

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] b(w)-4			22 JUNE 05	1130 HOURS	
[REDACTED] b(w)-2			①	UPTO 8 MW	
[REDACTED] b(w)-2			②	UPTO 100 CC/20 MW	
[REDACTED] b(w)-2			③	CBC, CHEM 7 IN AM	
[REDACTED] b(w)-2			④	TYPE 8 PAPER IN AM	
[REDACTED] b(w)-2			⑤	ON CHEM 10 OR IN AM	
WING UNIT	ROOM NO.	BED NO.			
1CW2		15			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED] b(w)-4			23 JUNE 05	0715 HOURS	
[REDACTED] b(w)-2			⑥	1000 CC/20 MW	
WING UNIT	ROOM NO.	BED NO.			
1CW2					
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
WING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
WING UNIT	ROOM NO.	BED NO.			

FORM 4256 1 APR 79

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

U.S. GOVERNMENT MEDCOM - 15041

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# [REDACTED]	[REDACTED]	[REDACTED]	23 Jun 03		
blw-4			① Admit 1CW2		
			✓ SIP STSG to Abd		
1CW2			✓ Cond stable		
			✓ Vitals Routine		
NURSING UNIT ROOM NO. BED NO.			✓ All		
			✓ Act Strict Bed Rest Flat		
NURSING UNIT ROOM NO. BED NO.			✓ Nurse - IP to section		
# [REDACTED]	[REDACTED]	[REDACTED]			
blw-4			✓ No Oshomy Bag Δ for 3 days		
			✓ Heat lamp to Donor site		
NURSING UNIT ROOM NO. BED NO.			✓ Diet Regular		
			✓ IV saline lock		
NURSING UNIT ROOM NO. BED NO.			✓ Lovexon 30 mg BID		
# [REDACTED]	[REDACTED]	[REDACTED]			
blw-4			✓ Clotrimazole cream to back abd		
			(roll to put on)		
NURSING UNIT ROOM NO. BED NO.			✓ ZANTAC 150 mg BID		
			✓ TENSOL #3 7-11 then 10-40 PM pain		
NURSING UNIT ROOM NO. BED NO.			✓ Do not take Down Dressing		
# [REDACTED]	[REDACTED]	[REDACTED]	24 Jun 03	0700	
blw-2			① Benadryl 50mg IV q 6 ^h PRN		
NURSING UNIT ROOM NO. BED NO.					

DA FORM 4256
1 APR 79

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

MEDCOM - 15042

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
# [Redacted] b1(u)-4 NURSING UNIT: ICW II ROOM NO.: [Redacted] BED NO.: 15			14 JUNE 03	0945		[Redacted] b1(u)-2
① [Redacted] A OSTEOLY 316 PAX ② [Redacted] 1090cc & prep up to one side or the other. - [Redacted] mobilize @ skin graft site b1(u)-2						
# [Redacted] NURSING UNIT: ICW II ROOM NO.: 2115 BED NO.: 15			25 Jun 03	1121		[Redacted] b1(u)-2
VO D [Redacted] to SPC [Redacted] 4mg MSO4 now 12.5mg phenoperan now [Redacted] b1(u)-2						
# [Redacted] b1(u)-4 NURSING UNIT: ICW II ROOM NO.: 2115 BED NO.: 15			25 Jun 03	1121		[Redacted] b1(u)-2
Benzyl 50g p.o. now [Redacted] b1(u)-2						
# [Redacted] NURSING UNIT: ICW II ROOM NO.: [Redacted] BED NO.: 15			26 JUNE 03	2000		[Redacted] b1(u)-2
① [Redacted] [Redacted] [Redacted] skin graft [Redacted] b1(u)-2 ② [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]						

FORM 1 APR 79 4256

REPLACES EDITION OF 1. MEDCOM - 15043

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
b665-4 [REDACTED]			26 Jun 03	2320 HOURS	noted 26 Jun 03 23:00
			1. MSO ₄ 2-8 mg WP q 2 ^o or IM PRN pain.		
			2 Phenergan 25mg IVP q 6 ^o PRN N. or IM		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED] b665-2 [REDACTED]		
PATIENT IDENTIFICATION			DATE	TIME OF ORDER	
CIV b665-4 [REDACTED]			27 Jun 03	0830 HOURS	noted 27 Jun 03 1040
			① 100mg po q 8h		
			② 100mg po q 6 ^o PRN constipation		
			③ [REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED] b665-2 [REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
CIV b665-4 [REDACTED]			28 Jun 03	1015 HOURS	noted 28 Jun 03 1100
			① Transfer to [REDACTED] Hospital		
			② [REDACTED] [REDACTED] [REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED] b665-2 [REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
CIV b665-4 [REDACTED]			28 Jun 03	[REDACTED] HOURS	
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED] b665-2 [REDACTED]		

MEDCOM - 15044

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. 1994 Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED														
				14	15	16	17	18										
14 MAY 03	[REDACTED]	IV LR @ 150a/w	05	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
b(u)			13	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			21	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
14 MAY 03	[REDACTED]	Unasyn 3gm IV @ 6 ⁰	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
b(u)			12	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		gentamicin 500 mg IV on arrival to floor																
14 MAY 03	[REDACTED]	gentamicin to be dosed daily per pharmacy calculation	12	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
b(u)																		
14 MAY 03	[REDACTED]	Zantac 50mg IV @ 8 ⁰	14	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
b(u)			16	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
14 MAY 03	[REDACTED]	O ₂ 2L per N/C titrate to keep sat > 94%	05	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
b(u)			13	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			21	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15 MAY	[REDACTED]	gentamicin 500mg qd IV to Gent 450mg qd IV	12	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
b(u)																		
15 MAY	[REDACTED]	HL IV	5	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			19	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			21	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

ALLERGIES: YES NO
NKDA

PRIMARY DIAGNOSIS:
SIP Exploratory Lap POD # 3

ADDITIONAL PAGES IN USE:
 YES NO
PAGE NO.

PATIENT IDENTIFICATION:
EPW # [REDACTED]
b(u)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

b/w)-2 All

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo.	Yr.
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials	
14 May 03		Gentamycin 500mg IV on arrival to floor	14 May 03	ASAP	noon		
15 May		HL IV of tetracycline po	15 May	TOD		DONE	
16 May		Tylenol 650mg per rectum					
Order/Expir Date	Clerk/Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED				
14 May 03		MSO4 1-5mg IV q 1 ^o PRN PAIN	5/14 0220	5/14 0000			
14 May 03		Fentanyl 15-30mg IV q 8 ^o PRN PAIN	5/15 0000	5/16 0730			
16 May		Tylenol 650mg per rectum Q6 PRN for temp ≥ 101.5	5/16 0650				

USAPA V1.00

MEDCOM - 15046

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. 5 Yr. 83

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED								
				17	18	19	20	21	22			
17 May	[REDACTED]	LR @ 125 cc/w	04									
b(6)-2			13									
17 May	[REDACTED]	Toradol 30mg IV q8h	06									
b(6)-2			14									
17 May	[REDACTED]	Umasyn 3gm IV Q6h	06									
			12									
			18									
17 May	[REDACTED]	Gentamycin 450mg QD IV	12									
17 May	[REDACTED]	Zantac 50mg IV Q8h	06									
b(6)-2			14									
18 May	[REDACTED]	LR @ 150 cc/w	06									
			13									
			21									
20 May	[REDACTED]	LR @ 40 cc/hr	06	/	/	/						
b(6)-2			14	/	/	/						
			22	/	/	/						
21 May	[REDACTED]	Hydral 10	06									
			14									
			21									

change SEE 18 MAY 03
13 cc/w

Ad 20 MAY 03

DC'd 5/21/03

WSDC'd 5/21/03

ALLERGIES: YES NO
NKA

PRIMARY DIAGNOSIS: Hartmans Procedure, # ex 64

ADDITIONAL PAGES IN USE: YES NO
PAGE NO.

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

DISPENSING TIMES
USE PENCIL. CIRCLE MED TIMES

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

b(6)-2 A11

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo.	Yr.
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials	
17mm	[redacted]	Resume preop orders for Abx				[redacted]	
		Resume Unasyn and gentamycin				[redacted]	
17mm	[redacted]	as ordered previously				[redacted]	
18mm	[redacted]	Zolus 1 Liter LR now	18mm	Down		[redacted]	
Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED				
		M50 2-5 mg qd prn	S 19 19mm 2-5mg				
17mm	[redacted]	qd prn	0300 1950 0100				

b(10)-2 A11

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

Mo. Yr.

VERIFY BY INITIALING		RECURRING MEDICATIONS. DOSE, FREQUENCY	HR	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION																							
ORDER DATE	CLERK/NURSE			DATE DISPENSED																							
21 May	[Redacted]	LR @ 120cc/hr	06	21	22	23	24	[Redacted]																			
22 May	[Redacted]	Hplade IV	06	13	21	Dose 22 May 0905																					
22 May	[Redacted]	LR @ 120cc/hr	06	14	22	Dose 22 May 03																					
24 May	[Redacted]	Ciprofloxacin 400mg Q12h	06	18	05	[Redacted]																					
26 May	[Redacted]	Dopamine 4mg infuse at 3mcg/kg/ min.	05	17	[Redacted]																						

ALLERGIES: YES NO PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE:
 YES NO

PATIENT IDENTIFICATION:
 EPW
 # [Redacted] b(10)-4

DISPENSING TIMES

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

b(6)-2-All

CLINICAL RECORD

Therapeutic Documentation Care Plan (Medications)

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

May Mo. 03 Yr.

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED										
				20	21	22	23	24	25	26				
20 May	[Redacted]	IV LR @ 150cc/hr	05											
22 May	[Redacted]	Veradol get titrate to pain free	05											
22 May	[Redacted]	Uresyn 3.0gm IV @ 6°	06											
22 May	[Redacted]	Centomug W 450mg IV @ 8am	07											
22 May	[Redacted]	Zantac 50mg IV q8h	00											
22 May	[Redacted]	Veradol get titrate to pain free	05											
22 May	[Redacted]	IV LR 150cc/hr	07											
24 May	[Redacted]	IV LR @ 150cc/hr	07											
24 May	[Redacted]	Zosyn 3.375gm @ 6° IV	06											
25 May	[Redacted]	NSC 20MED KCL @ 100cc/hr	05											
25 May	[Redacted]	LOVENOX 30MG SQ	10											

Dec 24 Ma 03
400 565 1400
91446

AD TO NSC 20 KCL
FLR FINISH

AD TO NSC 20 KCL
FLR FINISH

AD TO NSC 20 KCL
FLR FINISH

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:

Op: Sp Exploratory LAP, Cond - sepsis
Transverse Colostomy an Colostomy I+D

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO.

PATIENT IDENTIFICATION:

[Redacted] EPW
b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 4678, 1 FEB 79

EDITION 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 15051

USA

blu - 2 A11

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)			Mo. <u>May</u> Yr. <u>03</u>											
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials										
		Tylenol 650mg PR q 4-6 ^o prn T > 101.5														
22 MAY 03		LR Bolus IV 500ml	22 MAY 03	NOW	2000											
22 MAY 03		LR Bolus IV 500ml	22 MAY 03	NOW	2145											
22 MAY 03		↑ LR 150cc/hr p bolus	22 MAY 03	NOW	2215											
24 MAY 03		1 UNIT PRBC NOW	24 MAY 03	NOW	0800											
24 MAY 03		Transfuse 1 Unit PRBC's OVER 40														
25 MAY 03		TRANSEUSE II UNIT PRBCs	25 MAY 03	NOW	0900											
26 MAY 03		Sputum stain	26 MAY 03	NOW	0930											
Order/Expir Date	Clerk/Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION													
			TIME/DATE DISPENSED													
22 MAY 03		Tylenol 650mg PR q 4-6 ^o prn T > 101.5	22 MAY 03 19:01	22 MAY 03 20:00	23 MAY 03	23 MAY 03 21:18	23 MAY 03 02:00	23 MAY 03 07:30	26 MAY 03 14:30	27 MAY 03 15:00	27 MAY 03 16:00	27 MAY 03 18:00	27 MAY 03 21:00	27 MAY 03 22:00	27 MAY 03 23:00	DC D 29 MAY 03
24 MAY 03		Tylenol 650mg PO/NGT q 4-6 ^o prn T > 101.5	24 MAY 03 12:00	24 MAY 03 13:00	24 MAY 03 13:30	24 MAY 03 14:30	24 MAY 03 15:30	24 MAY 03 16:30	24 MAY 03 17:30	24 MAY 03 18:30	24 MAY 03 19:30	24 MAY 03 20:30	24 MAY 03 21:30	24 MAY 03 22:30	24 MAY 03 23:30	

USAPA V1.00

b(6)-2 A11

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)		Mo JUN Yr. 03										
VERIFY BY INITIALING		the proponent agency is the Office of The Surgeon General.		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION										
ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	JUN				DATE DISPENSED						
				31	1	2	3							
22 MAY	[REDACTED]	ZANTAC 50MG IV Q 8	06											
			14											
			22											
22 MAY	[REDACTED]	GENTAMYCIN 450MG IV QD	10											
24 MAY	[REDACTED]	ZOSYN 3.375GM Q 6	06											
		DVPB	12											
			18											
			24											
25 MAY	[REDACTED]	NS C 20 MER KCL @ 500/HR	05											
			17											
25 MAY	[REDACTED]	LOVENOX 30MG SQ	10											
			22											
26 MAY	[REDACTED]	AMPICILIN Q 6 500MG	06											
		DVPB	12											
			18											
			24											
31 MAY	[REDACTED]	ENSURE (+) B/T MEALS	08											
		TID/HR TIT CANS/DAY	14											
			22											

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:
EX LAP TRANSVERSE COLECTOMY AND COLOSTOMY.

ADDITIONAL PAGES IN USE:
 YES NO
PAGE NO. _____

PATIENT IDENTIFICATION:

[REDACTED]
b(6)-4

DISPENSING TIMES

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

b/w-2 Am

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. <u>JAN</u> Yr. <u>03</u>														
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES		Date to be Given	Time to be Given	Time Given	Initials													
31 MAY	[Redacted]	40 MER KC IN 100CC NS OVER 4 ^h		31 MAY	NOW	DONE	[Redacted]													
		PO FROM DR. [Redacted]																		
Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION																	
			TIME/DATE DISPENSED																	
30 MAY	[Redacted]	PHENERGAN 12.5-25 MG Q4 PRN N/V																		
29 MAY	[Redacted]	TYLENOL 650MG PO Q4-6 PRN T>101.5	0100 1017																	
31 MAY	[Redacted]	PALOCET T-II TABS Q4-6	2045 0130 3045 1 JUN 11:00 11:00																	
31/0	[Redacted]	MEDRY 2-4mg IVP A dring A prn/pn	31/5 1500 1500 2153 0137 0810 4mg 4x5 4x5																	

USAPA V1.00

MEDCOM - 15054

b1(u)-2 A-1

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)								
VERIFY BY INITIALING		For use of this form, see AR 40-407: the proponent agency is the Office of The Surgeon General.								
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION						
				DATE DISPENSED						
				25	26	27	28	29	30	31
25 May 03	[REDACTED]	Mucomyst 20% \bar{c} SUBCUTANEOUS Q 4	08 12 16 20	/						
25 May 03	[REDACTED]	PROFENIL GIT @ 30mg/tyl-05 TITRATE TO SENSITIVE EFFECT.	05 17	/						
25 May 03	[REDACTED]	Mucomyst 20% \bar{c} 2cc NS and 0.5cc Albuterol	04 08 12 16 20	/						
26 May	[REDACTED]	AMPIICILIN 500MG IV Q 6 $^{\circ}$	06 12 18 24	/						
26 May 03	[REDACTED]	Dopamine 97t - infuse @ 3 mcg/kg/min; Titrate to keep MAP 65	05 17	/						
27 May	[REDACTED]	Gentamycin 450mg IV qd	10	/						

Handwritten notes: "written see below" (near 25 May 03), "D/C 29 May 03" (near 25 May 03), "D/C 27 May 03" (near 25 May 03), "D/C 29 May 03" (near 26 May 03).

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:

DX: SIP EX LAP
TRANSVERSE COLECTOMY AND COLOSTOMY

COND: SERIOUS

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[REDACTED] EPW
b1(u)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

FORM 4678, 1 FEB 79

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 15055

USAPA VI.00

b(6)-2 A11

Therapeutic Documentation Care Plan (Medications) Mo. _____ Yr. 03

Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
[REDACTED]	16 OVER 30 MINUTES	26 May	1330	1345	[REDACTED]
[REDACTED]	16 NS OVER 30 MINUTES	26 May	1600	1605	[REDACTED]
[REDACTED]	Wear propofol & let awake & wear vent	28 May	Now	1200	[REDACTED]

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION																		
			TIME/DATE DISPENSED																		
27 May	[REDACTED]	PHENAZOLIN 12.5 - 25MG	1200																		
		Q4 PRN	30 MAY																		
			1200																		

USAPA V1.00

b(6)-2-Att

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)										Mo. 6 yr. 03					
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION															
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED													
				1	2	3	4	5	6	7	8	9	10	11	12	13	14
6/1	[redacted]	IV LR @ 50 cc/hr @ 20 mg KCl per bag	05	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
6/1	[redacted]	Geonapex 450mg IV qd	10	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
6/1	[redacted]	Zosyn 3.375 IV q 6h	06	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
6/1	[redacted]	Ampicillin 500 IV q 6h	06	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
6/1	[redacted]	Zandac 150mg PO q 12h	08	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
6/1	[redacted]	Loronep 30mg SQ BID	10	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
2dune	[redacted]	IV LR @ 105cc/hr p NPO @ 20mg/kg added	05	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

ALLERGIES: YES NO
NKDA

PRIMARY DIAGNOSIS:
S/P Ex lap

ADDITIONAL PAGES IN USE:
 YES NO
PAGE NO. 1 of 2

PATIENT IDENTIFICATION:

[redacted] b(6)-4

DISPENSING TIMES

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

b(6)-2

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. 06	Yr. 83	
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES			Date to be Given	Time to be Given	Time Given	Initials
5	[Redacted]	NS $\frac{1}{2}$ L bid			5 June 83	10:10	10:15	[Redacted]
6/1	[Redacted]	Toradol 30mg IV q 6h prn (pains not relieved)		[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
6/1	[Redacted]	MSOy 2-4mg IV q 1h prn		[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
6/1	[Redacted]	Percocet $\frac{1}{2}$ - $\frac{1}{4}$ PO q 4-6hrs prn pain		[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
6/1	[Redacted]	Tylenol $\frac{1}{2}$ - $\frac{1}{4}$ PO q 4-6hrs prn Temp $\geq 101^{\circ}$ (do not give Percocet)		[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

USAPA V1.0C

MEDCOM - 15058

b(6)-2 A11

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)															
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION															
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED													
				3	4	5	6	7	8	9	10	11	12	13	14	15	16
6/1	[REDACTED]	IV LR @ 50ml/hr ± 20 mg KCL added	05 13 21	[REDACTED]													
7	[REDACTED]	ZANTAC 150mg PO BID	08 20	[REDACTED]													
14 Jun	[REDACTED]	Clotrimazole cream to back BID QID	10 17	[REDACTED]													
14 JUN	[REDACTED]	Clotrimazole cream to back QID	06 12 18 24	[REDACTED]													

ALLERGIES: YES NO

NASA

PRIMARY DIAGNOSIS:

S/p Ex lrp

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO. 2 of 2

PATIENT IDENTIFICATION:

CIU # b(6)-4
[REDACTED]

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

b(6)-4 A11

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

Mo. 6 y. 03

VERIFY BY INITIALING		RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION													
ORDER DATE	CLERK/NURSE			DATE DISPENSED													
6/1	[REDACTED]	IV LR @ 50cc/hr \bar{c} 20 meq KCL added	05 13 21	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6/7	[REDACTED]	Zantac 150 mg PO BID	08 20	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
6/14	[REDACTED]	Clotrimazole Cream to back QID	06 12 18 24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

ALLERGIES: YES NO PRIMARY DIAGNOSIS: S/D Ev lap

ADDITIONAL PAGES IN USE: YES NO

PATIENT IDENTIFICATION: NKDA PAGE NO. 2

PATIENT IDENTIFICATION: QIV # [REDACTED]
b(6)-4

DISPENSING TIMES
 USE PENCIL. CIRCLE MED TIMES
 D 7 8 9 10 11 12 13 14
 E 15 16 17 18 19 20 21 22
 N 23 24 01 02 03 04 05 06

b(u)-2 A71

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. _____	Yr. _____			
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES				Date to be Given	Time to be Given	Time Given	Initials	
Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION							
			TIME/DATE DISPENSED							
6/11	████████	O ₂ NC 2-4l prn Sats < 90%. Call MD if needing > 4L.								
6/13	████████	MgSO ₄ 2-4mg IV q1 ^o PRN	4mg 0610 0524	20mg 0950 4mg	21 22 4mg	21 23 4mg	22mg 0700 3mg	10mg 1100 3mg		
6/16	████████	Benadryl 25-50 mg PO prn itching	10mg 0630 50mg	25mg 0830 50mg	25mg 0930 50mg	25mg 1030 50mg	25mg 1130 50mg	25mg 1230 50mg		
6/17	████████	Ambien 10mg PO PRN for sleep.	10mg 0630 PO	10mg 0830 PO	10mg 1030 PO	10mg 1230 PO	10mg 1430 PO	10mg 1630 PO		

USAPA V1.00

MEDCOM - 15062

blu-2 - A11

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)		Mo. 6 Yr. 03													
VERIFY BY INITIALING		RECURRING MEDICATIONS, DOSE, FREQUENCY		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION													
ORDER DATE	CLERK/NURSE		HR	DATE DISPENSED													
				15	16	17	18	19	20	21	22	23	24	25	26	27	28
1 Jun	[REDACTED]	Lavenox 30mg SP BID.	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
18 Jun	[REDACTED]	Hydrocortisone 1 1/2 cream apply topically to affected area. (R quadrant)	05	/	/	/	/	/	/	/	/	/	/	/	/	/	/
			21	/	/	/	/	/	/	/	/	/	/	/	/	/	/

ALLERGIES: YES NO

PRIMARY DIAGNOSIS: SP ext lap

PATIENT IDENTIFICATION: [REDACTED]

DISPENSING TIMES
USE PENCIL. CIRCLE MED TIMES

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

CIV blu-4

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. <u>6</u>	Yr. <u>03</u>	
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES			Date to be Given	Time to be Given	Time Given	Initials
		b(c)-2-An						
Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED					
		Tylenol i-ii po q 4h prn temp > 101.5	8:00 11:00 14:00	16:00 19:00 22:00				
		(Tylenol #3) Percocet i-ii po q 4h po prn-pain	8:30 11:30	17:00 20:00				
		Toradol 30mg IV q 6h prn (priority)						
		MSA 24mg IV q 6h prn-pain	11:00 14:00 17:00 20:00	23:00 2:00 5:00 8:00				
								see next sheet

USAPA V1.00

MEDCOM - 15064

b(6)-7A11

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. 6 y 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED																
				23	24	25	26	27	28	29										
23 June	[REDACTED]	IV: WL	06	/																
			14																	
			22																	
23 June	[REDACTED]	Lovenox 30mg SQ BID	10	/																
			20																	
22 June 03	[REDACTED]	Clotrimazole cream to back QID (Pd to pt on)	06	/																
			12																	
			18																	
			24																	
23 June 03	[REDACTED]	Zantac 150mg PO BID	08	(P)																
			20																	
23 June	[REDACTED]	Colace 100mg PO BID	08	/																
			20	/																

ALLERGIES: YES NO

PRIMARY DIAGNOSIS: S/P STSG to ABD

ADDITIONAL PAGES IN USE: YES NO

PATIENT IDENTIFICATION:

CIV# [REDACTED] b(6)-4
ICW2

PAGE NO. _____

DISPENSING TIMES

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

b(6)-2 AM

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. 6 Yr. 03								
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES			Date to be Given	Time to be Given	Time Given	Initials						
25 Jun	[Redacted]	4mg MSO ₄ , 12.5mg phenergan now			25 Jun	2300	2300	[Redacted]						
26 June	[Redacted]	Benadryl 50mg po x1 now			26 June	now	1120	[Redacted]						
Order/Expir Date	Clerk/Nurse	MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION											
23 Jun 03	[Redacted]	Tylenol #3 7-11 tabs po q4 PRN pain	23 Jun 1145	23 Jun 1300	23 Jun 1500	23 Jun 1700	23 Jun 1900	23 Jun 2100	23 Jun 2300	23 Jun 2500	23 Jun 2700	23 Jun 2900	23 Jun 3100	23 Jun 0610
		Benadryl 50mg IV q6 PRN	23 Jun 0710	23 Jun 0800	23 Jun 0900	23 Jun 1000	23 Jun 1100	23 Jun 1200	23 Jun 1300	23 Jun 1400	23 Jun 1500	23 Jun 1600	23 Jun 1700	23 Jun 1800
23 Jun 03	[Redacted]	MSO ₄ 2-8mg IV for Jm PRN pain q 2d	23 Jun 0700	23 Jun 0800	23 Jun 0900	23 Jun 1000	23 Jun 1100	23 Jun 1200	23 Jun 1300	23 Jun 1400	23 Jun 1500	23 Jun 1600	23 Jun 1700	23 Jun 1800
23 Jun 03	[Redacted]	Phenergan 25mg IVP q6 PRN IVP Jm morph 30mc po q6 PRN constipation or no stool in (3hms)	23 Jun 0700	23 Jun 0800	23 Jun 0900	23 Jun 1000	23 Jun 1100	23 Jun 1200	23 Jun 1300	23 Jun 1400	23 Jun 1500	23 Jun 1600	23 Jun 1700	23 Jun 1800

USAPA V1.00

660-2 AM

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)		Mo. <i>May</i> Yr. <i>2003</i>						
VERIFY BY INITIALING		the proponent agency is the Office of The Surgeon General.		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION						
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	14	15	16	17	18	DATE COMPLETED	
14 MAY 03	[REDACTED]	vitals q 1 ^o x 4, then q 2 ^o	02	/						
			04	/						
			06	/						
			08	/						
			10	/						
			12	/						
			14	/						
			16	/						
			18	/						
			20	/						
			22	/						
			24	/						
14 MAY 03	[REDACTED]	Foley to DD	05	/						
			13	/						
			21	/						
14 MAY 03	[REDACTED]	Activity: OOB Tid	08	/						
			16	/						
			24	/						
14 MAY 03	[REDACTED]	Diet: NPO	08	/						
			11	/						
			17	/						
14 MAY 03	[REDACTED]	Labs: CBC, LYTES, BUN/cc qd	04	/						
14 MAY 03	[REDACTED]	Call HO for T > 102.5, P 7125, UOP < 30 cc/hr	05	/						
			13	/						
			21	/						

ALLERGIES: YES NO PRIMARY DIAGNOSIS: S/P EXPLORATORY LAP POD #3

PATIENT IDENTIFICATION: EPW # [REDACTED] *660-2 AM*

ADDITIONAL PAGES IN USE: YES NO PAGE NO: _____

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

DA FORM 4677, 1 OCT 78

EDITION OF 1 DEC 77 MAY BE USED. MEDCOM - 15067

USAPA V1.00

b(1e)-2-ATI

Verify by Initiating		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)					Mo	Yr	2003	
Order Date	Clerk Nurse	SINGLE ACTIONS			Date to be Done	Time to be Done	Time Done	Initials		
14 MAY 03	[REDACTED]	vitals q 10 x 4			14 MAY 03	1000	1000	[REDACTED]		
						1100	1100	[REDACTED]		
						1200	1200	[REDACTED]		
						1300	1300	[REDACTED]		
15 MAY	[REDACTED]	AC Policy			15 May	Now	0900	[REDACTED]		
15 May	[REDACTED]	N2O: Pt Due to visit @ 6 hrs			15 May	1500	2000	[REDACTED]		
16 May	[REDACTED]	CXR today			16 May	Today		[REDACTED]		
17	[REDACTED]	APD for CRF today			17 May	Today		[REDACTED]		
17	[REDACTED]	Surgery today for Abd wall hernia repair			17 May	Today		[REDACTED]		

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

b(6)-2-A11

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo./Yr. 2003		
VERIFY BY INITIALING		For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.				INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION		
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED				
				14	15	16	17	18
14 MAY 03	[REDACTED]	Place abd. drain to DD	05 13 21	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
14 MAY 03	[REDACTED]	Ostomy appliance place over ostomy	05 13 21	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
14 MAY 03	[REDACTED]	Wet to Dry Dsg TID to open wound	08 16 24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15 May	[REDACTED]	Det: Cleans advance to Reg as tolerated	07 11 17	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15 May	[REDACTED]	Amalgam TID	06 13 21	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15 May	[REDACTED]	Cough & Deep breath q 30m - white sputa	06 13 21	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15 May	[REDACTED]	Vitals q shift	06 13 21	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:

LICDA

SIP EXP. LAP

POD #3

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO:

PATIENT IDENTIFICATION:

F-PW # [REDACTED]

b(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

b(6)-2 A1

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)		Mo. 5 Yr. 2003								
VERIFY BY INITIALING		RECURRING ACTIONS, FREQUENCY, TIME		HR	DATE COMPLETED							
ORDER DATE	CLERK/NURSE				17	18	19	20	21	22	23	24
17 MAY	[REDACTED]	Diets NPO		5	/	/	/	/	/	/	/	/
				11	/	/	/	/	/	/	/	/
				17	/	/	/	/	/	/	/	/
17 MAY	[REDACTED]	NG to LIS		5	/	/	/	/	/	/	/	/
				13	/	/	/	/	/	/	/	/
				15	/	/	/	/	/	/	/	/
17 MAY	[REDACTED]	Foley to DD		5	/	/	/	/	/	/	/	/
				13	/	/	/	/	/	/	/	/
				21	/	/	/	/	/	/	/	/
17 MAY	[REDACTED]	IS+OS		5	/	/	/	/	/	/	/	/
				13	/	/	/	/	/	/	/	/
				21	/	/	/	/	/	/	/	/
17 MAY	[REDACTED]	Vhals Q2x4 then Q4		10	/	/	/	/	/	/	/	/
				14	/	/	/	/	/	/	/	/
				20	/	/	/	/	/	/	/	/
				24	/	/	/	/	/	/	/	/
17 MAY	[REDACTED]	Q4 Vhals		4	/	/	/	/	/	/	/	/
				8	/	/	/	/	/	/	/	/
				12	/	/	/	/	/	/	/	/
				16	/	/	/	/	/	/	/	/
				20	/	/	/	/	/	/	/	/
				24	/	/	/	/	/	/	/	/
18 MAY	[REDACTED]	PF may have		06	/	/	/	/	/	/	/	/
		ice chips, sips of		14	/	/	/	/	/	/	/	/
20 MAY	[REDACTED]	clears, ADV TO REG		22	/	/	/	/	/	/	/	/
		AS TOLERATED										

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:
Hartman's Procedure, Take down colostomy,
Repair of abdominal defect

ADDITIONAL PAGES IN USE:
 YES NO
PAGE NO: 1

PATIENT IDENTIFICATION:

[REDACTED] b(6)-4

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

blue - 2 A11

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)			Mo	Yr
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
17 May	[Redacted]	Conditions Stable				[Redacted]
18 May	[Redacted]	CBC today	19	NDPM	0900	[Redacted]
19	[Redacted]	DC NG	19	NDW	0945	[Redacted]
19	[Redacted]	DC DSG to Abd	19	NDW	0945	[Redacted]
19	[Redacted]	DC [Redacted] blue - 2	19	NDW	0945	[Redacted]
20	[Redacted]	CBC, Lytes, BUN, CR this AM and today x 3 cr	20	NDW	0800	[Redacted]
22	[Redacted]	MD will do dsy Δ this AM	22	AM		
22	[Redacted]	NPO N	22	NDW	NDW	[Redacted]
22	[Redacted]	type and cross for OR today	22	NDW	0900	[Redacted]

Order Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION													
			TIME/DATE COMPLETED													
17 May	[Redacted]	Call A T > 102, P > 125, UO < 30/hr														
		DSG A to ASD PRN														
19 May	[Redacted]	Dsgy to Abd prn														

USAPA V1.00

MEDCOM - 15071

b(6)-2 A11

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)		
VERIFY BY INITIALING		For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.		
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED
19	[REDACTED]	Ambulate	06, 14, 22	19/02/03 re-written 5/21/03
19	[REDACTED]	Hard Candy Ad lib	06, 14, 22	
20	[REDACTED]	CBC, Lytes, BWU, CR in AM x 3 DAYS	06	[REDACTED] 3 X
21	[REDACTED]	MPD	06, 11, 19	[REDACTED] Supp See below
21 May	[REDACTED]	Supp of clear liquids	06	[REDACTED]
22 May	[REDACTED]	Advance to tolerated	14, 22	[REDACTED]
21 May	[REDACTED]	ambulate tid	06, 14, 22	[REDACTED] 22/19/03
21 May	[REDACTED]	Woundform gauge to abdominal wound TID	06, 14, 22	[REDACTED] 03

ALLERGIES: YES NO PRIMARY DIAGNOSIS: Repair of ABD. DEFECT

PATIENT IDENTIFICATION: # [REDACTED] b(6)-4

ADDITIONAL PAGES IN USE: YES NO PAGE NO: 2

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

blw-2A11

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

Mo. May Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED										
				22	23	24	25	26	27	28	29	30	31	
22 May	[redacted]	Vitals @ 1° 14, then @ 2°	05											
		14, then @ 4°	17											
22 May	[redacted]	I/O	05											
			17											
22 May	[redacted]	Feeding to GO	05											
			17											
22 May	[redacted]	NLG to LIS	05											
			17											
22 May	[redacted]	A Dressing per	05											
			17											
22 May	[redacted]	Vend: FIC, SD, TV 250,	05											
		Rate 12 - Resp 18	17											
22 May	[redacted]	ABG, CBC, Urea @ Am	06											
22 May	[redacted]	Cx Ray @ Am	06											
22 May	[redacted]	Call @ 10 if T 7:00,	05											
		P 120, u.c. < 30ml/hr	17											
23 May	[redacted]	[redacted]	17											
23 May	[redacted]	A DSG STATING 24 May	08											
		BID	20											
28 May	[redacted]	Dressing: wet to dry	08											
		c Kerlix supersponge	20											
		and ABD BID	/											
28 May	[redacted]	Start Jevity @ 20cc/hr	05											
		Via NGT	17											
28 May	[redacted]	Check Residuals @ 4°	05											
		hold for >100cc	17											

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:
 Dfx - SP Exploratory Lap, Transverse Colectomy
 and Colectomy c I+D SIP Bag Removal

ADDITIONAL PAGES IN USE:
 YES NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted] EPW
 blw-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

FORM 4677, 1 OCT 78

EDITION OF 1 DEC 77 MAY BE USED.

MEDCOM - 15073

USAPA V1.00

16162 A11

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo <u>May</u> Yr <u>2003</u>	
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials	
22 May		ABG, CBC, Lytes on arrival to ICU	22 May	1400	1400		
23 May		2 Y day on Arrival to ICU	23 May	1400	1400		
23 May		CXR NOW	23 May	NOW	DMS		
25 May		↑ PECP TO 8	23 May	—	DMS		
27 May		Resume previous orders	27 May	1200	done		
Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION				
			TIME/DATE COMPLETED				

USAPA V1.00

b(6) - 2 A11

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)							
VERIFY BY INITIALING		the proponent agency is the Office of The Surgeon General.							
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED					
				28	29	30	31		
28 MAR 10	[REDACTED]	Keep HUSG	05	[REDACTED]					
	[REDACTED]	3 PT	17	[REDACTED]					
30 MAR 10	[REDACTED]	Diet: Reg. TAND	05						
	[REDACTED]	as tolerated	17						

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:

s/p OCLAP

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[REDACTED] b(6) - 4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

b1w-4

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. **MoJN Yr. 2003**

VERIFY BY INITIALING		RECURRING ACTIONS, FREQUENCY, TIME	HR	INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION			
ORDER DATE	CLERK/ NURSE			DATE COMPLETED			
				31	1	2	3
31 MAY	[REDACTED]	VITALS Q 4'	04				
			08				
b1w			12				
			16				
			20				
			24				
22 MAY	[REDACTED]	CBC AND LYTES QAM	06				
22 MAY	[REDACTED]	CXR QAM	06				
22 MAY	[REDACTED]	CALL HO IF T > 102	05				
		P > 120, UO < 30CC/HR	17				
27 MAY	[REDACTED]	DSG & WET TO DRY C	08				
		KERLIK SUPER SPONGE	20				
b1w-2		AND ABD PAD BID					
28 MAY	[REDACTED]	HOB @ 30°	09				
			17				
30 MAY	[REDACTED]	DIET: REG C TANK AS	07				
		TOLERATED	12				
b1w-2			17				
31 MAY	[REDACTED]	WRAP BINDER ON ABD AND	08				
		UP TO CHAIR TD	16				
			24				
		b1w-2					

ALLERGIES: YES NO PRIMARY DIAGNOSIS: **EX WP**

ADDITIONAL PAGES IN USE: YES NO PAGE NO: _____

PATIENT IDENTIFICATION: # [REDACTED] b1w-4

ACTION TIMES
 USE PENCIL. CIRCLE ACTION TIMES

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

b(6)-2 A11

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)																		
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION																		
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED																
				1	2	3	4	5	6	7	8	9	10	11	12	13	14			
6/6	[REDACTED]	Vitals q 4 hrs	04	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			08	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			12	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			16	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			20	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
6/6	[REDACTED]	Z80's	05	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			13	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			21	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
6/6	[REDACTED]	Activity: Ambulate & assist TID	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			12	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
6/6	[REDACTED]	Calorie Count	05	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			13	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			21	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
6/6	[REDACTED]	Diet: Regular & III can Ensure Plus (between meals)	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			12	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			17	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
6/6	[REDACTED]	Abd dry to wet to dry BID TID	08	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			14	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			23	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

ALLERGIES: YES NO PRIMARY DIAGNOSIS: S/P Exlap
 ADDITIONAL PAGES IN USE: YES NO PAGE NO: 1 of 2

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

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

6/1-2 AM

Verified by Initiating		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo	06	Yr	2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials			
6/1	[Redacted]	Admit to ward; condition stable	6/1			[Redacted]			
6/1	[Redacted]	PT consult for strength & condition	6/1	Today		[Redacted]			
6/1	[Redacted]	Nutrition consult to see today	6/1	Today		[Redacted]			
6/1	[Redacted]	CBC, electrolytes, BUN/Cr q day x3	6/2 #1	0800	0800	[Redacted]			
6/2	[Redacted]		6/2 #2	0400	0800	[Redacted]			
6/3	[Redacted]		6/3 #3	0400	0730	[Redacted]			
6/4	[Redacted]	NPO p MN	2 June	2000	2400	[Redacted]			
6/3	[Redacted]	Resume pre-op orders	3 JUNE	NOW	0930	[Redacted]			
7 JUNE	[Redacted]	CBC tomorrow AM.	8 JUNE	0400	0400	[Redacted]			
7	[Redacted]	UA today	7 JUNE	1000	1005	[Redacted]			
7	[Redacted]	CXR PA + LAT	7 JUNE	1000	1045	[Redacted]			
8 Jun 03	[Redacted]	CBC 2 hrs post transfusion	8 Jun 03		0945	[Redacted]			
8 Jun 03	[Redacted]	Chem 8, Chem 12 2 hrs post transfusion	8 Jun 03		0945	[Redacted]			
7/1	[Redacted]	CBC AM	7/1	AM		[Redacted]			

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL/PROPER COLUMN FOLLOWING COMPLETION															
			TIME/DATE COMPLETED															
6/1	[Redacted]	Δ Ostomy bag per																

b(6)-2 A11

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

Mo. 06 yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED																
				1	2	3	4	5	6	7	8	9	10	11	12	13	14			
6/1	[redacted]	ACE wrap Abd circum- freely to abd over dsg & bag before getting out of bed TID	06 12 18	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
8 June	[redacted]	Activity: OOB to chair Bed	8 18	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
10	[redacted]	vitals-routine	06 14 22	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/

b(6)-2

ALLERGIES: YES NO

NKA

PRIMARY DIAGNOSIS:

slp Excl

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO: 2 of 2

PATIENT IDENTIFICATION:

Civ # [redacted]

b(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

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

Mo 06 Yr 2003

Order Date	Clerk Name	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
10	[redacted]	EBC in Am <i>b/w-2</i>	11	04	done	[redacted]

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

recopied blues 2 A 11

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)		Mo. 10 Yr. 2003																
VERIFY BY INITIALING		For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION																
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED																
				14	15	16	17	18	19	20	21	22	23							
1	[REDACTED]	ace wrap around abd dsq & bag before getting OOB	08 18 /	/																
19	[REDACTED]	OOB to chair BID and ambulate	08 18 /	/																
10	[REDACTED]	vitals routine	09 14 20 /	/																
1	[REDACTED]	regular diet c i can CIB between each meal @ bed time	07 12 17 /	/																
1	[REDACTED]	abd dsq - petrolatum gauze - TID	08 14 20 /	/																
14	[REDACTED]	keep patient off back for part of day	5 13 21 /	/																

ALLERGIES: YES NO PRIMARY DIAGNOSIS: SIP ex lap
 ADDITIONAL PAGES IN USE: YES NO
 PAGE NO: _____

PATIENT IDENTIFICATION: CIV # [REDACTED] blues - y

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

b(6)-2 A11

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)					Mo. 6 Yr. 2003		
VERIFY BY INITIALIZING		For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.					INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION		
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED					
				23	24	25	26	27	28
23 Jun 03	[Redacted]	Vitals: Routine	06	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			14	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			22	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
23 Jun 03	[Redacted]	Activity: strict bed rest FLAT	06	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			14	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			22	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
23 Jun 03	[Redacted]	NSG: JP to suction	06	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			14	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			22	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
23 Jun 03	[Redacted]	No ostomy bag S'd for 2 days	06	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			14	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			22	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
23 Jun 03	[Redacted]	Heat lamp to donor site @ thigh	06	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			14	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			22	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
23 Jun 03	[Redacted]	Diet: Regular	07	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			11	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			17	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
23 Jun 03	[Redacted]	Do not take down dressings	06	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			14	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
			22	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

ALLERGIES: YES NO
NKDA

PRIMARY DIAGNOSIS:
SIP STSG to ABD

ADDITIONAL PAGES IN USE:
 YES NO
PAGE NO: _____

PATIENT IDENTIFICATION:
CIV # [Redacted] b(6)-4
LCW2

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

b(6)-2 A71

CLINICAL RECORD **THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)**
For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General. Mo. 6 Yr. 2003

VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION							
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED					
24 Jun	[REDACTED]	Activity - strict bed rest	b6	24	25	26	27	28	
		may log roll or prop up	14						
		on side - limit mobility	27						
		graft site	/						
26	[REDACTED]	petrolatum gauze	08	/	/	/	/		
		to skin graft (BD)	20	/	/	/	/		
26	[REDACTED]	may trim thigh	06	/	/	/	/		
		dsg as needed -	14	/	/	/	/		
		dry parts	22	/	/	/	/		

ALLERGIES: YES NO PRIMARY DIAGNOSIS: S/O STSG to ABD ADDITIONAL PAGES IN USE: YES NO

NKDA PAGE NO: _____

PATIENT IDENTIFICATION: CIV # [REDACTED] ACTION TIMES

ICW Z b(6)-4

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

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE **Post-Anesthesia Care Unit (PACU) Flow Sheet**

OTSG APPROVED (Date)

Date: **17 MAY 03** Anesthesia Type (Circle): **General Spinal Epidural**
 Time In: **1845** IV Sedation Nerve Block
 Allergies: **AKO** OR Intake: Crystalloid **2700** Colloid
 Pre-op V/S: **120/80 No=100** OR Output: UOP **800** EBL **50**
 Procedures: **ASATT** Reversed.
2/1000 50mg of fentanyl **4200mg of 0.1800**

Drains
 Hemovac
 NG
 JP
 T-tube
 Foley
 TLS

Airway
 Nasal
 Oral
 ETT
 Trach
 Other

Pre Op Meds

History **G.S.W. to ABD.**

Time	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
SaO2	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
FiO2	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Methods	Spont	Spont	Spont	Spont	Spont	Spont	Spont	Spont	Spont	Spont	Spont	Spont	Spont	Spont	Spont	Spont	Spont	Spont	Spont	Spont
240																				
220																				
200																				
180																				
160																				
140																				
120	120	80	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
100																				
80																				
60																				
40																				
20																				
RR	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
T	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5
Pain (0-10)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
LOS																				

Pacu Intake

Time	Solution	Amount	Site	By	Infused
1845	LR	1000	IV		1000
1900	LR	1000	IV		1000

X-rays: Labs:

Post-Anesthesia Recovery score

Criteria	ADM	30'	D/C	Codes
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	2	2	2	AIRWAY A = Ambu BB = Blow-by M = Mask
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	2	2	2	FT = Face Tent RA = Room Air NC = Nasal Cannula
Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op	1	2	2	V/S X = A-line BP * = Cuff BP = Pulse
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	1	1	1	TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	2	LOS C = Cervical T = Thoracic L = Lumbar S = Sacral
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	1	1	1	
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	8	9	9	

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

PREPARED BY (Signature & Title) **b(w)2**

DEPARTMENT/SERVICE/CLINIC **ICU#2**

DATE **17 MAY 03**

PATIENT'S IDENTIFICATION (For typed entries give first, middle, grade, date; hospital or medical facility)
EPW # [redacted]
b(w)-4

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

b/w-2

MEDICATIONS						
Allergies:						
Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By
1930		Toradol 30mg	IM			
2000		Morphine 5mg	IV			

NURSING NOTES

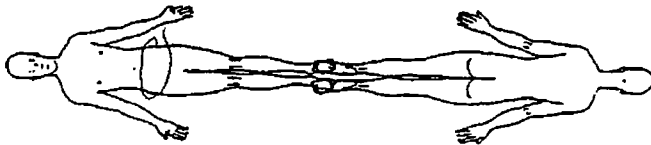
NP: Pt. received arrived for reader on litter to O2 at 8L F/M. V.S. stable colostomy bag intact. Dsg to abd is DAI. Pt. response responsive to tactile stimulation. -cpt [redacted] b/w-2

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

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

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

DRESSINGS			
Time	Location	Type	Drainage
Adm	ABD	Bulk	
30'	ABD	Bulk	
60'	ABD	Bulk	
D/C			



PACU OUTPUT			
Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?
1840	SR	NO	NO

Discharge Criteria:
 Date: 17 MAY Time: 2005 PARS: 9
 BP: 130/90 HR: 96 RR: 21 SaO2: 100
 Pain Level at D/C (0-10): minimal
 Intake: PUE Output: 25cc
 Additional Data:
 Transferred To: ICW #
 Report Given To:
 Transferred Via: W/C (Litter) Gurney Ambulance
 Transferred By: [redacted]
 Cleared IAW Recovery Room SOP #
 Charge Nurse Signature: [redacted]

WAMC OP 173-E

MEDCOM - 15088

b/w-2

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 22 Anesthesia Type (Circle): General Spinal Epidural HCY 26
 Time In: 1340 IV Sedation Nerve Block
 Allergies: NKDA OR Intake: Crystalloid 2100 Colloid 500
 Pre-op V/S: 120/70/110 OR Output: UOP 350 EBL 300
 Procedures: 500 HEBSTAN Meds/Times: SUBLINEX 5 VET 500 FOLY 10 M304

Drains
 Hemovac (NG)
 JP
 T-tube (Foley)
 TLS

Airway
 Nasal
 Oral (ETT)
 Trach
 Other

Pre Op Meds: COU STOMY

History

Time	1340	1400	1430	1500	1530	1600	1630	1700	1730	1800	1830	1900	1930	2000	2030	2100	2130	2200
SaO2	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
FI02	60	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50
Methods	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
240																		
220																		
200																		
180																		
160																		
140																		
120																		
100																		
80																		
60																		
40																		
20																		
RR	12	13	12	13	12	13	12	13	12	13	12	13	12	13	12	13	12	13
T	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40

Pacu Intake					
Time	Solution	Amount	Site	By	Infused

X-rays: _____ Labs: _____

Post-Anesthesia Recovery score				
Criteria	ADM	30'	D/C	Codes
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	SEATED	SEATED	SEATED	AIRWAY A = Ambu BB = Blow-by M = Mask FT = Face Tent RA = Room Air NC = Nasal Cannula
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	VENT	VENT	VENT	VIS X = A-line BP ^ = Cuff BP = Pulse
Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op	2	2	2	TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	1	SEATED	SEATED	LOS C = Cervical T = Thoracic L = Lumbar S = Sacral
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	2	
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	2	2	2	
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	7	6	6	

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

PREPARED BY (Signature & Title) SGT [Redacted] 90WML6

DEPARTMENT/SERVICE/CUNIC ICU 2 DATE 22 MAY 03

PATIENT'S IDENTIFICATION (For typed or written entries give: first, middle, grade; date; hospital or medical facility)
4007 Name - last, 4007
BW b(ce)-4

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

b(6)-2 All

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

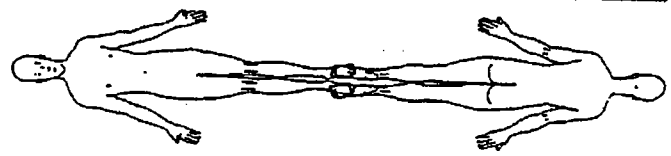
NURSING NOTES
 22 May 03 1340 1704.0 ♂ EPW
 transferred via litter from OR
 to ICU. S/P [redacted] transverse
 colectomy, colostomy. PT ventilated
 RT present, SGT [redacted] VSS SaO2
 100% on 50% O2 color good. ABD DRG
 CDL, IV 20g @ AC patent, (L) IV
 18G LFA patent. LS @ Rhonchi small
 amt. suctioned by RT sm amt clear
 mucus noted. CBC, ABG, chest x-ray
 MD order ABG - ph 7.441 pO2 34.4
 PO2 96 HCO3 23. BE eq -1, SaO2 98.7
 will continue monitor SGT [redacted] 9/1/06

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

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

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

DRESSINGS			
Time	Location	Type	Drainage
Adm 1340	ABD	wet/dry	none
30'	"	"	"
60'	"	"	"
D/C			



PACU OUTPUT			
Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?

Discharge Criteria:
 Date: _____ Time: _____ PARS: _____
 BP: _____ T: _____ HR: _____ RR: _____ SaO2: _____
 Pain Level at D/C (0-10): _____
 Intake: _____ Output: _____
 Additional Data: _____
 Transferred To: _____
 Report Given To: _____
 Transferred Via: W/C Litter Gurney Ambulance
 Transferred By: _____
 Cleared IAW Recovery Room SOP B-3
 Charge Nurse Signature: _____

WAMC OP 173-E

MEDCOM - 15090

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Apr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	TIME	INITIALS
N E U R O	PUPILS	1500		1700	
	SENSORIUM	3mm Round/Brisk		2mm / Brisk	
		SEATED C. 3MG Versed and 50mcg FENT.		sedated c 2mg/hr Versaliv and 50mcg Fent	
R E S P I R A T O R Y	RESPIRATORY PATTERN	SIMV 12 50% PEEP 5		SIMV 12 F:O ₂ 50%	
	BREATH SOUNDS	Tv 700		PEEP 5 TV 700	
	SECRETIONS	RHONCHI B/L SMALL AMOUNT OF THIN SECRETIONS		equal size and fall out Chest, lung sounds CTA (B)	
S K I N	COLOR	NORMAL FOR RACE		Normal for race	
	INTEGRITY	DRY TO ABD C/D		ADD Dressing C/D	
I N J E C T I O N	LOCATION	11G LWRIST INTACT		11G DWIST. C/D	
	CONDITION	20G RAC INTACT		20G @ AC C/D	
G A S T R O	ABDOMEN	NGT TO US		NGT LIS	
	BOWEL SOUNDS	BS ✓		WO. BS	
U R I N E	URINE:	FTZ		Foley to Grant/	
	COLOR/CLARITY	AMBER/CLER		Clar, Amber	
C A R D I O V A S C U L A R	CARDIAC RHYTHM	NSR @ 80BPM PULSES x4 ABD C 2+ EDEMA		Sinus Tach Pulses x4 ABD girth locks ↑ flank	
	LEGEND		Cr - Creatinine F ₁ O ₂ - Fraction of Inspired O ₂ HCO ₃ - Bicarbonate	ICP - Intracranial Pressure PCO ₂ - Pressure of Arterial CO ₂ PEEP - Positive End Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)

SGT [Signature] b(w)-2
91WML6

DEPARTMENT/SERVICE/CLINIC

ICU 2 unit

DATE

22 May 03

PATIENT'S CENTER entries give: Name—last, first, middle; grade; date; hospital or medical facility)

EPW # [Redacted] b(w)-4

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

DA FORM 1 MAY 78 4700
Proponent: Dept of Nurs

MEDCOM - 15091

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

DATE		DZ												HOSPITAL DAY						
22 MAY 03		Transverse sigmoid colectomy, colostomy																		
V J T A E S I G N S I N T A K E O U T T	TIME	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20			
	BP Arterial Line																			
BP Cuff										111/61	104/58	104/57	115/63	105/61	115/49	94/51				
Temperature										97.5		97		101.7	103.4	102.1				
Pulse										99	97	111	117	130	136	125				
Respiratory Rate										12	12	12	12	17	13	14				
SPO ₂										100	100	100	100	100	100	100				
INTERMITTENT		TIME	05	06	07	08	09	10	11	12	8 ^{PT}	03	04	05	06	07	08	09	20	8 ^{PT}
URINE												120	130	130	130	130	130	130	130	
NG														7	7	2	4			
EMESIS														30	30	30	30			
STOOL																				
DRAINS																				
TOTALS																				
URINE	HOUR																			
	TOTAL																			
NG	OUTPUT																			
	PH																			
	GUAC																			
EMESIS																				
STOOL																				
DRAINS																				
TOTALS																				

POST-OP DAY								ACTIVITY LEVEL CLASSIFICATION																												
VITALS	21	22	23	24	01	02	03	04	R	TIME	1428	200	2100	0100	E	MODE	SMN	SMN	SDM	SDM																
	97/48	101/44	97/50	102/52	107/51	114/44	103/33	109/41		S	FO ₂	50	50	50		50	P	TV	900	700	700	700														
	102/3	101/4	101		100/8	100/3					D	RATE	12	12		12		12	I	PEEP	5	5	5	5												
	130	132	132	125	123	123	117	114				A	PH	7.491							T	PCO ₂	39.1													
	14	13	15	12	12	11	13	12					O	PO ₂		96							D	HCO ₃	23											
	100	100	100	100	100	100	100	100						E		SAT		98							R	G BASE	-1									
																Y		GLUCOSE									A	Na/K	/	/	/	/				
																		S		Cl/CO ₂		/		/		/		/	B	BUN/Cr	/	/	/	/		
																				T		WBC/PLATELET		/		/		/		/	R	Hct/Hgb	/	/	/	/
																						A		MOUTH CARE									T	BATH		
								C	SKIN CARE																					U		FOLEY CARE				
									D	TRACH CARE																		R				ROM EXERCISES				
										A	24 HOURS TOTALS				N		NURSE'S SIGNATURE																			
											S	wt Yesterday							wt Today					I		INITIALS										
												I	INTAKE				95		OUTPUT				T													
													V	IV			2750		Urine:						P											
														I		bo	350									U										
																T	TOTAL	3605	TOTAL		1515						T									
																	P	BALANCE	2150										U							
																		T													T					

MEDCOM - 15093
6662

NEUROLOGICAL ASSESSMENT

HOURS		17												LEGEND				
C O M M	EYES OPEN	SPONTANEOUSLY	4															C Closed by swelling
		TO SPEECH	3															
		TO PAIN	2	2														
		NO EYE OPENING	1															
A S S	BEST VERBAL RESPONSE	ORIENTED	5														T Trach/Endo S Slurring D Dysphasia R Receptive E Expressive	
		CONFUSED	4															
		VERBALIZES	3															
		VOCALIZES	2															
		NO VOCALIZATION	1	1														
C A T E	BEST MOTOR RESPONSE	OBYS COMMANDS	6														R Right L Left Record separately if there is a difference between the two sides.	
		LOCALIZES PAIN	5															
		FLEXION WITHDRAWAL	4															
		ABNORMAL FLEXION	3															
		EXTENSION TO PAIN	2															
		NO MOTOR RESPONSE	1	1														
		L I M B	ARMS	NORMAL POWER														
MILD WEAKNESS																		
SEVERE WEAKNESS																		
ABNORMAL FLEXION																		
ABNORMAL EXTENSION																		
M O V E M E N T	LEGS	NORMAL POWER															R Right L Left Record separately if there is a difference between the two sides.	
		MILD WEAKNESS																
		SEVERE WEAKNESS																
		ABNORMAL FLEXION																
		ABNORMAL EXTENSION																
P U P I L S	RIGHT	SIZE REACTION	2													+ + Brisk + Slow - No Response		
	LEFT	SIZE REACTION	2															
PUPIL SCALE		● 2 ● 3 ● 4 ● 5 ● 6 ● 7 mm												+ Intact - Abnormal				
ICP																		
CEREBRAL PERFUSION PRESSURE																		

VASCULAR ASSESSMENT

HOURS														LEGEND		
	R L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	+ + Normal
	R L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	+ Weak
	R L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	- Absent
	R L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	D Doppler
	R L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	R Right
	R L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	L Left

MEDCOM - 15094

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE **Post-Anesthesia Care Unit (PACU) Flow Sheet**

OTSG APPROVED (Date)

Date: 23 May 03 Anesthesia Type (Circle): General Spinal Epidural
 Time In: 1120 IV Sedation Nerve Block
 Allergies: MDA OR Intake: Crystalloid 2300 Colloid _____ Morphine 10mg 1050
 Pre-op V/S: 104/65 116/13 OR Output: UOP 250 EBL 200 Fent 5
 Procedures: Debridement + ABD Meds/Times: _____
250 Wound Silobase D KC-10

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

Pre Op Meds History

Time	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240
SaO2	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
FIO2															
Methods															
240															
220															
200															
180															
160															
140															
120															
100															
80															
60															
40															
20															
RR															
T															
Time SpO2															
Pain (0-10)	9/6	9/6	9/6	9/6	9/6	9/6	9/6	9/6	9/6	9/6	9/6	9/6	9/6	9/6	9/6
LOS															

Pacu Intake					
Time	Solution	Amount	Site	By	Infused

X-rays: _____ Labs: _____

Post-Anesthesia Recovery score				
Criteria	ADM	30"	D/C	Codes
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	2			AIRWAY A = Ambu BB = Blow-by M = Mask FT = Face Tent RA = Room Air NC = Nasal Cannula
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	2			V/S X = A-line BP * = Cuff BP = Pulse
Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op	2			TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	2			LOS C = Cervical T = Thoracic L = Lumbar S = Sacral
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2			
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	2			
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.				

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

PREPARED BY (Signature & Title) SGT [Redacted] b100-2 DEPARTMENT/SERVICE/CLINIC ICU 2 DATE 23 May 03

PATIENT'S IDENTIFICATION: EPW # [Redacted] b100-4
 Name - last, first, middle; grade; date; hospital or medical facility

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

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

NURSING NOTES

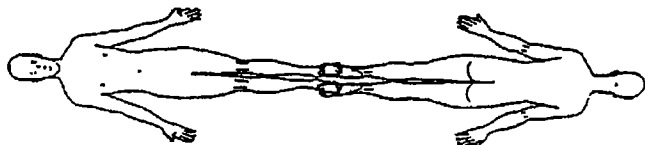
23 May 03 - 1120 40 y.o EPW transfer from OR to ICU S/P ABO Debridement + silo bag A. VSS SaO₂ 100% 50% O₂ color good, intubated per MD order for vent setting RT + ^{non} ~~at~~ See SF LEAD b/w-2

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

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

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

DRESSINGS			
Time	Location	Type	Drainage
Adm			
30'			
60'			
D/C			



PACU OUTPUT			
Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?

Discharge Criteria:
 Date: _____ Time: _____ PARS: _____
 BP: _____ T: _____ HR: _____ RR: _____ SaO₂: _____
 Pain Level at D/C (0-10): _____
 Intake: _____ Output: _____
 Additional Data: _____
 Transferred To: _____
 Report Given To: _____
 Transferred Via: W/C Litter Gurney Ambulance
 Transferred By: _____
 Cleared IAW Recovery Room SOP B-3
 Charge Nurse Signature: _____

WAMC OP 173-E

MEDCOM - 15096

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

b(lu)-2

OTSG APPROVED (Date)
QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT			
	TIME	INITIALS	INITIALS
N E U R O	PUPILS	0615 2MM ROUND/REACTIVE	1730 3mm, BIZARRE PERLLA
	SENSORIUM	SEATED & VERTED / FELT PT FOLLOWS SIMPLE COMMANDS.	BT SEATED, HEADS TO STIMUL FOLLOWS INSTRUCTIONS WHEN AVAILABLE.
R E S P I R A T O R Y	RESPIRATORY PATTERN	VENT B ET 22 @ LIPUNE	Vent settings (see last sheet)
	BREATH SOUNDS	SIMV 12 700 5 50%	PTA @ 0 secretions
	SECRETIONS	CTA & MILD RHONCHI THROUGHOUT	ETT #8, 24cm @ lip
		ETT INCLINE SH AMOUNT	
S K I N	COLOR	NORMAL FOR RACE	normal for race
	INTEGRITY	INTACT ABD DSG, C SMALL AMOUNTS OF SCABIES	Intact, (B) colostomy
V E I N	LOCATION	DRAINAGE. SEROUS.	(B) central C/D/E
	CONDITION	NO G LAMENT INTACT AND PATENT. 20% RAC INTACT AND PATENT	(C) LANT C/D/E (D) AC / C/D/E
G A S T R O	ABDOMEN	BULGY DRESSING TENDER	(D) colostomy
	BOWEL SOUNDS	BS @	0 B3 saline bag dressing C/D/E, NOT re BS 2 JP drains LTB
U R I N E	COLOR/CLARITY	AMBER CLEAR	poly to quantify Amber clear
C A R D I O V A S C U L A R	CARDIAC RHYTHM	S1 S2 NSR - ST PIP x4; CAP REFILL = 3 SECS.	Sinus Tach S, S2 present Pulse present 24 Cap refill < 3secs

LEGEND
Cr - Creatinine
FiO2 - Fraction of Inspired O2
HCO3 - Bicarbonate
ICP - Intracranial Pressure
PCO2 - Pressure of Arterial CO2
PEEP - Positive End Expiratory Pressure
SA - Fractional
SAI - Saturation
TRACH - Tracheostomy

(Continue on reverse)

REPORTED BY (Signature & Title) _____ DEPARTMENT/SERVICE/CLINIC _____ DATE _____

b(lu)-2 ICU 2 unit 23-MAY-03

or typed or written entries give: Name—last, first, middle initial (if applicable); hospital or medical facility)

b(lu)-4

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



DA FORM 1 MAY 78 4700
Proponent: Dept of Nurs

MEDCOM - 15097

WAMC OP 375 (Redesignated)
1 Apr 90 (HSXC-N11)

DATE		DX										HOSPITAL DAY									
23 May 03																					
V	TIME	05	06	07	08	09	10	11	12	/	13	14	15	16	17	18	19	20			
	BP - Arterial Line	104/55	106/58	109/60	112/65				119/65	/	109/67	107/59	100/59	100/57	102/61	107/67	110/61	108/64			
I	BP Cuff								/												
T	Temperature	98.9		99.1			O R	98.2		98.9				100.4	100.8		101				
A	Pulse	116	109	110	111	103		109		107	101	107	107	113	109	118	119				
L	Respiratory Rate	13	12	12	17	12		12		12	12	12	12	12	12	12	12				
S	SpO2	100%	100%	100%	100	100		100%		100%	100	100%	100%	100	100	100	100				
I	FIO2	50%	50%	50%	50%	50%		50%		50%	50	50	50	50	50	50	50				
G																					
N																					
S																					
I																					
N																					
T																					
A																					
K																					
E																					
O	TIME	05	06	07	08	09	10	11	12	8T	13	14	15	16	17	18	19	20	8T		
U	LR	75	75	75	75	75	O R	75		75	75	75	75	75	75	75	75	75			
T	versed	7	7	7	7	7	2000cc	7		7	7	7	7	7	7	7	7	7			
P	Fent	50	50	50	50	50		50		40	40	40	40	40	40	40	40	40			
F	I.V.P.B.	100	50					100		100	50							40			
U	BOULS		25ML FENT		4ML VENT													24			
T																					
O	TOTALS	232	414	516	688	844		3144	3376		3608	172	128	122	122	122	122	122			
U	URINE																				
T	HOUR TOTAL	15	15	15	265	115		535	760		885	125	175	1200	1325	1415	1505	1605			
P	SP GR											1010	1105								
F	S/A																				
U	OUTPUT	130		45	45		O R							15							
T	PH																				
O	GUAC																				
P	EMESIS																				
F	STOOL																				
U	JPI							15		20	5	10	20								
T	JPI							5		5	5	15	5								
O	TOTALS																				

MEDCOM - 15098

POST-OP DAY									ACUTY LEVEL CLASSIFICATION											
V I T A L S I G N S	20	22	23	24	01	02	03	04		R E S P I R A T O R Y	TIME	1700	2300	0300						
	124/58	101/53	107/53	108/49	123/60	109/54	119/60	107/57			MODE	SPMV	SPMV	SPMV						
		101 ⁵	101 ⁵	101 ³			100 ⁴	100 ¹			F _{O₂}	50	50	50						
	119	115	117	115	123	112	117	107			TV	700	700	700						
	17	18	17	16	22	12	12	12			RATE	12	12	12						
	100	100	100	100	100	100	100	100			PEEP	5	5	5						
	50%	50%	50%	50%	50%	50%	50%	50%			A	pH								
											A	PCO ₂								
											B	PO ₂								
											B	HCO ₃								
									G	SAT										
									G	BASE										
M E A S U R E M E N T S	21	22	23	24	01	02	03	04	8° T	L A B O R A T O R Y	TIME									
	75	75	75	75	85	85	85	78			GLUCOSE									
	1100	1175		1225			1250	1265			Na/K									
	2	2	2	2			2	2			Cl/CO ₂									
	2405	2412		2426			2447	2457			BUN/Cr									
	40	40	40	40			40	40			WBC/PLATELET									
											Hct/Hgb									
O U T P U T	100	100	100	80	60	60			A C T I V I T Y	TIME										
	1700	185	195	185	180	165				MOUTH CARE										
										BATH										
										SKIN CARE										
										FOLEY CARE										
										TRACH CARE										
										ROM EXERCISES										
									24 HOURS TOTALS				NURSE'S SIGNATURE		INITIALS					
									wt Yesterday		wt Today		 896 P...							
									INTAKE		OUTPUT									
									IV 1625		Urine: 290									
									PO 730		2165									
									650		115									
									TOTAL 4974		TOTAL 2560									
									MEDCOM - 15099				4/4							

NEUROLOGICAL ASSESSMENT

		HOURS														LEGEND		
C M O	EYES OPEN	SPONTANEOUSLY	4	17	21													C Closed by swelling
		TO SPEECH	3															
		TO PAIN	2															
		NO EYE OPENING	1	1														
P S E	BEST VERBAL RESPONSE	ORIENTED	5															T Trach/Endo S Slurring D Dysphasia R Receptive E Expressive
		CONFUSED	4															
		VERBALIZES	3															
		VOCALIZES	2															
		NO VOCALIZATION	1	1														
C A T E	BEST MOTOR RESPONSE	OBEYS COMMANDS	6															
		LOCALIZES PAIN	5															
		FLEXION WITHDRAWAL	4															
		ABNORMAL FLEXION	3															
		EXTENSION TO PAIN	2															
		NO MOTOR RESPONSE	1	1														
L I M B S	ARMS	NORMAL POWER																R Right L Left Record separately if there is a difference between the two sides.
		MILD WEAKNESS																
		SEVERE WEAKNESS																
		ABNORMAL FLEXION																
		ABNORMAL EXTENSION																
M O V E M E N T S	LEGS	NORMAL POWER																
		MILD WEAKNESS																
		SEVERE WEAKNESS																
		ABNORMAL FLEXION																
		ABNORMAL EXTENSION																
P U P I L S	RIGHT	SIZE REACTION		3														♦♦ Brisk ♦ Slow - No Response
	LEFT	SIZE REACTION		3														
PUPIL SCALE																		
ICP																		
CEREBRAL PERFUSION PRESSURE																		

VASCULAR ASSESSMENT

		HOURS														LEGEND		
	R	L																♦♦ Normal
	R	L																♦ Weak
	R	L																- Absent
	R	L																D Doppler
	R	L																R Right
	R	L																L Left

MEDCOM - 15100

blw-2
All

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)

QA Appr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	TIME	INITIALS
NEURO	PUPILS	0630	[REDACTED]	1830	[REDACTED]
	SENSORIUM	Eyes REACTIVE PERRONDS		3mm PERRONDS	
		TO TOUCH. ABLE TO MAKE OUT DIFFICULTY.		Jaundice to sclera	
RESPIRATORY	RESPIRATORY PATTERN	NAD B/L RHOJCH1		Lung sounds clear	
	BREATH SOUNDS	NC 4L SPO2 @ 98-100%		Symmetric chest wall expansion, pt. & @ DEBD. PTC FROTHY	
	SECRETIONS	TAKEN OFF NEB 10L @ DEBD. PTC FROTHY		occasional frothy secretions from mouth	
		ABLE TO COUGH IT UP.			
SKIN	COLOR	SLIGHT JAUNDICE TO		Normal.	
	INTEGRITY	SWERS, CONDUCTIVE PINK		Scarring to wrist.	
IV SITE	LOCATION	RAC INTACT		(R)AC, (L)AC	
	CONDITION	LAC INTACT		(L) subclav	
		SLC (R) INTACT		(R) A-line patent	
		(L) A LINE INTACT			
GASTRO	ABDOMEN	SOFT TO SLIGHTLY FIRM		OPEN ABD & NO TENDER	
	BOWEL SOUNDS	HBBT 3/2 BS HYPOACTIVE		Wet to dry dx. DJI. colostomy	
		COLOSTOMY & VEIN/BAND		& BROWN liquid stool.	
GU	URINE:	STUR		Edey to gravity;	
	COLOR/CLARITY	FIB AMBER URINE		amber urine.	
CARDIOVASCULAR	CARDIAC RHYTHM	SL, S7 PECTUM		[REDACTED]	
		PP x4 UP RESULS?			
		GUESS TO BUE/ABD.			
LEGEND		Cr - Creatinine	F _I O ₂ - Fraction of inspired O ₂	ICP - Intracranial Pressure	S/A - Fractional
		HCO ₃ - Bicarbonate		PCO ₂ - Pressure of Arterial CO ₂	SA _i - Saturation
				PEEP - Positive End Expiratory Pressure	TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (S)

DEPARTMENT/SERVICE/CLINIC

DATE

PATIENT'S IDENTIFICATION: type of patient entries give: Name - last, first, middle; grade; date; hospital or medical facility)

[REDACTED] blw-4

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

DA FORM 1 MAY 78 4700 Proponent: Dept of Nurs

MEDCOM - 15101

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

DATE		05	06	07	08	09	10	11	12	13	14	15	16	HOSPITAL DAY		17	18	19	20
TIME		07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
V	BP Arterial Line	115/63	114/61	135/74	150/75	154/76	164/78	164/78	164/78	164/78	115/68	107/62	94/55	127/81	130/77	140/83	131/81	135/81	135/81
J	BP Cuff				124/72	133/81						115/60							
T	Temperature	100.2			100.7			102.1		100.4					100.9				
A	Pulse	111	101	93	97	101	101	99	106		107	105	106	94	92	93	103	94	
A	Respiratory Rate	28	23	21	23	28	28	26	21		31	28	26	26	21	23	22	23	
E	O2 SAT	100	100	98	99	99	99	99	98		98	99	99	100	100	100	94	98	
E	FIO2	10L	10L	2L	2L	2L	2L	RA	RA		RA	2L	2L	2L	2L	2L	2L	2L	
S	ROUTE O2	NRB	NRB	NC	NC	NC	NC	Ø	Ø		Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	
<p>pain intervention</p> <p>NS E20kel 100</p> <p>Fentanyl 75</p> <p>IVPB 100 50 50 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100</p> <p>Tube Feed 20 20 100 0 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100</p> <p>PO 60 100</p> <p>TOTALS 1275 2275 2575 1075 1075 1675 1075 2075 1300 1075 1675 1075 1675 1075 1075 2575 1575 1575 1360</p>																			
O	URINE	90	95	100	95	160	150	100	50	90	95	80	75	70	100	200	200	200	1500
U	NG	15								14									
P	EMESIS																		
P	STOOL					200													
U	DRAINS		100																
T	TOTALS	90	200	405	370	350	1120	1100	1100	90	180	75	70						

MEDCOM - 15102

POST-OP DAY								ACUTY LEVEL CLASSIFICATION										
21 22 23 24 01 02 03 04																		
V I T A L S I G N S	15/91	105/81	104/81	124/78	124/78	124/70	15/83	15/83										
			110.4	110														
	76	109	95	94	98	93	87	77										
	24	26	30	26	26	29	21	19										
	100	98	98	99	99	99	100	100										
	2L	2L	2L	2L	2L	2L	2L	2L										
	NL	NL	NL	NL	NL	NL	NL	NL										
L A B O R A T O R Y	21	22	23	24	01	02	03	04										
	16	17	18	18	20	21	22	23	8° T									
	100	100	100	100	100	100	100	100										
	75	75	75	75	75	75	75	75										
	50		50	50	50													
	100				100													
A C T I V I T Y	1075	1075	1025	1575	1575	1025	1075	1075	1075									
			300		300		225	1725	1725									
D I E T A R Y																		
T U R N S I G N S																		
24 H&O TOTALS										SIGNATURE		INITIALS						
wt Yesterday					wt Today					[REDACTED]		[REDACTED]						
INTAKE					OUTPUT													
IV 3670					Urine: 3065							b(w)-2						
TOTAL					TOTAL													

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)

QA Apr 8 Mar 89 *blu* - 2

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	INITIALS	TIME
NEURO	PUPILS	0530	<i>[Redacted]</i>	<i>blu-2</i>	1400
	SENSORIUM				
RESPIRATORY	RESPIRATORY PATTERN				
	BREATH SOUNDS				
	SECRETIONS				
	VENT				
SKIN	COLOR				
	INTEGRITY				
SITE	LOCATION				
	CONDITION				
GASTRO	ABDOMEN				
	BOWEL SOUNDS				
GU	URINE:				
	COLOR/CLARITY				
CARDIOVASCULAR	CARDIAC RHYTHM				

LEGEND
Cr - Creatinine
FiO2 - Fraction of Inspired O2
HCO3 - Bicarbonate
ICP - Intracranial Pressure
PCO2 - Pressure of Arterial CO2
PEEP - Positive End Expiratory Pressure
SA - Fractional
SAO2 - Saturation
TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title) _____ DEPARTMENT/SERVICE/CLINIC *ICU 2nd* DATE *25 MAR 83*

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

CIU [Redacted] blu-4

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

DATE		DX												HOSPITAL DAY				
TIME	04	06	07	08	09	10	11	12	8T	13	14	15	16	17	18	19	20	8T
	BP Arterial Line	114/77	122/55	126/52	130/51	132/51	127/51	111/40	115/50	X	137/29	160/85	124/57	119/52	129/53	119/57	117/57	
BP Cuff									X									
Temperature	100.5	100.8	100.7	100.8	100.9	100.9	101.4	100.4	X	101.7	103.2			101.5	101.3	101.5	101.7	
Pulse	103	103	107	108	100	100	70	98	X	100	128	119	117	114	103	104	121	
Respiratory Rate	12	12	12	12	12	12	12	12	X	12	29	11	20	24	23	20	30	
SpO2	100	100	100	100	100	100	100	100	X	100	100	96	94	97	98	98	100	
% O2	40%	40	40	40	40	40	40	40	X	40	40	50	50	50	50	50	50	
intubation																		
TIME	04	06	07	08	09	10	11	12	8T	13	14	15	16	17	18	19	20	8T
UR	75	75	75	75	75	75	75	75	X	75	75	75	100	100	100	100	100	
GENT							100		X									
Veronal	8	8	8	8	8	8	8	8	X	8	12	12	12	12	140			
INSUL		150			363	363	100	50	X			50			0/16			
Pent	50	50	50	50	50	56	50	50	X	50	60	60	60	60	100/50	50/40	50/40	
NS @ 20 kcal									X				100/100	100/200	100/100	100/100	100/100	
Propofol									X					12/12	12/12	12/12	12/12	
TOTALS	113 225	113 390	113 409	113 423	476 478	476 478	413 413	1183 1170	X	113 183	147 2620	197 222	172 209	172 251	300	102.6	102.0	
URINE	HOUR	85	130	140	420	210	310	310	X	130	450	550	225	200	200	200	200	
	TOTAL	225	350	490	416	126	136	556	X	1181	2230	2180	291	311				
NG	OUTPUT	20	15	10	3	10			X	20			25					
	PH	20	20	40	43	103			X	103			140					
	GUAC								X									
EMESIS								X										
STOOL								X										
DRAINS								X										
TOTALS								X										

MEDCOM - 15105

POST-OP DAY										ACTIVITY LEVEL CLASSIFICATION									
21 22 23 24 04 02 03 04 163/18 171/19 201/21 107/12 173/50 134/52 108/54 111/59										TIME 05 1800 2400 MODE 9DMU 9DMU 42MM F _{O2} 40 50 50 TV 700 700 700 RATE 12 12 12 PEEP 5 8 8 PH 7.490 A PCO ₂ 37.9 PO ₂ 97 B HCO ₃ 29 SAT 98 G BASE 5									
103 ³ 102 ⁸ 101 ⁵ 102 ⁴ 103 ⁵ 103 ⁰ 102 ⁵ 101 ⁷ 1260 117 110 112 120 121 115 113 23 21 21 12 29 25 26 19 99 98 97 100 98 99 96 97 50% 50% 50% 50% 50% 50% 50% 50%										TIME 04 GLUCOSE 95 Na/K 119/3.5 CU/CO ₂ BUN/Cr 5.7 WBC/PLATELET 30/714 Hct/Hgb 27/8.3									
21 22 23 24 04 02 03 04 8T 825 825 825 825 825 825 825 825 825										TIME MOUTH CARE BATH SKIN CARE FOLEY CARE TRACH CARE ROM EXERCISES									
140 140 140 140 140 140 140 140 126 126 126 126 126 126 126 126 100 100 100 100 100 100 100 100 12.6 12.6 12.6 12.6 12.6 12.6 12.6 12.6 50 4 50 4 50 4 50 4										TIME MOUTH CARE BATH SKIN CARE FOLEY CARE TRACH CARE ROM EXERCISES									
107.6 102.6 102.6 102.6 102.6 102.6 102.6 102.6 4511										TIME MOUTH CARE BATH SKIN CARE FOLEY CARE TRACH CARE ROM EXERCISES									
200 250 250 250 250 200 150 150 5411										TIME MOUTH CARE BATH SKIN CARE FOLEY CARE TRACH CARE ROM EXERCISES									
200										TIME MOUTH CARE BATH SKIN CARE FOLEY CARE TRACH CARE ROM EXERCISES									
4.11										TIME MOUTH CARE BATH SKIN CARE FOLEY CARE TRACH CARE ROM EXERCISES									
TOTAL 4511										TIME MOUTH CARE BATH SKIN CARE FOLEY CARE TRACH CARE ROM EXERCISES									
BALANCE 10104 = 10104										TIME MOUTH CARE BATH SKIN CARE FOLEY CARE TRACH CARE ROM EXERCISES									
MEDCOM - 15106										TIME MOUTH CARE BATH SKIN CARE FOLEY CARE TRACH CARE ROM EXERCISES									

NEUROLOGICAL ASSESSMENT

HOURS		[Grid]												LEGEND	
EYES OPEN	SPONTANEOUSLY	4	[Grid]												C Closed by swelling
	TO SPEECH	3	[Grid]												
	TO PAIN	2	[Grid]												
	NO EYE OPENING	1	[Grid]												
BEST VERBAL RESPONSE	ORIENTED	5	[Grid]												T Trach/Endo S Sturring D Dysphasia R Receptive E Expressive
	CONFUSED	4	[Grid]												
	VERBALIZES	3	[Grid]												
	VOCALIZES	2	[Grid]												
	NO VOCALIZATION	1	[Grid]												
BEST MOTOR RESPONSE	OBEYS COMMANDS	6	[Grid]												R Right L Left Record separately if there is a difference between the two sides.
	LOCALIZES PAIN	5	[Grid]												
	FLEXION WITHDRAWAL	4	[Grid]												
	ABNORMAL FLEXION	3	[Grid]												
	EXTENSION TO PAIN	2	[Grid]												
	NO MOTOR RESPONSE	1	[Grid]												
ARMS	NORMAL POWER		[Grid]												R Right L Left Record separately if there is a difference between the two sides.
	MILD WEAKNESS		[Grid]												
	SEVERE WEAKNESS		[Grid]												
	ABNORMAL FLEXION		[Grid]												
	ABNORMAL EXTENSION		[Grid]												
LEGS	NORMAL POWER		[Grid]												R Right L Left Record separately if there is a difference between the two sides.
	MILD WEAKNESS		[Grid]												
	SEVERE WEAKNESS		[Grid]												
	ABNORMAL FLEXION		[Grid]												
	ABNORMAL EXTENSION		[Grid]												
PUPILS	RIGHT	SIZE REACTION	3	[Grid]											♦♦ Brisk ♦ Slow - No Response
	LEFT	SIZE REACTION	3	[Grid]											
PUPIL SCALE		● 2 ● 3 ● 4 ● 5 ● 6 ● 7 mm													
ICP		[Grid]												♦ Intact - Abnormal	
CEREBRAL PERFUSION PRESSURE		[Grid]													

VASCULAR ASSESSMENT

HOURS		[Grid]												LEGEND	
	R	[Grid]												♦♦ Normal	
	L	[Grid]												♦ Weak	
	R	[Grid]												- Absent	
	L	[Grid]												D Doppler	
	R	[Grid]												R Right	
	L	[Grid]												L Left	

MEDCOM - 15107

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Apr 8 Mar 89

INITIAL SHIFT ASSESSMENT		INITIALS	INITIALS
N	TIME: 0800	INITIALS: [REDACTED]	INITIALS: [REDACTED]
U	PUPILS	4040 EPW S/P observed at 0800, 3mm Brisk	
	SENSORIUM	of ABD c colonostomy pupils Anetd, awake at 8:00am 3mm, reflexes to touch made when questioned Alert, moves extremities	
		x 4. pt on vent SIMV 12	
R	RESPIRATORY PATTERN	Deep 5 vol 700 cc 40%	SIMV 1200mm; TV 200, PEEP 5
	BREATH SOUNDS	BS CTA, Secretions	Rid 40%, lung CTA (B)
	SECRETIONS	Clear, sm amt S _{CO}	10 secretions
		100% Colostomy good, pulses equal L & R & full of chest present x 2 cap refill SPO ₂ 100%	
S	COLOR	mod bilat wrist healing	normal for time
	INTEGRITY	abrasions @ dig. IV	Colostomy, ABD dressing c/lot
		(B) AC 20g, (C) Central line, (D) wrist tag	Wound to occlude w/ dressing
I	LOCATION	SC patient, (D) wrist tag	(D) central line - c/lot
	CONDITION	patent, ABD noted edema + 2 Dig ABD	Rid'd A-line c/lot removed (E) AC 18g c/lot
		intact mod amt serous + slightly bloody drainage Dig A: per MD order list	
A	ABDOMEN	to dig. serous site site	NOT to LIS, @ BS
	BOWEL SOUNDS	dig 2 Red rubber suture intact @ sts of infx lg ant serous	ABD dressing c/lot Colostomy bag, @ BM
		drainage noted @ order	2 TP drains to cont low flow
U	URINE:	Colostomy sm amt bloody +	Foley to Gravity
	COLOR/CLARITY	serous dig (E) noted stool JP	clear yellow
C	CARDIAC RHYTHM	residual in tube Foley to gravity	NSR, Pulses x 4
		dig clear amber urine @ ord	LCP 75% H ₂ O, Vessel 8/16
		mint vess T 100-2 note labs	Fent 50ml/H
	PRBC started at MD order		
	Cardiac @ Digby s/s track		

LEGEND
Cr - Creatinine
F_IO₂ - Fraction of Inspired O₂
HCO₃ - Bicarbonate
ICP - Intracranial Pressure
PCO₂ - Pressure of Arterial CO₂
PEEP - Positive End Expiratory Pressure
SA - Fractional
SAI - Saturation
TRACH - Tracheostomy

PREPARED BY (Signature & Title) *blw-2* DEPARTMENT/SERVICE/CLINIC *ICU 2 unit* DATE *25-MAY-89*
(Continue on reverse)

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

EPW
blw-4

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

DATE		DE																HOSPITAL DAY												
24 May 03		BSW ABD SIP EXP LAB Colostomy																												
V I T A E S I N S I M E A K E O U T T P U T	TIME	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20													
	BP Arterial Line							154/87	114/48	108/50									177/91	136/54	113/56	110/56	116/52	109/51	111/51	112/53				
BP Cuff		100/59	128/55	103/52	97/44	101/49	120/42	117/50	109/55									109/54	110/59	110/57	107/55	111/57			100/50	100/50				
Temperature			100.9		100.1	100.0	100.4	100.2	100.1										100.3	100.2	100.3	100.4	100.1	100.1	100.1					
Pulse		102	114	105	107	101	111	109	104									103	102	101	110	110	102	99	97					
Respiratory Rate		12	12	12	12	12	12	12	12									12	12	12	12	12	12	12	12					
Vent O2		50%	40%	40%	40%	40%	40%	40%	40%									40	40	40	40	40	40%	40%	40%					
SAO ₂		100	100	100	100	100	100	100	100									100	100	100	100	100	100	100	100					
TOTALS		120	330	170	133	120	122	60	178									118	108	118	125	183								
URINE	HOUR																													
	TOTAL			515	140	100	335	160	285									145	200	125	170	65	180	250	250					
NG	OUTPUT	8	40	0	20/6	3/3	0/0	5/6	20/8									5/3	0	0	5/8									
	PH																													
	GUAC																													
EMESIS																														
STOOL (Colostomy)		0	0	0	0	0	0	0	0									0	0	0	0	0								
DRAINS	JP1	0	0	0	0	0	0	0	0									0	5	0	0	0								
	JP2	0	0	0	0	0	0	0	0									25	20	0	0	0								
TOTALS																														

MEDCOM - 15109

POST-OP DAY								ACUTY LEVEL CLASSIFICATION										
2																		
VITALS	21	22	23	24	01	02	03	04	R	TIME	06	18	1100	1200				
	154/58	137/57	137/58	141/54	141/54	101/52	107/55	117/56		MODE	Simv	SEM	SDMU	SDMU				
	100 ⁵	100 ⁵	100 ⁵	100 ⁶	100 ⁵	100 ⁶	100 ⁵	100 ⁵		F _{O2}	40	40	40	40				
	97	95	100	98	99	101	102	101		TV	700	700	700	700				
	12	13	12	12	12	12	12	12		RATE	12	12	12	12				
	40%	40%	40%	40%	40%	40%	40	40		PEEP	5	5	5	5				
	100	100	100	100	100	100	100	100		A	pH	7.5						
										A	PCO ₂	32.1						
										B	PO ₂	98						
										B	HCO ₃	26						
								G	SAT	98								
								G	BASE	3								
LABS	21	22	23	24	01	02	03	04	TIME	101								
	75	75	79	75	75	75	75	75	GLUCOSE	118								
	127	125	146	146	146	146	146	146	Na/K	120 / 4.2								
	8	8	8	8	8	8	8	8	Cl/CO ₂	99 / 34								
	130	130	146	146	146	146	146	146	BUN/Cr	7 / 0.6								
	40	40	40	40	40	40	40	40	WBC/PLATELET	30.1 / 281								
	675	715	765	765	765	765	765	765	Hct/Hgb	35.5 / 7.0								
	0	0	0	0	0	0	0	0										
	0	0	0	0	0	0	0	0										
	0	0	0	0	0	0	0	0										
NURSING									TIME	08								
									MOUTH CARE	100%								
									BATH									
									SKIN CARE									
									FOLEY CARE									
									TRACH CARE									
									ROM EXERCISES									
GUEST	450	300	150	150	150	150	200	200	24 HRS TOTALS				NURSE'S SIGNATURE				INITIALS	
	1870	5220	3420	3420	3420	3420	3420	3420	wt Yesterday				wt Today					
									INTAKE				OUTPUT					
									IV				Urine:					
									'60									
									TOTAL	2584			TOTAL	4453				
									BALANCE	-1869								

NEUROLOGICAL ASSESSMENT

HOURS														LEGEND			
C O M M	EYES OPEN	SPONTANEOUSLY	4														C Closed by swelling
		TO SPEECH	3														
		TO PAIN	2	2													
			1														
		NO EYE OPENING	1	1													
S E N	BEST VERBAL RESPONSE	ORIENTED	5													T Trach/Endo S Slurring D Dysphasia R Receptive E Expressive	
		CONFUSED	4														
		VERBALIZES	3														
		VOCALIZES	2														
		NO VOCALIZATION	1	1	1												
C A P A R E	BEST MOTOR RESPONSE	OBEYS COMMANDS	6													R Right L Left Record separately if there is a difference between the two sides.	
		LOCALIZES PAIN	5	5													
		FLEXION WITHDRAWAL	4														
		ABNORMAL FLEXION	3														
		EXTENSION TO PAIN	2														
		NO MOTOR RESPONSE	1	1													
L I M B M O V E M E N T	ARMS	NORMAL POWER														Record separately if there is a difference between the two sides.	
		MILD WEAKNESS															
		SEVERE WEAKNESS	✓														
		ABNORMAL FLEXION															
		ABNORMAL EXTENSION															
LEGS	NORMAL POWER																
	MILD WEAKNESS																
	SEVERE WEAKNESS	✓															
	ABNORMAL FLEXION																
	ABNORMAL EXTENSION																
P U P I L S	RIGHT	SIZE REACTION	3 3													↔↔ Brisk	
			7 7													↔ Slow	
	LEFT	SIZE REACTION	3 3													- No Response	
			7 7														
PUPIL SCALE			• 2	• 3	• 4	• 5	• 6	• 7 mm									
ICP																↔ Intact	
CEREBRAL PERFUSION PRESSURE																- Abnormal	
VASCULAR ASSESSMENT																	
HOURS																	LEGEND
	R	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	↔↔ Normal
	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	↔ Weak
	R	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	- Absent
	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	D Doppler
	R	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	R Right
	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	L Left

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA
For use of this form, see AF 40-65; the proponent agency is the Office of The Surgeon General.

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

p(w)-2

OTSG APPROVED (Date)

QA Apr 8 Mar 89

		INITIAL CHIEF ASSESSMENT			
		TIME	INITIALS	INITIALS	TIME
N E U R O	PUPILS	0545	[Redacted]	[Redacted]	1730
	SENSORIUM	3MM-4MM ROUND			Rt's eye open, 3mm, brisk Sclera are yellow
		REACTIVE PROPPED			
		31 MG/KG/MIN, FEET			
R E S P I R A T O R Y	RESPIRATORY PATTERN	SHW RTT B 24 @ UPLINE	12 FIO ₂ 50% PEEP B		See vent settings next page
	BREATH SOUNDS	MILD RHONCHI TO	TV 700		equal size and full of chest
	SECRETIONS	W/PEEP LOBES DIMINISHED			SpO ₂ 100% @ 50% FiO ₂
		BS ON (R) LOWER LOBE			Clear lung sounds
S K I N	COLOR	NORMAL FOR RACE			Normal for race
	INTEGRITY	INTACT E LAC TO RIGHT HEAD, ABD WOUND,			ABD WOUND Dressing
		STOMA			Wound Dressing
I V S I T E	LOCATION	RAC IBL INTACT/PATENT			(B) AC 40% Clot
	CONDITION	LAC IBL INTACT/PATENT			(C) AC 10% Clot
		RSLC PATENT/INTACT			(D) central line clotted
		(E) RADIAL A LINE INTACT/PATENT			(F) radial A line patent, used
G I A S T R O	ABDOMEN	DISTENDED TACT E 2+			ABD Dressing Clot
	BOWEL SOUNDS	EDOMA SURROUNDING ABD WOUND			Colostomy site pink & brown
		BS NOT APPRECIATED NGT (R) NAPE			Edema (C) Intact whenever
		DRAINAGE S/W MED AMOUNTS OF GREENISH/YELLOW			(D) BS or flatulence
U R I N E	COLOR/CLARITY	DARK AMBER TO ORANGE FTR, BS			Clear and in color
C A R D I O V A S C U L A R	CARDIAC RHYTHM	S1 S2 (R) ST & ECG/	PULSES PRESENT		S1 S2 present,
		AND RAVABLE.			Pulses x 4, equal abt 112/80
		CAP REFILL ≤ 3 SECS.			
LEGEND		Cr - Creatinine	ICP - Intracranial Pressure	SA - Fractional	
		F _I O ₂ - Fraction of Inspired O ₂	PCO ₂ - Pressure of Arterial CO ₂	SA _t - Saturation	
		HCO ₃ - Bicarbonate	PEEP - Positive End Expiratory Pressure	TRACH - Tracheostomy	

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE

ICU 2 unit

21 MAY 89

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

CEV
[Redacted] b(w)-4

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

DA FORM 1 MAY 78 4700
Proponent: Dept of Nurs

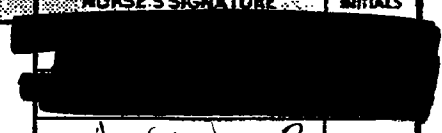
MEDCOM - 15112

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

Ammond 11/11

DATE		DX												HOSPITAL DAY							
TIME		05	06	07	08	09	10	11	12	X	13	14	15	16	17	18	19	20	X		
V	BP Arterial Line	103/55	108/85	106/83	122/86	143/57	115/47	118/52	91/43	X	95/42	134/103	105/55	101/42	105/54	103/59	114/47	94/48	X		
	BP Cuff									X		133/103	103/55	100/40	105/55				X		
T	Temperature	100	100.9	100.9	101	103.2	103.2	101.4	101.4	X	101.7	102	103	102	98.3	99.6	98.5	98.5	X		
	Pulse	112	112	110	118	126	123	117	120	X	123	127	124	120	122	123	108	101	X		
A	Respiratory Rate	24	27	24	26	15	18	16	12	X	19	18	24	23	15	19	18	17	X		
	SPO ₂	97	99	96	94	97	98	100	100	X	98	92	94	97	95	97	100	97	X		
S	F.O ₂	50%	50	50	50	50	50	50	58	X	50	50	50	50	50	50%	50%	50%	X		
	MABP									X							58		X		
I										X									X		
										X									X		
G										X									X		
										X									X		
M										X									X		
										X									X		
S										X									X		
										X									X		
I	TIME	05	06	07	08	09	10	11	12	8T	03	04	05	06	07	08	09	20	8T		
	NS @ 20KCL	112	112	112	112	112	112	112	112	X	112	112	112	160	150	150	150	150	150	X	
M	FENT	25	25	25	27.5	27.5	27.5	27.5	27.5	X	27.5	27.5	27.5	27.5	27.5	25	25	25	25	X	
	Propofol	13	13	13	14.7	14.7	14.7	14.7	14.7	X	10.5	10.5	25	16.8	12.6	12.6	10.6	10.6	10.6	X	
T	IVPM			50			100		50	X	50	50				100			X		
				50						X									X		
A	bolus NS									X	500	500			1000		500	500	X		
	Dopamine									X								3.9	X		
K										X									X		
										X									X		
E	TOTALS	150	150	250	154	154	150	200	150	X	197	714	655	200.1	114				X		
		150	300	350	404	558	808	958	1158	X	1157	571	272	772	412	2			X		
O	URINE									X									X		
	50gr									X									X		
U	NG									X									X		
	OUTPUT									X									X		
P	EMESIS									X									X		
	STOOL									X									X		
D	DRAINS									X									X		
										X									X		
TOTALS										X									X		

MEDCOM - 15113

POST-OP DAY									ACUTY LEVEL CLASSIFICATION													
V I T A L S I G N S	21	22	23	24	01	02	03	04		R E S P I R A T O R Y S E T T I N G S	TIME	0700	2200	2								
	94	95	100	95	96	97	98	99			MODE	SimV	SimV									
	96	96	96	96	96	96	97	97			F _{O2}	50	50									
	98	96	96	96	91	86	84	85			TV	700	700									
	12	16	12	12	12	13	12	12			RATE	12	12									
	99	100	100	100	100	100	100	100			PEEP	8	8									
	50%	50%	50%	50%	50%	50%	50%	50%			A A A A	pH	7.4									
		63	70	65	70	75	70		PCO ₂			39.1										
									PO ₂			84										
									HCO ₃			26										
M E A S U R E M E N T S	21	22	23	24	01	02	03	04	8T	L A B O R A T O R Y T E S T S	TIME	0700	1800									
	190	150	150	150	150	130	150	150			GLUCOSE	99										
	27	25	25	25	25	25	25	25			Na/K	133 4.3										
	14.9	12.9	12.9	12.9	12.9	12.9	12.9	12.9			CUCO ₂	97 23										
											BUNCr	4.6										
											WBC/PLATELET	3 4.5										
											Hct/Hgb	35 10.3	24 9.0									
											A C D A I L Y T E S T S	TIME	1000									
												MOUTH CARE	✓									
												BATH	✓									
									SKIN CARE	✓												
O U T P U T	70	70	150	150	150	90	70	70	2370	T U R N S U C T I O N												
	1020	1020	1990	1990	1990	1230	1230	1230														
24 HOURS TOTALS										NURSE'S SIGNATURE		INITIALS										
wt Yesterday					wt Today					 b(ce) - 2												
INTAKE					OUTPUT																	
DAY 2124.2					DAY 1260																	
Night					Night																	
TOTAL 2932					TOTAL 2370																	
BALANCE *1468.5																						
MEDCOM - 15114																						

NEUROLOGICAL ASSESSMENT

HOURS		17												LEGEND				
EYES OPEN	SPONTANEOUSLY	4																C Closed by swelling
	TO SPEECH	3	✓															
	TO PAIN	2																
	NO EYE OPENING	1																
BEST VERBAL RESPONSE	ORIENTED	5																T Trach/Endo S Slurring D Dysphasia R Receptive E Expressive
	CONFUSED	4																
	VERBALIZES	3																
	VOCALIZES	2																
	NO VOCALIZATION	1	✓															
BEST MOTOR RESPONSE	OBEYS COMMANDS	6																R Right L Left Record separately if there is a difference between the two sides.
	LOCALIZES PAIN	5	✓															
	FLEXION WITHDRAWAL	4																
	ABNORMAL FLEXION	3																
	EXTENSION TO PAIN	2																
	NO MOTOR RESPONSE	1																
ARMS	NORMAL POWER																	R Right L Left Record separately if there is a difference between the two sides.
	MILD WEAKNESS		✓															
	SEVERE WEAKNESS																	
	ABNORMAL FLEXION																	
	ABNORMAL EXTENSION																	
LEGS	NORMAL POWER																	R Right L Left Record separately if there is a difference between the two sides.
	MILD WEAKNESS		✓															
	SEVERE WEAKNESS																	
	ABNORMAL FLEXION																	
	ABNORMAL EXTENSION																	
PUPILS	RIGHT	SIZE REACTION	3															♦♦ Brisk ♦ Slow - No Response
	LEFT	SIZE REACTION	3															
PUPIL SCALE														♦ Intact - Abnormal				
ICP																		
CEREBRAL PERFUSION PRESSURE																		

VASCULAR ASSESSMENT

HOURS														LEGEND			
	R																♦♦ Normal
	L																♦ Weak
	R																- Absent
	L																D Doppler
	R																R Right
	L																L Left

MEDCOM - 15115

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET *b(6)-2*

OTSG APPROVED (Date)

QA Apr 8 Mar 89

		INITIAL SHIFT ASSESSMENT				
		TIME	INITIALS	1805	INITIALS	INITIALS
N E U R O	PUPILS	3mm reactive, round		3mm reactive		
	SENSORIUM	Spontaneous eye opening sedated diprivan 31mcg/kg/min fentanyl 250mcg/hr		Eyes open to tactile stimulation, diprivan 3mcg/kg/min, Fent. @ 200mcg/hr		
	RESPIRATORY PATTERN	equal chest expansion		Bilateral chest expansion		
R E S P I R A T O R Y	BREATH SOUNDS	diminished & clear upon		Lungs sounds clear		
	SECRETIONS	exhalation. Vent SIMV P10 R12 TV 700 50%.		SIMV=12 TV=700 FI _{O2} =50; P=10.5		
	COLOR	Normal		Normal		
S K I N	INTEGRITY	lunissions and scars intact (L) wrist area & healing circumferential scann		scarring to wrist; bilateral.		
	LOCATION	R) AC, (L) AC, (R) SC site		(B) AC, (D) AC, (R) SC		
	CONDITION	S/S infection & redness at site; patent		patent. NO signs of infection.		
G A S T R O I N T E R I C	ABDOMEN	open abd wound & clear		open abd & dsy		
	BOWEL SOUNDS	plastic surrounding wound Drg A to site, and ABD pad reapplied.		to site. pat		
	URINE:	amber colored		amber color		
C A R D I O V A S C U L A R	COLOR/CLARITY	no sediments noted in AM				
	CARDIAC RHYTHM	SR: palpable 2+ pulses Cap refill < 3secs.		cap refill & 3secs. x 4 extremities;		
	LEGEND	Cr - Creatinine F _I O ₂ - Fraction of Inspired O ₂ HCO ₃ - Bicarbonate		ICP - Intracranial Pressure PCO ₂ - Pressure of Arterial CO ₂ PEEP - Positive End Expiratory Pressure		S/A - Fractional SA ₁ - Saturation TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)

[Redacted Signature] *b(6)-2*
 For typed or written entries give: Name—last, first,
 middle; grade; date; hospital or medical facility)

DEPARTMENT/SERVICE/CLINIC

ICU 2 unit

DATE

27-MAR-89

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

DATE		DE 10R										HOSPITAL DAY							
TIME		05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20		
V I T A L S	BP Arterial Line	111/54	110/60	112/64	113/61	104/52	103/51		122/86		144/80	144/74	103/56	122/61		102/57	125/66	136/50	
	BP Cuff											97'		100 ³					
	Temperature	97°			96°				95		98	89					101.3	102.2	
	Pulse	104	99	93	91	108	116		92		94	87	93	104		112	112	118	
	Respiratory Rate	11	12	12	12	12	12		12		12	12	12	12		13	13	17	
	SpO ₂	100	100	100	100	100	100		100		100	100	100	100		100	100	100	
	FIO ₂	50%	50	50	50	50	50		50		50	50	50	50		50	50	50	
	MAPP	70	76		76	71	67		86			96	69	79		78	78	84	
pain intervention																			
I M T A K E	TIME	05	06	07	08	09	10	11	12	8°T	13	14	15	16	17	18	19	20	8°T
	NIS E 20 Kcl	150	150	150	150	150	150		100		100	100	100	100	100	100	100	100	
	Propofol	13	13	13	13	13	16 ⁸		16 ⁸		16 ⁸	16 ⁸	16 ⁸	12 ⁶	12 ⁶	12 ⁶	12 ⁶	12 ⁶	
	Fentanyl	25	25	25	25	25	25		25		25	25	25	20	20	20	20	20	
	Depo Duran	92	92	92	92	92	4 ⁶		6 ⁶		7 ⁹	6 ⁶	6 ⁶	6 ⁶	5 ³	5 ³	5 ³	5 ³	
	IVPB		150						100			50				50		50	
		hourly	197 ²	347 ²	197 ²	197 ²	197 ²	196 ⁴	300	248 ⁴		149 ⁷	198 ⁴	148 ⁴	139 ²	137 ⁴	187 ⁹	137 ⁴	167 ⁹
TOTALS		199 ²	544 ⁴	741 ⁶	738 ⁸	1136	1332 ⁴	1832 ⁸	1680 ⁸	1880 ³	149 ⁷	348 ¹	496 ⁵	635 ²	773 ⁶	963 ⁵	1094 ⁹	1289 ³	
O U T P U T	URINE	HOUR TOTAL	90	100	50	50	75	75	25	50	50	50							
	SPGR		90	190	240	290	365	440	460	510	565	50	100						
	SA																		
NG	OUTPUT																		
	PH																		
	GUAC																		
EMESIS																			
STOOL																			
DRAINS																			
TOTALS																			

MEDCOM - 15117

POST-OP DAY									ACTIVITY LEVEL CLASSIFICATION											
									36 HPT											
VITALS	21	22	23	24	01	02	03	04		TIME	05	07								
	101A	102.5	103	104	101	103	104.5	105.5		MODE	SIMV	SEW								
	117	116	116	114	122	119	116	118		F _{O2}	50	40								
	12	16	12	12	20	20	13	13		TV	700	210								
	100	100	100	100	99	100	100	100		RATE	12	12								
	45	45	45	45	40	40	40	40		PEEP	10	5								
	72	71	76	69	85	91	78	78		LABORATORY	pH									
											A PCO ₂									
											pO ₂									
											B HCO ₃									
									SAT											
									G BASE											
M	21	22	23	24	01	02	03	04	8° T	TIME										
	110	100	110	110	111	100	100	110		GLUCOSE	146									
	125	141	149	126	149	142	126	125		NaK	141	4.3								
	20	20	20	20	22.5	22.5	22.5	22.5		CaCO ₂	106	26								
	53	53	53	53	46	46	39	39		BUNCr	12									
		50		100						WBCPLATELET	34	649								
										HCVHgb	29.9	9.2								
N	137	140	140	139	141	139	139		TIME											
	137	277	417	555	697	834	978	1117	1114	MOUTH CARE	0700									
	535				725			750		BATH	0700									
										SKIN CARE	0700									
										FOLEY CARE	0700									
										TRACH CARE										
										ROM EXERCISES										
									24 HOURS TOTALS											
									NURSE'S SIGNATURE											
									INITIALS											
									wt Yesterday											
									wt Today											
									INTAKE											
									OUTPUT											
									Urine: 2440											
									TOTAL											
									TOTAL											
									MEDCOM - 15118											

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
 QA Apr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIAL	INITIAL	INITIALS
NEURO	PUPILS	2mm reactive	[redacted]	1910	[redacted]
	SENSORIUM	Spontaneous eye opening sedated diprivan 40mg Fent 200mg	[redacted]	Diprivan DC'd. Fent 6.75 mg q 4h Pt. off Vent 10g	[redacted]
				1830	
RESPIRATORY	RESPIRATORY PATTERN	equal chest expansion	[redacted]	Symetrical chest	[redacted]
	BREATH SOUNDS	clear exhalation; vent	[redacted]	expansion	[redacted]
	SECRETIONS	SIMV R12 P5 TV 700 FIO2 4 ? Minimal secretions	[redacted]		[redacted]
SKIN	COLOR	Normal; dry	[redacted]	Normal	[redacted]
	INTEGRITY	open abdominal wound otherwise intact	[redacted]	open abd. wound	[redacted]
	LOCATION	(R) AC, (L) AC, (R) SC	[redacted]	(R) AC, (L) AC, (R) SC	[redacted]
IV	CONDITION	NO S/S infection e site; CDI	[redacted]		[redacted]
			[redacted]		[redacted]
			[redacted]		[redacted]
GASTRO	ABDOMEN	open wound wet & dry Drg	[redacted]	open wound wet &	[redacted]
	BOWEL SOUNDS	0 BS. NGT(R) none LIS	[redacted]	dry & dry	[redacted]
			[redacted]		[redacted]
GU	URINE:	Foley; dark yellow	[redacted]	Foley to empty	[redacted]
	COLOR/CLARITY	Slightly cloudy	[redacted]	dark & yellow	[redacted]
			[redacted]		[redacted]
CARDIOVASC	CARDIAC RHYTHM	SP -> palpable pulses (R); Cap refill < 3secs	[redacted]		[redacted]
			[redacted]		[redacted]
			[redacted]		[redacted]

LEGEND
 Cr - Creatinine
 FiO2 - Fraction of inspired O2
 HCO3 - Bicarbonate
 ICP - Intracranial Pressure
 PCO2 - Pressure of Arterial CO2
 PEEP - Positive End Expiratory Pressure
 S/A - Fractional
 SAT - Saturation
 TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title) **CPTAP b(lu)-2** DEPARTMENT/SERVICE/CLINIC **ICU 2 unit** DATE **28 May 03**

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

[redacted] b(lu)-4

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

DA FORM 1 MAY 78 **4700**
 Proponent: Dept of Nurs

MEDCOM - 15119

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

DATE		DX																HOSPITAL DAY			
TIME		05	06	07	08	09	10	11	12					13	14	15	16	17	18	19	20
		24	25	26	27	28	29	30	31					01	02	03	04	05	06	07	08
V	BP Arterial Line			114/63	89/54		110/92		122/71					129/71	123/66	135/72	130/75		128/73	130/70	140/78
I	BP Cuff			91/53	101/57	87/52	137/69	108/59	101/73												
T	Temperature			99.1				97.9								96.4			97.3	97.3	
A	Pulse		93	109	106	98	91	90	85					81	80	91	95		88	97	111
L	Respiratory Rate		12	12	12	12	12	12	12					12	12	13	12		12	18	22
S	MAP			67	66	66	105	74						91	86	96			46	97	
F	SpO2		100	100	100	100	100	100	100					100	100	100	100		100	100	99
G	FIO2		40	40	40	40	40	40	40					40	40	40	40		40		
N																					
S	intubation																				
I	TIME	05	06	07	08	09	10	11	12	8T	13	14	15	16	17	18	19	20	8T		
N	NS w/20kcl	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100			
T	Fentanyl	20	20	20	20	20	20	20	20		20	20	15	10	7.5	7.5	9.5	7.5			
A	Diprivan	12 ^b	12 ^b	16 ^b	16 ^b	16 ^b	16 ^b	16 ^b	12 ^b		off	off	off	off							
K	Dopamine	3 ⁹	3 ⁹	3 ⁹	3 ⁹	6 ^b	6 ^b	6 ^b	6 ^b		6 ^b	6 ^b	5.3	3 ⁹	3 ⁹	3 ⁹	3				
E	IVPB		150				100		100		100					100					
O	Tube feed																	20			
U	Hourly	136 ⁵	286 ⁵	140 ⁷	140 ⁷	143 ⁴	243 ⁴	143 ⁴	239 ⁴	126 ⁶	126 ⁶	120 ³	113 ⁹	111 ⁴	117 ⁴	105	109 ⁵	119 ⁵			
T	TOTALS	136 ⁵	423	563 ⁷	704 ⁴	847 ⁸	1091 ²	1234 ⁶	1473 ¹	126 ⁶	253 ²	373 ⁵	487 ⁹	518 ⁸	596 ⁸	759 ⁷					
P	URINE	HOUR	100	200	250	105	45	45	60	60	85	50	50	50	50	150	100	450			
U	NG	OUTPUT	100	300	550	675	120	165	225	285	100	100	150	200	350	450					
T	EMESIS																				
P	STOOL																				
U	DRAINS																				
T	TOTALS																				

MEDCOM - 15120

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE **INTENSIVE CARE NURSING FLOW SHEET** *b(1)-2* OTSG APPROVED (Date) **QA Apr 8 Mar 89**

		INTENSIVE CARE NURSING FLOW SHEET			
NURSING	TIME	INITIALS	INITIALS	INITIALS	INITIALS
	NEUROLOGIC	PUPILS	<i>3MM REACTIVE / BIL</i>	<i>Perilla</i>	
SENSORIUM		<i>INTACT ANSWERS / FOLLOW</i>	<i>Contact</i>		
		<i>SIMPLE COMMANDS</i>	<i>Unstable to sclera</i>		
RESPIRATORY	RESPIRATORY PATTERN	<i>NORMAL NAS</i>			
	BREATH SOUNDS	<i>CLEAR C. DECREASE @ BASE</i>	<i>Clear & @ Bases</i>		
	SECRETIONS	<i>FROTHY SPUTUM PRODUCED</i>	<i>Frothy Sputum</i>		
SKIN	COLOR	<i>SLIGHT JAUNDICE</i>	<i>Normal</i>		
	INTEGRITY	<i>INTACT</i>	<i>Scarring to wrists</i>		
		<i>ABD WOUND CDS</i>	<i>Bilat</i>		
VASCULAR	LOCATION	<i>RAC PATENT / CDS</i>	<i>RAC, (L) AC</i>		
	CONDITION	<i>LAC PATENT / CDS</i>			
GASTROINTESTINAL	ABDOMEN	<i>TENDER FIRM SLIGHTLY</i>	<i>Open wound @ BK KY D&F</i>		
	BOWEL SOUNDS	<i>(+)</i>	<i>(+)</i>		
GU	URINE:	<i>DARK YELLOW</i>	<i>Amber</i>		
	COLOR/CLARITY	<i>CLEAR</i>			
CARDIOVASCULAR	CARDIAC RHYTHM	<i>SL 52 PULSES x4</i>	<i>Edema to hands</i>		
		<i>EDEMA TO BILATERAL</i>	<i>bilate + ABD</i>		
		<i>UPPER EXTREMITIES</i>			
		<i>AND ABD.</i>			

LEGEND Cr - Creatinine, F_IO₂ - Fraction of Inspired O₂, HCO₃ - Bicarbonate, ICP - Intracranial Pressure, PCO₂ - Pressure of Arterial CO₂, PEEP - Positive End Expiratory Pressure, S/A - Fractional, SA1 - Saturation, TRACH - Tracheostomy

PRN *b(1)-2* DEPARTMENT/SERVICE/CLINIC *ICU 2 unit* DATE *30 MAY 89*

PATIENT IDENTIFICATION (or type of patient) entries give: Name—last, first, middle; grade; date; hospital or medical facility)

b(1)-4

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

DATE		DE 05 06 07 08 09 10 11 (12) 13 14 15 (16) HOSPITAL DAY 17 18 19 (20)																			
TIME		24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40			
V I T A L S	BP Arterial Line																				
	BP Cuff	134/84	132/76	137/76	138/80	143/80				148/80						117/68	114/65	119/69	115/68	125/69	
	Temperature	99.5			99.9					100.9						101.1	102.6	101.3	99.3		100.1
	Pulse	79	93	89	84	81				110						90	88	86	78	82	
	Respiratory Rate	14	23	21	18	20				30						29	23	28	22	25	
	O ₂ SAT	100	99	99	99	100				99						97	98	98	98	97	
	FWZ	2L	2L	2L	2L	2L				2L						2L	2L	2L	2L	2L	
	SOURCE	NC	NC	NC	NC	NC				NC						NC	NL	NL	NL	NL	
S I G N S	intervention							VR							VR					VR	
	TIME	05	06	07	08	09	10	11	12	8T	13	14	15	16	17	18	19	20	8T		
	NS220K	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	100		
	Feet	75	75	75	75	75	75	75	75		75	75	75	75	75	75	75	75	75		
	IVPB		150				50	50	50		50	50				50	50				
	Tube Feed		100						100												
	Pb								25%												
	TOTALS	1075	3675	1075	1075	1075	1575	1075	1575	1210	1575	1575	1075	1075	1075	1575	1575	1075	1075	1075	
	O U T P U T	URINE	HOUR TOTAL	100	100	100				100	900	900			450			300	105	105	
		NG	OUTPUT	100	200	300									1250			1250	1705	1705	
EMESIS																					
STOOL										200											
U T I L I Z E D	DRAINS																				
	TOTALS																				

MEDCOM - 15123

POST-DAY									ACUTY LEVEL CLASSIFICATION																					
21	22	23	24	01	02	03	04	05	TIME	MODE	F _{O₂}	TV	RATE	PEEP	A	B	G	TIME	GLUCOSE	Na/K	Cl/CO ₂	BUN/Cr	WBC/PLATELET	Hct/Hgb	TIME	TIME	TURN	SUCTION		
129	128	126	134	132	130	131	132	131																						
80	85	80	84	86	84	85	95	98																						
90	94	95	96	95	94	98	90	90																						
94	94	94	98	98	98	98	96	46																						
26	26	26	26	26	26	26	26	26																						
NV	NV	NV	NV	NV	NV	NV	NV	NV																						
21	22	23	24	01	02	03	04	05																						
100	100	100	100	100	100	100	100	100																						
5	5	5	5	5	5	5	5	5																						
105	105	105	105	105	105	105	105	105																						
24 HOURS TOTALS										NURSE'S SIGNATURE										INITIALS										
wt Yesterday					wt Today					[Redacted Signature]										[Redacted Initials]										
INTAKE					OUTPUT					b(6)-2																				
IV 3155					Urine: 1305																									
PO																														
TOTAL					TOTAL																									

MEDCOM - 15124

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

REPORT TITLE **INTENSIVE CARE NURSING FLOW SHEET** *blw-2* OTSG APPROVED (Date)
 QA Appr 8 Mar 89

		INITIAL ASSESSMENT			
		TIME	INITIALS	TIME	INITIALS
NEURO	PUPILS	0615	<i>[Redacted]</i>	1815	<i>[Redacted]</i>
	SENSORIUM				
RESPIRATORY	RESPIRATORY PATTERN				
	BREATH SOUNDS				
	SECRETIONS				
SKIN	COLOR				
	INTEGRITY				
	LOCATION				
GASTRO	ABDOMEN				
	BOWEL SOUNDS				
	URINE:				
CARDIOVASCULAR	CARDIAC RHYTHM				

[Redacted] Creatinine ICP - Intracranial Pressure SA - Fractional
 F_IO₂ - Fraction of Inspired O₂ PCO₂ - Pressure of Arterial CO₂ SA₁ - Saturation
 HCO₃ - Bicarbonate PEEP - Positive End Expiratory Pressure TRACH - Tracheostomy

PREPARED BY (Signature) *[Redacted]* DEPARTMENT/SERVICE/CLINIC *ICU 2 unit* DATE *31 MAY 82*

PATIENT'S IDENTIFICATION (Last, first, middle; date; hospital or medical facility) *[Redacted]* *blw-4*

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

DATE		05	06	07	08	09	10	11	12	13	14	15	16	HOSPITAL DAY				19	20
TIME		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16		
V	BP Arterial Line																		
I	BP Cuff	135/16			130/18				117/61				126/73					108/63	
T	Temperature	100.4			101.7				99.3				99.7					99.4	
A	Pulse	93			104				102				97					96	
L	Respiratory Rate	20			20				22				25					25	
S	SAO2				99%				97				98					96	
	SOURCE				NC				RA				RA					RA	
	FiO2				2L														
<p><i>pain</i></p> <p><i>intubation</i></p>																			
TIME		05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20		
I	NS + 20K	100	100	100	100	100	100	100	100	100	100	100	50	50	50	50	50		
N	DYPB		150				100		100			50			50	50			
T	PO		100			40			60			30			50				
A	4DK RUN	25	25	25	25	/	/	/	/	/	/	/	/	/	/	/	/		
K	FEET	5	5	5	5	5	5	5	5	OFF	OFF	OFF	DC						
													TOTAL 1700						
													12'						
													↓						
													1430						
E	TOTALS	130	340	130	130	145	205	105	265	140	100	180	100	50	50	150	110	50	730
O	TOTALS																		
U	URINE	TOTAL		1000		1625		1130		1320		1445		1545		100		110	
U	NG	OUTPUT		1025		1130		1320		1445		1545		100		110		110	
P	EMESIS	TOTAL		1000		1625		1130		1320		1445		1545		100		110	
U	STOOL OSTOMY	TOTAL		200		200		200		200		200		200		200		200	
T	DRAINS	TOTAL		200		200		200		200		200		200		200		200	
T	TOTALS	TOTAL		1000		1625		1130		1320		1445		1545		100		110	

MEDCOM - 15126

POST-OP DAY								ACTIVITY LEVEL CLASSIFICATION							
21 22 23 24 25 26 27 28								TIME							
V I T A L S I G N S								R							
								E	MODE						
								S	F _I O ₂						
								P	TV						
								D	RATE						
								A	PEEP						
								T	A	pH					
								A		PCO ₂					
								O	B	PO ₂					
								B		HCO ₃					
							S	SAT							
							X	G	BASE						
								L	TIME						
								A	GLUCOSE						
								B	Na/K						
								O	C/CO ₂						
								R	BUN/Cr						
								A	WBC/PLATELET						
								T	Hct/Hgb						
								O							
								E							
								A							
								C	TIME						
								D	MOUTH CARE						
								T	BATH						
								A	SKIN CARE						
								I	FOLEY CARE						
								L	TRACH CARE						
								S	ROM EXERCISES						
								V							
								S							
								I							
								N							
								D							
								N							
								F							
								G							
24 HOURS TOTALS								NURSE'S SIGNATURE							
wt Yesterday								wt Today							
INTAKE								OUTPUT							
IV 2760								Urine: 4175							
PO															
TOTAL								TOTAL							
BALANCE															
MEDCOM - 15127															
								blu-2							

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
 QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT		TIME	INITIALS	INITIALS	INITIALS
NEURO	PUPILS	0530	[REDACTED]	b(w)-2	
	SENSORIUM				
RESPIRATORY	RESPIRATORY PATTERN				
	BREATH SOUNDS				
	SECRETIONS				
SYSTEM	COLOR				
	INTEGRITY				
	LOCATION				
	CONDITION				
GASTRO	ABDOMEN				
	BOWEL SOUNDS				
GU	URINE:				
	COLOR/CLARITY				
CARDIOVASCULAR	CARDIAC RHYTHM				

(Continue on reverse)

PREPARED BY: [REDACTED] b(w)-2 DEPARTMENT/SERVICE/CLINIC: ICU 2 unit DATE: 7/5/89

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

[REDACTED] b(w)-4

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

DA FORM 4700
 1 MAY 78
 Proponent: Dept of Nurs

MEDCOM - 15128

WAMC OP 375 (Redesignated)
 1 Apr 90 (HSXC-N11)

DATE		05	06	07	08	09	10	11	12	13	14	15	16	HOSPITAL DAY		17	18	19	20
TIME		04	01	03	03	01	05	04	01	08	09	06	11	12	13	14	15	14	15
V I T A L S	BP Arterial Line																		
	BP Cuff				116/72														
	Temperature	99			98.7														
	Pulse				101														
	Respiratory Rate				21														
	FIO2				99%														
	SOURCE				RA														
pain intervention																			
TIME		05	06	07	08	09	10	11	12	8T	13	14	15	16	17	18	19	20	8T
I N T E R V E N T I O N S	NSJOK	50	50	50	50	50	50												
	IV.PB		150																
	PO		250																
TOTALS		50	40	50	50	50	50												
O U R I N E	HOUR		325			500	325												
	TOTAL		325			825	1150												
N G	OUTPUT																		
	PH																		
	CUBAC																		
EMESIS																			
STOOL		OSTOMY																	
DRAINS																			
TOTALS																			

MEDCOM - 15129

POST-OP DAY								ACUTY LEVEL CLASSIFICATION																		
21 22 23 24 25 26 27 28																										
V	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	
I																										
T																										
A																										
L																										
S																										
I																										
G																										
N																										
S																										
	16	17	18	19	20	21	22	23	8° T																	
I																										
M																										
T																										
A																										
K																										
E																										
G																										
U																										
T																										
P																										
U																										
T																										
	24 HOURS TOTALS										NURSE'S SIGNATURE					INITIALS										
	wt Yesterday					wt Today																				
	INTAKE					OUTPUT																				
	IV					Urine:																				
	FO																									
	TOTAL					TOTAL																				
	BALANCE																									

MEDCOM - 15130

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE Post-Anesthesia Care Unit (PACU) Flow Sheet OTSG APPROVED (Date)

Date: 3 June Anesthesia Type (Circle): General Spinal Epidural
Time in: 0835 IV Sedation Nerve Block
Allergies: NKDA OR Intake: Crystalloid Colloid
Pre-op V/S: OR Output: UOP EBL
Procedures: SIP FQA Meds/Times: A. 2. 3.

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

Handwritten notes on the left margin: BS 2/65, 14, 16, 21, 24, 28, 35, 36, 39, 41, 46, 45

Pre Op Meds History table with columns for Time, SaO2, FIO2, Methods, and a grid for recording vital signs and events.

Pacu Intake table with columns for Time, Solution, Amount, Site, By, and Infused.

Post-Anesthesia Recovery score table with columns for Criteria, ADM, 30', D/C, and Codes. Includes sub-sections for Activity, Airway, Blood Pressure, Consciousness, Color, Circulation, and LOS.

Time, Pain (0-10), LOS, Patient teaching done; Wound Care, Pain Management, T, C, & DB, Incentive Spirometer, Comfort Measures, Safety: SR up X 2, Falls Precautions. Privacy Maintained

PREPARED BY (Signature & Title), DEPARTMENT/SERVICE/CLINIC, DATE, and checkboxes for HISTORY/PHYSICAL, OTHER EXAMINATION OR EVALUATION, DIAGNOSTIC STUDIES, TREATMENT, FLOW CHART, and OTHER (Specify).

Medcom 15131

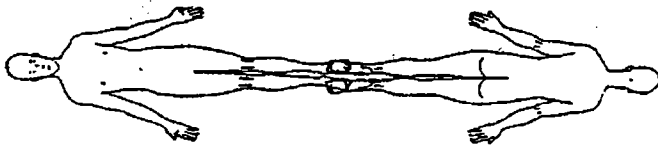
MEDICATIONS						
Allergies:						
Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By
	2	lorazepam				

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

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

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

DRESSINGS			
Time	Location	Type	Drainage
Adm	abdomen	slid	C/D/I
30'	abdomen	abd	C/D/I
60'			
D/C			



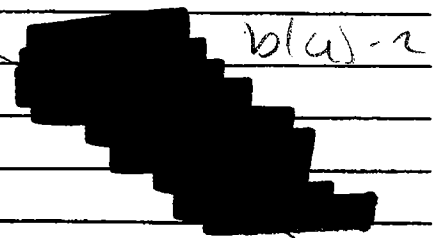
PACU OUTPUT			
Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?
0835	NSA	φ	C

WAMC OP 173-E

NURSING NOTES

Assumed care at approx 0835
 pt alert - fully awake & oriented
 attending @ per receiptal pt
 pt in no apparent distress.
 pt alert & responsive follows
 commands, appropriate staff.
 CNR 5/20/21 S, S2 pulses +2 x
 4 extremities.
 GP hypotension & - data O/D.
 GU no void.



Discharge Criteria:
 Date: 5/21/21 Time: PARS:
 BP: 118/73 T: 96.4 HR: 94 RR: 20 SaO2: 97
 Pain Level at D/C (0-10): φ
 Intake: _____ Output: _____
 Additional Data:
 Transferred To: ICU
 Report Given To: [Redacted]
 Transferred Via: W/C (Litter) Gurney Ambulance
 Transferred By: K.T. [Redacted]
 Cleared IAW Recovery Room S/P # 2
 Charge Nurse Signature: [Redacted]

b(6)-2

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 05 Jun 03 Anesthesia Type (Circle): General Spinal Epidural ET
 Time In: 1045 IV Sedation Nerve Block
 Allergies: NIL/DA OR Intake: Crystalloid 2000 Colloid 0
 Pre-op V/S: 121/80 OR Output: UOP 0 EBL 100 60kg
 Procedures: hematoma Meds/Times: 250 fentanyl
2 versed
80 ketamine

Drains
 Hemovac
 NG
 JP
 T-tube
 Foley
 TLS

Airway
 Nasal
 Oral
 ET
 Trach
 Other

Time	Pre Op Meds								History												
	1045	1050	1055	1100	1105	1110	1115	1120													
SaO2	95	95	95	95	95	95	95	95													
FIO2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2													
Methods																					
240																					
220																					
200																					
180																					
160																					
140																					
120		V	V	V	V	V	V	V													
100																					
80																					
60		A	A	A	A	A	A	A													
40																					
20																					
RR	13	13	15	18	18	18	16	16													
T	96	97	98	98	98	98															
Time																					
Pain (0-10)																					
LOS																					

Pacu Intake

Time	Solution	Amount	Site	By	Infused
1045	LR	700	RA		1000
					b(u)-2

X-rays: _____ **Labs:** _____

Post-Anesthesia Recovery score

Criteria	ADM	30'	D/C	Codes
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	2	2	2	AIRWAY A = Ambu BB = Blow-by M = Mask
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	2	2	2	FT = Face Tent RA = Room Air NC = Nasal Cannula
Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op	2	2	2	V/S X = A-line BP * = Cuff BP = Pulse
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	1	1	2	TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	2	LOS C = Cervical T = Thoracic L = Lumbar S = Sacral
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	2	2	2	
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	11	11	12	

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

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

(Continue on reverse)

PREPARED BY: (Signature & Title) [Signature] <u>CP/AN</u> [Signature] gives: <u>b(u)-2</u> Name - last. [Signature] first, middle, grade, date; hospital or medical facility)	DEPARTMENT/SERVICE/CLINIC <u>ICU #2</u>	DATE <u>05 Jun 03</u>
EPW [Signature] <u>b(u)-4</u>	<input type="checkbox"/> HISTORY/PHYSICAL <input type="checkbox"/> FLOW CHART <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> DIAGNOSTIC STUDIES <input type="checkbox"/> TREATMENT	

DA FORM 4700, MAY 78

WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN)

Previous edition is obsolete
USAPPC V2.00

MEDCOM - 15133

b(6)-2 A11

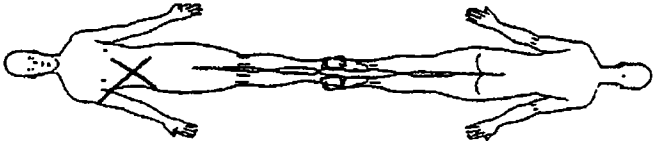
MEDICATIONS						
Allergies:						
Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By
None						

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

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

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

DRESSINGS			
Time	Location	Type	Drainage
Adm	Abd	bulky	Ø
30'	Abd	bulky	Ø
60'	Abd	bulky	Ø
D/C			



PACU OUTPUT			
Time	Source	Color/Appearance	Amount
None			

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?

WAMC OP 173-E

NURSING NOTES

Patient recovered on gurney
 neuro: alert, follows commands, no apparent pain
 resp: lungs clear, sat's 96-100%
 room air, occasional cough
 cv: HR / BP stable, pulses palpable
 GI: Ostomy intact, Ø N/V
 GU: Ø urine, Ø distention
 Surg: Bulky & dry to abd
 CST: [redacted] CPTI/TN

Discharge Criteria:
 Date: 5 June 03 Time: 1145 PARS: 12
 BP: 112/65 T: 97.8 HR: 65 RR: 17 SaO2: 96%
 Pain Level at D/C (0-10):
 Intake: 100cc Output: Ø
 Additional Data:
 Transferred To: ICU #1
 Report Given To: [redacted]
 Transferred Via: W/C (Litter) Gurney Ambulance
 Transferred By: [redacted]
 Cleared IAW Recovery Room SOP B-3
 Charge Nurse Signature: [redacted] CPTI/TN

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE **Post-Anesthesia Care Unit (PACU) Flow Sheet**

OTSG APPROVED (Date)

Date: 23 Jun 03 Anesthesia Type (Circle): General Spinal Epidural ASA I
 Time In: 0930 IV Sedation Nerve Block
 Allergies: None OR Intake: Crystalloid 100 Colloid
 Pre-op V/S: 96/20/60 100 OR Output: UOP 0 EBL 50
 Procedures: Spinal block Meds/Times: Jentrol 1: 50

Drains
 Hemovac
 NG
 JP
I-tube
 Foley
 TLS

Airway
 Nasal
 Oral
 ETT
 Trach
 Other

Pre Op Meds History

Time	0930	0940	0950	1000
SaO2				
FIO2				
Methods				
240				
220				
200				
180				
160				
140				
120	✓	✓	✓	✓
100	✓	✓	✓	✓
80	✓	✓	✓	✓
60	✓	✓	✓	✓
40				
20				
RR	24	20	20	20
T	95.9			
Time SAT	100	100	100	100
Pain (0-10)	5/10	Over		
LOS				

Pacu Intake					
Time	Solution	Amount	Site	By	Infused
	L/L				
	NAC				
X-rays:			Labs:		
Post-Anesthesia Recovery score					
Criteria	ADM	30'	D/C	Codes	
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	2	2	2	AIRWAY A = Ambu BB = Blow-by M = Mask FT = Face Tent RA = Room Air NC = Nasal Cannula	
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	2	2	2	V/S X = A-line BP = Cuff BP = Pulse	
Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op	2	2	2	TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal	
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	2	2	2	LOS C = Cervical T = Thoracic L = Lumbar S = Sacral	
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	2		
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	2	2	2		
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	12	12	12		

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

PATIENT'S IDENTIFICATION: 666-2 DEPARTMENT/SERVICE/CLINIC: ICU/Recovery DATE: 23 Jun 03
 Name - last: [Redacted]
 HISTORY/PHYSICAL FLOW CHART
 OTHER EXAMINATION OR EVALUATION OTHER (Specify)
 DIAGNOSTIC STUDIES
 TREATMENT

DA FORM 4700, MAY 78

WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN)

Previous edition is obsolete
 USAPPC V2.00

MEDCOM - 15135

b(1)(2) - 2 All

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

NURSING NOTES

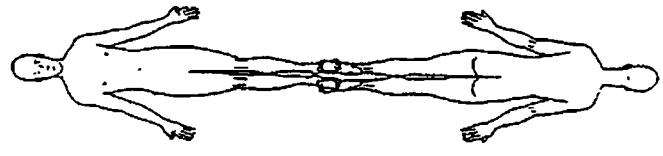
(0940) pt arrived Abt; Tug; MAE; No apparent distress; VSS; no NIV; legs supine; no nonverbal/pain indicators of pain; pt nods "yes" to "Alam" - unable to determine scale; SX to abdominal dressing, light to RLE donor site; [redacted] pt; unable to find us for [redacted] med orders - [redacted] (0900) Report given to RN; pt to be kept in [redacted] [redacted] [redacted]

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

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

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

DRESSINGS			
Time	Location	Type	Drainage
Adm 0935	ABD	Conul	Minimal
30'			
60'			
D/C 0935	ABD	Conul	minimal



PACU OUTPUT			
Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?
0935	SR		

Discharge Criteria:
 Date: 23 Jun 05 Time: 1005 PARS: 12
 BP: 118/70 T: 97.5 HR: 94 RR: 24 SaO2: 97% KA
 Pain Level at D/C (0-10):
 Intake: 100 Output: 8
 Additional Data:
 Transferred To: 21402
 Report Given To: RN
 Transferred Via: W/C (Litter) Gurney Ambulance
 Transferred By: [redacted]
 Cleared IAW Recovery Room SOP
 Charge Nurse Signatur [redacted]

WAMC OP 173-E

MEDCOM - 15136

1. REPORTING MTF						2. MTF LOCATION		ADMISSION AND CODING INFORMATION									
1	2	3	4	5	6	7	8	For use of this form, see AR 40-400; the proponent agency is OTSG									
A	1	1	D	1		I	Z										
3. REGISTER NUMBER						NAME (Last, First, Middle Initial)						4. PAY GRADE		5. SEX			
9	10	11	12	13	14	15	EPW [REDACTED] blu-4						16	17	18		
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION			8. RACE	9. ETHNIC	RELIGION						
19	20	21	22	23	24	25	26	27	28	29	30	31	UNKNOWN				
10. LENGTH OF SERVICE						ETS			11. FMP		12. SOCIAL SECURITY NUMBER						
32	33	34	—			35		36	[REDACTED]								
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS			HOUR OF ADMISSION		BRANCH / CORPS						
—						46			0815		blu-4						
14. FLYING STATUS			15. BENEFICIARY CATEGORY			16. ZIP CODE OF RESIDENCE											
47	48	49	50	51	52	53	54	55	56	57	58	59	60	61			
—			K 7 B			—											
17. UNIT LOCATION (State or Country Code)			18. MOS				19. TRAUMA			20. PREV. ADMISSION							
62	63	64				65	66	67	68	69	70	71	YEAR <input checked="" type="checkbox"/> NO				
20. SOURCE OF ADMISSION / AUTHORITY FOR ADMISSION			WARD				NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE										
72	[REDACTED]				[REDACTED]												
20. SOURCE OF ADMISSION / AUTHORITY FOR ADMISSION			WARD				ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)										
[REDACTED]			[REDACTED]				[REDACTED]										
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY						TELEPHONE NUMBER OF EMERGENCY ADDRESSEE											
[REDACTED] b(2)-2						[REDACTED]											
21. TYPE OF DISPOSITION			22. MTF TRANSFERRED TO				23. DATE OF DISPOSITION (YYMMDD)										
73	74	75	76	77	78	79	80	81	82	83	84	85	86				
2 4 EPW CAMP			[REDACTED]				0 3 0 6 0 2										
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYMMDD)									
87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102		
A B A A				[REDACTED]				0 3 0 5 1 4									
27. LOCATION OF OCCURRENCE (Battle Casualty Only)				28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION (YYMMDD)									
103	104	105	106	107	108	109	110	111	112	113	114	115	116				
[REDACTED]				[REDACTED]				[REDACTED]									
FOR LOCAL USE																	
DX: GSW TO ABDOMEN																	
blu-2																	
blu-2 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10																	
ADMITTING OFFICER (Signature)								SIGNATURE									
[REDACTED]								[REDACTED]									
[REDACTED] MAS, MC								[REDACTED] E, SPC. 9/16/10									

MEDCOM - 15137

1. REPORTING MTF						2. LOCATION		ADMISSION AND CODING INFORMATION												
1	2	3	4	5	6	7	8	(State or Country Code.)												
3. REGISTER NUMBER						NAME (Last, First, Middle Initial)						4. PAY GRADE			5. SEX					
9	10	11	12	13	14	15	blw-4 EPW						16	17	18					
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION			8. RACE	9. ETHNIC	RELIGION									
19	20	21	22	23	24	25	26	27	28	29	30	31	BACK-GROUND							
									X	9	UNKNOWN									
10. LENGTH OF SERVICE			ETS			11. FMP			12. SOCIAL SECURITY NUMBER											
32	33	34	UNKNOWN			35	36	37 38 39 40 41 42 43 44 45												
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS			HOUR OF ADMISSION			BRANCH / CORPS								
						46	U			0750			blw-2							
14. FLYING STATUS			15. BENEFICIARY CATEGORY						16. ZIP CODE OF RESIDENCE											
47	48	49	50	51	52	53 54 55 56 57 58 59 60 61														
17. UNIT LOCATION (State or Country Code)			18. MOS				19. TRAUMA			PREV. ADMISSION										
62	63	64	65	66	67	68	69	70	71	YEAR										
										X NO										
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION						WARD			NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE											
72						ICW2														
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY						ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)						TELEPHONE NUMBER OF EMERGENCY ADDRESSEE								
21. TYPE OF DISPOSITION						22. MTF TRANSFERRED TO				23. DATE OF DISPOSITION (YYMMDD)										
73	74	75	76	77	78	79	80	81 82 83 84 85 86												
26						030628 June 28														
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYMMDD)												
87	88	89	90	91	92	93	94	95	96	97 98 99 100 101 102										
A B A A								030526 May 26												
27. LOCATION OF OCCURRENCE (Battle Casualty Only)				28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION (YYMMDD)												
103	104	105	106	107	108	109	110	111 112 113 114 115 116												

FOR LOCAL USE

DX: SP EX
blw-2

DR. [REDACTED] , MAT, MC [REDACTED] (SPC), 91610

SIGNATURE [REDACTED]

MEDCOM - 15138

b(6)-4

INPATIENT TREATMENT RECORD COVER SHEET

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

1. REGISTER NUMBER [REDACTED]		2. [REDACTED] (EPW# [REDACTED])		3. GRADE	ADMISSION REMARKS	
4. SEX M	5. AGE UNK	6. RACE Z	7. LENGTH OF SVC UNK	8. ETS	10. PREVIOUS ADMISSION N	
11. FMR 99	12. SSN [REDACTED]	13. ORGANIZATION		14. WARD ICW1		
15. FLYING STATUS	16. RATING/DSG	17. DEPT./BEN K78	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE NBI	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION DIRECT FROM ER			22. HOURS OF ADMISSION 1539	23. CLINIC SERVICE ABAA		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE UNK			25. TYPE DISPOSITION 24	26. DATE OF DISPOSITION 20030514		
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) UNK			27b. TELEPHONE NO. —	28. DATE OF THIS ADMISSION 20030513		ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [REDACTED] b(2)2				30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED	
31. SELECTED ADMINISTRATIVE DATA						
<input type="checkbox"/> Check if Continued on Reverse						
33. CAUSE OF INJURY						
34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES DX: GSW TO CHEST (X-RAY)						
35. Total Days This Facility						
a. ABSENT SICK DAYS 0	b. OTHER DAYS 0	c. CONV. LV/COOP CARE DAYS 0	d. SUPPLEMENTAL CARE DAYS 0	e. BED DAYS 2	f. TOTAL SICK DAYS 2	
36. Total Days All Facilities						
a. ABSENT SICK DAYS 0	b. OTHER DAYS 0	c. CONV. LV/COOP CARE DAYS 0	d. SUPPLEMENTAL CARE DAYS 0	e. BED DAYS 2	f. TOTAL SICK DAYS 2	
SIGNATURE OF ORDERING MEDICAL OFFICER [REDACTED] b(6)2			SIGNATURE OF RECEIVING MEDICAL OFFICER [REDACTED]			

MEDCOM - 1517
EDITION OF 1999

USAPPC V1.10

b(u)-4 A1)

1. REPORTING MTF						2. MTF LOCATION		ADMISSION AND CODING INFORMATION											
1	2	3	4	5	6	7	8	For use of this form, see AR 40-400; the proponent agency is OTSG											
A						I	Z	NAME (Last, First, Middle Initial)						4. PAY GRADE		5. SEX			
3. REGISTER NUMBER												16	17	18					
[REDACTED]						[REDACTED]								M					
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION			8. RACE	9. ETHNIC		RELIGION							
19	20	21	22	23	24	25	26	27	28	29	30	31	BACK-GROUND	UNK					
UNK						UNK			Z	9									
10. LENGTH OF SERVICE				ETS		11. FMP		12. SOCIAL SECURITY NUMBER											
32	33	34				35	36	[REDACTED]											
						99													
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS			HOUR OF ADMISSION		BRANCH / CORPS								
[REDACTED]						46			1539		[REDACTED]								
14. FLYING STATUS			15. BENEFICIARY CATEGORY						16. ZIP CODE OF RESIDENCE										
47	48	49	50	51	52	53						54	55	56	57	58	59	60	61
[REDACTED]			K79-K78						UNK										
17. UNIT LOCATION (State or Country Code)			18. MOS				19. TRAUMA		20. PREV. ADMISSION										
62	63	64	65	66	67	68	69	70	71	YEAR <input checked="" type="checkbox"/> NO									
[REDACTED]			[REDACTED]				9												
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION			WARD			NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE													
72			ICWIP			UNK													
[REDACTED]			[REDACTED]			ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)													
[REDACTED]			[REDACTED]			UNK													
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY						TELEPHONE NUMBER OF EMERGENCY ADDRESSEE			UNK										
[REDACTED]						b(2)-2			UNK										
21. TYPE OF DISPOSITION				22. MTF TRANSFERRED TO				23. DATE OF DISPOSITION (YYYYMMDD)											
73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88				
J4								20030514											
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYYYMMDD)											
89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106		
A B A A								20030513											
27. LOCATION OF OCCURRENCE (Battle Casualty Only)				28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION (YYYYMMDD)											
107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122				
FOR LOCAL USE																			
DX: GSW TO CHEST (XRAY)																			
b(u)-2																			
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> DX: 8750 89919 </div>																			
b(6)-2																			
ADMITTING OFFICER (Signature, as required)									SIGNATURE OF [REDACTED]										
[REDACTED]									[REDACTED]										

DCOM - 15140

USAPA V1.00

PATIENT TREATMENT RECORD COVER SHEET
 of this form, see AR 40-400; the proponent agency is OTSG

1. NAME (Last, First, Middle Initial) [REDACTED]		2. NAME (Last, First, Middle Initial) EPW # [REDACTED] b(6)-4		3. GRADE EPW		ADMISSION REMARKS	
4. SEX M	5. AGE 29	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS		10. PREVIOUS ADMISSION NO
11. [REDACTED]		13. ORGANIZATION		14. WARD ICW#2			
15. FLYING STATUS	16. PAYING DSG	17. DUTY BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE WIA		
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct from ER			22. HOURS OF ADMISSION 2200	23. CLINIC SERVICE AEAA			
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE NOX		25. TYPE DISPOSITION 05		26. DATE OF DISPOSITION 21 July 03		ADMITTING OFFICER Dr. [REDACTED] b(6)-2	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) NOX		27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION 20 July 03			
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [REDACTED] b(2)-2				30. DATE OF INITIAL ADMISSION	32. LIMITS OF WHOLE BLOOD COMPONENT TRANSFUSED		

Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSIS/OPERATIONS AND SPECIAL PROCEDURES
 DX: CSW (R) Shoulder & Back

35. Total Days This Facility

a. ABSENT SICK DAYS 0	b. OTHER DAYS 0	c. CONV. LV/COOP CARE DAYS 0	d. SUPPLEMENTAL CARE DAYS 1	e. BED DAYS 1	f. TOTAL SICK DAYS 1
--------------------------	--------------------	---------------------------------	--------------------------------	------------------	-------------------------

36. Total Days All Facilities

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
---------------------	---------------	----------------------------	---------------------------	-------------	--------------------

SIGNATURE OF ADMISSIONS MEDICAL OFFICER: Dr. [REDACTED]
 SIGNATURE OF RECORDS OFFICER: [REDACTED]

DA FORM 3647, MAY 1964

EDITION OF 1 AUG 76 IS OBSOLETE

USAPPC V1.10

b(6)-2

MEDCOM - 15141

ABBREVIATED MEDICAL RECORD

1. ADMISSION DATE (YYYYMMDD)

2003 07 20

2. CHIEF COMPLAINT, PERTINENT HISTORY, AND PERTINENT SYSTEM REVIEW

CC: GSW to (R) shoulder. 3 days prior presents to ICU for evaluation, scharpnel wound 2cm area by 1cm deep. Wound clean sanguinous drainage & S/S of infection - induration to (R) wound 8 x 5cm wound but non erythematous

3. PHYSICAL EXAMINATION (Including pertinent positives and negatives)

AAOTB Ltd Room to arm (L) shoulder joint pain or limitation. (L) lymph nodes

4. IMPRESSION (Enter admission note with plan on progress notes)

GSW to shoulder? Scharpnel wound & Ray shows Scharpnel fragments to soft tissue no involvement to bone or lung tissue

5. ADMITTING OFFICER

a. SIGNATURE

[Redacted Signature]

b(lu)-2

b. DATE SIGNED (YYYYMMDD)

2003 07 20

6. DISCHARGE NOTE (Brief history, procedures, condition on discharge, pertinent discharge information (including medications, diet, activity limitations, follow-up instructions).)

our notes for

Desm A & Tolate Gwale B 70
 ped to 10 GEP 10 Area
 D/L N/A

7. DISCHARGE DATE (YYYYMMDD)

2003 07 20

8. DISCHARGING OFFICER

a. NAME (Last, First, Middle Initial)

[Redacted Name] b(lu)-2

b. GRADE

MC

c. TITLE

AMN

d. SIGNATURE

[Redacted Signature]

b(lu)-2

9. PATIENT IDENTIFICATION (For typed or written entries: Name (last, first, middle), grade, SSN, date of birth, hospital or medical facility, ward number, and register number)

10. COPY PLACED IN OUTPATIENT RECORD (X when done)

11. COPY PLACED IN OUTPATIENT RECORD (X when done)

DATE

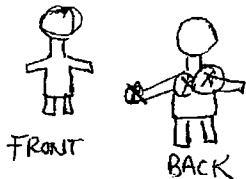
20 July 03

b(6)-d

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

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

⑤ EPW J [redacted] has tunnelling GSW wound to his back, ⊕ Blood, ⊕ smell, ⊕ infection
EPW has temp of 101.0°. Laceration to ⊕ hand. GSW to back is an Enter + Exit
wound. It exit through his ⊕ ~~hand~~ arm.



⑥ EPW seemed to have pain in back from GSW and it was infected, and still bleeding.
- 29 y/o EPW

PHYSICAL EXAMINATION

BP 112/92
P 86
R 18
* T 101.0°

PROGRESS (Enter date of discharge and final diagnosis)

- Tunnelling and fever

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION (For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.

[Redacted signature area] b(6)-24

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1976
USAPPC V1.00

MEDCOM - 15143

b(u)-2 A1) ↓

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
20 July 03 0240	Received pt from ER, pt. walked to ward. IV fluids D/C'd & HL'd.
21 July 03 0330	Pt. awake & alert in bed 3 complaints @ this time. HR regular, lung sounds diminished on bases bilat, bowel sounds E/D x 4 quads. HL in @ AE s/s of infection. VSS. DSG to upper back slightly saturated w/ yellowish drainage. Pt. orders to DC to EPW camp. All other assessment findings unch. Will continue to monitor.
0420	CBC drawn. Pt. is very limited ROM in @ arm.
0550	Pt. care assumed @ 0500. Pt. sleeping, awakened verbal stimuli. Pt. is two dressings ↑ back. Dressing to @ shoulder saturated w/ yellow drainage. Dressing reinforced. Dressing @ shoulder CDI. HR Reg, lungs CTA, BS @ X4. Restrained X2. HL to @ AE flushed s diff. s/s infection/infiltrate will cont. to monitor.
21 July 03 1305	Assumed PT care. VSS. Lung sound clear bilater. BS x4 PT has ⊕ ROM to all extremity. Dressing to back shoulder clear w/ clear drainage. Dressing to @ shoulder CDI. DC HL to @ Arm. Pt is Acute transfer to epw camp. Will cont to monitor. Unch. unch.

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. 1CW2

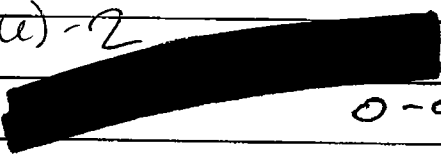
[redacted] b(u)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
20 July 03	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Transfer Summary</div>
	<p>This pt has superficial lacerations to shoulder + BACK. Pt given Keflex (penicillin). Pt with NO Acute issues. He will have chronic pain.</p>
	<p style="text-align: right;">b(6)-2  2765 O-4 M.D.</p>

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

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record

STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

MEDCOM - 15145

MEDICAL RECORD		EMERGENCY CARE AND TREATMENT (Patient)			LOG NUMBER	TREATMENT FACILITY	
					RECORDS MAINTAINED AT	b(2)-2	
PATIENT'S HOME ADDRESS OR DUTY STATION					ARRIVAL		
FREE ADDRESS					DATE (Day, Month, Year)	TIME	
CITY					STATE	ZIP CODE	
					TRANSPORTATION TO FACILITY		
EX	DUTY/LOCAL PH		MILITARY STATUS			THIRD PARTY INSURANCE	
	AREA CODE	NUMBER	ITEM	YES	NO	N/A	ITEM
GE	HOME PHONE		FLYING STATUS			ADDITIONAL INSURANCE	
	AREA CODE	NUMBER	MEDICAL HISTORY OBTAINED FROM			DD 2568 IN CHART	
CURRENT MEDICATIONS			INJURY OR OCCUPATIONAL ILLNESS			EMERGENCY ROOM VISIT	
			ITEM	YES	NO	WHEN (Date)	DATE LAST VISIT
			IS THIS AN INJURY?			WHERE	24 HOUR RETURN
			INJURY/SAFETY FORMS			TETANUS	
			HOW			DATE LAST SHOT	COMPLETED INITIAL SERIES
						YES	NO
CHIEF COMPLAINT							
CATEGORY OF TREATMENT				VITAL SIGNS			
<input checked="" type="checkbox"/> EMERGENT	TIME	TIME					
<input checked="" type="checkbox"/> URGENT	2030	BP	90/28				
<input checked="" type="checkbox"/> NON-URGENT	INITIALS	PULSE	144/63				
		RESP	18				
		TEMP	100.5				
		WT					
LAB ORDERS	CBC/DIFF	UA	BHCG/URINE/BLOOD/QUANT	X-RAY ORDERS	CXR PA & LAT/PORTABLE	C-SPINE	
	URINE C&S	UA MSCC/CATH	CHEM:		ACUTE ABDOMEN	LS SPINE	
	BLOOD C&S X				SINUS	HEAD CT	
					ANKLE R/L		
ORDERS							
<input checked="" type="checkbox"/> PULSE OX	94%	<input type="checkbox"/> MONITOR		<input type="checkbox"/> ECG			
TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE		
	1 gram Rocephin		b(2)-9				
DISPOSITION		DISPOSITION QUARTERS /OFF DUTY		PATIENT/DISCHARGE INSTRUCTIONS			
<input type="checkbox"/> HOME	<input type="checkbox"/> FULL DUTY	<input type="checkbox"/> 24 HRS.	<input type="checkbox"/> 48 HRS.				
MODIFIED DUTY UNTIL		RETURN TO DUTY					
CONDITION UPON RELEASE		ADMIT TO UNIT/SERVICE		REFERRED		TO	WHEN
<input type="checkbox"/> IMPROVED	<input type="checkbox"/> UNCHANGED						
<input type="checkbox"/> DETRIORATED		TIME OF RELEASE		I have received and understand these instructions.			
PATIENT'S IDENTIFICATION				PATIENT'S SIGNATURE			

EMERGENCY CARE AND TREATMENT (Patient)
Medical Record

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

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

TEST RESULTS															
CBC	WBC	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">137</td> <td style="width:33%;">109</td> <td style="width:33%;">16</td> </tr> <tr> <td>4.2</td> <td>29</td> <td>1.1</td> </tr> </table>			137	109	16	4.2	29	1.1	ABG/PULSE OX			RADIOLOGY	Check if read by radiologist <input type="checkbox"/>
	137				109	16									
4.2	29				1.1										
H/H	SMAC	105	SUP O2	PH	PO2	RESULTS									
PLT			PCO2	SAT	OTHER	EKG INTERPRETATION									
PT			DIP												
APTT	BHCg	ETOH	GLU	U/A	MICRO										

PROVIDER HISTORY/PHYSICAL

S: 294.0. GSW to shoulder 3 days ago EPW
 med hx: 0: VS noted mild temp
 sx hx: 0: GSW back @ shoulder Wound 2.5 cm across
 1 cm deep
 1 cm dep
 Wound non edematous
 induration to right arm - un-
 erythematous - Sanguinoid drainage
 non present
 A: GSW @ shoulder
 P: Admit to ICU
 1 gm Rocephin 1 VPB

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
DIAGNOSIS			PROVIDER SIGNATURE AND STAMP
GSW to @ shoulder			[Redacted Signature]
			b/w - 2
CODES			

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

EMERGENCY CARE AND TREATMENT (Doctor)
 Medical Record

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

MEDICAL RECORD	VITAL SIGNS RECORD
-----------------------	---------------------------

HOSPITAL DAY																				
POST-	DAY																			
MONTH-YEAR	DAY																			
19	21																			
	HOUR																			
		3																		
PULSE (O)	TEMP. F (°)																			
	105°																			
180	104°																			
170	103°																			
160	102°																			
150	101°																			
140	100°																			
130	99°																			
120	98.6°																			
110	98°																			
100	97°																			
90	96°																			
80	95°																			

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

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD																				
Record special data only when so ordered	BLOOD PRESSURE																			
	HEIGHT:																			
	WEIGHT →																			
	O2 Sats →																			

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)	REGISTER NO.	WARD NO.
<div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div> blue-4		ICW2

VITAL SIGNS RECORDS
Medical Record

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

b(1c)-2

TEST(S)		
SPECIMEN TAKEN		
DATE	TIME	A.M. P.M.
RESULTS	REQUESTED	(X)
	RBC COUNT	
	HEMOGLOBIN	
	HEMATOCRIT	
	MCV	
	MCH	
	MCHC	
	WBC COUNT	
	IMMATURE	
	NEUTROBANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	P CONTROL	
	T PATIENT	
	CONTROL	
	PATIENT	
	% ACTIVITY	
	RATIO	
	SICKLING TEST	
	LE PREP	

wbc, count 7, UA

REMARKS: [Redacted]

Enter in above space. PATIENT IDENTIFICATION—TREATING FACILITY—WARD—PLATE

Color - Straw / Clear
S.G. - 1.005
Nitrite - Neg
Urobilin - 0.2
Protein - Neg
pH - 6.0
Blood - Neg
Ketone - Neg
Glucose - Neg

REPORTED BY: [Redacted] MID/DATE: [Redacted]

TECH: [Redacted]

LAB. ID. NO.

HEMATOLOGY

URGENT ROUTINE TODAY PRE-OP STAT

PATIENT STATUS

BED OUTPATIENT DDM

SPECIMEN SOURCE

VEN CAP OTHER (Specify)

HEMATOLOGY 549-107
STANDARD FORM 549 (Rev. 7-78)
PRESCRIBED BY GSA/ICMR
FIRM (41-CFR) 201-45.505

PATIENT'S MED. RECORD

1-STAT E
Pt: 5827
P. Name: [Redacted]

BUN _____
Ca _____ 144 mg/dL
K _____ 4.1 mEq
Cl _____ 102 mmol/L
T _____ 27 mmol/L
 _____ 36 mmol/L
 _____ 44 %PCV
 _____ 15 g/dL
 _____ 412
 _____ 10.8 mmHg
 _____ 6 mmol/L
 _____ mmol/L

Sample Code: 28JUL03 1915
Order: 4555
Physician:
Ser# 39666
Ver: JAMS045A
CLEW R91

b/w 2

b/w 4

10W2
CW

Laboratory Result Form
(Subject to the Privacy Act of 1974)

SSN: b/w-4

215 303 0400

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	8.9	4.8-10.8 x 10 ⁹	Colo	N/A	Negative
RBC	3.9	4.7-6.1 x 10 ⁶	App	N/A	Negative
Hgb	11.3	14-18 g/dl (M) 12-16 g/dl (F)	Glu	Negative	
Hct	35.5	42-52% (M) 37-47% (F)	Bili	Negative	
MCV	90.8	80-100 fL	Ket	Negative	
Plt	192	130-500 x 10 ³ verified	SG	N/A	
Lymph %	30.5	20.5-51.1%	Bld	Negative	
			pH	N/A	
Segs			Pro	Negative	
Bands			Urob	0.2-1.0	
Lymph			Nit	Negative	
Atyp			Leuk	Negative	
RBC Morph			HCG	Negative	
Spin Hematocrit		42-52% (M) 37-47% (F)			
Sed Rate			Cell Count		MUST SUBMIT SE 518 WITH EVERY UNIT REQUESTED
Other			Directigen	Negative	ABO/Rh
					CROSSMATCH
		9.8-13.6 secs			
		21-34 secs			
		<20 ug/ml			
		<10 ug/ml			

REMARKS:

REPORTED BY: blus2 DATE: 21503 LAB ID No: [REDACTED]

MEDCOM - 15150

Ward/Section: EMD		REQUESTING PHYSICIAN: [REDACTED]			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI. [REDACTED]		DATE: 07/29/03		TIME: 2:03		SSN/PSEUDO SSN: [REDACTED]		
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	10.5	4.8-10.8 x 10 ⁹	Color		N/A	RPR		Negative
RBC	4.03	4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb	11.4	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct	36.8	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	91.5	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	183	130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %	22.2	20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: [REDACTED]			DATE: 20 July 03		LAB ID NO.:			

MEDCOM - 15151

Ward/Section: **EMU** QUESTING PHYSICIAN: **[REDACTED]** **CLINICAL CHEMISTRY RESULT FORM**
 (Subject to the Privacy Act of 1984)
 LAST, FIRST, MI: **[REDACTED]** b1w-4 DATE: **20/07/03** TIME: **20:43** SSN: **[REDACTED]**

TEST	RESULT	REF. RANG.				
Na		138-146 mmol/l	===== PICCOLO =====	===== PICCOLO =====		
K		3.5-4.9 mmol/L	20/07/03	20:43	20/07/03	20:46
Cl		98-109 mmol/L	REFERENCE RANGE:	MALE	REFERENCE RANGE:	MALE
pH		7.31-7.45	PATIENT #:	[REDACTED]	PATIENT #:	[REDACTED]
PCO2		35-45 mmHg (i) 41-51 mmHg (ve)	GENERAL CHEMISTRY 12		ELECTROLYTE	
PO2		80-105 mmHg (a) N/A (ven)	DISC LOT #:	3142AA4	DISC LOT #:	3135AA4
TCO2		23-27 mmol/L (a) 24-29 mmol/L (v)	OPER #:	[REDACTED] DR #: 000	OPER #:	[REDACTED] DR #: 000
HCO3		22-26 mmol/L (a) 23-28 mmol/L (v)	SERIAL #:	0000100684	SERIAL #:	0000100494
sO2		95-98%	
BEecf		(-2) - (+3) mmol/L	ALB	3.5 3.3-5.5 G/DL	NA+	137 128-145 MMOL
AnGap		10-20 mmol/L	ALP	64 26-84 U/L	K+	4.2 3.3-4.7 MMOL
Ca		1.12-1.32 mmol/L	ALT	63* 10-47 U/L	CL-	109* 98-108 MMOL
BUN		8-26 mg/dl	AMY	23 14-97 U/L	tCO2	29 18-33 MMOL
GLU		70-105 mg/dl	AST	42* 11-38 U/L		
Creat		0.7-1.5 mg/dl	TBIL	2.0* 0.2-1.6 MG/DL	INST QC: OK	CHEM QC: OK
Hct		38-51% PCV	BUN	16 7-22 MG/DL	HEM 0, LIP 0, ICT 0	
Hgb		12-17 g/dl	CA++	8.9 8.0-10.3 MG/DL		
			CHOL	196 100-200 MG/DL		
			CRE	1.1 0.6-1.2 MG/DL		
			GLU	105 73-118 MG/DL		
			TP	7.3 6.4-8.1 G/DL		

Misc. Chemistry
 INST QC: OK CHEM QC: OK
 HEM 0, LIP 0, ICT 0

TEST	RESULT	REF. RANG.
Troponin-I		
Drug of Abuse		

REMARKS:

REPORTED BY: **[REDACTED]** DATE: **20 July 03** LAB ID NO.:

b1w-2

Ward/Section: EMT			REQUESTING PHYSICIAN: [REDACTED] b(u)-2			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. [REDACTED] b(u)-4			DATE 20 JUL 03	TIME 2113	SSN/PSEUDO SSN: [REDACTED] b(u)-4			
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	15.0	4.8-10.8 x 10 ⁹	Color		N/A	RPR		Negative
RBC	4.66	4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb	13.2	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct	42.2	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	90.5	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	396	130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %	10.9	20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: [REDACTED] b(u)-2			DATE: 20 Jul 03		LAB ID NO.:			

MEDCOM - 15153

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# [REDACTED] b/w-4			↓	2200 HOURS	
NURSING UNIT			Admit ICW 2 Dr. GSW (R) shoulder back Condition Good Vitals Routine Activity ad lib (EPW) IVF'S - Complete Reception		
ROOM NO.	BED NO.	1CW2			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
b/w-2 A11 noted				8:00 AM HOURS	
NURSING UNIT			Follow up c. ortho Meds: Keflex 500mg i po BID + 14 days Allergic Tylenol T-Ti po Q4-6d prn pa Allerg: as NKA Labs: CBC		
ROOM NO.	BED NO.	[REDACTED]			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
21 June 73					
NURSING UNIT			Transfer to BPW ward in AM Discharge from hospital Return to EPW camp		
ROOM NO.	BED NO.	[REDACTED]			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
24 chart v study as					
NURSING UNIT			[REDACTED]		
ROOM NO.	BED NO.	[REDACTED]			

DA FORM 4256 1 APR 79

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

MEDCOM - 15154

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED						
2 July	[Redacted]	Vitals Routine	21 06:15 14 27							
2 July	[Redacted]	Activity: Ad Lib (EPW)	06:15 14 02							

b(6)

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE:

NKDA

GSW @ shoulder & Back

YES NO

PATIENT IDENTIFICATION:

[Redacted] b(6)-4

LCW2

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIME

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

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Me July 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED																		
				21	22	23	24	25	26	27	28	29	30	31								
21 July	[REDACTED]	IVF's - Complete Reception done then DIC:HL	14																			
		b/w-2	20																			
21 July	[REDACTED]	Reflex 250mg i po QID x 14 days (end on Aug 3)	12																			
			18																			
			24																			

ALLERGIES: YES NO

PRIMARY DIAGNOSIS: GSW to @ shoulder & back

ADDITIONAL PAGES IN USE: YES NO

PATIENT IDENTIFICATION:

[REDACTED] b/w-9 1CW2

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

1. REPORTING MTF						2. MTF LOCATION		ADMISSION AND CODING INFORMATION															
1	2	3	4	5	6	7	8	For use of this form, see AR 40-400; the proponent agency is OTSG															
A	I	I	D	I		I	Z	3. REGISTER NUMBER						NAME (Last, First, Middle Initial)						4. PAY GRADE		5. SEX	
[REDACTED]						EPW # [REDACTED]						16		17		18							
[REDACTED]						[REDACTED]						6 (W)-4		EPW		M							
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION			8. RACE	9. ETHNIC		RELIGION											
19	20	21	22	23	24	25	26	27	28	29	30	31	BACK-GROUND										
						Ø 29			Z	Z		UNK											
10. LENGTH OF SERVICE			ETS			11. FMP			12. SOCIAL SECURITY NUMBER														
32	33	34				35	36	[REDACTED]															
						99																	
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS			HOUR OF ADMISSION		BRANCH / CORPS												
						46			2200														
14. FLYING STATUS			15. BENEFICIARY CATEGORY						16. ZIP CODE OF RESIDENCE														
47	48	49	50 51 52						53 54 55 56 57 58 59 60 61														
17. UNIT LOCATION (State or Country Code)			18. MOS				19. TRAUMA				PREV. ADMISSION												
62	63	64 65 66 67 68 69 70				71				YEAR													
							9				<input checked="" type="checkbox"/> NO												
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION			WARD			NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE																	
72			ICW#2			UNK																	
						ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)																	
						UNK																	
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY						TELEPHONE NUMBER OF EMERGENCY ADDRESSEE																	
[REDACTED] b(2)-2						UNK																	
21. TYPE OF DISPOSITION		22. MTF TRANSFERRED TO						23. DATE OF DISPOSITION (YYMMDD)															
73	74	75 76 77 78 79 80						81 82 83 84 85 86															
OB								030721															
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (YYMMDD)															
87	88	89	90	91 92 93 94 95 96				97 98 99 100 101 102															
AEAA								030720															
27. LOCATION OF OCCURRENCE (Battle Casualty Only)				28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION (YYMMDD)															
103	104	105 106 107 108 109 110				111 112 113 114 115 116																	
FOR LOCAL USE																							
Dx: GSW (R) Shoulder & Back																							
Dx: 8820 8761 E993																							
ADMITTING OFFICER (Signature)						ADMITTING CLERK																	
DR. [REDACTED]						v (w) - 2																	

MEDCOM - 15159

INPATIENT TREATMENT RECORD COVER SHEET

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

1. [REDACTED]		2. NAME (Last, First, MI) EPW # [REDACTED] b(1)(c)-4			3. GRADE EPW		ADMISSION REMARKS b(1)(c)-2	
4. SEX M	5. AGE 28	6. RACE UNK	7. RELIGION UNK	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION N		
11. FMP 2044		12. SSN [REDACTED]			13. ORGANIZATION			
14. WARD EMT		15. FLYING STATUS		16. RATING DSG		17. DEPT BEN K78		
18. BRANCH/CORPS		19. UIC/ZIP		20. TYPE CASE WIA				
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION				22. HOURS OF ADMISSION 0030		23. CLINIC SERVICE		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE UNK			25. TYPE DISPOSITION died in ER		26. DATE OF DISPOSITION 21 July 03		ADMITTING OFFICER [REDACTED]	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) UNK			27b. TELEPHONE NO. UNK		28. DATE OF THIS ADMISSION 21 July 03			
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [REDACTED] b(1)(2)-2					30. DATE OF INTIAL ADMISSION		32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED	
31. SELECTED ADMINISTRATIVE DATA [REDACTED]								

Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

GSW to chest with aortic wound, GSW @ buttocks, GSW @ leg

Blood	Aut	DX	901.0	Proc	54.11	Cause Death #1
Y	N		877.1		99.04 (4)	
			823.90		34.04	
			8991.2			
Trauma	Inj			PR	34.09	862.9
9	569				88.27	891.0
						877.0
						901.0
						8991.2

35. Total Days This Facility

a. ABSENT SICK DAYS 0	b. OTHER DAYS 0	c. CONV. LV/COOP CARE DAYS 0	d. SUPPLEMENTAL CARE DAYS 0	e. BED DAYS 1	f. TOTAL SICK DAYS 1
--------------------------	--------------------	---------------------------------	--------------------------------	------------------	-------------------------

36. Total Days All Facilities

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

SIGNATURE OF ATTENDING MEDIC [REDACTED]

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

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms)		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race	MARITAL STATUS État Civil		RELIGION Culte	
CAUCASOID Caucasique	SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant	OTHER (Specify) Autre (Spécifier) X unknown
NEGROID Négréoïde	MARRIED Marié	SEPARATED Séparé	CATHOLIC Catholique	
X OTHER (Specify) Autre (Spécifier) Iraqi	WIDOWED Veuf	JEWISH Juif		
NAME OF NEXT OF KIN Nom du plus proche parent unknown		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
STREET ADDRESS Domicile à (Rue)		CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		

MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort.		Gunshot wound to chest with aortic wound.	1 hour
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	Gun shot wound to right buttock	1 hour
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	Gunshot wound to left leg	1 hour
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ²		None	

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures Shot by U.S. Marines while outside of LSA Dogwood Iraq
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
ACCIDENT Mort accidentelle		
SUICIDE Suicide		
X HOMICIDE Homicide	SIGNATURE Signature	DATE Date
		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non

DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année) 0129 21 JULY 2003	PLACE OF DEATH Lieu de décès LSA Dogwood, Iraq
---	--

I HAVE VIEWED 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 médecin militaire ou du médecin sanitaire	TITLE OR DEGREE Titre ou diplôme
GRADE Grade MAJ	INSTALLATION OR ADDRESS Installation ou adresse
DATE Date 21 July 03	SIGNATURE Signature blw-2

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure.
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 Présenter 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.

b(2)2

HOSPITAL REPORT OF DEATH		NAME AND LOCATION OF HOSPITAL				
FOR USE OF THIS FORM, SEE AR 40-2; THE PROPONENT AGENCY IS THE OFFICE OF THE SURGEON GENERAL.		[REDACTED]				
<p align="center">Instructions - Medical Officer in attendance will:</p> <p>Prepare, in one copy only, Items 1 through 10 and sign Item 11. Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.</p> <p>Print or type entries.</p>						
SECTION A - ATTENDING MEDICAL OFFICER'S REPORT						
PERSONAL DATA						
1. PATIENT DATA (Patient's word plate will be used to imprint identifying data if available)		2. TIME OF DEATH (Hour-day-month-year)		3. MEDICAL EXAMINER/CORONER'S CASE		
[REDACTED] (b)6-4		0129 21 July 2003		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
		4. RELIGION		5. CHAPLAIN NOTIFIED		
		Unknown		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Patient's name (Last, first, middle initial), Grade, Social Security Account No., Register Number and Ward Number		6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH				
		None				
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, asthma, etc. It means the disease, injury, or complication which caused death)		DUE TO (or as a consequence of)				
		Gunshot Wound to chest with Aortic Wound		1 hour		
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)		(1)		1 hour		
		Gunshot Wound to Right buttock				
		(2)		1 hour		
		Gunshot Wound to Left leg				
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		a.				
		None				
		b.				
		None				
9. DATE		10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE		11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE		
21 July 2003		[REDACTED] MAJ - b(6)-2		[REDACTED]		
SECTION B - ADMINISTRATIVE ACTION						
TYPE OF ACTION		HOURL	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)			
<input type="checkbox"/> YES <input type="checkbox"/> 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 1 OCT 72

REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED.

U.S. GPO: 1997-418-290/55263

MEDCOM - 15162

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
21 July 03	0103 0120 1st unit O Positive blood hung by LT [redacted] Unit #
	009430 -> Completed 0112 no adverse rx noted.
	0103 VS 7/11/41-138-R 58 0107 58/p
	O ₂ Respiratory here - bagging pt - Pt intubated
	0113 PM 0113 2nd unit O ⁺ blood hung by LT Garth.
	Completed 0120 (Unit # 5305161). 0123 3rd blood hung (unit # 00419) completed 0130.
	0130 4th unit PRBC Unit # 2454456 completed 0138
	0138 Pt pronounced dead LTC [redacted] ^{UTC} b(u)-2

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

EPW [redacted] b(u)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIMR (41 CFR) 201-9.202-1

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT (Patient)	NUMBER	TREATMENT FACILITY
PATIENT'S HOME ADDRESS OR DUTY STATION		RECORDS MAINTAINED AT	

STREET ADDRESS			ARRIVAL DATE (Day, Month, Year)		TIME
CITY			STATE	ZIP CODE	July 21 03 0030
CURRENT MEDICATIONS			INJURY OR OCCUPATIONAL ILLNESS		TRANSPORTATION TO FACILITY

SEX M	DUTY/LOCAL PHONE		MILITARY STATUS			THIRD PARTY INSURANCE		
	AREA CODE	NUMBER	ITEM	YES	NO	N/A	ITEM	YES
AGE 28	HOME PHONE		FLYING STATUS			ADDITIONAL INSURANCE		
	AREA CODE	NUMBER	MEDICAL HISTORY OBTAINED FROM			DD 2568 IN CHART		
PRP			NAME OF INSURANCE COMPANY			DD 2568 IN CHART		

CURRENT MEDICATIONS PMMX No meds		INJURY OR OCCUPATIONAL ILLNESS		EMERGENCY ROOM VISIT			
ALLERGIES NKDA		ITEM	YES	NO	WHEN (Date)	DATE LAST VISIT	24 HOUR RETURN
CHIEF COMPLAINT GSW: buttocks 1 leg (Co. [redacted] Surgeon called 0030)		IS THIS AN INJURY?		WHERE		TETANUS	
LAB ORDERS		INJURY/SAFETY FORMS		HOW		DATE LAST SHOT	COMPLETED INITIAL SERIES

CATEGORY OF TREATMENT		VITAL SIGNS					
<input type="checkbox"/> EMERGENT	TIME	TIME	0035	0042	0127		
<input type="checkbox"/> URGENT	INITIALS b(w)-7	BP	61/35	52/39			
<input type="checkbox"/> NON-URGENT		PULSE	146	148	87		
		RESP	24				
		TEMP					
		WT	467.02 sat				

LAB ORDERS	<input checked="" type="checkbox"/> CBC/DIFF	<input checked="" type="checkbox"/> ABG	<input checked="" type="checkbox"/> PT/PTT	<input checked="" type="checkbox"/> BHC/URINE/BLOOD/QUANT	<input type="checkbox"/> CXR PA & LAT/PORTABLE	<input type="checkbox"/> C-SPINE
	<input checked="" type="checkbox"/> URINE C&S	<input type="checkbox"/> UA MSCC/CATH	<input type="checkbox"/> CHEM: Pats Met 12 P	<input type="checkbox"/> ACUTE ABDOMEN	<input type="checkbox"/> LS SPINE	
	<input checked="" type="checkbox"/> BLOOD C&S X			<input type="checkbox"/> SINUS	<input type="checkbox"/> HEAD CT	
	<input checked="" type="checkbox"/> H&C X 4 units PR			<input type="checkbox"/> ANKLE R/L		

ORDERS		<input type="checkbox"/> PULSE OX	<input type="checkbox"/> MONITOR	<input type="checkbox"/> ECG
TIME	ORDERS	COMPLETED BY	TIME	PATIENT'S RESPONSE
0100	DV NS 100cc	[redacted]	0103	5mg Tetnus 5ml Paxton
0035	Anal G M		0120	4-14 place Street
0005	4 tib fib pelvis chase			
	2 units O pos blo od			

DISPOSITION		DISPOSITION QUARTERS /OFF DUTY		PATIENT/DISCHARGE INSTRUCTIONS	
<input type="checkbox"/> HOME	<input type="checkbox"/> FULL DUTY	<input type="checkbox"/> 24 HRS.	<input type="checkbox"/> 48 HRS.	<input type="checkbox"/> 78 HRS.	- Death -
MODIFIED DUTY UNTIL		RETURN TO DUTY			
CONDITION UPON RELEASE		ADMIT TO UNIT/SERVICE		REFERRED	TO
<input type="checkbox"/> IMPROVED	<input type="checkbox"/> UNCHANGED	TIME OF RELEASE		WHEN	
<input type="checkbox"/> DETERIORATED		0129 21 July 03		I have received and understand these instructions.	
PATIENT'S IDENTIFICATION		PATIENT'S SIGNATURE			

EPW # [redacted] b(w)-4
Coags-7 mor

EMERGENCY CARE AND TREATMENT (Patient)
Medical Record
STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.2031b(10)
USAPA V1.00

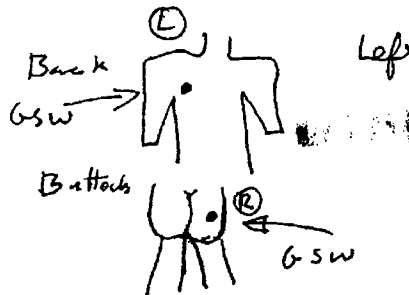
MEDICAL RECORD	EMERGENCY CARE AND TREATMENT (Doctor)	TIME SEEN BY PROVIDER
-----------------------	--	-----------------------

TEST RESULTS												
CBC	WBC	SMAC					ABG/PULSE OX			RADIOLOGY	Check if read by radiologist <input type="checkbox"/>	
	H/H						SUP O2	PH	PO2	RESULTS		
	PLT						PCO2	SAT	OTHER			
PT	DIP	EKG INTERPRETATION										
APTT	BHCG	ETOH	GLU	U/A	MICRO							

PROVIDER HISTORY/PHYSICAL

20 y/o old male via Marines s/p GSW. Arrived via Litter. Responsive but drowsy.

- Ⓟ unable to get pulse ox reading.
- ↳ = ↓ B.S. Ⓟ
- ↳ = r.a.
- ABO = soft Tender & B.S.



Left tibia open GSW

- Ⓟ GSW's; hypotensive
- 4 units of O neg blood given
- 4+ L NS Central line

- Chest tube drained 500cc blood
 - Chest opened Fragment wound to aorta & diaphragm.
 - No pulse, chest cavity full of blood. Personnel dead @ 0129.
- 21 July 03

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
			PROVIDER SIGNATURE AND STAMP b1w-2
DIAGNOSIS GSW Chest / Buttocks / Leg Ⓟ Tibia			CODES

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

[Redacted Name]

b1w-4

EMERGENCY CARE AND TREATMENT (Doctor)
Medical Record

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

Ward/Section: EMT			REQUESTING PHYSICIAN [REDACTED] b(lu)-2			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST MI EPW [REDACTED] b(lu)-4			DATE 20 Jul 03		TIME 0037	SSN/PSEUDO SSN: EPW [REDACTED] b(lu)-4		
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	28.8	4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC	4.22	4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb	12.7	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct	41.2	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	97.5	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	164	130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %	22.5	20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: [REDACTED]			DATE: 21 Jul 03		LAB ID NO.:			

b(lu)-2

MEDCOM - 15166

OPERATION REQUEST AND WORKSHEET
 For use of this form, see AR 40-407; the proponent agency is the Office of Surgeon General

SECTION A - REQUEST FOR SURGERY

1. PATIENT'S NAME (Last, First, MI) (Print) EPW [redacted] b(u)-4		2. STATUS EPW	3. AGE 28	4. RELIGION UNK	5. REGISTER NO	6. SSN (with Family Member Prefix) EPW [redacted]
7. PREOPERATIVE DIAGNOSIS GSW buttocks Lt leg						8. NURSING UNIT (from - to) DCY H 2
9. OPERATION PROPOSED exp lap & possible thoracotomy						10. REQUESTING SERVICE
11. DATE OF SURGERY 21 July 03	12. TIME OR CASE NO 0025	13. SCHEDULE PRIORITY (check one) <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> SEMI-EMERGENCY <input type="checkbox"/> ROUTINE		14. BLOOD REQUIRED (Unit) 4 units in EMT	15. SEPTIC cc	
16. SURGEON [redacted] b(u)-2		17. ASSISTANT(S)		18. POSITION OF PNT	19. PREP REQUIRED	
20. NURSING STAFF			21. ANESTHETIST(S)		22. ANESTHESIA	
23. SPECIAL INSTRUCTIONS AND REMARKS						
24. REQUESTING OFFICER (Printed Name and Signature)						

SECTION B - OPERATION WORKSHEET

25. OPERATING ROOM NO	26. TIME OR CASE NO	27. SEPTIC	28. FLUIDS (other than blood)	29. BLOOD ADMINISTERED		
30. SURGEON		31. ASSISTANT(S)		32. ANESTHETIST(S)		33. ANESTHESIA TIME (Began and Ended)
34. INDUCTION ANESTHETIC	AGENT	TECHNIQUE		37. AIRWAY		39. SPECIAL PROCEDURES (Anesthesia)
35. PRIMARY ANESTHETIC	AGENT	TECHNIQUE		38. RELAXANTS INTUBATION OTHER		
36. SECONDARY ANESTHETIC	AGENT	TECHNIQUE				
40. NURSING TIME (Began and Ended)	41. SCRUBBED PERSON(S)			42. CIRCULATING PERSON(S)		
43. OPERATION DATE	44. OPERATION TIME (Began and Ended)	45. DRAINS	46. SPONGE COUNT	47. LABORATORY SPECIMEN		
48. OPERATIVE DIAGNOSIS						
49. OPERATION(S) PERFORMED						
50. COMPLICATIONS (Continue on reverse, if more space is required)						
51. DICTATOR'S NAME, SERVICE & PHONE EXT						RECORDED IN REGISTER (Initials)

DA FORM 4107 MAR 82

EDITION

MEDCOM - 15167

MEDICAL RECORD	BLOOD OR BLOOD COMPONENT TRANSFUSION
----------------	--------------------------------------

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> RH IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input type="checkbox"/> CROSSMATCH Type & Cross	REQUESTING PHYSICIAN (Print) [Redacted] b(u)-2 DIAGNOSIS OR OPERATIVE PROCEDURE GSW buttock
VOLUME REQUESTED (If applicable) _____ ML		I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
REMARKS: (b)(6)(b)(7)(C)		
IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____		SIGNATURE OF VERIFIER [Redacted]
		DATE VERIFIED TIME VERIFIED

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [Redacted]	TRANSFUSION NO.	TEST INTERPRETATION		PREVIOUS RECORD CHECK:
	PATIENT NO.	ANTIBODY SCREEN	CROSSMATCH	<input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD
		N/A	COMP	SIGNATURE OF PERSON PERFORMING TEST [Redacted] b(u)-2
DONOR	RECIPIENT	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		DATE 2/5/03
ABO 0 POS	ABO 0 POS	REMARKS: EAP 29 Sep 03		
Rh	Rh			

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA		POST-TRANSFUSION DATA		
INSPECTED AND ISSUED BY (Signature) [Redacted] b(u)-2		AMOUNT GIVEN 1 unit ML	TIME/DATE COMPLETED/INTERRUPTED 21 Jul 03 00 PM 0112	
AT (Hour) 0105	ON (Date) 21 Jul 03	REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE	PULSE
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.		If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.		
1st VERIFIER (Signature) [Redacted] LTC, AN		DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		
2nd VERIFIER (Signature) [Redacted] b(u)-2		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____		
TEMP.	PULSE	SIGNATURE OF PERSON NOTING ABOVE [Redacted] LTC, AN b(u)-2		
DATE OF TRANSFUSION 21 Jul 03	TIME STARTED 0003	PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)		
(EPW [Redacted] b(u)-4		SEX M	WARD EMR	

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 15168

Medical Record Copy

b(6)-2 All

MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

Form section I containing fields for Component Requested (Type 2 Cross, 4 units), Type of Request (Type 2 Cross, 4 units), Date Requested (21 July 03 0030), and Signature of Verifier.

SECTION II - PRE-TRANSFUSION TESTING

Form section II containing fields for Unit No. (b)(6)-4, Transfusion No., Patient No., Donor (O POS), Recipient (O POS), and Test Interpretation (N/A, Comp).

SECTION III - RECORD OF TRANSFUSION

Form section III containing Pre-transfusion Data (Inspected and Issued by, AT 0105, ON 21 Jul 03), Post-transfusion Data (Amount given 1 unit ML, Time/Date 21 July 03 0020), and Patient Identification (EPW, b(6)-4).

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 15169

Medical Record Copy

b1w)-2 All

MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one)

RED BLOOD CELLS

FRESH FROZEN PLASMA

PLATELETS (Pool of _____ units)

CRYOPRECIPITATE (Pool of _____ units)

Rh IMMUNE GLOBULIN

OTHER (Specify) _____

VOLUME REQUESTED (If applicable) _____ ML

REMARKS: (b)(6)-4

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

TYPE AND SCREEN *typed*

CROSSMATCH *cross*

DATE REQUESTED *21 July 03 0042*

DATE AND HOUR REQUIRED *21 July 02 0042*

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) _____

REQUESTING PHYSICIAN (Print) _____

DIAGNOSIS OR OPERATIVE PROCEDURE *GSW buttock*

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER *see*

DATE VERIFIED _____

TIME VERIFIED _____

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. _____

TRANSFUSION NO. _____

PATIENT NO. _____

DONOR ABO *O POS* Rh _____

RECIPIENT ABO *O POS* Rh _____

TEST INTERPRETATION

ANTIBODY SCREEN *N/A*

CROSSMATCH *Comp*

PREVIOUS RECORD CHECK: RECORD NO RECORD

SIGNATURE OF PERSON PERFORMING TEST _____

CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: *Exp 31 Jul 03*

DATE *21 Jul 03*

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY (Signature) _____

AT (Hour) *0115* _____ (Date) *21 Jul 03*

POST-TRANSFUSION DATA

AMOUNT GIVEN *1 unit* ML

TIME/DATE COMPLETED/INTERRUPTED *21 Jul 03 0130*

REACTION NONE SUSPECTED

TEMPERATURE _____ PULSE _____ BLOOD PRESSURE _____

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

URTICARIA CHILL FEVER PAIN

OTHER (Specify) _____

OTHER DIFFICULTIES (Equipment, clots, etc.)

NO YES (Specify) _____

SIGNATURE OF PERSON NOTING ABOVE _____

TEMP. _____ PULSE _____ BP _____

DATE OF TRANSFUSION *21 Jul 03* TIME STARTED *0043 PM 0123*

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

(EPW) _____ *b1w)-4*

SEX *M* WARD *ENT*

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 15170

Medical Record Copy

b(6)-2 A11

MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

Form section I containing fields for Component Requested (Red Blood Cells, Fresh Frozen Plasma, Platelets, etc.), Type of Request (Type and Screen, Crossmatch), Date Requested, Date and Hour Required, Requesting Physician, and Remarks.

SECTION II - PRE-TRANSFUSION TESTING

Form section II containing fields for Unit No., Transfusion No., Patient No., Donor, Recipient, Test Interpretation (Antibody Screen, Crossmatch), Previous Record Check, and Remarks.

SECTION III - RECORD OF TRANSFUSION

Form section III containing Pre-transfusion Data (Inspected and Issued By, Amount Given, Reaction), Post-transfusion Data (Time/Date Completed, Temperature, Pulse, Blood Pressure), Identification, Description of Reaction, and Patient Identification.

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 15171

Medical Record Copy

1. REPORTING MTF						2. LOCATION		ADMISSION AND CODING INFORMATION															
1	2	3	4	5	6	7	8	For use of this form, see AR 40-400; the proponent agency is OTSG															
A	I	I	D	I	I	I	Z	(State or Country Code.)						3. REGISTER NUMBER		NAME (Last, First, Middle Initial)				4. PAY GRADE		5. SEX	
9	10	11	12	13	14	15	EPW # [REDACTED] - 4						16	17	18								
00	[REDACTED]					2000		7. AGE AT ADMISSION			8. RACE	9. ETHNIC		RELIGION									
19	20	21	22	23	24	25	26	27	28	29	30	31	BACK-GROUND										
2	2	2	2	2	2	2	2	2	8	y	X	9	UNK										
10. LENGTH OF SERVICE			ETS			11. FMP			12. SOCIAL SECURITY NUMBER														
32	33	34	[REDACTED]			35	36	[REDACTED]															
[REDACTED]			[REDACTED]			49 20			[REDACTED]														
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS			HOUR OF ADMISSION		BRANCH / CORPS												
[REDACTED]						46			0030		[REDACTED] b(4)-4												
14. FLYING STATUS			15. BENEFICIARY CATEGORY						16. ZIP CODE OF RESIDENCE														
47	48	49	50	51	52	53 54 55 56 57 58 59 60 61																	
[REDACTED]			K 7 B			2 2 2 2 2																	
17. UNIT LOCATION (State or Country Code)			18. MOS				19. TRAUMA			PREV. ADMISSION													
62	63	64	65	66	67	68	69	70	71	YEAR													
[REDACTED]			[REDACTED]				1			[X] NO													
20. SOURCE OF ADMISSION / AUTHORITY FOR ADMISSION			WARD			NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)														
72			[REDACTED]			UNK			UNK														
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY						TELEPHONE NUMBER OF EMERGENCY ADDRESSEE																	
[REDACTED] b(2)-2						UNK																	
21. TYPE OF DISPOSITION			22. MTF TRANSFERRED TO						23. DATE OF DISPOSITION (Y Y M M D D)														
73	74	75	76	77	78	79	80	81	82	83	84	85	86										
4 2		[REDACTED]						0 3 0 7 2 1															
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (Y Y M M D D)															
87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102								
[REDACTED]				[REDACTED]				0 3 0 7 2 1															
27. LOCATION OF OCCURRENCE (Battle Casualty Only)				28. MTF OF INITIAL ADMISSION						29. DATE INITIAL ADMISSION (Y Y M M D D)													
103	104	105	106	107	108	109	110	111	112	113	114	115	116										
[REDACTED]				[REDACTED]						[REDACTED]													
FOR LOCAL USE																							
GSW to chest with aortic wound, GSW to (R) buttocks, GSW to (L) leg																							
[REDACTED] b(4)-2																							
ADMITTING OFFICER (Signature) [REDACTED]																							

MEDCOM - 15172

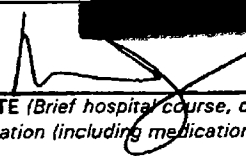



(b)(6)-4

INPATIENT TREATMENT RECORD COVER SHEET

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

1. REGISTER NUMBER [REDACTED]		2. NAME (Last, First, MI) EPW # [REDACTED] b(6)-4			3. GRADE EPW		ADMISSION REMARKS					
4. SEX M	5. AGE 25	6. RACE UNK	7. RELIGION UNK	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION N						
11. FMP 99	12. SSN [REDACTED]		13. ORGANIZATION		14. WARD							
15. FLYING STATUS	16. RATING/DSG	17. DEPT./BEN K79	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE WIA							
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION direct from ER			22. HOURS OF ADMISSION 0032	23. CLINIC SERVICE ABAA								
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE UNK			25. TYPE DISPOSITION died in OR 30	26. DATE OF DISPOSITION 21 Jul 03								
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) UNK			27b. TELEPHONE NO. UNK	28. DATE OF THIS ADMISSION 21 Jul 03		ADMITTING OFFICER [REDACTED] b(6)-2						
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [REDACTED] b(2)-2				30. DATE OF INITIAL ADMISSION		32. UNITS OF WHOLE BLOOD COMPONENT TRANSFUSED						
31. SELECTED ADMINISTRATIVE DATA [REDACTED]												
33. CAUSE OF INJURY												
34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES <p>hemorrhagic shock, GSW to abdomen</p> <table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; border-radius: 50%; padding: 10px;"> <p>Dr</p> <p>958.4</p> <p>902.10</p> <p>8991.2</p> </td> <td style="border: 1px solid black; border-radius: 50%; padding: 10px;"> <p>Proc</p> <p>54.11</p> <p>8703</p> <p>87.44</p> <p>9904 v10</p> </td> <td style="border: 1px solid black; border-radius: 50%; padding: 10px;"> <p>Trauma</p> <p>1</p> <p>Inj</p> <p>450</p> <p>Cause Death</p> <p># 1</p> </td> </tr> <tr> <td style="border: 1px solid black; border-radius: 50%; padding: 10px;"> <p>879.4</p> <p>902.10</p> <p>958.4</p> </td> <td style="border: 1px solid black; border-radius: 50%; padding: 10px;"> <p>8991.2</p> <p>34.01</p> <p>37.91</p> </td> <td style="border: 1px solid black; border-radius: 50%; padding: 10px;"> <p>Blood</p> <p>N</p> <p>Aut</p> <p>N</p> </td> </tr> </table>							<p>Dr</p> <p>958.4</p> <p>902.10</p> <p>8991.2</p>	<p>Proc</p> <p>54.11</p> <p>8703</p> <p>87.44</p> <p>9904 v10</p>	<p>Trauma</p> <p>1</p> <p>Inj</p> <p>450</p> <p>Cause Death</p> <p># 1</p>	<p>879.4</p> <p>902.10</p> <p>958.4</p>	<p>8991.2</p> <p>34.01</p> <p>37.91</p>	<p>Blood</p> <p>N</p> <p>Aut</p> <p>N</p>
<p>Dr</p> <p>958.4</p> <p>902.10</p> <p>8991.2</p>	<p>Proc</p> <p>54.11</p> <p>8703</p> <p>87.44</p> <p>9904 v10</p>	<p>Trauma</p> <p>1</p> <p>Inj</p> <p>450</p> <p>Cause Death</p> <p># 1</p>										
<p>879.4</p> <p>902.10</p> <p>958.4</p>	<p>8991.2</p> <p>34.01</p> <p>37.91</p>	<p>Blood</p> <p>N</p> <p>Aut</p> <p>N</p>										
35. Total Days This Facility												
a. ABSENT SICK DAYS 0	b. OTHER DAYS 0	c. CONV. LV/COOP CARE DAYS 0	d. SUPPLEMENTAL CARE DAYS 0	e. BED-DAYS 1	f. TOTAL SICK DAYS 1							
36. Total Days All Facilities												
a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS							
SIGNATURE OF ATTENDING MEDICAL OFFICER [REDACTED]												

WEDCOM - 15173

ABBREVIATED MEDICAL RECORD		1. ADMISSION DATE (YYYYMMDD)	
2. CHIEF COMPLAINT, PERTINENT HISTORY, AND PERTINENT SYSTEM REVIEW			
sustained GSW to (P) flank in conflict @ Munn			
3. PHYSICAL EXAMINATION (Including pertinent positives and negatives)			
GSW to (P) flank			
4. IMPRESSION (Enter admission note with plan on progress notes)			
To OR emergently			
5. ADMITTING OFFICER		b(u)-2	
a. SIGNATURE		b. DATE SIGNED (YYYYMMDD)	
		2003 07 21	
6. DISCHARGE NOTE (Brief hospital course, diagnoses, procedures, condition on discharge, pertinent discharge information (including medications, diet, activity limitations, follow-up instructions).)		7. DISCHARGE DATE (YYYYMMDD)	
Pt had GSW to IVC then taken Expirid.		2003 07 21	
8. DISCHARGING OFFICER		b(u)-2	
a. NAME (Last, First, Middle Initial)		d. SIGNATURE	
			
b. GRADE		e. TITLE	
04			
9. IDENTIFICATION (For typed or written entries: Name (last, first, middle), grade, SSN, date of birth, hospital or medical facility, ward number, and register number)		10. OUTPATIENT HEALTH RECORD MAINTAINED AT:	
#  b(u)-4			
		11. COPY PLACED IN OUTPATIENT RECORD (X when done)	
		<input type="checkbox"/>	

MEDICAL RECORD		EMERGENCY CARE AND TREATMENT (Patient)			LOG NUMBER	TREATMENT FACILITY b(2)-2
PATIENT'S HOME ADDRESS OR DUTY STATION					RECORDS MAINTAINED AT	
STREET ADDRESS					DATE (Day, Month, Year) 21 JUN 03	ARRIVAL TIME 632
CITY			STATE	ZIP CODE	TRANSPORTATION TO FACILITY Medevac	
SEX M	DUTY/LOCAL PHONE AREA CODE NUMBER		MILITARY STATUS ITEM YES NO N/A			THIRD PARTY INSURANCE ITEM YES NO
AGE 25	HOME PHONE AREA CODE NUMBER		FLYING STATUS	ADDITIONAL INSURANCE DD 2568 IN CHART		
CURRENT MEDICATIONS		INJURY OR OCCUPATIONAL ILLNESS ITEM YES NO WHEN (Date)			EMERGENCY ROOM VISIT DATE LAST VISIT 24 HOUR RETURN <input type="checkbox"/> YES <input type="checkbox"/> NO	
ALLERGIES		IS THIS AN INJURY? INJURY/SAFETY FORMS HOW			TETANUS DATE LAST SHOT COMPLETED INITIAL SERIES <input type="checkbox"/> YES <input type="checkbox"/> NO	
CHIEF COMPLAINT BSW						
CATEGORY OF TREATMENT <input type="checkbox"/> EMERGENT <input checked="" type="checkbox"/> URGENT <input type="checkbox"/> NON-URGENT			VITAL SIGNS			
TIME 0045			TIME 0045	0053	0105	0120
INITIALS b(2)-2			BP 74/39	100/53	107/67	110/50
			PULSE 125	119	132	126
			RESP 24	24	20	20
			TEMP 47.8			
			WT 95%	97%	84%	19070 2ml/2ml
LAB ORDERS	<input checked="" type="checkbox"/> CBC/DIFF	<input type="checkbox"/> PT/PTT	BHC/G/URINE/BLOOD/QUANT		CXR PA & LAT/PORTABLE	
	<input checked="" type="checkbox"/> URINE C&S	<input checked="" type="checkbox"/> UA MSSC/CATH	CHEM: 12 w/ 14/29		ACUTE ABDOMEN	
	<input checked="" type="checkbox"/> BLOOD C&S X				C-SPINE	
	<input checked="" type="checkbox"/> Type + Cross				LS SPINE	
				X-RAY ORDERS		HEAD CT
				ANKLE R/L		
ORDERS						
<input checked="" type="checkbox"/> PULSE OX 98%			<input type="checkbox"/> MONITOR		<input type="checkbox"/> ECG	
TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE	
0040	1g Ancef IV			0105	1unt PRBC IV 07	
0102	1kg Vec IV		b(2)-2	0104	120 succ IV	
0103	50 Rhinocort IV			0105	10 vec IV	
0103	20 stonidol IV			0107	23 at meth	
DISPOSITION <input type="checkbox"/> HOME <input type="checkbox"/> FULL DUTY			DISPOSITION QUARTERS /OFF DUTY <input type="checkbox"/> 24 HRS. <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 78 HRS.		PATIENT/DISCHARGE INSTRUCTIONS	
MODIFIED DUTY UNTIL			RETURN TO DUTY		0120 10prbc 07 d70.5 2ml	
CONDITION UPON RELEASE <input type="checkbox"/> IMPROVED <input type="checkbox"/> UNCHANGED			ADMIT TO UNIT/SERVICE		REFERRED TO WHEN	
<input checked="" type="checkbox"/> DETERIORATED			TIME OF RELEASE		I have received and understand these instructions.	
PATIENT'S IDENTIFICATION			PATIENT'S SIGNATURE			

EMERGENCY CARE AND TREATMENT (Patient)
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/CMR
FPMR (41 CFR) 101-11.2031b(10)
USAPA V1.00

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT <i>(Doctor)</i>	TIME SEEN BY PROVIDER
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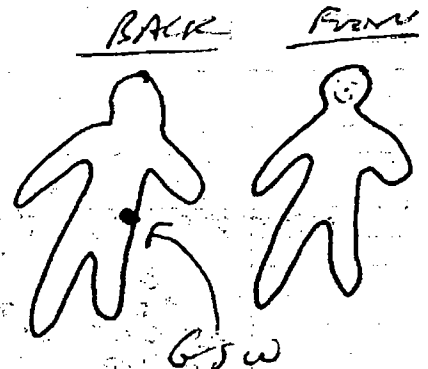
TEST RESULTS																			
CBC	WBC	H/H	PLT	PT	APTT	BHCG	ETOH	GLU	U/A	MICRO	ABG/PULSE OX	RADIOLOGY	Check if read by radiologist <input type="checkbox"/>						
	227	11-7/34	327								125	25.2	135	104	12	SUP O2	PH	PO2	RESULTS COR - NAD pelvic, R5 humeral.
	337	3.2	1.4								337	3.2	1.4	337	PCO2	SAT	OTHER	EKG INTERPRETATION ⊕ FASZ	

PROVIDER HISTORY/PHYSICAL

~~0164 120 succ JP~~

25 y.o. ♂ s/p GSW to @ Buttech. in confus
in Alameda. Arrived w/ed UCA Hummed.

G: w/d, an, @, Astor 3
Hi



(Ala) 4L ZUP / 4UP RBC / Ancef / dt /
Tinted / Foley / w OR Dr. [redacted] b1w-2

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
Prognosis / surgery / OR			[redacted] b1w-2
DIAGNOSIS			PROVIDER SIGNATURE AND STAMP
GSW to torso			[redacted] 2/15
PATIENT'S IDENTIFICATION			CODES

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

[redacted] b1w-4

EMERGENCY CARE AND TREATMENT (Doctor)
Medical Record

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

PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

FOR Use of this form, see AR 40-407; the proponent agency is The Office of the Surgeon General.

MEDICAL RECORD

1. AGE: _____
 HEIGHT: _____
 WEIGHT: _____

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

3. PREVIOUS SURGERY: NO YES (type): _____

Emergency

4. PROPOSED SURGICAL PROCEDURE: _____

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

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
<p>A. PSYCHOSOCIAL</p> <p><input checked="" type="checkbox"/> Potential for anxiety related to:</p> <p><input checked="" type="checkbox"/> 1) <u>Surgical Procedure & Operating Room Environment</u></p> <p><input checked="" type="checkbox"/> 2) <u>Separation Anxiety (Child)</u></p> <p><input checked="" type="checkbox"/> 3) <u>Surgical Outcomes</u></p>	<p><input type="checkbox"/> Pt. verbalizes any specific anxiety.</p> <p><input type="checkbox"/> Pt. Exhibits relaxed body posture.</p>	<p><input type="checkbox"/> Allow pt. to verbalize freely.</p> <p><input type="checkbox"/> Explain OR environment and answer questions regarding surgery.</p> <p><input type="checkbox"/> Offer comfort measures. (e.g., warm blanket, touch).</p> <p><input type="checkbox"/> Explain all nursing procedures before they are done.</p> <p><input type="checkbox"/> Remain with pt. whenever possible.</p> <p><input type="checkbox"/> Maintain family interface. Parents to stay with pt.</p>
<p>B. AERATION</p> <p><input checked="" type="checkbox"/> Potential for respiratory dysfunction due to:</p> <p><input checked="" type="checkbox"/> 1) <u>Positioning</u></p> <p><input checked="" type="checkbox"/> 2) <u>Effects of Anesthesia</u></p> <p><input checked="" type="checkbox"/> 3) <u>Medical/Smoking History</u></p>	<p><input type="checkbox"/> Pt. will be able to breathe without difficulty during immediate intraoperative phase.</p>	<p><input type="checkbox"/> Offer to elevate head of litter or offer pillow.</p> <p><input type="checkbox"/> Observe pt. while awaiting surgery for signs of distress.</p> <p><input type="checkbox"/> Assist anesthesia during intubation and extubation.</p>
<p>C. INTEGUMENT</p> <p><input checked="" type="checkbox"/> Potential impairment of skin integrity due to:</p> <p><input checked="" type="checkbox"/> 1) <u>Intraoperative Immobility</u></p> <p><input checked="" type="checkbox"/> 2) <u>ESU Pad Placement</u></p> <p><input checked="" type="checkbox"/> 3) <u>Positional Aids</u></p> <p><input checked="" type="checkbox"/> 4) <u>Prosthesis</u></p> <p><input checked="" type="checkbox"/> 5) <u>Pooling of Prep Solutions</u></p>	<p><input type="checkbox"/> Pt. will not exhibit signs of impairment of skin integrity (e.g., reddened areas).</p>	<p><input type="checkbox"/> Utilize pressure preventing devices on OR table and accessories.</p> <p><input type="checkbox"/> Check for proper positioning and support to maintain good body alignment.</p> <p><input type="checkbox"/> Pad pressure points.</p> <p><input type="checkbox"/> Place ESU ground pad on non compromised skin surface area.</p> <p><input type="checkbox"/> Keep prep fluids from pooling.</p>


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

[REDACTED] blue-4

- VERIFICATIONS AT HOLDING AREA**
- ! ID/Allergy Band
 - ! H & P
 - ! NPO Since _____
 - ! UHCG/LMP
 - ! Consent/Blood Transfusion Signed/Witnessed/Dated
 - ! Surgical Site/Consent verified by Pt./Anesthesia/Surgeon
 - ! Contact Precautions (Y) (N)
 - ! Family/Friend: _____
 - ! Dentures Removed
 - ! Contacts Removed
 - ! Jewelry Removed
 - ! Body Pierce Remove

<p>6. PATIENT PROBLEMS AND NEEDS</p> <p>D. CIRCULATION:</p> <p><input checked="" type="checkbox"/> Potential for inadequate tissue perfusion due to:</p> <p><input checked="" type="checkbox"/> 1) Intraoperative Mobility</p> <p><input checked="" type="checkbox"/> 2) Positioning</p> <p><input checked="" type="checkbox"/> 3) Existing Disease</p> <p><input checked="" type="checkbox"/> 4) Safety Devices</p> <p><input checked="" type="checkbox"/> 5) Hypothermia</p>	<p>7. PATIENT GOALS AND EXPECTED OUTCOMES</p> <p><input type="checkbox"/> Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).</p>	<p>8. OR NURSING INTERVENTIONS</p> <p><input type="checkbox"/> Check for support stockings or ace wraps. If none, check with doctors.</p> <p><input type="checkbox"/> Check that safety straps are correctly applied.</p> <p><input type="checkbox"/> Offer pillow for under knees.</p> <p><input type="checkbox"/> Place and take down legs from stirrups with slow bilateral motion.</p> <p><input type="checkbox"/> Check that rings and all body piercing has been removed.</p>
<p>E. NEUROMUSCULAR CONTROL</p> <p>E.1. <input checked="" type="checkbox"/> Potential impairment of mobility due to:</p> <p><input checked="" type="checkbox"/> 1) Pain</p> <p><input checked="" type="checkbox"/> 2) Intraoperative Hazards</p> <p><input checked="" type="checkbox"/> 3) Prosthesis</p> <p><input checked="" type="checkbox"/> 4) Positioning</p> <p><input checked="" type="checkbox"/> 5) Transfer pt. to/from OR table</p> <p>E.2. <input checked="" type="checkbox"/> Potential discomfort due to:</p> <p><input checked="" type="checkbox"/> 1) Length of Surgery</p> <p><input checked="" type="checkbox"/> 2) Positioning</p> <p><input checked="" type="checkbox"/> 3) Arthritis</p>	<p><input type="checkbox"/> Pt. will be transferred to OR table without difficulty.</p> <p><input type="checkbox"/> Pt. will not experience unnecessary physical discomfort.</p>	<p><input type="checkbox"/> Have sufficient people available for transfer.</p> <p><input type="checkbox"/> Insure proper body alignment.</p> <p><input type="checkbox"/> Allow patient to lie in position of comfort while waiting for surgery.</p> <p><input type="checkbox"/> Offer support (i.e., pillows, bath towels, etc.) for positioning.</p>
<p>F. SPECIAL SENSES</p> <p>F.1. <input checked="" type="checkbox"/> Diminished visual perception due to being:</p> <p><input checked="" type="checkbox"/> 1) Pre-Medicated</p> <p><input type="checkbox"/> 2) W/O Glasses</p> <p>F.2. <input type="checkbox"/> Potential for decreased communication due to:</p> <p><input checked="" type="checkbox"/> 1) Diminished Hearing</p> <p><input checked="" type="checkbox"/> 2) Language Barrier</p> <p>F.3. <input checked="" type="checkbox"/> Potential injury due to dentures:</p> <p><input type="checkbox"/> 1) Upper <input type="checkbox"/> 4) Caps</p> <p><input type="checkbox"/> 2) Lower <input type="checkbox"/> 5) Crowns</p> <p><input type="checkbox"/> 3) Bridges</p>	<p><input type="checkbox"/> Pt. will be made aware of surroundings prior to anesthesia induction.</p> <p><input type="checkbox"/> Pt. will be transferred safely to OR table.</p> <p><input type="checkbox"/> Pt. will be able to understand instructions.</p> <p><input type="checkbox"/> Minimize danger of injury during intraop period.</p>	<p><input type="checkbox"/> Introduce self. Keep pt. informed as to where he/she is and what is happening.</p> <p><input type="checkbox"/> Inform pt. in which direction to move and assist if necessary.</p> <p><input type="checkbox"/> Speak clearly and slowly.</p> <p><input type="checkbox"/> Address pt. from _____ side</p> <p><input type="checkbox"/> Validate pt.'s understanding of verbal communication.</p> <p><input type="checkbox"/> Verify removal of dentures.</p>
<p>G. OTHER PATIENT PROBLEMS/NEEDS. Or continuation of above problems/needs.</p>	<p>OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.</p>	<p>OTHER NURSING INTERVENTIONS Or continuation of above interventions</p>

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

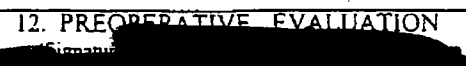
 - LTC AN 21 Jul 03 DATE


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

LEVEL OF CONSCIOUSNESS: A&O Drowsy Sleepy Intubated BREATHING EASY: (Y) (N)

LEVEL OF ACTIVITY: Moves All Extremities Moves Upper Extremities

Transferred to litter with roller due to spinal

12. PREOPERATIVE EVALUATION PREPARED BY  LTC AN 13. POSTOPERATIVE EVALUATION PREPARED BY (Signature and Title) NA

DATE: 21 Jul. 03 TIME:  DATE: TIME: NA Time of death 0212

b(6)-2

MEDICAL RECORD		INTRAOPERATIVE DOCUMENT	
For use of this form, see AR 40-66, the proponent agency is the office of The Surgeon General.			
1. PATIENT TRANSPORTED TO OPERATING ROOM VIA: <u>Quincy</u>		2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY: <u>LTC [redacted]</u>	
3. DATE: <u>21 Jul. 03</u> TIME PATIENT ARRIVED IN SUITE: <u>0150</u>		4. PATIENT IN ROOM TIME: <u>0150</u> NUMBER: <u>2</u>	
5. PREOPERATIVE EMOTIONAL STATUS <input type="checkbox"/> CALM <input type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input checked="" type="checkbox"/> OTHER (Specify) <u>Intubated</u>			
COMMENTS:			
6. NURSING PERSONNEL			
ASSIGNED SCRUB	<u>Spc. [redacted]</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>LTC [redacted]</u> <u>Cpt. [redacted]</u>	RELIEF CIRCULATOR	<u>Cpt. [redacted]</u>
7. POSITION AND POSITIONAL AIDS (Specify) <input checked="" type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE LATERAL: <input type="checkbox"/> LEFT SIDE UP <input type="checkbox"/> RIGHT SIDE UP			
COMMENTS:			
8. SKIN PREPARATION			
HAIR REMOVAL DONE BY: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO METHOD: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT <input type="checkbox"/> DEPILATORY <input checked="" type="checkbox"/> RAZOR <input type="checkbox"/> CLIP	PREP SOLUTION (Specify) <u>Betadine soap/paint</u> SITE: <u>Abd.</u> BY WHOM: <u>[redacted]</u> BY WHOM: <u>LTC [redacted]</u>		
COMMENTS: <u>By Dr. [redacted] / No nicks</u>	COMMENTS: <u>No pooling</u>		
9. LOCATION OF EXTERNAL			
LEGEND X Ground Pad -- Safety Strap === Tourniquet			
10. COUNTS			
	C = Correct I = Incorrect		
	Other**	First Closing Count	Final Closing Count
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	/	/
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	/	/
Instrument	<input type="checkbox"/> Yes <input type="checkbox"/> No	/	/
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	/	/
11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)		12. ELECTROSURGERY DEVICE(S) (ESU) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
# [redacted] <u>b(6)-4</u>		<input checked="" type="checkbox"/> ESU NO: <u>Valleylab Force 4</u> GROUND PAD: BRAND <u>Valleylab REM</u> LOT NO: <u>68936 exp 2005-03</u> <input type="checkbox"/> ESU NO: _____ GROUND PAD: BRAND _____ LOT NO: _____ <input type="checkbox"/> BIPOLAR NO: _____	
		<u>ur: 30 coag: 30</u>	

13. PROSTHESIS, IMPLANTS YES NO IF YES NAME: ID NUMBER; MANUFACTURER
blw-2 All

14. MEDICATIONS/ORDERS

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

MEDICATIONS, SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

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

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES NO
 TYPE/SIZE 1. 2. 3.
 SITE 1. 2. 3.
 18. DRESSING/IMMOBILIZATION (Specify)
NA

19. ADDITIONAL INFORMATION
Surgeons: Dr. [redacted] Dr. [redacted] Dr. [redacted]
Anesth: Lt. Col. [redacted] Maj. [redacted] CRNA, Maj. [redacted] CRNA, & Cpt. [redacted] CRNA

20. OPERATION(S) PERFORMED
Exploratory Laparotomy / Time of death 0212

21. PATIENT TRANSFERRED TO
Morgue TIME *0300* METHOD *Letter*

NURSE SIGNATURE
[redacted] LTC, AN

b(6)-2

Ward/Section:		RECIPIENT:		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI.		DATE		TIME		SSN/PSEUDO SSN:		
BMT		[REDACTED]		21 JUL 03		037		[REDACTED]
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	22.7	4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC	3.89	4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb	11.7	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct	37.1	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	95.4	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	327	130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %	25.3	20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH			
PT	17.5	9.8-13.6 secs						
APTT	25.6	21-34 secs						
D-dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY:			DATE:		LAB ID NO.:			
[REDACTED] b(6)-4			21 Jul 03					

b(6)-4

Ward/Section: **EMT** REQUESTING PHYSICIAN: [REDACTED] **b(1)(c)-2** CHEMISTRY RESULT FORM
 (Subject to the Privacy Act of 1974)
 LAST, FIRST, MI: **EPW** DATE: **21/07/03** TIME: **055** SSN/PSEUDO SSN: [REDACTED] **b(1)(c)-4**

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

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

TEST	RESULT	REF.
ALB	3.2*	3.3-5.5 G/DL
ALP	76	26-84 U/L
ALT	22	10-47 U/L
AMY	73	14-97 U/L
AST	38	11-38 U/L
IBIL	1.1	0.2-1.6 MG/DL
BUN	12	7-22 MG/DL
CA++	8.0	3.0-10.3 MG/DL
CHOL	105	100-200 MG/DL
CRE	1.4*	0.6-1.2 MG/DL
GLU	345*	73-118 MG/DL
TP	6.0*	6.4-8.1 G/DL

Misc. Chemistry

TEST	RESULT	REF. RANG
Troponin-I		
Drug of Abuse		

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

i-STAT 9+
 Pt: 402
 Pt Name: _____
 Glu _____ 338 mg/dL
 BUN _____ 16 mg/dL
 Na _____ 139 mmol/L
 K _____ 3.2 mmol/L
 Cl _____ 104 mmol/L
 Hct _____ 34 %PCV
 Hb* _____ 12 g/dL
 *via Hct
 A
 A Sample Type: _____
 T 21JUL03 00:51
 G
 TI Oper: 13
 Physician: _____
 T Ser# 42011
 NA Ver: JAMS046R
 K CLEW A93

CL	98-108 mmol/L
tCO2	18-33 mmol/L

REMARKS:

REPORTED BY: [REDACTED] DATE: **21 July 03** LAB ID NO.: _____

b(1)(c)-2

MEDICAL RECORD - ANESTHESIA

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

CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML *1 = CONSTANT INFUSION		DRUG (Units)	TOTALS	TOTAL EBL
		Epin (mg) 1/1/1/1	5mg	—
		Bicarb (mEq)	20	—
		Ca chloride (gm)	1gm	TOTAL URINE
		()		—
		()		—
		()		—
VOLAT AGENT		% del	FLUIDS SUMMARY	
		% e.t.	CRYSTALLOID-	
AIR L/Min			1500	
N2O L/Min			COLLOID- b(4)-2	
O2 L/Min			BLOOD- PRBCs 44-5	
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS		① ② ③	REMARKS	
LINE site Lt SCL <input type="checkbox"/> Warmed		8.5 Cordis	Code drugs with numbers, events with letters. ① To OR via liter, full monitors, O2 100% via Ambu ② Loss of NIBP & palp pulse, chest opened & card massage initiated. ③ Efforts terminated	
Rt Fem <input type="checkbox"/> Warmed		8.5 cordis		
18g RAC <input type="checkbox"/> Warmed		1500cc crystalloid		
<input type="checkbox"/> Warmed				
EST BLOOD LOSS				
URINE -				
PHYS STATUS		TIME → 30 x 02 x 30 x 03 x 30 x 04		
1 2 3 4 5 (E)				
BODY WEIGHT		SYMBOLS		
≈ 75 (KG) LB		220 #1		
HEMATOCRIT		200 #2		
INITIAL DATA		180 #3		
BP-		160 #4		
HR- 90		140 #5		
EQUIP CHECK		120 #6		
OK? - (V) N		100 #7		
PATIENT RECHECK		80 #8		
OK for PROCEDURE		60		
TIME- 0135		40		
		20		
VT - ml		800 800 800		
f - breaths/min		11 11 11		
Peak inf pres / PEEP		24 24 24		
MODE - S(pon), A(ssist), C(on)		C C C		
BP/Auto Cuff		30 0 0		
BP/oth		0.8 0.8 0.8		
ART line		ST IV* IV* Asys		
Steth- PC/ES				
Gas analyzer				
TEMP-site				
N-M Block (T/4)				
* Idioventricular rhythm				
Warming blkt				
Conv warmer				
Mark with letters & symbols, explain under REMARKS		EVENTS Position → 0 →		
PROCEDURES and CPT Codes:		ANESTHETIC TECHNIQUES: Describe block technique under Remarks		
Trauma lap/thoracotomy		BETA		
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade, Rate, Medical facility		AIRWAY MANAGEMENT: Intubation route, blade, technique, comments		
# [redacted] b(4)-4		ETT from ER, ⊕ ETCO2 B/EB		
		SURGEONS: b(4)-2		
		PROCEDURE LOCATION: 2-1		
		DATE: 7/21/03		
		PAGE 1 OF 1		

b(6)-2 All

MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [REDACTED]
	DATE REQUESTED: 21 Jul 03 DATE AND HOUR REQUIRED: 0451P	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
VOLUME REQUESTED (If applicable) _____ ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) _____	SIGNATURE OF VERIFIER [REDACTED]
REMARKS: (b)(6)-4	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED: [REDACTED] TIME VERIFIED: 0518

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [REDACTED] DONOR ABO: O Rh: POS	TRANSFUSION NO. [REDACTED] PATIENT NO. [REDACTED] RECIPIENT ABO: O Rh: POS	TEST INTERPRETATION ANTIBODY SCREEN: N/A CROSSMATCH: Comp <input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED	PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST: [REDACTED]
REMARKS: ERY 22 Jul 03		DATE: 21 Jul 03	

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature): [REDACTED]		POST-TRANSFUSION DATA AMOUNT GIVEN: All ML TIME/DATE COMPLETED/INTERRUPTED: 21 Jul 03 0209	
AT (Hour): 0200 ON (Date): 21 Jul 03	REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE: 95	PULSE: 85 BLOOD PRESSURE: 55/35
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient's identification.		If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. Solutions to the Blood Bank.	
1st VERIFIER: [REDACTED]	DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		
2nd VERIFIER: [REDACTED]	OTHER DIFFICULTIES (Equipment, etc.): <input checked="" type="checkbox"/> NO		
PRE-TRANSFUSION TEMP. [REDACTED] PULSE [REDACTED] BP: 9/35	SIGNATURE: [REDACTED]		
DATE OF TRANSFUSION: 21 Jul 03 TIME STARTED: 0205	PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle, grade, rank, rate; hospital or medical facility)		
SEX: M WARD: 002		BLOOD OR BLOOD COMPONENT TRANSFUSION Medical Record	

[REDACTED] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

b1w-2 All

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one)

RED BLOOD CELLS

FRESH FROZEN PLASMA

PLATELETS (Pool of _____ units)

CRYOPRECIPITATE (Pool of _____ units)

Rh IMMUNE GLOBULIN

OTHER (Specify) _____

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

TYPE AND SCREEN

CROSSMATCH

REQUESTING PHYSICIAN (Print)

[REDACTED]

DIAGNOSIS OF

Exy Cap

DATE REQUESTED

24 July 03

DATE AND HOUR REQUIRED

ASAP

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

VOLUME REQUESTED (If applicable)

1 unit ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

SIGNATURE OF VERIFIER

[REDACTED]

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED

07/31/03

TIME VERIFIED

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [REDACTED]

TRANSFUSION NO. [REDACTED]

PATIENT NO. [REDACTED]

DONOR

ABO O POS

Rh POS

RECIPIENT

ABO O POS

Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN N/A

CROSSMATCH COMY

PREVIOUS RECORD CHECK:

RECORD NO RECORD

SIGNATURE OF PERSON [REDACTED]

CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 2/24/03

REMARKS:

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY (Signature) [REDACTED]

AT (Hour) 0200 ON (Date) 21 JUL 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person as on this Blood Component Transfusion Form and on the patient's identification.

1st V [REDACTED] CRNA

2nd V [REDACTED] CRNA

PRE-TRANSFUSION TEMP. 95 PULSE [REDACTED] BP [REDACTED]

DATE OF TRANSFUSION 21 JUL 03 TIME STARTED 0209

POST-TRANSFUSION DATA

AMOUNT GIVEN ALL ML

TIME/DATE COMPLETED/INTERRUPTED 21 JUL 03 0212

REACTION NONE SUSPECTED

TEMPERATURE 95 PULSE [REDACTED] BLOOD PRESSURE [REDACTED]

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. Solutions to the Blood Bank.

DESCRIPTION OF REACTION

URTICARIA CHILL FEVER PAIN

OTHER (Specify)

OTHER DIFFICULTIES (Equipment, clots, etc.)

NONE

SIGNATURE [REDACTED] ABOVE

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

[REDACTED] M WARD OK

[REDACTED] # [REDACTED]

b(6)-4

blood-2 A11

MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

Form section I containing fields for Component Requested (Red Blood Cells checked), Type of Request (Crossmatch checked), Date Requested (21 Jul 03), and Signature of Verifier.

SECTION II - PRE-TRANSFUSION TESTING

Form section II containing fields for Unit No., Transfusion No., Patient No., Recipient ABO/Rh (O POS), Test Interpretation (N/A Crossmatch), and Signature of Person Performing Test.

SECTION III - RECORD OF TRANSFUSION

Form section III containing Pre-transfusion Data (Inspected and Issued by), Post-transfusion Data (Amount Given: 400 ML, Temperature: 95, Pulse: 82, Blood Pressure: 50/30), and Patient Identification.

Handwritten notes and signatures at the bottom left of the form.

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 15186

Medical Record Copy

610-2-All

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) # [REDACTED] DIAGNOSIS OR [REDACTED] <i>ET/plap</i>
	DATE REQUESTED <i>[Signature]</i> DATE AND HOUR REQUIRED <i>[Signature]</i>	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
VOLUME REQUESTED (If applicable) _____ ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) _____	SIGNATURE OF VERIFIER <i>[Signature]</i>
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED <i>see 01/13/03</i> TIME VERIFIED <i>4:50</i>

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [REDACTED] TRANSFUSION NO. [REDACTED] PATIENT NO. [REDACTED]	TEST INTERPRETATION ANTIBODY SCREEN <i>NA</i> CROSSMATCH <i>Comp</i>	PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST [REDACTED]
DONOR ABO <i>O</i> Rh <i>POS</i>	RECIPIENT ABO <i>O</i> Rh <i>POS</i>	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE <i>2/5/03</i>
REMARKS: <i>FAH 22 3w/03</i>		

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) [REDACTED] AT (Hour) <i>0200</i> ON (Date) <i>2/5/03</i>		POST-TRANSFUSION DATA AMOUNT GIVEN <i>ALL</i> ML TIME/DATE COMPLETED/INTERRUPTED <i>2:00/03 0210</i> REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED TEMPERATURE <i>95</i> PULSE <i>80</i> BLOOD PRESSURE <i>50/38</i>		
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same as listed on this Blood Component Transfusion Form and on the [REDACTED]		If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.		
DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		OTHER DIFFICULTIES (Equipment, etc.) <input checked="" type="checkbox"/> [REDACTED]		
DATE OF TRANSFUSION <i>2/5/03</i>	TIME STARTED <i>0205</i>	TEMPERATURE <i>50</i>	PULSE <i>35</i>	BLOOD PRESSURE <i>50/38</i>
PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle initial, rank, rate; hospital or medical facility)		SEX <i>M</i>	WARD <i>OR</i>	

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 15187

Medical Record Copy

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [REDACTED]
	DATE REQUESTED 21 JULY 03	DIAGNOSIS OR OPERATIVE PROCEDURE GSW
	DATE AND HOUR REQUIRED ASAP	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
	VOLUME REQUESTED (if applicable) 6 units ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) [REDACTED]
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED 21 JULY 03 TIME VERIFIED 037

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6) 4 [REDACTED]	TRANSFUSION NO. [REDACTED]	TEST INTERPRETATION ANTIBODY SCREEN: N/A CROSSMATCH: COMP	PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD
DONOR ABO: O Rh: POS	RECIPIENT ABO: O Rh: POS	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED.	SIGNATURE OF PERSON PERFORMING TEST [REDACTED]
REMARKS:		DATE: 21 JUL 03	

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Sig) [REDACTED] b(6)-2		POST-TRANSFUSION DATA AMOUNT GIVEN: ALL ML TIME/DATE (COMPLETED/INTERRUPTED): 0135 21 JUL 03		
AT (Hour): 0130 ON (Date): 21 JUL 03	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE: 95	PULSE: 95	BLOOD PRESSURE: 70/60
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container and the intended recipient matches item by item. The recipient is the same as on this Blood Component Transfusion Form and on the patient's chart.		If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.		
1st VERIFIER: [REDACTED] CRWA	DESCRIPTION OF REACTION <input type="checkbox"/> URticARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____			
2nd VERIFIER: [REDACTED] CRNA	OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES [REDACTED]			
PRE-TEMP: 97 DATE OF TRANSFUSION: 21 JUL 03	WARD: BMT			

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 15188

Medical Record Copy

blue-2A1

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input checked="" type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [REDACTED]
	DATE REQUESTED 2 JULY 03 DATE AND HOUR REQUIRED ASAP	DIAGNOSIS OR OPERATIVE PROCEDURE GSW
VOLUME REQUESTED (If applicable) 6 units ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) [REDACTED]	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
REMARKS: (b)(6)-4	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED 21 JULY 03 TIME VERIFIED 037

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [REDACTED]	TRANSFUSION NO. [REDACTED]	TEST INTERPRETATION ANTIBODY SCREEN: N/A CROSSMATCH: Comp		PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD
DONOR ABO: O Rh: POS	PATIENT NO. [REDACTED]	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		SIGNATURE OF PERSON PERFORMING TEST [REDACTED]
RECIPIENT ABO: O Rh: POS	REMARKS: Exp 31 JUL 03		DATE 21 JUL 03	

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) [REDACTED]		POST-TRANSFUSION DATA AMOUNT GIVEN: All ML TIME/DATE COMPLETED/INTERRUPTED: 0140 21 JUL 03	
AT (Hour): 0130 ON (Date): 21 JUL 03	REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE: 95	PULSE: 95 BLOOD PRESSURE: 70/50
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the [REDACTED]		If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.	
1st VITAL SIGN: [REDACTED] CRWA	DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		
2nd VITAL SIGN: [REDACTED] CRNA	OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO		
DATE OF TRANSFUSION: 21 JUL 03 TIME STARTED: 0135	PULSE: 92 BP: 70/50	SIGNATURE OF PHYSICIAN: [REDACTED]	
PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle, grade; rank; rate; hospital or medical facility)		SEX: M	WARD: EMT

[REDACTED]

blue-14

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 15189

Medical Record Copy

b1w-2 AU

MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [REDACTED] DIAGNOSIS OR OPERATIVE PROCEDURE GSW
	DATE REQUESTED 21 JUL 03 DATE AND HOUR REQUIRED ASAP	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
VOLUME REQUESTED (if applicable) 6 units ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	SIGNATURE [REDACTED]
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED 21 JUL 03 TIME VERIFIED 037

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. b1w-4 [REDACTED]	TRANSFUSION NO. [REDACTED]	TEST INTERPRETATION ANTIBODY SCREEN: NA CROSSMATCH: Comp		PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD
DONOR ABO: O Rh: POS	PATIENT NO. [REDACTED]	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		SIGNATURE OF PERSON PERFORMING TEST [REDACTED]
RECIPIENT ABO: O Rh: POS	REMARKS:	DATE: 21 Jul 03		

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) [REDACTED]		POST-TRANSFUSION DATA AMOUNT GIVEN: All ML TIME/DATE COMPLETED/INTERRUPTED: 21 Jul 03 0145		
AT (Hour) 0130 ON (Date) 21 Jul 03	REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE 95	PULSE 93	BLOOD PRESSURE 68/40
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is [REDACTED] on this Blood Component Transfusion Form and on the [REDACTED] 1st [REDACTED]		If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.		
DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		OTHER DIAGNOSIS (e.g., [REDACTED] etc.)		
TEMP. 95 PULSE 10 DATE OF TRANSFUSION 21 Jul 03 TIME STARTED 0138	BP 70/48		WARD M EMT	

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

Medical Record Copy

MEDCOM - 15190

blw-2 A

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [REDACTED]
	DATE REQUESTED 21 JULY 03 DATE AND HOUR REQUIRED ASAP	DIAGNOSIS OR OPERATIVE PROCEDURE GSW
VOLUME REQUESTED (If applicable) 6 units ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct. [REDACTED]
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED 21 JULY 03 TIME VERIFIED 037

b(6)-4

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [REDACTED]	TRANSFUSION NO. [REDACTED]	TEST INTERPRETATION ANTIBODY SCREEN: MA CROSSMATCH: Comp		PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD
DONOR ABO: O Rh: POS	RECIPIENT ABO: O Rh: POS	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		SIGNATURE OF PERSON PERFORMING TEST [REDACTED]
REMARKS:		[REDACTED]		

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature) [REDACTED]		POST-TRANSFUSION DATA AMOUNT GIVEN: All ML TIME/DATE COMPLETED/INTERRUPTED: 21 JUL 03 0148	
AT (Hour): 0130 ON (Date): 21 Jul 03	REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE: 95	PULSE: 95 BLOOD PRESSURE: 95/55
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same as the Blood Component Transfusion Form and on the patient's chart.		If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.	
1st VERIFIED: [REDACTED] RNA	DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		
2nd VERIFIED: [REDACTED] RNA	OTHER DIFFICULTIES (Equipment, etc.) <input checked="" type="checkbox"/> NO		
PRE-TRANSP. TEMP: 95 PULSE: 91 BP: 10/50	DATE OF TRANSFUSION: 20 JUL 03 TIME STARTED: 0140		
PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle initial; grade, rank; rate; hospital or medical facility)		SEX: M	WARD: 4MT

blw-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 15191

Medical Record Copy

b(1w)-2 (A)

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [REDACTED]
	DATE REQUESTED 21 JULY 03 DATE AND HOUR REQUIRED ASAP	DIAGNOSIS OR OPERATIVE PROCEDURE GSN
VOLUME REQUESTED (If applicable) 6 units ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct. [REDACTED]
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED 21 JULY 03 TIME VERIFIED 037

b(6)-4

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [REDACTED]	TRANSFUSION NO. [REDACTED]	TEST INTERPRETATION ANTIBODY SCREEN: N/A CROSSMATCH: COMP		PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD
DONOR ABO: O pos Rh: pos	RECIPIENT ABO: O pos Rh: pos	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		SIGNATURE OF [REDACTED]
REMARKS:		[REDACTED] 29 JUL 03		

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY [REDACTED] AT (Hour) 0105 ON (Date) 21 JUL 03		POST-TRANSFUSION DATA AMOUNT GIVEN: 1 UNIT ML TIME/DATE COMPLETED/INTERRUPTED: 0120 21 JUL 03 REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED TEMPERATURE: 97.8 PULSE: 126 BLOOD PRESSURE: 110/50		
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.		If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.		
2ND VERIFIER (Signature) [REDACTED] SS6 911W LPA		DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		
PRE-TRANSFUSION TEMP. 97.8 PULSE 132 BP 107/67		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____		
DATE OF TRANSFUSION: 21 JUL 03 TIME STARTED: 0105		SIGNATURE OF PERSON NOTING ABOVE [REDACTED] SS6 911W LPA		
PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)		SEX: M	WARD: EMT	

b(1w)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 15192



Medical Record Copy

blu-2 APT



MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

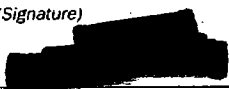
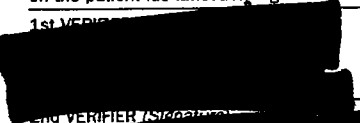
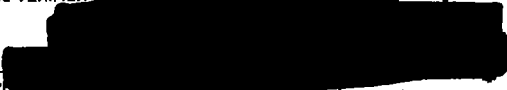

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print)  DIAGNOSIS OR OPERATIVE PROCEDURE GSW
	DATE REQUESTED 21 JULY 03 DATE AND HOUR REQUIRED ASAP	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
VOLUME REQUESTED (If applicable) 6 units ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) 	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RHIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____
REMARKS:	DATE VERIFIED 21 July 03 TIME VERIFIED 057	

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4  TRANSFUSION NO. PATIENT NO.	TEST INTERPRETATION ANTIBODY SCREEN: N/A CROSSMATCH: COMP	PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST 
DONOR ABO: O Rh: POS	RECIPIENT ABO: O Rh: POS	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE: 21 July 03
REMARKS: Ery 29 July 03		

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature)  AT (Hour) 0105 ON (Date) 21 July 03		POST-TRANSFUSION DATA AMOUNT GIVEN 1 unit ML TIME/DATE COMPLETED/INTERRUPTED 025 REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED TEMPERATURE 97.8 PULSE 120 BLOOD PRESSURE 110/50		
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.		If reaction is suspected - IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.		
1st VERIFIER (Signature)  2nd VERIFIER (Signature) 		DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		
PRE-TRANSFUSION DATA TEMP. 100 PULSE 126 BP 110/50		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____		
DATE OF TRANSFUSION 21 JULY 03 TIME STARTED 0120		SIGNATURE OF PERSON NOTING ABOVE 		
PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)		SEX M	Wt/Hgt 5'11" 175	

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 15193

Medical Record Copy

(b)(4)-4

b(2)-2

HOSPITAL REPORT OF DEATH		NAME AND LOCATION OF HOSPITAL				
FOR USE OF THIS FORM, SEE AR 40-2: THE PROPONENT AGENCY IS THE OFFICE OF THE SURGEON GENERAL.		[REDACTED]				
<p align="center">Instructions - Medical Officer in attendance</p> <p>Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.</p> <p align="center">Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.</p>						
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)		2. TIME OF DEATH (How-day-month-year)				
NAME unknown [REDACTED] b(w)-4		0212				
		3. MEDICAL EXAMINER/CORONER'S CASE				
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
		4. RELIGION				
		Muslim				
		5. CHAPLAIN NOTIFIED				
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
		6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH				
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury, or complication which caused death)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DUE TO (or as a consequence of)						
Hemorrhagic Shock						
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)						
Gsw to Abdomen						
(2)						
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT						
a.						
b.						
b(w)-2						
9. DATE	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE				
21 Jul 03	[REDACTED] MD	[REDACTED]				
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)		
<input type="checkbox"/> YES <input type="checkbox"/> 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 1 OCT 72

REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED.

U.S. GPO: 1967-418-290/55263

MEDCOM - 15194

**BATES PAGE MEDCOM 15195 HAS BEEN WITHHELD IN ITS
ENTIRITY PURSUANT TO FOIA EXEMPTIONS 6 AND 7, 5 U.S.C.
552(B)(6) AND (B)(7)(C).**

Photo depicting Deceased

MEDCOM - 15195

1. REPORTING MTF						2. LOCATION		ADMISSION AND CODING INFORMATION																																																																																																			
1	2	3	4	5	6	7	8	For use of this form, see AR 40-400; the proponent agency is OTSG																																																																																																			
A	1	1	D	1		I	Z	3. REGISTER NUMBER <i>b(6)-4</i>										NAME (Last, First, Middle Initial)		4. PAY GRADE		5. SEX																																																																																					
[REDACTED]						EPW # [REDACTED]						<i>b(6)-4</i>		16		17		18																																																																																									
[REDACTED]						[REDACTED]						EPW		M																																																																																													
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION			8. RACE		9. ETHNIC		RELIGION																																																																																														
19	20	21	22	23	24	25	26	27	28	29	30	31	BACK-GROUND																																																																																														
7	7	7	7	7	7	7	7	2	5	4	X	9	UNK																																																																																														
10. LENGTH OF SERVICE						11. FMP			12. SOCIAL SECURITY NUMBER																																																																																																		
ETS						35			36			37																																																																																															
[REDACTED]						9			9			[REDACTED]																																																																																															
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS			HOUR OF ADMISSION		BRANCH / CORPS																																																																																																
[REDACTED]						46			0032		<i>b(6)-4</i>																																																																																																
14. FLYING STATUS						15. BENEFICIARY CATEGORY						16. ZIP CODE OF RESIDENCE																																																																																															
47						50						53																																																																																															
[REDACTED]						K 7 8						7 7 7 7 7																																																																																															
17. UNIT LOCATION (State or Country Code)						18. MOS						19. TRAUMA		PREV. ADMISSION																																																																																													
62						64						71		YEAR																																																																																													
[REDACTED]						[REDACTED]						1		<input checked="" type="checkbox"/> NO																																																																																													
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION						WARD		NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE																																																																																																			
72						[REDACTED]		UNK																																																																																																			
[REDACTED]						[REDACTED]		ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)																																																																																																			
[REDACTED]						[REDACTED]		UNK																																																																																																			
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY						TELEPHONE NUMBER OF EMERGENCY ADDRESSEE																																																																																																					
[REDACTED]						UNK																																																																																																					
21. TYPE OF DISPOSITION						22. MTF TRANSFERRED TO						23. DATE OF DISPOSITION (YYMMDD)																																																																																															
73						75						81																																																																																															
4 2 30						[REDACTED]						0 3 0 7 2 1																																																																																															
24. CLINIC SVC - ADMITTING						25. MTF TRANSFERRED FROM						26. DATE THIS ADMISSION (YYMMDD)																																																																																															
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27. LOCATION OF OCCURRENCE (Battle Casualty Only)						28. MTF OF INITIAL ADMISSION						29. DATE INITIAL ADMISSION (YYMMDD)																																																																																															
103						105						111																																																																																															
[REDACTED]						[REDACTED]						[REDACTED]																																																																																															
FOR LOCAL USE																																																																																																											
hemorrhagic shock, GSW to abdomen																																																																																																											
<table border="0"> <tr> <td>Dr</td><td>9584</td><td>Pr</td><td>5411</td><td colspan="14">Inj Trauma</td> </tr> <tr> <td></td><td>90210</td><td></td><td>8703</td><td colspan="14">450</td> </tr> <tr> <td></td><td>29912</td><td></td><td>8744</td><td colspan="14">Cause death 1</td> </tr> <tr> <td></td><td></td><td></td><td>9904 x10</td><td colspan="14">Blood : No</td> </tr> <tr> <td></td><td></td><td></td><td></td><td colspan="14">Aut : No</td> </tr> </table>																		Dr	9584	Pr	5411	Inj Trauma															90210		8703	450															29912		8744	Cause death 1																	9904 x10	Blood : No																		Aut : No													
Dr	9584	Pr	5411	Inj Trauma																																																																																																							
	90210		8703	450																																																																																																							
	29912		8744	Cause death 1																																																																																																							
			9904 x10	Blood : No																																																																																																							
				Aut : No																																																																																																							
ADMITTING OFFICER (Signature) [REDACTED]																																																																																																											
ADMITTING CLERK [REDACTED]																																																																																																											

MEDCOM - 15196

INPATIENT TREATMENT RECORD COVER

For use of this form, see AR 30-490; the proponent agency is 6

1. NAME (Last, First, MI) [REDACTED] b6 b7C										9. GRADE 1	ADMISSION REMARKS
2. SEX M		3. AGE 21		4. RACE N		5. RELIGION M		6. LENGTH OF SERVICE 1		10. PREVIOUS ADMISSION NO	ADMITTING OFFICER
7. EMP NO. [REDACTED]	8. SSN [REDACTED]	11. ORGANIZATION [REDACTED]	12. BRANCH/CORPS [REDACTED]	13. UIC/ZIP [REDACTED]	14. WARD 1002	15. TYPE CASE [REDACTED]					
16. DUTY STATUS [REDACTED]	17. DUTY DSG [REDACTED]	18. DEPT/ BEN 1749	19. BRANCH/CORPS [REDACTED]	20. UIC/ZIP [REDACTED]	21. SOURCE OF ADMISSION AUTHORITY FOR ADMISSION Direct from ER 1740	22. HOURS OF ADMISSION [REDACTED]	23. CLINIC SERVICE [REDACTED]	24. NAME (Last, First, MI) OF EMERGENCY ADDRESSEE [REDACTED]	25. TYPE DISPOSITION ER Camp	26. DATE OF DISPOSITION 030724	ADMITTING OFFICER
27. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) [REDACTED]	28. TELEPHONE NO. [REDACTED]	29. DATE OF THIS ADMISSION 030723	30. DATE OF INITIAL ADMISSION [REDACTED]	31. UNITS IN WHOLE BLOOD COMPONENT TRANSFUSED [REDACTED]							
32. CAUSE OF INJURY [REDACTED]											
33. DIAGNOSES, OPERATIONS, AND SPECIAL PROCEDURES Dx: S/P Ex Fr @ Humerus non-healing											
34. Total Days This Facility											
a. ABSENT SICK DAYS 0	b. OTHER DAYS 0	c. COMV LICOOP CARE DAYS 0	d. SUPPLEMENTAL CARE DAYS 0	e. BED DAYS 4	f. TOTAL SICK DAYS 4						
35. Total Days All Facilities											
a. ABSENT SICK DAYS [REDACTED]	b. OTHER DAYS [REDACTED]	c. COMV LICOOP CARE DAYS [REDACTED]	d. SUPPLEMENTAL CARE DAYS [REDACTED]	e. BED DAYS [REDACTED]	f. TOTAL SICK DAYS [REDACTED]						
SIGNATURE [REDACTED]											

b(2)-2

Check if Committed on Inmate

b(2)-2

MEDICAL RECORD

PROGRESS NOTES

DATE

NOTES

23 July 03 Rec'd pt from EMT @ 1815 pt ambulatory, gait steady.
 1830 VSS (R) arm c full ROM (+) pulse. (W) arm c ex fix slight
 movement of fingers (+) sensation. Lungs CTA, abd
 soft non-tender BS (+) x4 quads. BLE c full ROM (+)
 pulses. (+) IV access unobscured @ this time. pt has
 orders for OR in am. (+) c/o pain/discomfort voiced
 @ this time. Will cont to monitor — [redacted] Allwmp

23 July 03 Rec'd c/o pt @ 21:00. Restraints x 2 (+) ankle. VS WNL per
 2389T flow sheet. Pt awake/alert in bed. Skin w/d. PERRLA WNL
 LCA (+) BSA (+) x4 (+) PPP (+) arm ex fix in place. (+) exude
 @ pin sites. (+) (+) EAD pulse. (+) < 3 sec cap refill. (+) ROM
 passive/active. Encouraged to perform ^{passive} passive and active
 ROM to digits/wrist. c/o pain @ this time will cont to
 mon. HL (+) F/A patent [redacted] DT/MD [redacted]

24 July 03 0555 Assume pt case @ 0500. pt alert easy
 to awake. No c/o pain or discomfort @ this time. VSS
 HR reg Lungs CTA. Abd soft non-tender nondistended
 BS x4. NPO per OR today. Ex-fix (+) UE intact open
 to air. (+) sensation (+) pulse (+) movement below ex fix.
 D5NS @ 125 c/hr infusing to (+) AC 5 s/s redness/infiltration
 Will continue to monitor [redacted] Allwmp

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME				MEMBER
	LAST	FIRST	MI	ISSN or Other	

DEPT/SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT
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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)	REGISTER NO.	WARD NO.
---	--------------	----------

EPW
 # [redacted] 4

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

b(6)-2
A11

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

PROGRESS NOTES

DATE NOTES

24 July 03 Pt stable at this time & complaints. AAOx3:
1430 PERUA. Mucous membranes pink and intact.
Neck supple, FROM Lung CTA bilat, & resp
distress. NSR. Abd soft, non-tender, bowel
sounds active x4 quads. @ arm external
fixator intact. Skin around pins CDI.
@ arm weak, poor strength to @ hand.
Good pulses and brisk cap refill to
all 4 extremities. Good strength to @
arm and bilat LE.

24 July 03 Rec'd c/o pt @ 21:00. VS WNL per flow sheet. Restraints
0040 x2 @ wrist @ ankle. Pt sleeping in bed. Easily awakened
skin w/D. PIVC D5NS @ 125cc/hr. @ arm ex fix in
place pin sites @ sxs infection. All other assessment
finding WNL. ^{erron} to @ clo pain @ this time will cont
to men. [REDACTED] DT/AW

25 July 03 0900 - Pt alert lying in bed, @c to O2. VSS,
lung CTA, HR reg, BS @ IV to @ AC = OSNS
@ 125cc/hr. Ext fix intact to @ arm, @ sensation
able to wiggle fingers, warm to touch. Voicing
& complaints will cont to men. [REDACTED]

#P TO SPONSOR SPONSOR'S NAME (LAST, FIRST, MI) SPONSOR'S ID NUMBER (SSN or Other)

RVICE HOSPITAL OR MEDICAL FACILITY RECORDS MAINTAINED AT

IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) REGISTER NO. WARD NO.

E.F.W. [REDACTED] b(6)-4

PROGRESS NOTES Medical Record STANDARD FORM 509 (R)

b(6)-2
All

DATE	NOTES
25 July 03 1330	- Assumed pt care. VSS. Lungs and chest Bilateral. BSx4. PT has good pulse normal function to all extremity except the (L) Arm. (R) ROM to (L) Arm ex-fix. Cap Ref +2 sec. Limited ROM to (L) Arm. (L) sensation felt. IV D5LR @ 125cc/hr in (R) Arm CDI + (L) S/S of infection. PT is awaiting transfer to O.R. Will cont to monitor. [REDACTED] [REDACTED]
25 July 03 22:38	Rec'd clo pt @ 21:00. Restraints x2 (L) (R) Ankles. VS WDL per flow sheet. Awake and alert in bed. PEPRLA (L) Skin WDL W/D. LCA (L). BSx4. (L) PPP (L). PIV (L) AC D5NS @ 125cc/hr. (L) arm ex-fix in place. 1 st and 2 nd Proximal pinsites c sm. amt drainage noted. 3 rd -4 th distal pins 5x5 infection. c/c pain @ this time. Will cont. to monitor. [REDACTED] [REDACTED]
26 July 03 0600	Assume pt care @ 0500. PT asleep easy to awake. No c/c pain or discomfort @ this time. NS @ 125cc/hr to (R) AC no S/S redness/infiltration. Pharmacy to bring new bag D5NS as ordered. LUE ex-fix intact. No drainage noted @ this time. (L) movement to fingers (L) pulse. Limited ROM to (R) wrist. VSS. HR reg lungs CTA. Abd soft BSx4. Will discuss plan c Dr. [REDACTED] today. Will continue to monitor white blood cells. 0615 Replaced NS c D5NS as ordered. [REDACTED] 0835 pt will be NPO p MN tonight for OR tomorrow for removal of ex-fix [REDACTED] 1430 Pt stable at this time. AFD x3. PEPRLA. Lungs CTA. Bilateral clear distal. NSR. Abd soft non-tender, bowel sounds active x4 quadrants. Ex fix site CDI

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1 00

MEDCOM - 15200

PROGRESS NOTES

NOTES

26 July 03 1930 (cont)
 (L) hand to minimal movement and sensation. 0 complaints. 0 IV access will discuss need for fluids on rounds [redacted] 10/10
 5:30:30 Rec'd c/o pt @ 01:00. Restraints x 2 @ 01:00 ankles. VS WNL per flow sheet. Awake/alert in bed. PE RRLA @ WNL. LCA @ BS @ x4 @ PR @. HR reg 5/5 @. 0 T ext ex-fix intact. pin sites @ crusting @ insertion sites. @ x pitting edema. 0 ROM/limited @ < 3 sec cap refill @ sensation to wrist and digits @ HAND. x c/o pain @ this time will cont to mon. [redacted] 10/10-2

27 July 03 0650 Assume pt care @ 0500. Pt awake and alert. No c/o pain or discomfort @ this time. VS NS @ 125 cc/d to @ FA no s/s redness infiltration. Ex-fix to LUE intact. Crusting noted @ pin sites. VSS. HR reg. Lungs CTA. Abd soft BS x4. Amb 5 difficulty. NPO per OR today. Will continue to monitor [redacted] 10/10-2

27 July 03 1200 pt transferred from ICU2 via stretcher. VSS. B/P 104/76 P 68 R 14 Temp 97.6. 0 UE in all wrap. @ movement @ pulse @ sensation. Limited ROM to 0 Wrist. No c/o pain [redacted] 10/10-2

SPONSOR'S NAME		REGISTER NO	
FIRST	MI	LAST	
HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	
REGISTER NO		[Signature]	

EPW
 # [redacted] 10/10-4

PROGRESS NOTES
 Medical Record
 STANDARD FORM 509
 Prescribed by 2852 (FORM 10-64) (REV. 1-65)

27 Jul
1005 A

Op Note
Df @ humerus fx
Rt Ex Fix Nerve
Sugar Guzm
G.S.S.A

b/w-2A
[Redacted]
MAT Guzm

17 Jul 03 assumed care @ 1300 - V.S.S. - no/clo
1400 pain @ this time - SL patent, tol.
regular diet for lunch - dsq. COT on
② upper arm, arm in sling - neuro's
WNL on ② hand

2245 pt care assumed @ 2100. V.S.S. HR Reg, lungs CTA
BS OXY. SL patent. Dsng to ② flex intact
② arm in sling. neuro's ② hand WNL to ↓
grip strength. Will cont. to monitor.

28 July 03
0800

V.S.S. A. awake & alert in bed. ̄ complaints. HR Regular, lung sounds
clear bilat, bowel sounds (+) x 4 quads. HL in ② FA'S ds of infection, flushed
well ̄ 3cc NS. ② arm in cast restricted ̄ sling. ② arm ̄ digits with very
limited rom, grip ̄ minimal strength, (+) sensation, cap refill < 3 sec,
(+) radial pulse. All other assessment findings WNL. Will continue
to monitor.

SPONSOR'S NAME		[Redacted]	
FIRST	MI	[Redacted]	
HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	
REGISTER NO		[Redacted]	

[Redacted] EPW

PROGRESS NOTES
Medical Record
STANDARD FORM 509
Prescribed by GPO: 1975 O-300-000-000-000

July 03
1400

Pt stable at this time. No complaints. AAOX 3.
Lungs CTA bilat, No resp distress. N&P. Abd soft,
non-tender, bowel sounds active x 4 quads.
Cast to (L) UE intact pt is good strength to
(L) hand. Buse cap refill and strong pulses
x4 extremities. Pt awaiting transport to
EPW camp. _____ ^{plut} [redacted] T/P

1700

Pt discharged to EPW camp. Pt took meds, X-rays
and discharge summary. Pt restrained in
restraints and escorted by MP. _____ T/P

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
23 Jul	Ortho Consult		
	y/o ♂ Tragi EPW, slp ? GSW		
	⊙ humerus Ex Frx @ Tragi Hospital		
	~ 2 1/2 months ago. Apparently ♂ P/U.		
	Sent here from EPW camp for eval.		
	clo. ↓ use use, ↓ movmt. ♂ pain.		
	⊙ P/U, ⊙ drainage		
	⊙ pm P/s above ♂ med <u>NEDE</u>		
	⊙ use Ex Frx + humerus, healed A-C sec		
	PT C = D ♂ 552		
	⊙ TIP		
	Elbow ROM 60° → 100°		
	mm P/S		
	Vx 2+ RP, brst CR		
	par effort but ⊙ R or U. noted		
	mm flex digits, v. stiff throughout		
	⊙ CT P/U, ↓ med		
	increase w/stry of hand		
	↓ ↓ ↓ ↓		

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

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record
 STANDARD FORM 600 (REV. 8-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
	<p> <u>KP</u> commented with sheet humors of evidence of cells loss plan? revolutionary part 2 </p>
	<p> (19) humors ~ 10 wbs s/p Ee Frt, new i delayed / non-warrior, possible rebel in other way </p>
	<p> (20) will discuss the options via interceptor & plan </p>
	<p> [REDACTED] blue 2 [REDACTED] </p>

MEDICAL RECORD

PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

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

1. AGE: 20

HEIGHT: } unknown
WEIGHT: }

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

NKDA

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

Ext. Fix Humerus, Scrotal sx

4. PROPOSED SURGICAL PROCEDURE:

Ex Fix removal Humerus

5. ADDITIONAL INFORMATION: Last PO: Medical Hx: poly. subst. abuse Implants: Ex Fix LUE Medications:
Jewelry removed: yes/no Family waiting: yes/no

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

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

 bliss-4

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

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

b1(a)-2 [Redacted] CPT 1000 27 July 05 DATE

11. POSTOPERATIVE EVALUATION:

BMC side: N/A
 Breathing: extubated
 Drsg. clali

12. PREOPERATIVE EVALUATION PREPARED BY (Signature)

[Redacted Signature] b1(a)-2
 TIME: 0027

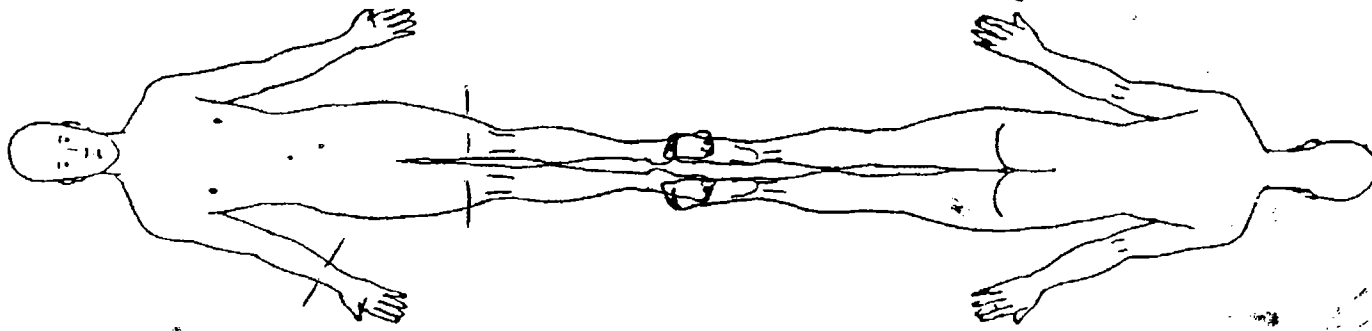
13. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title)

[Redacted Signature] CPT 1000
 DATE: 27 July 05 TIME: 1015

JUN 91

USAPA V1.01

b(1)(c)-2 A11

MEDICAL RECORD		INTRAOPER. DOCUMENT	
For use of this form, see AR 40-66, the prop. agency is the office of The Surgeon General.			
1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>Litter</u> BY <u>Anesthesia</u>		2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY <u>LT [redacted] 1 CPT [redacted]</u>	
3. DATE <u>27 July 03</u> TIME PATIENT ARRIVED IN SUITE <u>0940</u>		4. PATIENT IN ROOM TIME <u>0940</u> NUMBER <u>2-4</u>	
5. PREOPERATIVE EMOTIONAL STATUS			
<input checked="" type="checkbox"/> CALM <input type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> OTHER (Specify)			
COMMENTS: Allergies: <u>NKDA</u>			
6. NURSING PERSONNEL			
ASSIGNED SCRUB	<u>SSG [redacted]</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>CPT [redacted]</u>	RELIEF CIRCULATOR	
7. POSITION AND POSITIONAL AIDS (Specify)			
<input checked="" type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE LATERAL: <input type="checkbox"/> LEFT SIDE UP <input type="checkbox"/> RIGHT SIDE UP			
COMMENTS: <u>proper body alignment maintained</u>			
8. SKIN PREPARATION			
HAIR REMOVAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT METHOD: <input type="checkbox"/> DEPILATORY <input type="checkbox"/> RAZOR <input type="checkbox"/> CLIP		PREP SOLUTION (Specify) <u>Betadine Paint</u> SITE: <u>Damn plusites</u> BY WHOM: <u>[redacted]</u> SITE: BY WHOM: <u>[redacted]</u>	
COMMENTS:		COMMENTS: <u>no pooling or skin reaction</u>	
9. LOCATION OF EXTERNAL DEVICES			
			
LEGEND X Ground Pad -- Safety Strap === Tourniquet			
C = Correct I = Incorrect			
10. COUNTS		Other**	Final Closing Count
Sponge	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Needle Sharp	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Instrument	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)		12. ELECTROSURGERY DEVICE(S) (ESU) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
# <u>[redacted]</u> <u>b(1)(c)-4</u>		<input type="checkbox"/> ESU NO: _____ GROUND PAD: BRAND _____ LOT NO: _____	
		<input type="checkbox"/> ESU NO: _____ GROUND PAD: BRAND _____ LOT NO: _____	
		<input type="checkbox"/> BIPOlar NO: _____	

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

14. MEDICATIONS/ORDERS

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

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

OTHER ORDERS	TIME	CARRIED OUT BY
<i>none</i>		

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES NO IF YES, SITE *② arm C-arm*

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES NO

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

18. DRESSING/IMMOBILIZATION (Specify)
Fluffs Kerlix Webbie Fiberglass Cast

19. ADDITIONAL INFORMATION
 WC
 Surgeons: *[Redacted]* Anesthesia: *[Redacted]* Anesthesia Type: *general*
 Bovie Pad site intact pre-op _____; post-op _____ Bovie Settings: Coag/Cut *NIA*
- DA 5179 Initiated

20. OPERATION(S) PERFORMED
Ex-Fix Removal ② humerus

21. PATIENT TRANSFERRED TO *ICU 2* TIME *see 2A7389* METHOD *Litter*

22. REGISTERED NURSE SIGNATURE *[Redacted]*

MEDICAL RECORD		VITAL SIGNS RECORD											
HOSPITAL DAY													
POST-	DAY												
MONTH-YEAR	DAY												
July 2003	23	24	25	26	27	28	29	30	31	1	2	3	4
PULSE (O)	HOUR												
80	1800	80	1800	80	1800	80	1800	80	1800	80	1800	80	1800
TEMP. F (°)	TEMP. C												
105°	40.6°												
180	40.0°												
170	39.4°												
160	38.9°												
150	38.3°												
140	37.8°												
130	37.2°												
120	37.0°												
110	36.7°												
100	36.1°												
90	35.6°												
80	35.0°												
70													
60													
50													
40													
RESPIRATION RECORD													
R 46	46	46	46	46	46	46	46	46	46	46	46	46	46
BLOOD PRESSURE													
110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70
HEIGHT:	WEIGHT →												
5'0"	97.2	5'0"	97.2	5'0"	97.2	5'0"	97.2	5'0"	97.2	5'0"	97.2	5'0"	97.2
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)		REGISTER NO.						WARD NO.					

(Centigrade Equivalents, for Reference only)

Record special data only when so ordered

[Redacted] bca-4

VITAL SIGNS RECORDS
Medical Record

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

MEDCOM - 15210

ICU 2/ICW

MEDICAL RECORD - ANESTHESIA/ For this form, see AR 40-66; the proponent agency is OTSG

ANESTHETIC AGENTS AND DRUGS CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MG/CMIL "I" = CONSTANT INFUSION	DRUG	(Units)											TOTALS	TOTAL EBL		
		Versed	(2)	2											2	mod
	Propofol	(3)	200											200		
	Mysol	(4)	2											12	TOTAL URINE	
	Lidocaine	(3)	50												N/A	
	VOLAT AGENT	Sev	% del	2.0-2.5X											FLUIDS SUMMARY	
			% e.l.												CRYSTALLOID- 300	
	AIR	L/Min													COLLOID-	
	N2O	L/Min													BLOOD-	
	O2	L/Min		10-3-10												

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS - Ancef 2, JPB X

FLUIDS	LINE site	Warmed	REMARKS
	18g (D)	<input type="checkbox"/>	Code drugs with numbers, events with letters
		<input type="checkbox"/>	0930 At id by TA
		<input type="checkbox"/>	to OR via litter
		<input type="checkbox"/>	0940 In room, @
		<input type="checkbox"/>	monitors, @ O2,
		<input type="checkbox"/>	smooth IV push
		<input type="checkbox"/>	0942 Procedure start

LOSSES EST BLOOD LOSS URINE - Not measured

PHYS. STATUS	TIME														
		0930	45	1000	15	30									
BODY WEIGHT	KG	60													
BP by cuff	BP	110/60													
HEMATOCRIT	Hematocrit	N/A													
INITIAL DATA	Heart rate	72													
BP	Resp rate														
HR	BR (transduced)														
EQUIP CHECK	TOURNIQUET														
OK? (Y) N	ANES - X-X														
PATIENT CHECK	PROC - (X)														
OK for PROCEDURE	TIME	0930													

MONITORS/ACCESSORIES	VENTIL	VT - ml	300	200	300											
		f - breaths/min	32	21	16											
	Peak inf pres / PEEP															
	MODE - Spon, Assist, Clon															
	BP/Auto Cuff	X	ET CO2 (torr)	40	45											
	BP/oth	X	FIO2 (Frac or %)	0.78	0.78	0.78										
	ART line	X	SpO2 (%)	100	100	100										
	Steth- PC/ES	X	ECG	SR	52	53										
	Gas analyzer	X	TEMP-site	Available												
			N-M Block (T/4)													
	Warming blkt															
	Conv warmer															

EVENTS Position -> at ->

PROCEDURES and CPT Codes: Removal Ex-Fix (L) Humerus

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical Facility
EAW # [redacted]

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
GA

AIRWAY MANAGEMENT: Intubation/route, blade, technique, comments
#4 Proseal LMA nasally x 7 attempt 5 diff. Exs taped

SURGEONS: [redacted] CRWA

PROCEDURE LOCATION: OR 2
DATE: 27 Jul 03

PAGE 1 OF 1

ICU2/ICW

ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 20 DAYS MOS YRS Sex (X) MALE () FEMALE

PROPOSED PROCEDURE: Removal
SURGICAL SERVICE: Ortho
NPO SINCE: MID

ASA Physical State 1 2 3 4 5 E
WT: 65.7 KG/145 LB HT: IN.
ALLERGIES: NKDA

HABITS: TOBACCO: (2)
ETOH: (2)
DRUGS:
CURRENT MEDICATIONS:
PREMEDICATIONS:
LABORATORY STUDIES:
HB/HCT:
U/A:
OTHER:

PREOPERATIVE PAST MEDICAL HISTORY/SYSTEMS REVIEW
Cardiovascular: Hypertension, Angina, MI, CVA, Other
Pulmonary System: Asthma, Bronchitis/URI, COPD, Other
Renal System: Acute/Chronic RF
Gastrointestinal: Hepatitis, Hiatal Hernia, PUD/GERD
Endocrine System: Diabetes, Steroids, Thyroid
Neurological: Seizures, Neuropathy, Other
Gynecological: Pregnancy
Other Significant Hx: S/P Ex Fract Humerus
Familial HX

ASSESSMENT PAST SURGICAL/ANESTHETIC
May 2003 L Humerus 5x
PHYSICAL EXAMINATION
BP 60 HR 72 R 19 T 99
Pain Scale 0-10
HEENT - Teeth Removable & Dentures
Trachea Mid 2.5 FB
TMJ/Neck MPE
Oropharynx MPE
CHEST: (P) BBS (F) CTA
CARDIAC:
EXTREMITIES:
IV Access: 18g (B) Arm
Ulnar Filling:
BACK:
OTHER:
NPO Since MID

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

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

The patient/legal guardian seems to understand and agrees. Questions answered.
Signed: [Signature] Date: 27 July 03 Time: 0815 Hrs

POST-ANESTHESIA EVALUATION AND NOTE (NON ASU)
() NO APPARENT ANESTHETIC COMPLICATIONS () OTHER
Signed: Date: Time: Hrs

Patient Identification: (Ward) ICU 2

EPW # [Redacted]
[Redacted]

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME OF ORDER NOTED AND SIGN
# [REDACTED]			23 Jul 03	1740 HOURS	
			Armit		
			Dist @ humerus non-unions		
			slp ex fix		
			ultra routine ✓		
			Activity as tol ✓		
NURSING UNIT	ROOM NO.	BED NO.	Dist regular now, NPO		7 MN
			6 W now		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			23 Jul 03	1250 HOURS	
			OP in AM		
			[REDACTED]		
			[REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
ICWZ			[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			23 Jul 03	21:55 HOURS	
			Δ Dist to Dist ✓		
			(25) center ✓		
			[REDACTED]		
			[REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
ICWZ			[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			26 JUN 03	0835 HOURS	
			- NPO p mn		
			OP tomorrow		
			[REDACTED]		
			[REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
ICWZ			[REDACTED]		

DA FORM 4256
1 APR 79

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

MEDCOM - 15214

blue-2 All

M.D. VR 2003

the reporting agency is the Office of The Surgeon General

RIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION																
ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED														
				23	24	25	26	27	28	29	30	31						
23 July	[REDACTED]	VS g shift	6	/														
			13	/														
			21	/														
23 July	[REDACTED]	Activity as tol	6	/														
			13	/														
			21	/														
23 July	[REDACTED]	Dut Reg - APO	6	/														
23 July	[REDACTED]	Reg diet	11	/														
			17	/														

D/C 28 July 03
[REDACTED]

ALLERGIES: YES NO

PRIMARY DIAGNOSIS: SIP ex fix
① humerus non-healing

ADDITIONAL PAGES IN USE: YES NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[REDACTED] blue-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIME

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

b/w-2

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)					Mo. 7 FEB 03					
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION										
ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	23	24	25	26	27	28	29	30	31
23 July	[REDACTED]	D5LR @ 125cc/hr @ MN for OR	6	/	/	/	/	/	/	/	/	/
			14	/	/	/	/	/	/	/	/	/
			21	/	/	/	/	/	/	/	/	/
23 July	[REDACTED]	D5NS @ 125cc/hr @ MN for OR	06	/	/	/	/	/	/	/	/	/
			14	/	/	/	/	/	/	/	/	/
			22	/	/	/	/	/	/	/	/	/
27 July	[REDACTED]	Ancef 1g IV q 8h	8	/	/	/	/	/	/	/	/	/
			16	/	/	/	/	/	/	/	/	/
			24	/	/	/	/	/	/	/	/	/
28 July	[REDACTED]	(HL) IV when tolerating po	06	/	/	/	/	/	/	/	/	/
			14	/	/	/	/	/	/	/	/	/
			22	/	/	/	/	/	/	/	/	/

ALLERGIES: YES NO PRIMARY DIAGNOSIS: S/P Ex Fix @ humerus non-healing

PATIENT IDENTIFICATION: # [REDACTED] b/w-4

DISPENSING TIMES: USE PENCIL. CIRCLE MED TIMES

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

[Redacted]

Post-Anesthesia Care Unit (PACU) Flow Sheet

Date: 27 Jul 03 Anesthesia Type (Circle): General Spinal Epidural
 Time: 0920 OR Intake: Crystalloid 300 IV Sedation Nerve Block
 Agency: NKPA Colloid _____ EBL _____
 Case #/S: 10160.72 OR Output: UOP 0
 Procedures: Removal Ext Fix Cast Meds/Times: _____
 Drains: Hemovac _____ NG _____ JP _____ T-tube _____ Foley _____ TLS _____
 Airway: Name _____ Size _____ Type _____ Date _____

Time	Temp	HR	RR	SpO2	BP	MAP	ECG	Other
0920	38.1	100	18	98	110/70	65	Normal	
0930	38.1	100	18	98	110/70	65	Normal	
0940	38.1	100	18	98	110/70	65	Normal	
0950	38.1	100	18	98	110/70	65	Normal	
1000	38.1	100	18	98	110/70	65	Normal	
1010	38.1	100	18	98	110/70	65	Normal	
1020	38.1	100	18	98	110/70	65	Normal	
1030	38.1	100	18	98	110/70	65	Normal	
1040	38.1	100	18	98	110/70	65	Normal	
1050	38.1	100	18	98	110/70	65	Normal	
1100	38.1	100	18	98	110/70	65	Normal	
1110	38.1	100	18	98	110/70	65	Normal	
1120	38.1	100	18	98	110/70	65	Normal	
1130	38.1	100	18	98	110/70	65	Normal	
1140	38.1	100	18	98	110/70	65	Normal	
1150	38.1	100	18	98	110/70	65	Normal	
1200	38.1	100	18	98	110/70	65	Normal	
1210	38.1	100	18	98	110/70	65	Normal	
1220	38.1	100	18	98	110/70	65	Normal	
1230	38.1	100	18	98	110/70	65	Normal	
1240	38.1	100	18	98	110/70	65	Normal	
1250	38.1	100	18	98	110/70	65	Normal	
1300	38.1	100	18	98	110/70	65	Normal	
1310	38.1	100	18	98	110/70	65	Normal	
1320	38.1	100	18	98	110/70	65	Normal	
1330	38.1	100	18	98	110/70	65	Normal	
1340	38.1	100	18	98	110/70	65	Normal	
1350	38.1	100	18	98	110/70	65	Normal	
1400	38.1	100	18	98	110/70	65	Normal	
1410	38.1	100	18	98	110/70	65	Normal	
1420	38.1	100	18	98	110/70	65	Normal	
1430	38.1	100	18	98	110/70	65	Normal	
1440	38.1	100	18	98	110/70	65	Normal	
1450	38.1	100	18	98	110/70	65	Normal	
1500	38.1	100	18	98	110/70	65	Normal	
1510	38.1	100	18	98	110/70	65	Normal	
1520	38.1	100	18	98	110/70	65	Normal	
1530	38.1	100	18	98	110/70	65	Normal	
1540	38.1	100	18	98	110/70	65	Normal	
1550	38.1	100	18	98	110/70	65	Normal	

Time	Solution	Amount	Site	By	Infused

Criteria	Post-Anesthesia Recovery score			
	ADM	30"	D/C	Order
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	2	2	2	AIRWAY
Airway (2) Cough, Deep Scream (1) Dyspnea, Shallow breathing (0) Apnea	2	2	2	ADMISSION
Blood Pressure (2) SBP \geq 90 of Pre-op (1) SBP \geq 70 of Pre-op (0) SBP \geq 50 of Pre-op	2	2	2	ADMISSION
Consciousness (2) Fully Awake, audible crying (1) Audible to verbal or pain (0) Unresponsive	1	2	2	ADMISSION
Color (2) Baseline color & appearance (1) pale, mottled, pallid (0) Cyanotic	2	2	2	ADMISSION
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Cardiac only, reliable pulse	2	2	2	ADMISSION
TOTALS. Minus the 8 or greater to D/C; otherwise needs anesthesia approval for D/C.	11	12	12	ADMISSION

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

DEPARTMENT/SERVICE/CLINIC: ICU2 DATE: 27 Jul 03
 PREPARED BY (Signature & I.D.): _____

PATIENT'S IDENTIFICATION (If or typed or written entries give: name, middle, grade, date, hospital or medical facility):
 Name - last: [Redacted] b(lu)-4

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

b(u)-2
All

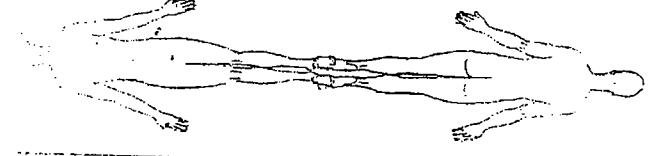
Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	IV	Spv

NEUROVASCULAR							
Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color

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

	C-SECTIONS						D/C
	Adm	15'	30'	45'	60'	90'	
nd. Height:							

DRESSINGS			
Time	Location	Type	Drainage



PACU OUTPUT			
Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?

10:30
 pt arrived via litter accompanied by anesthesia. O2 RB @ 10L pulse 67 100% easily auscultable arm ace wrap @ elbow dry & intact strong pulse immediate cap refill & no pain
 10:45 move fingers on (distally) warm pulse strong denies pain awake & alert
 11:00 awake alert moves affected extremely unguarded movement strong pulse immediate cap refill & no pain

Discharge Criteria:
 Date: 27 Jul 03 Time: 1130 PARS: 12
 BP: 99/44 T: HR: 67 RR: 16 SaO2: 98
 Pain Level at D/C (0-10):
 Intake: LE Output: \emptyset
 Additional Data:
 Transferred To: JW2
 Report Given To: SPA
 Transferred Via: WIC (Litter) Gurney Ambulance
 Transferred By: [Signature]
 Cleared IAW Rec: [Signature] SOP B-3
 Charge Nurse Signature:

INPATIENT TREATMENT RECORD COVER SHEET

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

1. NAME (Last, First, MI) [REDACTED] EPW # [REDACTED] b(6)-4		3. GRADE NA	4. ADMISSION REMARKS	
4. SEX M	5. AGE UNK	6. RACE UNK		7. RELIGION UNK
8. LENGTH OF SVC NA	9. ETS NA	10. PREVIOUS ADMISSION NO		
11. FMP 9/20	12. SSN [REDACTED]	13. ORGANIZATION N/A		14. WARD ICW2
15. FLYING STATUS NA	16. RATING: DSG [REDACTED]	17. BRANCH/CORPS NA	18. UIC/ZIP [REDACTED]	19. TYPE CASE NBI
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct from Emt		22. HOURS OF ADMISSION 1415	23. CLINIC SERVICE AAJA	
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE UNK		25. TYPE DISPOSITION 24	26. DATE OF DISPOSITION 10/6/03	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) UNK		27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION 7/27/03	
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [REDACTED] b(2)-2		30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED	
31. SELECTED ADMINISTRATIVE DATA [REDACTED]				

Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: SHRAPNEL s/p GSW back	T-4 PARA. DX: 80631 E9912	Trauma 9 Dijany 569
------------------------------	---------------------------------	------------------------------

35. Total Days This Facility

a. ABSENT SICK DAYS 0	b. OTHER DAYS 0	c. CONV. LVICOOP CARE DAYS 0	d. SUPPLEMENTAL CARE DAYS 0	e. BED DAYS 72	f. TOTAL SICK DAYS 72
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36. Total Days All Facilities

a. ABSENT SICK DAYS 0	b. OTHER DAYS 0	c. CONV. LVICOOP CARE DAYS 0	d. SUPPLEMENTAL CARE DAYS 0	e. BED DAYS 72	f. TOTAL SICK DAYS 72
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7. SIGNATURE [REDACTED] MEDCOM - 15221 [REDACTED] MEDICAL RECORDS OFFICER [REDACTED] b(6)-2

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
27 Jul 03	<p>3 hours ago convulsions - neck/chest</p> <p>140/40 R-18</p> <p>P-120</p> <p>pt alert - intended - gross quiescent</p> <p>had chest tube in chest</p> <p>Key - fragments of upper back</p> <p>Neck - colored -</p> <p>Subcut emphysema @ upper chest</p> <p>DS - blood</p> <p>S - 1/0 - placed -</p> <p>No rotation of legs -</p> <p>most of arm -</p> <p>400cc red blood cells</p> <p>convulsions - body - daily perkins - fully</p> <p>transfer - CMT -</p> <p>[REDACTED]</p> <p>Worm - ASM 23</p> <p>bleed - ? - BPAV</p> <p>Valium 5mg IV now - V.O. [REDACTED] PA [REDACTED]</p>

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

[REDACTED]

[REDACTED] b(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR

FIRMR (41 CFR) 201-9.202-1

MEDCOM - 15222

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (SIC, ICD, etc.)
13 Dec	Smy Valium IV given [redacted] bled-2
27 JUL 03 1509	SURBEM [redacted] b(2-c)
	Procedure
	① SC Cond's insert
	Strike selder technique
	Ica 1% Xylocas
	excellent Verovs return +
	easy flush.
	Stored in place
	DSD placed
	Tot. well. [redacted] bled-2
	[redacted] MAT [redacted]

[redacted]

bled-4

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
27 Jul 03 1545	<p><u>Neurology Consult</u></p> <p>HPT. 26 yo @H Iraqi ♂ transferred apparently from an Iraqi hospital for further tx of a GSW to the back. The pt reports he was drunk on whisky last night when he saw a U.S. check point + was shot. He believes he was hit by 1-3 bullets + since that time has had no sensation below his high chest, no LE or abdominal motor control, and no B/B control.</p> <p>He had a chest tube placed on the @ prior to arrival here + a unit of blood given at the Iraqi Hospital. The pt is c/o no pain currently.</p>
	<p>PMH of hospitalizations, surgery meds None PTA <u>NKDA</u> - non on dopamine drug Shtx mechanic</p>
	<p><u>PE</u> 110-127/48-53, 100, 14-20 GEN. Alert, corp Iraqi male in NAD i mult IV's, Foley, @ chest tube, O2 by NC, and having a @ central line placed when I initially observed him.</p>

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

EPW
[redacted]
blaw-4

[redacted] blaw-2

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9-202-1

[redacted] blaw-2
LIC [redacted]

MEDCOM - 15224

27 Jul 03

Neuro

HEENT AT/NC, ϕ Battle sign, ϕ Raccoon eyes, ORC clear
Neth, NT to palp, full ROM not done but no pain
on limited volitional neck movement. ϕ Bruits

lungs CTA anteriorly, \textcircled{L} chest tube, \textcircled{L} central subclav line
HT RRR \textcircled{L} \textcircled{R} (borderline tachy), full pulses.

Abd M. extnd BS, cft, flat, NT, ϕ masses

Genit at circ \textcircled{R} \textcircled{L} \textcircled{R} in, no priapism

Extrem ϕ deform

Rectal \textcircled{L} (basile) Anal wink \textcircled{R} , no volitional contraction
but good reflex contraction.

MS A+O x 4 \textcircled{L} gross deficits of cognition or language

CNVF-FIC x 4 qd \textcircled{L} , Fundi-benign, PRRLA $2.5 \rightarrow 2$, ϕ APD,
EOM I, ul paravista + saccades, ϕ ptosis, intact MM + MFE,
remainder intact in detail.

Motors ul tone in UE, flacid in LE. 5/5 strength in \textcircled{R} .

UE \textcircled{L} \textcircled{R} finger flexion + hand inextension (Abductors) are $4+/5$

No Abdv movement, intact finger dexterity

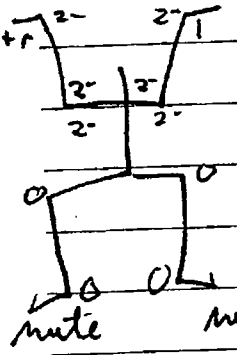
Sensory PT has a discrete level ~~at~~ dorsally + ventral
at about T2-T3 \textcircled{R} (appears sl higher anteriorly on the \textcircled{L})
 \textcircled{L} and posteriorly on the \textcircled{R}). PT has no position sense or

reliable vibratory sense in \textcircled{R} LE'S. Sensory levels
were marked on pt + dated/timed.

Coord Good F \rightarrow V

Reflexes See Anal wink above, on cremasteric testing his
penis moves when he is stimulated on the \textcircled{R} thigh (varish
on the \textcircled{L}) but there is only a hint of scrotal movement

(cont'd)



STANDARD FORM 600 (REV. 6-97) BACK

FPI. LEX. Printed on Recycled Paper

BPW # [redacted] b101-4

UC [redacted] b101-2

MEDCOM - 15225

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

27 July 73 Nerve @
only c stim on the @. No superficial or Abdominal reflex. Did not check Beavers sign etc of segments in spine.

Assessment

1. Traumatic myelopathy, T2 complete 2° to GSW
It is unclear at this time if the pt has had his high T-spine cord severed or just contused. Thus, it is hard to give an accurate prognosis at this time. We have no MRI and our CT scanner has been broken > 1 week. He appears to have mild cord shock but is relatively stable on his dopamine drip.

Plan

1. Neurosurgery eval pending. Have discussed case with [redacted]

b(6)-2

b(6)-2

[redacted]
VIC [redacted]

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

EPW # [redacted]
b(6)-4

[redacted]
b(6)-4

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

MEDCOM - 15226

blud - 2
A11

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
27 JUL 03 1857	<p>Neurosurgery Procedure Lumbar drain placed at L4-5 CSF Serous sanguinous. Drain set for 20 cc/hr. Will observe thoracic drainage.</p>
	<p>[REDACTED] 4797</p>
28 Jul 03	<p>0500 Assumed care Reduced Dopamine to 12mcg/kg/min for BP 127/55 MAP 81. \downarrow O₂ @ 2L via NC O₂ sat 99%. Pt sleeping comfortable \bar{c} no complaints @ this time VS stable. Will continue to monitor. [REDACTED] ILT/AJ</p>
	<p>0530 - Pt Alert follows commands. VSS S1-S2 SB 50's afebrile skin warm & dry capillary refill < 3sec #2 pulses x4 Chest tube @ side to continuous suction. Small drainage. Lungs CIA @ diminished @ side 2L NC O₂ 99%. NPO Hypoactive BS & BM, play to gravity draining clear yellow urine & sediments. Lumbar drainage clear @ to 20cc/hr. Dressings C&T. Will continue to monitor floor & follow plan of care [REDACTED] ILT/AJ</p>
0930	<p>\downarrow Dopa @ 10mcg/kg/min. \downarrow [REDACTED]</p>
1020	<p>\uparrow Dopa @ 11.5mcg/kg/min. 10:45 Chest tube [REDACTED]</p>
1100	<p>Moved pt @ side position. O₂ via NC @ [REDACTED] ILT/AJ</p>
1230	<p>Tylenol 650mg given for H/O. Pt requested to [REDACTED]</p>
1300	<p>Transferred to bed #1 1400 Dopa 11.5mcg/kg/min 1600 Dopa 10.5mcg</p>
1600	<p>HOB 45° dressing changed [REDACTED]</p>

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE: 27 July 03
1555

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

Pt arrive from EMT @ 1530. Pt alert, oriented ~~to~~ per interpreter. PERPLA 3mm. Able to move upper extremities \bar{c} slight left side weakness. \emptyset sensation below nipple line. unable to move legs or L/E. MSR 1/2 90-100's. BP 90/40's. Papuanus started @ 5mg/kg/min via $\textcircled{1}$ peripheral IV to positive blood backflow and easily flushed. $\textcircled{2}$ SC cardiac started $\textcircled{3}$ blood flow, pushes easily $\textcircled{4}$ STS inhibition. VTA palpable CXR $\textcircled{5}$ this time. Clinically verified placement and started Papuanus via Ct. currently infusing 7 mg/kg/min to maintain maps > 70 . pulses palpable $\textcircled{6}$ Ball of foot. $\textcircled{7}$ 2 20k in-brain ocular via $\textcircled{8}$ Biop. IS clear, diminished $\textcircled{9}$ side. CT to suction $\textcircled{10}$ chest. Subconjunctiva fluid. Sats 97% on $\textcircled{11}$ WNC. B/B $\textcircled{12}$ clear urine via $\textcircled{13}$ phy. $\textcircled{14}$ 155. Tm 99.9. (105 per EMT) Pt resting on back. Spinal precautions. $\textcircled{15}$ Scapula entry wound not visualized $\textcircled{16}$ this time. Will off to transfer

DATE: 27 JUL 03
1648

Neurosurgery. b(6)-2

See also Dr. [REDACTED] Neurology consult.

Exam finds paraplegia complete, consistent with his penetrating cervicothoracic injuries. CSF is leaking from both major wounds.

Impression: $\textcircled{1}$ Paraplegia. $\textcircled{2}$ CSF leak.

Plan: $\textcircled{1}$ No steroids presented too late. $\textcircled{2}$ Will need lumbar drain. b(6)-2

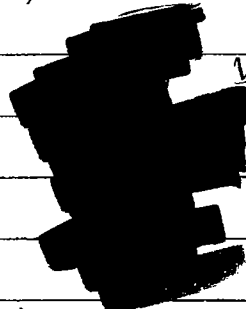
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP	4797
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			WARD NO.

EPW [REDACTED] b(6)-4

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

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
28 JUL 03	Neurosurgery Drain #2
0809	<p>(P) VSSA. Drain output 6-20/hr. Nr 133. WBC 11.7 Awake. Remains paraplegic. Dressing - moderate CSF drainage.</p>
	(A/P) GSW T-Spine = paraplegia (complete) - Stable.
	Lumbar drainage.
	Dressing d.
	Monitor for infection/hypo kalemia.
28 July 03	Surg
1845	VSSA Ref on Dopamine
	CT output minimal
	cont Dopamine 11.5 µg/kg/hr.
	will try to wear in an.
Danzon	11.7/34.6/199. (33/103/7) (172)
Panish	3.9/23/1.0
	Place CT on water seal - Appl 6°



b(6)-2
4797

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	b(6)-2
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.



b(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record

STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR FIRM (41 CFR) 201-9.202-1

MEDCOM - 15229

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
<p>7/19 7/28/03</p>	<p>assumed care - pt. assessment completed skin: warm + dry, normal for race. Pt. Alert + follows commands. Pupils 3mm bilateral. Pt. has FRAM in UE. Radials + pedals +3. Heart sounds S₁ + S₂ NSR. Resp. even + unlabored ± no distress. @ base diminished. Abd. soft, non-tender. Urine clear ± Foley to gravity. Hypo BS. IV @ Bi. Lumbar drain to gravity ± 151cc an hour average. drainage clear will cont to monitor. CT to gravity ± water seal. no drainage noted. Pt. resting well @ this time. will cont to monitor.</p>
<p>b(6)-2 2217 28 July 03</p>	<p>Transported pt via litter to XRAY @ 1900. Pt. tolerated well.</p>
<p>29 July 03</p>	<p>VSS Pt resting well @ this time. Pt had @ clofain at this time.</p>
<p>7/29/0300</p>	<p>Assumed pt care from [redacted] @ approx 0530. Pt resting quietly in no apparent distress @ change of shift. DS 1/2 ± taken using @ 100cc/hr, paper @ 12.5 mg/kg/hr, lumbar drain intact, foley to gravity. SpO₂ 91% on RA. Pt alert appears oriented, non-combative, follows commands appropriate ± stiff perineal 3mm brisk. moans per extren S difficulty, unable to move lower extren unable to appreciate distal stimulation of LE. ev NSR S₁ edup, S₁S₂, 12 radial + pedal pulses bilab @ JVD, decreased. Maintaining MAPS 775 ± 15 mg/kg Resp breathers even + unlabored, pt placed on 2L O₂ per</p>

ERU [redacted] b(6)-4

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

7.29/0600 Spel of 91 /, currently @ 991 pt denies SOB or difficult breathing. Lungs CTX, ~~clear~~ ^{diminished} hee bagas. GI hypo BS QN/V/D QBM, abd soft nontender. GU FTG as clear straw colored urine. Lines LSC [redacted] (b) - 2. No issues this am will continue [redacted] IUTAV

29 JUL 03 0631 Neurosurgery (7/0) Afebrile. Requiring 14 mg/kg/min. Lumbar drain tapered down to 0-10/hr. Awake, alert. Paraplegic status. Dressing - midline wound second CSF. (N/A) GSW T-spine - CSF leak. (1) Flushed drain. Will manipulate if needed this Am. (2) Await WBC/NG this Am. (3) Placement to NSCIC initiated. [redacted] (b) - 2

29 July 03 Surgery Afebrile VSS on 14 mg dopamine (8 per)

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.

EPUS [redacted] (b) - 4

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

MEDCOM - 15231

will ↓ dependent

CT on ~~station~~ H₂O seal

OK - very well expanded. - min output
will remove CT today

needs nutrition.

If he doesn't eat will need deotrube

[REDACTED]

29 JUN
1520

• Chest Tube
Removed

dr event fully

can pending

[REDACTED]

b(6) - 2 A. 11

b(u)-2
All

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
DATE	NOTES		
04 Aug 03 21:32	Pcd c/o pt @ 21:00. VS w/ w/ per flow sheet x ↑ Temp 100.3. Will retake it + tylenol given @ 19:00. Pt awake and alert in bed. Skin w/d w/ PEP RLA w/ LCA ⊕. HR 55. BSA ⊕ x 4 ABD soft and non-tender. ⊕ PEP ⊕. FTG draining clear yellow urine. ROM exercises done w/ difficulty little resistance met. DSD tid to ⊕ T back x 2 c/o ⊕ ddsq c scant amt. Bloody serous, yellow drainage noted on both. HL ⊕ SA patent. Scant amt watery mucous c brown flecks stool noted in attends. Tid new attends c/D/L & c/o pain @ this time. Will cont. to man. [REDACTED]		
03:42	c/o pain ↑ Tylenol given. Will man [REDACTED]		
01:06	Pt. c/o pain in UE ⊕ and chest. i Percocet given will cont. to man [REDACTED]		
late entry	addendum LCA ⊕ x ⊕ mid-lobe expiratory wheeze noted [REDACTED]		
00:30	Pt PROM to LE's performed. LE feels slight resistance when performing hip flexion/extension/rotation. TNP pt from back to ⊕ side pt c/o ↑ pain to ⊕ shoulder. Repositioned pt to ⊕ side. pain ↓. Pt. able to assist some c/TNP. Temp retaken 99.1. c/o pain in arms i Percocet given. Will cont to man [REDACTED]		
04:35	TNP pt. to supine position. [REDACTED]		
5 Aug 03	0600 - Pt alert lying in bed. VS, temp 100°. HL to ⊕ upper arm → patent. Diapir on. legs elevated. Foley intact draining clear yellow urine. Lung CTA, HR [REDACTED] BSA ⊕		

ERW F [REDACTED] MEDCOM - 15233

ICWZ

STANDARD FORM 505 (REV. 5/1999) BACK
USAPA V1.00

Doc 2
All

will care. in monitor
1000 - Complete bed bath done. Foley care done. Dsg
Δid to upper back & dry dsg. Some bloody
oozing noticed from all wounds. Will
cont to monitor

5 Aug 03
1345

upt care assumed @ 1300. VSS temp 99.6 pt given
ii Tylenol per per orders. HL to RUC, flushes 3 diff
lungs CTA, abd BSP. foley cath intact, draining
cl yellow urine 3 diff. Drsing to ↑ back C/D/I. Will
cont to monitor

5 Aug 03
1600

upt moaning & crying c/o pain, tried to give pt to
ii percocet pt refused, gave pt some H2O pt then
threw the water on himself, still would not
take the percocet. ii percocet wasted

05 Aug 03
21:30

Rec'd c/o pt @ 21:00. Restraints x 1 @ Dankle. VS WNL x ↑ temp.
100.9°. Awake and alert in bed. Skin diaphoretic per sheets damp.
Skin color WNL. PERRLA ⊕ WNL LCA ⊕. HRS. S2. BS ⊕ x/ ABD
soft & tender. ⊕ PPO ⊕. HL ⊕ AC patent & S/S infection. Foley
draining CPU & odor. C/o pain x 1. ↑ Percocet given. Will retake
temp 1 P percocet given. DSD Δ to ⊕ ↑ back. Old dsg c scant
with yellow/brown drainage. Wounds ⊕ bloody drainage. wound
@ ML c some white d/c noted. New DSD applied C/D/I. Pt.
log rolled @ this time 3 difficulty. & further complaints.
will cont. to mon.

20:00
0156

725 cc CPU emptied from foley
c/o pain from ABD ↑ to Arms Arms ii Tylenol given

MEDICAL RECORD PROGRESS NOTES

DATE NOTES b(6)-7 Au

6 Aug 03 0530 - Pt alert & oriented lying in bed on back. Will log vitals @ 2°. HL to @ for exam. VSS, temp 100°, lungs CTA, HR reg, BS @ v4, pulses @ v4, Foley patent draining clear yellow urine. Will cont to monitor [redacted] 1150 - Dsg tid to bedside. Less oozing than yesterday. log called @ 2°. Rom carried out [redacted]

6 Aug 03 1300 pt care assumed from previous shift. Pt lying on back @ this time, pt is to be turned @ 2°. VSS, temp 99.8 pt given Tylenol for temp. Lungs CTA, abd soft BS @. Foley cath intact draining cl yellow urine 3 diff. HL to RUE yelashes 3 diff @ 5/5x of infection noted (1) complaints voiced @ this time. Will cont to monitor [redacted] 9/10/03

1:45 HL RUE dc'd per orders. HL dc'd intact. (1) clo pain/discomfort voiced @ this time [redacted] 9/10/03

6 Aug 03 20:22 Rec'd clo pt @ 21:00. Pt awake and alert in bed VS WNL per flow sheet. BERRLA @ WNL. Skin WNL. JCA @. BS @ x4 hyperactive. @ PP @. Enc. IS. pt. performed IS x 10 5 difficulty. clo H/A ii Tylenol given. Will cont to man FTB draining CPU. DSD tid to @ back. dried bloody drainage

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. 212

ERW [redacted] b(6)-4

PROGRESS NOTES Medical Record STANDARD FORM 509 (REV. 5/1999) Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1) USAPA V1.00

MEDCOM - 15235

b(6)-2A1

HEALTH RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

10 Aug 03 1350 pt care assumed @ 1300. VSS. pt's temp 102.1 pt given Tylenol per pt orders. pt turned to (R) side lungs CTA, abd soft non-tender BS @ X4. Foley cath intact draining 5 diff, draining C/U. drawing to back CDI. DIV access. @ complaints voided @ this time. Will cont to monitor [redacted] 9/1/03

10 Aug 03 2857 Rec'd of pt @ 21:00. Pt awake and alert in bed. Supine position. VS w/2 perf flow sheet. DSD's did to @ back wounds well approx. and healing tissue visible. TNP to @ side skin w/d/t. PE RPLA @ w/2 LCA @ HPRS. S.p. BS @ X4 @ PP @. FTG drain draining C/U. clo pain to @ shoulder. Percocet given. Will cont to mon. [redacted] 9/2/03

11 Aug 03 1150 - pt alert & oriented lying on @ side in bed. VSS, temp 101.4 at 0600. Given Tylenol, temp 99.4 now lungs CTA, BS @ X4, pulse @ X4 Dsg. did to upper back. Foley intact. Rom completed. All care carried out. Voiding @ complaints. Will cont to mon. [redacted]

11 Aug 03 1300 Pt stable. AAOX3. PERLA. Mucous membranes pink moist & intact. Neck supple, FROM. Lungs CTA basal, @ resp distress. NRR. Abd soft, non-tender, @ bowel sounds. @ active x4 quads. Foley intact, draining

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT: PATIENT'S NAME (Last, First, Middle initial) T C W L SEX RELATIONSHIP TO SPONSOR STATUS RANK/GRADE SPONSOR'S NAME ORGANIZATION DEPART./SERVICE SSN/IDENTIFICATION NO. DATE OF BIRTH



b(6)-4

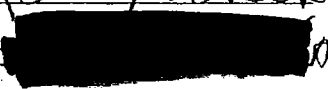



10(u)-2 A11

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
cont'd	to ② ↑ Back + shoulder. Old dsags c scant amt yellowish & bloody drainage. Wounds approx. c sm amt. whitish dk new DSD's applied to wounds. c/o pain in ↑ back ii Tylenol given. will cont. to mon [redacted] ^{DET/AN}
08:30	Bisacodyl suppository given PR 5 results p 1° [redacted] ^{DET/AN}
0200	Fleets enema given c (+) results. BM med in size formed x 2. Pt cleaned up and TNP to supine pos. ROM performed. will cont. to mon [redacted] ^{DET/AN}
9 Aug 03	0515: Assumed pt. care @ 0500: VSS. Lungs CTA. ② BS xy. ④ pulses xy. Drng to Back CDI. Foley to gravity c clear yellow urine output. ① complaints @ this time [redacted] ^{9/24/03}
9 Aug 03 1400	Assumed up care @ 1300. Pt resting in bed quietly. VSS. Lungs CTA, abd soft, non-tender, BS ④ foley cath intact, draining CYU. ④ pulses x 4. ① IV access noted. drng LUB CDI. ① complaints voiced @ this time. will cont to monitor [redacted] ^{9/24/03}
9 Aug 03 22:00	Rec'd c/o pt @ 21:00 Awake and alert in bed. Skin w/D PERUA ② LUB. LCA ② HR 55 sp. BS ④ x 4 ABD soft/non tender ④ PP ④ TNP from ② side to back/supine position. c/o's with FTG draining CYU. Will cont. to mon [redacted] ^{DET/AN}
10 Aug 03	0945 - Pt alert & oriented lying on ② side. Am Care & Foley care completed. Redness to skin on ② hip. Dsg Ad to wounds on upper back. Two remain open c small amount of drainage. ROM done 3 differently. VSS, HR reg, Lungs CTA BS ④ Pulses ④ x 4. ① pain meds required. Will cont to mon [redacted] ^{9/24/03}

b(6)-3
A11


HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
11 Aug 03 1300 (Cont)	Clear yellow urine. Dsep x2 to back CDI. Strong pulses and brisk cap refill x 4 extremities. Pt leg rolled 92°. Φ skin breakdown noted. 
11 Aug 000	Pt care assumed @ 2100. VSS, alert and awake, no complaints. Lng sands clear, pubes x4, BS @ x4. For draining cyu to gravity 3 difficulty. Pt had rom performed and drg done 3 difficulties, being rolled 92°. Will continue to monitor.  <i>g1111111</i>
12 Aug 03 1020	Pt alert & oriented lying in bed. Orange mattress placed on bed covered w blanket. Redness noticed to sacral area. Turned 92°. AM care completed. July intact draining cyu. Dsg sd to two small wounds on upper back. Minimal drainage on old dsg. VSS, lungs CTA, HR reg, BS @ x4, pulse @ x4. Rom completed. Working @ complaints. Will continue ^{cont} cont to monitor.  <i>JAW</i>
12 Aug 03 1300	Pt care assumed from previous shift. pt awake & alert. VSS. lungs CTA, abd soft nontender. BS @ x4 quads @ pulses to lower ext. Blue & full ROM @ pulses. Drsing to back area CDI. pt turned per orders. @ complaints voiced will cont to monitor.  <i>g1111111</i>

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)



RECORDS MAINTAINED AT: 			
PATIENT'S NAME (Last, First, Middle Initial)			SEX
RELATIONSHIP TO SPONSOR		STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	

b(1)-2 All

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
12 Aug 03 21:50	<p>Pt c/o pt @ 21:00. VS WNL per FS x ↑ temp 101.2. Blankets removed and sheet tented over bedside table. ii Tylenol given temp ↓ 100.8 @ 22:00 will mon. temp throughout night. Skin hot to touch dry. PEEL N WNL Awake and alert. LCR @ H R S S₂. BS @ x4 lower quads R/L ABD visibly distended and hard. x kinks in Foley noted @ this time. Irrigated Foley c 30cc sterile NS. @ results 400cc drained into bag. CPU. FTG intact. @ P P @. x c/o's will cont. to mon. DSD to @ ↑ back ML did. wounds c @ healing tissue x s/s infection noted. Will mon [redacted] ^{21/10}</p>
0154	<p>Pt c/o x being able to sleep order obtained for 50mg Benadryl PO x1 now will mon [redacted] ^{21/10}</p>
0300	<p>Pt c/o pain to ML back. i Percocet given. Monitored temp throughout night ii Tylenol given @ 22:00. T max @ 21:00 101.2 @ 22:10 = 100.8° @ 22:45 99.9 @ 01:00 = 100.0 @ 03:00 = 99.2 will cont. to mon [redacted] ^{21/10}</p>
13 Aug 03	<p>1115 - Pt alert & oriented lying on @ side. VS, temp 101 this am. Gave Tylenol. Temp now 99.3. Lung CTA, BS @ x4, Pulses @ x4. Had small BM. Bleeding noticed from opening of rectum. Will notify doctor. Pt ate only small amount of breakfast stating he did not care if he ate or not. Gave milk, but pt threw it up immediately after drinking it. Voicing @ complaints at this time. Will cont to monitor [redacted]</p>

b(1)u-2 AM

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
13 Aug 03 1320	Assumed pt care @ 1300 pt awake & alert. pt turned on (L) side. (R) side red around hip area. Drawing to upper back CDI. Lungs CTA, abd soft BS@. Foley cath intact draining. CYU 5 diff. pulses (P) x4. (D) bleeding noted from rectum area @ this time. BLE 2/rom. (D) complaints voiced @ this time. Will cont to monitor [redacted] 9/10/03
21:15	Recid clapt @ 21:00. VS WNL x ↑ temp 102.2 Dr. Dixon notified CxL and UA ordered ii tylenol given. Awake and alert in bed Skin hot to touch. No pain to (D) shoulder. PERRLNO WNL LCA@. HPP S, S ₂ . BS@ x4 ABD soft. Foley cath in place draining cloudy amber urine. (P) (R) soft brown stool oozing from rectum. & bloody drainage noted. Will cont to monitor [redacted] 8/10/03
2250	Urinalysis results obtained Dr. [redacted] notified. FTG & catheter x'd. New order for Levaquin 500mg qd obtained per Dr. [redacted]. Will cont. to monitor. ↑ temp throughout shift. see flow sheet for trends [redacted]
14 Aug 03 0149	ob pain upper (D) shoulder i percocet given will monitor [redacted] 8/10/03

late entry: 2300 Pt had large soft-formed bowel movement [redacted]

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

[redacted] b(1)u-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1