema
0900 site	pulse	cap. ref.	edema	2100	Site	pulse	cap. ref.	edema
1100 site	pulse	cap. ref.	edema	2300	Site	pulse	cap. ref.	edema
1300 site	pulse	cap. ref.	edema	0100	Site	pulse	cap. ref.	edema
1500 site	pulse	cap. ref.	edema	0300	Site	pulse	cap. ref.	edema
1700 site	pulse	cap. ref.	edema	0500	Site	pulse	cap.ref	edema

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	ASSESSMENT DAYS	ASSESSMENT EVENINGS	ASSESSMENT NIGHTS

(b)(6)

DEPARTMENT/SERVICE/CLINIC: HCU #2

DATE: 7-3-2005

- ☐ HISTORY/PHYSICAL
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ DIAGNOSTIC STUDIES
- ☐ FLOWCHART
- ☐ OTHER

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~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 4

ACLU DDII CID ROI 009871

SYSTEM	DAYS	NIGHTS
NEURO	TIME: 0800 hrs 23 hours	TIME:
Level of consciousness	A~O x 3	
Extremities: Movement	MAE x4 Spontaneously	
Strength	weak / ±	
PAIN ASSESSMENT	denies	
CARDIOVASCULAR		
Rhythm/Lead	NSR ± PAC's / II	
Heart Sounds	S1 S2 ~ noted no murmurs	
Skin	intact / dry	
Edema	no	
JVD/ Capillary refill	no JVD / cap refill < 3 sec.	
Pulses: Radial	(R) + (L) +	
Posterior Tibial	+ +	
Dorsalis Pedis	+ +	
RESPIRATORY		
Breath Sounds	Clear to all fields anteriorly, ↓ bases	
Oxygen Delivery	room air	
Suctioning/Sputum	N/A	
ETT/Trach tube		
Size: Placement:		
Cough:	occasional moist cough	
Treatments:	N/A	
GASTROINTESTINAL		
Bowel Sounds	positive x 4 quadrants	
Abdomen	soft, non distended	
Date of last BM	?	
NG tube: Placement:	N/A	
Suction		
Drainage		
GENITOURINARY		
Urine: Color	light amber / clear	
Void/Foley	#16 Fr foley	
INTEGUMENTARY		
Integrity	intact	
Dressings	N/A	
Dressing Condition		
Drains/Tubes		
Drainage		
Signatu	(b)(6)	

0206 05 CID 789 39288

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EXHIBIT

PATIENT: DATE: 0206 05 CID 789 39288

TIME	23	24	01	02	03	04	05	06
NIBP/ ABP (MAP)	150/63	124/72	161/67	162/63	160/60	171/64	166/79	173/73
Pulse	70	67	77	67	71	109	74	74
Respirations	18	18	18	18	19	18	18	18
Temperature								
SaO2	100	100	100	100	100	100	100	99
%O2								
O_2 Delivery								
Mode								
Rate								
Tidal Vol.								
Peep								
PS								
Pain Scale								
Pt Position								
CVP								

24 Hour Totals	Yesterday	Today
INPUT	2040 →	
OUTPUT	3240 →	
DIFFERENCE	-1200 →	

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS	+
IV	50	50	50	50	50	50	50	50	400	1350
IVBP										450
										240
										2040
PO/ TF										
Other										
TOTAL										

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS
Urine output /Total	NP 200	NP 200	NP 300	50 350	50 300	50 300	50 400	50 324	324
NG output									
Emesis									
Stool									
Chest tube #1/ #2									
Jackson Pratt #1/ #2									
TOTAL									

3240
2040
1200

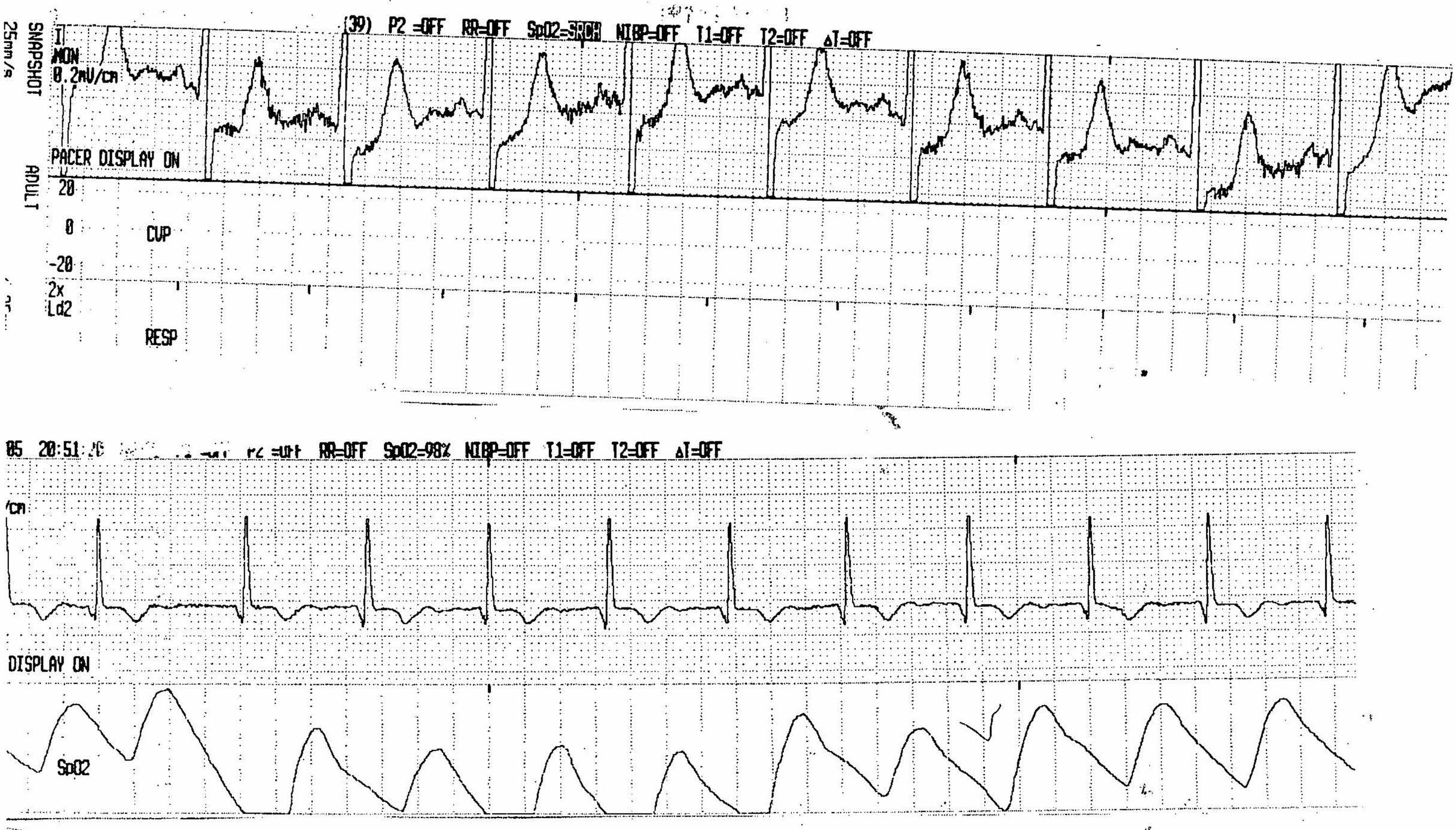
Legend

nit=initials
IVD=Jugular Venous Distention
=Left
NIBP=Noninvasive Blood Pressure
N= No
Y= Yes
2= strong +1=weak
P=Prone
R= Right
SaO2=Saturation of Arterial Oxygen
S= Supine
ABP= Arterial Blood
PS=Pharmacologically Sedated

Name	Signature	Init.

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LAW ENFORCEMENT SENSITIVE
EXHIBIT
ACLU DDII CID ROI 009873

0206 05 CID 789 39288



(b)(6)

ICU Bed 1

A14F1

24Nov05

X

0000501 2C 6CC2C 0006
MVD. UNKNOWN
1938 M C DETAINEE
SHOPPER
DOV DE

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FOR OFFICIAL USE ONLY
CID PCIS 00877

EXHIBIT
4

176/81	170/61	193/83	154/66	173/65-151	66	122/50	135/56	126/54	123/52	131/58	151/64	157/66	135/58	154/100			
75	77	88	82	82	80	78	60	62	67	70	81	80	64	87			
24	28	40	32	24	100	32	22	28	28	28	28	32	26	28			
99	100	99	97	100	100	99	96%	100	100	100	98	100	95	99			
NC	NC	NC	NC	NC	NC	NC	NA	NC	NC	NC	NC	NC	NC	NC			
2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L			

figure

398

163

SF	SF	SF	SF	SF	SF	SF	SF	SF	SF	SF	SF	SF	SF				
17	14	16	12	12	12	8	11	14	18	23							

DS/2NS	50	50	50	75/100	75	75	75	75	52	75	75	75	75	75	75	75	75
																	13
150					90		200		150								
June	240		100		50		390				20						

500	40	200	90	140	110	130	120	70	32	84	60	200	200	50			
	340	740	830	970	1080	1210		120	1312	1356	1516	1596	1796				

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8

EXHIBIT

ACLU DDII CID RQ1S009875

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.

No Work Ltr

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ CORSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 20 21 22 23 24 25 26 27 28 29 30 1 2 3
20 NOV	(b)(6)	Vital Signs routine QI	07	(b)(6)
			19	
20 NOV		Pulses	07	(b)(6)
			19	(b)(6) DUG 24 NOV
20 NOV		Hold antihypertensives	07	(b)(6)
		mds if SBP < 100	19	(b)(6)
21 NOV		Advance to	07	(b)(6)
		diabetic diet	19	(b)(6)
21 NOV				
24 NOV		CBS to chair for 1 hr	07	(b)(6)
		Intakes recorded	19	(b)(6)
25 NOV		Strict Cxls	05	(b)(6)
			13	(b)(6)
			21	(b)(6)
25 NOV		Strict cardiac enzymes	05	(b)(6)
			13	(b)(6)
			21	(b)(6)
26 NOV		(Cath in AM) AM BMP	05	(b)(6)
26 NOV			12	(b)(6)
			17	(b)(6)
26 NOV		CBC daily	05	(b)(6)
26 NOV		CXR in AM	05	(b)(6)
26 NOV		CXR in AM	05	(b)(6)
		Osmolite 1 Cal/ml per NGT	07	(b)(6)
		Check Residuals Q4 hr stop	19	(b)(6)
		feed if < 750cc		(b)(6)

ALLERGIES: ☑ YES ☐ NO — PRIMARY DIAGNOSIS: Acute MI, IHD

ADDITIONAL PAGES IN USE: ☑ YES ☐ NO — PAGE NO:

PATIENT IDENTIFICATION:

000501 20 60000 0501 A1481
HVD-UNKNOWN
939 M O C
AMP CROPPER

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 76 — EDITION OF 1 OCT 76 IS OBSOLETE

ACLU DDII CID R013 00876

Verify by Initialing: Order Date	Clerk Nurse	THERAPEUTIC DIAGNOSTIC PROCEDURES NOT MEDICATIONS — SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
21Nov		CBC, Blood Transfusion + CXR-AP PPT	21Nov	0500	0530	
20Nov		CBC, BMP, Cardiac enzymes, EKG CXR-AP	21Nov	0500	0530	
21Nov		CXR Portable Chest Examination	21Nov	0530	0542	
20Nov		Cardiac Enzymes STAT	21Nov	1615	1618	
26Nov06		XR Chest	Blank	1630	1620	

Order/ Expir. Date	Clerk/ Nurse	PRN ACTION/FREQUENCY	INITIAL (PROPER COLUMN FOLLOWING COMPLETION) TIME/DATE COMPLETED

(b)(6)

(b)(6)

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ACLU-DPH GID-ROI-13-093877

0206 05 CID 89 39288

DRUG RECORD — THERAPEUTIC DOCUMENTATION CARD — CAUTION

For Recording Medications Administered and Other Therapeutic Measures

Record not legible unless Office of The Surgeon General

INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION

ORDER DATE	CLERK / NURSE	RECURRING MEDICATIONS / DOSE / FREQUENCY	TIME	1	2	3	4	DATE DISCONTINUED
20 Nov	(b)(6)	Accucheck Check QID	06					
		Cover & Regular insulin SQ	12	(b)(6)				
		180 - 200 = 2U	19	(b)(6)				
		201 - 250 = 4U	24					
		251 - 300 = 6U						
		301 - 350 = 8U						
		351 - 400 = 10U						
		>400 <70 report to MD						
20 Nov		Lisinopril 40mg P.O. QD	12	(b)(6)				
20 Nov		Valsartan 160 mg PO B.I.D.	10	(b)(6)				
			22	(b)				
24 Nov		Clonidine 0.2mg P.O. B.I.D.	06	(b)(6)				
			24	(b)(6)				
24 Nov		Enteric coated ASA T PO daily 325 mg	10	(b)(6)				
24 Nov		Zantac 150 mg PO BID	10	(b)(6)				
25 Nov		Metformin (Glucophage) 500 mg PO BID	06	(b)(6)				
			19	(b)(6)				
25 Nov		Plavix 75 mg daily, first dose in AM tomorrow	10	(b)(6)				

ALLERGIES: [ ] YES [ ] NO — PRIMARY DIAGNOSIS — ADDITIONAL PAGES IN USE: [ ] YES [ ] NO — PAGE NO.

PATIENT IDENTIFICATION

DOE, JOHN C 1 20 60020 0006 "A14F1"

U.S. UNKNOWN

DET DETAINEE

COPPER

NOV 05

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				
C	01	02	03	04	05	06						

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ACHRDU CID REPORT 0198788

EXHIBIT 4

0206 05 CID 789 39288

Verify/Initialing

INTRAVENOUS DOCUMENTATION AREA

Order Date	Clerk/Nurse	SINGLE ORDER/PRE-PRINTED	Date to be Given	Time to be Given	Time Given	Initials
30 Nov 08	(b)(6)	Amiodaron 150 mg in 100 cc D5W over 10 min → Amiodarone 60 mg/hr for 6 hr	30 Nov	0940	0940	(b)(6)

Order Expir Date	Clerk/Nurse	MEDICATION DOSE FREQUENCY	INTRAVENOUS MEDICATION TIME DATE DISPENSED

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0206 05 CID 789 39288

MISCELLANEOUS RECORD — THERAPEUTIC DOCUMENTATION

DATE	NURSE	RECURRING MEDICATIONS DOSE / ROUTE / FREQUENCY	INIT	DATE DISCONTINUED
24 Nov	(b)(6)	Change Primary IV to NS 07 E 10 mEq KCL per liter @ 75cc/ hr	19	(b)(6)
26 Nov	(b)(6)	Enoxaperin 30 mg SC Q12 (Lovenox)	10 22	(b)(6)
26 Nov	(b)(6)	Vecuronium 4mg/hr	07 19	(b)(6)
26 Nov	(b)(6)	Increased fentanyl infusion to 100 mg/hr titrate for sedation	07 19	(b)(6)
27 Nov	(b)(6)	Vancomycin IV Q24° 1g/250	12	(b)(6)
30 Nov	(b)(6)	Amiodarone @ 0.5mg/min ~~150mg in 100cc D5W~~	07 19	(b)(6)
30 Nov	(b)(6)	Labetalol 0.5 mg/min = 30cc/ hr adjust to maintain SBP 90 < 130	07 19	(b)(6)
1 Dec	(b)(6)	Gatifloxacin 400mg IV Q 24°	12	(b)(6)
1 Dec	(b)(6)	Lantus to 15 QHS	22	(b)(6)

ALLERGIES [ ] YES [ ] NO — PRIMARY DIAGNOSIS — ADDITIONAL PAGES IN USE [ ] YES [ ] NO — PAGE 0

MEDICATION ADMINISTRATION — DISPENSING TIMES

USE PENCIL (GIVEN) — MED TIMES

D 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12

N 23 0 1 2 3 4 5 6

A14F1

DOCOPC1 20 60C20 0006
NAME UNKNOWN
DETAINEE
CHOPPER
NOV 05

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LAW ENFORCEMENT SENSITIVE

FOR OFFICIAL USE ONLY

ACLU-RDI CID ROI 39288

EXHIBIT 4

ICU

MEDICATED DRIP FLOW SHEET

Pt . Hosp#/ ISN#:_____ DATE:_____

MEDICATED GTT/ RATE

TIME	Diprivan mcg	Fentanyl mcg	Ativan mg	Vec. mg	Versed mg/hr	Neo. mcg	Dopa. mcg	Dobut. mcg	Amio. mg/min	Cardizem mg/hr	Lasix mg/hr	Heparin u/hr	Insul u/h

SYSTEM	DAYS	NIGHTS
NEURO	TIME: 0800hrs	TIME: 2130
Level of consciousness	sedated	Sedation
Extremities: Movement	sedated	Q
Strength	sedated	Q
PAIN ASSESSMENT	Fentanyl	Fentanyl
CARDIOVASCULAR		
Rhythm/Lead	sinus bradycardia/ II	Sinus brady Contin
Heart Sounds	S1 S2 noted	S1 S2
Skin	intact	intact
Edema	none noted	Q
JVD/ Capillary refill	no JVD/ Cap refill < 3sec.	<3
Pulses: Radial	(R) + (L) +	(R) +1 (L) +1
Posterior Tibial	+ +	+1 +1
Dorsalis Pedis	+ +	+1 +1
RESPIRATORY		
Breath Sounds	light shonchi; diminished to bases	Diminished
Oxygen Delivery	Vent	Vent
Suctioning/Sputum		Pearl
ETT/Trach tube	ETT	ETT
Size: Placement:		
Cough:	none noted	Q
Treatments:	RT	Q
GASTROINTESTINAL		
Bowel Sounds	positive to all quadrants	Hyp
Abdomen	soft	Soft
Date of last BM		24 dtw of
NG tube: Placement:	NG capped	(L) nasal
Suction		PEN
Drainage		
GENITOURINARY		
Urine: Color	dark yellow to mid. t.	dark yellow
Void/Foley	#16Fr foley	16F
INTEGUMENTARY		
Integrity	intact	Intact
Dressings	N/A	
Dressing Condition		
Drains/Tubes		
Drainage		
Signature	(b)(6)	(b)(6)

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LAW ENFORCEMENT SENSITIVE

EXHIBIT 4

+7

PATIENT: _____ **DATE:** 28 Nov 05

TIME	23	24	01	02	03	04	05	06
NIBP/ ABP (MAP)	104/68	117/81	106/64	104/68	128/82	81/49	84/58	
Pulse	62	66	59	65	67	78	73	
Respirations	21	19	18	20	21	25	25	
Temperature								
SaO2	100%	100%	100%	100%	100%	100%	100%	
%O2	100%	100%	100%	100%	100%	100%	100%	
O_2 Delivery	Vent	Vent	Vent	Vent	Vent	Vent	Vent	
Mode	A/C	A/C	A/C	A/C	A/C	A/C	A/C	
Rate	16	16	16	16	16	16	16	
Tidal Vol.	650	650	650	650	650	650	650	
Peep	16	16	16	16	16	16	16	
PS								
Pain Scale								
Pt Position								
CVP								

24 Hour Totals	Yesterday	Today
INPUT		3296.4
OUTPUT		1590
DIFFERENCE		1706.4

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS	
IV	75	75	75	75	75	75	75	75	1800	
IVBP									1280	
Fentanyl	43	43	43	43	43	43	43	42	114.4	
Vecuronium	10	10	10	10	10	10	10	10	132	
PO/ TF										
Other										
TOTAL										

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS
Urine output /Total	40/1120	50/1190	50/1280	50/1280	50/1330	100/1430	70/1520	70/1590	1590
NG output									
Emesis									
Stool									
Chest tube #1/ #2									
Jackson Pratt #1/ #2									
TOTAL									

Legend

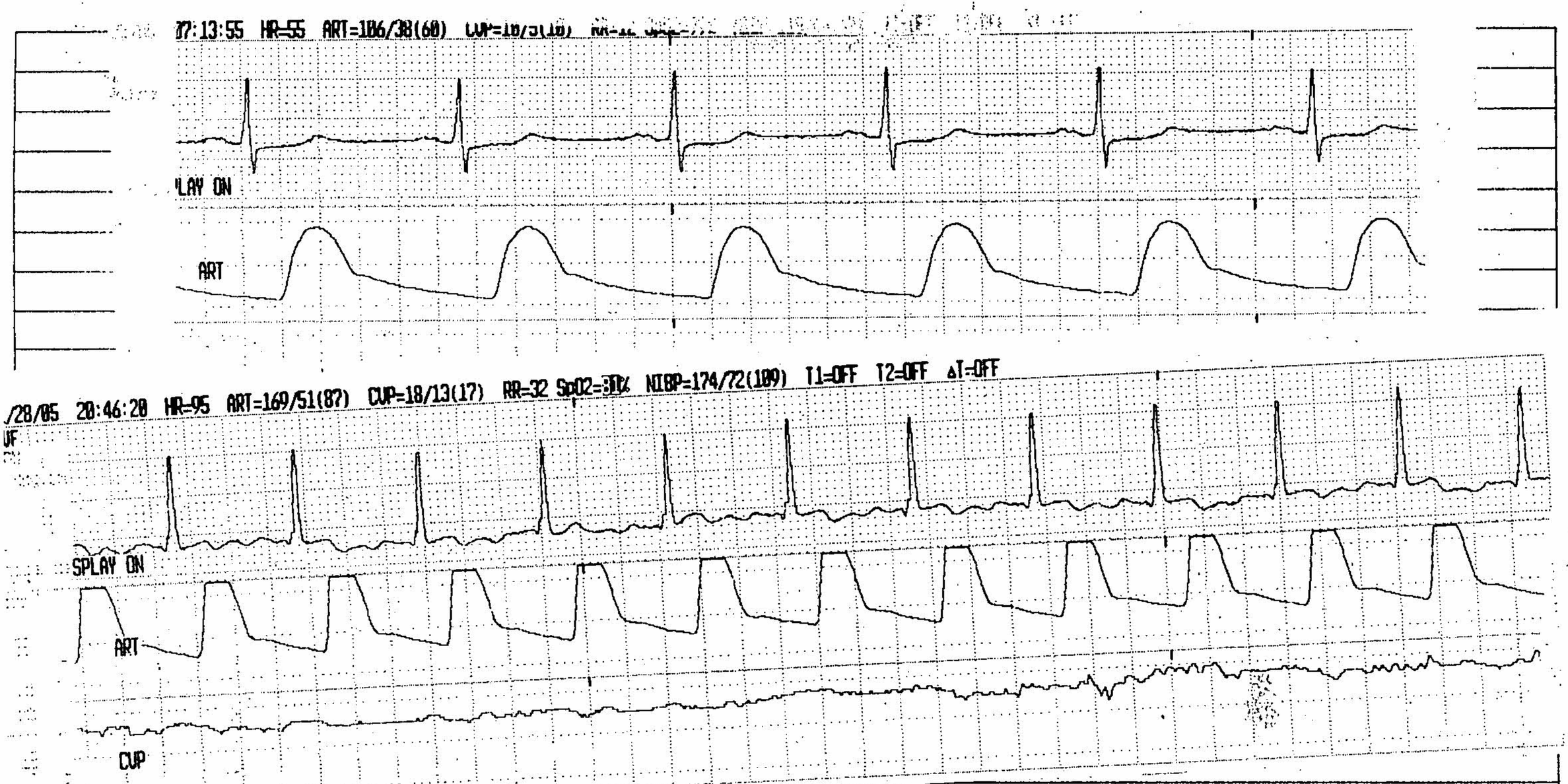
Init=initials
JVD=Jugular Venous Distention
L=Left
NIBP=Noninvasive Blood Pressure
N=No
Y=Yes
+2= strong +1=weak
P=Prone
R= Right
SaO2=Saturation of Arterial Oxygen
S= Supine
ABP= Arterial Blood Pressure
PS=Pharmacologically Sedated

Name	Signature	Init
(b)(6)		

ACLU DDII CID ROIS 09883

0206 05 C10789 39288

ICU FLOW SHEET



DAYS				NIGHTS			
0700 site	pulse	cap. ref.	edema	**1900**	Site	pulse	cap. ref. edema
0900 site	pulse	cap. ref.	edema	**2100**	Site	pulse	cap. ref. edema
1100 site	pulse	cap. ref.	edema	**2300**	Site	pulse	cap. ref. edema
1300 site	pulse	cap. ref.	edema	**0100**	Site	pulse	cap. ref. edema
1500 site	pulse	cap. ref.	edema	**0300**	Site	pulse	cap. ref. edema
1700 site	pulse	cap. ref.	edema	**0500**	Site	pulse	cap.ref edema

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	ASSESSMENT DAYS	ASSESSMENT EVENINGS	ASSESSMENT NIGHTS

PREPA (b)(6)

DEPARTMENT/SERVICE/CLINIC ICU

DATE 11/28/05

PATIENT'S IDENTIFICATION

- ☐ HISTORY/PHYSICAL
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ DIAMOSTIC STUDIES
- ☐ TREATMENT

- ☐ FLOWCHART
- ☐ OTHER

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LAW ENFORCEMENT SENSITIVE

ARGUENDO CID ROI 0089884

EXHIBIT 4

DATE:		DIAGNOSIS								HOSPITAL DAY:								
Time	07	08	09	10	11	12	13	14		15	16	17	18	19	20	21	22	
NIBP/ ABP (MAP)	109/43 (67)	108/46 (68)	116/47 (70)	122/48 (75)	126/77	154/61	97/43	98/43		104/45	135/58	155/64	125/48	146/58	146/59	122/44	117/42	116/55
Pulse	55	55	55	57	68	97	68	61		72	65	71		70	73	62	60	69
Respirations	12	12	12	12	12					16	16	16		16	16	19	20	20
Temperature		99.1				99.2					99.2							
SaO2	99%	100%	100%	100%	96%	92%	95%	91%		99%	99%	96%		96	98	100	100	100
%O2	80%	80%	80%	80%	80%	99%	99%	99%		99%	50%	50%		50	50	99	99	99
O_2 Delivery	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent		Vent	Vent	Vent		Vent	Vent	Vent	Vent	Vent
Mode	AC	AC	AC	AC	AC	AC	AC	AC		AC	AC	AC		AC	AC	AC	AC	AC
Rate	12	12	12	12	12	12	16	16		16	16	16		16	16	16	16	16
Tidal Vol.	650	650	650	650	650	650	650	650		650	650	650		650	650	650	650	650
Peep	5	5	5	5	5	10	10	10		10	10	10		10	10	10	10	10
PS	5	5	5	5	5	5	5	5		5	5	5		5	5	5	5	5
Pain Scale	Fent	U	U	U	U	U	U	U		U	U	U		Fent	Fent			
Pain Med	Fent	Fent	Fent	Fent	Fent	Fent	Fent	Fent		Fent	Fent	Fent		Fent	Fent	Fent		Fent
Pt Position	RS	RS	RS	S	S	S	S	S		S	S	S		S	S	S		S
CVP																		

INTAKE

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
IV NS	75	76	75	75	75	75	75	75	600	75	75	75	75	75	75	75	75	
IVPB								500	500	250				1				
Fentanyl	4	4	4	4	4	4	4	4	32	4	4	4	4	4	4	4	4	
Vecuronium	4	4	4	4	4	4	4	4	32	4	4	4	1	4	4	10	10	
NP															0.5			
PO/ TF																		
Other																		
TOTAL																		

OUTPUT

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
Urine output/ Total	40/40	25/65	25/90	40/130	150/280	1	124/400			200/600	100/700	130/830	90/920	90/1010	110/1120	90/1210	90/1300	
NG output													120					
Emesis																		
Stool																		
Chest tube #1/ #2																		
Jackson Pratt #1/ #2																		
TOTAL																		

ASPECT	TIME/INITIALS	
Bath/Skin Care		
Oral Care		
Foley Care		
Trach Care		
Range of Motion		

SAFETY	D	E	N
Cardiac Monitor	Y N	Y N	Y N
Bed position/Locked	Y N	Y N	Y N
Call bell in reach	Y N	Y N	Y N
Protective Device	Y N	Y N	Y N
High Risk Protocols	Y N	Y N	Y N

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LAW ENFORCEMENT SENSITIVE
ACTDDII CID RO1800885

SYSTEM	DAYS	NIGHTS
NEURO	TIME: 0800	TIME:
Level of consciousness	A Sedated	0206 05 CID 789 39288
Extremities: Movement	11	
Strength	11	
PAIN ASSESSMENT	11	
CARDIOVASCULAR		
Rhythm/Lead	Irreg Irreg	
Heart Sounds	S1 S2 ∃ MRG	
Skin	Cool and pink	
Edema	⊖	
JVD/ Capillary refill	⊖ / <3	
Pulses: Radial	r2 r2	
Posterior Tibial		
Dorsalis Pedis	r2 r2	
RESPIRATORY		
Breath Sounds	BBS Rhonchous	
Oxygen Delivery	ETT vent	
Suctioning/Sputum	PRN	
ETT/Trach tube	ETT	
Size: Placement:	8	
Cough:	⊖	
Treatments:	RT	
GASTROINTESTINAL		
Bowel Sounds	Hyperactive	
Abdomen	mass in upper quadrants	
Date of last BM		
NG tube: Placement:	Salem sump Stomach	
Suction		
Drainage		
GENITOURINARY		
Urine: Color	Amber	
Void/Foley	Foley	
INTEGUMENTARY		
Integrity	Intact	
Dressings	(L) SCLV TLC (R) radial A-line	
	C.D.I.	
Dressing Condition		
Drains/Tubes		
Drainage		
Signature	(b)(6)	

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LAW ENFORCEMENT SENSITIVE
USE ONLY

COLLECTED II CID REN 0009886

EXHIBIT 4

0206 05 610789 39288

TIME	23	24	01	02	03	04	05	06
NIBP/ ABP (MAP)	114/32	114/32	140/32	113/70	114/32	104/	140/32	143/55
Pulse	83	81	81	84	87	87	99	80
Respirations	16	14	14	14	14	14	14	16
Temperature	99.3	98.9	99.1	99.1	99.1	99.1	98.9	98.1
SaO2	100%	100	100	98	100	100	100	100
%O2	96%	100%	99	98	96	96	98	96
O_2 Delivery	vent	vent	vent	vent	vent	vent	vent	vent
Mode	AC	AC	AC	AC	AC	AC	AC	AC
Rate	14	14	14	14	14	14	14	14
Tidal Vol.	650	650	650	650	650	650	650	658
Peep	10	10	10	10				
PS	5	5						
Pain Scale								
Pt Position								
CVP								

24 Hour Totals	Yesterday	Today
INPUT		3231.5
OUTPUT		691
DIFFERENCE		2540

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS	
IV	75	75	75	75	75	75	75	75	1960	
IVBP										
Feed	6.3	6.3	6.3	6.3	6.3	6.3	6.3		151.2	
Vcc	10	10	10	10	10	10	10	10	240	
Amp	16.7	16.7	16.7	16.7	16.7	16.7	16.7	16.7	260.4	
Lab/Med	60		30	20	—	20	20	30	120	
PO/ TF	30	30	30	30	30	30	30	30	720	
Other										
TOTAL										

3231.5

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS
Urine output /Total 271	40/311	40/351	60/411	60/471	60/531	60/591	60/651	40/691	691
NG output									
Emesis									
Stool									
Chest tube #1/ #2									
Jackson Pratt #1/ #2									
TOTAL									

Legend

Init=initials
JVD=Jugular Venous Distention
L=Left
NIBP=Noninvasive Blood Pressure
N=No
Y= Yes
+2= strong +1=weak
P=Prone
R= Right
SaO2=Saturation of Arterial Oxygen
S= Supine
ABP= Arterial Blood Pressure
PS=Pharmacologically Sedated

Name	Signature	Init.
(b)(6)		

271
40
311

351
60
411

471
60
531

591
60
651

691
40

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EXHIBIT
ACLU DDII CID R013009887

MEDICATED DRIP FLOW SHEET

Pt . Hosp#/ ISN#:_____ DATE:_____

MEDICATED GTT/ RATE

TIME	Diprivan mcg	Fentanyl mcg	Ativan mg	Vec. mg	Versed mg/hr	Neo. mcg	Dopa. mcg	Dobut. mcg	Amio. mg/min	Cardizem mg/hr	Lasix mg/hr	Heparin u/hr	Insulin u/hr

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MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
	Nursing Notes continued
27NOV05	Changed
1700	pt BP ↓, WNL
27NOV05	11 sedative on Vent C (L) mask, TLC
2000	(L) side (R) Radial A line, foley intact and
	patent, IUF increasing, PS in no sign of
	distress @ Clear free
2300	PT water was given to free with @ risk to
27NOV05	to LOG in a place, in safe keeping
28NOV05	Assessment completed. See ICU flow sheet. Pt
0900hrs	supine in bed in no acute distress. Vital signs
	stable. Received on Vecuronium drip and fentanyl drip.
	Heart rate and blood pressure well controlled.
1100hrs	Noted to be hypotensive & decreased SPO2 at 1100hrs
	awake. Nipride drip initiated at 1ugx/gm per
	MD & relief noted. Nipride discontinued at 1215 hrs & antihypertensive
	given via NG tube. Pt became hypotensive and remained
	NS 250cc bolus x 2, Atropine 1mg, and Ephedrine 20mg
	& good effect noted. Blood work obtained during hypotensive
	episode showed increased Cardiac enzymes
	attended throughout. Stable at this time.

(b)(6)

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)*

A14F1

0000091 20 60020 0006
HVO, UNKNOWN
[illegible] N O DETAINEE
[illegible]PPER
[illegible]Y CF

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

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CIDII CID REVIEW

EXHIBIT 4

28NOV05
2205

Medicine

Pt had 2 episodes of malignant hypertension today, treatment of which was complicated by profound hypotension. The hypertensive phase was associated c relative tachycardia and hypoxemia secondary to pulmonary edema.
On a separate occasion Pt suffered a self limited episode of accelerated hypertension that developed while the patient was being turned and positioned.
In the two episodes described above BP rose to 200+/100+ and HR up to 80s-90s. On both occasions he was placed on nitroprusside infusion, but before BP could be brought under control he became hypoxemic and difficult to ventilate (within minutes of this, heart rate and blood pressure fell precipitously. In the first instance he had received furosemide 20 mg IVP and in the second he received morphine 2 mg IVP the preceding minutes. In both cases he developed inferior TWI c/b hypotension.
On the first occasion he was given epinephrine c good response c restoration of bradycardia and hypotension. The second episode resolved p discontinuation of nitroprusside.
Hypoxemia and decreased lung compliance were more severe c the second episode. At the height of each episode he had S3 gallop, hyperdynamic precordium (continued)

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LAW ENFORCEMENT SENSITIVE
EXHIBIT
ACLU DDII CID ROIS 003890

0206 05 CID 789 39288

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MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
27 Nov 05	addendum - Blood cx / Cath tip @ for TNTC CFU S. aureus. will start Vancomycin 1gm IV 24 hr. (b)(6)
27 Nov 05	Nursing Notes:
0710	pt received sedated and still on vent hourly VS as listed on ICU flowsheet, Bp low @ 99/46 ↓ nitroprussin from 6.3 ml/hr to 5.7.6ml/hr = 1.3mcg/kg/min, informed by night nurse that pt Bp fluctuated throughout shift, NG tube was placed so to give pt PO meds on night shift (b)(6)
1040	Pt Bp to 109/44 d/ Nitroprussin to 1.0mcg/kg/min (b)(6)
1100	Nitroprussin on standby no infusions (b)(6)
1115	Lab results returned on TLC tip removed, Dr orders vancomycin 1U Stat 1gm (b)(6)
1120	having difficulty pushing Cardizem CD 240 mg down NG tube, Dr rewrites order for Cardizem 60mg Q6, will resume at 1800 med dose (b)(6)
1416	Pt Bp now 97/46 (b)(6)
1615	pt Bp ↑ to 132/54 when Bed bathed and bed

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

A14F1

DOOOCC1 20 60020 0006
HVD: UNKNOWN
I BIN 0 DETAINEE
DROPPED

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV. 5/1999)
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CID ROI 0009891

EXHIBIT
4

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MEDICAL RECORD — **PROGRESS NOTES**

DATE	NOTES
	Nursing Notes Continued
27NOV05 1700	Changed Pt BDU, WNL
27NOV05 2000	Pt sedative free on Vent TC (L) side (R) radial A line, foley, intact, cont. feeding, IVF infusing, PS, VS, resp. effort, dressing, dsg dry & intact, free flow O2
27NOV05 2240	Pt Water wks given to free knee & toes
27NOV05	to CCS in a place in sit legs
28NOV05 0900hrs	Assessment completed see ICU flow sheet pt supine, pt is awake, alert, follows commands, VSS, pupils reactive & equal, pt is on Ventilator dependent, RR set at 20, FiO2 at 40%, PS at 10, PEEP at 5, pt is sedated with versed drip at 2mg/hr, fentanyl drip at 100mcg/hr, heart rate and blood pressure well controlled,
1500hrs	Noted to be hypertensive denied SPO at 1100hrs awake. Nipride drip initiated at 1.5mcg/kg/min MD called notified Nipride dc'd at 1215hrs patient given 20mg IV Lasix due to hypertension and renal VS 250cc/hour x2, Atropine 1mg, and Ephedrine 20mg good effect noted. Blood work obtained due to patient episode which showed Cardiac enzymes stable throughout the day.

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: 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] F 1

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV. 5/1999)
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DAPA V1.00

EXHIBIT

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0206 05 CID 789 39280

AUTHORIZED FOR LOCAL REPRODUCTION

PROGRESS NOTES

JICAL RECORD

DATE	NOTES
17Nov05 0945	FM ICU note O: Continues on Vent. BP ↓ on nipride. O: 124/49 HR 72 RR 12 T 98° Sedated on Vent. Lungs CTAB CV RRR s m. ④ mech click. Abd soft. BS ⊕ & pedal edema. Labs: Trop <1.5 | 139 / 3.0 | 106 / 28 | 13 / 0.8 | 242 ; 20.8 | 9.3 / 28.9 | 80 / 452 ABG 7.40/43.1 | 14 | 95% EKG no acute Δ's CXR - ↑ RL infiltrate/Effu A/P 1.) Hypertensive Crisis 2) Flash Pulm edema / CHF will cont. Nipride until he gets all of his po/NG anti-hypertensives (the Trapsin has remained despite his last episode. 3.) Resp failure - he is tolerating the vent at Sedation ok - I will rest him today - potentia Wean tomorrow.

(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	
		REGISTER NO.	WARD NO.

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

A14F1

DDDDC1 20 6CC20 0006
NVO, UNKNOWN
[illegible] M C DETAINEE
[illegible]

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
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USE ONLY

FOR ACTIONS II CID ROI 0009893

EXHIBIT 4

0206 05 CID 789 39288

26NOV05

Medicine
Consult

21-2100

Following medications
Decreased dobutamine gtt to 10 mg per hour titrated for MAP
Intubated on vent AC TV 650 f/ 12 FIO2 30% SpO2 100% PEEP 5
Oriented T 99.6 P 72 R 12 BP 150/57
Chest clear
Cor regular S1 S2 no S3, no S4 on CVP = 9 dimished pedal pulses
Abdomen soft, non tender
Extremities: no

Post intubation ABG
pH 7.432 PCO2 40.4 PO2 212 HCO3 26.9 SaO2 100%

139	108	16	198	140	9.4	335
3.6	28	0.9			27.9	

Cath 3 troponins since 2055 last evening 0.08, 0.08, 0.05

EKG SR occasional PAC
1 mm ST depression TWI I aVL
1 mm ST depression, biphasic T V6
chronic Q in III, chronic ST elevation V1-V3

Assessment: Elderly accelerated HTN in pt with known CAD-PVD
? renal vascular HTN ? pheo
Suspect diastolic dysfunction as etiology of pulmonary edema
Shock of CVS by volume by only small amount
CXR cardiac silhouette c/w CHF
See orders for updated plan (2) 35

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~~LAW ENFORCEMENT SENSITIVE~~

(b)(6)

EXHIBIT
~~FOR OFFICIAL USE ONLY~~

0206 05 CID789 39288

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MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
26 NOV 05	Medicine
1605	Events of the early morning noted. HR & BP raised resistant to aggressive treatment 2 minutes & Midaz + diltiazem, both boluses done promptly & sedation and intubation. He had an episode of hypotension earlier today when he was on propofol for sedation and diltiazem infusion was ceased. He was transferred + continued in the place of propofol, the initial bolus of which produced more profound hypotension - SBP 70, HR 56. He was put on AC cardiac chair and propofol, and subsequently BP stabilised ~ 100 systolic - HR ~ 60. By early this afternoon, HR was up into 80s, BP ~ 130 by Midaz. In process of obtaining a pre-extubation ABG, pt succeeded in extubating himself. Post-extubation CXR confirmed presence of interstitial and airspace pulmonary edema. HR increased into 80s and BP into 120s - 130s. Pt extubated. Diltiazem infusion was resumed at 5mg per hour. His BP and HR subsequently increased again, failed to respond to Midaz 5 or 10mg, and to increased dose of diltiazem infusion. He was given furosemide 20mg IVP but subsequently developed severe dyspnoea and hypoxemia and was sedated, paralysed and intubated.

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.
[illegible]		

DOOSE G1 20 60020 0006
HVO: [illegible] NOV 05
[illegible] R C [illegible] TAI, EE
[illegible]

PROGRESS NOTES
Medical Record

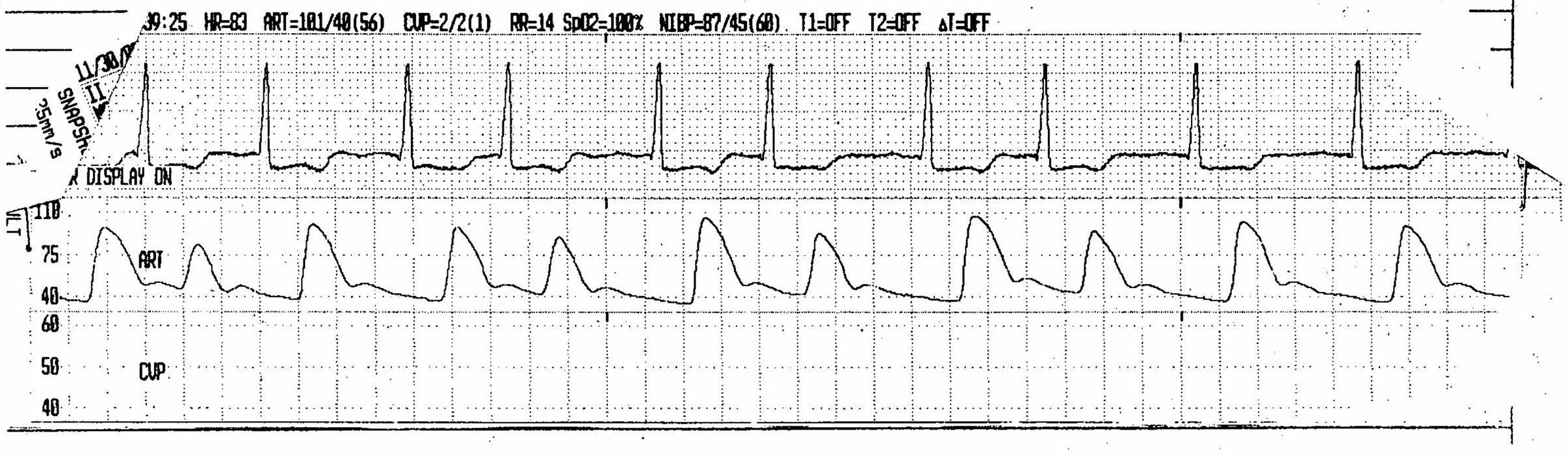
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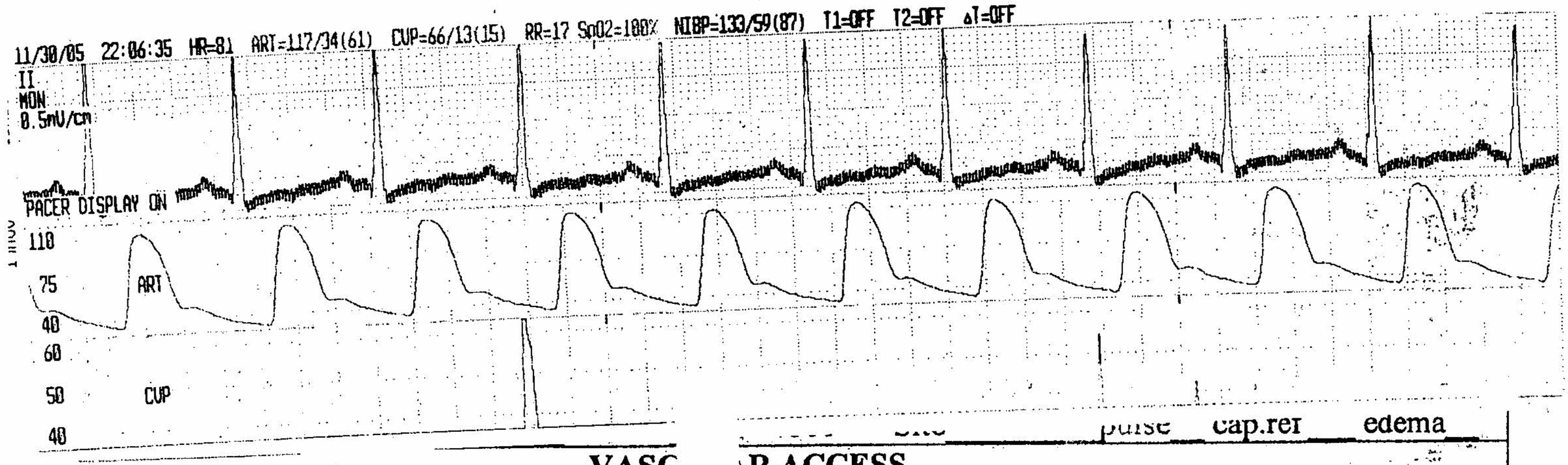
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ACLU DDII CID FOIA 39288
EXHIBIT
4

ICU FLOW SHEET

0206 05 C10789 39288

EKG STRIPS





pulse cap.ref edema

VASC R ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	ASSESSMENT DAYS	ASSESSMENT EVENINGS	ASSESSMENT NIGHTS
L SCLV TLC	26 Nov 05		CDI		
R Radial A-line	26 Nov 05		CDI		

(b)(6)

DEPARTMENT/SERVICE/CLINIC ~~TCU~~ ICU

DATE 11/30/05

PATIENT'S INDENTIFICATION

- ☐ HISTORY/PHYSICAL
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT
- ☐ FLOWCHART
- ☐ OTHER

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FOR OIA/CEU DDII CID ROI 009896
USE ONLY
EXHIBIT
4

Time	07	08	09	1	11	12	13	14		15	16	17	18	19	20	21	22	
NIBP/ ABP (MAP)	88/ 48	91/ 47	126/ 53	92/ 57	76/ 49	107/ 62	130/ 66	112/ 62		123/ 58	105/ 51	94/ 61	112/ 60	133/ 74	104/ 68	98/ 46	114/ 57	
Pulse	80	79	108	95	75	77	66	80		79	81	76	74	71	105	76	82	
Respirations	14	~~44~~	14	14	14	14	14	14		14	14	14	14	14	18	15	15	
Temperature		98.2	—	~~97~~	99	—	—	98.8		—	—					99	99.9	
SaO2	100	100	81	95		100	100	100		100	100	100	100	80	100	100	100	
%O2	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	99	
O_2 Delivery	ETT	ETT	ETT	ETT	ETT	ETT	ETT	ETT		ETT	ETT	ETT	ETT	VM	VM	VM	VM	
Mode	AC	AC	AC	AC	AC	AC	AC	AC		AC	AC	AC	AC	AC	AC	AC	AC	
Rate	14	14	14	14	14	14	14	14		14	14	14	14	14	14	14	14	
Tidal Vol.	650	650	650	650	650	650	650	650		650	650	650	650	650	650	650	650	
Peep	5	5	5	10	10	10	10	10		10	10	10	10	10	10	10	10	
PS	5	5	5	5	5	5	5	5		5	5	5	5	5	5	5	5	
Pain Scale	→	→	→	→	→	→	→	→										
Pain Med	Fent	→	→	Fent	→	→	Fent	Fent		Fent	Fent	Fent	Fent	Fent	Fent	Fent	Fent	
Pt Position	SF	SF	SF	SF	SF	SF	SF	SF		SF	SF	SF	SF					
CVP																		

INTAKE

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
IV	75	75	75	75	75	75	75	75		75	75	75	75	75	75	75	75	
IVPB				150			250	→										
Diltiazem	5	5	7.5	10	→	→	→	→										
Fent	6.3	6.3	6.3	6.3	6.3	6.3	6.3	6.3		6.3	6.3	6.3	6.3	6.3	6.3	6.3	6.3	
Vec	10	10	10	10	10	10	10	10		10	10	10	10	10	10	10	10	
Amio	33.3	33.3	33.3	33.3	33.3	33.3	33.3	33.3		33.3	33.3	33.3	33.3	16.7	16.7	16.7	16.7	
PO/ TF	30	30	30	30	30	30	30	30		30	30	30	30	30	30	30	30	
Other																		
TOTAL																		

OUTPUT

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
Urine output/ Total	25/ 25	25/ 50	40/ 90	30/ 120	35/ 155	45/ 200	40/ 240	33/ 273	273	45/ 45	45/ 90	25/ 115	25/ 140	30/ 170	30/ 200	30/ 230	40/ 270	270
NG output																		
Emesis																		
Stool																		
Chest tube #1/ #2																		
Jackson Pratt #1/ #2																		
TOTAL																		

ASPECT	TIME/INITIALS	
Bath/Skin Care		
Oral Care		
Foley Care		
Trach Care		
Range of Motion		

SAFETY	D	E	N
Cardiac Monitor	(Y) N	Y N	Y N
Bed position/Locked	(Y) N	Y N	Y N
Call bell in reach	Y (N)	Y N	Y N
Protective Device	(Y) N	Y N	Y N
High risk for falls	Y (N)	Y N	Y N

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LAW ENFORCEMENT SENSITIVE
ACLU DDII CID ROIS 88897

SYSTEM	DAYS	NIGHTS
NEURO	TIME: 0900	TIME: 1900
Level of consciousness	Sedated	Sed 10206 05 CID 789 39288
Extremities: Movement	"	"
Strength	"	"
PAIN ASSESSMENT	"	"
CARDIOVASCULAR		
Rhythm/Lead	Normal Sinus / II	~~Sinus~~ AT. / fb
Heart Sounds	S1 S2 & S3 MRG	S1 S2
Skin	Pink and warm	pale cool centrally peri
Edema		
JVD/ Capillary refill	⊖ / < 3	
Pulses: Radial	+2 +2	
Posterior Tibial		
Dorsalis Pedis	+1 thready +1 thready	
RESPIRATORY		
Breath Sounds	Rhonchi @ all lobes	Rhonchi to the BP
Oxygen Delivery	Endotracheal tube ventilation	ETT vent
Suctioning/Sputum	PRN	PRN
ETT/Trach tube	ETT	ETT
Size: Placement:	8	8
Cough:	None	None
Treatments:	None	None
GASTROINTESTINAL		
Bowel Sounds	Absent x 4	~~Absent~~ present
Abdomen	LUE obese	
Date of last BM		
NG tube: Placement:	Salem Sump in abdomen	TF @ 30 cc/hr
Suction	LIS	
Drainage		
GENITOURINARY		
Urine: Color	Yellow	Yellow
Void/Foley	Foley	Foley
INTEGUMENTARY		
Integrity	Intact	Intact
Dressings	D sacr TLC	
Dressing Condition	CDI	CDI
Drains/Tubes		
Drainage		
Signature	(b)(6)	(b)(6)

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EXHIBIT 4

CID 789 39288

PATIENT: 80 **DATE:** 02062005

TIME	23	24	01	02	03	04	05	06
NIBP/ ABP (MAP)	97/59	93/71	95/71	111/69	94/64	129/84	103/45	80/23
Pulse	97	116	104	94	71	78	79	80
Respirations	15	17	15	9	15	18	19	19
Temperature			98.6	98.6	97.4	98.6	98.6	97.1
SaO2 Sat	100	100	100	100	100	100	100	100
%O2 FiO2	100	100	100	100	100	100	100	100
O_2 Delivery	vent	vent	vent	vent	vent	vent	vent	vent
Mode	AC	AC	AC	AC	AC	AC	AC	AC
Rate	14	14	14	14	14	14	14	14
Tidal Vol	650	650	650	650	650	650	650	650
Peep	7	7	7	7	7	7	7	7
PS	5	5	5	5	5	—	5	5
Pain Scale	0/5	0/5	0/5	0/5	0/5	0/5		0/5
Pt Position								
CVP								

24 Hour Totals	Yesterday	Today
INPUT	3296.4	4642
OUTPUT	1590	2942
DIFFERENCE	1706.4	+1700

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS	
IV	75	75	75	75	75	75	75	75	1800	
IVBP									500	
Setting 1	6.3	6.3	6.3	6.3	6.3	6.3	6.3	6.3	151.2	
Vecuronium	10	10	10	10	10	10	10	10	240	
Dilaudid	10	10	10	10	7.5	7.5	5	5	65	
Versed	0.5	1.0	1.0	2.0	1.0	0	0	0	5	
PO/TF	30	30	30	30	30	30	30	30	420	
Other										
TOTAL										

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS
Urine output /Total 2942	80/1422	80/1502	80/1582	80/1662	80/1742	80/1822	60/1882	60/1942	2949
NG output									
Emesis									
Stool									
Chest tube #1/ #2									
Jackson Pratt #1/ #2									
TOTAL									

140
2422
2562
2342
30
2422

Legend

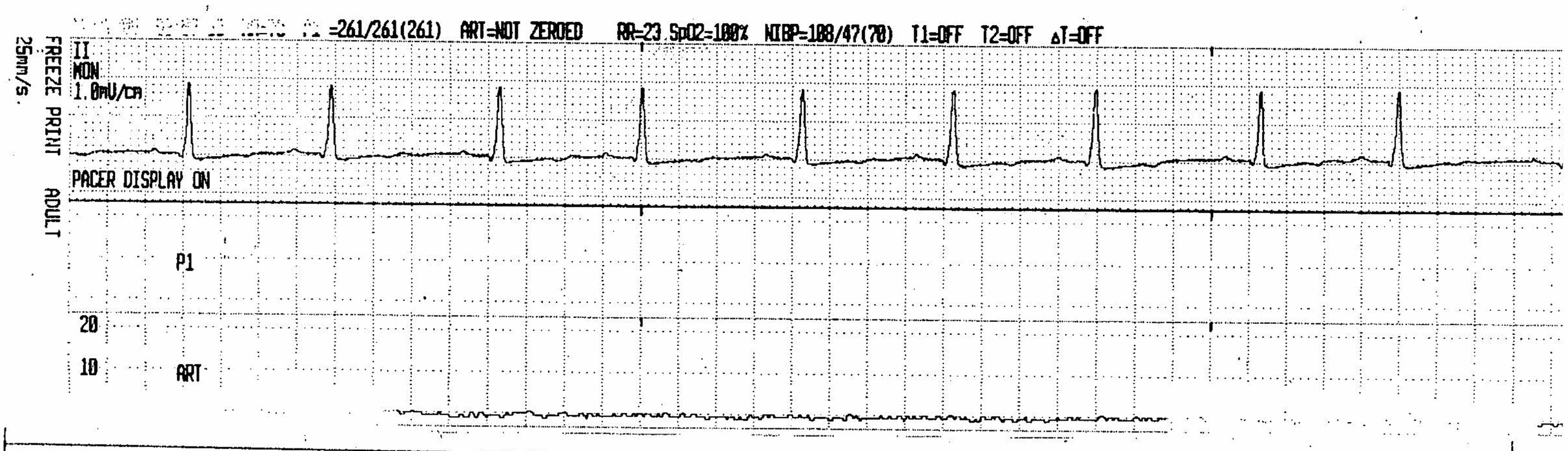
Init=initials
JVD=Jugular Venous Distention
L=Left
NIBP=Noninvasive Blood Pressure
N=No
Y= Yes
+2= strong +1=weak
P=Prone
R= Right
SaO2=Saturation of Arterial Oxygen
S= Supine
ABP= Arterial Blood Pressure
PS=Pharmacologically Sedated

Name	Signature	Init
(b)(6)		

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ACLU-DDIL-CID R01S008399

0296 05 CID789 39288

ICU FLOW SHEET



RESTRAINTS: none **DAYS**

0700 site	Ø	pulse	cap. ref.	edema	**1900**	Site	pulse	cap. ref. edema
0900 site		pulse	cap. ref.	edema	**2100**	Site	pulse	cap. ref. edema
1100 site		pulse	cap. ref.	edema	**2300**	Site	pulse	cap. ref. edema
1300 site		pulse	cap. ref.	edema	**0100**	Site	pulse	cap. ref. edema
1500 site		pulse	cap. ref.	edema	**0300**	Site	pulse	cap. ref. edema
1700 site		pulse	cap. ref.	edema	**0500**	Site	pulse	cap.ref edema

NIGHTS

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	ASSESSMENT DAYS	ASSESSMENT EVENINGS	ASSESSMENT NIGHTS
(R) radial A-line					
(L) IV TLC					

PREPARED BY: (signature & Title)
(b)(6)

DEPARTMENT/SERVICE/CLINIC
ICU #1

DATE
29 Nov 05

PATIENT'S INDENTIFICATION

A14F1
[illegible] 20 60020 0006
[illegible] UNKNOWN
[illegible] DETAINEE
[illegible] COPPER
[illegible] NOV 05

- ☐ HISTORY/PHYSICAL
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

- ☒ FLOWCHART
- ☐ OTHER

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FOUO LES
FOUO LEDNICID ROI 00039909

EXHIBIT 4

0206 05 CID 789 39288

DATE: 29Nov	DIAGNOSIS: Acute MI / CHF									HOSPITAL DAY: 10								
Time	07	08	09	10	11	12	13	14		15	16	17	18	19	20	21	22	
NIBP/ ABP (MAP)	149/58	166/64	151/61	17/67	130/43	133/98	125/43	142/98		149/52	144/49	124/50	171/72	12/40	124/72	125/49	103/48	
Pulse	76	86	87	91	82	83	79	81		103	100	99	101	135	132	137	98	
Respirations	22	16	16	16	16	16	16	16		14	14	14	15	17	14	14	14	
Temperature					99.7									99.1	98.7	99.7	98.9	
SaO2	100	100	100	100	100	100	100	100		99	99	100	100	100	100	100	100	
%O2	99	70	70	60	60	40	60	80		50	50	80	100	100	100	100	100	
O_2 Delivery	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent		Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent	
Mode	A-C	AC	AC	AC	AC	AC	AC	AC		AC	AC	AC	AC	AC	AC	AC	AC	
Rate	16	16	16	16	16	16	16	14		14	14	14	14	14	14	14	14	
Tidal Vol	650	650	650	650	650	650	650	650		650	650	650	650	650	650	650	650	
Peep	16	14	14	14	14	14	14	14		7	7	7	7	7	7			
PS	5	5	5	5	5	5	5	5		5	5	5	5	5	5			
Pain Scale	Sed	Sed	Sed	Sed	Sed	Sed	Sed	Sed		Sed	Sed	Sed	Sed	—	Sed	Sed	Sed	
Pain Med	Fent	Fent	Fent	Fent	Fent	Fent	Fent	Fent		Fent	Fent	Fent	—					
Pt Position	Sf	Sf	Sf	Sf	Sf	Sf	Sf	Sf		Sf	Sf	Sf	Sf	Sf				
CVP																		

INTAKE

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
IV	75	75	75	75	75	75	75	75		75	75	75	75	75	75	75	75	
IVPB					250									300				
Fentanyl	6.5	6.5	6.5	6.5	6.5	6.5	6.5	6.5		6.5	6.5	6.5	6.5	5	6.5	6.5	6.5	
Vecuronium	10	10	10	10	10	10	10	10		10	10	10	10	10	10	10	10	
~~Abx~~																		
PO/ TF												30	30	30	30	30	30	
Other																		
TOTAL																		

OUTPUT

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
Urine output/ Total	36/36	16/52	60/112	70/182	50/232	60/292	230/522	255/777		260/937	275/1212	750/1962	90/2052	90/2142	90/2232	80/2312	70/2382	2382
NG output																		
Emesis																		
Stool																		
Chest tube #1/ #2																		
Jackson Pratt #1/ #2																		
TOTAL																		

ASPECT	TIME/INITIALS	
Bath/Skin Care		
Oral Care	(b)(6)	1000
Foley Care		
Trach Care	(b)(6)	1000
Range of Motion		

SAFETY	D	E	N
Cardiac Monitor	Y N	Y N	Y N
Bed position/Locked	Y N	Y N	Y N
Call bell in reach	Y N	Y N	Y N
Protective Device	Y N	Y N	Y N
High Alert Patient	Y N	Y N	Y N

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ACLU DDII CID R[illegible]

2:92

4

27 Nov

0206 05 CID789 39288

0700
1035
1100

80

4

Nipride
1.3
↓ 1.0
+ Standby

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FOR OFFICIAL USE ONLY
CID REGULATION 195-1
EXHIBIT
4

Sedated
no conscious movement
not assessed
managed by fentanyl

Sedated
Ø
Ø
Ø

NSR
S1S2
warm
none noted
Ø JVD
3sec
(R) +1
(C) +1
(K) +1
(L) +1
(L) +1
(L) +1

NSR
S1 S2
Warm
Ø
<3
(R)+1 (L)+1
(R)+1 (L)+1
(R)+1 (L)+1

coarse UL dimn. ML +LL
Ventilator SIMV mode
At bedside

8 23" at lips
none noted
none given

Coarse
Vent
PRN
Trach
8
Ø
Ø

hypoactive
soft
25 NOV 05
(L) rare
none applied
N/A

Hypo
Soft
25 NOV 05
(L) normal
Ø
Ø

dark yellow c sediments
foley

dark yellow
foley

intact warm
Ø dress

N/A

Intact
Ø

Ø

(b)(6)

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USE ONLY

ARFCTAD11 CID ROIS009903

EXHIBIT

0206 05 CID 789 39288

3173.5 4381
1611 - 908
+1562.5 3(7)

103 103 103 105/42 110/41
34 36 37

53 57 55 55 55
10 10 10 10 10
100 100 90% 90% 90
Vcc Vcc Vcc Vcc Vcc
40 40 40 40 40
AC AC AC AC AC
10 10 10 10 10
600 600 600 600 600
5 5 5 5 5
5 5 5 5 5
Vcc Vcc
Vcc
Soft Vcc

75 75 75 75 75 75 75 75 1800
4 4 4 4 4 4 4 4 96
4 4 4 4 4 4 4 4 96
218.4
205

4381

358 60 60 60 50 50 50
408 508 598 658 718 758 858 908 908

(b)(6)

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EXHIBIT

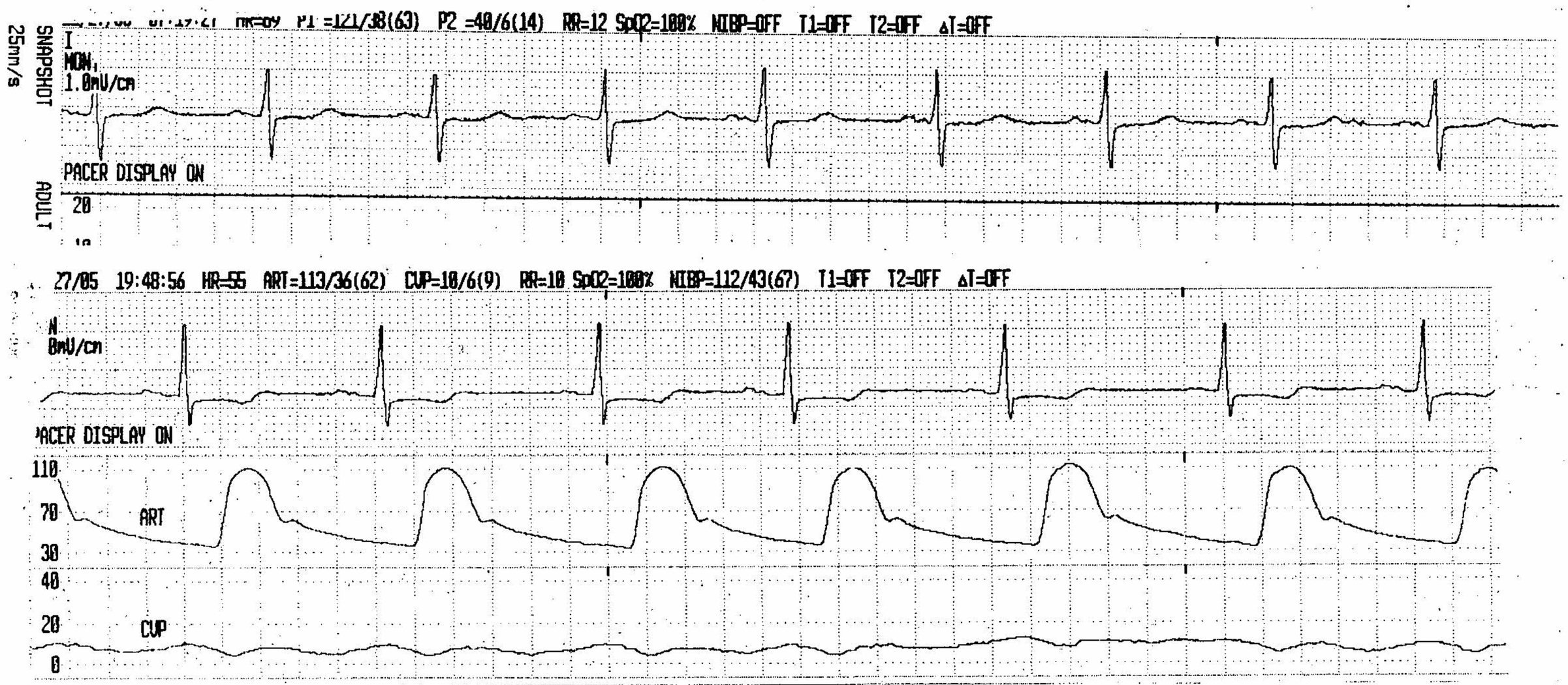
ACLU DDI CID ROI 008904

758 758
50 50

4

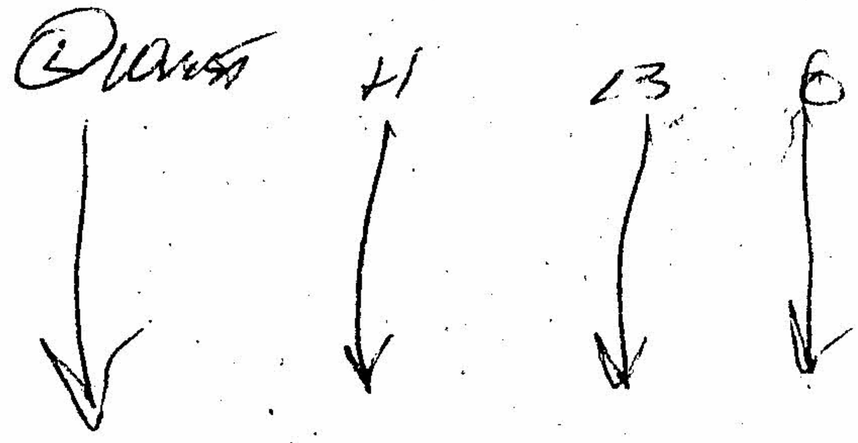
| | | |

0206 05 CID789 39288



(L) Wrist

(L) Wrist	+1	≤3	0
(L) wrist	+1	≤3	0
(L) wrist	+1	≤3	0
(L) wrist	+1	≤3	0
(L) wrist	+1	≤3	0



(L) Jugular TLC 26Nov05
(R) Radial A-line 26Nov05

Patient dirty
Patient dirty

Patient discharged

(b)(6)

ICU bed 1

27Nov05

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USE ONLY

EXHIBIT
4

0206 05 CID 789 39288

dlonev05

Hold
5

1/0
1/5
10

Hold
10

4

Verlukmen

mtro

600 20006

40

0700
0800
0900
1000

D/C

50 Hold
D/C

↑5
10
↓10
↑5
↑7.5
↑10
↑15
↑20
25

↑30

↑75

1420
1500

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ACLU DDII CID FOIA 2009

EXHIBIT
4

0206 05 CID 789 39288

124 100 124/52 126 149 179 133 88
51 44 54 48 62 65 41
72 60 65 68 68 85 102 26
12 13 12 12 12 12 19 21
996 789
94. 100 89 100 100 100 100 100
20 30 30 30 30 30 30 30
Vent Vent Vent Vent Vent Vent Vent Vent
AC AC AC AC AC A1 AC AC
12 12 12 12 12 12 12 12
600 600 600 650 600 600 600 600
5 5 5 5 5 5 5 5
20 20 20 20 20 20 20 20
Sed Sed Sed Sedated Sed Sed Sed Sed
Vent Vent Supine Sat Sat Sat Sat
Sed Sed

120 75 75 75 75 75 75 1800 600
to
weizem 10 10 10 → 150 20
Nitroprusside 63 63 63 63 63 63 63 63 606.65 84
Fentanyl 3.8 3.8 3.8 3.8 3.8 3.8 3.8 3.8 569 30.4
Vecuronium 4 4 4 4 4 4 4 4 50 32
500

1076
120 115 60 60 100 100
1176 1291 1351 1411 1511 1611 (1611)

(b)(6)

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USE ONLY

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LAW ENFORCEMENT SENSITIVE
USE ONLY

DOJ CID RCI 0000908

EXHIBIT
4

Sedated
little voluntary movement
week
~~managed c~~ ~~fentanyl~~ tremor

(b)(6)

NSR
S_1 S_2
wCarm
none
(I) JVD
(R) +1
(E) +1
(C) +1

CapRef 3sec
(D) +1
(L) +1
(L) +1

Cause Ulobes dimin. Llobes
Vent Sim 50%
As needed
@@ ~~the~~ tracheal tube
@ 25 in
none noted
none

hypoactive
firm
25 Nov 05
N/A

dark yellow c
sediments

Intact
none → (L) Jugular
TLC degladerm

patent
N/A

Sedated
@
@
tremor

NSR
S_1 S_2
Lwarm
@
C3
(R) +1
+1
+1
(L) +1
+1
+1

Course
Vent
PRN
trach
25
@
@

Hypo
firm
25 Nov 05
(D) release
@
@

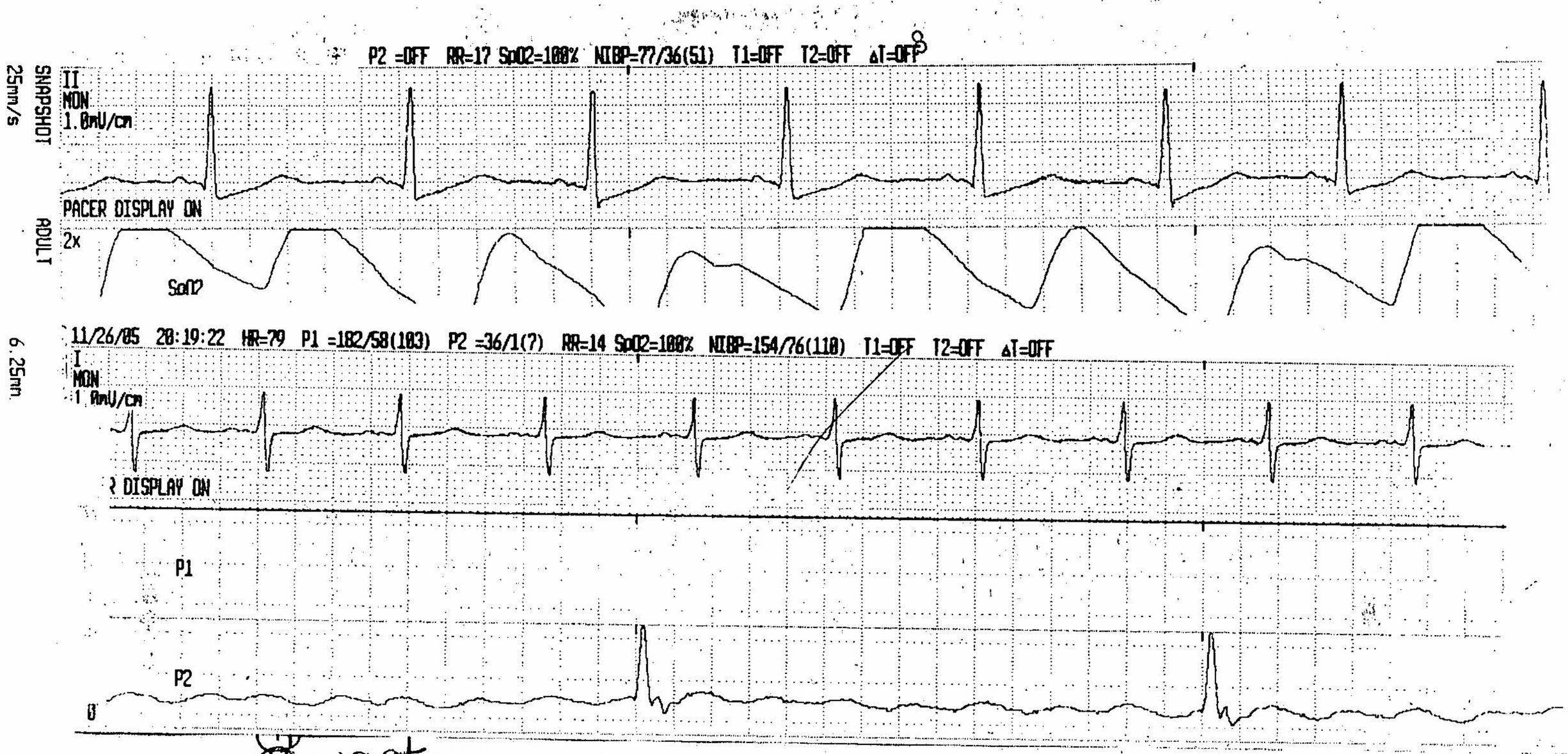
dark yellow
sediments

Intact
@

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LAW ENFORCEMENT SENSITIVE

EXHIBIT

0206 05 CID 789 39288



(L) wrist +1 35C Ø
(R) wrist +1 35C Ø
(R) wrist +1 35C Ø
R+L wrist +1 35C Ø
R+L wrist T1 35C Ø
R+L wrist T1 35C Ø

L3

(A) fa PVL
(L) IJ TLC

24 Nov 2005
26 Nov 2005

26 Nov 05 D/C'd patient

(b)(6)

(b)(6)

ICU Bed 1

26 Nov 2005

A14F1

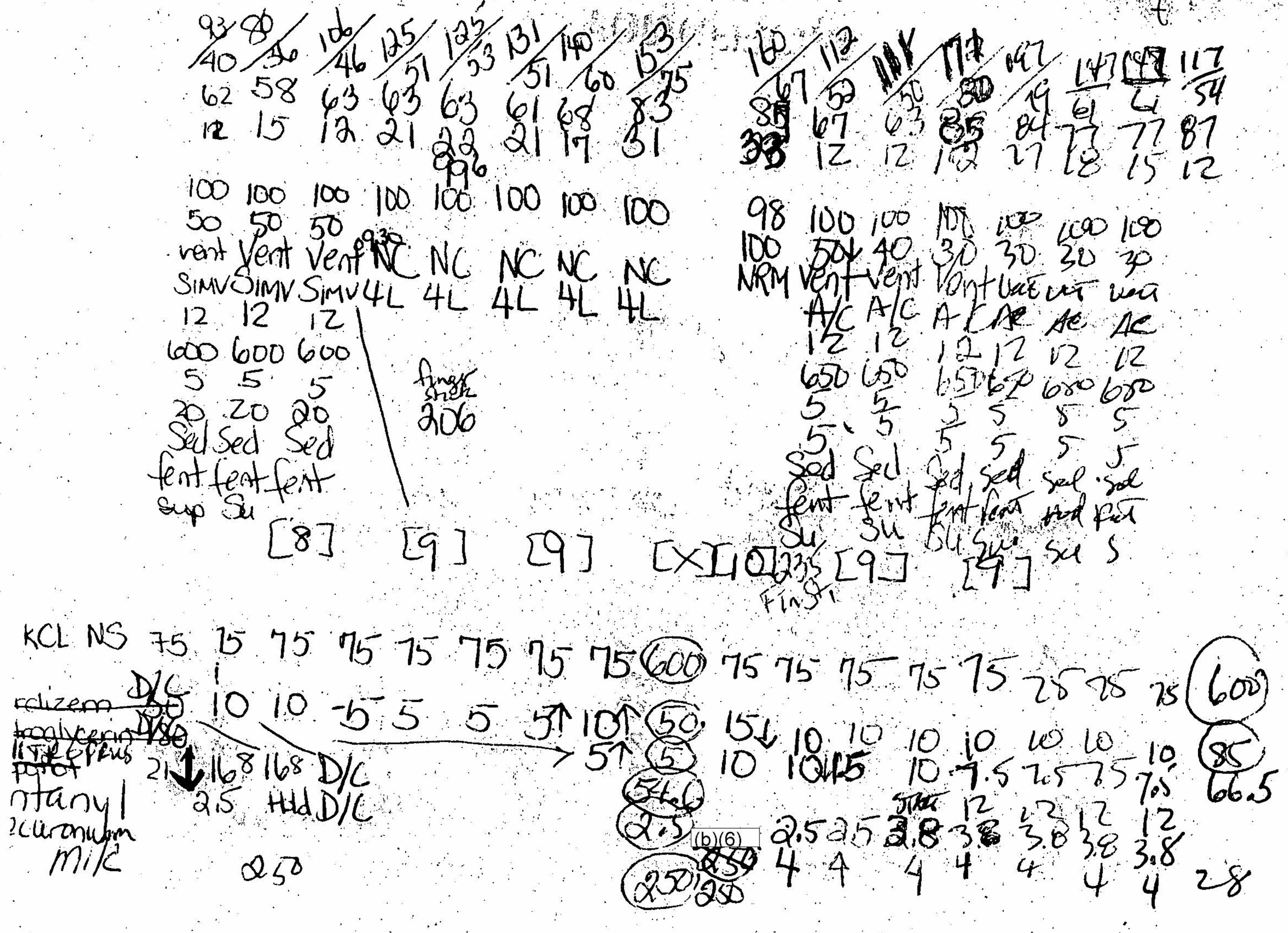
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DII CID ROIS 39910

EXHIBIT 4

20 NOV 05 — Acute MI CHF Fever — 0206 05 CID 789 39288



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EXHIBIT
ACLU DDII CID ROI 39911

25 NOV 2005
-0206 05 01, 89 3928
1930hrs

Sleeping oriented when awaken
moderate
+1
none complained

A&O
MAE spont & purposefully
moderate strength 3+/5 - 4/5
dense

NSR

warm intact
Ø edema
ØJVD
(R) +2 (L) +2
(C) +1 (C) +1
(L) +1 (R) +1
CAPRE ≤3

SR c occas. PVCs/head II.
S_1 & S_2 Ø murmurs
warm & dry.
Ø
ØJVD /<3sec
(R) +2 (L) +2
+2 +2
+2 +2

Clear
NC
N/A
2lpm

LCTA
NC 2L
N/A
N/A

none given

occas. productive
Ø

Active
~~Soft~~ ~~brown~~
~~unknown~~ 2 Nov
N/A

⊕ x 4 quadrants
SOI; nonbloody
25 Nov
N/A

dark yellow c sediments
foley

yellow c sediments
foley

warm Intact
Ø sm (R) neck

Ø breakdown

dry
Ø

(b)(6)

(b)(6)

EXHIBIT
4

"EXHIBIT"

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157	149	103	114	111	149	173	195
67	64	56	53	63	64	68	82
65	72	63	70	70	79	80	97
30	34	30	27	27	23	30	50
47		98				98	
98	99	100	98	99	97	96	97
2L	2L	4L	2L	2L	2L	2L	NRB5
NC	NC	NC	NC	NC	NC	NC	100%

3130
2899
+231

3056
-1482
1574

	75	75	75	75	75	75	75	75	1800
ardizem	10	00	10	10	10	10	10	30	203
l tro	20	00	20	15	15	20	25	98	278
									25
									500
									250
									3056

75	40	120	70	70	40	50	160	
932	972	1092	1162	1232	1272	1322	1482	1482

0206 05 CIM789 39288

(b)(6)

ACLU DDII CID ROIS 39913

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LAW ENFORCEMENT SENSITIVE

ACLU DOJ FOIA 98-0984

EXHIBIT 4

25 NOV 05

13 D/C

Nitro

VIO

Mr. T.

3.5

D/C

0700
0750

1707

1813

A02

Pt Alert + oriented
All extremities
R +2 Chest 5-6 pain scale

S1 S2
Warm
Ø
NO JVD / ≤ 3sec
R +2 L +2
R +1 L +1
R +1 L +1

Clear in upper lobes Crackles lobes
NC 2lpm
At bedside
N/A
N/A
strong nonproductive
none given

hypoactive
soft
unknown
N/A

dark yellow
foley

warm instact
none
N/A
N/A

(b)(6)

D206 05 CID 789 39288

+2
R chest

NSR
S1 S2
warm
Ø
< 3
R +2 L +2
+2 +2
+2 +2

Clear in upper lobes
diminished
Ø
Ø
non productive
Ø

hypoactive
Ø
Ø
Ø
Ø

dark yellow
foley

Ø
Ø
Ø

(b)(6)

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LAW ENFORCEMENT SENSITIVE
FOR OFFICIAL USE ONLY

ACLU DDII CID ROI 39915

EXHIBIT 4

139	137	173	225	126	111	103	103
66	75	75	98	52	48	57	52
75	80	78	98	77	67	67	65
18	18	28	20	18	18	18	18
100	100	100	100	100	100	99	99
42	42	42	115	15	45	22	22
NC	NC	NC	NC	NC	NC	NC	NC

2040 3150
3240 2889
-1200 231

	75	75	75	75	75	75	75
Kyrgyzstan Manas	13	13	13	13	13	13	13
			300	200	100	30	30

1800
1020

310

75 75 50 225 225 100 100 100 2889

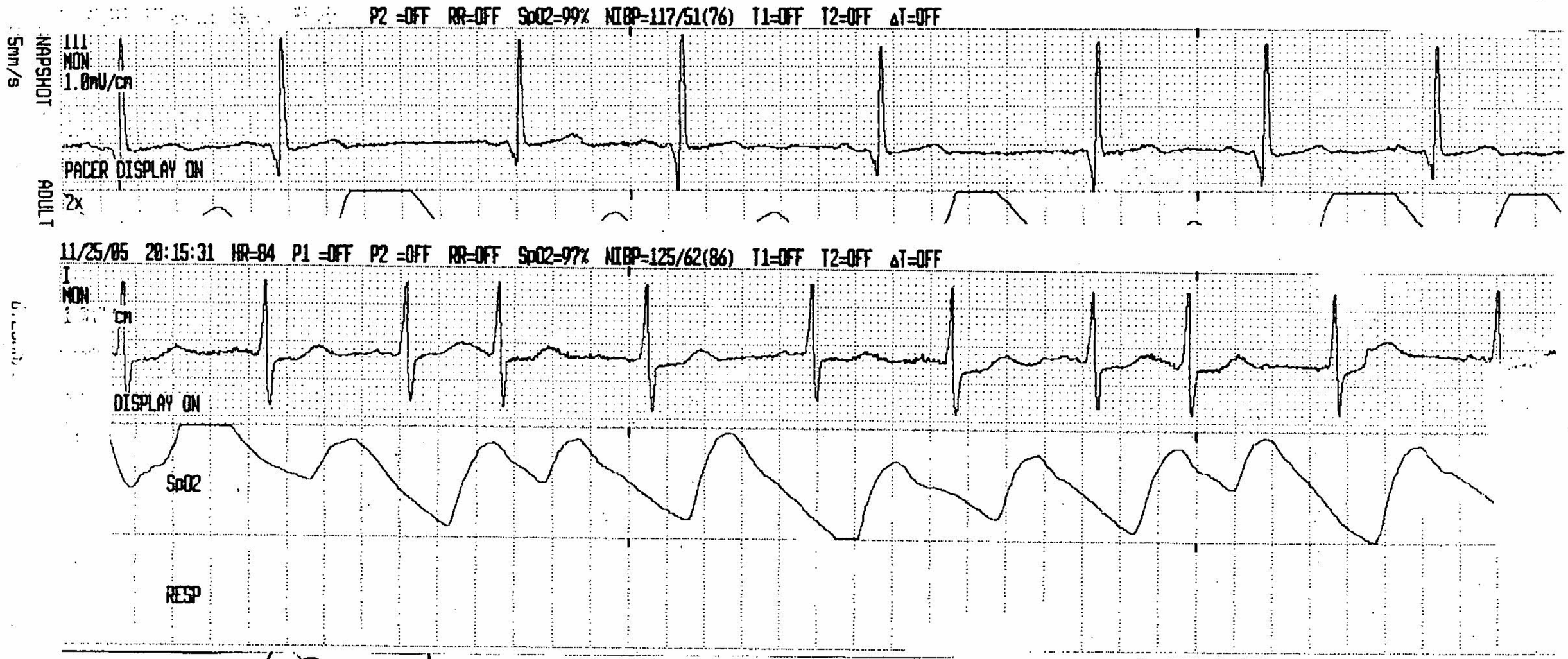
(b)(6)

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EXHIBIT
S0038916

ACLU DDII CID ROIS 30916

0206 05 CID789 39288



(L) Wrist
(L) Wrist + Ankle +1 ≤3 Ø (R) Ankle + <3 sec Ø
(L) Wrist Ankle +1 ≤3 Ø (R) Ankle + <3 Ø

(L) forearm 24 Nov 05
periphera
(R) IJ TLC 26 Nov 05

dry + intact

patent, intact D/C

patent, intact

(b)(6)

ICU Bed 1 25 Nov 05

A14F1

[illegible] 20 6CCDC 0006
[illegible]
[illegible] S C O CETAINEE
[illegible]PER
[illegible] 05

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LAW ENFORCEMENT SENSITIVE
USE ONLY

FOR OFFICIAL USE ONLY

DII CID ROI 039917

EXHIBIT
4

LS MAXID — KLAUER MEX CAFE — 0206 05 CID 789 39288

115	118	120	108	110	120	121	116		120	100	109	124	131	152	125	116				
51	52	55	50	48	57	57	52		48	41	49	55	56	58	62	57				
56	55	64	62	68	71	67	55		59	52	60	63	73	86	84	72				
28	28	24	20	24	24	24	32		24	24	24	24	28	10	30	32				
	26												98							
99	100	100	99	97	100	100	100		100	99	98	98	97	98	97	98				
NC	NC	NC	NC	NC	NC	NC	NC		NC	D/C	→		NC	NC	NC	NC				
2L	2L	2L	2L	2L	2L	2L	2L		2L	D/C	→		2L	2L	2L	2L				

fingerstick

294

188

(b)(6)

	75	75	75	75	75	75	75	75	600	75	75	75	75	75	75	75	75	75	1200			
Heparin	13	D/C	—	100					113													
Nitro	3	3	3	3	3	3	3	3	24	3	3	↓2	↓1	D/C					113			
Cardizem																20	20		3			
Milk.		250				20			500						5	10	10		25			
Juice		150				100			250										500			
																			250			
																			2161			

34 110 80 40 34
144 120
264 302

130 60 492
432 492

80 60 65 40 40 80
572 630 697
737 777 857 857

857

N/A

EXHIBIT

8 8 8

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ACLU DDII CID ROIS 30291