

MEDICAL RECORD		INTRAOPERATIVE DOCUMENT	
		For use of this form, see AR 40-407, the proper procedure is the office of The Surgeon General.	
1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>ICU bed</u>		2. PATIENT IDENTIFIED AND PROCEDURE REVIEWED AND PROCEDURE VERIFIED BY <u>CPT [redacted] 4(6)-2</u>	
3. DATE <u>10 OCT 03</u>		4. PATIENT IN ROOM TIME <u>0835</u> NUMBER <u>1</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 WITHDRAWN 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: <u>NKA</u>			
6. NURSING PERSONNEL			
ASSIGNED SCRUB	<u>SGT [redacted] 91D</u>	RELIEF SCRUB	<u>[redacted]</u>
	<u>4(6)-2</u>		
ASSIGNED CIRCULATOR	<u>CPT [redacted] 66E</u>	RELIEF CIRCULATOR INT.	<u>[redacted]</u>
7. POSITION AND POSITIONAL AIDS (Specify) <u>Pt initially supine on padded OR Bed. Head on foam throughout. Arms out to sides 90° in CAP secured to padded armboards &amp; safety straps. Then removed to low lith - legs supported in padded Black Leg holders - no pressure points noted. Pt rolled to R side for access to back injury. Pt secured via nursing staff. Correct Body Alignment maintained throughout.</u>			
<input checked="" type="checkbox"/> SUPINE <input checked="" type="checkbox"/> DITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE    LATERAL: <input checked="" type="checkbox"/> LEFT SIDE UP <input type="checkbox"/> RIGHT SIDE UP			
8. SKIN PREPARATION		PREP SOLUTION (Specify) <u>Beta/Beta</u>	
HAIR REMOVAL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT METHOD: <input type="checkbox"/> DEPILATORY <input checked="" type="checkbox"/> RAZOR by Dr. <u>[redacted]</u> <input type="checkbox"/> CLIP		SITE: <u>anal area</u> BY WHOM: <u>CPT [redacted]</u> SITE: <u>(R) thigh &amp; lower back</u> BY WHOM: <u>[redacted]</u>	
COMMENTS: <u>no nicks or cuts noted</u> <u>4(6)-2</u>		COMMENTS: <u>no pooling of solutions noted</u> <u>4(6)-2</u>	
9. LOCATION OF EXTERNAL DEVICES			
LEGEND: <u>[redacted] Round Pad</u> <u>[redacted] Gaiter Strap</u> <u>==</u> <u>Tourniquet</u> <u>[hatched] - prep</u> <u>4(6)-2</u>			
10. COUNTS		C = Correct    I = Incorrect	
		Initial Count	Final Closing Count
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>C</u>	<u>C</u>
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>C</u>	<u>C</u>
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<u># [redacted] 4(6)-4</u>		<input checked="" type="checkbox"/> ESU NO: <u>RPE 105305</u> GROUND PAD: BRAND <u>Valley Lab Polyhaswell R6A</u> LOT NO: <u>70011/2005-04</u> <input type="checkbox"/> ESU NO: _____ GROUND PAD: BRAND _____ LOT NO: _____ <input type="checkbox"/> BIPOLAR NO: _____	

13. PROSTHESIS, IMPLANTS   NO IF YES NAME: ID NUM: SURER

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION  YES  NO; TYPE(S):  
 0.9% NaCl - QS

OTHER ORDERS

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.
1.1" penrose			
SITE	1. wound to R of anus.	2.	3.

18. DRESSING/IMMOBILIZATION (Specify)  
 Mast Kerlex, Kerlex Pluffs, Kerlex Roll Silk tape to Dressing I+D sites to thigh + lower back

19. ADDITIONAL INFORMATION  
 WC IV  
 Surgeon: Dr. [redacted] Anesthesia Gen/Endo CPT [redacted]  
 Bowe pad site preop COI postop COI Bowe set 30/30 Blend 1  
 DA Form 5179 initiated

20. OPERATION(S) PERFORMED  
 Rectal wash out, Presacral drainage arteriogram, I+D @ thigh I+D lower back -

21. PATIENT TRANSFERRED TO ICU 3 46-2 TIME 1030 METHOD ICU Bed

22. REGIS [redacted] CPT/AN

MEDICAL RECORD		INTRAOPERATIVE DOCUMENT																					
		For use of this form, see AR 40-407, the proper procedure is the office of The Surgeon General.																					
1. PATIENT TRANSPORTED TO OPERATING ROOM BY <u>VIA ICU bed</u>		2. PATIENT IDENTIFIED BY <u>Anesthesia</u>																					
3. DATE <u>11 OCT 03</u>		4. PATIENT IN ROOM NUMBER <u>1-1</u>																					
TIME PATIENT ARRIVED IN SUITE <u>1020</u>		TIME: <u>1020</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 calm</u>																							
COMMENTS: <u>NKA</u>																							
6. NURSING PERSONNEL																							
ASSIGNED SCRUB	<u>SSG [redacted] 91D</u>	RELIEF SCRUB	<u>[redacted]</u>																				
	<u>b(6)-2</u>																						
ASSIGNED CIRCULATOR	<u>CPT [redacted] 66E</u>	RELIEF CIRCULATOR	<u>[redacted]</u>																				
7. POSITION AND POSITIONAL AIDS (Specify) <u>Prone, padded OR bed, head on foam doughnut, Bilat Arms out to sides 290 in CAP, secured to padded armboards &amp; safety straps, p @ thigh pt + rolled to @ lateral position</u>																							
<input checked="" type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE    LATERAL: <input checked="" type="checkbox"/> LEFT SIDE UP <input type="checkbox"/> RIGHT SIDE UP																							
COMMENTS: <u>W bag Axillary roll in place (L arm across chest + on pillow @ arm out on padded arm board both secured pillow between knees + ankles. Bear bag used through out case for proper positioning + securing (also as bump under @ hip during snore) Correct Body Alignment maintained through</u>																							
8. SKIN PREPARATION																							
HAIR REMOVAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PREP SOLUTION (Specify) <u>Beta/Beta</u>																					
DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT METHOD: <input type="checkbox"/> DEPILATORY <input checked="" type="checkbox"/> RAZOR @ <u>thigh</u> <input type="checkbox"/> CLIP    by <u>CPT [redacted]</u>		SITE: <u>(as below)</u> BY WHOM: <u>CPT [redacted]</u>																					
COMMENTS: <u>no nicks or cuts noted</u>		COMMENTS: <u>no pooling of solutions noted</u>																					
9. LOCATION OF EXTERNAL DEVICES																							
LEGEND    X Ground Pad    -- Safety Strap    === Tourniquet																							
C = Correct    I = Incorrect																							
10. COUNTS		CIRCULATOR																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Initial Count</th> <th>First Closing Count</th> <th>Final Closing Count</th> </tr> </thead> <tbody> <tr> <td>Sponge</td> <td><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</td> <td><u>C</u></td> <td><u>C</u></td> </tr> <tr> <td>Needle Sharp</td> <td><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</td> <td><u>C</u></td> <td><u>C</u></td> </tr> <tr> <td>Instrument</td> <td><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</td> <td></td> <td></td> </tr> </tbody> </table>			Initial Count	First Closing Count	Final Closing Count	Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>C</u>	<u>C</u>	Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>C</u>	<u>C</u>	Instrument	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			SCRUB: <u>SSG [redacted]</u> CIRCULATOR: <u>CPT [redacted]</u>	
	Initial Count	First Closing Count	Final Closing Count																				
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>C</u>	<u>C</u>																				
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>C</u>	<u>C</u>																				
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; Hbospital or, Medical Facility;)		12. ELECTROSURGERY DEVICE(S) (ESU) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																					
# <u>[redacted] b(6)-4</u>		<input checked="" type="checkbox"/> ESU NO: <u>R8E 105305</u> GROUND PAD: BRAND <u>Valleylab Blyhesive II REM</u> LOT NO: <u>26011/2005-04</u> <input type="checkbox"/> ESU NO: _____ GROUND PAD: BRAND _____ LOT NO: _____ <input type="checkbox"/> BIPOLAR NO: _____																					

13. PROSTHESIS, IMPLANTS  NO  IF YES NAME: ID NUMB' N TURER

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

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

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 checked="" type="checkbox"/> NO <input type="checkbox"/>	Ⓡ thigh wound tissue CX	Ⓛ Buttock tissue CX
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)  
 Ⓡ Thigh - Kerlex Fluffs, ABD, Pad  
 Kerlex Roll, Silk tape.  
 Ⓛ Buttock - NS moist Kerlex Roll,  
 ABD pad - silk tape

19. ADDITIONAL INFORMATION  
 WC - IV  
 Surgeon - Dr [REDACTED] b(6)-2 Anesthesia - Gen/Endo - CPT [REDACTED] b(6)-2 CRNA.  
 Bovie setting: 30/30 Blend 2 - Bovie pad site pre-op - CDI / Post-op - CDI  
 + 45/45  
 DA 5179 previously initiated @ O's noted

20. OPERATION(S) PERFORMED  
 I+D of Ⓡ thigh wound  
 I+D of Ⓛ Buttock wound  
 b(6)-2

21. PATIENT TRANSFERRED TO ICU/B TIME 1150 METHOD ICU Bed

22. [REDACTED] CPT/AN



MEDICAL RECORD		INTRAOPERATIVE DOCUMENT																																						
For use of this form, see AR 40-407, the pro...		... is the office of The Surgeon General.																																						
1. PATIENT TRANSPORTED TO OPERATING I VIA <u>wheeled full bed</u> BY <u>CPT [REDACTED]</u>		2. PATIENT IDENTIFIED VERIFIED BY <u>CPT [REDACTED]</u>																																						
3. DATE <u>12 OCT 03</u> TIME PATIENT ARRIVED IN SUITE <u>1600</u>		4. PATIENT IN ROOM TIME <u>1600</u> NUMBER <u>1-3</u>																																						
5. PREOPERATIVE EMOTIONAL STATUS																																								
<input checked="" type="checkbox"/> CALM <input type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> OTHER (Specify)																																								
COMMENTS: <u>NKA</u>																																								
6. NURSING PERSONNEL																																								
ASSIGNED SCRUB	PFC [REDACTED] 910 <u>b(6)-2</u>	RELIEF SCRUB	[REDACTED] <u>b(6)-2</u>																																					
ASSIGNED CIRCULATOR	CPT [REDACTED] 66E	RELIEF CIRCULATOR	MAJ [REDACTED] (1755-End)																																					
7. POSITION, AND POSITIONAL AIDS (Specify) <u>PT began in supine. Both arms extended out to sides 290° in CPT secured to padded arm boards &amp; safety straps. Laparotomy pt rolled to (R) side secured in place &amp; bean bag. IV bag Axillary roll in place. Folded Blankets between arms (R arm on padded armboard. Across to front of body. Pillow between knees &amp; ankles. Correct Body Alignment maintained throughout.</u>																																								
<input checked="" type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE <input type="checkbox"/> LATERAL: <input checked="" type="checkbox"/> LEFT SIDE UP <input type="checkbox"/> RIGHT SIDE UP		PREP SOLUTION (Specify) <u>Beta/Beta</u> SITE: <u>ABD (as below)</u> BY WHOM: <u>CPT [REDACTED]</u> SITE: <u>(L) Flank + Buttock</u> BY WHOM: <u>CPT [REDACTED]</u>																																						
HAIR REMOVAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		COMMENTS: <u>no pooling of solutions (noted)</u>																																						
DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT METHOD: <input type="checkbox"/> DEPILATORY <input type="checkbox"/> RAZOR <input type="checkbox"/> CLIP																																								
8. SKIN PREPARATION																																								
9. LOCATION OF EXTERNAL DEVICES																																								
LEGEND    X Ground Pad    Safety Strap    == = Tourniquet <u>b(6)-2</u>																																								
10. COUNTS		12. ELECTROSURGERY DEVICE(S) (ESU) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">C = Correct    I = Incorrect</th> <th rowspan="2">First Closing Count</th> <th rowspan="2">Final Closing Count</th> <th rowspan="2">SCRUB</th> <th rowspan="2">CIRCULATOR</th> </tr> <tr> <th>With</th> <th>Out</th> </tr> </thead> <tbody> <tr> <td>Sponge</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>C</td> <td>C</td> <td>PFC [REDACTED]</td> <td>CPT [REDACTED]</td> </tr> <tr> <td>Needle Sharp</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>C</td> <td>C</td> <td></td> <td></td> </tr> <tr> <td>Instrument</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>C</td> <td>C</td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			C = Correct    I = Incorrect		First Closing Count	Final Closing Count	SCRUB	CIRCULATOR	With	Out	Sponge	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	C	C	PFC [REDACTED]	CPT [REDACTED]	Needle Sharp	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	C	C			Instrument	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	C	C			Other	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No					ESU NO: <u>RRE 10530S</u> GROUND PAD: BRAND <u>Valleylab Polyhesive II REM</u> LOT NO: <u>70011/2005-04</u> <input type="checkbox"/> ESU NO: _____ GROUND PAD: BRAND _____ LOT NO: _____ <input type="checkbox"/> BIPOLAR NO: _____	
	C = Correct    I = Incorrect		First Closing Count	Final Closing Count					SCRUB	CIRCULATOR																														
	With	Out																																						
Sponge	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	C	C	PFC [REDACTED]	CPT [REDACTED]																																		
Needle Sharp	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	C	C																																				
Instrument	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	C	C																																				
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):																																								
# [REDACTED] <u>b(6)-4</u>																																								

13. PROSTHESIS, IMPLANTS  Y  NO IF YES NAME: ID NUME VI AC RER

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION  YES  NO; TYPE(S):  
 0.9% NaCl - QS

OTHER ORDERS

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE  
 [Redacted 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 checked="" type="checkbox"/> NO <input type="checkbox"/>	(L) Buttock wound CX	
NAME	NAME	NAME
NAME	NAME	NAME

17. TUBES, DRAINS/PACKING YES  NO

TYPE/SIZE	1	2	3
	Earlix	Kentix	
SITE	LT Rt hip	Rt thigh	

18. DRESSING/IMMOBILIZATION (Specify)  
 ABD - Kerlex Roll & 0.9% NaCl, Kerlex  
 Fluffs, ABD pads, silk tape -  
 new colostomy wafer + bag.  
 (L) Buttock - ABD tape  
 Rt Thigh - ABD tape

19. ADDITIONAL INFORMATION  
 WC-IV  
 Surgeons Dr [Redacted] b(6)-2  
 Dr [Redacted]  
 Anesthesia - Gen/Endo - CPT [Redacted] CRNA  
 Bone settings 30/30 Blend 1 - Bad site pre-op CDI Post-op C

20. OPERATION(S) PERFORMED  
 Reclosure of Abdominal wound dehiscence.  
 b(6)-2

21. PATIENT TRANSFERRED TO

PATIENT TRANSFERRED TO	TIME	METHOD
ICU 3	See SF077	ICU Bed

22. [Redacted] CPT/ANW

MEDICAL RECORD		INTRAOPERATIVE DOCUMENT	
For use of this form, see AR 40-407, the procedure manual of the Surgeon General.		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 AND PROCEDURE VERIFIED BY <u>CPT [redacted]</u> <u>b(6)-2</u>	
3. DATE <u>13 Oct 05</u> TIME PATIENT ARRIVED IN SUITE <u>1045</u>		4. PATIENT IN ROOM <u>[redacted]</u> NUMBER <u>5</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:			
6. NURSING PERSONNEL			
ASSIGNED SCRUB	<u>Pfc [redacted]</u> <u>b(6)-2</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>CPT [redacted]</u>	RELIEF CIRCULATOR	
7. POSITION AND POSITIONAL AIDS (Specify)			
<input type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE    LATERAL: <input checked="" type="checkbox"/> LEFT SIDE UP <input type="checkbox"/> RIGHT SIDE UP			
COMMENTS: <u>correct body alignment maintained, bean bag used, axillary roll in place, @ arm on table, @ arm on pillow, pillows between legs, position approved by surgeon anesthesia</u>			
8. SKIN PREPARATION			
HAIR REMOVAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PREP SOLUTION (Specify) <u>Betadine Beta</u>	
DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT		SITE: <u>Buttock</u> BY WHOM: <u>[redacted]</u>	
METHOD: <input type="checkbox"/> DEPILATORY <input type="checkbox"/> RAZOR		SITE: <u>(except wound)</u> BY WHOM: <u>[redacted]</u>	
COMMENTS:		COMMENTS: <u>no peeling or skin d's noted</u>	
9. LOCATION OF EXTERNAL DEVICES			
LEGEND    X Ground Pad    -- Safety Strap    === Tourniquet			
10. COUNTS			
C = Correct    I = Incorrect    Initial: <u>[redacted]</u>			
	Initial	First Closing Count	Final Closing Count
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>C</u>	<u>C</u>
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>C</u>	<u>C</u>
Instrument	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>/</u>	<u>/</u>
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>/</u>	<u>/</u>
11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)		12. ELECTROSURGERY DEVICE(S) (ESU) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<u>[redacted]</u> <u>b(6)-4</u>		<u>Coag 45, cut 45</u>	
<u>13 Oct 05</u>		<input checked="" type="checkbox"/> ESU NO: <u>Valleylab Force 40</u>	
<u>28th CSW</u>		GROUND PAD: BRAND <u>VL Perm Polyhesive II</u>	
		LOT NO: <u>70011 2005-40</u>	
		<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  NO

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

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

OTHER ORDERS	TIME	CARRIED OUT BY
none		

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

SPECIMEN (S)	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.
	16 F FIC	Kentix + Z	
SITE	Bladder	Ⓛ Buttock	

18. DRESSING/IMMOBILIZATION (Specify)  
 Kentix  
 ABD  
 Tape

19. ADDITIONAL INFORMATION

Surgeon: [REDACTED] b(6)-2  
 Anesthesia: [REDACTED]

- DA 5179 on chart, A's noted  
 - FIC already in place prior to arrival in OR

20. OPERATION(S) PERFORMED  
 Washout + Debridement - Ⓛ Buttock Wound

21. PATIENT TRANSFERRED TO TIME see METHOD  
 ICU 3 b(6)-2 DA 5179 Bed

22. REGISTERED NURSE SIGNATURE  
 [REDACTED] CAPT LTN

MEDICAL RECORD		INTRAOPERATIVE DOCUMENT	
For use of this form, see AR 40-407, the pro...		... is the office of The Surgeon General.	
1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>ICU Bed</u>		2. PATIENT IDENTIFIED BY <u>Anesthesia</u>	
3. DATE <u>15 OCT 03</u>		4. PATIENT IN ROOM NUMBER <u>2-2</u>	
5. PREOPERATIVE EMOTIONAL STATUS			
<input checked="" type="checkbox"/> CALM <input type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> OTHER (Specify)			
COMMENTS: <u>b(6)-2</u>			
6. NURSING PERSONNEL			
ASSIGNED SCRUB	<u>SPC [redacted] 910</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>MAS [redacted] Ar</u>	RELIEF CIRCULATOR	
7. POSITION AND POSITIONAL AIDS (Specify) <u>Pt transferred to OR table anatomically aligned for surgical procedure &amp; padding under head (R) arm on padded arm board legs 90°</u>			
<input type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE <input type="checkbox"/> LATERAL: <input type="checkbox"/> LEFT SIDE UP <input checked="" type="checkbox"/> RIGHT SIDE UP			
COMMENTS: <u>(R) arm across chest &amp; pillow between arm. (R) leg bent &amp; pillow between legs.</u>			
8. SKIN PREPARATION			
HAIR REMOVAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PREP SOLUTION (Specify) <u>Beta/Beta</u>	
DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT		SITE: <u>(R) hip/Bethel</u>	
METHOD: <input type="checkbox"/> DEPILATORY <input type="checkbox"/> RAZOR		BY WHOM: <u>MAS [redacted] Ar</u>	
<input type="checkbox"/> CLIP		BY WHOM: <u>b(6)-2</u>	
COMMENTS:		COMMENTS: <u>see #1 &amp; pooling of solution noted</u>	
9. LOCATION OF EXTERNAL DEVICES			
LEGEND X Ground Pad ty Strap == Tourniquet			
10. COUNTS			
C = Correct    I = Incorrect    Initial <u>SPC [redacted] (MAS [redacted] Ar)</u>			
	Ind Other**	First Closing Count	Final Closing Count
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>5</u>	<u>5</u>
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>5</u>	<u>5</u>
Instrument	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>/</u>	<u>/</u>
Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>/</u>	<u>/</u>
11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)		12. ELECTROSURGERY DEVICE(S) (ESU) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>35/35</u>	
# <u>[redacted] b(6)-4</u>		<input checked="" type="checkbox"/> ESU NO: <u>R8B 1023195</u> GROUND PAD: BRAND <u>Valleylab</u> LOT NO: <u>68245 exp 2005-02</u>	
		<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 N C ER

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 total 6 l

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

SPECIMEN (S)	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 Aerobic CC	NAME
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
NAME	NAME	NAME
NAME	NAME	NAME

17. TUBES, DRAINS/PACKING YES  NO

TYPE/SIZE	1.	2.	3.
	1. 16 FR RFB	2. Kerlix 6ply x2	
SITE	(R) buttock	(R) Buttock	

18. DRESSING/IMMOBILIZATION (Specify)  
Kerlix Roll  
Toban

19. ADDITIONAL INFORMATION  
Surgeon: [Redacted]  
Anesthesia: MAS [Redacted]  
b(6)-2

20. OPERATION(S) PERFORMED  
I+D NECTAL injury (L) Flank

21. PATIENT TRANSFERRED TO ICU 3 TIME 1635 METHOD litter on

22. REGISTERED SIGNATURE MAS/AN

**INTRAOPERATIVE DOCUMENT**

**MEDICAL RECORD**

For use of this form, see AR 40-407, the [redacted] Policy is the Office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>Litter</u> BY <u>Anesthesia</u>	2. PATIENT IDENTIFIED AND PROCEDURE VERIFIED BY <u>[redacted] MAJ/AK</u>
3. DATE <u>17 Oct 03</u> TIME PATIENT ARRIVED IN SUITE <u>1610</u>	4. PATIENT IN ROOM <u>[redacted]</u> NUMBER <u>2-8</u>

5. PREOPERATIVE EMOTIONAL STATUS b(6)-2

CALM  ANXIOUS  EXCITED  CRYING  ANGRY  WITHDRAWN  OTHER (Specify)

COMMENTS: Pt awake c/o pain

6. NURSING PERSONNEL			
ASSIGNED SCRUB	<u>PFC [redacted] ORT</u> <u>b(6)-2</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>MAJ [redacted] AK</u>	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify) Pt transferred to OR table, anatomically aligned for surgical procedure, pillows under head, arm padded, arm board, leg 90°

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

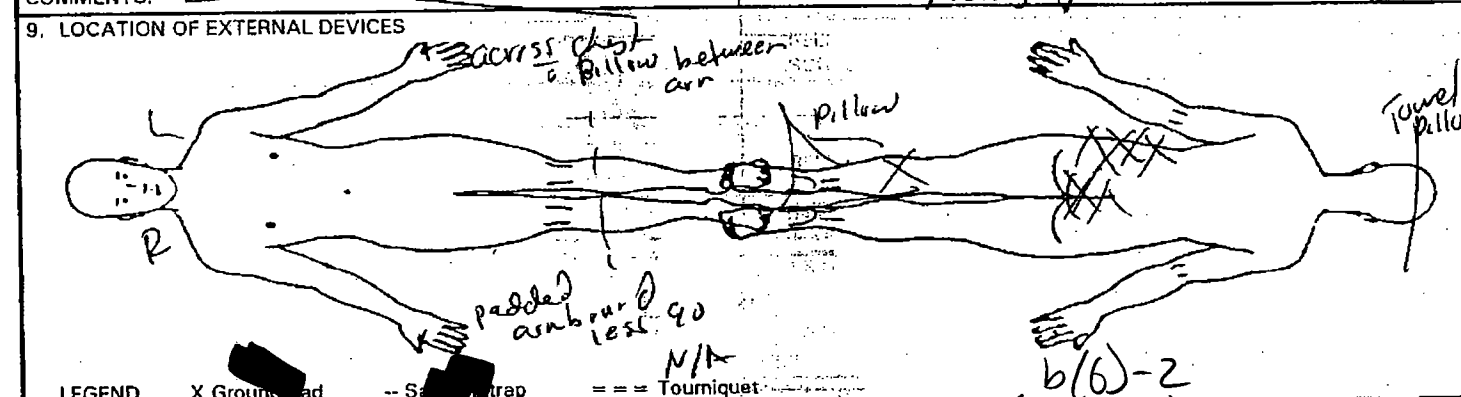
COMMENTS: Darm across chest, pillow between legs

8. SKIN PREPARATION

HAIR REMOVAL  YES  NO  
 DONE BY:  OR  NURSING UNIT  
 METHOD:  DEPILATORY  RAZOR  CLIP

PREP SOLUTION (Specify) Beta/Beta  
 SITE: (L) Buttock BY WHOM: MAJ [redacted] AK  
 SITE: BY WHOM: b(6)-2

COMMENTS: 1/2 liter of solution note



10. COUNTS

			C = Correct I = Incorrect			SCRUB	CIRCULATOR
	Other**	First Closing Count	Final Closing Count	Final Closing Count			
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>5</u>	<u>C</u>	<u>C</u>	<u>PFC [redacted]</u>	<u>MAJ [redacted]</u>	
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>C</u>	<u>C</u>			
Instrument	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No						

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

# [redacted] b(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU)  YES  NO 3V/30

ESU NO: SU: BKB 102395  
 GROUND PAD: BRAND Valley Lab Lem Highwave  
 LOT NO: 70011 Exp 2005-04

ESU NO: \_\_\_\_\_  
 GROUND PAD: BRAND \_\_\_\_\_  
 LOT NO: \_\_\_\_\_

BIPOLAR NO: \_\_\_\_\_

13. PROSTHESIS, IMPLANTS  YES  NO IF YES NAME: ID NUMB JFAC RER

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

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

OTHER ORDERS

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

SPECIMEN (S)	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 <i>Aerobic Culture (4)</i>	NAME
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
NAME	NAME	NAME
NAME	NAME	NAME

17. TUBES, DRAINS/PACKING YES  NO

TYPE/SIZE	1.	2.	3.
	<i>Kerlix roll x2</i>		
SITE	1.	2.	3.

18. DRESSING/IMMOBILIZATION (Specify)  
*Fluffs  
 Kerlix packing  
 Ioband*

19. ADDITIONAL INFORMATION

*Surgeon* *Anesthesia*

*[Redacted]* *[Redacted]*

*b(6)-2*

20. OPERATION(S) PERFORMED

*I + D (C) Blank wound / Buttock*

21. PATIENT TRANSFERRED TO *ICU* TIME *1700* METHOD *Letter C O2*

22. REGISTERED NURSE *[Redacted]* *MAJ/AN*



MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

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

2. PATIENT IDENTIFICATION CARD REVIEWED AND PROCEDURE VERIFIED BY MAJ [redacted]

3. DATE 20 Oct 03 TIME PATIENT ARRIVED IN SUITE 1225 b(6)-2

4. PATIENT IN ROOM TIME 1225 b(6)-2 NUMBER 2-1

5. PREOPERATIVE EMOTIONAL STATUS

- CALM
- ANXIOUS
- EXCITED
- CRYING
- ANGRY
- WITHDRAWN
- OTHER (Specify)

COMMENTS: NKA

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>SGT [redacted]</u>	RELIEF SCRUB	<u>[redacted]</u>
ASSIGNED CIRCULATOR	<u>MAJ [redacted] (SOC-1240)</u>	RELIEF CIRCULATOR	<u>CPT [redacted] (1235-ECC)</u>

7. POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS: Pt positioned on beanbag. All on between legs, arm on padded arm board

8. SKIN PREPARATION

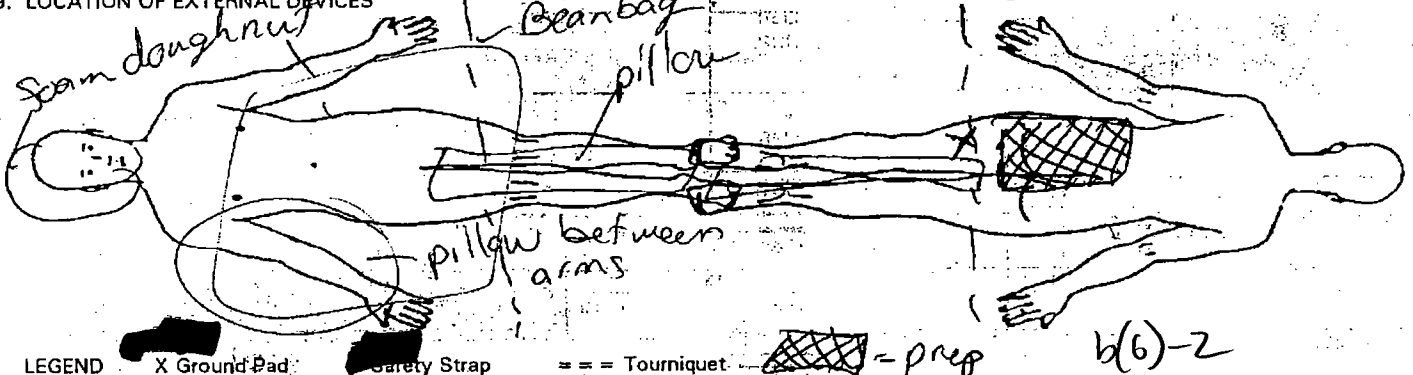
HAIR REMOVAL  YES  NO  
 DONE BY:  OR  NURSING UNIT  
 METHOD:  DEPILATORY  RAZOR  
 CLIP

PREP SOLUTION (Specify) Betadine scrub & solution  
 SITE: (L) Buttock BY WHOM: CPT Gibbon  
 SITE: (as below) BY WHOM:

COMMENTS:

COMMENTS: no pooling of solutions noted

9. LOCATION OF EXTERNAL DEVICES



10. COUNTS

	Yes	No	Other**	First Closing Count	Final Closing Count
Sponge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>C</u>		<u>C</u>
Needle Sharp	<input type="checkbox"/>	<input type="checkbox"/>	<u>C</u>		<u>C</u>
Instrument	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Other	<input type="checkbox"/>	<input type="checkbox"/>			

SCRUB	<u>[redacted]</u>
CIRCULATOR	<u>CPT [redacted]</u>

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

# [redacted] b(6)-2  
b(2)-2  
[redacted] 20 Oct 03

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

ESU NO: R&B 102395  
 GROUND PAD: BRAND Valleylab LOT NO: 70011 Exp 2005-04  
 ESU NO: \_\_\_\_\_  
 GROUND PAD: BRAND \_\_\_\_\_ LOT NO: \_\_\_\_\_  
 BIPOLAR NO: \_\_\_\_\_

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

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION  YES  NO; TYPE(S): *N.S.*  
*0.9% NaCl-QS*

OTHER ORDERS

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
	<i>1. J.P. x 2-16 10mm Flat Drain</i>		
SITE	<i>1. in (L) Buttock wound.</i>	<i>2. wall to traction</i>	

18. DRESSING/IMMOBILIZATION (Specify)  
*0.9% NaCl moist Kerlex Rolls,  
 (packed) Kerlex Fluffs,  
 Tiban.*

19. ADDITIONAL INFORMATION *WC-TV*  
*Surgeon: Dr [redacted] b(6)-2*  
*Anes: MAJ [redacted] CRNA*  
*Bovie settings 30/30 Blend 1-F - Pad site pre-op CDI - post-op CDI*  
*DA 5179 previously initiated QDs noted.*

20. OPERATION(S) PERFORMED  
*F&D (L) Buttock wound. (L) colostomy wafer + bag -*  
*b(6)-2*

21. PATIENT TRANSFERRED TO *ICU 3* TIME *1340* METHOD *wheeled litter*

22. REGISTERED NURSE SIGNATURE *MAJ [redacted] CPT/AN*

**MEDICAL RECORD**

**INTRAOPERATIVE DOCUMENT**

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

1. PATIENT TRANSPORTED TO OPERATING ROOM:  
 VIA wheeled litter BY Anesthesia  
 3. DATE 24 OCT 03 TIME PATIENT ARRIVED IN SUITE 0905

2. PATIENT IDENTIFIED:  
 VERIFIED BY CPT [REDACTED]  
 4. PATIENT IN ROOM 66E-2 NUMBER 1-1

**5. PREOPERATIVE EMOTIONAL STATUS**

- CALM    ANXIOUS    EXCITED    CRYING    ANGRY    WITHDRAWN    OTHER (Specify)

COMMENTS: NKA

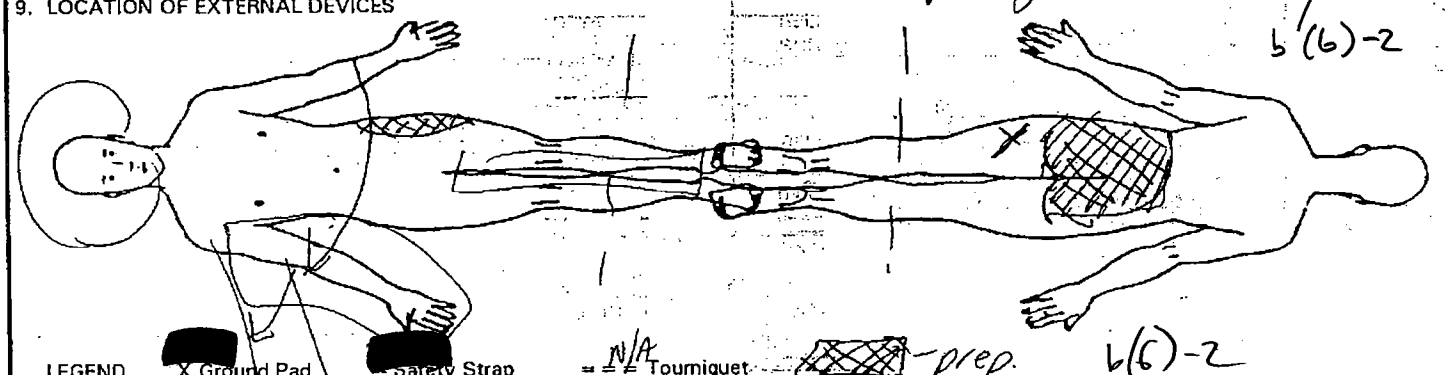
**6. NURSING PERSONNEL**

ASSIGNED SCRUB	<u>PFC [REDACTED] 91D</u> <u>b(6)-2</u>	RELIEF SCRUB	<u>[REDACTED]</u>
ASSIGNED CIRCULATOR	<u>CPT [REDACTED] 66E</u>	RELIEF CIRCULATOR	<u>[REDACTED]</u>

7. POSITION AND POSITIONAL AIDS (Specify): Pt on padded OR Bed + Bean bag used to secure position. Head on foam doughnut. R Arm extended out + R arm across front of body, pillow between arms, pillow between knees + ankles, folded towel under R ankle.  
 SUPINE    LITHOTOMY    PRONE    KRASKE   LATERAL:  LEFT SIDE UP    RIGHT SIDE UP  
 COMMENTS: Correct Body Alignment maintained throughout.

**8. SKIN PREPARATION**

HAIR REMOVAL:  YES    NO  
 DONE BY:  OR    NURSING UNIT  
 METHOD:  DEPILATORY    RAZOR to Buttocks  
 PREP SOLUTION (Specify): Beta/Beta  
 SITE: Buttocks + Hip BY WHOM: CPT [REDACTED]  
 SITE: R thigh + Abdominal BY WHOM: [REDACTED]  
 COMMENTS: no nicks or cuts noted   Wounds + colostomy + hip clens by [REDACTED]  
 COMMENTS: no pooling of solutions noted.



10. COUNTS

	Yes	No	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	<input type="checkbox"/>	<input type="checkbox"/>	<u>C</u>	<u>C</u>	<u>PFC [REDACTED]</u>	<u>CPT [REDACTED]</u>
Needle Sharp	<input type="checkbox"/>	<input type="checkbox"/>	<u>C</u>	<u>C</u>		
Instrument	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>				

11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)  
# [REDACTED] b(6)-2

12. ELECTROSURGERY DEVICE(S) (ESU)  YES    NO  
 ESU NO: R8E 10530S  
 GROUND PAD: BRAND Valleylab Polylosive II REM  
 LOT NO: 70011 / 2605-04  
 ESU NO: \_\_\_\_\_  
 GROUND PAD: BRAND \_\_\_\_\_  
 LOT NO: \_\_\_\_\_  
 BIPOLAR NO: \_\_\_\_\_

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

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION  YES  NO, TYPE(S):  
 0.9% 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.
	10 FR Bobbhoff		
SITE	NG		

18. DRESSING/IMMOBILIZATION (Specify)  
 (R) Right Abdomen - NS soaked Kerlex Pluffs, ABD, Silk tape.  
 (L) Buttocks - NS soaked Kerlex Roll, Ioban.

19. ADDITIONAL INFORMATION  
 WC - III b(6)-2  
 Surgeon: Dr [redacted]  
 Anesthesia: MAS [redacted] CRNA  
 Bone: Setting 30/30 Blend 1-Ful. / Pad site: pre-op CDI - post-op CDI  
 DA 5179 previously initiated & O's noted

20. OPERATION(S) PERFORMED  
 wash out (L) Buttocks wound + re - Vac dressing, replace dobbhoff.  
 Δ Colostomy Bag, Abdominal wound, (R) Thigh wound Dressings & washing

21. PATIENT TRANSFERRED TO ICU<sub>3</sub>/PACU TIME 1040 METHOD wheeled litter

22. [redacted] cpt/aw b(6)-2 MEDCOM - 21456

MEDICAL RECORD		INTRAOPERATIVE DOCUMENT	
For use of this form, see AR 40-407, the proper agency, the office of The Surgeon General.			
1. PATIENT TRANSPORTED TO OPERATING VIA <u>Letter</u>		2. PATIENT IDENTIFIED AND PROCEDURE VERIFIED BY <u>[redacted] b(6)-2</u>	
3. DATE <u>07 Oct 03</u>		4. PATIENT IN ROOM NUMBER <u>2</u>	
5. PREOPERATIVE EMOTIONAL STATUS			
<input type="checkbox"/> CALM <input checked="" type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> OTHER (Specify)			
COMMENTS: <u>Prep made for repeat rectal work</u>			
6. NURSING PERSONNEL			
ASSIGNED SCRUB	<u>[redacted] b(6)-2</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>[redacted]</u>	RELIEF CIRCULATOR	
7. POSITION AND POSITIONAL AIDS (Specify)			
<u>Prim near body alignment. Allow between arms. Axillary roll under down back. Allow between legs.</u>			
<input type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE    LATERAL: <input checked="" type="checkbox"/> LEFT SIDE UP <input type="checkbox"/> RIGHT SIDE UP			
COMMENTS:			
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 scrub/paint</u> SITE: <u>left buttock</u> BY WHOM: <u>[redacted]</u> SITE:    BY WHOM: <u>b(6)-2</u>	
COMMENTS:		COMMENTS: <u>no pooling noted</u>	
9. LOCATION OF EXTERNAL DEVICES			
LEGEND    X Ground Pad    -- Safety Strap    == = Tourniquet			
10. COUNTS		C = Correct    I = Incorrect	
		Other**	Final Closing Count
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		C
Needle Sharp	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		C
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] b(6)-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: NUMBER: MANUFACTURER:

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

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

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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"/>	① Gram Stain Left Buttock Fluid	
FROZEN SECTION (FS)	NAME	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	② Aerobic Left Buttock Fluid	
CULTURE (C)	NAME	NAME
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
NAME	NAME	NAME
NAME	NAME	NAME

17. TUBES, DRAINS/PACKING YES  NO

TYPE/SIZE	1.	2.	3.
	Kerley Roll		
SITE	Left Buttock		

18. DRESSING/IMMOBILIZATION (Specify)  
 DDDx2 Tape

19. ADDITIONAL INFORMATION  
 Surgeon - Dr [Redacted] b(6)-2  
 Anesthetist - [Redacted]

20. OPERATION(S) PERFORMED  
 I+D Left Buttock wound b(6)-2

21. PATIENT TRANSFERRED TO [Redacted] TIME 2:00 METHOD Lift

22. REGISTERED NURSE SIGNATURE [Redacted]

MEDICAL RECORD		INTRAOPERATIVE DOCUMENT																										
For use of this form, see AR 40-407, the procedure is the office of The Surgeon General.																												
1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>Wheeled stretcher</u> BY <u>Anesthesia</u>		2. PATIENT IDENTIFIED AND PROCEDURE VERIFIED BY <u>CPT [REDACTED]</u>																										
3. DATE <u>02 NOV 03</u> TIME PATIENT ARRIVED IN SUITE <u>0750</u>		4. PATIENT IN ROOM <u>66-2</u> NUMBER <u>1-2</u> TIME <u>0750</u>																										
5. PREOPERATIVE EMOTIONAL STATUS																												
<input checked="" type="checkbox"/> CALM <input type="checkbox"/> ANXIOUS <input type="checkbox"/> EXCITED <input type="checkbox"/> CRYING <input type="checkbox"/> ANGRY <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> OTHER (Specify)																												
COMMENTS: <u>NKA</u>																												
6. NURSING PERSONNEL																												
ASSIGNED SCRUB	<u>PFC [REDACTED] 910</u>	RELIEF SCRUB	<u>[REDACTED]</u>																									
	<u>b(6)-2</u>																											
ASSIGNED CIRCULATOR	<u>CPT [REDACTED] 66E</u>	RELIEF CIRCULATOR	<u>[REDACTED]</u>																									
7. POSITION AND POSITIONAL AIDS (Specify) <u>PT on padded OR bed Head on foam doughnut Head pressure, Bean Bag used to maintain position, Arms out to front of body, R Arm on padded armboard, pillow on top of R Arm, L Arm on top of pillow, Arms secured with safety strap, Axillary Roll in place, pillow between legs (knees + ankles)</u>																												
<input type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE    LATERAL: <input checked="" type="checkbox"/> LEFT SIDE UP <input type="checkbox"/> RIGHT SIDE UP																												
COMMENTS: <u>Correct Body Alignment Maintained</u>																												
8. SKIN PREPARATION																												
HAIR REMOVAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PREP SOLUTION (Specify) <u>Beta/Beta</u>																										
DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT		SITE: <u>(L) Buttocks + Back (as below)</u> BY WHOM: <u>CPT [REDACTED]</u>																										
METHOD: <input type="checkbox"/> DEPILATORY <input type="checkbox"/> RAZOR		SITE: <u>[REDACTED]</u> BY WHOM: <u>b(6)-2</u>																										
<input type="checkbox"/> CLIP		COMMENTS: <u>no pooling of solutions noted</u>																										
9. LOCATION OF EXTERNAL DEVICES																												
LEGEND <u>N/A</u> X Ground Pad <u>N/A</u> Safety Strap <u>N/A</u> Tourniquet <u>prep</u> <u>b(6)-2</u>																												
C = Correct    I = Incorrect																												
10. COUNTS		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>First Closing Count</th> <th>Final Closing Count</th> <th>SCRUB</th> <th>CIRCULATOR</th> </tr> </thead> <tbody> <tr> <td>Sponge</td> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><u>e</u></td> <td><u>PFC [REDACTED]</u></td> <td><u>CPT [REDACTED]</u></td> </tr> <tr> <td>Needle Sharp</td> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><u>e</u></td> <td></td> <td></td> </tr> <tr> <td>Instrument</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			First Closing Count	Final Closing Count	SCRUB	CIRCULATOR	Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>e</u>	<u>PFC [REDACTED]</u>	<u>CPT [REDACTED]</u>	Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>e</u>			Instrument	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR																								
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>e</u>	<u>PFC [REDACTED]</u>	<u>CPT [REDACTED]</u>																								
Needle Sharp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>e</u>																										
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>b(6)-4</u>		<input type="checkbox"/> ESU NO: _____																										
<u>[REDACTED]</u>		GROUND PAD: BRAND _____																										
<u>[REDACTED]</u>		LOT NO: _____																										
<u>[REDACTED]</u>		<input type="checkbox"/> ESU NO: _____																										
<u>[REDACTED]</u>		GROUND PAD: BRAND _____																										
<u>[REDACTED]</u>		LOT NO: _____																										
<u>[REDACTED]</u>		<input type="checkbox"/> BIPOLAR NO: _____																										

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

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION  YES  NO, TYPE(S):  
 0.9% NaCl - 3000+ cc

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.
	1. 16F. Foley Replaced		
SITE	1. urinary Bladder		

18. DRESSING/IMMOBILIZATION (Specify)  
 0.9% NaCl moistened Kerlex Roll,  
 ABD pad, silk tape.

19. ADDITIONAL INFORMATION  
 WC - IV  
 Surgeon - Dr [REDACTED]  
 Anesthesia - MAS [REDACTED] CRNA - Gen/Mask  
 b(6)-2  
 DN 5179 previously initiated

20. OPERATION(S) PERFORMED  
 I + D/washout (L) hip wound b(6)-2

21. PATIENT TRANSFERRED TO PACU TIME 0835 METHOD wheeled stretcher

22. REGISTERED [REDACTED] CPT/mw



MEDICAL RECORD VITAL SIGNS RECORD

Main grid area for vital signs with columns for Hospital Day, Post-Day, Month-Year, Day, Hour, Pulse (O), Temp. F, Temp. C, and Respiration. Includes handwritten entries for 29 Oct, 30/31, and 1 Nov 2/3.

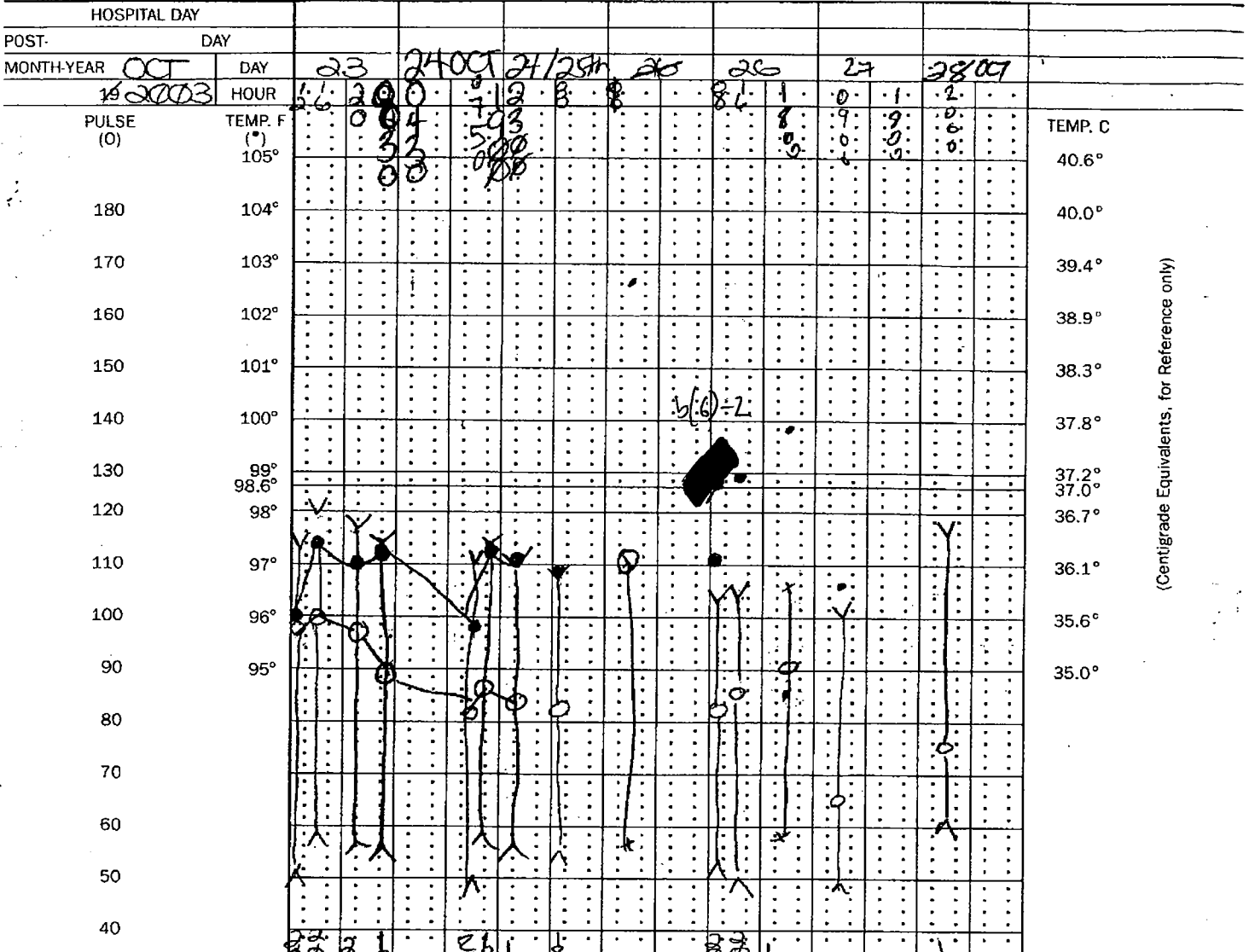
RESPIRATION RECORD section with columns for BLOOD PRESSURE, HEIGHT, and WEIGHT, containing handwritten numerical data.

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.

Handwritten scribble: # [redacted] b(6)-4

VITAL SIGNS RECORDS Medical Record

MEDICAL RECORD VITAL SIGNS RECORD



(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD	BLOOD PRESSURE		HEIGHT:		WEIGHT →	
	20 20 20 20 20 20 20 20	113/52 117/57	110/60 110/55 107/55 110/50	104/51 91	10/49	114/62
	119/58 113/56	110 1023	99% 99%	99%	99%	
			(RA) 99% (RA)	98%	99%	
			99% (RA) 99% (RA)	98%	99%	

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

# [REDACTED] b(6)-4

STANDARD FORM 511 (REV. 7-95) BACK

(b)(2)-2

TCU 3  
PACU

VENTILATOR FLOW SHEET  
GSM thru port

(b)(2)-2  
8.0 ET  
250 Feath

DATE	TIME	MODE	RATE	VOLUME	FI02	PEEP	PIP	PT RATE	HR	SO2	BP	Ph	Pco2	Po2	BE	HCO3	SaO2	REMARKS
10 Oct	0600	SIMV	14	1450	40	5	18	20	98	98/100	128	72	32	179	2	24	100	BBS CTA 5r
	0800	SIMV	14	1450	40	5	18	20	98	98/100	128	72	32	179	2	24	100	
	1010	SIMV	14	1450	40	5	18	20	98	98/100	128	72	32	179	2	24	100	
	1220	SIMV	14	1450	40	5	18	20	98	98/100	128	72	32	179	2	24	100	
	1420	SIMV	14	1450	40	5	18	20	98	98/100	128	72	32	179	2	24	100	
	1530	SIMV	14	1450	40	5	18	20	98	98/100	128	72	32	179	2	24	100	
	1812	SIMV	14	1450	40	5	18	20	98	98/100	128	72	32	179	2	24	100	
	1951	SIMV	14	1450	40	5	18	20	98	98/100	128	72	32	179	2	24	100	
	2237	SIMV	14	1450	40	5	18	20	98	98/100	128	72	32	179	2	24	100	
11 Oct	0000	SIMV	14	1450	40	5	18	20	98	98/100	128	72	32	179	2	24	100	
	0200	SIMV	14	1450	40	5	18	20	98	98/100	128	72	32	179	2	24	100	
	0400	SIMV	14	1450	40	5	18	20	98	98/100	128	72	32	179	2	24	100	
	0600	SIMV	14	1450	40	5	18	20	98	98/100	128	72	32	179	2	24	100	
	0800	SIMV	14	1450	40	5	18	20	98	98/100	128	72	32	179	2	24	100	
	1000	SIMV	14	1450	40	5	18	20	98	98/100	128	72	32	179	2	24	100	
	1200	SIMV	14	1450	40	5	18	20	98	98/100	128	72	32	179	2	24	100	
	1408	SIMV	14	1450	40	5	18	20	98	98/100	128	72	32	179	2	24	100	
	1600	SIMV	14	1450	40	5	18	20	98	98/100	128	72	32	179	2	24	100	
	1800	SIMV	14	1450	40	5	18	20	98	98/100	128	72	32	179	2	24	100	
	1943	SIMV	14	1450	40	5	18	20	98	98/100	128	72	32	179	2	24	100	
12 Oct	0430	SIMV	14	1450	40	5	18	20	98	98/100	128	72	32	179	2	24	100	

(b)(2)-2



**TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET**

FROM \_\_\_\_\_ HOURS  
TO \_\_\_\_\_ HOURS

TOTAL HOURS COVERED

DATE

**INTAKE**

ORAL				INTRAVENOUS					
TIME	TYPE	AMOUNT	ACCUM TOTAL	TIME STARTED	AMOUNT	TYPE <small>(Include Medications)</small>	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
06-18	H <sub>2</sub> O	600	600cc						
	↓ Ensure x 4								
	↓ Juice x 2	480							
3100	06 H <sub>2</sub> O	<del>400</del>	400						
18	juice x 3	680	1080cc						
	400 H <sub>2</sub> O	240	1320cc						
2 NOV 03	06-1800								
→	1200	200cc (H <sub>2</sub> O)	200cc						
→									
				<b>(FOLEY)* IRRIGATIONS (NG, Bladder, etc.)</b>					
				TIME		TYPE	AMOUNT		ACCUMULATIVE TOTAL
				3100		1400 (CYU)	1000		1000cc
				2 NOV. 03		06-1800			
						1230 (CYU)			400cc
<b>BLOOD/BLOOD DERIVATIVES</b>				<b>OTHER INTAKE</b>					
TIME STARTED	PRODUCT <small>(i.e. Bl, Alb, P. cells, etc.)</small>	TIME COMPL	AMOUNT	ACCUM TOTAL	TIME	TYPE	AMOUNT		ACCUMULATIVE TOTAL
				<b>GRAND TOTAL INTAKE</b>					

USAPPC V1.00

MEDCOM - 21465

TEST(S) SPECIMEN TAKEN	
DATE 10/10/11	TIME 1531
REQUESTED	
RESULTS	
<p>ABG:</p> <p>pH - 7.392</p> <p>PCO<sub>2</sub> - 37.2</p> <p>PO<sub>2</sub> - 179</p> <p>Na - 143</p> <p>K - 3.8</p> <p>iCa - 1.17</p> <p>Hc 23 Hb-8</p> <p>HCO<sub>3</sub> - 23</p> <p>TCO<sub>2</sub> - 24</p> <p>BE - -2</p> <p>SO<sub>2</sub> - 100</p>	

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE [REDACTED]

REPORTED BY [REDACTED]

TECH [REDACTED]

MD DATE [REDACTED]

LAB ID NO. [REDACTED]

REMARKS [REDACTED]

[REDACTED]

b(6)-4

MISC

URGENCY:  ROUTINE,  TODAY,  PRE-OP,  STAT

PATIENT STATUS:  BED,  OUTPATIENT,  NP,  DOM

SPECIMEN SOURCE (Specify)

TEST(S) SPECIMEN TAKEN	
DATE 100003	TIME 1800 P.M.
REQUESTED	
CBC with DIF	
RESULTS	
<p>ABG (i-ster)</p> <p>Yp</p> <p>99.0</p> <p>pH - 7.419</p> <p>PCO<sub>2</sub> - 38.4</p> <p>PO<sub>2</sub> - 172</p> <p>HCO<sub>3</sub> - 25</p> <p>TCO<sub>2</sub> - 26</p> <p>SO<sub>2</sub> - 106</p> <p>BE - 0</p> <p>Na - 143</p> <p>K - 4.1</p> <p>iCa - 0.98</p> <p>MCA - 18</p> <p>Hb - 6</p>	

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE [REDACTED]

REPORTED BY [REDACTED]

TECH [REDACTED]

MD DATE [REDACTED]

LAB ID NO. [REDACTED]

REMARKS [REDACTED]

b(6)-2

[REDACTED]

b(6)-2

MISC

URGENCY:  ROUTINE,  TODAY,  PRE-OP,  STAT

PATIENT STATUS:  BED,  OUTPATIENT,  NP,  DOM

SPECIMEN SOURCE (Specify)

SPECIMEN/LAB RPT NO. 10043

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE [REDACTED]

REPORTED BY [REDACTED]

TECH [REDACTED]

MD DATE 100003

LAB ID NO. 1530

REMARKS [REDACTED]

b(6)-4

MISC

URGENCY:  ROUTINE,  TODAY,  PRE-OP,  STAT

PATIENT STATUS:  BED,  OUTPATIENT,  NP,  AMB,  DOM

SPECIMEN SOURCE (Specify)

SPECIMEN/LAB RPT NO. 1003

TEST(S)  
SPECIMEN TAKEN

DATE [REDACTED]

TIME [REDACTED]

REQUESTED

LABORATORY

(CSC)

MEDCOM - 21466

557-107  
MISCELLANEOUS  
STANDARD FORM 557 (Rev. 3-71)  
Prescribed by GSA/ICMB  
FPMR (41 CFR) 101-11.6-505

===== PICCOLO =====  
 10/10/03 16:14 MALE  
 REFERENCE RANGE:  
 PATIENT #: [REDACTED]  
 GENERAL CHEMISTRY 12  
 DISC LOT #: [REDACTED]  
 OPER #: [REDACTED] DR #: 000  
 SERIAL #: [REDACTED]

167-2  
 [Faded laboratory data and headers]

Baso - 2  
 EOS - 4  
 Band - 36  
 Seg - 12  
 Lymph - 30  
 Mono - 16

2+ hypochromic  
 platelet decreased

ALB 2.2\* 3.3-5.5 G/DL  
 ALP 49 26-84 U/L  
 ALT \*\*\* 10-47 U/L  
 AMY 33 14-97 U/L  
 AST 52\* 11-38 U/L  
 TBIL 0.8 0.2-1.6 MG/DL  
 BUN \*\*\* 7-22 MG/DL  
 CA++ 8.1 8.0-10.3 MG/DL  
 CHOL 72\* 100-200 MG/DL  
 CRE 1.4\* 0.6-1.2 MG/DL  
 GLU 106 73-118 MG/DL  
 TP 4.4\* 6.4-8.1 G/DL

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

(b)(6) 4

Microbiology Request Form

[Redacted]

(b)(2)-2

Last Name: EPW

Ward: EMT ICW

First Name:

Room:

Patient # or SSN:

(b)(6)-4

Bed:

(b)(6)-2

Physician:

[Redacted]

Collected by:

[Redacted] (b)(6)-2

Date: 28 SEP 03

Source: BLOOD

Time: 1115

Site:

[Redacted]

Received by:

[Redacted]

(b)(6)-2

Specimen #:

(b)(6)-4

Date: 28 SEP 03

Time: 1230

Laboratory Results

NO GROWTH

Reported

Date: 3 OCT 03

(b)(6)-2

Time: 0900

Tech: [Redacted]

Reviewer: [Redacted]

Number of attached sheets:



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

LAST, FIRST, MI. **[REDACTED]**      SSN/PSEUDO SSN: **[REDACTED]**

# **[REDACTED]**      DATE: **10/10/03**      TIME: **0505**

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 <sup>9</sup>	Color	straw	N/A	RPR		Negative
RBC		4.7-6.1 x 10 <sup>9</sup>	App	chr	N/A	Mono		Negative
Hgb		12-16 g/dl	Glu	neg	Negative	Microbiology		
Hct		37-47 %	Bili	neg	Negative			
MCV		85-100 fL	Ket	neg	Negative	Gram Stain		
MCH		27-34 g/dL	SG	1.010	N/A	Occ Bld		Negative
MCHC		32-36 g/dL	Bld	lg	Negative	H. pylori		Negative
RDW		11.5-14.5 %	pH	6.5	N/A	Micro Parasites		
PLT		150-400 x 10 <sup>9</sup>	Prot	neg	Negative	Malaria		
Bands			Urob	neg	0.2-1.0	O & P		
Eos				neg	Negative	Other		

RAPIDPOINT COAG ANALYZER V4.54  
 SERIAL [REDACTED] 10/10/03 05:31

Patient ID: [REDACTED]      b(6)-4  
 Test Name :PT  
 Test Result:= 14.5 sec.  
 Ratio = 1.2  
 Calculated INR = 1.32  
 Sample Type:citrated wh. blood  
 Test Date :10/10/03  
 Test Time :05:29  
 Card Lot [REDACTED]  
 Operator [REDACTED]      b(6)-2

RAPIDPOINT COAG ANALYZER V4.54  
 SERIAL [REDACTED] 10/10/03 05:33

Patient ID: [REDACTED]      b(6)-4  
 Test Name :APTT  
 Test Result:= 22.1 sec.  
 \*\*\*RESULT OUT OF RANGE\*\*\*  
 Sample Type:citrated wh. blood  
 Test Date :10/10/03  
 Test Time :05:31  
 Card Lot [REDACTED]  
 Operator [REDACTED]

Microscopic Urinalysis		
Result		Nothing Seen

CSF		Blood Bank	
<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>			
gen	Negative	ABO/Rh	

Blood Bank Unit Crossmatch		
<b>MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED</b>		
UNIT	TYPE	CROSSMATCH
	F + C x 2	

REPORTED BY:      DATE:      LAB ID NO.:

b(6)-4  
b(6)-2

Ward/Section: <u>Room 12</u>		REQUESTING PHYSICIAN: <u>[REDACTED]</u>		<b>CHEMISTRY RESULT FORM</b> (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. # <u>[REDACTED]</u>		DATE: <u>10/10/03</u>	TIME: <u>05:20</u>	SSN/PSEUDO, SSN: <u>[REDACTED]</u>	
(STAT)		(Piccolo) Chemistry 12		(Piccolo) Metabolic Panel	
TEST	RESULT	REF. RANG.			
Na	<u>135</u>	138-146 mmol/L	PICCOLO		
K	<u>3.5</u>	3.5-4.9 mmol/L	REFERENCE RANGE: MALE		
Cl		98-109 mmol/L	PATIENT #: <u>[REDACTED]</u> b(6)-4		
pH	<u>7.285</u>	7.31-7.45	GENERAL CHEMISTRY 12		
PCO2	<u>42.0</u>	35-45 mmHg (b) 41-51 mmHg (ve)	DISC LOT #: <u>[REDACTED]</u>		
PO2	<u>224</u>	80-105 mmHg (a) N/A (ven)	OPER #: <u>[REDACTED]</u> DR #: <u>000</u>		
TCO2	<u>21</u>	23-27 mmol/L (a) 24-29 mmol/L (ve)	SERIAL #: <u>[REDACTED]</u> b(6)-2		
HCO3	<u>20</u>	22-26 mmol/L (a) 23-28 mmol/L (w)	ALB	2.9*	3.3-5.5 G/DL
sO2	<u>100</u>	95-98%	ALP	58	26-84 U/L
BEecf	<u>-7</u>	(-2) - (+3) mmol/L	ALT	24	10-47 U/L
AnGap		10-20 mmol/L	AMY	43	14-97 U/L
Ca		1.12-1.32 mmol/L	AST	56*	11-38 U/L
BUN		8-26 mg/dl	TBIL	1.1	0.2-1.6 MG/DL
GLU		70-105 mg/dl	BUN	10	7-22 MG/DL
Creat		0.7-1.5 mg/dl	CA++	7.6*	8.0-10.3 MG/DL
Hct		38-51% PCV	CHOL	26*	100-200 MG/DL
Hgb		12-17 g/dl	CRE	0.8	0.6-1.2 MG/DL
Misc. Chemistry			GLU	159*	73-118 MG/DL
TEST	RESULT	REF. RANG.	TP	4.6*	6.4-8.1 G/DL
Troponin-I			INST QC: OK    CHEM QC: OK		
Drug of Abuse			HEM 0, LIP 0, ICT 0		
REMARKS:					
REPORTED BY:		DATE:	LAB ID NO.:		

MEDCOM - 21470

b(6)-4

Ward/Section: 1623		REQUESTING PHYSICIAN:		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI.		DATE: 10/07/07		TIME: 1230		SSN/PSEUDO SSN:		
<b>(Hematology) CBC</b>			<b>Urinalysis</b>			<b>Misc. Serology</b>		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 <sup>3</sup>	Color		N/A	RPR		Negative
			App		N/A	Mono		Negative
			Glu		Negative	<b>Microbiology</b>		
			Bili		Negative	Source		
			Ket		Negative	Gram Stain		
			SG		N/A	Occ Bld		Negative
			Bld		Negative	H. pylori		Negative
			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	<b>Microscopic Urinalysis</b>		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	<b>CSF</b>			<b>Blood Bank</b>		
Sed Rate			Cell Count			<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>		
Other			Directigen		Negative	ABO/Rh		
<b>Coagulation Studies</b>			<b>Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)</b>					
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						
<b>REMARKS:</b>								
<b>REPORTED BY:</b>			<b>DATE:</b>			<b>LAB ID NO.:</b>		

MEDCOM - 21471

b(6)-4

Ward/Section: 1603			REQUESTING PHYSICIAN:			<b>CHEMISTRY RESULT FORM</b> (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. [REDACTED]			DATE: 12/30	TIME: 1007B	SSN/PSEUDO SSN:			
<b>(STAT)</b>			<b>(Piccolo) Chemistry 12</b>			<b>(Piccolo) Metabolic Panel</b>		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	142	138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K	4.1	3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA <sup>++</sup>		8.0-10.3 mg/dl
pH	7.373	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2	38.2	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA <sup>+</sup>		128-145 mmol/l
PO2	155	80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K <sup>+</sup>		3.3-4.7 mmol/l
TCO2	23	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL <sup>-</sup>		98-108 mmol/l
HCO3	22	22-26 mmol/L (art) 23-28 mmol/L (ven)	CA <sup>++</sup>		8.0-10.3 mg/dl	tCO <sub>2</sub>		18-33 mmol/l
sO2	99	95-98%	CHOL		100-200 mg/dl	<b>(Piccolo) Liver Panel Plus</b>		
BEecf	-3	(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca	1.07	1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	<b>(Piccolo) Methylene B</b>			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AST		11-38 u/l
Hct	25	38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb	9	12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
<b>Misc. Chemistry</b>			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA <sup>+</sup>		128-145 mmol/l	<b>(Piccolo) Electrolyte</b>		
Troponin-I			K <sup>+</sup>		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL <sup>-</sup>		98-108 mmol/l	NA <sup>+</sup>		128-145 mmol/l
			tCO <sub>2</sub>		18-33 mmol/l	K <sup>+</sup>		3.3-4.7 mmol/l
						CL <sup>-</sup>		98-108 mmol/l
						tCO <sub>2</sub>		18-33 mmol/l
<b>REMARKS:</b>								
<b>REPORTED BY:</b>			<b>DATE:</b>			<b>LAB ID NO.:</b>		

MEDCOM - 21472

Ward/Section: 1603			REQUESTING PHYSICIAN: [REDACTED]			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. [REDACTED]			DATE: 10/06/03	TIME: 083	SSN/PSEUDO SSN:			
<b>(Hematology) CBC</b>			<b>Urinalysis</b>			<b>Misc. Serology</b>		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WT	[REDACTED]		Color		N/A	RPR		Negative
RB	[REDACTED]		App		N/A	Mono		Negative
Hg	[REDACTED]		Glu		Negative	<b>Microbiology</b>		
Hct	[REDACTED]		Bili		Negative	Source		
MC	[REDACTED]		Ket		Negative	Gram Stain		
Plt	[REDACTED]		SG		N/A	Occ Bld		Negative
Lyr	[REDACTED]		Bld		Negative	H. pylori		Negative
			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	<b>Microscopic Urinalysis</b>		
RBC Morph			RAPIDPOINT COAG ANALYZER V4.54 SERIAL [REDACTED] 10/10/03 09:25 Patient ID: [REDACTED] b(6)-4 Test Name: APTT Test Result: 49.6 sec. ***RESULT NOT RANGE CHECKED*** Sample Type: citrated plasma Test Date: 10/10/03 Test Time: 09:22 Card Lot: [REDACTED] b(6)-4 Operator: [REDACTED] b(6)-2			<b>Blood Bank</b> <b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b> ABO/Rh		
Spun Hematocrit		42-52% (M) 37-47% (F)	RAPIDPOINT COAG ANALYZER V4.54 SERIAL [REDACTED] 10/10/03 08:54 Patient ID: [REDACTED] b(6)-4 Test Name: PT Test Result: 16.1 sec. Ratio = 1.3 Calculated INR = 1.57 Sample Type: citrated wh. blood Test Date: 10/10/03 Test Time: 08:52 Card Lot: [REDACTED] b(6)-4 Operator: [REDACTED] b(6)-2			<b>Unit Crossmatch WITH EVERY UNIT OF BLOOD REQUESTED</b> <b>CROSSMATCH</b>		
Sed Rate			<b>Coagulation Studies</b>					
Other			TEST	RESULT	REF.			
			PT		9.8-13.			
			APTT		21-34			
			D dimer		<20 ug			
			FDP		<10 ug			
REMARKS:								
REPORTED BY:								

MEDCOM - 21473

Ward/Section: 1003		REQUESTING PHYSICIAN: [REDACTED]		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI. [REDACTED]		DATE	TIME	SSN/PSEUDO SSN:				
G-STAT		(Piccolo) Chemistry 12		(Piccolo) Metabolic Panel				
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na					3.5-5.5 g/dl	GLU		73-118 mg/dl
K					26-84 u/l	BUN		7-22 mg/dl
Cl					10-47 u/l			
pH					14-97 u/l			
PCO2					11-38 u/l			
PO2					0.2-1.6 mg/c			
TCO2					7-22 mg/dl			
HCO3					8.0-10.3mg			
sO2					100-200 mg/c			
BEcof					0.6-1.2 mg/l			
AnGap					73-118 mg/l			
Ca					6.4-8.1 g/dl			
BUN								
GLU								
Creat								
Hct								
Hgb								
Mis								
TEST	RE							
Troponin-I								
Drug of Abuse								
REMARKS:								
REPORTED BY:			DATE:			LAB ID NO.:		

MEDCOM - 21474

b(6)-4      b(6)-2      b(6)-4

Ward/Section (1)		REQUESTING PHYSICIAN				CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST MI.		DATE	TIME	SSN/PEEUDC				
(STAT)		(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel			
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	142	138-146 mmol/dL	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K	3.8	3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA <sup>++</sup>		8.0-10.3 mg/dl
pH	7.360	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2	38.5	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA <sup>+</sup>		128-145 mmol/dl
PO2	382	80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K <sup>+</sup>		3.3-4.7 mmol/l
TCO2	23	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL <sup>-</sup>		98-108 mmol/l
HCO3	22	22-26 mmol/L (art) 23-28 mmol/L (art)	CA <sup>++</sup>		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
SO2	100	95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEecf	-4	(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca	1.20	1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	(Piccolo) Mellyte 8			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AST		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AMY		11-38 u/l
Hct	23	38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb	8	12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc Chemistry			CK		39-380 l (M) 30-190 l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA <sup>+</sup>		128-145 mmol/l	(Piccolo) Electrolyte		
Tropoin-1			K <sup>+</sup>		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL <sup>-</sup>		98-108 mmol/l	NA <sup>+</sup>		128-145 mmol/l
			tCO2		18-33 mmol/l	K <sup>+</sup>		3.3-4.7 mmol/l
						CL <sup>-</sup>		98-108 mmol/l
						tCO2		18-33 mmol/l
REMARKS:								
REPORTED BY:			DATE:		LAB ID NO.:			
MEDCOM - 21475								

Ward/Section:		REQUESTING PHYSICIAN:		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI.			DATE	TIME	SSN/PSEUDO SSN:		
<b>(Hematology) CBC</b>			<b>Urinalysis</b>		<b>Misc. Serology</b>		
TEST	RESULT	REF. RANGE			TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 <sup>3</sup>	b(6)-4		RPR		Negative
RBC		4.7-6.1 x 10 <sup>9</sup>			Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)			<b>Microbiology</b>		
Hct		42-52% (M) 37-47% (F)			Source		
MCV		80-94 fl (M) 81-99 fl (F)			Gram Stain		
Plt		130-500 x 10 <sup>3</sup> verified			Occ Bld		Negative
Lymph %		20.5-51.1%			H. pylori		Negative
<b>(Hematology) Manual Differentia</b>			<i>Plts - decreased</i>		Micro Parasites		
Segs		Mono			Malaria		
Bands		Eos	Urob		0.2-1.0	O & P	
Lymph		Baso	Nit		Negative	Other	
Atyp		Imm	Leuk		Negative	<b>Microscopic Urinalysis</b>	
RBC Morph			HCG		Negative		
Spun Hematocrit		42-52% (M) 37-47% (F)	<b>CSF</b>		<b>Blood Bank</b>		
Sed Rate			Cell Count		<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>		
Other			Directigen		Negative	ABO/Rh	
<b>Coagulation Studies</b>			<b>Blood Bank Unit Crossmatch</b> <b>(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)</b>				
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					
<b>REMARKS:</b>							
REPORTED BY:			DATE:		LAB ID NO.:		

MEDCOM - 21476



Ward/Section: **ICU 3** b(6)-4 b(6)-2 **CHEMISTRY RESULT FORM**  
 (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. **EPW** DATE **100909** TIME **0320** SSN/PSEUDO SSN:

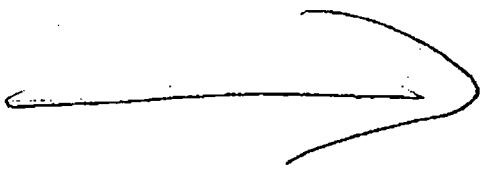
(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	143	136-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K	3.5	3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA <sup>++</sup>		8.0-10.3 mg/dl
pH	7.412	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2	38.8	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA <sup>+</sup>		128-145 mmol/l
PO2	190	80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K <sup>+</sup>		3.3-4.7 mmol/l
TCO2	26	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL <sup>-</sup>		98-108 mmol/l
HCO3	25	22-26 mmol/L (art) 23-28 mmol/L (ven)	CA <sup>++</sup>		8.0-10.3 mg/dl	tCO <sub>2</sub>		18-33 mmol/l
sO2	100	95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEecf	0	(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca	1.10	1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	(Piccolo) Metlyte 8			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AST		11-38 u/l
Hct	33	38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb	7.11	12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA <sup>+</sup>		128-145 mmol/l	(Piccolo) Electrolyte		
Troponin-I			K <sup>+</sup>		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL <sup>-</sup>		98-108 mmol/l	NA <sup>+</sup>		128-145 mmol/l
			tCO <sub>2</sub>		18-33 mmol/l	K <sup>+</sup>		3.3-4.7 mmol/l
						CL <sup>-</sup>		98-108 mmol/l
						tCO <sub>2</sub>		18-33 mmol/l

REMARKS:

REPORTED BY: DATE: LAB ID NO.:

MISC  
ADG

MEDCOM - 21477



Ward/Section: **ICU # 3** REQUESTING PHYSICIAN: [REDACTED] LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. [REDACTED] DATE: **11 Oct 03** TIME: [REDACTED] SSN/PSE/ID SSN: **b(6)-4**

(Hematology) CBC Urinalysis Misc. Serology

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

===== PICCOLO =====  
 11/10/03 05:54  
 REFERENCE RANGE: MALE  
 PATIENT #: [REDACTED] **b(6)-4**  
 GENERAL CHEMISTRY 12  
 DISC LOT #: [REDACTED]  
 OPER #: [REDACTED] DR #: 000  
 SERIAL #: [REDACTED]

**(Hematology) Manual Differential**

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	

RAPIDPOINT COAG ANALYZER V4.54  
 SERIAL [REDACTED] 10/11/03 04:31  
 Patient ID: [REDACTED] **b(6)-4**  
 Test Name :PT  
 Test Result:= 17.9 sec.  
 Ratio = 1.5  
 Calculated INR = 1.86  
 Sample Type:citrated wh. blood  
 Test Date :10/11/03  
 Test Time :04:30  
 Card Lot: [REDACTED] **b(6)-2**  
 Operator: [REDACTED]

ALB	1.6*	3.3-5.5	G/DL
ALP	31	26-84	U/L
ALT	17	10-47	U/L
AMY	57	14-97	U/L
AST	64*	11-38	U/L
TBIL	0.4	0.2-1.6	MG/DL
BUN	9	7-22	MG/DL
CA++	6.4*	8.0-10.3	MG/DL
CHOL	***	100-200	MG/DL
CRE	0.9	0.6-1.2	MG/DL
GLU	70*	73-118	MG/DL
TP	2.4*	6.4-8.1	G/DL

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

**Coagulation S**

TEST	RESULT	RI
PT		9.8
APTT		21
D dimer		<2
FDP		<1

RAPIDPOINT COAG ANALYZER V4.54  
 SERIAL [REDACTED] 10/11/03 04:36  
 Patient ID: 983 **b(6)-4**  
 Test Name :APTT  
 Test Result:= 63.9 sec.  
 \*\*\*RESULT OUT OF RANGE\*\*\*  
 Sample Type:citrated wh. blood  
 Test Date :10/11/03  
 Test Time :04:32  
 Card Lot: [REDACTED] **b(6)-2**  
 Operato: [REDACTED]

REMARKS:  
 REPORTED BY:

b(6)-4      b(6)-2      b(6)-1

Ward/Section: <b>ICU #3</b>			REQUESTING PHYSICIAN: [REDACTED]			<b>CHEMISTRY RESULT FORM</b> (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI: [REDACTED]			DATE: <b>11/10/03</b>		TIME: [REDACTED]		SSN/PSEUDO SSN: [REDACTED]	
(STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	141	138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K	3.3	3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA <sup>++</sup>		8.0-10.3 mg/dl
pH	7.430	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2	38.4	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA <sup>+</sup>		128-145 mmol/l
PO2	167	80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K <sup>+</sup>		3.3-4.7 mmol/l
TCO2	26	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL <sup>-</sup>		98-108 mmol/l
HCO3	25	22-26 mmol/L (art) 23-28 mmol/L (ven)	CA <sup>++</sup>		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
sO2	100	95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEccf	1	(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca	1.08	1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	(Piccolo) Metlyte 8			ALT		10-47 u/l
GLU		70-105 mg/dl	===== PICCOLO ===== 11/10/03      04:23 REFERENCE RANGE:      MALE PATIENT #: [REDACTED] b(6)-4 METLYTE 8 DISC LOT #: [REDACTED] OPER #: [REDACTED]      DR #: 000 SERIAL #: b(6)-L [REDACTED]			AMY		14-97 u/l
Creat		0.7-1.5 mg/dl				AST		11-38 u/l
Hct	26	38-51% PCV				TBIL		0.2-1.6 mg/dl
Hgb	9	12-17 g/dl				GGT		5-65 u/l
Misc. Chemistry						TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	(Piccolo) Electrolyte			TEST	RESULT	REF. RANGE
Troponin-I			GLU	89	73-118 MG/DL	NA <sup>+</sup>		128-145 mmol/l
Drug of Abuse			BUN	6*	7-22 MG/DL	K <sup>+</sup>		3.3-4.7 mmol/l
			CRE	0.8	0.6-1.2 MG/DL	CL <sup>-</sup>		98-108 mmol/l
			CK	4279*	39-380 U/L	tCO2		18-33 mmol/l
			NA <sup>+</sup>	128	128-145 MMOL			
			K <sup>+</sup>	3.8	3.3-4.7 MMOL			
			CL <sup>-</sup>	102	98-108 MMOL			
			tCO2	21	18-33 MMOL			
REMARKS: <b>ABC</b>			INST QC: OK    CHEM QC: OK HEM 1+, LIP 0, ICT 0					
REPORTED BY:			DATE:		LAB ID NO.:			

MEDCOM - 21479

509 1811

b(6)-2

Ward/Section: <u>FU-3</u>			REQUESTING PHYSICIAN: <u>[REDACTED]</u>			<b>LABORATORY RESULT FORM</b> (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. <u>[REDACTED]</u>			DATE: <u>11/04/03</u>			TIME: <u>1500</u>		
						SSN/PSEUDO SSN:		
<b>(Hematology) CBC</b>			<b>Urinalysis</b>			<b>Misc. Serology</b>		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	<u>[REDACTED]</u>	4.2-10.8 x 10 <sup>9</sup>	Color		N/A	RPR		Negative
RE	<u>b(6)-4</u>		App		N/A	Mono		Negative
Hgb			Glu		Negative	<b>Microbiology</b>		
Hct			Bili		Negative	Source		
M			Ket		Negative	Gram Stain		
Plt			SG		N/A	Occ Bld		Negative
Ly			Bld		Negative	H. pylori		Negative
Sr			pH		N/A	Micro Parasites		
B			Prot		Negative	Malaria		
Lymph		Baso	Urob		0.2-1.0	O & P		
Atyp		Imm	Nit		Negative	Other		
RBC Morph			Leuk		Negative	<b>Microscopic Urinalysis</b>		
			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	<b>CSF</b>			<b>Blood Bank</b>		
Sed Rate			Cell Count			<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>		
Other			Directigen		Negative	ABO/Rh		
<b>Coagulation Studies</b>			<b>Blood Bank Unit Crossmatch</b> (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						
<b>REMARKS:</b>								
REPORTED BY:			DATE:			LAB ID NO.:		

MEDCOM - 21480

b(6)-4      b(6)-2

Ward/Section: <u>ICU</u>			REQUESTING PHYSICIAN: <u>[REDACTED]</u>			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. <u>Edwards</u>			DATE: <u>11 October 1993</u>			SSN/PSEUDO SSN:		
(i-STAT)			Chemistry			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	140	138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K	2.9	3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl	103	98-109 mmol/L	ALT		10-47 u/l	CA <sup>++</sup>		8.0-10.3 mg/dl
pH	7.477	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2	36.8	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA <sup>+</sup>		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K <sup>+</sup>		3.3-4.7 mmol/l
TCO2	28	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL <sup>-</sup>		98-108 mmol/l
HCO3	27	22-26 mmol/L (art) 23-28 mmol/L (ven)	CA <sup>++</sup>		8.0-10.3 mg/dl	tCO <sub>2</sub>		18-33 mmol/l
sO2		95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEecf	4	(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap	13	10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.52 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN	10	8-26 mg/dl	(Piccolo) Methyte 8			ALT		10-47 u/l
GLU	77	70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AST		11-38 u/l
Hct	27	38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb	9	12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA <sup>+</sup>		128-145 mmol/l	(Piccolo) Electrolyte		
Troponin-I			K <sup>+</sup>		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL <sup>-</sup>		98-108 mmol/l	NA <sup>+</sup>		128-145 mmol/l
			tCO <sub>2</sub>		18-33 mmol/l	K <sup>+</sup>		3.3-4.7 mmol/l
						CL <sup>-</sup>		98-108 mmol/l
						tCO <sub>2</sub>		18-33 mmol/l
REMARKS:								
REPORTED BY: <u>SR</u>			DATE: <u>11 Oct 93</u>			LAB ID NO.:		

MEDCOM - 21481

Ward/Section <b>ICU</b>		REQUISITION: <b>[REDACTED]</b>		CIAN: <b>[REDACTED]</b>		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)			
L. M.I. <b>[REDACTED]</b>		DATE <b>1/2/83</b>		TIME <b>0100</b>		SSN/PSEUDO SSN:			
<b>(Hematology) CBC</b>				<b>Urinalysis</b>			<b>Misc. Serology</b>		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	
WBC	11.0	4.5-10.5	r		N/A	RPR		Negative	
RBC	3.0	4.0-5.4			N/A	Mono		Negative	
Hgb	11.0	12.0-16.0			Negative	<b>Microbiology</b>			
Hct	35.0	38.0-48.0			Negative	Source			
MCV	100.0	80.0-100.0			Negative	Gram Stain			
Plt	150,000	150,000-400,000			N/A	Occ Bld		Negative	
Lymph %	25	20-40			Negative	H. pylori		Negative	
<b>(Hematology) Manual Differential</b>			pH		N/A	Micro Parasites			
Segs	15	Mono	21	Prot		Negative	Malaria		
Bands	33	Eos	3	Urob		0.2-1.0	O & P		
Lymph	25	Baso	3	Nit		Negative	Other		
Atyp		Imm		Leuk		Negative	<b>Microscopic Urinalysis</b>		
RBC Morph	Plts decreased			HCG		Negative			
Spun Hematocrit	42-52% (M) 37-47% (F)		<b>CSF</b>			<b>Blood Bank</b>			
Sed Rate			Cell Count			<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>			
Other			Directigen	Negative		ABO/Rh			
<b>Coagulation Studies</b>			<b>Blood Bank Unit Crossmatch</b> <b>(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)</b>						
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							
<b>REMARKS:</b>									
REPORTED BY:			DATE:		LAB ID NO.:				

b(6)-4

b(6)-2

Ward/Section: <u>OK</u>		REQUESTING PH: <u>[REDACTED]</u>			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI: <u>[REDACTED]</u>		DATE: <u>11 Oct 03</u>		TIME: <u>1035</u>		SSN/PEEUO: <u>[REDACTED]</u>		SSN: <u>[REDACTED]</u>
(i-STAT)		(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel			
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	139	138-146 mmol/dL	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K	3.1	3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl	103	98-109 mmol/L	ALT		10-47 u/l	CA <sup>++</sup>		8.0-10.3 mg/dl
pH	7.418	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2	45.2	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA <sup>+</sup>		128-145 mmol/dl
PO2	301	80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K <sup>+</sup>		3.3-4.7 mmol/l
TCO2	31	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL <sup>-</sup>		98-108 mmol/l
HCO3	29	22-26 mmol/L (art) 23-28 mmol/L (art)	CA <sup>++</sup>		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
SO2	100	95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEecf	5	(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	-RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca	1.15	1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN	10	8-26 mg/dl	(Piccolo) Methylx 8			ALT		10-47 u/l
GLU	83	70-105 mg/dl	TEST	RESULT	REF. RANGE	AST		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AMY		11-38 u/l
Hct	23	38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb	8	12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK		39-380 l (M) 30-190 l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA <sup>+</sup>		128-145 mmol/l	(Piccolo) Electrolyte		
Tropoin-I			K <sup>+</sup>		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL <sup>-</sup>		98-108 mmol/l	NA <sup>+</sup>		128-145 mmol/l
			tCO2		18-33 mmol/l	K <sup>+</sup>		3.3-4.7 mmol/l
						CL <sup>-</sup>		98-108 mmol/l
						tCO2		18-33 mmol/l
REMARKS:								
REPORTED BY: <u>[REDACTED]</u>			DATE:		LAB ID NO.:			

MEDCOM - 21483

Ward/Section: <b>1003</b>			REQUESTING PHYSICIAN:			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI.			DATE <b>12 Oct</b>	TIME <b>0400</b>	SSN: [REDACTED]	SSN:		
<b>(Hematology) CBC</b>			<b>Urinalysis</b>			<b>Misc. Serology</b>		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	[REDACTED]	4.8-10.8	Color		N/A	RPR		Negative
RB	<b>b(6)-4</b>	4.0-11.0	App		N/A	Mono		Negative
Hgb	[REDACTED]	12.0-16.0	Glu		Negative	<b>Microbiology</b>		
Hct	[REDACTED]	37.0-47.0	Bili		Negative	Source		
MC	[REDACTED]	86.0-100.0	Ket		Negative	Gram Stain		
Plt	[REDACTED]	150-400	SG		N/A	Occ Bld		Negative
Lyn	[REDACTED]	20-40	Bld		Negative	H. pylori		Negative
Segs		Mono	pH		N/A	Micro Parasites		
Bands		Eos	Prot		Negative	Malaria		
Lymph		Baso	Urob		0.2-1.0	O & P		
Atyp		Imm	Nit		Negative	Other		
RBC Morph			Leuk		Negative	<b>Microscopic Urinalysis</b>		
Spun Hematocrit		42-52% (M) 37-47% (F)	HC	RAPIDPOINT COAG ANALYZER V4.54 SERIAL [REDACTED] 10/12/03 04:37				
Sed Rate			Patient ID: [REDACTED] <b>b(6)-4</b>					
Other			Test Name: PT Test Result: 14.9 sec. Ratio = 1.2 Calculated INR = 1.38 Sample Type: citrated wh. blood Test Date: 10/12/03 Test time: 04:36 <b>b(6)-4</b>					
<b>Coagulation Studies</b>			Card Lot: [REDACTED] <b>b(6)-2</b>					
TEST	RESULT	REF. RANGE	operator: [REDACTED] <b>b(6)-2</b>					
PT		9.8-13.6 secs	RAPIDPOINT COAG ANALYZER V4.54 SERIAL #005485 10/12/03 04:40					
APTT		21-34 secs	Patient ID: [REDACTED] <b>b(6)-4</b>					
D dimer		<20 ug/ml	Test Name: APTT Test Result: 59.2 sec. ***RESULT OUT OF RANGE*** Sample Type: citrated wh. blood Test Date: 10/12/03 Test Time: 04:37 <b>b(6)-2</b>					
FDP		<10 ug/ml	Card Lot: [REDACTED] <b>b(6)-2</b>					
REMARKS:			Operator: [REDACTED] <b>b(6)-2</b>					
REPORTED BY:			DATE: <b>10/12/03</b>					

**b(6)-4**



Ward/Section:			REQUESTING PHYSICIAN:			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI.			DATE		TIME	SSN/PSEUDO SSN:		
(i-STAT) Chem 7			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	141	138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K	3.0	3.5-4.5 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl	102	98-109 mmol/L	ALT		10-47 u/l	CA <sup>++</sup>		8.0-10.3 mg/dl
pH	7.438	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2	43.4	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA <sup>+</sup>		128-145 mmol/l
PO2	80	80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K <sup>+</sup>		3.3-4.7 mmol/l
TCO2	30	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL <sup>-</sup>		98-108 mmol/l
HCO3	29	23-26 mmol/L (art) 21-28 mmol/L (ven)	CA <sup>++</sup>		8.0-10.3 mg/dl	tCO <sub>2</sub>		18-33 mmol/l
sO2	95	95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEecf	5	(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap	9	10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca	1.24	1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN	10	8-26 mg/dl	(Piccolo) Metlyte 8			ALT		10-47 u/l
GLU	62	70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AST		11-38 u/l
Hct	38	38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb	13	12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA <sup>+</sup>		128-145 mmol/l	(Piccolo) Electrolyte		
Troponin-I			K <sup>+</sup>		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL <sup>-</sup>		98-108 mmol/l	NA <sup>+</sup>		128-145 mmol/l
			tCO <sub>2</sub>		18-33 mmol/l	K <sup>+</sup>		3.3-4.7 mmol/l
						CL <sup>-</sup>		98-108 mmol/l
						tCO <sub>2</sub>		18-33 mmol/l
REMARKS:								
REPORTED BY:			DATE:		LAB ID NO.:			

MEDCOM - 21485

Microbiology Request Form

*[Handwritten signature]*  
[Redacted]  
(b)(2)-2

Last Name: [Redacted] b(6)-4 Ward: 1C03

First Name: [Redacted] Room: [Redacted]

Patient # or SSN: [Redacted] Bed: [Redacted]

Collected by: [Redacted] b(6)-2 Physician: [Redacted] b(6)-4

Date: 1005103 Source: (R) Skin swab

Time: 1130 Site: [Redacted]

[Redacted]

Received by: [Redacted] b(6)-2 Specimen #: [Redacted]

Date: 1005103

Time: 1252 [Redacted] b(6)-4

Laboratory Results

Escherichia coli;

Reported

Date: 13 oct 03

Time: 1030

Tech: [Redacted]

Reviewer: [Redacted] Number of attached sheets: [Redacted]

**Microbiology Report**

b(6)-4

(b)(2)-2

Name: [Redacted] Specimen: [Redacted] Status: Final  
 Patient ID: [Redacted] Source: Blood Collected: [Redacted]  
 Ward/Rm: [Redacted] Ward of Iso: [Redacted] Attd. Phys: [Redacted]

1 Escherichia coli Status: Final

1 E. coli

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

S = Susceptible N/R = Not Reported Blank = Data not available, or drug not advisable or tested  
 I = Intermediate - = Not Tested ESBL = Extended spectrum beta-lactamase  
 R = Resistance TFG = Thymidine-dependent strain Blac = Beta-lactamase positive  
 MIC = mcg/ml (mg/L)

R\* = Resistant due to extended spectrum beta-lactamases (ESBL)  
 EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.  
 IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a beta-lactamase test is recommended for Enterococcus species.

- (a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
- (b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (S=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
- (c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
- (d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints. For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name: [Redacted] Specimen: [Redacted] Status: Final  
 Patient ID: [Redacted] Source: Blood Collected: [Redacted]  
 Ward/Rm: [Redacted] Ward of Iso: [Redacted] Req. Phys: [Redacted]

b(6)-4      b(6)-2      b(6)-4

Ward/Section: <u>ICU 3</u>		REQUESTING PHYSICIAN: <u>[REDACTED]</u>		<b>LABORATORY RESULT FORM</b> (Subject to the Privacy Act of 1974)				
LAST, <u>[REDACTED]</u>		DATE: <u>14 Oct 03</u>		TIME: <u>0900</u>		SSN/POSTAL CODE: <u>[REDACTED]</u>		
<b>(Hematology) CBC</b>			<b>Urinalysis</b>			<b>Misc. Serology</b>		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
W	[REDACTED]		Color		N/A	RPR		Negative
R	[REDACTED]		App		N/A	Mono		Negative
H	[REDACTED]		Glu		Negative	<b>Microbiology</b>		
H	[REDACTED]		Bili		Negative	Source		
M	[REDACTED]		Ket		Negative	Gram Stain		
P	[REDACTED]		SG		N/A	Occ Bld		Negative
L	[REDACTED]		Bld		Negative	H. pylori		Negative
			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	<b>Microscopic Urinalysis</b>		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	<b>CSF</b>			<b>Blood Bank</b>		
Sed Rate			Cell Count			<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>		
Other			Directigen		Negative	ABO/Rh		
<b>Coagulation Studies</b>			<b>Blood Bank Unit Crossmatch</b> (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						
<b>REMARKS:</b>								
REPORTED BY:			DATE:			LAB ID NO.:		

MEDCOM - 21488

b(6)-4                      b(6)-2                      b(6)-4

Ward/Section: <b>1603</b>		REQUESTER: [REDACTED]		PLAN: [REDACTED]		<b>CHEMISTRY RESULT FORM</b> (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI: [REDACTED]			DATE: <b>19 OCT 03</b>	TIME: <b>0400</b>	SSN/PIN/DOB: [REDACTED]			
(STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	141	138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K	2.8	3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl	101	98-109 mmol/L	ALT		10-47 u/l	CA <sup>++</sup>		8.0-10.3 mg/dl
pH	7.453	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2	47.1	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA <sup>+</sup>		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K <sup>+</sup>		3.3-4.7 mmol/l
TCO2	34	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL <sup>-</sup>		98-108 mmol/l
HCO3	33	22-26 mmol/L (art) 23-28 mmol/L (ven)	CA <sup>++</sup>		8.0-10.3 mg/dl	tCO <sub>2</sub>		18-33 mmol/l
sO2		95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEecf	9	(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap	9	10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	(Piccolo) Metlyte 8			ALT		10-47 u/l
GLU	13	70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat	0.9	0.7-1.5 mg/dl	GLU		73-118 mg/dl	AST		11-38 u/l
Hct	27	38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb	9	12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
(Misc. Chemistry)			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA <sup>+</sup>		128-145 mmol/l	(Piccolo) Electrolyte		
4/1/03			K <sup>+</sup>		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Troponin-I			CL <sup>-</sup>		98-108 mmol/l	NA <sup>+</sup>		128-145 mmol/l
Drug of Abuse			tCO <sub>2</sub>		18-33 mmol/l	K <sup>+</sup>		3.3-4.7 mmol/l
						CL <sup>-</sup>		98-108 mmol/l
						tCO <sub>2</sub>		18-33 mmol/l
REMARKS:								
REPORTED BY:			DATE:			LAB ID NO.:		

MEDCOM - 21489

b(6)-4

Ward/Section:		REQUESTING PHYSICIAN:			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI.				DATE	TIME	SSN/PSEUDO SSN:			
<b>(Hematology) CBC</b>				<b>Urinalysis</b>		<b>Misc. Serology</b>			
I	ID	15-10-03		TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WE	LB	04:40		Color		N/A	RPR		Negative
RB	MCC		7.2 x10 <sup>3</sup> /dL	App		N/A	Mono		Negative
	Patient Limits		4.5 10.5	Glu		Negative	<b>Microbiology</b>		
Hg	RBC	3.39 L	x10 <sup>6</sup> /dL	Bili		Negative	Source		
	Hgb	9.5 L	g/dL	Ket		Negative	Gram Stain		
Hct	Hct	30.3 L	%	SG		N/A	Occ Bld		Negative
Mt	MCV	89.1	fL	Bld		Negative	H. pylori		Negative
	MCH	28.1	pg	pH		N/A	Micro Parasites		
	MCHC	31.6 L	g/dL	Segs			Malaria		
Plt	Plt	66.	x10 <sup>3</sup> /dL	Bands			O & P		
	LYZ	12.1	x10 <sup>3</sup> /dL	Lymph			Other		
Ly	LYB	0.9	x10 <sup>3</sup> /dL	Atyp			<b>Microscopic Urinalysis</b>		
			1.2 3.4	RBC Morph					
<b>(Hematology) Manual Differential</b>				HCG		Negative	<b>Blood Bank</b>		
Segs		Mono		<b>CSF</b>			<b>Blood Bank</b>		
Bands		Eos		Cell Count			<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>		
Lymph		Baso		Directigen		Negative	ABO/Rh		
Atyp		Imm		<b>Coagulation Studies</b>			<b>Blood Bank Unit Crossmatch</b>		
RBC Morph				<b>(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)</b>					
Spun Hematocrit		42-52% (M)		TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
		37-47% (F)		PT		9.8-13.6 secs			
Sed Rate				APTT		21-34 secs			
Other				D dimer		<20 ug/ml			
				FDP		<10 ug/ml			
<b>REMARKS:</b>									
<b>REPORTED BY:</b>				<b>DATE:</b>			<b>LAB ID NO.:</b>		

Ward/Section: <b>ICU 3</b>		REQUESTING PHYSICIAN:			<b>CHEMISTRY RESULT FORM</b> (Subject to the Privacy Act of 1974)			
LA: [REDACTED]		DATE: <b>16 Oct 03</b>		TIME: <b>0900</b>		SSN: [REDACTED]		
<b>(Piccolo) Chemistry 12</b>			<b>(Piccolo) Metabolic Panel</b>					
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	134	138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K	3.4	3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA <sup>++</sup>		8.0-10.3 mg/dl
pH	7.517	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2	39.8	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA <sup>+</sup>		128-145 mmol/l
PO2	58	80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K <sup>+</sup>		3.3-4.7 mmol/l
TCO2	33	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL <sup>-</sup>		98-108 mmol/l
HCO3	32	22-26 mmol/L (art) 23-28 mmol/L (ven)	CA <sup>++</sup>		8.0-10.3 mg/dl	tCO <sub>2</sub>		18-33 mmol/l
sO2	92	95-98%	CHOL		100-200 mg/dl	<b>(Piccolo) Liver Panel Plus</b>		
BEecf	9	(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca	1.17	1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	<b>(Piccolo) Metlyte 8</b>			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AST		11-38 u/l
Hct	30	38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb	10	12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
<b>Misc. Chemistry</b>			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA <sup>+</sup>		128-145 mmol/l	<b>(Piccolo) Electrolyte</b>		
Treponin-I			K <sup>+</sup>		3.3-4.7 mmol/l			
Drug of Abuse			CL <sup>-</sup>		98-108 mmol/l			
			tCO <sub>2</sub>		18-33 mmol/l			
REMARKS:								
REPORTED BY:			DATE:		LAB ID NO.:			

===== PICCOLO =====  
 15/10/03 04:42  
 REFERENCE RANGE: MALE  
 PATIENT #: [REDACTED] b(6)-4  
 METLYTE 8 [REDACTED]  
 DISC LOT #: [REDACTED]  
 OPER #: [REDACTED] DR #: 000  
 SERIAL #: [REDACTED] b(6)-2  
 .....  
 GLU 112 73-118 MG/DL  
 BUN \*\*\* 7-22 MG/DL  
 CRE 0.7 0.6-1.2 MG/DL  
 CK 342 39-380 U/L  
 NA+ → 134 128-145 MMOL/L  
 K+ 4.0 3.3-4.7 MMOL/L  
 CL- 99 98-108 MMOL/L  
 tCO2 29 18-33 MMOL/L

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

MEDCOM - 21491

Ward/Section: ICU 3			REQUESTING PHYSICIAN: [REDACTED]			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST FIRST MI. [REDACTED]			DATE 6/07/03		TIME 0700		SSN/PSEUDO SSN:	
<b>(Hematology) CBC</b>			<b>Urinalysis</b>			<b>Misc. Serology</b>		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
W	ID: [REDACTED]	16-10-03	Color		N/A	RPR		Negative
R	WB	04:11	App		N/A	Mono		Negative
H		Patient Limits	Glu		Negative	<b>Microbiology</b>		
H	WBC 14.8 H	$\times 10^3/\mu\text{l}$ 4.5 10.5	Bili		Negative	Source		
M	RBC 3.14 L	$\times 10^6/\mu\text{l}$ 4.00 6.00	Ket		Negative	Gram Stain		
P	Hgb 8.8 L	g/dL 11.0 18.0	SG		N/A	Occ Bld		
L	Hct 28.2 L	% 35.0 60.0	Bld		Negative	H. pylori		
	MCV 89.9	fL 80.0 99.9	pH		N/A	Micro Parasites		
	MCH 28.1	pg 27.0 31.0	Prot		Negative	Malaria		
	MCHC 31.3 L	g/dL 33.0 37.0	Urob		0.2-1.0	O & P		
	Plt 81. L	$\times 10^3/\mu\text{l}$ 150. 450.	Nit		Negative	Other		
	LYZ 7.9	uL L 20.5 51.1	Leuk		Negative	<b>Microscopic Urinalysis</b>		
	LYM 1.2	$\times 10^3/\mu\text{l}$ 1.2 3.4	HCG		Negative			
Segs	=	Mono	<b>CSF</b>			<b>Blood Bank</b>		
Bands		Eos	Cell Count			<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>		
Lymph		Baso	Directigen		Negative	ABO/Rh		
Atyp		Imm						
RBC Morph								
Spun Hematocrit		42-52% (M) 37-47% (F)						
Sed Rate								
Other								
<b>Coagulation Studies</b>			<b>Blood Bank Unit Crossmatch</b> (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						
<b>REMARKS:</b>								
<b>REPORTED BY:</b>			<b>DATE:</b>			<b>LAB ID NO.:</b>		

MEDCOM - 21492



Ward/Section: **ICU3** REQUESTING PHYSICIAN: **[REDACTED]** CHEMISTRY RESULT FORM  
(Subject to the Privacy Act of 1974)

LAST, FIRST, MI: **[REDACTED]** DATE: **16 Oct 03** TIME: **0900** SSN/PSEUDO SSN:

**(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 (ar) 41-51 mmHg (ven)
PO2		80-105 mmHg (ar) N/A (ven)
TCO2		23-27 mmol/L (ar) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (ar) 23-28 mmol/L (ven)
sO2		95-98%
BEecf		(-2) - (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

TEST	RESULT	REF. RANGE
GLU	110	73-118 MG/DL
BUN	***	7-22 MG/DL
CRE	0.9	0.6-1.2 MG/DL
CK	452*	39-380 U/L
NA <sup>+</sup>	123*	128-145 MMOL/L
K <sup>+</sup>	4.4	3.3-4.7 MMOL/L
CL <sup>-</sup>	97*	98-108 MMOL/L
tCO2	22	18-33 MMOL/L

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA <sup>++</sup>		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA <sup>+</sup>		128-145 mmol/l
K <sup>+</sup>		3.3-4.7 mmol/l
CL <sup>-</sup>		98-108 mmol/l
tCO2		18-33 mmol/l

===== PICCOLO =====  
16/10/03 04:13  
REFERENCE RANGE: MALE  
PATIENT #: **[REDACTED]**  
METLYTE 8  
DISC LOT #: **[REDACTED]**  
OPER #: **[REDACTED]** DR #: 000  
SERIAL # **[REDACTED]**

**(Piccolo) Liver Panel Plus**

TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
BIL		0.2-1.6 mg/dl
GGT		5-65 u/l
P		6.4-8.1 g/dl

**Misc. Chemistry**

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

INST GC: OK CHEM GC: OK  
HEM 0, LIP 1+, ICT 0  
**J-Stat**  
**Na-134**  
**Bun-11**

**(Piccolo) Electrolyte**

TEST	RESULT	REF. RANGE
A <sup>+</sup>		128-145 mmol/l
		3.3-4.7 mmol/l
L <sup>-</sup>		98-108 mmol/l
tCO2		18-33 mmol/l

REMARKS:

REPORTED BY: DATE: LAB ID NO.:



(b)(2)-2

b(6)-4

### Microbiology Request Form

Last Name: # [redacted]

Ward: 1C W 1 ✓

First Name:

Room:

Patient # or SSN:

Bed:

b(6)-2

Physician:

Collected by: Dr [redacted]

Date: 15 Oct 03

Source: [redacted]

Time: 1030

Site: Lt

Thick wound

Received by: [redacted] b(6)-2

Specimen #: [redacted] b(6)-4

Date: 15 Oct 03

Time: 1100

### Laboratory Results

*Escherichia coli*

Reported

Date: 18 Oct 03 b(6)-2

Time: 1307

Tech: [redacted]

Reviewer: [redacted]

Number of attached sheets:

**Microbiology Report**

b(6)-4

(b)(2)-2

Name: [Redacted] Specimen: [Redacted] b(6)-4 Status: **Final**  
 Patient ID: [Redacted] Source: Wound/Sterile site Collected:  
 Ward/Rm: EMT/ Ward of Iso: Attd. Phys:

2 Escherichia coli Status: Final

2 E. coli

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

S = Susceptible N/R = Not Reported Blank = Data not available, or drug not advisable or tested  
 I = Intermediate - = Not Tested ESBL = Extended spectrum beta-lactamase  
 R = Resistance TFG = Thymidine-dependent strain Blac = Beta-lactamase positive  
 MIC = mcg/ml (mg/L)

R\* = Resistant due to extended spectrum beta-lactamases (ESBL)  
 EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.  
 IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a beta-lactamase test is recommended for Enterococcus species.

- (a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
- (b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
- (c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
- (d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints. For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name: [Redacted] Specimen: [Redacted] b(6)-4 Status: **Final**  
 Patient ID: [Redacted] b(6)-4 Source: Wound/Sterile site Collected: [Redacted] b(6)-2  
 Ward/Rm: EMT/ Ward of Iso: Req. Phys: [Redacted]

(Hematology)			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
ID	[REDACTED]	19-10-03	Color		N/A	RPR		Negative
WB	<u>b(6)-4</u>	10:39	App		N/A	Mono		Negative
Patient Limits			Glu		Negative	<b>Microbiology</b>		
WBC	18.0 H x10 <sup>3</sup> /uL	4.5 10.5	Bili		Negative	Source		
RBC	2.76 L x10 <sup>6</sup> /uL	4.00 6.00	Ket		Negative	Gram Stain		
Hgb	7.6 L g/dL	11.0 18.0	SG		N/A	Occ Bld		Negative
Hct	24.8 L %	35.0 60.0	Bld		Negative	H. pylori		Negative
MCV	89.8 fL	90.0 99.9	pH		N/A	Micro Parasites		
MCH	27.6 pg	27.0 31.0	Prot		Negative	Malaria		
MCHC	30.7 L g/dL	33.0 37.0	Urob		0.2-1.0	O & P		
Plt	582. H x10 <sup>3</sup> /uL	150 450	Nit		Negative	Other		
LYZ	12.4 uL %	20.5 51.1	Leuk		Negative	<b>Microscopic Urinalysis</b>		
LYM	2.2 * x10 <sup>3</sup> /uL	1.2 3.4	HCG		Negative			
Segs		Mono	RAPIDPOINT COAG ANALYZER V4.54 SERIAL #005485 10/19/03 10:46					
Bands		Eos	Patient ID: [REDACTED] <u>b(6)-4</u>					
Lymph		Baso	Test Name :PT					
Atyp		Imm	Test Result:= 12.2 sec.					
RBC Morph			***RESULT OUT OF RANGE***					
Spun Hematocrit		42-52% (M) 37-47% (F)	Ratio = 1.0					
Sed Rate			Calculated INR = 1.00					
Other			Sample Type:citrated wh. blood					
<b>Coagulation Studies</b>			Test Date :10/19/03					
TEST	RESULT	REF. RANGE	Test Time :10:44 <u>b(6)-4</u>					
PT		9.8-13.6 secs	Card Lot [REDACTED] <u>b(6)-2</u>					
APTT		21-34 secs	Operator [REDACTED]					
D dimer		<20 ug/ml	RAPIDPOINT COAG ANALYZER V4.54 SERIAL #005485 10/19/03 10:49					
FDP		<10 ug/ml	Patient ID: [REDACTED] <u>b(6)-4</u>					
REMARKS:			Test Name :APTT					
REPORTED BY: [REDACTED]			Test Result:= 26.6 sec.					
			***RESULT OUT OF RANGE***					
			Sample Type:citrated wh. blood					
			Test Date :10/19/03					
			Test Time :10:46					
			Card Lot [REDACTED] <u>b(6)-2</u>					
			Operator [REDACTED]					

od Bank
IT SF 518 WITH REQUESTED
T OF BLOOD
CROSSMATCH

LAST, FIRST, MI.			DATE	TIME	SSN/PSEUDO SSN:			
<b>(STAT)</b>			<b>(Piccolo) Chemistry 12</b>			<b>(Piccolo) Metabolic Panel</b>		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	131	138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K	3.9	3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl	98	98-109 mmol/L	ALT		10-47 u/l	CA <sup>++</sup>		8.0-10.3 mg/dl
pH	7.435	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2	43.2	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA <sup>+</sup>		128-145 mmol/l
PO2	40	80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K <sup>+</sup>		3.3-4.7 mmol/l
TCO2	30	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL <sup>-</sup>		98-108 mmol/l
HCO3	29	22-26 mmol/L (art) 23-28 mmol/L (ven)	CA <sup>++</sup>		8.0-10.3 mg/dl	tCO <sub>2</sub>		18-33 mmol/l
sO2	76	95-98%	CHOL		100-200 mg/dl	<b>(Piccolo) Liver Panel Plus</b>		
BEecf	5	(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap	8	10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca	1.04	1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN	11	8-26 mg/dl	<b>(Piccolo) Metlyte 8</b>			ALT		10-47 u/l
GLU	119	70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AST		11-38 u/l
Hct		38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
<b>Misc. Chemistry</b>			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA <sup>+</sup>		128-145 mmol/l	<b>(Piccolo) Electrolyte</b>		
Troponin-I			K <sup>+</sup>		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse A			CL <sup>-</sup>		98-108 mmol/l	NA <sup>+</sup>		128-145 mmol/l
			tCO <sub>2</sub>		18-33 mmol/l	K <sup>+</sup>		3.3-4.7 mmol/l
						CL <sup>-</sup>		98-108 mmol/l
						tCO <sub>2</sub>		18-33 mmol/l
<b>REMARKS:</b>								
<b>REPORTED BY:</b>			<b>DATE:</b>			<b>LAB ID NO.:</b>		

b(6)-2

Ward/Section: <u>ICU 3</u>		REQUESTING DR: <u>[REDACTED]</u>		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST: <u>[REDACTED]</u>		TIME: <u>1400</u>		SSN/PSEUDO SSN:				
(I-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	A			N		7-22 mg/dl
Cl		98-109 mmol/L	A			F		8.0-10.3 mg/dl
pH		7.31-7.45	A			E		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	A			E		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	A					3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	A					98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	A					18-33 mmol/l
sO2		95-98%	A					
BEeef		(-2) - (+3) mmol/L				(Piccolo) Liver Panel Plus		
AnGap		10-20 mmol/L				EST	RESULT	REF. RANGE
Ca		1.12-1.32 mmol/L				B		5.3-5.5 g/dl
BUN		8-26 mg/dl				P		26-84 u/l
GLU		70-105 mg/dl				T		10-47 u/l
Creat		0.7-1.5 mg/dl				MY		14-97 u/l
Hct		38-51% PCV				BT		11-38 u/l
Hgb		12-17 g/dl				BIL		0.2-1.6 mg/dl
Misc. Chemistry						GT		5-65 u/l
TEST	RESULT	REF. RANGE						6.4-8.1 g/dl
Troponin-I						(Piccolo) Electrolyte		
Drug of Abuse						TEST	RESULT	REF. RANGE
						A+		128-145 mmol/l
								3.3-4.7 mmol/l
						CL-		98-108 mmol/l
						CO2		18-33 mmol/l
REMARKS: <u>[REDACTED]</u>								
REPORTED BY: <u>[REDACTED]</u>			DATE: <u>2003</u>			LAB ID NO.:		

b(6)-4

b(6)-2

PICCOLO  
20/10/03 14:18  
REFERENCE RANGE: MALE  
PATIENT #: [REDACTED]  
METLYTE 8  
DISC LOT #: [REDACTED]  
OPER #: [REDACTED] DR #: 000  
SERIAL # [REDACTED]

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

Na-129

b(6)-2

[REDACTED]

(b)(2) 2

[Redacted]

### Microbiology Request Form

Last Name: # [Redacted]

b(6)-4

Ward: # 1043

b(6)-2

First Name:

Room:

Patient # or SSN:

Bed:

Collected by: Dr. [Redacted]

b(6)-2

Physician:

Date: 15 Oct 03

Source: (R) Buttrick

Time: 1545

Site: (R) Buttrick

Received by: SPC [Redacted]

b(6)-2

Specimen #:

Date: 15 Oct 03

Time: 2000

b(6)-4

### Laboratory Results

*Klebsiella pneumoniae*  
*Morganella morganii*  
*Proteus mirabilis*

Reported

b(6)-2

Date: 20 Oct 03

Time: 1143

Tech: [Redacted]

Reviewer: [Redacted]

Number of attached sheets:

# Microbiology Report

(b)(6)-2

Name:	Specimen: [redacted]	Status: Final
Patient ID: [redacted] (b)(6)-4	Source: Wound/Sterile site	Collected:
Ward/Rm:	Ward of Iso:	Attd. Phys:

1	Klebsiella pneumoniae	Status: Final
3	Morganella morganii	Status: Final
4	Proteus mirabilis	Status: Final

1 K. pneumoniae			3 M. morganii		
Drug	MIC	Interps	Drug	MIC	Interps
Amox/K Clav (c)	<=8/4	S	Amox/K Clav (c)	>16/8	R
Amp/Sulbactam (c)	>16/8	R	Amp/Sulbactam (c)	>16/8	R
Ampicillin	>16	R	Ampicillin	>16	R
Aztreonam	<=8	S	Aztreonam	<=8	S
Cefazolin	<=8	S	Cefazolin	>16	R
Cefepime	<=8	S	Cefepime	<=8	S
Cefotaxime (c)	<=8	S	Cefotaxime (c)	<=8	S
Cefotetan	<=16	S	Cefotetan	<=16	S
Cefoxitin	<=8	S	Cefoxitin	<=8	S
Ceftazidime (a)	<=8	S	Ceftazidime (a)	<=8	S
Ceftriaxone (c)	<=8	S	Ceftriaxone (c)	<=8	S
Cefuroxime (b)	<=4	S	Cefuroxime (b)	>16	R
Cephalothin	16	I	Cephalothin	>16	R
Chloramphenicol	<=8	S	Chloramphenicol	>16	R
Ciprofloxacin	<=1	S	Ciprofloxacin	<=1	S
ESBL-a Scrn	<=4		ESBL-a Scrn	>4	
ESBL-b Scrn	<=1		ESBL-b Scrn	<=1	S
Gatifloxacin	<=2	S	Gatifloxacin	<=2	S
Gentamicin	<=4	S	Gentamicin	<=4	S
Imipenem (c)	8	I	Imipenem (c)	<=4	S
Levofloxacin	<=2	S	Levofloxacin	<=2	S
Meropenem (c)	<=4	S	Meropenem (c)	<=4	S
Moxifloxacin	<=2	S	Moxifloxacin	<=2	S
Nitrofurantoin	>64		Nitrofurantoin	>64	
Norfloxacin	<=4		Norfloxacin	<=4	S
Pip/Tazo (d)	<=16	S	Pip/Tazo (d)	<=16	S
Piperacillin (a)	>64	R	Piperacillin (a)	<=16	S
Tetracycline	<=4	S	Tetracycline	>8	R
Ticar/K Clav (a)	<=16	S	Ticar/K Clav (a)	<=16	S
Tobramycin	<=4	S	Tobramycin	<=4	S

S = Susceptible      N/R = Not Reported      Blank = Data not available, or drug not advisable or tested  
 I = Intermediate      - = Not Tested      ESBL = Extended spectrum beta-lactamase  
 R = Resistance      TFG = Thymidine-dependent strain      Blac = Beta-lactamase positive  
 MIC = mcg/ml (mg/L)

R\* = Resistant due to extended spectrum beta-lactamases (ESBL)  
 EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.  
 IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs.  
 Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a beta-lactamase test is recommended for Enterococcus species.

(a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.  
 (b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug.  
 (c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.  
 (d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.  
 For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name:	Specimen: [redacted]	Status: Final
Patient ID: [redacted] (b)(6)-4	Source: Wound/Sterile site	Collected: [redacted]
Ward/Rm:	Ward of Iso:	Req. Phys: [redacted]

(b)(6)-2



**Microbiology Report**

Name: [Redacted] Specimen: [Redacted] Status: Final  
 Patient ID: [Redacted] Source: Wound/Sterile site Collected: [Redacted]  
 Ward/Rm: [Redacted] Ward of Iso: [Redacted] Attd. Phys: [Redacted]

<b>1 K. pneumoniae</b>			<b>3 M. morgani</b>		
<u>Drug</u>	<u>MIC</u>	<u>Interps</u>	<u>Drug</u>	<u>MIC</u>	<u>Interps</u>
Trimeth/Sulfa	<=2/38	S	Trimeth/Sulfa	<=2/38	S

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

S = Susceptible N/R = Not Reported Blank = Data not available, or drug not advisable or tested  
 I = Intermediate - = Not Tested ESBL = Extended spectrum beta-lactamase  
 R = Resistance TFG = Thymidine-dependent strain Blac = Beta-lactamase positive  
 MIC = mcg/ml (mg/L)

R\* = Resistant due to extended spectrum beta-lactamases (ESBL)  
 EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.  
 IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs.  
 Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF Isolates, a beta-lactamase test is recommended for Enterococcus species.

- (a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
- (b) Breakpoints based on parenteral dose. For cefuroxime axetil (PD) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
- (c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
- (d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.  
 For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name: [Redacted] Specimen: [Redacted] Status: Final  
 Patient ID: [Redacted] Source: Wound/Sterile site Collected: [Redacted]  
 Ward/Rm: [Redacted] Ward of Iso: [Redacted] Reg. Phys: [Redacted]

Microbiology Report

b(6)-4

(b)(2)-2

Name: [Redacted] Specimen: [Redacted] Status: Final  
 Patient ID: [Redacted] Source: Wound/Sterile site Collected: [Redacted]  
 Ward/Rm: 1 Ward of Iso: [Redacted] Attd. Phys: [Redacted]

4 P. mirabilis

Drug	MIC	Interps	Drug	MIC	Interps
Trimeth/Sulfa	<=2/38	S			

S = Susceptible N/R = Not Reported Blank = Data not available, or drug not advisable or tested  
 I = Intermediate - = Not Tested ESBL = Extended spectrum beta-lactamase  
 R = Resistance TFG = Thymidina-dependent strain Blac = Beta-lactamase positive  
 MIC = mcg/ml (mg/L)

R\* = Resistant due to extended spectrum beta-lactamases (ESBL)  
 EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.  
 IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF Isolates, a beta-lactamase test is recommended for Enterococcus species.

- (a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
- (b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
- (c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
- (d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative Isolates) and moxifloxacin are based on FDA approved breakpoints. For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name: [Redacted] Specimen: [Redacted] Status: Final  
 Patient ID: [Redacted] Source: Wound/Sterile site Collected: [Redacted]  
 Ward/Rm: [Redacted] Ward of Iso: [Redacted] Req. Phys: [Redacted]

b(6)-2

(b)(2)(g) [Redacted]

### Microbiology Request Form

Last Name: [Redacted] b(6)-4  
Ward: ICU3

First Name: [Redacted] Room: [Redacted]

Patient # or SSN: [Redacted] b(6)-2  
Bed: [Redacted]

Physician: [Redacted]

Collected by: Dr. [Redacted] h(6)-2

Date: 17 Oct 03 Source: (2) BackPack

Time: 1645 Site: (2) BackPack

[Redacted]

Received by: [Redacted] Specimen #: [Redacted] b(6)-4

Date: [Redacted]

Time: [Redacted]

### Laboratory Results

Escherichia coli  
Proteus mirabilis  
Enterobacter aerogenes

Reported [Redacted] b(6)-2

Date: 21 Oct 03

Time: 1417

Tech: [Redacted]

Reviewer: [Redacted] Number of attached sheets: [Redacted]

**Microbiology Report**

b(6)-4

(b)(2) 2

Name:	Specimen:	Status:	Final
Patient ID:	Source: Wound/Sterile site	Collected:	
Ward/Rm:	Ward of Iso:	Attd. Phys:	

1	Escherichia coli	Status: Final
2	Proteus mirabilis	Status: Final
3	Enterobacter aerogenes	Status: Final

**1 E. coli**

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

**2 P. mirabilis**

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

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

N/R = Not Reported  
 — = Not Tested  
 TFG = Thymidine-dependent strain

Blank = Data not available, or drug not advisable or tested  
 ESBL = Extended spectrum beta-lactamase  
 Blac = Beta-lactamase positive

R\* = Resistant due to extended spectrum beta-lactamases (ESBL)

EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.

IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF Isolates, a beta-lactamase test is recommended for Enterococcus species.

- (a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
- (b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
- (c) For streptococci refer to penicillin interpretations. For amoxicillin/clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
- (d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints. For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <=S, 2=I, >2=R.

Name:	Specimen:	Status:	Final
Patient ID:	Source: Wound/Sterile site	Collected:	
Ward/Rm:	Ward of Iso:	Req. Phys:	

**Microbiology Report**

Name: [Redacted] Specimen: [Redacted] Status: **Final**  
 Patient ID: [Redacted] Source: **Wound/Sterile site** Collected: [Redacted]  
 Ward/Rm: **1** Ward of Iso: [Redacted] Attd. Phys: [Redacted]

<b>1</b>	<b>E. coli</b>		<b>2</b>	<b>P. mirabilis</b>	
<u>Drug</u>	<u>MIC</u>	<u>Interps</u>	<u>Drug</u>	<u>MIC</u>	<u>Interps</u>
Trimeth/Sulfa	>2/38	R	Trimeth/Sulfa	<=2/38	S

<b>3</b>	<b>E. aerogenes</b>		<u>Drug</u>	<u>MIC</u>	<u>Interps</u>
<u>Drug</u>	<u>MIC</u>	<u>Interps</u>			
Amox/K Clav (c)	16/8	I			
Amp/Sulbactam (c)	<=8/4	S			
Ampicillin	16	I			
Aztreonam	<=8	S			
Cefazolin	>16	R			
Cefepime	<=8	S			
Cefotaxime (c)	<=8	S			
Cefotetan	<=16	S			
Cefoxitin	>16	R			
Ceftazidime (a)	<=8	S			
Ceftriaxone (c)	<=8	S			
Cefuroxime (b)	<=4	S			
Cephalothin	>16	R			
Chloramphenicol	16	I			
Ciprofloxacin	<=1	S			
ESBL-a Scrn	<=4				
ESBL-b Scrn	<=1				
Gatifloxacin	<=2	S			
Gentamicin	<=4	S			
Imipenem (c)	<=4	S			
Levofloxacin	<=2	S			
Meropenem (c)	<=4	S			
Moxifloxacin	<=2	S			
Nitrofurantoin	<=32				
Norfloxacin	<=4				
Pip/Tazo (d)	<=16	S			
Piperacillin (a)	<=16	S			
Tetracycline	<=4	S			
Ticar/K Clav (a)	<=16	S			
Tobramycin	<=4	S			

S = Susceptible      N/R = Not Reported      Blank = Data not available, or drug not advisable or tested  
 I = Intermediate      — = Not Tested      ESBL = Extended spectrum beta-lactamase  
 R = Resistance      TFG = Thymidine-dependent strain      Blac = Beta-lactamase positive  
 MIC = mcg/ml (mg/L)

R\* = Resistant due to extended spectrum beta-lactamases (ESBL)  
 EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.  
 IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a beta-lactamase test is recommended for Enterococcus species.

- (a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
- (b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
- (c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
- (d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints. For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name: [Redacted] Specimen: [Redacted] Status: **Final**  
 Patient ID: [Redacted] Source: **Wound/Sterile site** Collected: [Redacted]  
 Ward/Rm: **1** Ward of Iso: [Redacted] Req. Phys: [Redacted]

Printed 10/21/2003 2:13:16 PM

Page 2 of 3

Tech: [Redacted]

MEDCOM - 21505

**Microbiology Report**

b(6)-4

Name:	Specimen:	Status: Final
Patient ID:	Source: Wound/Sterile site	Collected:
Ward/Rm:	Ward of Iso:	Attd. Phys:

3	<b>E. aerogenes</b>				
<u>Drug</u>	<u>MIC</u>	<u>Interps</u>	<u>Drug</u>	<u>MIC</u>	<u>Interps</u>
Trimeth/Sulfa	<=2/38	S			

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

N/R = Not Reported  
 — = Not Tested  
 TFG = Thymidine-dependent strain

Blank = Data not available, or drug not advisable or tested  
 ESBL = Extended spectrum beta-lactamase  
 Blac = Beta-lactamase positive

R\* = Resistant due to extended spectrum beta-lactamases (ESBL)  
 EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.  
 IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a beta-lactamase test is recommended for Enterococcus species.

- (a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
- (b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
- (c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
- (d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints. For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.

b(6)-2

Name:	Specimen:	Status: Final
Patient ID:	Source: Wound/Sterile site	Collected:
Ward/Rm:	Ward of Iso:	Req. Phys:

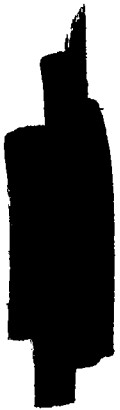
Printed 10/21/2003 2:13:16 PM Page 3 of 3 Tech:

b(6)-4      b(6)-2

Ward/Section: ICU 3			PHYSICIAN: [REDACTED]			<b>LABORATORY RESULT FORM</b> (Subject to the Privacy Act of 1974)																																		
LAST FIRST, MI. EPW [REDACTED]			DATE: 2004	TIME: 0500	SSN/PSEUDO SSN:																																			
(Hematology) CBC			Urinalysis			Misc. Serology																																		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE																																
WBC	[REDACTED]	4.2-10.8 x 10 <sup>3</sup>	Color		N/A	RPR		Negative																																
Hgb	[REDACTED]	12-16	App		N/A	Mono		Negative																																
Hct	[REDACTED]	35-45	Glu		Negative	Microbiology																																		
MCV	[REDACTED]	85-100	Bili		Negative	Source																																		
MCH	[REDACTED]	27-32	Ket		Negative	Gram																																		
MCHC	[REDACTED]	32-36	SG		N/A			Negative																																
RDW	[REDACTED]	11.5-14.5	Bld		Neg			Negative																																
PLT	[REDACTED]	150-400	pH		N/A	<p style="text-align: center;">===== PICCOLO =====</p> <p>22/10/03      06:08</p> <p>REFERENCE RANGE:      MALE</p> <p>PATIENT #: [REDACTED]      b(6)-4</p> <p>BASIC METABOLIC</p> <p>DISC LOT #: b(6)-2      [REDACTED]</p> <p>OPER # [REDACTED]      DR #: 000</p> <p>SERIAL #: [REDACTED]</p> <p>.....</p> <table style="font-size: small;"> <tr><td>GLU</td><td>123*</td><td>73-118</td><td>MG/DL</td></tr> <tr><td>BUN</td><td>12</td><td>7-22</td><td>MG/DL</td></tr> <tr><td>CA++</td><td>8.0</td><td>8.0-10.3</td><td>MG/DL</td></tr> <tr><td>CRE</td><td>0.5*</td><td>0.6-1.2</td><td>MG/DL</td></tr> <tr><td>NA+</td><td>129</td><td>128-145</td><td>MMOL</td></tr> <tr><td>K+</td><td>3.7</td><td>3.3-4.7</td><td>MMOL</td></tr> <tr><td>CL-</td><td>95*</td><td>98-108</td><td>MMOL</td></tr> <tr><td>tCO2</td><td>25</td><td>18-33</td><td>MMOL</td></tr> </table> <p>INST QC: OK      CHEM QC: OK</p> <p>HEM 0, LIP 0, ICT 0</p>			GLU	123*	73-118	MG/DL	BUN	12	7-22	MG/DL	CA++	8.0	8.0-10.3	MG/DL	CRE	0.5*	0.6-1.2	MG/DL	NA+	129	128-145	MMOL	K+	3.7	3.3-4.7	MMOL	CL-	95*	98-108	MMOL	tCO2	25	18-33	MMOL
GLU	123*	73-118	MG/DL																																					
BUN	12	7-22	MG/DL																																					
CA++	8.0	8.0-10.3	MG/DL																																					
CRE	0.5*	0.6-1.2	MG/DL																																					
NA+	129	128-145	MMOL																																					
K+	3.7	3.3-4.7	MMOL																																					
CL-	95*	98-108	MMOL																																					
tCO2	25	18-33	MMOL																																					
Segs		Mono	Prot		Nega																																			
Bands		Eos	Urob		0.2-1																																			
Lymph		Baso	Nit		Negat																																			
Atyp		Imm	Leuk		Negati																																			
RBC Morph			HCG		Negati																																			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF																																					
Sed Rate			Cell Count																																					
Other			Directigen		Neg																																			
Coagulation Studies.			Blood (MUST SUBMIT SF 4)																																					
TEST	RESULT	REF. RANGE				UNIT																																		
PT		9.8-13.6 secs																																						
APTT		21-34 secs																																						
D dimer		<20 ug/ml																																						
FDP		<10 ug/ml																																						
REMARKS:																																								
REPORTED BY:			DATE:			LAB ID NO.:																																		

misc. Chem 7

MEDCOM - 21507



Microbiology Request Form

Last Name: EPW [redacted] Ward: ICW 1

First Name: [redacted] Room: b(6)-4

Patient # or SSN: [redacted] Bed: b(6)-2

Collected by: DR [redacted] Physician: DR [redacted]

Date: 19 OCT 03 Source: WOUND

Time: 1024 Site: (L) FEMUR

Received by: [redacted] Specimen #: [redacted]

Date: 19 OCT 03 b(6)-2 b(6)-4

Time: [redacted]

Preliminary Laboratory Results

Enterococcus faecium

Reported

Date: 22 OCT 03

Time: 1419

Tech: [redacted] b(6)-2

Reviewer: [redacted] Number of attached sheets: 1

Preliminary Report



# Microbiology Report

Name: [REDACTED] Specimen: [REDACTED] Status: Final  
 Patient ID: [REDACTED] Source: Wound/Sterile site Collected:  
 Ward/Rm: EMT/ Ward of Iso: Attd. Phys:

2 Enterococcus faecium Status: Final

## 2 E. faecium

Drug	MIC	Interps	Drug	MIC	Interps
Amox/K Clav (c)	<=4/2				
Amp/Sulbactam (c)	>16/8				
Ampicillin	>8	R			
Cefazolin	>16				
Cefepime	>16				
Cefotaxime (c)	>32				
Ceftriaxone (c)	>32				
Cephalothin	>16				
Chloramphenicol	<=8	S			
Ciprofloxacin	<=1	S			
Clindamycin	<=0.5				
Erythromycin	<=0.5	S			
Gatifloxacin	>4				
Gent. Synergy	<=500	S			
Gentamicin	<=4				
Levofloxacin	4	I			
Linezolid	<=2	S			
Moxifloxacin	>4				
Nitrofurantoin	<=32				
Norfloxacin	>8				
Ofloxacin	<=2				
Oxacillin	>2				
Penicillin	>8	R			
Pip/Tazo (d)	>8				
Rifampin	2	I			
Strep. Synergy	<=1000	S			
Synercid	<=1	S			
Tetracycline	8	I			
Trimeth/Sulfa	<=2/38				
Vancomycin	<=2	S			

S = Susceptible      N/R = Not Reported      Blank = Data not available, or drug not advisable or tested  
 I = Intermediate      — = Not Tested      ESBL = Extended spectrum beta-lactamase  
 R = Resistance      TFG = Thymidine-dependent strain      Blac = Beta-lactamase positive  
 MIC = mcg/ml (mg/L)

R\* = Resistant due to extended spectrum beta-lactamases (ESBL)  
 EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.  
 IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a beta-lactamase test is recommended for Enterococcus species.

- (a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
- (b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
- (c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
- (d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.  
 For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name: [REDACTED] Specimen: [REDACTED] Status: Final  
 Patient ID: [REDACTED] Source: Wound/Sterile site Collected: [REDACTED]  
 Ward/Rm: EMT/ Ward of Iso: Req. Phys: [REDACTED]

b(6)-4      b(6)-2      b(6)-4

Ward/Section: <b>1C03</b>			REQUESTING PHYSICIAN: _____			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. _____			DATE: <b>23 Oct</b>	TIME: <b>08:18</b>	SSN/P/CLIND/SSN: _____			
<b>(Hematology) CBC</b>			<b>Urinalysis</b>			<b>Misc. Serology</b>		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WE		12-17-20	Color		N/A	RPR		Negative
RBC		4.5-11.0	App		N/A	Mono		Negative
Hgt		13.5-15.5	Glu		Negative	<b>Microbiology</b>		
Hct		39.0-50.0	Bili		Negative	Source		
MC		80.0-100.0	Ket		Negative	Gram Stain		
Plt		150-400	SG		N/A	Occ Bld		Negative
Lyr		20-40%	Bld		Negative	H. pylori		Negative
(I)		2.2-2.9	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	<b>Microscopic Urinalysis</b>		
RBC Morph	<b>PLT's Increased</b>		HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	<b>CSF</b>			<b>Blood Bank</b>		
Sed Rate			Cell Count			<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>		
Other			Directigen		Negative	ABO/Rh		
<b>Coagulation Studies</b>			<b>Blood Bank Unit Crossmatch</b> <b>(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)</b>					
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						
<b>REMARKS:</b>								
REPORTED BY: _____			DATE: _____			LAB ID NO.: _____		

MEDCOM - 21510

[Redacted] (b)(2)-2

### Microbiology Request Form

Last Name: [Redacted] b(6)-1 Ward: 1C W 1

First Name: [Redacted] Room: [Redacted]

Patient # or SSN: [Redacted] Bed: [Redacted]

Physician: [Redacted]

Collected by: [Redacted] b(6)-2

Date: 27 Oct Source: (12) hip wound

Time: 2000 Site: [Redacted]

[Redacted]

Received by: SPN [Redacted] b(6)-2 Specimen #: [Redacted]

Date: 27 Oct Time: 2150 b(6)-4

### Laboratory Results

*Protonc Mearbilis*

Reported [Redacted] b(6)-2

Date: 30 Oct 03

Time: 1000

Tech: [Redacted] b(6)-2

Reviewer: [Redacted] Number of attached sheets: [Redacted]

**Microbiology Report**

b(6)-4

b(6)(a)-2

Name:	Specimen:	Status:
Patient ID:	Source: Wound/Sterile site	Final
Ward/Rm: W17	Ward of Iso:	Collected:
		Attd. Phys:

1 Proteus mirabilis Status: Final

**1 P. mirabilis**

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

S = Susceptible	N/R = Not Reported	Blank = Data not available, or drug not advisable or tested
I = Intermediate	— = Not Tested	ESBL = Extended spectrum beta-lactamase
R = Resistance	TFG = Thymidine-dependent strain	Biac = Beta-lactamase positive
MIC = mcg/ml (mg/L)		

R\* = Resistant due to extended spectrum beta-lactamases (ESBL)  
 EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.  
 iB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF Isolates, a beta-lactamase test is recommended for Enterococcus species.

- (a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
- (b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
- (c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
- (d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints. For S pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name:	Specimen:	Status:
Patient ID:	Source: Wound/Sterile site	Final
Ward/Rm: W17	Ward of Iso:	Collected:
		Req. Phys:

MEDCOM - 21512

Printed 10/30/2003 10:48:35 AM

Page 1 of 1

Tech:

[Redacted]

(b)(2)-2

### Microbiology Request Form

30

Last Name

[Redacted]

(b)(6)-4

Ward:

1C W 1

First Name:

Room:

Patient # or SSN:

Bed:

Physician:

Collected by:

[Redacted]

(b)(6)-2

Date:

27 Oct

Source:

(12) hyp urinary

Time:

2000

Site:

Received by:

SPR [Redacted]

(b)(6)-2

Specimen #:

[Redacted]

(b)(6)-4

Date:

27 Oct 03

Time:

2150

### Laboratory Results

Protonc Microbilis

Reported

Date:

20 OCT 03

Time:

1000

(b)(6)-2

Tech:

[Redacted]

Reviewer:

[Redacted]

Number of attached sheets:

**Microbiology Report**

*b(2)-2*

Name: [Redacted] *b(6)-4* Specimen: [Redacted] *b(6)-4* Status: Final  
 Patient ID: [Redacted] Source: Wound/Sterile site Collected: [Redacted]  
 Ward/Rm: W17 Ward of Iso: [Redacted] Attd. Phys: [Redacted]

1 *Proteus mirabilis* Status: Final

**1 P. mirabilis**

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

S = Susceptible N/R = Not Reported Blank = Data not available, or drug not advisable or tested  
 I = Intermediate - = Not Tested ESBL = Extended spectrum beta-lactamase  
 R = Resistance TFG = Thymidine-dependent strain Blac = Beta-lactamase positive  
 MIC = mcg/ml (mg/L)

R\* = Resistant due to extended spectrum beta-lactamases (ESBL)  
 EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.  
 IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs.  
 Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a beta-lactamase test is recommended for Enterococcus species.

- (a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
- (b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (S=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
- (c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
- (d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.  
 For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name: [Redacted] *b(6)-4* Specimen: [Redacted] Status: Final  
 Patient ID: [Redacted] Source: Wound/Sterile site Collected: [Redacted]  
 Ward/Rm: W17 Ward of Iso: [Redacted] Req. Phys: [Redacted]

MEDCOM - 21514  
Page 1 of 1

Printed 10/30/2003 10:48:35 AM

Tech: *JU*

[REDACTED]

(b)(2)-2

### Microbiology Request Form

Last Name: [REDACTED] b(6)-2

Ward: ICU<sub>1</sub>

First Name: [REDACTED]

Room:

Patient # or SSN: [REDACTED]

Bed:

Collected by: [REDACTED]

Physician: [REDACTED]

Date: 29 Oct 03

Source: Wound

Time:

Site: Tibia Triage

Received by: [REDACTED] b(6)-2

Specimen #:

Date: 29 Oct 03

b(6)-7

Time: 1100

### Laboratory Results

*Escherichia coli*

Reported

Date: 31 Oct 03 b(6)-2

b(6)-2

Time: 000

Tech: [REDACTED]

Reviewer: [REDACTED]

Number of attached sheets:

**Microbiology Report**

b(6)-4

b(6)-4

b(2)-2

Name: [Redacted] Specimen: [Redacted] Status: Final  
 Patient ID: [Redacted] Source: Wound/sterile site Collected: [Redacted]  
 Ward/Rm: W1/ Ward of [Redacted] Attd. Phys: [Redacted]

1 Escherichia coli Status: Final

**1 E. coli**

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

S = Susceptible N/R = Not Reported Blank = Data not available, or drug not advisable or tested  
 I = Intermediate - = Not Tested ESBL = Extended spectrum beta-lactamase  
 R = Resistance TFG = Thymidine-dependent strain Blac = Beta-lactamase positive  
 MIC = mcg/ml (mg/L)

R\* = Resistant due to extended spectrum beta-lactamases (ESBL)  
 EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.  
 IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF Isolates, a beta-lactamase test is recommended for Enterococcus species.

- (a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with neutropenia or serious infections.
- (b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (B=S, B-10=R). Footnote (b) applies to this drug.
- (c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
- (d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2007. Sparfloxacin (for Gram positive isolates) and moxifloxacin are based on FDA approved breakpoints. For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on NCCLS M100-S12 Jan 2007. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name: [Redacted] Specimen: [Redacted] Status: Final  
 Patient ID: [Redacted] MEDCOM - 21516 Site Collected: [Redacted]  
 Ward/Rm: W1/ Ward of [Redacted] Req. Phys: [Redacted]

b(6)-2



Ward/Section: <b>ICW 1</b>			REQUESTING PHYSICIAN: <b>[REDACTED]</b>			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. # <b>[REDACTED]</b>			DATE: <b>02/03/15</b> TIME: <b>1015</b>			SSN/PSEUDO SSN: # <b>[REDACTED]</b>		
<b>(Hematology) CBC</b>			<b>Urinalysis</b>			<b>Misc. Serology</b>		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 <sup>3</sup>	Color	Straw	N/A	RPR		Negative
RBC		4.7-6.1 x 10 <sup>6</sup>	App	clear	N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu	neg	Negative	<b>Microbiology</b>		
Hct		42-52% (M) 37-47% (F)	Bili	neg	Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket	neg	Negative	Gram Stain		
Plt		130-500 x 10 <sup>3</sup> verified	SG	1.025	N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld	large	Negative	H. pylori		Negative
<b>(Hematology) Manual Differential</b>			pH	6.0	N/A	Micro Parasites		
Segs		Mono	Prot	neg	Negative	Malaria		
Bands		Eos	Urob	0.2	0.2-1.0	O & P		
Lymph		Baso	Nit	neg	Negative	Other		
Atyp		Imm	Leuk	moderate	Negative	<b>Microscopic Urinalysis</b>		
RBC Morph			HCG		Negative	TNTL RBC 20-25 WBC		
Spun Hematocrit		42-52% (M) 37-47% (F)	<b>CSF</b>			<b>Blood Bank</b>		
Sed Rate			Cell Count			<b>MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED</b>		
Other			Directigen		Negative	ABO/Rh		
<b>Coagulation Studies</b>			<b>Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)</b>					
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: UA $\bar{c}$ electrolytes = no urine lyses capability								
REPORTED BY: <b>[REDACTED]</b>			DATE: <b>02/03/15</b>			LAB ID NO.:		

MEDCOM - 21517

MEDICAL RECORD - ANESTHESIA

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

ANESTHETIC AGENTS AND DRUGS CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - mg, mcg/mL, "I" = CONSTANT INFUSION	DRUG	(Units)									TOTALS	TOTAL EBL
	Versarone (mg)	5	9									100
	Neostigmine (mg)	100	1									TOTAL URINE
	Versed (mg)		1									150
VOLAT AGENT	Isu	% del	0.4	0.4X	0.8X						FLUIDS - SUMMARY	
AIR		L/Min									CRYSTALLOID	1000
N2O		L/Min									COLLOID	0
O2		L/Min	2	2	2	2	2	2	2	2	BLOOD	0

FLUIDS	LINE site	Warmed									REMARKS
	(L) SCL	<input type="checkbox"/>	Warmed	LP (500)	XLR					1200	

LOSSES	EST BLOOD LOSS	URINE								
		100								

PHYS STATUS	TIME	SYMBOLS:								
			1 2 3 4 5 E	0830 45 0900 15 30 45 1000 15 30						
BODY WEIGHT	70	BP by cuff	156	7.30/36.5	382/23	100/-4	10.2/42	8/23	16.1/44.6/15.7	
HEMA/OCRIT:	12/41	Heart rate								
INITIAL DATA:		Resp rate								
BP		BR (transduced)								
HR		TOURNIQUET								
EQUIP CHECK		PATIENT RECHECK								
OK? (Y) N		ANES - X-X								
PROCEDURE	OK	PROC. (O)								

MONITORS/ACCESSORIES	VT - ml									
	f - breaths/min	10	11	11	11	10	10	10	10	10
Peak inf pres / PEEP	26	27	27	20	23	23	22	22	22	
MODE - S (pon), A (ssist), C (on)	C	C	C	C	C	C	C	C	C	
BP/Auto Cuff	36	33	32	34	33	34	37	37	37	
BP/oth	157	157	157	157	157	157	154	154	154	
ART line	100	100	100	100	100	100	100	100	100	
Steth - PC/ES	ST	ST	ST	ST	ST	ST	ST	ST	ST	
Gas analyzer	37.1	37.1	37.1	37.1	37.3	37.3	37.5	37.5	37.5	
N-M Block (T/4)	4H									

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

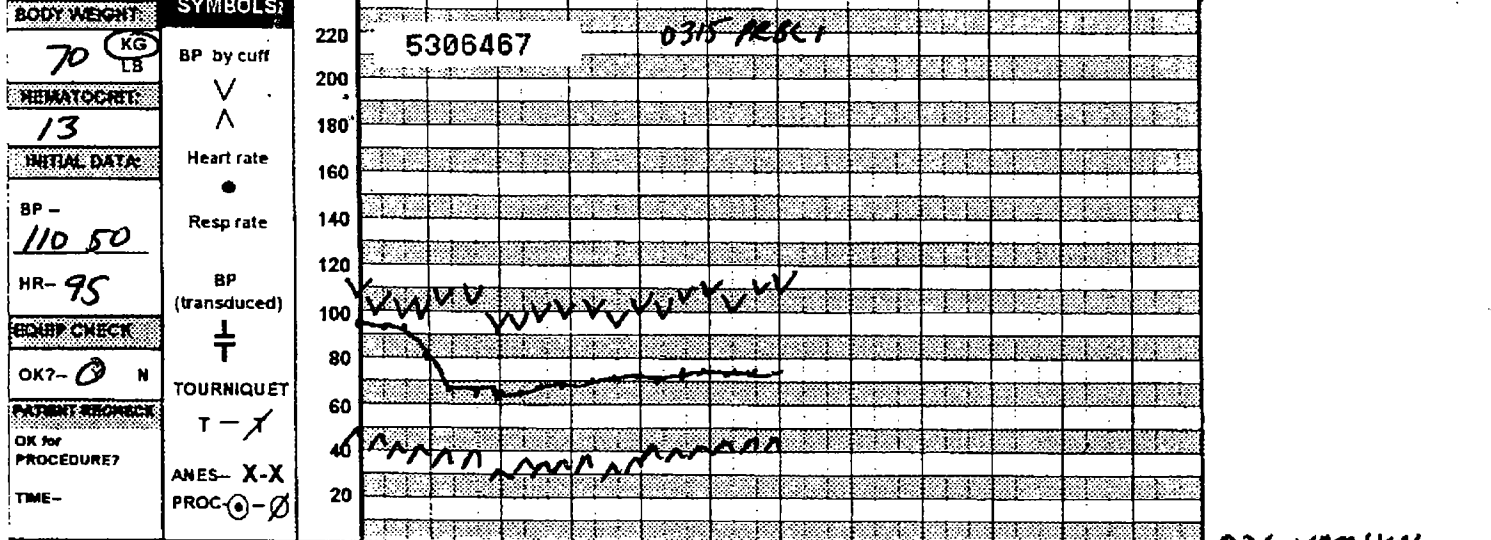
PATIENT IDENTIFICATION: Prosacral drainage & Placent  
 Name, Grade, Rank, Medical Facility  
 # [redacted] - b(6)-2  
 [redacted] - b(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks  
**GETA**  
 AIRWAY MANAGEMENT: Intubation route, blade, technique, comments  
 Pt intubated already in ICU # 3 # 8ETT secured to wedge @ 27.5 cm  
 SURGEONS: [redacted] b(6)-2  
 [redacted] b(6)-2  
 [redacted] b(6)-2  
 CRWA  
 PROCEDURE LOCATION: OR 1  
 DATE: 10 Oct 03  
 PAGE 1 OF 1

DRUG	UNIT	MEDICAL RECORD		ANESTHESIA	TOTALS	TOTAL USE
FEMBYL	MG	150	30	50	200	200
KEONINE	MG	100			100	
SIX	MG	100			100	
VEL	MG		5	2	7	400

FLUIDS	ANESTHETIC AGENTS AND DRUGS	CONTINUOUS / REPEATED DRUGS	FLUIDS - SUMMARY
VOLAT AGENT: <b>ISO</b> AIR L/Min N2O L/Min O2 L/Min	% del: 15 15 15 15 % et: 15 15 15 15	SINGLE DOSE DRUGS - MARK ON GRID WITH NUMBERS & ENTER IN REMARKS 0 0	CRYSTALLOID - 3L COLLOID - 500 BLOOD - 1 PRBC

REMARKS: Code drugs with numbers, events with letters. **to OR / 90 Lp PRBC given per surgeon. ASB HKT 182**



VENTILATION	RECOVERY AT
VT - ml: 500	PACU: ICU
f - breaths/min: 10	OTHER: (Specify)
Peak inf pres / PEEP: 10/5	CONDITION: CS#
MODE - S(pon), Assist, C(on): S C C C	RESP -
BP/Auto Cuff: + 48 36 34 36 34	BP -
BP / oth: .72 .74 .74 .72 .71 .73	HR -
ART line: SpO2 (%): 100 99 100 100 100 100	
Steth- PC/ES: SC SR SR SC SR SR	
Gas analyzer: TEMP- site: 44 44 44 = 44 - 44	
N-M Block (T4):	

EVENTS: Mark with letters & symbols, explain under REMARKS. Position: (a) →

PROCEDURES and CPT Codes: **EX LAP**

PATIENT IDENTIFICATION - Typed or written entries: Name, Grade/Rank, Medical facility. **IPAGI 10 OCT 03**

ANESTHETIC TECHNIQUES: Describe block technique under Remarks. **SCS/fem/RS/C/CA/IVx2**

AIRWAY MANAGEMENT: Intubation route, block, technique, comments. **DL of S diff. 80 at the end. (a) Etha (b) S2 100%**

SURGEONS: [Redacted]

ANESTHETISTS: [Redacted]

PROCEDURE LOCATION: **FST**

DATE: **10 OCT 03**

PAGE: **1 OF 1**

**ANESTHESIA PLAN OF CARE PRE-PROCEDURAL ASSESSMENT (Sedation/Anesthesia)**

Age 24 DAYS MOS YRS Sex  MALE  FEMALE

ASA Physical State 1  2  3  4  5  E  
 WT: 70 (KG) LB, HT:     IN.  
 ALLERGIES:    

PROPOSED PROCEDURE: ex lap, place drains, etc  
 SURGICAL SERVICE: general  
 NPO SINCE: N/A

**HABITS:**  
 TOBACCO:      
 ETOH:      
 DRUGS:      
**CURRENT MEDICATIONS:**  
 ( ) = ordered as premed  
 ( )      
 ( )      
 ( )      
 ( )      
**PREMEDICATIONS:**  
 None Yes (     Hrs ) / CC  
    mg IV IM PO  
    mg IV IM PO  
    mg IV IM PO  
**LABORATORY STUDIES:** PH 5.130  
 HB/HCT: 12.7, 41.2  
 UA:      
 OTHER:      
PT/PTT 14.5/22.1  
130 | 104 | 10  
4.4 | 20 | 0.8 153  
TBC x2

**PREOPERATIVE PAST MEDICAL HISTORY/SYSTEMS REVIEW**

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

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

**Renal System:**  
 Acute/Chronic RF N Y    

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

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

**Neurological:**  
 Seizures N Y      
 Neuropathy N Y      
 Other N Y    

**Gynecological:**  
 Pregnancy N Y    

**Other Significant Hx:**  
 N  Rt thigh wound  
 N  Transpelvic GSW  
 N       
 N     

**Familial HX**  
 N       
 Y       
 N     

**ASSESSMENT**

**PAST SURGICAL/ANESTHETIC**  
Ex lap/colostomy  
@ FST this AM  
     
     
     
   

**PHYSICAL EXAMINATION**  
 BP 120 HR 100 R 16 T 98.6  
 Pain Scale 0-10      
 HEENT - Teeth 8.0  
 Trachea      
 TMJ/Neck      
 Oropharynx      
 Nares      
 CHEST: C-TABS  
 CARDIAC: RRR  
 EXTREMITIES: Lx TL SCL  
 IV Access: RAC/LFA  
 Ulnar Filling:      
 BACK: N/A  
 OTHER: None  
 NPO Since N/A

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

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

The patient     to understand and agrees. Questions answered N/A  
 Signed: CRNA Date: 10/10/03 Time: 0600 Hrs

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

Arrived from  
FST @ 0500  
w/ no  
records

**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.

Patient Identification: (Ward) ICU

EPW #     b(6)-9

Last Anesthesia 10 Oct 03  
 Current dates 100 days  
 24yo ♂ NKDA  
 Levealed P/C P/OSCR  
 3mcg Dopamine  
 250cc/hr L/D  
 11 Oct 03 0730  
 VT 17.4  
 7.8 < 94 128/102 6/59  
 5.2 38 2/108  
 NR 1.86  
 PTT 63.9

ANESTHETIC AGENTS AND DRUGS CONTINUOUS / REPEATED DRUGS SPECIFY UNITS - MG / MCG / ML, " - CONSTANT INFUSION	DRUG (Unit)	MEDICAL RECORD				ANESTHESIA		TOTALS	TOTAL
		Scopolamine (mg)	4						
	Vecuronium (mg)	10		5					
	Fentanyl (mcg)	50	50		25				TOTAL URINE
									160
	VOLAT AGENT	Iso	% del	1.3 - 1.0	0.8 - 0.8	X			FLUIDS - SUMMARY
			% e.t.						CRYSTALLOID - 400
	AIR	L/Min							COLLOID - 0
	N2O	L/Min							BLOOD - 1 unit PRBC
	O2	L/Min		3 - 2	2 - 2	2 - 2			REMARKS -
SINGLE DOSE DRUGS - MARK ON GRID WITH NUMBERS ENTER IN REMARKS									

FLUIDS	LINE no	Warmed	EST BLOOD LOSS	URINE -
	1 D5W	<input type="checkbox"/>	80	50/160
	2 Coads	<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		

PHYS STATUS	TIME	SYMBOLS	REMARKS
1 2 3 5 E	0730 30 45 100 15 30 45 1200		
BODY WEIGHT	70 KG		
BP by cuff	106/56		
HEMATOCRIT	7.8/25.2		
INITIAL DATA			
Heart rate	115		
Resp rate			
BP (transduced)			
TOURNIQUET			
ANES - X-X			
PROC - O-O			
TIME	0730		

VT - ml	12	14	14	100	600	60
f - breaths/min	12	14	14	100	600	60
Peak Insp pres / PEEP	23	23	23	22	22	23
MODE - Spon, Assist, C(on)	C	C	C	C	C	C
BP/Auto Cuff	42	38	37	37	37	37
ET CO2 (torr)	56	56	58	61	62	62
BR / oth	100	100	100	100	100	100
ART line	ST	ST	ST	ST	ST	ST
Steth- PCIES	38.5	36.6	34.7	38.8	38.8	38.7
Gas analyzer						
TEMP- site						
W-M Block (T/F)						

RECOVERY AT	1150
PACU / ICU	3 (Specify)
OTHER	
CONDITION	Stable / Intubated
RESP - 16	SpO2 - 100 settings
BP - 120/82	HR - 78

Start	Room	End
1010	1020	1200
Ready	Begin	End
1025	1043	1145

PROCEDURES and CPT Codes: I&D (R) Thigh / (L) Buttock Wand  
 PATIENT IDENTIFICATION: [Redacted] b(6)-4  
 ANESTHETIC TECHNIQUES: Describe block technique under Remarks: GETA  
 AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: Pt already intubated - # GETA - secured @ 27cm on GETA holder (BBS @ ETCO2)

SURGEONS: [Redacted]  
 ANESTHESIOLOGIST: [Redacted]  
 PROCEDURE LOCATION: OR 1  
 DATE: 11 Oct 03  
 PAGE 1 OF 1  
 WAMC OP 376 REVISED 1 Jan 99  
 MEDCOM - 21521

No Δ from previous anesthesia 11 Oct 03 X 10.1 9/4/66

MEDICAL RECORD - ANESTHESIA

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

ANESTHETIC AGENTS AND DRUGS		CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML "1" = CONSTANT INFUSION										TOTALS	TOTAL EBL				
DRUG (Units)		Propofol (mg)	80														
		Fentanyl (mcg)	150	100													250
		ScH (mg)	100														
		Zovon (mg)		20	20	10			10	5							
		msly (mg)															
																	100
VOLAT AGENT		F50 % del	0.8	1.5	1.5	1.0	0.6	0.6	0.8	1.0							
		% a.t.															
		AIR L/Min															
		N2O L/Min															
		O2 L/Min	10	2	2	2	2	2	2	2	2	2	2	2	2	2	10
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS																	
FLUIDS		LINF site															
		Warmed															
		Cardis															
		Warmed															
		SCL															
		Warmed															
		Warmed															
LOSSES		EST BLOOD LOSS															
		URINE - Foley	50														
PHYS STATUS		TIME	1600	15	30	45	1700	15	30	45	1800	15	30				
BODY WEIGHT		SYMBOLS:															
70 KG		BP by cuff															
HEMATOCRIT: 8.9/29		Heart rate															
INITIAL DATA:		Resp rate															
BP:		BR (transduced)															
HR:		TOURNIQUET															
EQUIP CHECK		ANES- X-X															
OK? N		PROC- O-O															
PATIENT RECHECK																	
OK for PROCEDURE																	
TIME: 1945																	
VENTIL		VT - ml		650	700	600	630	650	620	600	500						
		f - breaths/min	20	12	10	12	12	12	12	12	14						
		Peak inf pres / PEEP		26	28	24	25	25	26	26	27						
		MODE - (Spon), A(assist), C(on)	S	C	C	C	C	C	C	C	C						
		BP/Auto Cuff		37	34	35	35	35	36	37	48						
		BP/oth		71	71	70	70	70	71	71	71						
		ART line		100	100	100	100	100	100	100	100						
		Steth- PC/ES	ST	SR	ST	SR	SR	SR	SR	SR	ST						
		Gas analyzer		37.2	37.7	37.7	37.7	37.7	37.7	37.7	X						
		TEMP-site		37.2	37.7	37.7	37.7	37.7	37.7	37.7	X						
		M-M Block (T/4)		0/4	3/4	1/4	0/4	3/4	1/4	0/4	1/4						
		Warming blkt															
		Conv warmer															
RECOVERY AT 1815																	
PACU/ICU 3 (Specify)																	
OTHER																	
CONDITION: stable/awake																	
RESP: 16 SpO2 100																	
BP: 120/65 HR: 121																	
ANESTHESIA / PROCEDURE TIMES																	
PROC ANES		Start	1530	Room	1000	End	1820										
		Ready	1610	Begin	1622	End	1810										
PROCEDURES and CPT Codes:																	
EOD Rectal Wound Debriso Abdominal Debriso																	
PACIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility																	
# [redacted] b(6)-4 ICU 3																	
ANESTHETIC TECHNIQUES: Describe block technique under Remarks																	
GETA																	
AIRWAY MANAGEMENT: Intubation route, blade, technique, comments																	
DL x 7 at #7, mtc 4, Grade 7, New, EUBSE ETC																	
SURGEONS: [redacted] b(6)-2																	
ANES: [redacted] ORA CPT b(6)-2																	
PROCEDURE LOCATION: OR 1																	
DATE: 12 Oct 03																	
PAGE 1 OF 1																	

MEDICAL RECORD - ANESTHESIA

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

ANESTHETIC AGENTS AND DRUGS		CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION		DRUG (Units)		TOTALS	TOTAL EBL
		Fentanyl 50µg/cc		150	50		MIN
		Norsican 2mg/cc		2			TOTAL URINE
							44cc
		VOLAT AGENT		Fentanyl % del % e.i.		FLUIDS - SUMMARY	
		AIR		L/Min		CRYSTALLOID	
		N2O		L/Min		1150	
		O2		L/Min		COLLOID	
		3		1			
		SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS				BLOOD	
						REMARKS	
FLUIDS		LINE site		RL-1000		Code drugs with numbers, events with letters	
		Warmed		1000 RL		① V/S taken	
		Warmed				② Intubated	
		Warmed				③ Libman 20mg	
		Warmed				④ Diprivan 170mg	
		Warmed				⑤ Vecfir 100mg	
		EST BLOOD LOSS				intubated	
		URINE				③ Procedure began	
						④ Procedure ended	
						⑤ suctioned, O <sub>2</sub>	
						breathing, cuff	
						extubated, to	
						recovery	
PHYS STATUS		TIME		10:15 11:00 15 30 45 12:00 15 30 45			
1 2 3 4 5		SYMBOLS:					
BODY WEIGHT:		BP by cuff					
KG		V					
LB		^					
HEMATOCRIT:		Heart rate					
		●					
INITIAL DATA:		Resp rate					
BP-		BR (transduced)					
124 171		+					
HR- 122 80		TOURNIQUET					
		T -					
EQUIP CHECK		ANES. X-X					
OK? Y N		PROC. ○ ○					
PACIENT RECHECK							
OK for PROCEDURE?							
TIME:							
VENTIL		VT - ml		510 490 500			
		f - breaths/min		10 12 12 13			
		Peak Inf pres / PEEP		20 20 20 13			
		MODE - S(pon), A(assist), C(on)		CV CV CV S			
MONITORS/ACCESSORIES		BP/Auto Cuff		42 41 41 48			
		PEI CO2 (torr)		82% 82% 81% 81			
		BP/oth		100 100 100 100			
		SpO2 (Frac or %)		ST ST ST ST			
		ART line					
		SpO2 (%)					
		Steth- PC/ES					
		ECG					
		Gas analyzer					
		TEMP-site					
		N-M Block (T/4)					
		Warming blkt					
		Conv warmer					
RECOVERY AT							
PACU ICU							
OTHER							
CONDITION:							
RESP- SpO2-90							
BP-40/68							
HR-112							
ANESTHESIA / PROCEDURE TIMES							
ANES		Start Room End		10:29 10:46 12:04			
PROC		Ready Begin End		11:00 11:11 11:57			
PROCEDURES and CPT Codes:		EVENTS Position		① ② ③ ④ ⑤			
Wash-out ② hip							
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility							
# [redacted] 4(6)-4							
ANESTHETIC TECHNIQUES: Describe block technique under Remarks							
Gen Endo							
AIRWAY MANAGEMENT: Intubation route, blade, technique, comments							
#70 ET tube c #3 Miller							
[redacted] b(6)-2							
[redacted] CNA							
PROCEDURE LOCATION:							
DATE:							
13/oct/03							
PAGE 1 of							

Hy 302  
Cefepime  
KCL P.O.

21410  
LSC Trainee  
Foley

BSCJA HAZARD # 2  
inhal

T. 10-110-22 108/56 Rts 74% before 1305

10/1/03

MEDICAL RECORD - ANESTHESIA

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

b(6)-2

ANESTHETIC AGENTS AND DRUGS CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML "1" = CONSTANT INFUSION	DRUG	(Units)	1500	30	1600	30	1700	TOTALS	TOTAL EBL
		Propofol (mg)	150						
	Versal (mg)	25							
	C100 (mg)	100							
	Perlor (mcg)	100		25	25				
	Vec (mcg)		100	200	300				
	Pucl (mg)	100							
VOLAT AGENT	Forme % del		2	15	1	8	15	1	
	% e.1.								
	AIR L/Min		8						
	N2O L/Min		8						
	O2 L/Min		4	8					

TOTALS	TOTAL EBL
TOTAL URINE	
	80

FLUIDS - SUMMARY
CRYSTALLOID- 800
COLLOID-
BLOOD-

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS	LINE site	<input checked="" type="checkbox"/> Warmed							
		<input type="checkbox"/> Warmed							
		<input type="checkbox"/> Warmed							
		<input type="checkbox"/> Warmed							

REMARKS  
Code drugs with numbers, events with letters

LOSSES	EST BLOOD LOSS								
	URINE -								

PHYS STATUS	TIME	1500	30	1600	30
10345 E					
BODY WEIGHT: 70 KG	SYMBOLS:				
HEMATOCRIT: 9.5/30.3	BP by cuff				
INITIAL DATA:	Heart rate				
BP: 104/52	Resp rate				
HR: 110	BR (transduced)				
EQUIP CHECK					
OK? - Y N	TOURNIQUET				
PATIENT RECHECK	T-X				
OK for PROCEDURE?	ANES-X-X				
TIME-	PROC-O-O				

VENTIL	VT - ml	570	570	540	670	510
	f - breaths/min	10	10	12	14	14
Peak inf pres / PEEP	20	20	25	25	25	
MODE - S(pon), A(ssist), C(on)	C	C	C	S/C	C	
BP/Auto Cuff	ET CO2 (torr)	48	46	49	50	48
BP/oth	PIO2 (Frac or %)	100	100	100	100	100
ART line	SpO2 (%)	100	100	100	100	100
Steth- PC/ES	ECG	SA	SA	SA	SA	SA
Gas analyzer	TEMP-site	AV				
	N-M Block (T/4)					

RECOVERY AT	1431	
PACU ICU	(Specify)	
OTHER		
CONDITION:	RA	
RESP:	16 SpO2: 95	
BP:	105/60 HR: 105	
ANESTHESIA / PROCEDURE TIMES		
Start	Room	End
1500	1500	1630
Ready	Begin	End
1515	1524	1610

Mark with letters & symbols, EVENTS explain under REMARKS Position

PROCEDURES and CPT Codes:  
Rectal wound I & O

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility  
# [redacted] ICU #3  
b(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments  
GRTA 80 macy

SURGEONS:  
[redacted] b(6)-2

ANESTHETISTS:  
[redacted]

PROCEDURE LOCATION: OR 2  
DATE: 15 OCT 03  
PAGE 1 OF 1



no 1 since last Anesthetic X 178 5.8 / 28.2 / 81

MEDICAL RECORD - ANESTHESIA

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

ANESTHETIC AGENTS AND DRUGS		CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML "I" = CONSTANT INFUSION										TOTALS	TOTAL EBL			
DRUG (Units)		Fentanyl (mcg)	200												250	40
		Zipranolone (mg)	35	15												
		Midazolam (mg)	100													
		Propofol (mg)	130													
VOLAT AGENT		Iso % del														
		% o.t.														
		AIR L/Min														
		N2O L/Min														
		O2 L/Min	10	2	2	2	10									
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS																
FLUIDS																
LINE site																
Trapezoid																
EST BLOOD LOSS URINE																
PHYS STATUS																
TIME																
BODY WEIGHT																
HEMATOCRIT																
INITIAL DATA																
BP																
HR																
EQUIP CHECK																
OK7- N																
PATIENT RECHECK																
OK for PROCEDURE																
TIME																
VENTIL																
VT - ml																
f - breaths/min																
Peak inf pres / PEEP																
MODE - S(pon), A(ssist), C(on)																
BP/Auto Cuff																
ET CO2 (torr)																
FIO2 (Frac or %)																
SpO2 (%)																
ECG																
TEMP-site																
N-M Block (T/4)																
Warming bikt																
Conv warmer																
EVENTS																
PROCEDURES and CPT codes																
PATIENT IDENTIFICATION																
ANESTHETIC TECHNIQUES																
AIRWAY MANAGEMENT																
SURGEON																
ANESTHESIA																
RECOVER AT																
PACU ICU																
OTHER																
CONDITION																
RESP																
BP																
ANESTHESIA / PROCEDURE TIMES																
Start Room End																
Ready Begin End																
DATE																
PAGE OF																

REMARKS  
Code drugs with numbers, agents with letters  
A 10 @ 1600 ICU 3  
Chart reviewed 6  
Cal via 1 liter  
1600 In room @  
w/ O2  
Smooth IV induction,  
PP padded - turned  
to RLP - Ax well  
placed head neck  
with the (PP padded)  
1200 A anal, PP  
seen. Exhibited  
diff. To PACU  
shilo.

MEDICAL RECORD - ANESTHESIA

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

ANESTHETIC AGENTS AND DRUGS		DRUG (Units)					TOTALS	TOTAL EBL	
CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MG/ML, "I" = CONSTANT INFUSION		Fentanyl 50µg/cc	100	100	50			220	
VOLAT AGENT		Forane % del	11-----14-----						
AIR		L/Min							
N2O		L/Min							
O2		3 L/Min	11-----14-----						
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS									
FLUIDS		LINE site							
		2NS 40cc							
		700							
LOSSES		EST BLOOD LOSS							
		URINE							
PHYS STATUS		TIME	2:25	30	45	1:00	15	30	45
BODY WEIGHT:		SYMBOLS:							
KG		BP by cuff							
LB		V							
HEMATOCRIT:		^							
INITIAL DATA:		Heart rate							
BP-		Resp rate							
HR-		BR (transduced)							
EQUIP CHECK		TOURNIQUET							
OK? Y N		ANES- X-X							
PATIENT RECHECK		PROC- (X)							
OK for PROCEDURE?									
TIME-									
VENTIL		VT - ml	660	640	590	510			
		f - breaths/min	10	16	12	13			
		Peak inf pres / PEEP							
		MODE - S(pon), Assist, C(on)	A5	A5	A5	A5			
BP/Auto Cuff		ET CO2 (torr)	44	46	42	45			
BP/oth		FIO2 (Frac or %)	24%	24%	20%	20%			
ART line		SpO2 (%)	100	100	100	100			
Steth- PC/ES		ECG	5R	5R	5R	5R			
Gas analyzer		TEMP-site							
		N-M Block (T/4)							
Warming blkt									
Conv warmer									
MONITORS/ACCESSORIES									
RECOVERY AT									
PACU ICU (Specify)									
OTHER									
CONDITION:									
RESP-11		SpO2-98							
BP-12/60		HR-104							
ANESTHESIA / PROCEDURE TIMES									
ANES		Start	Room	End					
PROC		Ready	Begin	End					
		1157	1226	1339					
		1235	1243	1326					
PROCEDURES and CPT Codes:		I & D E. Washout (2) hsp							
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility		# [redacted] b(6)-y b(6)-2 [redacted] CANA							
ANESTHETIC TECHNIQUES: Describe block technique under Remarks		Con Mask							
AIRWAY MANAGEMENT: Intubation route, blade, technique, comments		90mm Bernand c Mask							
PROCEDURE LOCATION:		OR							
DATE:		20 Oct '03							
PAGE		1 OF							

REMARKS

Code drugs with numbers events with letters

(1) Inducted

(2) V/S Taken

(3) Inducted c

Diprivan 170mg

Fentanyl 2cc

O2 Forane

Leg mask

(4) Procedure begin

(5) D50 25cc

12.5 cm IV

(6) Procedure ended

(7) O2, breathing well, TO recovery

11/50, 8A, 20  
999  
Cetoraxin - Hepatitis

10/2303  
182724

MEDICAL RECORD - ANESTHESIA

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

ANESTHETIC AGENTS AND DRUGS CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/CC/ML, "1" = CONSTANT INFUSION		DRUG (Units)							TOTALS	TOTAL EBL
		VERSAL 1mg	2/3						5mg	MIN
		FENT 1mg	150				50		200mg	
		LIDO PRALID 1mg	40/50							TOTAL URINE
		VEC	1.7						10mg	7.00
		MSO4			5		5			
VOLAT AGENT		FORANE % del	1	1.5	1.2	1.2	X		FLUIDS - SUMMARY	
		% e.i.							CRYSTALLOID	
AIR		L/Min							6000	
N2O		L/Min							COLLOID	
O2		L/Min	8	2	2	2	2	10	BLOOD	
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS										
FLUIDS		LINE site LR			200		400	6000	REMARKS	
		<input type="checkbox"/> Warmed							Code drugs with numbers, events with letters	
		<input type="checkbox"/> Warmed							8905 in DR	
		<input type="checkbox"/> Warmed							man. to IS applied	
		<input type="checkbox"/> Warmed							0915 I.E.I. @ BBS	
LOSSES		EST BLOOD LOSS						260	① ETCO2	
		URINE - 1200							0915 - 0940	
PHYS STATUS		TIME	09	X	30	X	10	X	30	X
1 2 3 4 5 E		SYMBOLS:								
BODY WEIGHT:		BP by cuff								
75 KG		V								
HEMATOCRIT:		^								
INITIAL DATA:		Heart rate								
BP- 113/64		Resp rate								
HR- 96		BR (transduced)								
EQUIP CHECK		+								
OK? - (V) N		TOURNIQUET								
PATIENT RECHECK		T-X								
OK for PROCEDURE?		ANES- X-X								
TIME- 0700		PROC- 00								
VENTIL		VT - ml	10	780	710	760	760	SV		
		f - breaths/min		10	10	10	8	24		
		Peak inf pres / PEEP		23	21	24	25			
		MODE - Spon, Assist, C(on)		C	C	C	C	S		
BP/Auto Cuff		ET CO2 (torr)		34	33	32	32	52		
BP/oth		FIO2 (Frac or %)		.73	.73	.74	.73	.73		
ART line		SpO2 (%)		100	100	100	100	100		
Steth- PC/ES		ECG		SK	SK	SK	SK	SK		
Gas analyzer		TEMP-site		SK						
		N-M Block (T/4)		7/4		4/4		5 sec. return		
MONITORS/ACCESSORIES										
		Warming blkt								
		Conv warmer								
Mark with letters & symbols. EVENTS explain under REMARKS Position → 0-1 0700 0715										
PROCEDURES and CPT Codes: Washout/Preop/A					ANESTHETIC TECHNIQUES: Describe block technique under Remarks G ETA					
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility 30 [redacted] IECW, IECW, 1/6-4					AIRWAY MANAGEMENT: Intubation route, blade, technique, comments 7.5 ETT placed @ 3rd amp @ 10E 5th 10th 2nd, 3rd, 4th blade @ 900 (view secured 22mm @ ETCO2 @ BBS)					
					SURGEONS: [redacted] b(6)-2					
					PROCEDURE LOCATION: OR 1					
					DATE: 12/24/03					
					PAGE 1 OF 1					

no Δ from last Anesthesia 1-2-03  
 WKDA

**MEDICAL RECORD - ANESTHESIA**

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

ANESTHETIC AGENTS AND DRUGS		CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MG/ML, "1" - CONSTANT INFUSION		DRUG (Units)		TOTALS		TOTAL EBL	
		Fentanyl (mcg)		200		200		ml/h	
		Propofol (mg)		100		100			
		Zofenop (mg)		30		30		TOTAL URINE	
				4		4			
				*2-12-03 @ 2.2 hr		2/12		50	
		VOLAT AGENT		Iso % del		1.5-1.2x			
		AIR		L/Min					
		N2O		L/Min					
		O2		L/Min		10-2-2-10			
		SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS							
FLUIDS		LINE site		Warmed				FLUIDS SUMMARY	
		DSC		<input type="checkbox"/>		UR (900)		CRYSTALLOID- 200 cc	
				<input type="checkbox"/>				COLLOID-	
				<input type="checkbox"/>				BLOOD-	
				<input type="checkbox"/>				REMARKS	
LOSSES		EST BLOOD LOSS		URINE -		20g		Code drugs with numbers, events with letters 1920 Mid Int. to alk. lit. 1930 In room @ mask, O2, Smooth IV induction Eyes good, easy mask ventilation 1950 A placed, RLV - Ax coll, @ ABS @ ETCO2, PP added, neck widened. 2001 Washout started 2015 Masked supple O2 saw, occluded 5 diff. To PACU awake - Rgt A to [redacted]	
PHYS STATUS		TIME		1 2 3 4 5 E		1920 1930 2000 15 30 45			
BODY WEIGHT		SYMBOLS		BP by cuff		220			
75 KG LB				V		200			
HEMATOCRIT				^		180			
INITIAL DATA				Heart rate		160			
BP - 119/56				•		140			
HR - 49				Resp rate		120			
EQUIP CHECK				BR (transduced)		100			
OK? - (V) N				+		80			
PATIENT RECHECK				TOURNIQUET		60			
OK for PROCEDURE - Okay				T - T		40			
TIME - 1920				ANES - X - X		20			
				PROC - 0 - 0					
VENTIL		VT - ml		16		190 160			
		f - breaths/min		12		12			
		Peak inf pres / PEEP		21		21			
		MODE - (Spon), (Assist), (Cont)		S		C 0			
MONITORS/ACCESSORIES		BP/Auto Cuff		ET CO2 (torr)		36 35		RECOVERY AT 2020	
		BP/oth		FIO2 (Frac or %)		.78 .78 .78		PACU ICU (Specify)	
		ART line		SpO2 (%)		100 100 100		OTHER	
		Steth- PC/ES		ECG		SR SR SR		CONDITION: Stable go	
		Gas analyzer		TEMP-site		Available		RESP-20 SpO2-100	
				N-M Block (T/4)				BP-112/54 HR-71	
		Warming blkt						ANESTHESIA / PROCEDURE TIMES	
		Conv warmer						PROC ANES	
								Start Room End	
								1920 1930 2020	
								Ready Begin End	
								1 940 1941 2015	
PROCEDURES and CPT Codes:		ANESTHETIC TECHNIQUES: Describe block technique under Remarks		GETA					
Washout Rectal Ward; Vsg. Δ		AIRWAY MANAGEMENT: Intubation route, blade, technique, comments		ML x 1 at 40 MAC, #2.5 ETT, @ ABS @ ETCO2, @ ABS @ ETCO2, Sec 200 C 2tc - tech					
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility		SURGEONS:		[redacted] (46)-2				PROCEDURE LOCATION: OR 2	
# [redacted] b(6)-y		ANESTHESIA:		[redacted] b(6)-2				DATE: 27 Oct 03	
		MEDCOM - 21528		[redacted] b(6)-2				PAGE 1 OF 1	

**MEDICAL RECORD - ANESTHESIA**

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

ANESTHETIC AGENTS AND DRUGS CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML "1" = CONSTANT INFUSION		DRUG	(Units)											TOTALS	TOTAL EB						
		Fentanyl 50µg/100 100 50, 50, 50 Rocuronium 10mg/100 20mg Volat Agent F <sub>2</sub> 3-2.5 AIR L/Min N <sub>2</sub> O L/Min O <sub>2</sub> 3 L/Min													< 300						
													TOTAL URINE								
													850								
FLUIDS												FLUIDS SUMMARY									
												CRYSTALLOID: 1570									
												COLLOID-									
												BLOOD-									
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS												REMARKS									
LINE site <input type="checkbox"/> Warmed RL-200 <input type="checkbox"/> Warmed <input type="checkbox"/> Warmed <input type="checkbox"/> Warmed		T----- (150) ----- (850)										Code drugs with numbers, events with letters ① N/S taken ② Included = Lidocaine 20mg Diprivan 160mg Fentanyl 100µg O <sub>2</sub> , F <sub>2</sub> mask ③ Procedure began ④ Procedure ended ⑤ Breathing well, O <sub>2</sub> to recovery									
LOSSES												EST BLOOD LOSS URINE-									
PHYS STATUS		TIME → 7:15 8:00 15:30 4:15																			
1 2 3 4 5 BODY WEIGHT: KG LB HEMATOCRIT: INITIAL DATA: BP: HR: EQUIP CHECK: OK? Y N PATIENT RECHECK: OK for PROCEDURE? TIME-		SYMBOLS:		220 200 180 160 140 120 100 80 60 40 20																	
		BP by cuff		V ^ Heart rate Resp rate BR (transduced) + TOURNIQUET T-X ANES- X-X PROC- (X)																	
		VT - ml		440 390 11 15 AC AC 31 29 60% 63% 96% 98% 97% 99 SR SR																	
		I - breaths/min																			
		Peak inf pres / PEEP																			
		MODE - S(pon), A(sist), C(on)																			
		BP/Auto Cuff												RECOVERY AT							
		ET CO <sub>2</sub> (torr)												PACU ICU (Specify)							
		FIO <sub>2</sub> (frac or %)												OTHER							
		ART line												CONDITION:							
		Steth- PC/ES												RESP- SpO <sub>2</sub> 99							
		Gas analyzer												BP 93/42 HR 83							
		TEMP-site												ANESTHESIA / PROCEDURE TIMES							
		N-M Block (T/4)												<table border="1"> <tr> <th>Start</th> <th>Room</th> <th>End</th> </tr> <tr> <td>07:22</td> <td>0750</td> <td>08:34</td> </tr> </table>		Start	Room	End	07:22	0750	08:34
Start	Room	End																			
07:22	0750	08:34																			
		Warming blkt												<table border="1"> <tr> <th>Ready</th> <th>Begin</th> <th>End</th> </tr> <tr> <td>08:08</td> <td>08:09</td> <td>08:27</td> </tr> </table>		Ready	Begin	End	08:08	08:09	08:27
Ready	Begin	End																			
08:08	08:09	08:27																			
		Conv warmer																			
Mark with letters & symbols, explain under REMARKS		EVENTS Position → ① ② ③ ④ ⑤																			
PROCEDURES and CPT Codes:		Wash out (R) Hip Wound																			
PATIENT IDENTIFICATION: Type or written entries: Name, Grade/Rate, Medical facility		# [Redacted] b(6)-4																			
ANESTHETIC TECHNIQUES: Describe block technique under Remarks		Gen Mask																			
AIRWAY MANAGEMENT: Intubation route, blade, technique, comments		90mm Rocurtn																			
SURGEON:		[Redacted] b(6)-2										PROCEDURE LOCATION: OR DATE: 2 Nov '03 PAGE 1 OF									

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"/> CRYOPRECIPTATE (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 <i>please redo</i> <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) [Redacted] b(6)-2
	DATE REQUESTED 10 OCT 03 DATE AND HOUR REQUIRED 10 OCT 03	DIAGNOSIS OR OPERATIVE PROCEDURE BSW to buttock
VOLUME REQUESTED (if applicable) _____ ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) _____	SIGNATURE OF VERIFIER [Redacted] CPT/AVO
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	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. b(6)-2
		DATE VERIFIED 10 OCT 03
		TIME VERIFIED 2045

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [Redacted]	TRANSFUSION NO. [Redacted]	TEST INTERPRETATION ANTIBODY SCREEN: NA CROSSMATCH: Comp		PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD
DONOR ABO: A Rh: POS	RECIPIENT ABO: A Rh: POS	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		SIGNATURE OF PERSON PERFORMING TEST [Redacted] b(6)-2
REMARKS: Exp 12 OCT 03		DATE: 10 OCT 03		

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY: [Redacted] b(6)-2 AT (Hour): 2130 ON (Date): 10 OCT 03		POST-TRANSFUSION DATA AMOUNT GIVEN: 1 unit ML TIME/DATE COMPLETED/INTERRUPTED: 10 OCT 03 2250 REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED TEMPERATURE: 99.8 PULSE: 131 BLOOD PRESSURE: 86/44		
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag. [Redacted] b(6)-2		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.		
PRE-T TEMP: 100.9 PULSE: 127 BP: 109/56 DATE OF TRANSFUSION: 10 OCT 03 TIME STARTED: 2135		DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		
PATIENT IDENTIFICATION--USE EMBOSSE (For typed or written entries give: Name--Last, first, middle initial; date; hospital or medical facility) [Redacted] b(6)-4		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____ SIGNATURE OF PERSON NOTING ABOVE: [Redacted] b(6)-2		
		WARD: M		

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 21530

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"/> CRYOPRECIPTATE (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] b(6)-2 DIAGNOSIS OR OPERATIVE PROCEDURE GSW buttock
	DATE REQUESTED 10 Oct 03	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.
	DATE AND HOUR REQUIRED 10 Oct 03 ASAP	
	VOLUME REQUESTED (If applicable) _____ ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify) _____

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:  
 RING TREATMENT? DATE GIVEN: \_\_\_\_\_  
 HEMOLYTIC DISEASE OF NEWBORN? \_\_\_\_\_

DATE VERIFIED  
 10 Oct 03  
 TIME VERIFIED  
 2045

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. [Redacted]	TRANSFUSION NO. [Redacted]	TEST INTERPRETATION		PREVIOUS RECORD CHECK:
PATIENT NO. [Redacted]	ANTIBODY SCREEN NA	CROSSMATCH Comp	<input checked="" type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST [Redacted] b(6)-2	
DONOR ABO A Rh POS	RECIPIENT ABO A Rh POS	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		DATE 20 Oct 03
REMARKS: Exp 12 Oct 03				

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA		POST-TRANSFUSION DATA		
INSPECTED AND ISSUED BY (Signature) [Redacted] b(6)-2		AMOUNT GIVEN 1 unit ML	TIME/DATE COMPLETED/INTERRUPTED 0035 11 Oct	
AT (Hour) 30	ON (Date) 10 Oct 03	REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE 99.0	BLOOD PRESSURE 118 / 92/53
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] b(6)-2		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 99.0 PULSE 125 BP 75/42		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____		
DATE OF TRANSFUSION 10 Oct 03	TIME STARTED 2300	SIGNATURE OF PERSON PERFORMING TEST [Redacted] b(6)-2		
PATIENT IDENTIFICATION--USE EMBOSSE (For typed or written entries give: Name--Last, first, middle initial; hospital or medical facility) [Redacted] b(6)-4		WARD M ICU3		

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 - 21531

Medical Record Copy

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION 1 - REQUISITION

COMPONENT REQUIRED (Check One) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELET (Pool of _____ units) <input type="checkbox"/> CRYPPRECIPITATE (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 OFFICER: [Redacted] b(6)-2 DIAGNOSIS OR OPERATIVE PROCEDURE: I & D Training
	DATE REQUESTED: 11 Oct 03	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.
	DATE AND HOUR RECEIVED: 11 Oct 03	
	VOLUME REQUESTED (If applicable): 1 unit ML	KNOWN ANTIBODY FORMATION / TRANSFUSION REACTION (Specify):

REMARKS: OR

SECTION 11 - PRE-TRANSFUSION TESTING

UNIT NO.: [Redacted] DONOR ABO: A pos Rh: pos	TRANSFUSION NO.: [Redacted] PATIENT NO.: [Redacted] RECIPIENT ABO: A Rh: pos	TEST INTERPRETATION ANTIBODY SCREEN: N/A CROSSMATCH: COMP	PREVIOUS RECORD CHECK: <input checked="" type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST: [Redacted] b(6)-2 DATE: 11 Oct 03
<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		REMARKS: END 12 Oct 03	

SECTION 111 - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature): [Redacted] b(6)-2 AT (Hour): 11 30 ON (Date): 11 Oct 03		POST-TRANSFUSION DATA AMOUNT GIVEN: [Redacted] ML TIME/DATE COMPLETED / INTERRUPTED: 11 Oct 03 / 1300 REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED TEMPERATURE: 97.8 PULSE: 99 BLOOD PRESSURE: 113/60		
IDENTIFICATION I have examined the Blood Component container label and this form I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.		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] 2nd VERIFIER (Signature): [Redacted] b(6)-4		DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN (Specify):		
PR: [Redacted] Temp: 97.5 PULSE: 99 BP: 105/66		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify)		
DATE OF TRANSFUSION: 11 Oct 03 TIME STARTED: 1155		SIGNATURE OF PERSON NOTING ABOVE: [Redacted] b(6)-4		
PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name-Last, first middle initial; hospital or medical facility)				

# [Redacted] b(6)-4

BLOOD OR COMPONENT TRANSFUSION

MEDICAL RECORD

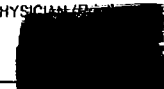
MEDCOM - 21532

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



MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

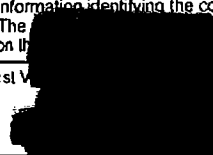

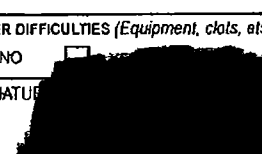
SECTION 1 - REQUISITION

COMPONENT REQUIRED (Check One) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELET (Pool of _____ units) <input type="checkbox"/> CRYPRECIPITATE (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 (Signature)  b(6)-2
	DATE REQUESTED 11 Oct 03	DATE AND HOUR REQUIRED 11 Oct 03 1115
VOLUME REQUESTED (If applicable) 1 unit 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.
REMARKS: CR	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN _____ HEMOLYTIC DISEASE OF NEWBORN? _____	SIGNATURE OF VERIFIER  DATE VERIFIER  TIME VERIFIER

SECTION 11 - PRE-TRANSFUSION TESTING

UNIT NO.  DONOR ABO Rh	TRANSFUSION NO.  PATIENT NO.  RECIPIENT ABO Rh	TEST INTERPRETATION ANTIBODY SCREEN  CROSSMATCH  <input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED REMARKS:	PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST  DATE
------------------------------------	--	--	---

SECTION 111 - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature)		POST-TRANSFUSION DATA AMOUNT GIVEN: All ML TIME/DATE COMPLETED / INTERRUPTED: 11 Oct 03 1140		
AT (Hour)  ON (Date)	REACTION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED	TEMPERATURE 38.7	PULSE 103	BLOOD PRESSURE 108/65
IDENTIFICATION I have examined the Blood Component container label and this form I find all information identifying the container with the intended recipient matches item by item. The person named on this Blood Component Transfusion Form and 1st Verifier (Signature)  b(6)-2		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) <input checked="" type="checkbox"/> 		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 38.7 PULSE 108 BP 109/60		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/>  b(6)-2		
DATE OF TRANSFUSION 11 Oct 03		TIME STARTED 1130		
PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name-Last, first middle, grade, rank, rate; hospital or medical facility)		SEX M	WARD ICU 3	

BLOOD OR COMPONENT TRANSFUSION

MEDICAL RECORD

MEDCOM - 21533

STANDARD FORM 518 (REV. 9-92) Prescribed by GSA/ICMR. FIRM 141 CFR 1201-9.202-1

**CLINICAL RECORD - DOCTOR'S ORDERS**

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] b(6)-1			↓	Admit ICU	
			fruit stable		
				Dist NPO #14 N4 to lo into mittent	
				water	
				act DR	b(6)-2
				US 9/14	
				dx 4 SW rect	
				IV LR at 125/h	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				ply to gran	
				Change 2 gran 1/13 9/64	
				Versed 4-3 mg/h	
				Fentanyl 50-100 mg/h	
				Versed 10 mg IV now	
				warm pt - drows	
				chr for lung plasmas	
					1000cc 0700am
					1000cc 1100am
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				T.O 10 04 03 1400	
				① LR x1 now - drow	
				② Heparin 500cc x1 now - drow	
				③ ↑ LR @ 20/h	
					b(6)-2
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			16 Oct 1965	16 <sup>30</sup>	
				① Fentanyl 25-50mcg q 6 <sup>0</sup> prn	
				② Versed 1-2 mg q 4 <sup>0</sup> 1 VP prn	
					b(6)-2

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77 WHICH MAY BE USED.  
MEDCOM - 21534

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] b(6)-4 ICU3			①	Blood cult now	1130 10 Oct
			②	LR 500 bolus	1100 11 Oct
			③	imipenem 500mg IV PB q 6h	
			④	CBC 1800 today	
			⑤	CBC 1yts 8400	11 Oct b(6)-2
			⑥	for workup	11 Oct
			⑦	ADC Urinary	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] b(6)-4			⑧	LR 1 liter bolus	1100 11 Oct
			⑨	↑ fluid to 150/h	
			⑩	call MD if VO < 60 cph any?	
			⑪	pack wound q 8h	
				NS washed ex 2	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				1200 10 Oct	
				of HT < 20 fx II w/ PDCs	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				10 OCT 03 @ 1935	
			1)	Titrate Dopamine to keep MAPS > 50.	b(6)-2
			2)	Call M.D. If Dopamine > 15mg/kg/min or CVP consistently below 8.	
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 4256 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED. MEDCOM - 21535

**CLINICAL RECORD - DOCTOR'S ORDERS**

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] b(6)-4			2000	10 00	
			①	25% albumin 100 cc over 1-2 hr	X2
			②	LR at 250 cc/hr	
			③	ideal wedge ~ 12-14	
			④	wear dopamine to 5 µg/min	
			⑤	if wt PRBC, over ~ 2 hr	
			⑥	call MD if sat ↓ < 90%	
				" " UO < 60 cc/2hr	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			⑦	call MD if SBP consistently $\leq$ 90 mmHg or MAP < 55	
			⑧	portable CXR + PT PIV at 04 11 00	
			⑨	OK 11 00	
			⑩	Call MD if P > 135	
			⑪	Xgr Typhoid per M... relly, 10 if > 1015	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] b(6)-2			⑫	Dolby	
				Oct 2300	
				XR for feed into placement in a...	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			2400	1300 03 04 15	
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 4256  
1 APR 79

REPLACES EDITION OF 1 JUL 77 WHICH MAY BE USED.  
MEDCOM - 21536

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# [REDACTED] b(6)-4			11 Oct 2003	230 HOURS	[REDACTED]
			① ↓ dopamine to 3 mg/kg/min		
			② Norepinephrine 2 mg/min		
			③ Complete 2 <sup>nd</sup> unit of transfusion		
			④ LR at 250cc/hr		
			⑤ ABG now as well as CBL/diff		
			⑥ titrate heparin to keep MAP 75-85		
NURSING UNIT	ROOM NO.	BED NO.			
# [REDACTED] b(6)-4			11 Oct	1530 HOURS	b(6)-2
			① 15mg/kg KCl to each leg/hr at 150 cc/h		
			② CBC w/lyt ABC CxR 04 12 Oct		
			[REDACTED]		
			[REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.			
[REDACTED]			11 Oct	1905 HOURS	[REDACTED]
			Give 500cc LR Bolus now		
			ABG NOW		
			V.O. R.R.		
			[REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.			
[REDACTED]			11 Oct	2100 HOURS	[REDACTED]
			① Tylenol 650mg PO for temp > 101.5		
			UO: [REDACTED]		
			[REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 1 APR 79 4256

REPLACI

MEDCOM - 21537

4 MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# [REDACTED] b(6)-4			12-OCT-03	1800 HOURS	

- ① ADMIT TO ICU #3
- ② SIP EX LAP, WOUND DEBRIDEMENT
- ③ COND: STABLE
- ④ ORDERS AS WRITTEN & FOLLOWING ADDITIONS

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

- a) HEPARIN 5000u SQ BID
- b) WET-DRY DRESSING Δ'S BID

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
------------------------	--	--	---------------	---------------

# [REDACTED] b(6)-2  
 # [REDACTED] b(6)-4  
 [REDACTED] 12/20/03 1955  
 b(6)-2

TO ABDOMINAL WOUND

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
------------------------	--	--	---------------	---------------

[REDACTED] b(6)-4  
 [REDACTED] 14 OCT 2003  
 [REDACTED] 1400  
 b(6)-2

14 OCT 2003 0418

- 1) DC NLT + Doherty
- 2) Mgt. of wound b(6)-2
- 3) CBC 14 Oct an

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
------------------------	--	--	---------------	---------------

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

DA FORM 4256 1 APR 79

REPLACES MEDCOM - 21538 MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
(b)(6)-1 (b)(6)-2 14 Oct			14 Oct 1090		
			①	Clear lig advance to leg	
			②	DC pentyl	
			③	MS 2-6 h IV q 1-2 h prn pain	
			④	DC amipren	
			⑤	celebrin 1 gm IV q 6h	(b)(6)-2
			⑥	ΔIU to D, NS 1000 cc @ 40 mg/h at 100 cc/h	(b)(6)-2
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
			①	RCL 40 mg po TID	(b)(6)-2
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
NURSING UNIT	ROOM NO.	BED NO.		HOURS	

DA FORM 4256 1 APR 79

MEDCOM - 21539

REPLACE THIS FORM WHEN IT MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION (b)(6)-4 [REDACTED]			DATE OF ORDER 14 Oct 1900	TIME OF ORDER _____ HOURS.	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT ROOM NO. BED NO.			NPO, MN for OR 15 Oct [REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER 15 Oct 1630	TIME OF ORDER _____ HOURS	(b)(6)-2
NURSING UNIT ROOM NO. BED NO.			Admit ICU Cool fan Diet - sips water only Oct - BR US - 94h Do - rectal USW IV D <sub>1/2</sub> NS 1000 cc c̄ 40 mg KCl qd 100h		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER _____ HOURS	(b)(6)-2
NURSING UNIT ROOM NO. BED NO.			cefotaxim 1gm IV PB q 6h PC imipenem heparin 5000 at 50 q 12h Mg - 2-6 mg IV q 1-2h prn pain change high drain q 12h change abd drain q 12h - use NS rockel Kater + ADD lvs do NOT life chesting w/over		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER _____ HOURS	(b)(6)-2
NURSING UNIT ROOM NO. BED NO.			folx grow dir VAC drain to continuous high suction CBC 'lyte 16 Oct am KUB for feed tube placement		
NURSING UNIT ROOM NO. BED NO.			[REDACTED]		

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77 WHICH MAY MEDCOM - 21540



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]	16 Oct 03	0900	
<p>16 Oct 03 OR b(6)-2</p>			<p>① Change abd wound dressing qid - US w/abed gauge - do <u>not</u> lift ostomy w/fer</p>		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]	[REDACTED]	[REDACTED]			
<p>b(6)-4</p>			<p>② Start Peristone at 20 HOURS per hr; if no floating, nausea, or emesis ↑ 4 hr ↑ to 40 cc/hr; if o pop x 4 hr ↑ to 60 cc/hr</p>		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]	[REDACTED]	[REDACTED]	24 Nov 03	2130	
<p>DOCTOR done OR b(6)-2</p>			<p>③ SOB clear if possible</p>		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]	[REDACTED]	[REDACTED]	17 Oct 03	0230	
<p>DOCTOR done OR b(6)-2</p>			<p>NPO for OR ↑ IV to 125/hr</p>		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]	[REDACTED]	[REDACTED]	17 Oct 03	1710	
<p>b(6)-2 Note 17 Oct 03 SAT 1845</p>			<p>① Resume previous orders ② Resume TF @ 80 cc/hr ③ IVF @ 40 cc/hr V.O. D.F.</p>		
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 4256 1 APR 79





REPLACES EDITION OF 1 JUL 77 MEDCOM - 21541

USED. b(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION  b(6)-4			DATE OF ORDER 18 Oct 03	TIME OF ORDER 1800 HOURS	LIST TIME ORDER NOTED AND SIGN b(6)-2
NURSING UNIT ROOM NO. BED NO.			Order A 94° 9.30 V.O. DR. [Redacted] [Redacted]		
PATIENT IDENTIFICATION 			DATE OF ORDER 19 Oct 1000	TIME OF ORDER b(6)-2 HOURS	LIST TIME ORDER NOTED AND SIGN b(6)-2
NURSING UNIT ROOM NO. BED NO.			① CBC & type today done 1030 ② Hold PT for 0400 20 @ or for OR washout ③ PT IV to 100/h at 0400 [Redacted] [Redacted]		
PATIENT IDENTIFICATION 			DATE OF ORDER 19 Oct 03	TIME OF ORDER 2100 HOURS	LIST TIME ORDER NOTED AND SIGN note due [Redacted]
NURSING UNIT ROOM NO. BED NO.			① V.O. : Ma. lox 30cc x 1 po. [Redacted] [Redacted]		
PATIENT IDENTIFICATION 			DATE OF ORDER 20 Oct 03	TIME OF ORDER 1800 HOURS	LIST TIME ORDER NOTED AND SIGN [Redacted]
NURSING UNIT ROOM NO. BED NO.			Regime 17 @ 8000/h [Redacted] V.O. DR. [Redacted]		

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77 WHICH MAY BE USED  
 MEDCOM - 21542

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[Redacted] b(6)-4			21 Oct 03	0100 hrs	[Redacted]
NURSING UNIT ROOM NO. BED NO.			24 hr ce Done		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[Redacted] b(6)-4			21 Oct 03	2230	
NURSING UNIT ROOM NO. BED NO.			24 hr ce Done		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[Redacted] b(6)-4			22 Oct 03	0100 hrs	
NURSING UNIT ROOM NO. BED NO.			24 hr ce Done		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[Redacted] b(6)-4			22 Oct 03	1930	
NURSING UNIT ROOM NO. BED NO.			24 hr ce Done		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[Redacted] b(6)-4			23 Oct 03	0800	
NURSING UNIT ROOM NO. BED NO.			24 hr ce Done		

- ① ↓ IVI to 40/h
- ② Penicillin 1-2 po q 4h
- ③ Nyctin

- ① Tylenol 650mg po per disph
- q 4h PRN fever
- V.O. Dr. [Redacted] CPT [Redacted]

- ① ~~Migalol~~ 30 cc po q 4h prn epiga
- ② ~~OB~~ chair q 4h
- ③ ↑ Peritone to 100 cc/h
- ④ FeSO<sub>4</sub> 300mg po BID

- ① NPO p 0400 24/03 for OR
- ② CBC ~~today~~ today
- ③ Transfer to ward to see next page b(6)-2

DA FORM 4256 1 APR 79

REPLACES FORM OF 1 APR 79 WHICH MAY BE USED. MEDCOM - 21543

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] b(6)-4			23 Oct	0800	
Dermolite HV			Transfer to ward		
			Cord stable - sacral-rectal USW c		
			vac drain, cord colostomy, +		
			open mid line incision		
			Dial - <del>start</del> at 100 cc/h		
			head of feet at even		
			Oct - 00B chain BID		
NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
					begin ambulation
[REDACTED] b(6)-4					US - g 40
[REDACTED] b(6)-4					Rx - see above
[REDACTED] b(6)-4					IV D <sub>5</sub> 1/2 NS 100 cc c 20 mg HCl at 40 cc/h
[REDACTED] b(6)-4					cefepime 1 gm IV PB q 8h (8-16-24)
[REDACTED] b(6)-4					Heparin 5000 at 500 q 12h
[REDACTED] b(6)-4					Foley 300 mg po BID
NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
					Pyrantel 2 po q 4 prn prn
[REDACTED] b(6)-4					change midline abd dressing q 4h
[REDACTED] b(6)-4					c NS soaked gauze
[REDACTED] b(6)-4					change colostomy if leaks - watch near wound
[REDACTED] b(6)-4					vac drain on high continuous suction
NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
					NPO p 0400 24 Oct for OR, ↑
[REDACTED] b(6)-2					IV to 100/h at that HOURS
[REDACTED] b(6)-2					(flush feed tube p water + cap)
[REDACTED] b(6)-2					change out Foley today
NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
					[REDACTED] b(6)-2
[REDACTED] b(6)-2					2400 @ 0100

MEDCOM - 21544

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] b(6)-4			24 OCT 0930	HOURS	
NURSING UNIT	ROOM NO.	BED NO.	① Chest/KUB to check feeding tube placement ② Run IV 1/2 NS/100 cc @ 20 mg/KO to 40 cc/h ③ Resume Osmolyte HN at 100 cc/h AFTER tube placement confirmed		
ICW #1					

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] b(6)-4				HOURS	
NURSING UNIT	ROOM NO.	BED NO.	④ Resume all prev. order ⑤ R thigh wound change & ch in NS w/alt gauge ⑥ NS 2-5 mg IV q 2-4h p.m. headache pain		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] b(6)-4			24 OCT 09 1400	HOURS	
NURSING UNIT	ROOM NO.	BED NO.	① D/C DOPHOFF / OSMOLITE ② DIET: REGULAR @ 3-4 conc ENSURE QD V.O. DR. [REDACTED] LT, AN [REDACTED] b(6)-2		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] w/alt			24 OCT 09	1910 HOURS	
NURSING UNIT	ROOM NO.	BED NO.	① Δ Meftoin to Cefotetan 2gms IVPB Q8h V.O. DR. [REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			25 OCT 0900		
NURSING UNIT	ROOM NO.	BED NO.	OOB chair 1-2x daily, ambulate - els NOT disconnect suction b(6)-2		

DA FORM 4256 APR 79

MEDCOM - 21545 MAY BE USED.

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] b(6)-4			26 OCT	1600 HOURS	
NURSING UNIT			(1) NPO p MN (2) IV LR at 150 cc/h at MN for OR		
ROOM NO.			[REDACTED]		
BED NO.			[REDACTED]		

*Noted [REDACTED] 0800 10/23 1610*

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] b(6)-4					
NURSING UNIT			(1) Ambien 10mg po QHS x 1 - tonight.		
ROOM NO.			[REDACTED] b(6)-2		
BED NO.			[REDACTED] b(6)-2		

*29 Oct 03 0300*

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] b(6)-2			29 OCT 03	0820 HOURS	
NURSING UNIT			(1) Celecoxib 100mg po qd		
ROOM NO.			[REDACTED] b(6)-2		
BED NO.			[REDACTED] b(6)-2		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] b(6)-2			29 OCT 03	0900 HOURS	
NURSING UNIT			(1) Percocet 5-325 po q 4h prn		
ROOM NO.			[REDACTED] b(6)-2		
BED NO.			[REDACTED] b(6)-2		

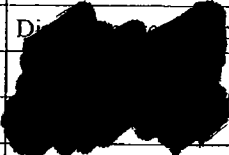
DA FORM 4256 1 APR 79


REPLACE MEDCOM - 21546 MAY BE USED.

**MEDICAL RECORD - DOCTOR'S ORDER**

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

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

ORDER NUMBER	DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS	ORDER NOTED TIME & INITIALS	COMPLETED TIME & INITIALS
	POST ANESTHESIA ORDERS (circled items)		
1	VS q 5 min X 15 min, then q 15 min until discharge.		
2	Supplemental oxygen.		
3	Morphine / Meperidine <u>3</u> mg IV now and <u>2</u> mg q 3-5 min prn pain for a max dose of <u>15</u> mg.		
4	Zofran _____ mg IV prn N/V q 15 min, may repeat x _____.		
5	Metoclopramide _____ mg IV prn N/V x 1.		
6	Droperidol _____ mg IV prn N/V x 1.		
7	Phenergan _____ mg IV prn N/V x 1.		
8	Benadryl 25-50mg IVP q1 hr prn, itching while in PACU.		
9	IVF: _____ @ _____ cc/hr.		
10	Discharge to recovery status when PACU discharge criteria met.  CRNA CRT b(6)-2		

PATIENT IDENTIFICATION   b(6)-4	Complete the following information on page 1 only. Note any changes on subsequent pages.		
	Diagnosis: _____	Height: _____	Weight: _____
Allergies: _____			
Nursing Unit PACU, 28th CSH	Room No.	Bed No.	Page No. 1 of 1

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] b(6)-4			27 Oct 2002	HOURS	
NURSING UNIT			Admit ICW1		
ROOM NO.			Good stable		
BED NO.			Diet - reg c 6 cans (5 name ply it cans TID + record intake		
PATIENT IDENTIFICATION			Act - ambulate g/d		
NURSING UNIT			PT consulted		
ROOM NO.			US - g/h		
BED NO.			DATE OF ORDER		
PATIENT IDENTIFICATION			TIME OF ORDER		
[REDACTED] b(6)-2			Dx - rectal 45W		
NURSING UNIT			IV D 1/2 NS 1000 cc c 20 mg KCl		
ROOM NO.			at 40 cc/h		
BED NO.			ibuprofen 400 mg po q 4 prn pain		
PATIENT IDENTIFICATION			5-10 mg MS IV prn to g/d		
NURSING UNIT			→ dressing change at bedside - local		
ROOM NO.			pouch (L) hip wound c NS soaked		
BED NO.			Pauker		
PATIENT IDENTIFICATION			→ change ostomy wafer prn leak		
NURSING UNIT			→ change midline wound dressing		
ROOM NO.			g/h c NS soaked gauze		
BED NO.			Jelly to gran drain		
PATIENT IDENTIFICATION			P.R.S.O., 300 mg po BID		
NURSING UNIT			DATE OF ORDER		
ROOM NO.			TIME OF ORDER		
BED NO.			heparin 5000 ut 50 g/h		
PATIENT IDENTIFICATION			[REDACTED] b(6)-2		
NURSING UNIT			[REDACTED]		
ROOM NO.			[REDACTED]		
BED NO.			[REDACTED]		

DA FORM 4256 1 APR 79

REPLACES

MEDCOM - 21548

MAY BE USED.



CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# [REDACTED] b(6)-4			29 Oct 70	1800 HOURS	
NURSING UNIT			V.O. Dr. [REDACTED] b(6)-2		
ROOM NO.			① Colace PO BID		
BED NO.			⑤ Meclox 30cc PO q6 <sup>o</sup> pm for gastric esp		
[REDACTED]			[REDACTED] b(6)-2		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
[REDACTED]			30 Oct	_____ HOURS
NURSING UNIT			① DC pd	
ROOM NO.			② MS 900 IV for during change body down	
BED NO.			③ ambulate g cl	
[REDACTED]			④ OOB chair BID b(6)-2	
NURSING UNIT			[REDACTED]	
ROOM NO.			noted	
BED NO.			[REDACTED]	

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
[REDACTED]			30 Oct 70	0920 HOURS
NURSING UNIT			MSO4 5mg IV to drsg Δ	
ROOM NO.			V.O. Dr. [REDACTED] b(6)-2	
BED NO.			[REDACTED]	
NURSING UNIT			[REDACTED]	
ROOM NO.			[REDACTED]	
BED NO.			[REDACTED]	

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
# [REDACTED] b(6)-4 noted b(6)-2			31 Oct	0830 HOURS
NURSING UNIT			① Benzydol 50 mg po hs 2200	
ROOM NO.			② NPO p MN for during Δ 1 Nov	
BED NO.			③ IV LR at 12 1/2 h at 2400	
[REDACTED]			④ MS 10g IV before during Δ b(6)-2	
NURSING UNIT			[REDACTED]	
ROOM NO.			24 Nov @ 0400	
BED NO.			[REDACTED]	

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77 WHICH MAY BE USED. MEDCOM - 21549

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
b(6)-4 [Redacted]			1 NOV	HOURS	
Noted [Redacted] 01121033 0945			(1) Reg. diet as wni given food this am (2) NPO p MN for 2 Nov (2400)		b(6)-2
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
b(6)-2 [Redacted]			2 NOV 0000	HOURS	
Noted [Redacted]			NPO now for OR (later today)		b(6)-2
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[Redacted]				HOURS	
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[Redacted]				HOURS	
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[Redacted]				HOURS	
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED. MEDCOM - 21550

**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
[REDACTED]				2 Nov 0730	HOURS	
[REDACTED]				Reserve few orders	[REDACTED]	
[REDACTED]						
[REDACTED]						
[REDACTED]						
[REDACTED]						
[REDACTED]						

NURSING UNIT	ROOM NO.	BED NO.
	3Rme 0730	0030

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED
[REDACTED]				HOURS	
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED
[REDACTED]				HOURS	
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED
[REDACTED]				HOURS	
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					

NURSING UNIT	ROOM NO.	BED NO.

**DA** FORM 1 APR 79 **4256**

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.  
MEDCOM - 21551

b(6)-2

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo. of Yr. 2003						
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION										
ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED								
				10	11	12	13	14	15	16	17	18
10 Oct 03		Diet: APO	06									
			18									
10 Oct 03		NGT to LUS	06									
			18									
10 Oct 03		ACT: <del>SA</del> OOB	06									
		to chn GP	18									
10 Oct 03		VS: <del>chr</del> OOB	06									
			18									
10 Oct 03		Foley to suit	06									
			18									
10 Oct 03		PACK wounds @ chrs with	02									
		for Hx sited 2x2	18									
			18									
10 Oct 03		Send lab 12-14	06									
			18									
10 Oct 03		Call MD if sat < 90%, WOP < 100	06									
		ac/hr, S/P consistently < 85	18									
		ac MAP < 55, P > 135 or < 70										
11 Oct 03		CAL, LYES, MAP	04									
		CXR 0400										
12 Oct 03		Pack wound (Q8)	06									
		HRS 2, 19 satchel	18									
		2x2										
12 Oct 03		Condition: stable	06									
			18									
12 Oct 03		Met to Dry dressing 1's	08									
		BID to abdominal wound	20									
14 Oct 03		sips of h2o	06									
			18									

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:  
E SW s/pex lap, wound debridement

ADDITIONAL PAGES IN USE:  
 YES  NO  
PAGE NO: \_\_\_\_\_

PATIENT IDENTIFICATION:  
#1 [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

b(6)-2

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)			Mo	Yr	2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials	
10 Oct	[Redacted]	ADMIT TO ICU 3	10 Oct	0610	0610	[Redacted]	
10 Oct	[Redacted]	CARD STABLE	10 Oct	0610	0610	[Redacted]	
10 Oct	[Redacted]	CRF for line placement	10 Oct	0610	0610	[Redacted]	
10 Oct	[Redacted]	CBC 1800 TODAY	10 Oct 03	1800	1800	[Redacted]	
10 Oct	[Redacted]	CBC, Lytes	11 Oct 02	0400	0415	[Redacted]	
10 Oct	[Redacted]	TO CR ON 11 OCT	11 Oct			[Redacted]	
10 Oct	[Redacted]	Portable CXR/PFT/PTT @ 0400 11 Oct	11 Oct	0400	0415	[Redacted]	
10 Oct	[Redacted]	Dobhoff	10 Oct	now	Done	[Redacted]	
10 Oct	[Redacted]	ABG now as well as CBC & diff	10 Oct	now	2340	[Redacted]	
11 Oct	[Redacted]	ABG/SODLR hold	11 Oct	Done		[Redacted]	
10 Oct	[Redacted]	XP for feeding tube placement in AM	13 Oct	0400		[Redacted]	
10 Oct	[Redacted]	Blood culture now	10 Oct	1130		[Redacted]	
14 Oct	[Redacted]	CBC, Lytes AM	14 Oct	0400	0400	[Redacted]	
14 Oct	[Redacted]	NPO P MW for OR 1500+	15 Oct	12 MW	12 MW	[Redacted]	

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION											
			TIME/DATE COMPLETED											
10 Oct 14	2	CALL MD For: VO < 60 for any 2 hrs												

USAPA V1.00

b(6)-2

b(6)-2

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

Mo. 10 Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED													
				15	16	17	18	19	20	21	22	23	24	25	26	27	28
15DET	[REDACTED]	DIET. SIPS WATER ONLY	06p	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15DET	[REDACTED]	ACTIVITY: BEDREST	06p	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15DET	[REDACTED]	Vital Sign Q4	06p	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15DET	[REDACTED]	Change thigh dressing	06p	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15DET	[REDACTED]	Change abd. dressing	06p	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		12" USE NS SUTURE FORLEX & ABD PADS DO NOT LIFT	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		WOUND STOMY WAFER		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15DET	[REDACTED]	Apply to gravity	06p	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15DET	[REDACTED]	VACUUM DRAIN TO CONTINUOUS HIGH SUC	06p	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
16Oct	[REDACTED]	Change abd wound dressing qd & NS soaked gauze do not lift	02	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		ostomy bag	08	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
16Oct	[REDACTED]	Start peristaltic @ 20 per hr if no flatulence, nausea, or emesis ↑ to 40cc/hr if 0 prob. x thr ↑ to 60cc/hr	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		COB chair if possible	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
17Oct	[REDACTED]	Resume TF @ 60cc/hr	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:

NKA

RECTAL ESW

ADDITIONAL PAGES IN USE:

YES  NO

PAGE NO:

PATIENT IDENTIFICATION:

# [REDACTED] EPW 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

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	
15 Oct	[Redacted]	Admit to ICU, condition FAIR, <sup>REC'D</sup> 15 OCT	15 OCT			[Redacted]	
15 OCT	[Redacted]	'PC, Lytes'	16 OCT	AM	0900	[Redacted]	
15 OCT	[Redacted]	KUB for Feed Tube Placement	15 OCT			[Redacted]	
15 OCT	[Redacted]	Wound HF @ 0400 200cf for wound dressing			0400	[Redacted]	
		b(6)-2			b(6)-2		

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

USAPA V1.00

b(6)-2

b(6)-2

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo. 10 Yr. 2003	
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION					
ORDER DATE	CLERK/NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	24	25	23	24
14 Oct 03	[REDACTED]	Clear liquid advance as tolerated - Regular	06 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
22 Oct	[REDACTED]	↑ Perine TF to 100 c/h	06 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
22 Oct	[REDACTED]	Drainage q40 to abdominal area	06 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
22 Oct	[REDACTED]	NS q40	06 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
22 Oct	[REDACTED]	High dressing q120	06 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
22 Oct	[REDACTED]	Foley to gravity	06 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
22 Oct	[REDACTED]	Vacuum drain to continue st.	06 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
22 Oct	[REDACTED]	OOB to chm q0	06 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
24 Oct	[REDACTED]	High wound change q d a NS small gauze	06 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
10/24	[REDACTED]	Resound. Demolite HW @ 10 DCC AFTER tube placement continued.	06 18 15 06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Due sheet started on 10/23 [REDACTED]

b(6)-2

ALLERGIES: <input type="checkbox"/> YES <input type="checkbox"/> NO	PRIMARY DIAGNOSIS: Sacral Rectal GSW to Vbc Drain and colostomy & open midline incision	ADDITIONAL PAGES IN USE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PATIENT IDENTIFICATION: [REDACTED]	b(6)-4	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							
N	24	01	02	03	04	05	06	07																									



Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)			Mo. <i>Oct.</i> Yr. 2003		
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials	
<i>10/24</i>	<i>[Redacted]</i>	<i>Resume all previous orders</i>	<i>10/24</i>	<i>noted</i>		<i>[Redacted]</i>	
<i>10/24</i>	<i>[Redacted]</i>	<i>Check KUB to check feeding tube placement</i>	<i>10/24</i>			<i>[Redacted]</i>	
		<i>1/15 - 2</i>					

USAPA V1.00

MEDCOM - 21557

b(6)-2

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)		Mo. Yr. 2003	
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION			
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED	
10/24/03	[REDACTED]	Oral A 040 [REDACTED]	18	19	20
2007	[REDACTED]	Reg Diet	18		
2005	[REDACTED]	IVF to 10/1	06		
<p><i>Will Other [scribbles]</i></p>					

ALLERGIES:  YES  NO

NKDA

PRIMARY DIAGNOSIS: Rectal BSN

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

b(6)-2 Green Sheet + b(6)-2

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)		Mo. 10 Yr. 03	
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION			
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED	
				23	24
23	[REDACTED]	Demolite HN @ 100cc / hr	00	[REDACTED]	[REDACTED]
23	[REDACTED]	Act - OOB to chair	06	[REDACTED]	[REDACTED]
23	[REDACTED]	BID - begin ambulation	08	[REDACTED]	[REDACTED]
23	[REDACTED]	NS q4 <sup>h</sup>	10	[REDACTED]	[REDACTED]
23	[REDACTED]	change midline abd drsg q4 <sup>h</sup> CNS soaked gauze	12	[REDACTED]	[REDACTED]
23	[REDACTED]	wound vac on high continuous suction	16	[REDACTED]	[REDACTED]
23 Oct	[REDACTED]	NID: CL drsg SQ3d	20	[REDACTED]	[REDACTED]
24 Oct	[REDACTED]	R high wound A & d. TNS soaked gauze	06	[REDACTED]	[REDACTED]
24 Oct	[REDACTED]	Restime. Demolite HN @ 100cc AFTER tube placement confirmed	06	[REDACTED]	[REDACTED]
24	[REDACTED]	DIET: Regular c 3-4 cans ENSURE	18	[REDACTED]	[REDACTED]
25	[REDACTED]	Do NOT DISCONNECT S/N when OOB!	18	[REDACTED]	[REDACTED]

ALLERGIES:  YES  NO  
 PRIMARY DIAGNOSIS: SACRAL-RECTAL GSW & VAC DRAIN AND COLOSTOMY & OPEN MIDLINE INC  
 ADDITIONAL PAGES IN USE:  YES  NO  
 PAGE NO: \_\_\_\_\_

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

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

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

Green Sheet  
 MEDCOM - 21559



b(6)-2

b(6)-2

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				OCT Mo. Yr. 2003					
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION									
ORDER DATE	CLERK/NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED							
				27	28	29	30	31	1	2	3
27	[REDACTED]	DIET: regular c/l cans Ensure/day # cans TID	6 18 X	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
27	[REDACTED]	RECORD INTAKE	6 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
27/30	[REDACTED]	ACT: amb QD	6 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
27	[REDACTED]	VS: Q4°	6 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
27	[REDACTED]	QD dressing @ PS: Loosely pack @ hip ENS soaked Kertix	10 /	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
27	[REDACTED]	Δ ml wound disq Q6° ENS soaked gauze	6 12 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
27	[REDACTED]	Foley to gravity drainage	6 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
30 OCT 03	[REDACTED]	DOB to chair BID	10 22	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
31 OCT	[REDACTED]	Foley to gravity	6 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:  
Sacro-rectal abscess & vacuum  
Open ML incision (EX-LAP)

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

b(6)-2

b(6)-2

Verify by initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo <u>10</u> yr <u>2003</u>	
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials	
<u>27</u>	[REDACTED]	<u>P.T. consult</u>					
<u>27</u> <u>03/10/03</u>	[REDACTED]	<u>D/c Foley</u>	<u>30</u> <u>OCT03</u>	<u>---</u>	<u>0930</u>	[REDACTED]	
<u>31</u> <u>03/10/03</u>	[REDACTED]	<u>NPO p MIN for drsg Δ INOVEMBER</u>	<u>31</u> <u>OCT</u>	<u>0001</u>	<u>0001</u>	[REDACTED]	
<u>01</u> <u>NOV03</u>	[REDACTED]	<u>NPO p MN for dr Δ 02NOV03</u>	<u>02</u> <u>NOV03</u>	<u>0001</u>	<u>0001</u>	[REDACTED]	
<u>2</u>	[REDACTED]	<u>NPO now for dr later today</u>	<u>2</u> <u>NOV</u>	<u>0005</u>	<u>0000</u>	[REDACTED]	
Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION				
			TIME/DATE COMPLETED				
<u>27</u> <u>03/10/03</u>	[REDACTED]	<u>Δ ostomy water per Leak</u>	<u>D/T</u>	<u>3000</u> <u>1330</u>			
			<u>D/T</u>	[REDACTED]			

b(6)-2

USAPA V1.00

MEDCOM - 21562

b(6)-2

b(6)-2

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)			Mo. ____ Yr. ____	
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION				
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED		
10 OCT 02	2	IVP: LR @ 200	06	10	11	17
			18			
10 OCT 02	2	UNASYN 3gm IVPB Q6	06			
			12			
			18			
			24			
10 OCT 03	2	Vericef 500 (1-3mg/hr)	06			
			18			
10 OCT 03	2	Fact 500 (50-150mg/hr)	06			
			18			
10 OCT 03	2	Imipenem 500mg IVPB Q6	06			
			12			
			18			
			24			
10 OCT 03		LPO 250cc/hr	06			
			18			
10 Oct 03		Titrate Dopamine to keep MAPS > then 50	06			
			18			
10 Oct 03		Call MD if Dopamine > then 15mg/kg/min or CVP consistently > 8	06			
			18			
10 Oct 03		Wean Dopamine to 5mg/kg/min	06			
			18			
10 Oct 03		Dopamine to 3mg/kg/min	06			
			18			
10 Oct 03		Norepinephrine 2mg/min	06			
			18			

ALLERGIES:  YES  NO PRIMARY DIAGNOSIS: 65w spl Ex lap. Wound debridement

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

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

DA FORM 1 FEB 79 4678

EDITION MEDCOM - 21563

b(6)-2

b(6)-2

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. _____	Yr. _____
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials	
10 Oct	[redacted]	Ve celoxim 10ml IVP x 2	10 Oct	0700	0710	[redacted]	
10 Oct	[redacted]	LR 1000 cc	10 Oct	1800	1600	[redacted]	
10 Oct	[redacted]	500 cc Helyman	10 Oct	1600	1600	[redacted]	
10 Oct	[redacted]	25% Albumin 1000cc over 1-2 hrs x 2	10 Oct	1700	2030	[redacted]	
10 Oct	[redacted]	7 units PRBC's over 2 hrs	10 Oct		2135	[redacted]	
10 Oct	[redacted]	LR 500 bolus	10 Oct	1130		[redacted]	
		LR bolus 1Ltr over 1/2 hr				[redacted]	

*Wife of [redacted]*

Order/Expir Date	Clerk/Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION	
			TIME/DATE DISPENSED	
10 Oct 69	[redacted]	Pentagl 25-50 mcg Q6° PRN sedation IVP		
10 Oct 69	[redacted]	Vered 1-2 mg Q4° PRN pain IVP		
10 Oct 69	[redacted]	IF not CVR transfuse 3/4 tab PRBC		
10 Oct 69	[redacted]	X of Tylenol per A/G & clamp 1hr F.T. 2/10/5	10 Oct 1130	10 Oct 1130
10 Oct 69	[redacted]	MS04 2-Long IV qd per pair	10 Oct 1400	10 Oct 1400

b(6)-2



b(6)-2

b(6)-2

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)					Mo. Oct Yr. 05																					
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION																										
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
10 Oct 05	[REDACTED]	Titrate Levophed to keep	06																									
11 Oct 05	[REDACTED]	MAP 25% 15 MEG KCl 40	06																									
		ENK h/4hr PR	18																									
		@ 150cc/hr																										
12 Oct 05	[REDACTED]	Heparin 5,000 SQ BID	08																									
			20																									
14 Oct	[REDACTED]	Cefoxitin 1gm IVB	06	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
		q 6h	12	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
			18	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
			24	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
14 Oct	[REDACTED]	D 5 1/2 NS 1000cc i 40	06	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
		meg KCl at 400cc/hr	18	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
		↓ 40/hr																										
14 Oct	[REDACTED]	KCl 40 meg po TID	06	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
			18	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
			00	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
as	[REDACTED]	Keşon 300mg po BID	06	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
			18	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE:

GSW spl ex lap, wound debridement

PATIENT IDENTIFICATION:

# [REDACTED] b(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

D 7 8 9 10 11 12 13 14

E 15 16 17 18 19 20 21 22

N 23 24 01 02 03 04 05 06

DA FORM 1 FEB 79 4678

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 21565

MI 111 2.1.5 all.

Verify by Initiating		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. _____	Yr. _____
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials	
		b(6)-2					
Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED				
2/20/82		Morphine 30 (Mabx)					
		30cc po q4 pm					
		episodic pain					
2/20/82		MORF 2-Grain IV					
(rewritten)		q 1-2 pm prn					
2/20/82		Pericort 1-2 po					
(rewritten)		q4 pm prn					
2/20/82		Ibuprofen 600mg po					
		q4 pm prn fever					

b(6)-2

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. 10 Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED												
				15	16	17	18	19	20	21	22	23				
15 Oct	[REDACTED]	D5 1/2 NS E 40 KCL @ 100cc/hr	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15 Oct	[REDACTED]	KEFDITIN 1gm IV PB Q6 <sup>o</sup>	06	[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]
			18	[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]
15 Oct	[REDACTED]	HEPARIN 5000u SQ Q12 <sup>o</sup>	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			22	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
17 Oct	[REDACTED]	D5 1/2 NS E 40 KCL @ 40 cc/hr	06	[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]
19 Oct	[REDACTED]	IVP 100/100 @ 0400	06	[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]
21 Oct	[REDACTED]	D5 1/2 NS E 40 KCL	06	[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]

Handwritten signature and scribbles across the bottom of the table.

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:

NRKA

RECTAL FISTULA

ADDITIONAL PAGES IN USE:

YES  NO

PAGE NO. 3

PATIENT IDENTIFICATION:

Handwritten patient ID: EPW, [REDACTED], b(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. MEDCOM - 21567

b(6)-2

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
19 Oct	[redacted]		Morph x 30 q po	19 Oct	2100	2100

Self  
 [Large handwritten signature]

Order/Expir Date	Clerk/Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION	
			TIME/DATE	DISPENSED
15 Oct	[redacted]	MSD 4 2-6mg IV q 1-hr PRN pain MSD 4 continue	15 Oct 1815	[redacted]
			15 Oct 1900	[redacted]
			15 Oct 1930	[redacted]
			15 Oct 2000	[redacted]
			15 Oct 2030	[redacted]
			15 Oct 2100	[redacted]
			15 Oct 2130	[redacted]
			15 Oct 2200	[redacted]
			15 Oct 2230	[redacted]
			15 Oct 2300	[redacted]
			15 Oct 2330	[redacted]
			15 Oct 2400	[redacted]
			15 Oct 2430	[redacted]
			15 Oct 2500	[redacted]
			15 Oct 2530	[redacted]
			15 Oct 2600	[redacted]
			15 Oct 2630	[redacted]
			15 Oct 2700	[redacted]
			15 Oct 2730	[redacted]
			15 Oct 2800	[redacted]
			15 Oct 2830	[redacted]
			15 Oct 2900	[redacted]
			15 Oct 2930	[redacted]
			15 Oct 3000	[redacted]
			15 Oct 3030	[redacted]
			15 Oct 3100	[redacted]
			15 Oct 3130	[redacted]
			15 Oct 3200	[redacted]
			15 Oct 3230	[redacted]
			15 Oct 3300	[redacted]
			15 Oct 3330	[redacted]
			15 Oct 3400	[redacted]
			15 Oct 3430	[redacted]
			15 Oct 3500	[redacted]
			15 Oct 3530	[redacted]
			15 Oct 3600	[redacted]
			15 Oct 3630	[redacted]
			15 Oct 3700	[redacted]
			15 Oct 3730	[redacted]
			15 Oct 3800	[redacted]
			15 Oct 3830	[redacted]
			15 Oct 3900	[redacted]
			15 Oct 3930	[redacted]
			15 Oct 4000	[redacted]
			15 Oct 4030	[redacted]
			15 Oct 4100	[redacted]
			15 Oct 4130	[redacted]
			15 Oct 4200	[redacted]
			15 Oct 4230	[redacted]
			15 Oct 4300	[redacted]
			15 Oct 4330	[redacted]
			15 Oct 4400	[redacted]
			15 Oct 4430	[redacted]
			15 Oct 4500	[redacted]
			15 Oct 4530	[redacted]
			15 Oct 4600	[redacted]
			15 Oct 4630	[redacted]
			15 Oct 4700	[redacted]
			15 Oct 4730	[redacted]
			15 Oct 4800	[redacted]
			15 Oct 4830	[redacted]
			15 Oct 4900	[redacted]
			15 Oct 4930	[redacted]
			15 Oct 5000	[redacted]
			15 Oct 5030	[redacted]
			15 Oct 5100	[redacted]
			15 Oct 5130	[redacted]
			15 Oct 5200	[redacted]
			15 Oct 5230	[redacted]
			15 Oct 5300	[redacted]
			15 Oct 5330	[redacted]
			15 Oct 5400	[redacted]
			15 Oct 5430	[redacted]
			15 Oct 5500	[redacted]
			15 Oct 5530	[redacted]
			15 Oct 5600	[redacted]
			15 Oct 5630	[redacted]
			15 Oct 5700	[redacted]
			15 Oct 5730	[redacted]
			15 Oct 5800	[redacted]
			15 Oct 5830	[redacted]
			15 Oct 5900	[redacted]
			15 Oct 5930	[redacted]
			15 Oct 6000	[redacted]
			15 Oct 6030	[redacted]
			15 Oct 6100	[redacted]
			15 Oct 6130	[redacted]
			15 Oct 6200	[redacted]
			15 Oct 6230	[redacted]
			15 Oct 6300	[redacted]
			15 Oct 6330	[redacted]
			15 Oct 6400	[redacted]
			15 Oct 6430	[redacted]
			15 Oct 6500	[redacted]
			15 Oct 6530	[redacted]
			15 Oct 6600	[redacted]
			15 Oct 6630	[redacted]
			15 Oct 6700	[redacted]
			15 Oct 6730	[redacted]
			15 Oct 6800	[redacted]
			15 Oct 6830	[redacted]
			15 Oct 6900	[redacted]
			15 Oct 6930	[redacted]
			15 Oct 7000	[redacted]
			15 Oct 7030	[redacted]
			15 Oct 7100	[redacted]
			15 Oct 7130	[redacted]
			15 Oct 7200	[redacted]
			15 Oct 7230	[redacted]
			15 Oct 7300	[redacted]
			15 Oct 7330	[redacted]
			15 Oct 7400	[redacted]
			15 Oct 7430	[redacted]
			15 Oct 7500	[redacted]
			15 Oct 7530	[redacted]
			15 Oct 7600	[redacted]
			15 Oct 7630	[redacted]
			15 Oct 7700	[redacted]
			15 Oct 7730	[redacted]
			15 Oct 7800	[redacted]
			15 Oct 7830	[redacted]
			15 Oct 7900	[redacted]
			15 Oct 7930	[redacted]
			15 Oct 8000	[redacted]
			15 Oct 8030	[redacted]
			15 Oct 8100	[redacted]
			15 Oct 8130	[redacted]
			15 Oct 8200	[redacted]
			15 Oct 8230	[redacted]
			15 Oct 8300	[redacted]
			15 Oct 8330	[redacted]
			15 Oct 8400	[redacted]
			15 Oct 8430	[redacted]
			15 Oct 8500	[redacted]
			15 Oct 8530	[redacted]
			15 Oct 8600	[redacted]
			15 Oct 8630	[redacted]
			15 Oct 8700	[redacted]
			15 Oct 8730	[redacted]
			15 Oct 8800	[redacted]
			15 Oct 8830	[redacted]
			15 Oct 8900	[redacted]
			15 Oct 8930	[redacted]
			15 Oct 9000	[redacted]
			15 Oct 9030	[redacted]
			15 Oct 9100	[redacted]
			15 Oct 9130	[redacted]
			15 Oct 9200	[redacted]
			15 Oct 9230	[redacted]
			15 Oct 9300	[redacted]
			15 Oct 9330	[redacted]
			15 Oct 9400	[redacted]
			15 Oct 9430	[redacted]
			15 Oct 9500	[redacted]
			15 Oct 9530	[redacted]
			15 Oct 9600	[redacted]
			15 Oct 9630	[redacted]
			15 Oct 9700	[redacted]
			15 Oct 9730	[redacted]
			15 Oct 9800	[redacted]
			15 Oct 9830	[redacted]
			15 Oct 9900	[redacted]
			15 Oct 9930	[redacted]
			15 Oct 10000	[redacted]

b(6)-2

All - b(6)-2

U.S. GPO: 1998-454-110/95218

MEDCOM - 21568

b(6)-2

b(6)-2

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION/CARE PLAN (MEDICATIONS)			Mo. 10 Yr. 03	
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION				
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED		
23 OCT 03	[REDACTED]	INDYENS 1000cc	06 18	[REDACTED]		
		20MEq KCL qd 40cc/hr	18 06	[REDACTED] re ordered		
23	[REDACTED]	Cefixitin 1gm IVPB	06	[REDACTED]		
		q8 <sup>o</sup>	12 18	[REDACTED] order [REDACTED]		
			24	[REDACTED]		
23	[REDACTED]	Heparin 5000U SQ	10	[REDACTED]		
		q12 <sup>o</sup>	22	[REDACTED]		
23	[REDACTED]	Fesof 300mg po BID	10	[REDACTED]		
			22	[REDACTED]		
		K		[REDACTED]		
24	[REDACTED]	1/2 IV D5 1/2 NS	06 15	[REDACTED]		
		1000cc 220 meq	15 06	[REDACTED] SEE BELOW		
		KCL to 40cc	1	[REDACTED]		
24	[REDACTED]	Cefotetan 2gms	8	[REDACTED]		
		IVPB q8 <sup>o</sup>	16 24	[REDACTED]		
			24	[REDACTED]		
26 OCT 03	[REDACTED]	IV UR 1500cc/hr	06 18	[REDACTED]		
		mn for or	18 06	[REDACTED]		

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:  
SACRAL-RECTAL GUNE VAC DRAIN AND  
COLOSTOMY & OPEN MIDLINE INCISION

ADDITIONAL PAGES IN USE:  
 YES  NO

PAGE NO. \_\_\_\_\_

PATIENT IDENTIFICATION:

[REDACTED] b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.  
MEDCOM - 21569

b(6)-2

b(6)-2

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. 10	Yr. 03
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials	
23 OCT03	[REDACTED]	↑ IV to 100cc/hr at that time (0900 21OCT03)	24 OCT03	0900	0400	[REDACTED]	
26 OCT03	[REDACTED]	IV LR at 150cc/hr and MN for OR	27 OCT03	0001	0001	[REDACTED]	

b(6)-2

b(6)-2

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION															
			TIME/DATE DISPENSED															
23 OCT 03	[REDACTED]	Paracet 2 po q 4 prn pain	23 OCT 03 1335	23 OCT 03 1910	25 OCT 03 2000	25 OCT 03 0000	26 OCT 03 1135	26 OCT 03 1850	27 OCT 03 0440									
10/24/03	[REDACTED]	MS 2-5mg IV q 2-4h prn breakthrough pain 1/2	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

b(6)-2

b(6)-2

Mo. 09 Yr. 03

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION																
VERIFY BY INITIALING		RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED																		
ORDER DATE	CLERK/NURSE			27	28	29	30	31	1	2	3											
27	[REDACTED]	D <sub>5</sub> /2NS & 20meq KCl @ 40cc/hr	6	/																		
27	[REDACTED]	MSO <sub>4</sub> 5-10mg IV QD PRIOR to drsg Δ	10	/																		
27	[REDACTED]	FESQ 300mg po BID (W/O MEALS)	6	/																		
27	[REDACTED]	Heparin 5000u SQ Q12	10	/																		
29	[REDACTED]	Cefazolin TGM IV PB q 8 <sup>o</sup>	8	/																		
29	[REDACTED]	Cefazolin BID PO	10	/																		
31 Oct	[REDACTED]	Benadryl 50mg PO QHS @ 2200	22	/																		
31 Oct	[REDACTED]	MSO <sub>4</sub> 10mg IV before drsg change	10	/																		
31 Oct	[REDACTED]	IV LR @ 125cc/hr.	06	/																		
			18	/																		
			18	/																		
			06	/																		

order Med block

ALLERGIES:  YES  NO      PRIMARY DIAGNOSIS: Sacral-rectal GSW & vac drain

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

b(6)-4

DA FORM 1 FEB 79 4678

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 21571

b(6)-2

b(6)-2

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)			Mo. 10	Y. 03
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
28	[REDACTED]	Ambien 10mg po QHS x 1 - tonight	28 OCT	2200	2200	[REDACTED]
30	[REDACTED]	MSO4 10mg IV for drsg Δ today	30 OCT	—	0900	[REDACTED]
30	[REDACTED]	MSO4 5mg IV p drsg Δ	30	—	0940	[REDACTED]
31	[REDACTED]	↑ IVF TO 125cc @ 2400	31 OCT	2400	2400	[REDACTED]

b(6)-2

b(6)-2

Order/Expir Date	Clerk/Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION																			
			TIME/DATE DISPENSED																			
27	[REDACTED]	Ibuprofen 400mg po q4° prn pain	D/T	29 Oct 2415																		
29 Oct	[REDACTED]	Percoset 2-11 q4° prn pain	D/T	29 Oct 0910	30 Oct 0910	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900
29 Oct	[REDACTED]	Miralax 50cc po qd for gastric pain	D/T	29 Oct 1800	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900	30 Oct 1900

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



MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
QA Appr 8Mar 89

**INITIAL SHIFT ASSESSMENT**

	TIME	0600	INTILA	INTILAS	INTILAS
NEURO	PUPILS	Perla 4mm			
	SENSORIUM	A+O			
RESPIRATORY	RESPIRATION PATTERN	even, unlabored			
	BREATH SOUNDS	Cr+0			
	SECRETIONS	0			
SKIN	COLOR	NFR			
	INTEGRITY	multiple wounds			
WOUND	LOCATION	L SC triple Juman			
	CONDITION	c/d/i			
GASTRO	ABDOMEN	midline abd distending			
	BOWEL SOUNDS	colostomy +BS & egls			
GU	URINE	clear yellow			
	COLOR/CLARITY	folky to granular			
CARDIOVASC	CARDIAC RHYTHM	TSR +2 pulses L3 see cap refill Dxclera			
	LEGEND	Cr - Creatinine F <sub>I</sub> O <sub>2</sub> - Fraction of inspired O <sub>2</sub> F <sub>O</sub> 2 - Bicarbonate	ICP - Intracranial Pressure PCO <sub>2</sub> - PRESSURE OF ARTRIAL CO <sub>2</sub> PEEP - Positive end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - Tracheostomy	

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CINC

DATE

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

 b(6)-4

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

MEDCOM - 21573

4 11

DATE		DX														HOSPITAL DAY				
TIME		24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15			
V I T A L S	BP Arterial line																			
	BP Cluff	109/55			109/56					104/54										
	Temperature	96.7			96.4															
	Pulse	102			104					102										
	Respiratory Rate	18			18					21										
	SpO2	100			99					100										
I N T A K E	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T	
	IVF	40	40	40	40	40	40	40	40		40									
	IVPB	50																		
	TF	100	100	100	100	100	100	100			100									
	TOTALS																			
	O U T P U T	URINE	HOUR	200	/	/	200	/	200	/	/	/	/	/	/	/	/	/	/	/
TOTAL			200																	
SP gr																				
S/A																				
NG		OUTPUT																		
		PH																		
	GLIAC																			
EMESIS																				
STOOL																				
DRAINS																				
TOTALS																				

b(2)-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 <b>TRAUMA FLOWSHEET</b> The proponent is Dept of Surgery	OTSG APPROVED (Date) Q1 Apr 11 Jun 97
---	--

EMS REPORT		ARRIVAL STATUS	
TIME: 0450	ETA: 0455	UNIT: [REDACTED]	TIME 0451
MED COM: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N			<input checked="" type="checkbox"/> IV x 2 <input type="checkbox"/> O2 1/min <input type="checkbox"/> C-Spine Immob
			Meds: <input type="checkbox"/> UKN <input type="checkbox"/> None <input type="checkbox"/> Yes:
			Allergies: <input type="checkbox"/> UKN <input type="checkbox"/> None <input type="checkbox"/> Yes:
			Tetanus: <input type="checkbox"/> UKN <input type="checkbox"/> Current Last Meal/Fluid Intake hrs
			MP: <input checked="" type="checkbox"/> Colostomy incise

PRIMARY SURVEY			
AIRWAY	BREATHING	CIRCULATION	
<input type="checkbox"/> Natural Patient <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Labored <input checked="" type="checkbox"/> Unlabored <input type="checkbox"/> Absent	PULSE: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent	SKIN: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Hot
ETT: <u>oe 22</u>	TRACHEA: <input type="checkbox"/> Midline <input type="checkbox"/> Deviated <input type="checkbox"/> L <input type="checkbox"/> R	BLEEDING: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/>
<input type="checkbox"/> Stridor	CHEST SYMMETRY: <input type="checkbox"/> L > <input type="checkbox"/> = <input type="checkbox"/> < <input type="checkbox"/> R	HEART TONES: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Muffled	<input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Diaphoretic

SECONDARY SURVEY			
DISABILITY	HEAD	HEART	ABDOMEN
GCS: E	PUPILS: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Fixed <input checked="" type="checkbox"/> React <input type="checkbox"/> Dilated <input type="checkbox"/> L <input type="checkbox"/> R	RHYTHM: <input checked="" type="checkbox"/> Regular <u>oe 95</u>	<input checked="" type="checkbox"/> Soft <input type="checkbox"/> Rigid <input type="checkbox"/> Non-Tender
rectal (p) paralyzed	TM: <input type="checkbox"/> Clear <input type="checkbox"/> Blood <input type="checkbox"/> L <input type="checkbox"/> R	PULSES: <input type="checkbox"/> Central <input type="checkbox"/> Peripheral	<input type="checkbox"/> Tender: <u>---</u>
M	NECK	LUNGS	PELVIS
SPHINCTER TONE: <input type="checkbox"/> WNL <input checked="" type="checkbox"/> Defunct <input type="checkbox"/> None	C-Spine Tenderness: <u>at st 4/6</u> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	BREATH SOUNDS: <input type="checkbox"/> Bilat <input type="checkbox"/> Equal <input type="checkbox"/> Clear	<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/>
	Pain @ _____	Decreased <input type="checkbox"/> L <input type="checkbox"/> R Absent <input type="checkbox"/> L <input type="checkbox"/> R	Blood at meatus/vagina: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
	JVD: <input type="checkbox"/> Y <input type="checkbox"/> N	Wheezes <input type="checkbox"/> L <input type="checkbox"/> R Crackles <input type="checkbox"/> L <input type="checkbox"/> R	Heme +/- Prostate: <input type="checkbox"/> WNL <input type="checkbox"/> Abnl

USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

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

VASCULAR ASSESSMENT

++ Strong [REDACTED] D Dopler

RN [REDACTED]	PHYSICIAN [REDACTED]
PREPARED BY (Signature & Title) [REDACTED]	DEPARTMENT SERVICE/CLINIC [REDACTED]
Sgt [REDACTED]	DATE [REDACTED]

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

# [REDACTED] b(6)-4 b(2)-2

HISTORY/PHYSICAL  FLOW CHART

OTHER EXAMINATION OR EVALUATION  OTHER (Specify) b(6)-2

DIAGNOSTIC STUDIES

TREATMENT

DA FORM 1 MAY 78 4700

REQUIRE MEDCOM - 21575

BY DD FORM 2005 ETE.

EAMC OP 503, 1 D [REDACTED]

VITAL SIGNS

GLASGOW COMA SCALE

Rectal Temp: 96.5

VITAL SIGNS								GCS: <i>meds</i>			
TIME	BP	HR	RHY	RR	SAO <sub>2</sub>	FIO <sub>2</sub>	MODE	E	V	M	T
0500	112/82	99	Sino	27	98%						
0525	110/77	101	Sino	16	100%						
	/	/	/	/	/	/	/	/	/	/	/
	/	/	/	/	/	/	/	/	/	/	/
	/	/	/	/	/	/	/	/	/	/	/
	/	/	/	/	/	/	/	/	/	/	/
	/	/	/	/	/	/	/	/	/	/	/
	/	/	/	/	/	/	/	/	/	/	/
	/	/	/	/	/	/	/	/	/	/	/
	/	/	/	/	/	/	/	/	/	/	/
	/	/	/	/	/	/	/	/	/	/	/
	/	/	/	/	/	/	/	/	/	/	/
	/	/	/	/	/	/	/	/	/	/	/
	/	/	/	/	/	/	/	/	/	/	/
	/	/	/	/	/	/	/	/	/	/	/
	/	/	/	/	/	/	/	/	/	/	/
	/	/	/	/	/	/	/	/	/	/	/

EYE OPENING	VERBAL RESPONSE	MOTOR RESPONSE
4 - Spontaneous	5 - Oriented	6 - Obeys Commands
3 - To Voice	4 - Confused	5 - Localizes Pain
2 - To Pain	3 - Inapp Words	4 - Withdraws to Pain
1 - None	2 - Incomp Speech	3 - Flexion to Pain
	1 - None	2 - Extension to Pain
		1 - None
TIME	PROCEDURE	PERFORMED BY:
	<input type="checkbox"/> Backboard Removed	BY:
	<input type="checkbox"/> Downgraded	BY:

NOTES

b(6)-2

Staff note  
 S/p GSW / RT end post ex lap. trans pelvic GSW / @ femur GSW. @ the axilla  
 A: ETT in place Bi CRA @ syringe Ci @ ext IV in place @ in abdomen ext stopped  
 @ evacuation tube noted for wounds  
 D: purtyred E: see note Ely in place T clear yellow urine @ NGT / OG  
Herbal antibiotic neck: @ Staph  
 @ elbow non fitting @ a extremity  
 @ 2 places w/ ext syringe @ by  
 Sp stable hemodynamically. @ note on transfer chart adding ext wound  
 Rt leg managed by surgery Dr [redacted]

ORDERS

WOTC Sup JV [redacted] 0520

NGT [redacted] 0570

Keyp as another [redacted] 0540

ABG [redacted] 0515

b(6)-2

[redacted]

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

REPORT TITLE  
**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	0610	[Redacted]	1830	[Redacted]
	SENSORIUM			Peep 2mm, brisk. Easy to arouse. Moves all extremities. Opens eyes on command. Fentanyl for sedation.	
R E S P I R A T O R Y	RESPIRATORY PATTERN			Vent #8, 0.25 cm or less.	
	BREATH SOUNDS			Simv 16 TUG 60 F <sub>O2</sub> 40%.	
	SECRETIONS			Peep 5. CTA all lung fields. ABG's good with secretions.	
S K I N	COLOR			WNL, NFR. Bridge is serous and neon drainage on @ High medial/lateral	
	INTEGRITY			Dressing to base @ ML abdomen cordis to @ subclavum.	
I V	LOCATION			Infusing @: Fentanyl	
	CONDITION			@ subclavum PIC @ CVP @ proximal post Dopamine @ A-line @ Radial @ SIS infection good circulation in zero ed good uniform	
G A S T R O	ABDOMEN			Slightly distended. Cholelithiasis to @ medial quadrants. NGT to UWS to @ Nares. <del>by</del> Absent BS x4.	
	BOWEL SOUNDS				
G U	URINE:			Foley to gravit. Adequate uop. Clear, light yellow.	
	COLOR/CLARITY				
C A R D I O V A S C U L A R	CARDIAC RHYTHM			ST 5 ectopy 120's. S <sub>1</sub> S <sub>2</sub> Radial/pedal pulses 2+. Cap refill < 3 sec. Trace edema in U&E.	

**LEGEND**  
 Cr - Creatinine  
 F<sub>I</sub>O<sub>2</sub> - Fraction of Inspired O<sub>2</sub>  
 HCO<sub>3</sub> - Bicarbonate  
 ICP - Intracranial Pressure  
 PCO<sub>2</sub> - Pressure of Arterial CO<sub>2</sub>  
 PEEP - Positive End Expiratory Pressure  
 S/A - Fractional SAT - Saturation  
 TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY: [Redacted] DEPARTMENT/SERVICE/CLINIC: ICU DATE: 10 Oct 89

PATIENT'S ID: [Redacted] last, first, middle; grad: [Redacted] hospital or medical facility: [Redacted]

# [Redacted] b(6)-4 b(6)-2

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

DA FORM 1 MAY 78 4700  
Proponent: Dept of Nurs

MEDDAC FBg OP 375, 1 Apr 90 (HSXC-NU)

MEDCOM - 21578

567-2

DATE		DX												HOSPITAL DAY	
10/17/03		ESW to @ 21:14; SD @ 2:00 am / collection													
V I T A L S G N S	TIME	0600	7	8	10	11	12	13	14	15					
	BP Arterial Line	127/67	123/63	9	103/56	98/56	87/60	84/50	84/42	84/57					
BP Cuff			23/92	103/43	99/35		114/52	97/44	112/50						
Temperature	96.3	94.1	97.4	98.0				98.5							
Pulse	103	106	122	117	125	126		120	125	119					
Respiratory Rate	14	20	14	18	30	31		16	16	16					
Sats	100	100	100	100	100	100		100	100	100					
F.O2	40	40	40	40	35	35		40	40	40					
PEED				5	5	3		5	5	5					
MAP(A)															
CVP						5		5	7	9					
I N T A K E	TIME														
	IVF	1000	100	1400	100	15	150	2875	150	150	150	3325	8°T	3325	
	IVPN	100					100	200						200	
	DOPamine								113	113	150			27	
	BNI				1000		1000							2000	
	H2O								500					500	
	Albumin												4725		
	PRBC												40		
TOTALS												4075			
O U T P U T	URINE											512		2250	
	NG														
EMESIS															
STOOL															
DRAINS															
TOTALS															





AL RECORD—SUPPLEMENTAL MEDICAL DATA

For use: Form, see AR 40-68; the proponent agency is the Office of The Surgeon General.

REPORT TITLE

POST-ANESTHESIA CARE UNIT (PACU) FLOW SHEET

OTSG APPROVED (Date)

DATE: 10 Oct 03 0330  
 TIME IN: \_\_\_\_\_  
 PROCEDURE: Ek-Lap  
 PRE-OP VS: 40/50 95

TYPE ANESTHESIA: GEN SAB EPIDURI  
 NERVE BLOCK IV SED.  
 OR INTAKE: Crystalloid: 3000 Colloid 300  
 OR OUTPUT: Urine Output 400 EBL 200

6(6)-2

PRBC  
 PRBC

INTAKE					OUTPUT				
TIME	SOLUTION	AMT Hung	SITE	BY	AMT Infused	TIME	SOURCE	COLOR	AMT
0330	[REDACTED]	250	(2) LA	[REDACTED]		0400	Foley	pink	450
0350	[REDACTED]	250	(2) LA	[REDACTED]					
0350	L2								

X-RAYS DONE: \_\_\_\_\_ LABS DRAWN: \_\_\_\_\_

TIME	0330	0350	0410	0420
FO <sub>2</sub>	40	40	40	40
O <sub>2</sub> SAT	100	100	100	100
TEMP				
BP				
HR				
RESP	10	10	10	10
LOS	11:00	11:00	11:00	11:00

REACT SCORE		IN	30 MIN	OUT
ACTIVITY SCORE				
(R)espirations:	0 Ventilator essential 1 Spont. resp., <10/min; arrary essential 2 Spont. resp.; no support >10/min			
(E)nergy	0 Does not move legs 1 Moves legs, cannot sustain head lift 2 Sustains head lift, moves legs			
(A)wakeness	0 Awakens only with vigorous stimulation 1 Awakes only when stimulated gently 2 Awakes, seldom dozes			
(C)irculation Adults	2 BP 20% pre-anesthesia level 1 BP 20-50% pre-anesthesia level 0 BP 50% pre-anesthesia level			
Infants	0 Cardiac only readable pulse present 1 Aortic pulse felt but not wrist 2 Pulse can be felt easily at wrist			
(T)emperature	0 Axillary temp. <95 F 1 Temp. 95-96 F 2 Temp. >96 F			

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE

WARD 2-D

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

Trag.

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

DA FORM 1 MAY 78 4700

MEDDAC FBg OP 173 (Revised) 1 Nov '89 (HSXC-NU)

MEDCOM - 21581

**INITIAL ASSESSMENT:**

LEVEL OF CONSCIOUSNESS: *vent*  
 Alert  
 Responsive  
 Unresponsive

AIRWAY: *b(6)-2*  
 Nasal  
 Oral  
 Endotracheal  
 Tracheostomy

OXYGEN *vent*  
 Hudson Mask 40%  
 Oxygen Mist  
 Nasal Cannula  
 Room Air

DRAINS  
 HEMOVAC  
 Jackson-Pratt  
 N/C  
 Foley  
*Catostomy*

**MEDICATIONS**

**ALLERGIES:**

Time	Medication/AMT.	Route/Rate	BY
0355	<i>Valium 5mg</i>	<i>IVP</i>	<i>[Redacted]</i>
0410	<i>Valium 5mg</i>	<i>IVP</i>	<i>[Redacted]</i>

SIGNATURE: \_\_\_\_\_

**NURSES NOTES:**

*0340 Pt to PACU 5/16 Ex-lap*  
*monitors attached, vent attached*  
*Rate 10 TV 800 FIO2 40% PEEP5 1st*  
*PRBC? during OR. 2nd start 0350*  
*0410 ABG drawn - SR 90's Foley*  
*drainage clear pale yellow @T*  
*think lateral & drainage lld*  
*diathermy dsq*

**DRESSINGS**

SITE	TYPE	DRAINAGE

**CBI INFORMATION**

TIME	CBI IN	URINE OUT	COLOR	URINE BAL

**PACU FLUID TOTALS**

CRYSTALLOID IN	URINE OUTPUT
COLLOID IN	EMESIS
P.O	NG TUBE
	JP DRAIN/HEMOVAC
TOTAL INTAKE	TOTAL OUTPUT

DISCHARGE CRITERIA Time: \_\_\_\_\_ Date: \_\_\_\_\_

REACT Score:  
 VS: BP R HR T  
 Cleared according to  
 WARD 2-D SOP C-2  
 Charge Nurse Signature: \_\_\_\_\_

1-STAT G3+  
 Pt: *[Redacted]*  
 Pt Name: \_\_\_\_\_  
*0410*  
 1002 \_\_\_\_\_ 22 mmol/L  
 AV 570  
 pH \_\_\_\_\_ 7.362  
 PCO2 \_\_\_\_\_ 35.3 mmHg  
 PO2 \_\_\_\_\_ \*\*\* mmHg  
 HCO3 \_\_\_\_\_ 21 mmol/L  
 BEecf \_\_\_\_\_ -4 mmol/L  
 SO2\* \_\_\_\_\_ \*\*\* %  
 \*calculated  
 Sample Type: APT  
 16-11-01  
 Oper: \_\_\_\_\_

115024 in

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**

Date: 11 Oct 03 Anesthesia Type (Circle): General Spinal Epidural / IV Sedation

Time In: 11:50 AM OR Intake: Crystalloid 400 Colloid 100 EBL 15

Allergies: None OR Output: UOP 400 EBL 15

Pre-op V/S: 120/80/100 Meds/Times: 1.5 mg Propofol

Procedures: 1.5 mg Propofol

DTSR APPROVED (Date): \_\_\_\_\_

Trains Hemovac NG JR T-tube Foley TLS

Airway Nasal Oral ETT Trach Other

Pre Op Meds

Time	SpO2	FiO2	Methods	RR	T
240					
220					
200					
180					
160					
140					
120					
100					
80					
60					
40					
20					
RR					
T					

Pacu Intake

Time	Solution	Amount	Site	By	Infused
1150	NS	1000	Bianchi's		

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	1			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			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			TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	1			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				
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	6			

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

Pain (0-10) \_\_\_\_\_

LOS \_\_\_\_\_ Safety: SR up X 2, Falls Precautions, Privacy Maintained

PREPARED BY (Signature & Title): [Signature]

DEPARTMENT/SERVICE/CLINIC: ICU-3

DATE: 11 Oct 03

PATIENT'S IDENTIFICATION: [Redacted] Name - last, first, middle, grade, date, hospital or medical facility)

# [Redacted] b(6)-2 b(6)-4

HISTORY/PHYSICAL  FLOW CHART

OTHER EXAMINATION OR EVALUATION  OTHER (Specify)

DIAGNOSTIC STUDIES

TREATMENT

v(6)-2

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

NURSING NOTES

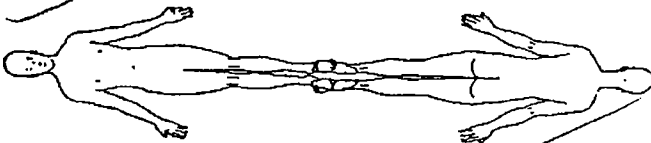
*See ICU 3 flow sheet for assessment*

NEUROVASCULAR						
Time	Site	Range Of Motion	Sensory	P	Cap Refill	Color
Adm						
15'						
30'						
45'						
60'						
90'						
D/C						

Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm  
 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: \_\_\_\_\_

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	
N E U R O	PUPILS	0600	[Redacted]	[Redacted]	1900	
	SENSORIUM	Pupils Room RTA. 2mm sluggish. 5 sec - pupal. Follows commands. Intend. or all. Insulted. 7. 198			A/O; FC; Verbalize. 2 interpreters; MAE	
	RESPIRATORY PATTERN	EFT (1980) (1980)			LCTA @ T; V to bases @; SaO2 96%	
R E S P I R A T O R Y	BREATH SOUNDS	[Handwritten notes]			PR30's; recently Extubated; @ ↑ WtB	
	SECRETIONS	[Handwritten notes]				
	COLOR	[Handwritten notes]			NFR;	
S K I N	INTEGRITY	[Handwritten notes]			multiple surgical wounds.	
	LOCATION	[Handwritten notes]			RSC @ SC	
	CONDITION	[Handwritten notes]			Cndio TLC COE COE	
G A S T R O	ABDOMEN	[Handwritten notes]			flat; large cheng	
	BOWEL SOUNDS	[Handwritten notes]			over m; minimal drainage out of colostomy	
	URINE:	[Handwritten notes]			Soft. NGT LIS	
G U	COLOR/CLARITY	[Handwritten notes]			RTG clear, yellow	
	CARDIAC RHYTHM	[Handwritten notes]			ST of ectopy; pulses 2+ to all extremities.	
	LEGEND	[Handwritten notes]			[Handwritten notes]	

PREPARED: [Redacted Signature] DEPARTMENT/SERVICE/CLINIC: ICU-6 DATE: 11/08/83

PATIENT'S IDENTIFICATION: [Redacted] (entries give Name - last, first, middle; grade; facility)

HISTORY/PHYSICAL  FLOW CHART

OTHER EXAMINATION OR EVALUATION  OTHER (Specify)

DIAGNOSTIC STUDIES

TREATMENT

DA FORM 1 MAY 78 4700 Proponent: Dept of Nurs

MEDCOM - 21585

MEDDAC FBg OP 375, 1 Apr 90 (HSXC-NU)

# [REDACTED] b(6)-4  
 [REDACTED] b(6)-2 PAGE 2 OF

DATE		DX								HOSPITAL DAY							
TIME		24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
V	BP Arterial Line	79/46	91/65	85/49	94/57	95/51	105/54	99/49	120/49	103/40	122/49	128/49	111/40	112/40	112/40	112/40	115/40
I	BP Cuff	78/50	84/53	85/51	85/48	83/53	102/52	59/49	49/49	102/40	122/49	128/49	111/40	112/40	112/40	112/40	115/40
T	Temperature							99.8	99.8	100	100	100	100	100	100	100	100
A	Pulse	122	120	116	117	114	125	105	110	110	112	111	100	99	97	95	107
E	Respiratory Rate	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
S	O <sub>2</sub> Sets	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
I	MAP	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40
G	CVP	18	16	15	17	14	15	14	14	10	15	15	15	16	16	16	14
N	MAP	59	66	61	68	67	72	69	74	75	72	73	73	81	78	75	72
SURGERY																	
TIME		24	01	02	03	04	05	06	07	8° T							
I	LR	250	250	250	250	250	250	250	250	250	250	250	250	250	250	250	250
N	Dopamine	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	5.4	6.8	6.8	6.8	6.8	6.8	6.8
T	Fentanyl	5.0	5.0	5.0	5.0	5.0	5.0	10.0	10	50	10	10	10	10	10	10	10
A	Levophed	3.8	3.8	3.8	3.8	3.8	3.8	0.0	0.0	1.38	30	30	30	30	30	30	30
K	IVPB	100															
E	PERC	200						100		300							
LR 10/10 mg KCl																	
TOTALS																	
O	URINE	hour	80	100	115	110	42	42	110	120	140	120	140	140	130	110	110
		TOTAL		130	295	405	397	489	599	719	1019	140	140	140	140	130	110
U	NG	OUTPUT							50	50							
		pH															
P	STOOL	GUIAC															
		EMESIS															
U	DRAINS																
TOTALS																	

1100 b(6)-2 738  
 54.4 17

MEDCOM - 21586

2467  
 b(6)-2

POST-OP DAY

ACUITY LEVEL CLASSIFICATION

	16	17	18	19	20	21	22	23
V	118	108	119	131	125	118	131	124
I	100	102	102	106	106	106	110	104
T	91	102	102	105	106	106	110	104
A	110	110	113	129	131	119	117	121
L	16	16	32	34	37	35	32	34
S	99	110	99	98	98	99	97	95
W	40	40	40	FM	FM	FM	FM	FM
G	16	16	11	10	10	40%	40%	40
N	70	83			40%	40%	10	10
S								
8° T								
150	150	150	150	150	150	150	150	150
10	10	5	5	5	5	3	3	46
100		510						600
80	110	50	80	55	60	45	32	52
100								100

TIME	0600	1910
MODE	SIMV	SM
F <sub>I</sub> O <sub>2</sub>	40%	40%
TV	650	
RATE	16	32
PEEP	5	
pH		7.38
PCO <sub>2</sub>		49.9
PO <sub>2</sub>		91
HCO <sub>3</sub>		29
SAT		96%
BASE		5

GLUCOSE	
Na/K	
Cl/CO <sub>2</sub>	
BUN/Cr	
WBC/PLATELET	
Hct/Hgb	

MOUTH CARE		
BATH		
SKIN CARE		
FOLEY CARE		
TRACH CARE		
ROM EXERCISES		

24 HOURS TOTALS	
wt Yesterday	wt Today
INTAKE	OUTPUT
IV	Urine:
PO	
TOTAL 7698	TOTAL 3081
BALANCE	

2467  
2530  
2394

1310  
1069  
692

MEDCOM - 21587

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	1900	INITIALS
N E U R O	PUPILS	0400	[Redacted]	Peppl 3mm, brisk reflex	[Redacted]
	SENSORIUM			Able to move all extremities.	
				Sensation intact.	
R E S P I R A T O R Y	RESPIRATORY PATTERN			SpO2 94%	
	BREATH SOUNDS			Regular, even	
	SECRETIONS			Unlabored, clear	
S K I N	COLOR			WNL, NFR, ML Addressing	
	INTEGRITY			Post op retention sutures	
	LOCATION			High D buttock dressing	
I N T E R V E N T I O N	CONDITION			Cords to P subclavian	
				infusing Zentonol drip	
				D subclavian TC infusing	
G A S T R O	ABDOMEN			OP 15 meq KCl 1 CV Permed	
	BOWEL SOUNDS			to distal. Radial A-line	
				zeroed correlator.	
U R I N E	URINE:			Soft, tend wall quadrants	
	COLOR/CLARITY			Medial colostomy, NBT to	
C A R D I O V A S C U L A R	CARDIAC RHYTHM			lws (Drone). Green drainage	
				Absent BS.	

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

PREPARED BY (Signature) [Redacted] DEPARTMENT/SERVICE/CLINIC [Redacted] DATE 12/04/09

PATIENT'S IDENTIFICATION (last, first, middle; grade; date; for medical facility) [Redacted]

[Redacted] b(6)-4

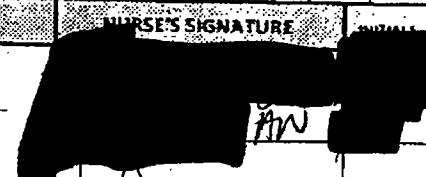
HISTORY/PHYSICAL  FLOW CHART  
 OTHER EXAMINATION OR EVALUATION  OTHER (Specify)  
 DIAGNOSTIC STUDIES  
 TREATMENT



b(6)-4

[Redacted]

DATE		12 Oct		DX				HOSPITAL DAY									
V	TIME	24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
	I	BP Arterial Line	125/61	131/62	122/60	133/69	125/55	123/60	135/69	125/60	125/60	125/60	125/60	125/60	125/60	125/60	125/60
I	BP Cuff	112/54	110/50	108/50	107/50	111/52	115/57	116/60	108/54	108/54	108/54	108/54	108/54	108/54	108/54	108/54	108/54
T	Temperature			100.5				100.6	100.6	100.6	100.6	100.6	100.6	100.6	100.6	100.6	100.6
A	Pulse	117	117	121	132	122	123	119	121	124	123	125	124	122	119	115	112
A	Respiratory Rate	34	30	32	30	35	31	34	34	34	33	34	34	34	31	33	30
E	SpO2	94	99	93	92	97	98	96	94	94	93	94	94	94	97	97	96
S	M O2	FM	FM		FM	3L	3L	3L	3L	3L	3L	3L	3L	3L	3L	3L	3L
S	FIO2	40%	40%		40%	NL	NL	NL	NL	3L	3L	3L	3L	3L	31	30	31
S	CVP		9	10	10	9	8	8	10	10	9	9	10	9	8	8	8
I	TIME																
N	LR+isked	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150	150
N	Fent	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
N	IVPB	100								100	8	5	5	5	5	5	5
A																	
K																	
E																	
O	TOTALS																
U	URINE	HOUR	180	85	80	90	65	30	30	100	1340	90	110	150	150	110	1340
U	URINE	TOTAL	180	85	80	90	65	30	30	100	1340	90	110	150	150	110	1340
U	URINE	SPGR															
U	URINE	SVA															
U	NG	OUTPUT															
U	NG	pH															
U	NG	GLUC															
P	EMESIS																
P	STOOL																
U	DRAINS																
T	TOTALS																

POST-OP DAY								ACUTY LEVEL CLASSIFICATION															
V I T A L S I G N S	16	17	18	19	20	21	22	23	R E S P I R A T O R Y	TIME													
			113/61	113/60	119/62	113/58	133/65	123/61		MODE													
						103/49	111/51	105/59		F <sub>IO</sub> 2													
							99.4			TV													
			115	107	112	105	106	95		RATE													
			22	17	26	17	16	17		PEEP													
			97	97	97	98	98	97		A	pH												
			3L	3L	3L	3L	3L	3L			PCO <sub>2</sub>												
			NC	NC	NC	NC	NC	NC		B	PO <sub>2</sub>												
			11	12	10	8	10	12			HCO <sub>3</sub>												
								G	SAT														
									BASE														
I N T A K E			18	19	20	21	22	23	8°T	TIME													
				150	150	150	150	150	750	GLUCOSE													
				6.0	6.0	6.0	6.0	6.0	30	Na/K													
					100				100	Cl/CO <sub>2</sub>													
										BUN/Cr													
										WBC/PLATELET													
										Hct/Hgb													
O U T P U T										TIME													
										MOUTH CARE													
										BATH													
										SKIN CARE													
										FOLEY CARE													
										TRACH CARE													
										ROM EXERCISES													
										24HRS TOTALS				NURSE'S SIGNATURE		INITIALS							
					wt Yesterday					wt Today					 6(6)-2								
					INTAKE					OUTPUT													
					IV 3560					Urine: 2354													
					PO					NET 50													
					TOTAL 3560					TOTAL 2354													
										BALANCE													
										(404)													

MEDCOM - 21590

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**

DTSG APPROVED (Date)  
QA Apr 8 Mar 89

		INITIAL ASSESSMENT			
		TIME	INITIALS	INITIALS	INITIALS
N E U R O	PUPILS	0600	[Redacted]	Pearls 3m	Alert B
	SENSORIUM			can move all extremities	
R E S P I R A T O R Y	RESPIRATORY PATTERN			Reg even	
	BREATH SOUNDS			CTA-BV, DLM @ Base	
	SECRETIONS			02 @ 24m via NG	
S K I N	COLOR			WNL	
	INTEGRITY			Dissect to wounds on abd	
I V	LOCATION			Subclavian line	
	CONDITION			is patent inf. site	
G A S T R O	ABDOMEN			ABd soft tend to	
	BOWEL SOUNDS			touch BS hyperactive	
G U	URINE:			tolupto gravity	
	COLOR/CLARITY			clear yellow urine	
C A R D I O V A S C U L A R	CARDIAC RHYTHM			stomach pink &	
				Blm @ present	

**LEGEND**  
 Cr - Creatinine  
 F<sub>I</sub>O<sub>2</sub> - Fraction of Inspired O<sub>2</sub>  
 HCO<sub>3</sub> - Bicarbonate  
 ICP - Intracranial Pressure  
 PCO<sub>2</sub> - Pressure of Arterial CO<sub>2</sub>  
 PEEP - Positive End Expiratory Pressure  
 SA - Fractional  
 SA1 - Saturation  
 TRACH - Tracheostomy

(Continue on reverse)

PREPARED [Redacted] DEPARTMENT/SERVICE/CLINIC [Redacted] DATE 13 Oct 89

PATIENT'S [Redacted] (In entries give: Name—last, first, middle; [Redacted]; hospital or medical facility)

BPW # [Redacted]

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

DATE 13 Oct 03

DX GSW to back

V I T A I S I N S	TIME									HOSPITAL DAY										
		24	01	02	03	04	05	06	07	12	13	14	15							
BP Arterial Line	125/75	140/80	153/80	142/64	151/67	117/69	157/78	118/72												
BP Cuff	105/61	112/63	110/69	112/68	115/67	118/62	115/72	118/72												
Temperature			100.4					101.2		104	99.2	99.4	99.4							
Pulse	91	93	106	115	99	125	100	101		98	97	97	97							
Respiratory Rate	20	22	22	25	21	40	25	34		16	10	10	10							
Sats	98	92	92	96	97	82	96	97		21	75	14	14							
Mode	NC	NC	NC	NC	NC	NC	NC	NC		96	97	99	99							
FiO2	3L	2L	2L	3L	3L	3L	3L	3L		NC										
CVP	14	14	15	12	12	10	12	14		16	10	14	14							
							breasting													
TIME		24	01	02	03	04	05	06	07	8 T			8 T							
LR		150	150	150	150	150	150	150	150	120	150	150	150	150	150	150	120			
Fentanyl		6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	4.0	6.0	6.0	6.0	6.0	6.0	6.0	4.0			
NPB			100	100				100		200				100			100			
TOTALS																				
O U T P U T	URINE	HOUR TOTAL	130	150	200	220	250	230	170	190	1448						1348			
	NG	SP GR		280	480	710	860	1090	1260	1490	1440	110	90	120	200	350	206	90	80	940
	NG	OUTPUT						550		550										
	NG	pH																	100	100
	NG	GUAC																		
	EMESIS																			
	STOOL																			
	DRAINS																			
	TOTALS																			

POST-OP DAY									ACUTY LEVEL CLASSIFICATION										
VITALS	16	17	18	19	20	21	22	23	R E S P I R A T O R Y	TIME									
	110	108	106	105	105	105	101	86		MODE									
	100	100	100	100	100	100	100	100		F <sub>I</sub> O <sub>2</sub>									
	20	19	18	13	14	20	17	18		TV									
	99	100	100	100	102	94	94	100		RATE									
	21	21	21	21	24	24	24	24		PEEP									
										A A									
										A									
I N T A K E								8°T	L A B O R A T O R Y	TIME									
	50	150	150	150	150	150	150	200		GLUCOSE									
		100								Na/K									
										C/CO <sub>2</sub>									
										BUN/Cr									
										WBC/PLATELET									
										Hct/Hgb									
O U T P U T	40	120	70	120	140	120	130	160	A C T I V I T Y	TIME				2100	T U R N S U C T I O N	TIME			
	210	410	50	70	840	970	1130	1130		MOUTH CARE									
										BATH									
										SKIN CARE									
										FOLEY CARE									
										TRACH CARE									
										ROM EXERCISES									
										Linen									
								24 HOURS TOTALS				NURSE'S SIGNATURE							
wt Yesterday				wt Today				(b)(6)-2				INITIALS							
INTAKE				OUTPUT															
IV				Urine:															
po																			
TOTAL				TOTAL															
BALANCE																			

14 OCT 83

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  
**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
QA Apr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIAL	TIME	INITIAL
N E U R O	PUPILS	6718	[Redacted]	1800	[Redacted]
	SENSORIUM	Pericla A+Dx3 purposeful movement x4 ext		Pericla 3m Aint x 3 moves all extremities x4	
	RESPIRATORY PATTERN	even unlabored		Reg c/w	
R E S P I R A T O R Y	BREATH SOUNDS	CTA-B		CTA-BIL dim BasS	
	SECRECTIONS	0		0	
	COLOR	WNL		WNL In Rose	
S K I N	INTEGRITY	multiple wounds			
	LOCATION	R SC		Ⓣ subclavum Triplebar	
	CONDITION	L SC Triple Lumen cl/i		Patent @sis infiltrate w infection	
A B D O M E N	ABDOMEN	large midline incision		large mid-line incision	
	BOWEL SOUNDS	colostomy		colostomy - BSⓉ hypoactive	
	URINE:	clear yellow		clear yellow	
G U	COLOR/CLARITY	folky to gravity		folky to gravity	
	CARDIAC RHYTHM	S, S <sub>2</sub> NSR +2 pulses L3 sec cap refill		S, S <sub>2</sub> NSR Radial pulses +2 Pedal +2 L3 sec cap refill	
	LEGEND	Cr - Creatinine F <sub>i</sub> O <sub>2</sub> - Fraction of Inspired O <sub>2</sub> HCO <sub>3</sub> - Bicarbonate	ICP - Intracranial Pressure PCO <sub>2</sub> - Pressure of Arterial CO <sub>2</sub> PEEP - Positive End Expiratory Pressure	S/A - Fractional SAT - Saturation TRACH - Tracheostomy	

(Continue on reverse)

PREPARED BY (Signature & Title) \_\_\_\_\_ DEPARTMENT/SERVICE/CLINIC \_\_\_\_\_ DATE \_\_\_\_\_

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

[Redacted Signature] b(6)-4

HISTORY/PHYSICAL       FLOW CHART

OTHER EXAMINATION OR EVALUATION       OTHER (Specify)

DIAGNOSTIC STUDIES

TREATMENT

DA FORM 4700  
1 MAY 78  
Proponent: Dept of Nurs

MEDDAC FBg OP 375, 1 Apr 90 (HSXC-NU)  
MEDCOM - 21594

DATE		DX										HOSPITAL DAY						
V	TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
	I	BP Arterial Line																
J	BP Cuff	112/88	113/83	108/81	119/87	124/72	119/68	107/59	112/64	107/61	114/72	10	11	12	13	14	15	
T	Temperature	99.1		99.1	101.5						99.7							
A	Pulse	84	89	97	88	106	102	105	90	92	92			102.0				
L	Respiratory Rate	10	15	13	20	22	20	17	12	16	15							
S	SpO2	100	100	100	95	94	96	97	97	99	98							
I	LR 15mg K+	100	100	24m	24m	24m	24m	24m	24m	24m	24m							
G	IUP	100																
N																		
S																		
I	TIME								8°T	08	09	10	11	12	13	14	15	8°T
N	LR 15mg K+	150	150	150	150	150	150	150	150	150	150	100	100	100				
T	IUP	100																
A	Feet							loose	loose	loose	loose	D	C	D				
K																		
E																		
O	TOTALS																	
U	URINE	HOUR TOTAL	75	200	120	150	100	130	170	200	200	180	200	180	200	200	200	200
		sp gr		1.025	1.015	1.015	1.015	1.015	1.015	1.015	1.015	1.015	1.015	1.015	1.015	1.015	1.015	1.015
T	NG	OUTPUT																
		PH																
P	EMESIS	QUAC																
U	STOOL																	
T	DRAINS																	
TOTALS																		

MEDCOM - 21595

POST-OP DAY										ACUITY LEVEL CLASSIFICATION																																											
V I T A L S I G N S	16	17	18	19	20	21	22	23	24	R E S P I R A T O R Y	TIME										L A B O R A T O R Y	TIME										A C T I V I T Y	TIME										T U R N S U C T I O N	TIME									
	101.7	101.5	101.5	101°			114	108			MODE											GLUCOSE											MOUTH CARE																				
	93	96	96				112	108			F <sub>1</sub> O <sub>2</sub>											Na/K											BATH																				
	25	28	26				87				TV											Cl/CO <sub>2</sub>											SKIN CARE																				
	100	100	100				96				RATE											WBC/PLATELET											FOLEY CARE																				
	2NL	24 <sup>m</sup>	24 <sup>m</sup>				24 <sup>m</sup>				PEEP											Hct/Hgb											TRACH CARE																				
		NC	NL								A	pH										ROM EXERCISES																															
											B	PCO <sub>2</sub>																																									
												PO <sub>2</sub>																																									
												HCO <sub>3</sub>																																									
										SAT																																											
										BASE																																											
I N T A K E	116	119	118	119	120	121	122	123	124	A C T I V I T Y	TIME										T U R N S U C T I O N	TIME																															
	100	100	100	100	100	100	100	100	800		GLUCOSE																																										
											Na/K																																										
											Cl/CO <sub>2</sub>																																										
											BUN/Cr																																										
											WBC/PLATELET																																										
											Hct/Hgb																																										
O U T P U T	200	200	100	100	200	250	250	250	250	A C T I V I T Y	TIME										T U R N S U C T I O N	TIME																															
	2125	225	235	240	240	240	240	240	240		MOUTH CARE																																										
											BATH																																										
											SKIN CARE																																										
											FOLEY CARE																																										
											TRACH CARE																																										
											ROM EXERCISES																																										
24 H&O TOTALS										NURSE'S SIGNATURE																																											
wt Yesterday					wt Today					INITIALS																																											
INTAKE					OUTPUT					Sit [Signature] 9/1/02																																											
IV					Urine:					(b)(6)-2																																											
po																																																					
TOTAL					TOTAL																																																
BALANCE																																																					



**MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA**

For use of this form, see AR 40-56; the proponent agency is the Office of The Surgeon General.

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

DTSG APPROVED (Date)

Date: 15 OCT 03 Anesthesia Type (Circle): General Spinal Epidural  
 Time In: 1625 IV Sedation Nerve Block  
 Allergies: NECA OR Intake: Crystalloid 800 Colloid  
 Pre-op V/S: WASHBURN OR Output: UOP 80 EBL  
 Procedures: RECTAL ANCA Meds/Times: Fentanyl 1; Valium

<b>Drains</b>	<b>Airway</b>
Hemovac	Nasal
NG	Oral
JP	ETT
T-tube	Trach
<u>Foley</u>	Other
TLS	

Time	Pre Op Meds	History
1625	SA	
1630	SA	
1635	SA	
1640	SA	
1645	SA	
1650	SA	
1655	SA	
1700	SA	
1705	SA	
1710	SA	
1715	SA	
1720	SA	
1725	SA	
1730	SA	
1735	SA	
1740	SA	
1745	SA	
1750	SA	
1755	SA	
1800	SA	
1805	SA	
1810	SA	
1815	SA	
1820	SA	
1825	SA	
1830	SA	
1835	SA	
1840	SA	
1845	SA	
1850	SA	
1855	SA	
1900	SA	
1905	SA	
1910	SA	
1915	SA	
1920	SA	
1925	SA	
1930	SA	
1935	SA	
1940	SA	
1945	SA	
1950	SA	
1955	SA	
2000	SA	
2005	SA	
2010	SA	
2015	SA	
2020	SA	
2025	SA	
2030	SA	
2035	SA	
2040	SA	
2045	SA	
2050	SA	
2055	SA	
2100	SA	
2105	SA	
2110	SA	
2115	SA	
2120	SA	
2125	SA	
2130	SA	
2135	SA	
2140	SA	
2145	SA	
2150	SA	
2155	SA	
2200	SA	
2205	SA	
2210	SA	
2215	SA	
2220	SA	
2225	SA	
2230	SA	
2235	SA	
2240	SA	
2245	SA	
2250	SA	
2255	SA	
2300	SA	
2305	SA	
2310	SA	
2315	SA	
2320	SA	
2325	SA	
2330	SA	
2335	SA	
2340	SA	
2345	SA	
2350	SA	
2355	SA	
2400	SA	
2405	SA	
2410	SA	
2415	SA	
2420	SA	
2425	SA	
2430	SA	
2435	SA	
2440	SA	
2445	SA	
2450	SA	
2455	SA	
2500	SA	
2505	SA	
2510	SA	
2515	SA	
2520	SA	
2525	SA	
2530	SA	
2535	SA	
2540	SA	
2545	SA	
2550	SA	
2555	SA	
2600	SA	
2605	SA	
2610	SA	
2615	SA	
2620	SA	
2625	SA	
2630	SA	
2635	SA	
2640	SA	
2645	SA	
2650	SA	
2655	SA	
2700	SA	
2705	SA	
2710	SA	
2715	SA	
2720	SA	
2725	SA	
2730	SA	
2735	SA	
2740	SA	
2745	SA	
2750	SA	
2755	SA	
2800	SA	
2805	SA	
2810	SA	
2815	SA	
2820	SA	
2825	SA	
2830	SA	
2835	SA	
2840	SA	
2845	SA	
2850	SA	
2855	SA	
2900	SA	
2905	SA	
2910	SA	
2915	SA	
2920	SA	
2925	SA	
2930	SA	
2935	SA	
2940	SA	
2945	SA	
2950	SA	
2955	SA	
3000	SA	

Pacu Intake					
Time	Solution	Amount	Site	By	Infused
1625	LR	700	TL	DL	800

Post-Anesthesia Recovery score				
Criteria	ADM	30'	D/C	Codes
<b>Activity</b> (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	2			<b>AIRWAY</b> A = Ambu BB = Blow-by M = Mask FT = Face Tent
<b>Airway</b> (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	2			RA = Room Air NC = Nasal Cannula
<b>Blood Pressure</b> (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op	2			<b>V/S</b> X = A-line BP * = Cuff BP = Pulse
<b>Consciousness</b> (2) Fully Awake, audible crying (1) Arousable to verbal or pain	2			<b>TEMP</b> S = Skin O = Oral A = Axillary T = Tympanic R = Rectal
<b>Color</b> (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2			<b>LOS</b> C = Cervical T = Thoracic L = Lumbar S = Sacral
<b>Circulation (Peds &lt; 5 Years)</b> (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse				
<b>TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.</b>	10			

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

PREPARED BY: [Redacted] LPR DEPARTMENT/SERVICE/CLINIC: PACU DATE: 15 OCT 03

Name - last, first, middle, grade, date, hospital or medical facility: [Redacted] b(6)-2  
ERW  
# [Redacted] b(6)-4

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

b(6)-2 [Redacted]

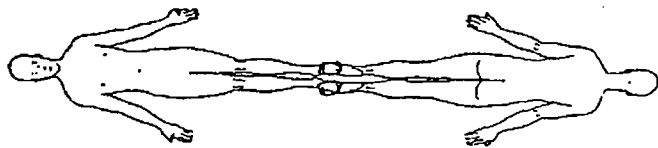
MEDICATIONS						
Allergies:						
Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	VE	By

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

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

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

DRESSINGS			
Time	Location	Type	Drainage
Adm	Abd	Abd pad	
30'	R thigh	Abd pad	
60'			
D/C			



PACU OUTPUT			
Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?
11:25	SA		

WAMC OP 173-E

NURSING NOTES

*[Handwritten notes and signatures]*

Discharge Criteria:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ PARS: \_\_\_\_\_

BP: 112/61 T: 97 HR: 104 RR: 25 SaO2: 96% PA

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: \_\_\_\_\_

15 Oct 03

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  
**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
QA Apr 8 Mar 89

		INITIAL SHIFT ASSESSMENT	
		TIME	INITIALS
N E U R O	PUPILS	PERLA @ 0700	PERLA ARISK
	SENSORIUM	Alert & Oriented	990 Proper motion Limited due to PAIN
R E S P I R A T O R Y	RESPIRATORY PATTERN	Even, unlabored	Even unlabored
	BREATH SOUNDS	Bas PTA	Upper Lobs soft
	SECRETIONS	0	Lungs Rhales lower CTA 0 secretions
S K I N	COLOR	Normal	NFE
	INTEGRITY	Multiple wounds to buttocks	R) Pngt (C) Fract Dressing on R) Pngt
L I M B S	LOCATION	Upper, lower	TRIPLE Lumen
	CONDITION	to (L) below casts of medial Dr. Swelling	T (C) Subclavian brown Port Patent white Port Patent blue non-patent Site CDT. Free S/S of infection
G A S T R O	ABDOMEN	Midline Abdom	EX LAP wound
	BOWEL SOUNDS	wounds, Intact	wounds colostomy
G U	URINE:	ENTY to gravity	ETA
	COLOR/CLARITY	cloudy yellow white 0	Clear yellow urine in adequate amount
C A R D I O V A S C U L A R	CARDIAC RHYTHM	S <sub>1</sub> & S <sub>2</sub> noted EVD, 2SK	S <sub>1</sub> , S <sub>2</sub> SINUS BRADY CAP r/t L: RISK Radial Puses Present rL Pedal Puses Present rL Skin is warm
	LEGEND		Cr - Creatinine F <sub>i</sub> O <sub>2</sub> - Fraction of Inspired O <sub>2</sub> HCO <sub>3</sub> - Bicarbonate ICP - Intracranial Pressure PCO <sub>2</sub> - Pressure of Arterial CO <sub>2</sub> PEEP - Positive End Expiratory Pressure SA - Fractional SA1 - Saturation TRACH - Tracheostomy

(Continue on reverse)

NAME (Last, first, middle, grade, date; hospital or medical facility)  
[Redacted]

DEPARTMENT/SERVICE/CLINIC  
ICU # 3

DATE  
15 Oct 03

b(6)-2  
b(6)-4

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

DA FORM 4700  
1 MAY 78  
Proponent: Dept of Nurs

MEDDAC FBg OP 375, 1 Apr 90 (HSXC-NU)

MEDCOM - 21599

DATE		15 Oct 03															HOSPITAL DAY	
TIME		24	21	02	03	04	05	06	07	08	09	10	11	12	13	14	15	
V	BP Arterial Line		100	102	110	112												
J	BP Cuff		57	55	57	59	116	112	115	110	115	109	108	106	105	104	103	
T	Temperature	99.2					102.5	102.5	102.7	102	102.2	101.2	101.9	101.4	101.6	100.9	100.9	
A	Pulse	100	98	99	96	102	107	114	111	110	108	101	110	99	94	94	94	
L	Respiratory Rate	24	25	20	16	18	15	23	15	22	22	26	26	19	13	23	23	
S	SpO2	97	97	98	97	93	96	96	93	94	97	95	96	95	97	98	98	
I	TIME									8° T							8° T	
N	D5 1/2 NS @ 20	100	100	100	100	100	100	100	100	800	100	100	100	100	100	100	100	
T	Kt																	
A	1UP	50						50		100								
K																		
E	TOTALS									900							700	
O	URINE	HOUR	/															700
U	URINE	TOTAL	/															700
T	URINE	SPGR	/															700
P	URINE	SA	/															1600
U	NG	OUTPUT	/															
T	NG	pH	/															
P	NG	GUAC	/															
U	EMESIS		/															
T	STOOL		/															
P	DRAINS	WOUND DRAIN	/															
U	DRAINS		/															
T	TOTALS		/															

MEDCOM - 21600

POST-OP DAY										ACUITY LEVEL CLASSIFICATION											
V I T A L S  S I G N S  I N T A K E  O U T P U T	16	17	18	19	20	21	22	23	B E S P E E P A A A B G  L A B O R A T O R Y  A C T I V I T I E S I N D E X	TIME											
	101	101	102	99	95	96	95	94		MODE											
	97	99	99	9	98.2					F <sub>IO2</sub>											
	108	101	102	92	88	88	87	90		TV											
	23	21	22	21	22	20	17	21		RATE											
	96	96	97	96	95	97	98	99		PEEP											
										pH											
										PCO <sub>2</sub>											
										PO <sub>2</sub>											
										HCO <sub>3</sub>											
								SAT													
								BASE													
								TIME													
								GLUCOSE													
								Na/K													
								Cl/CO <sub>2</sub>													
								BUN/Cr													
								WBC/PLATELET													
								Hct/Hgb													
								TIME													
								MOUTH CARE													
								BATH													
								SKIN CARE													
								FOLEY CARE													
								TRACH CARE													
								ROM EXERCISES													
								24*180 TOTALS													
								wt Yesterday													
								wt Today													
								INTAKE													
								IV	2450	OUTPUT											
								PO		Urine:	2652										
										J <sub>in</sub>	200										
								TOTAL	2450	TOTAL	2852										
								BALANCE	-402												
								NURSE'S SIGNATURE													
								INITIALS													

MEDCOM - 21601

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	0300	Obss	1900	
	SENSORIUM				
R E S P I R A T O R Y	RESPIRATORY PATTERN				
	BREATH SOUNDS				
	SECRECTIONS				
S K I N	COLOR				
	INTEGRITY				
I V	LOCATION				
	CONDITION				
G A S T R O	ABDOMEN				
	BOWEL SOUNDS				
G U	URINE:				
	COLOR/CLARITY				
C A R D I O V A S C U L A R	CARDIAC RHYTHM				

**LEGEND**  
 Cr - Creatinine  
 F<sub>I</sub>O<sub>2</sub> - Fraction of Inspired O<sub>2</sub>  
 HCO<sub>3</sub> - Bicarbonate  
 ICP - Intracranial Pressure  
 PCO<sub>2</sub> - Pressure of Arterial CO<sub>2</sub>  
 PEEP - Positive End Expiratory Pressure  
 S/A - Fractional  
 SAT - Saturation  
 TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY [Redacted] DEPARTMENT/SERVICE/CLINIC: **ICU3** DATE: **16 OCT 89**

For typed or written entries give: Name—last, first, middle initial; grade; date; hospital or medical facility

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

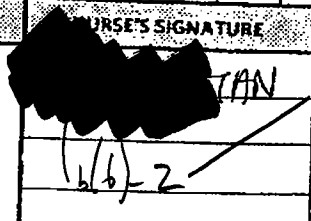
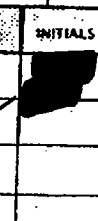
DA FORM 4700  
MAY 78  
Proponent: Dept of Nurs

MEDDAC FBg OP 375, 1 Apr 90 (HSXC-NU)

MEDCOM - 21602

DATE		DX										HOSPITAL DAY									
TIME		2100	0100	0200	0300	0400	0500	0600	0700	X	0800	0900	1000	1100	1200	1300	1400	1500	X		
V	BP Arterial Line																				
J	BP Cuff	114/51	101/57	101/57	102/51	112/59	106/51	106/51	111/58		99/51	101/52	100/48	109/106	104/52	102/49	104/46	108/51			
T	Temperature	100	100.4																		
A	Pulse	92	96	101	102	102	106	101	90		80	90	88	94	102	102	103	97			
E	Respiratory Rate	16	20	18	19	20	23	21	15		21	21	17	17	25	24	26	23			
S	Pulse Ox.	97	99	99	96	96	97	95	98		98	97	97	99	99	100	98	98			
I		RA	RA	RA	RA	RA	RA	RA	RA		RA	RA	RA	RA	RA	RA	RA	RA			
G																					
N																					
S																					
TIME																					
I	IV F	100	100	100	100	100	100	100	100	800	100	100	100	100	100	100	100	100	800		
N	IV PB	50					50														
T	TF													50					50		
A														20	20	20	20	40	40	160	
K																					
E																					
TOTALS																					
O	URINE	HOUR TOTAL	140	220	150	210	160	220	180	900										1010	
U		SP GR	140	40	30	70	90	100	120	170	80	260	340	150	90	175	200	130	90	180	1270
T	NG	OUTPUT																			
P	EMESIS																				
U	STOOL																				
T	DRAINS	WOUND VAC						75	75												
TOTALS										1553											11270

MEDCOM - 21603

<b>VITALS</b> 16 17 18 19 20 21 22 23 103/50 102/48 104/40 105/51 102/49 102/52 100% 100 91 100.7 101.1 25 27 23 23 20 20 97 97 100 97 99 100 RA RA RA RA RA RA RA RA								<b>ACTIVITY LEVEL CLASSIFICATION</b>																					
								R					S					G					TIME						
<b>STATS</b> 100 100 100 100 100 100 100 100 80 40 40 50 60 60 60 60 60 50 300 300 120 200 254 200 170 190 1290 550 600 1820 1074 1274 1440 1280 1630 425 425								I					D					TIME											
								B					O					TIME											
								R					A					TIME											
								A					T					TIME											
								T					A					TIME											
								O					D					TIME											
								R					A					TIME											
								A					T					TIME											
								T					A					TIME											
								D					A					TIME											
<b>24*H&amp;O TOTALS</b>										NURSE'S SIGNATURE										INITIALS									
wt Yesterday										wt Today										 6/6-2									
INTAKE										OUTPUT																			
IV 2600										Urine: 4378																			
TF 600										NGT 500																			
TOTAL 3200										TOTAL 4878																			
										BALANCE -1678																			



**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**

DTSG APPROVED (Date)  
 QA Apr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	TIME	INITIALS
N U R S E	PUPILS	0630	PERL 3m	1800	PERL 3m
	SENSORIUM		Alert follows simple commands. w/ all extremities.		Alert - X3 follows simple verbal commands. able to move all extremities.
R E S P I R A T O R Y	RESPIRATORY PATTERN		Unlabored, no resp. even reg.		even reg.
	BREATH SOUNDS		low distress sounds		CTA Bil - Diminished
	SECRETIONS		Clear - bases bil. @ bases		@ bases
S K I N	COLOR		NFR.		NFR
	INTEGRITY		wounds to @ thigh w/ posthocks.		wounds to Abdmid-line @ thigh @ buttock
I V S I T E	LOCATION		TIC @ sub clav.		@ sub clav port all
	CONDITION		CDF. Patent Ds/w NS @ 40MEQ KCl @ 125cc/hr		ports flush easily b. 5 1/2 NS @ 40 meq KCl @ 40cc/hr
G A S T R O	ABDOMEN		Tender, abd wound		tender - BS @ x 4/6/8
	BOWEL SOUNDS		CDF Colibony w/ hypoaactive BS & 4		colostomy stoma pink small amounts of stool
G U	URINE		Foley to gravity clear amber urine & sediment.		Foley to gravity + clear yellow urine
	COLOR/CLARITY				
C A R D I O V A S C U L A R	CARDIAC RHYTHM				NSR S, S,
		<b>LEGEND</b>	Cr - Creatinine F <sub>I</sub> O <sub>2</sub> - Fraction of Inspired O <sub>2</sub> HCO <sub>3</sub> - Bicarbonate	ICP - Intracranial Pressure PCO <sub>2</sub> - Pressure of Arterial CO <sub>2</sub> PEEP - Positive End Expiratory Pressure	S/A - Fractional SAT - Saturation TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE

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

# [redacted] b(6)-y

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

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

MEDCOM - 21605

MEDDAC FBg OP 375, 1 Apr 90 (HSXC-NU)

EPA [redacted] b(6)-4



DATE		DX		HOSPITAL DAY																
17 Oct 03				24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	
V I T A E S I G N S	BP Arterial Line																			
	BP Cuff	100/53	105/52	108/52	105/50	106/50	107/53	104/52	107/54											
	Temperature	101.0		100.1		101.7	101.7	101.0												
	Pulse	104	101	102	103	104	109	99	97											
	Respiratory Rate	26	25	23	19	20	28	20	23											
	SpO2	98	97%	97	96	96	95	98	97											
	Mode	RA	RA	RA	RA	RA	RA	RA	RA											
I N T A K E	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T	
	IVE	100	100	100	100	100	100	100	40		125	125	125	125	125	125	125	125		
	IVPB	50						50												
	TF	60	60	60	60	60	60	60	80		OFF	4M	OFF		50					
	TOTALS																			
O U T P U T	URINE	HOUR TOTAL	180	152	170	200	140	130	76	200		185	180	190	190	200	360	210	40	
		SP GR		330	270	200	840	970	1816	1246										
		S/A																		
	NG	OUTPUT																		
		PH																		
		GUAC																		
E M E S I S	EMESIS																			
	STOOL																			
	DRAINS																			
TOTALS																				

MEDCOM - 21606

POST-OP DAY								ACUTY LEVEL CLASSIFICATION														
V I T A L S  I N T A K E  O U T P U T	16	17	18	19	20	21	22	23	R E S P I R A T O R Y  L A B O R A T O R Y  A C T I V I T Y  C A R E  D I A G N O S I S	TIME												
	106/54	104/48	104/49	109/53	110/51	107/51	107/44	105/53		MODE												
	100.5	98.7		100 <sup>u</sup>						F, O <sub>2</sub>												
	97	83	89	93	99	101	102	105		TV												
	18	16	21	19	21	19	20	20		RATE												
	100	100	98	99	99	98	98	98		PEEP												
	RA	RA	RA	RA	RA	RA	RA	RA		A pH												
										A PCO <sub>2</sub>												
										A PO <sub>2</sub>												
										B HCO <sub>3</sub>												
								SAT														
								G BASE														
								TIME														
								GLUCOSE														
125	125	125	125	125	125	125	125	Na/K														
60								Cl/CO <sub>2</sub>														
								BUN/Cr														
								WBC/PLATELET														
								Hct/Hgb														
								TIME														
								MOUTH CARE														
								BATH		0430												
								SKIN CARE		0450												
								FOLEY CARE		0750												
								TRACH CARE														
								ROM EXERCISES														
								24 H&O TOTALS														
								wt Yesterday			wt Today											
								INTAKE			OUTPUT											
								IV			Urine:											
								po														
								TOTAL			TOTAL											
								BALANCE														
								NURSE'S SIGNATURE														
								INITIALS														

MEDCOM - 21607

18 OCT 83

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  
**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
QA Apr 8 Mar 89

b(6)-2

		INITIAL SHIFT ASSESSMENT				
		TIME	INITIALS	INITIALS	INITIALS	
N E U R O	PUPILS	0005	[Redacted]	[Redacted]	1815	
	SENSORIUM	PUPILS B/R RT 4.5 L 5.0 SLOWLY CONSCIOUS TO VIBRATION PROGALIC			PEARL (R) AEO, RT MOVES WE WELL LE'S SLOWLY	
	RESPIRATORY PATTERN	RR 20 TIDAL V. 1.5 C/O 2-3 COUGHES 1-2 C/O 2-3 C/O 2-3			Reg. even & unlabored P/A (R)	
R E S P I R A T O R Y	BREATH SOUNDS	C/O 2-3 C/O 2-3 C/O 2-3			[Redacted]	
	SECRETIONS	C/O 2-3 C/O 2-3			[Redacted]	
S K I N	COLOR	[Redacted]			MFR	
	INTEGRITY	[Redacted]			Dsg midline abd @ 2 high CRT @ buttock to vac. @ 3C triple lumen	
L O C A T I O N	LOCATION	[Redacted]			[Redacted]	
	CONDITION	[Redacted]			Patent 3/4 of intx infusing D5% & 40 mEq of FRL	
A B D O M E N	ABDOMEN	[Redacted]			Flat, soft & tender	
	BOWEL SOUNDS	[Redacted]			@ in 4 quadrants, colic form stomach pink, small amount of stool	
U R I N E	URINE:	[Redacted]			Foley to gravity	
	COLOR/CLARITY	[Redacted]			yellow / clear	
C A R D I O V A S C U L A R	CARDIAC RHYTHM	[Redacted]			ST & 3.52 noted @ artery @ peripheral pulses & mp refill < 3 sec.	
		[Redacted]			[Redacted]	

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

(Continue on reverse)

PREPARED BY (Signature & [Redacted])

DEPARTMENT/SERVICE/CLINIC [Redacted]

DATE 18 OCT 83

PATIENT'S IDENTIFICATION (For middle; grade; date; hospital [Redacted] the last, first,

[Redacted] EPW  
b(6)-4

b(6)-2

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

DATE 18 OCT 63

OR

HOSPITAL DAY

V I T A L S  I N T A K E  O U T T	TIME	24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
	BP Arterial Line																		
BP Cuff		107/71	108/68	108/62	112/52	112/52	107/54	112/50	112/50		116/50	106/50	106/50	96/40	112/55	112/51	107/44	100/44	112/57
Temperature		101.2	102.1		102.2		102.1	101.9	101.9					100.0			100.6		
Pulse		107	110	110	102	107	98	97	106	103	101	100	98	97	99	94	95	94	94
Respiratory Rate		21	15	23	19	21	28	25	32	26	22	21	25	24	26	22	21	19	19
SpO2		96	97	97	98	98	98	98	98	98	98	98	97	97	95	98	99	98	98
TOTALS																			
URINE	HOUR TOTAL	140	150	90	135	80	90	110	120	140	150	170	200	200	120	90	100	120	160
	SPGR		250	380	505	585	665	800	705	1050	1100	1300	1500	1200	1100	810	910	1020	1030
NG	OUTPUT																		
	pH																		
EMESIS																			
STOOL																			
DRAINS																			
TOTALS																			

18 OCT 83

VOICP

POST-OP DAY								ACUTY LEVEL CLASSIFICATION										
V	17	18	19	20	21	22	23	8	TIME									
I	100	100	100	100	100	100	100	E	MODE									
T	100	100	100	97.2	98			S	F,O <sub>2</sub>									
A	95	95	92	92				P	TV									
L								I	RATE									
S								A	PEEP									
I								A	pH									
G										PCO <sub>2</sub>								
N									PO <sub>2</sub>									
S										HCO <sub>3</sub>								
									SAT									
									BASE									
I	17	18	19	20	21	22	23	9	TIME									
N	40	40	40	40	40	40	40	A	GLUCOSE									
T		50						B	Na/K									
A	90	90	80	80	80	80	80	O	Cl/CO <sub>2</sub>									
K								R	BUN/Cr									
E								A	WBC/PLATELET									
O								T	Hcu/Hgb									
U								O										
T								R										
P								E										
U								F										
R								G										

8° T  
460  
280  
1920

2675

6(6)-2  
DOB/1/20/11/20

24\*180 T

wt Yesterday		wt Today	
INTAKE		OUTPUT	
IV	1160	Urine:	2675
PO		QHP	200
TP	1920		
TOTAL	3080	TOTAL	2875
BALANCE			

NURSE'S SIGNATURE  
INITIALS  
6(6)-4

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

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

		INITIAL SHIFTS ASSESSMENT			
		TIME	INITIALS	INITIALS	INITIALS
NEUROLOGIC	PUPILS	0100	[Redacted]	1815	[Redacted]
	SENSORIUM	Pupils 4mm, reactive to light		PEARL @	
		LOW VOLUME 3-4 SHALLOW C. URINE 1/400 PRESENT		A&O, moves neck well, weak movement LBS	
RESPIRATORY	RESPIRATION PATTERN	1-2 breaths in		Reg, even & unlabored	
	BREATH SOUNDS	Muffled, 0		CTR @	
	SECRETIONS	dysphagia / SOB Muffled, 0 COPD, REMAINS ON LRTA 2-5012		N	
SKIN	COLOR	97-98		NFR	
	INTEGRITY	Skin intact, normal		Dry, midline and @ high CPZ D. buttock toward vec @ robin	
EYES	LOCATION	Sclera normal		@ AC triple lumen	
	CONDITION	D. eye, 0 eye, 0 Mild @ edges @ with 2 WLL normal			
GASTROINTESTINAL	ABDOMEN	No D. soft & tender		Flat, soft, tender to touch	
	BOWEL SOUNDS	In Udder, mild like, 0 BOWEL SOUNDS		@ in all 4 quadrants No epigastric pain	
GU	URINE	Normal, 0		Foley to gravity	
	COLOR/CLARITY	Clear, 0		yellow @ sediment	
CARDIOVASCULAR	CARDIAC RHYTHM	Normal, 0		RT @ 31, 32 noted, @ ectopy	
		Normal, 0			

**LEGEND**  
 Cr - Creatinine  
 F<sub>I</sub>O<sub>2</sub> - Fraction of inspired O<sub>2</sub>  
 F<sub>I</sub>O<sub>2</sub> - Bicarbonate  
 ICP - Intracranial Pressure  
 PCO<sub>2</sub> - PRESSURE OF ARTRIAL CO<sub>2</sub>  
 PEEP - Positive end Expiratory Pressure  
 S/A - Fractional  
 SAI - Saturation  
 TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY: [Redacted] DEPARTMENT/SERVICE/CINC: ICU #3 DATE: 19 Oct 83

PA [Redacted] written entries give: Name - Last, First, middle; grade; date; hospital or medical facility)

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

# [Redacted] b(6)-2 b(6)-4

DATE		Dx															HOSPITAL DAY													
TIME		24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15													
V I T A L	BP Arterial line																													
	BP Cuff	108/53				108/51			110/55	110/55		108/52		104/54	107/52		115/50													
	Temperature	99 <sup>5</sup>				100 <sup>2</sup>			100 <sup>4</sup>																					
	Pulse	97				99			100		94		101		102	109		106												
	Respiratory Rate	17				16			22		14		23		17	24		26												
	SPO2	99%				99%			99%		99		99		99	99		99												
S I G N S																														
I N T A K E																														
	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T											
	IVF	40	40	40	40	40	40	40	40	370	40	40	40	40	40	40	40	40	320											
	IVPB	50						50	100						50				50											
	TF	80	80	80	80	80	80	80	80	640	80	80	80	80	80	80	80	80	40											
	DD																													
E O U T P U	TOTALS																													
	URINE	HOUR	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120												
	TOTAL		240	340	440	540	640	740	840	940	1040	1140	1240	1340	1440	1540	1640	1740												
	SP gr																													
	SIA																													
	NG	OUTPUT																												
	PH																													
	GUIAC																													
	EMESIS																													
	STOOL																													
U DRAINS																														

MEDCOM - 21612



609  
1920  
1105  
1330  
2433  
1180  
3585

POST-OP DAY								ACUITY LEVEL CLASSIFICATION									
16	17	18	19	20	21	22	23	R	TIME								
<del>111</del>	<del>111</del>							R	MODE								
<del>54</del>	<del>45</del>			119/59		113/55	119/59	S	F <sub>IO2</sub>								
			120		99			P	TV								
96	100			97		95	93	D	RATE								
38	34			29		21	18	A	PEEP								
47	46			100%		100%	99	B	PH								
								A	PCO <sub>2</sub>								
								T	pO <sub>2</sub>								
								G	HCO <sub>3</sub>								
								R	SAT								
								Y	BASE								
								L	TIME								
								A	GLUCOSE								
								B	Na/K								
								O	CVCO <sub>2</sub>								
								R	BUN/Cr								
								A	WBC/PLATELET								
								T	Hct/Hgb								
								D									
								B									
								Y									
								A	TIME								
								C	MOUTH CARE								
								T	BATCH								
								I	SKIN CARE								
								L	FOLEY CARE								
								E	TRACH CARE								
								V	ROM EXERCISES								
								S									
								I									
								N									
								D									
								G									
								F									
									24 HOURS TOTALS								
									WT Yesterday	wt Today							
									INTAKE	OUTPUT							
									N 1160	Urine: 3585							
									MEDCOM - 21613								

**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: 24 Oct 01 Anesthesia Type (Circle): General Spinal Epidural  
 Time In: 1020 IV Sedation Nerve Block  
 Allergies: NKA OR Intake: Crystalloid 400 Colloid \_\_\_\_\_  
 Pre-op V/S: 113/61/96 OR Output: UOP 200 EBL min  
 Procedures: \_\_\_\_\_ Meds/Times: Intra venous 200 mg Lidocaine 10mg  
Diprion ASDs Oxycodone 5mg

<b>Drains</b>	<b>Airway</b>
HemoVac	Nasal
NG	Oral
JPT	ETT
T-tube	Trach
Foley	Other
TLS	<u>SEP</u>
Dw/ur	

Time	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240
SaO2	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
FI02	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Methods															
240															
220															
200															
180															
160															
140															
120															
100	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
80															
60	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
40															
20															
RR															
T															

Pacu Intake					
Time	Solution	Amount	Site	By	Infused

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		AIRWAY A = Ambu BB = Blow-by M = Mask
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	1	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		V/S X = A-line BP * = Cuff BP = Pulse
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	2	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		
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Artery palpable, not radial (0) Carotid only reliable pulse				LOS C = Cervical T = Thoracic L = Lumbar S = Sacral
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	9	10		

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) \_\_\_\_\_ DEPARTMENT/SERVICE/CLINIC PACU DATE 10 Oct 01

PATIENT'S IDENTIFICATION (For typed or written names, first, middle, grade, date, hospital or medical facility)  
 Name - last, b(6)-2  
b(6)-4

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

b(6)-2

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

**NURSING NOTES**  
 Assured of care from LT  
 [Redacted] pt has adequate  
 stable airway apparent distress  
 patient responsive to voice  
 new catheter follows course  
 N/A

NEUROVASCULAR							
Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm	SE/LE	full	full	P	3-5 sec	norm	NR
15'	SE/LE	full	full	P	3-5 sec	norm	NR
30'	SE/LE	full	full	P	3-5 sec	norm	NR
45'							
60'							
90'							
D/C							

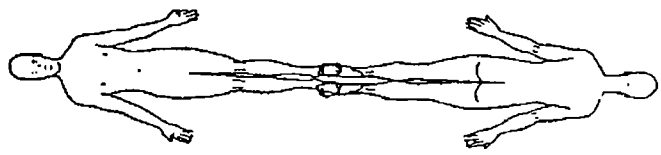
CUPPER S/S/Sz + 2 radial  
 + 1 pedal pulses  
 keep air ventilated C/A  
 Exhale 1/2 sec @ 20/10  
 ST keeps BS & F O/U/D  
 colostomy / Osgood same pink  
 milky dressing @ 1/2 drainage  
 from colostomy  
 60 FTY straw colored CS.  
 S. Schmitt

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.							

Vines @ SCTL protect

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



*[Handwritten signature]*

PACU OUTPUT			
Time	Source	Color/Appearance	Amount

**Discharge Criteria:**  
 Date: 10/24 Time: 1200 PARS: 10  
 BP: 100/60 HR: 47 RR: 16 SaO2: 100  
 Pain Level at D/C (0-10):  
 Intake: 0 Output: 620cc  
 Additional Data:  
 Transferred To: ICU  
 Report Given To: [Redacted]  
 Transferred Via: WIC [Redacted] Ambulance  
 Transferred By: LT [Redacted]  
 Cleared IAW Recovery Room SOP  
 Charge Nurse Signature: [Redacted]

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?

WAMC OP 173-E

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  
**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
QA Appr 8Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	INITIALS	INITIALS
N E U R O	PUPILS	1815	[Redacted]	[Redacted]	1815
	SENSORIUM	1815	[Redacted]	[Redacted]	1815
R E S P I R A T O R Y	RESPIRATION PATTERN	[Handwritten]	[Redacted]	[Redacted]	[Handwritten]
	BREATH SOUNDS	[Handwritten]	[Redacted]	[Redacted]	[Handwritten]
	SECRETIONS	[Handwritten]	[Redacted]	[Redacted]	[Handwritten]
S K I N	COLOR	[Handwritten]	[Redacted]	[Redacted]	[Handwritten]
	INTEGRITY	[Handwritten]	[Redacted]	[Redacted]	[Handwritten]
I V S I T E	LOCATION	[Handwritten]	[Redacted]	[Redacted]	[Handwritten]
	CONDITION	[Handwritten]	[Redacted]	[Redacted]	[Handwritten]
G A S T R O I N T	ABDOMEN	[Handwritten]	[Redacted]	[Redacted]	[Handwritten]
	BOWEL SOUNDS	[Handwritten]	[Redacted]	[Redacted]	[Handwritten]
G U	URINE	[Handwritten]	[Redacted]	[Redacted]	[Handwritten]
	COLOR/CLARITY	[Handwritten]	[Redacted]	[Redacted]	[Handwritten]
C A R D I O V A S C U L A R	CARDIAC RHYTHM	[Handwritten]	[Redacted]	[Redacted]	[Handwritten]
		[Handwritten]	[Redacted]	[Redacted]	[Handwritten]
LEGEND		Cr - Creatinine	ICP - Intracranial Pressure	S/A - Fractional	
		F <sub>I</sub> O <sub>2</sub> - Fraction of inspired O <sub>2</sub>	PCO <sub>2</sub> - PRESSURE OF ARTRIAL CO <sub>2</sub>	SAI - Saturation	
		F <sub>I</sub> O <sub>2</sub> - Bicarbonate	PEEP - Positive end Expiratory Pressure	TRACH - Tracheostomy	

(Continue on reverse)

PATIENT NO. [Redacted] (OPT) AW DEPARTMENT/SERVICE/CINC [Redacted] DATE 30 Oct 89

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

EPW [Redacted]

[Redacted] b(6)-y

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

b(6)-4 [REDACTED] b(6)-2 [REDACTED]

DATE		DX															HOSPITAL DAY			
TIME		24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15			
V I T A L S	BP Arterial line																			
	BP Cuff	113/54	113/55	112/52		116/56			113/57	113/57	113/55	119/56	112/54	111/50		112/51	110/51			
	Temperature		99.2							99.3						99	99			
	Pulse	97	92	91		91		91	92	95	92	101	98	90		102	99			
	Respiratory Rate	19	19	20		19		21	12	22	23	20	22	20		17	20			
	O2 sats	98	99	99%		99%		100	96	100	100	100	94	90		100	100			
	mode	RA	RA			RA		RA	RA	RA										
I N T A K E	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T	
	IV	40	40	40	40	40	100	100	110	50	100	100	100	100	100	100	100	100	100	80
	T	80	80	80	80	80	100	100	100	50	100	100	100	100	100	50	100	100	100	40
	NPB	50						50	150							50				50
	TOTALS									270										270
	URINE	hour	110	68	170	130	100	60	110	110	160	110	110	110	200	230	80	110	110	270
	TOTAL			170	410	440	340	60	670	720	160	220	330	440	640	870	950	930	930	930
NG	OUTPUT																			
EMESIS																				
STOOL																				
DRAINS																				

MEDCOM - 21617

780  
930  
1710  
840  
2550

6000



POST-OP DAY								ACUITY LEVEL CLASSIFICATION															
V I T A L S I G N S	14	17	18	19	20	21	22	23	R E S P I R A T O R Y	TIME													
	<del>112</del>	<del>112</del>	<del>114</del>							MODE													
	<del>108</del>	<del>108</del>	<del>108</del>	108				120		F <sub>i</sub> O <sub>2</sub>													
				57				150		TV													
								180		RATE													
	98	103	105	91				95		PEEP													
	20	21	21	14				18		A pH													
	98	95	98	99%				98%		A PCO <sub>2</sub>													
	RA	RA	RA	RA				RA		B pO <sub>2</sub>													
										B HCO <sub>3</sub>													
								G SAT															
								G BASE															
I N T A K E	14	17	18	19	20	21	22	23	8°T	L E A B O R A T O R Y	TIME												
	100	100	100	40	40	40	40	40	1800		GLUCOSE												
			50	80	80	80	80	80	800		Na/K												
			50						200		CVCO <sub>2</sub>												
											BUN/Cr												
											WBC/PLATELET												
											Hct/Hgb												
O U T P U T	40	40	90	100	100	150	50	90		A C T I V I T Y	TIME												
	100	100	250	350	550	700	750	840	2550		MOUTH CARE												
											BATCH												
											SKIN CARE												
											FOLEY CARE												
											TRACH CARE												
											ROM EXERCISES												
24 <sup>HR</sup> TOTALS										SIGNATURE													
WT Yesterday					wt Today					[Redacted Signature]													
INTAKE					OUTPUT																		
IV 2000					Urine: 2550					b(6)-2													
MEDCOM - 21618																							

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)  
QA Appr 8Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	INITIALS	INITIALS	INITIALS
NEURO	PUPILS			1830
	SENSORIUM			Alert/follows all commands Full strength on all extremities
RESPIRATORY	RESPIRATION PATTERN			normal on RA. O2 sets > 95%
	BREATH SOUNDS			LCTA B cough
	SECRECTIONS			
SKIN	COLOR			HFR
	INTEGRITY			Intact x ABD / @ thigh buttock wounds
WOUND SITE	LOCATION			SC TLC sterile clean dressings
	CONDITION			of infection
GASTRO	ABDOMEN			midline abd wound E and W dress.
	BOWEL SOUNDS			@ Bx4 quadrants colostomy over LLQ. soft for stool
GU	URINE			flow to gravity
	COLOR/CLARITY			yellow/clear
CARDIOVASCULAR	CARDIAC RHYTHM			adequate UOP sinus tach 102/105
				peripheral pulses radial 5 pedal + @

LEGEND Cr - Creatinine ICP - Intracranial Pressure S/A - Fractional  
 FiO2 - Fraction of inspired O2 PCO2 - PRESSURE OF ARTRIAL CO2 SAI - Saturation  
 FCO2 - Bicarbonate PEEP - Positive end Expiratory Pressure TRACH - tracheostomy

(Continue on reverse)

PATIENT IDENTIFIERS (If typed or written entries give: Name—Last, First, middle; grade; date; hospital or medical facility)

*[Redacted]* *[Signature]*

DEPARTMENT/SERVICE/CINC *ICU# 3* DATE *21 Oct 85*

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

MEDCOM - 21619

DATE		DX															HOSPITAL DAY				
2/15/70		Rectal GSW																			
TIME		24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15				
V I T A L E S I G N S	BP Arterial line																				
	BP Cuff	108/45	108/44			135/57		112/52				107/50					107/52				
	Temperature		99.2									98.6					98.1				
	Pulse	98	99			101	96	96				85					91				
	Respiratory Rate	14	22			16	19					13					19				
	SPO2	99%	99%			100%	99%	99%				100					99				
TIME		24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T		
I N T A K E	IVF	40	40	40	40	40	40	40	40	320	40	40	40	40	40	40	40	40	320		
	IVPB	50						50						50					50		
	TF	80	80	80	80	80	80	80	80	640	80	80	80	80	80	80	80	80	640		
TOTALS									960										1010		
U R I N E	HOUR TOTAL	120	110	50	70	100	100	110	100	740	100	36	200	320	105	71	90	165	1087		
	SP gr																				
U R I N E	OUTPUT							500					100				100		200		
	PH																				
E M E S I S	GUIAC																				
	EMESIS																				
S T O O L	STOOL																				
	DRAINS																				

MEDCOM - 21620



POST-OP DAY									ACUITY LEVEL CLASSIFICATION													
V I T A L S  S I G N S	16	17	18	19	20	21	22	23	R	TIME												
	16			112			115		E	MODE												
			101/57	107/57			111/58		S	F <sub>I</sub> O <sub>2</sub>												
			98/85				103		P	TV												
			111	106			111		D	RATE												
			58	58			24		I	PEEP												
			99	99			99		A	A	pH											
									A	A	PCO <sub>2</sub>											
									B	A	pO <sub>2</sub>											
									B	A	HCO <sub>3</sub>											
								G	A	SAT												
								G	A	BASE												
N T A K E  C O U N T	16	17	18	19	20	21	22	23	L	TIME												
	40	40	40	40	40	40	40	40	A	CLUCOSE												
			50						B	Na/K												
									O	Cl/CO <sub>2</sub>												
									R	BUN/Cr												
									A	WBC/PLATELET												
									T	Hct/Hgb												
									O													
									B													
									Y													
C O U N T	130	130	42	50	67	105	105	67	A	TIME												
	130	210	252						C	MOUSE												
									D	BATCH												
									T	SKIN CARE												
									L	FOLEY CARE												
									E	TRACH CARE												
									S	ROM EXERCISES												
									N													
									D													
									G													
										24 HR TOTALS		NURSE'S SIGNATURE		INITIALS								
										WT Yesterday		wt Today										
										INTAKE		OUTPUT										
										IV		Urine:										
										MEDCOM - 21621												

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

**INTENSIVE CARE NURSING FLOW SHEET**

OTSG APPROVED (Date)  
QA Appr 8Mar 89

**INITIAL SHIFT ASSESSMENT**

	TIME	INTILAS	INTILAS	INTILAS
<b>N E U R O</b>	PUPILS			
	SENSORIUM			
<b>R E S P I R A T O R Y</b>	RESPIRATION PATTERN			
	BREATH SOUNDS			
	SECRECTIONS			
<b>S K I N</b>	COLOR			
	INTEGRITY			
<b>I V S I T E</b>	LOCATION			
	CONDITION			
<b>G A S T R O</b>	ABDOMEN			
	BOWEL SOUNDS			
<b>G U</b>	URINE			
	COLOR/CLARITY			
<b>C A R D I O V A S C U L A R</b>	CARDIAC RHYTHM			
<b>LEGEND</b>		Cr - Creatinine F <sub>i</sub> O <sub>2</sub> - Fraction of inspired O <sub>2</sub> F <sub>i</sub> O <sub>2</sub> - Bicarbonate	ICP - Intracranial Pressure PCO <sub>2</sub> - PRESSURE OF ARTRIAL CO <sub>2</sub> PEEP - Positive end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY: [Redacted] **CP1 LAW** DEPARTMENT/SERVICE/CINC: **ICM 3** DATE: **21 OCT 83**

INDICATE REVISIONS (For typed or written entries give: Name - Last, First, Initial, grade, date; hospital or medical facility)

**EPW** **b(6)-2**

**b(6)-4**

MEDCOM - 21622

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

DATE		DX															HOSPITAL DAY				
2206203		SEP 24 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15																			
V I T A L S  S I G N S	TIME	24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15				
	BP Arterial line																				
	BP Cuff			111/54			109/52			115/54		109/51		122/60			105/60				
	Temperature			99.2			98.8		98.8			98.2		98.6			98.1				
	Pulse			101			89			91		99		103			106				
	Respiratory Rate			22			15			19		17		18			18				
	O <sub>2</sub> SATS			100			98			100		100		100			100				
	I N T A K E	TIME	24	01	02	03	04	05	06	07	8 <sup>PT</sup>	08	09	10	11	12	13	14	15	8 <sup>PT</sup>	
IVF		40	40	40	40	40	40	40	40	320	40	40	40	40	40	40	40	40	40	320	
IVPB		80						80		100				80						80	
TF		80	80	80	80	80	80	80	80	640	80	80	80	80	80	80	80	80	80	640	
TOTALS										1040									1040		
O U T P U T	URINE	HOUR	60	60	50	100	80	80	90	120	60	60	60	60	60	60	60	60	60	300	
		TOTAL		120	170	270	320	400	490		650	720	780	840	900	960	1020	1080	1140	1200	3750
		SP gr																			
	NG	OUTPUT																			
		PH																			
		GUIAC																			
	EMESIS																				
	STOOL																				
	DRAINS	WOUND VAC																			

MEDCOM - 21623

POST-OP DAY									ACUITY LEVEL CLASSIFICATION												
V I T A L S  S I G N S	14	17	18	19	20	21	22	23	R	TIME											
									E	MODE											
									S	F <sub>i</sub> O <sub>2</sub>											
									P	TV											
	101								I	RATE											
	18								A	PEEP											
	100								B	A	pH										
									T	B	PCO <sub>2</sub>										
									O	G	pO <sub>2</sub>										
									R		HCO <sub>3</sub>										
								Y		SAT											
										BASE											
N T A K E S  O U T P	16	17	18	19	20	21	22	23	8°T	L	TIME										
										A	GLUCOSE										
										B	Na/K										
										O	Cl/CO <sub>2</sub>										
										R	BUN/Cr										
										A	WBC/PLATELET										
										T	Hct/Hgb										
										A											
										B											
										Y											
									A	TIME											
									C	MOUTH CARE											
									D	BATCH											
									A	SKIN CARE											
									I	FOLEY CARE											
									L	TRACH CARE											
									T	ROM EXERCISES											
									E												
										24 HR TOTALS					NURSE'S SIGNATURE					INITIALS	
										WT Yesterday					wt Today						
										INTAKE					OUTPUT						
										IV					Urine:						
										MEDCOM - 21624											

**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**

DTSO APPROVED (Date)

Date: 27 OCT 03 Anesthesia Type (Circle): General Spinal Epidural  
 Time in: 2020 IV Sedation Nerve Block  
 Allergies: NKDA OR Intake: Crystalloid 200 Colloid \_\_\_\_\_  
 Pre-op V/S: 175/90 89 OR Output: UOP 50 EBL min  
 Procedures: Rectal washout Meds/Times: 100 prep 200mcg tent  
dog change

Drains  
 Hemovac  
 NG  
 JP  
 T-tube  
 Foley  
 TLS

Airway  
 Nasal  
 Oral  
 ETT  
 Trach  
 Other

Pre Op Meds History

Time	2420	2025	2030	2035	2050	2100													
SaO2	100	100	100	100	100	100													
FiO2	1A	1A	1A	1A	1A	1A													
Methods																			
240																			
220																			
200																			
180																			
160																			
140																			
120																			
100		V	V	V	V	V													
80																			
60		.	.	.	.	.													
40		A	A	A	A	A													
20																			
RR	14	12	12	14	14	14													
T	8	8	8	8	8	8													
Time	2020	2050	2100																
Pain (0-10)	5	5	2																
LOS																			

Pacu Intake					
Time	Solution	Amount	Site	By	Infused
	LR		LSC TIC		

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	2	2	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	/	/	/	
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	10	10	10	

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) LTJAN b(6)-2 DEPARTMENT/SERVICE/CLINIC PACU DATE 27 OCT 03

PATIENT'S IDENTIFICATION (typed or written entries give: first, middle, grade, date; hospital or medical facility) b(6)-4 Name - last.

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

b(6)-2

MEDICATIONS						
Allergies:						
Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By
2035	~5	MSO4 3mg	IVP	5+	I	[REDACTED]
2040	5+	MSO4 2mg	IVP	5+	I	[REDACTED]
2045	5+	MSO4 2mg	IVP	5	I	[REDACTED]
2055	5+	MSO4 3mg	IVP	2	E	[REDACTED]

NURSING NOTES

2025  
 Pt rec'd from OR via gurney.  
 Pt aroused to voice, able to move all ext. C/O pain in buttocks given 3mg msO4 IVP. VSS. Monitored continuously. Dsg's C/D/I - (August 1st 2100 - P+ C/O buttocks pain repeatedly. given a total of 10mg msO4 IVP. Report given to ICW1. Pt cont. stable - [REDACTED] (TA)

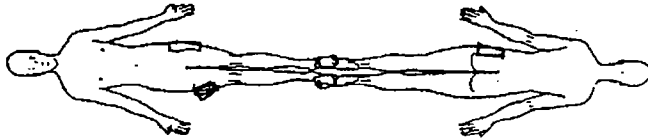
b(6)-2

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	Right buttocks	4x4 abd	0
30'	Right buttocks	Abd 4x4	0
60'			
D/C	Right buttocks	Abd 4x4	0



PACU OUTPUT			
Time	Source	Color/Appearance	Amount
2100	Foley	Cl yellow	400

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?
200-2020	NSR	0	0

Discharge Criteria:  
 Date: 2/10/03 Time: 2100 PARS: 10  
 BP: 53 T: 98.1 HR: 73 RR: 13 SaO2: 100  
 Pain Level at D/C (0-10):  
 Intake: 0 Output: 1000  
 Additional Data: 0  
 Transferred To: ICW1  
 Report Given To: SPC  
 Transferred Via: W/C Litter Gurney Ambulance  
 Transferred By: SGT [REDACTED] 9/1/00  
 Cleared IAW Recovery P [REDACTED]  
 Signature: [REDACTED] (TA)

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.

OTSG APPROVED (Date)

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

Date: 02 Nov 03 Anesthesia Type (Circle): General Spinal Epidural  
 Time In: 0840 IV Sedation Nerve Block  
 Allergies: 1 OR Intake: Crystalloid 150 Colloid  
 Pre-op V/S: 104/51 96 96/46 OR Output: UOP 850 EBL mb  
 Procedures: End urethrotomy @ 6:40

Drains  
 Hemovac  
 NG  
 JP  
 T-tube  
 Foley  
 TLS

Airway  
 Nasal  
Oral  
 ETT  
 Trach  
 Other

Time	Pre Op Meds	History
240		
220		
200		
180		
160		
140		
120		
100		
80		
60		
40		
20		
RR	<u>24 22 18 13</u>	

Pacu Intake					
Time	Solution	Amount	Site	By	Infused
<u>0840</u>	<u>LR</u>	<u>100</u>	<u>25cc/lev</u>		

Post-Anesthesia Recovery score				
Criteria	ADM	30'	D/C	Codes
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	0	2	2	<b>AIRWAY</b> A = Ambu BB = Blow-by M = Mask FT = Face Tent RA = Room Air NC = Nasal Cannula  <b>V/S</b> X = A-line BP * = Cuff BP = Pulse  <b>TEMP</b> S = Skin O = Oral A = Axillary T = Tympanic R = Rectal  <b>LOS</b> C = Cervical T = Thoracic L = Lumbar S = Sacral
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	1	2	2	
Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op	2	2	2	
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	0	1	1	
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	2	
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse				
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	5	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: [Redacted] DEPARTMENT/SERVICE/CLINIC: PACU DATE: 02 Nov 03

PATIENT'S IDENTIFICATION (For typed or written name - last, first, middle, grade, date, hospital or medical center)

[Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]

b(6)-2  
b(6)-4

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

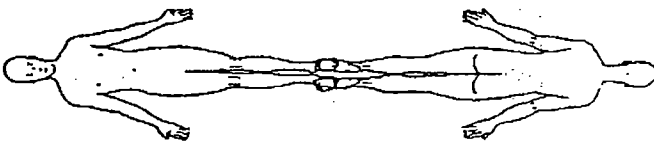
MEDICATIONS						
Allergies:						
Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By

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

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

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

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



PACU OUTPUT			
Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?

WAMC OP 173-E

**NURSING NOTES**

male Iraqi admitted to PACU SIP 340 @  
 Wt. 180, 99 lb, 5'10". USS. No resp. distress. Pt extremely sedated. IUCR @  
 No Foley to drainage. Will continue to monitor \_\_\_\_\_ SSG/CPA

b(6)-2

b(6)-4

**Discharge Criteria:**  
 Date: 09/03 Time: 09:15 PARS: 9  
 BP: 110/60 T: 36.5 HR: 53 RR: 13 SaO2: 99%  
 Pain Level at D/C (0-10):  
 Intake: 100 Output:  
 Additional Data:  
 Transferred To: ICU  
 Report Given To: [Redacted]  
 Transferred Via: W/C Litter (Gurney) Ambulance  
 Transferred By: SSG [Redacted]  
 Cleared IAW Recovery Room SQP B-3  
 Charge Nurse Signature: \_\_\_\_\_



1. Reporting MTF		2. MTF Local		Admission Coding Information	
0580 [REDACTED]		IZ		For use of this form, see AR 40-400; the proponent agency is OTSG	
3. Register Number		Name (Last, First, MI)		4. Pay Grade	
[REDACTED]		[REDACTED]		FGN	
5. Sex		6. DoB (YYYYMMDD)		7. Age at Admission	
M		[REDACTED]		20Y	
8. Race		9. Ethnicity		10. Length of Service	
X		9		ETS	
11. FMP		12. Social Security Number		13. Marital Status	
99		[REDACTED]		Z	
14. Flying Status		15. Beneficiary Category		16. Zip Code of Residence:	
NO		K78-PRISONER OF WAR/INTERNEES			
17. Unit Location		18. MOS		19. Trauma	
				DIS	
20. Source of Admission		Ward:		20. Name / Relationship of Emergency Addressee	
Direct from ER		ICU3		Address of Emergency Addressee	
Name and Location of Medical Treatment Facility:				Telephone Number of Emergency Addressee	
0580 - 28th CSH - Iraq; No Install Provided					
21. Type of Disposition		22. MTF Transferred To		23. Date of Disposition (YYYYMMDD)	
TRF-OTH				2003-11-03	
24. Clinic Svc - Admitting		25. MTF Transferred From		26. Date this Admission (YYYYMMDD)	
ABA - GENERAL SURGERY				2003-10-10	
27. Location of Occurrence		28. MTF of Initial Admission		29. Date of Initial Admission	
				2003-10-10	
FOR LOCAL USE					
Type Patient (Inpatient / Outpatient): Inpatient					
Admission Diagnosis Narrative: S/P EX LAP WOUND DEBRIDEMENT					
Procedure Narrative(s):					
Cause of Injury Narrative:					
[REDACTED]					
Admitting Officer (Signature, as required)					

b(2)-2

b(6)-4

b(6)-4

b(6)-2

9							10							11							12							13							14							15							4. PAY GRADE 16 17		5. SEX 18	
6. DATE OF BIRTH (YYYYMMDD)														7. AGE AT ADMISSION						8. RACE 30		9. ETHNIC 31 BACK-GROUND		RELIGION																												
10. LENGTH OF SERVICE 32 33 34														ETS						11. FMP 35 36						12. SOCIAL SECURITY NUMBER 37 38 39 40 41 42 43 44 45																										
ORGANIZATION (Active Duty Only)														13. MARITAL STATUS 46						HOUR OF ADMISSION				BRANCH / CORPS																												
14. FLYING STATUS 47 48 49						15. BENEFICIARY CATEGORY 50 51 52						16. ZIP CODE OF RESIDENCE 53 54 55 56 57 58 59 60 61																																								
17. UNIT LOCATION (State or Country Code) 62 63						18. MOS 64 65 66 67 68 69 70 71						19. TRAUMA				PREV. ADMISSION YEAR <input type="checkbox"/> NO																																				
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION 72														WARD				NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE																																		
																		ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)																																		
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY														TELEPHONE NUMBER OF EMERGENCY ADDRESSEE																																						
21. TYPE OF DISPOSITION 73 74						22. MTF TRANSFERRED TO 75 76 77 78 79 80						23. DATE OF DISPOSITION (YYMMDD) 81 82 83 84 85 86																																								
24. CLINIC SVC - ADMITTING 87 88 89 90						25. MTF TRANSFERRED FROM 91 92 93 94 95 96						26. DATE THIS ADMISSION (YYMMDD) 97 98 99 100 101 102																																								
27. LOCATION OF OCCURRENCE (Battle Casualty Only) 103 104						28. MTF OF INITIAL ADMISSION 105 106 107 108 109 110						29. DATE INITIAL ADMISSION (YYMMDD) 111 112 113 114 115 116																																								
FOR LOCAL USE														<table border="0"> <tr> <td rowspan="6" style="font-size: 2em; vertical-align: middle;">Dx</td> <td>99832</td> <td>0083</td> <td rowspan="6" style="font-size: 2em; vertical-align: middle;">R</td> <td>8302</td> </tr> <tr> <td>86814</td> <td>8900</td> <td>8659</td> </tr> <tr> <td>8771</td> <td>8760</td> <td>8604</td> </tr> <tr> <td>0413</td> <td>0443</td> <td>4610</td> </tr> <tr> <td>0416</td> <td>89912</td> <td>8840</td> </tr> <tr> <td></td> <td></td> <td>8744</td> </tr> </table>										Dx	99832	0083	R	8302	86814	8900	8659	8771	8760	8604	0413	0443	4610	0416	89912	8840			8744									
Dx	99832	0083	R	8302																																																
	86814	8900		8659																																																
	8771	8760		8604																																																
	0413	0443		4610																																																
	0416	89912		8840																																																
				8744																																																
ADMITTING OFFICER (Signature, as required)														SIGNATURE OF ADMITTING CLERK 9904(4)																																						

DA FORM 2985, MAR 89

EDITION OF MAY 79 IS OBSOLETE

USAPPC V1.00

Inj Trauma  
456

MEDCOM - 21630

# INPATIENT TREATMENT RECORD COVER SHEET

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

1. Register Nbr [REDACTED]		2. Name [REDACTED] b(6)-4			3. Grade FGN		Admission Remarks
4. Sex M	5. Age	6. Race Z	7. Religion	8. LnthOfSvc	9. ETS	10. PrevAdm NO	
11. FMP 99	12. SSN [REDACTED]	13. Organization b(6)-4			14. Ward ICW1		
15. FlyStatus		17. Dept / Ben K78-PRISONER OF WAR/INTER		18. BranchCorps	19. UIC / ZIP	20. Type Case DIS	
21. Source of Admission Direct from ER			22. Hour Of Adm: 20:23		23. Clinic Service AEA - ORTHOPEDICS		
24. Name/Relation of Emergency Addressee			25. Type Disp TRF-OTH		26. Date of Disp 2003-10-19		
27a. Address of Emergency Addressee			27b. Telephone No		28. Date This Adm: 2003-10-16		Admitting Officer: [REDACTED] b(6)-2
29. Reporting MTF [REDACTED] b(2)-2			30. Date Init Adm 2003-10-16			32. Units Blood Components	
31. Selected Administrative Data Marital Status: Z                      DoB: In/Out Patient: Inpatient              MOS:							
33. Cause Of Injury:							
34. Diagnosis / Operations and Special Procedures:  RIGHT ANKLE SPRAIN							844.9 E927
35. Total Days This Facility							
Absent Sick Days 0	Other Days 0	ConLv / Coop Care Days 0	Supplemental Care 0	Bed Days 3	Total Sick Days 3		
35. Total Days This Facility							
Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days		
Signature of Attending Medical Officer [REDACTED]				Signature of PAD or Medical Records Officer [REDACTED] MAJ			

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

18 OCT 03 (1440)	(cont) am. Pt tol. reg diet well. Voiding s difficulty. 2-point restraints in place s s/sx complications. Awaiting trans. to ERW camp. Will cont to monitor.
---------------------	--

18 OCT 03 @ 1849	Pt sitting up in bed. (E) ankle wrapped w ace bandage. (E) Pedal pulses B/L/E. Lung sounds clear through all lobes. Abdomen soft + non-tender. Amb c crutches.
---------------------	--

12/19/03	D/C Summary  Pt has sprained ankle. Weight heavy as tolerated.
----------	--

19 OCT 03 (1945)	Assumed care of pt w report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled w Tylenol/Motrin. Amb well w crutches. Ankle wrapped w Ace wrap. Pt tol reg diet well. Voiding s difficulty. 2-point restraints in place s s/sx complications. Awaiting trans. to ERW camp. Will cont. to monitor.  (1110) Pt d/c to ERW camp - amb w crutches - escorted by MPs.
---------------------	---

# [redacted] b(6)-4

[redacted] b(6)-2

MEDICAL RECORD

PROGRESS NOTES

b(6)-2

DATE	NOTES
16 Oct 03 @ 2300	Pt admitted to (CW) from EMT via litter in stable condition; All VSS, pt <del>at</del> <sup>at</sup> 0x3 ⊕ CMS, +2PP, brisk cap Ref; SS <sub>2</sub> ; LSCTA ⊕ equal; unlabored; ⊕ BS X4, abd soft non-tender to palpation, pt voiding AS, clear yellow urine & difficulty; ⊕ ankle wrapped in ace wrap, mild swelling to <del>medial</del> <sup>lateral</sup> malleolus; Rest restraints in place ⊕ circ ⊕ skin break; cont to monitor
17 Oct 03 (1230)	Assumed care of pt @ <del>0600</del> p report from night shift. Pt alert, speaking Arabic. VSS. ⊕ clo pain. Pt amb well <del>on</del> <sup>on</sup> crutches. Ace wrap to ⊕ ankle intact. Mild swelling noted. Pt able to move toes. ⊕ pedal pulses equal bilat. 2 point restraints in place & S/SK complications. Pt tol. reg diet well. Voiding & difficulty will continue to monitor.
17 Oct 03 @ 2015	Assumed care @ 1800; All VSS, pt <del>at</del> <sup>at</sup> 0x3, ⊕ CMS, +2PP, Brisk cap Ref, pt 000B to BR & crutch assistance & difficulty; ace wrap to ⊕ ankle intact, pt denies pain, mild swelling noted, cont & anti-inflammatories; 2 point restraints in place, ⊕ circ, ⊕ skin break; will continue to monitor
18 Oct 03 (1440)	Assumed care of pt @ <del>0600</del> p report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled & Tylenol/motrin. ⊕ ankle slightly swollen - wrapped & ace wrap pt amb well & crutches. To shower this

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT
-----------------	------------------------------	-----------------------

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

b(6)-4



PROGRESS NOTES  
Medical Record

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

<b>MEDICAL RECORD</b>	<b>EMERGENCY CARE AND TREATMENT (Doctor)</b>	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	X-ray - ankle. <i>DFy</i>			
	PLT		PCO2	SAT	OTHER					
PT			DIP	EKG INTERPRETATION						
APTT	BHCG	ETOH	GLU							U/A

PROVIDER HISTORY/PHYSICAL

21 y/o ♂ s/p (L) Ankle sprain  
 from tripping. Arrived via Airway  
 pt 5 other complaints

? H2O  
 pmk - Assh  
 psh -  $\phi$   
 for - ?  
 NKDA  
 ABN

G: ud, w, WAD, A&S  
 Ext: N/A @ ANT 7/10/11/12/13/14/15/16/17/18/19/20  
 @ 4/10/11/12/13/14/15/16/17/18/19/20  
 @ Tenderness. @ pain up stairs  
 @ No sprain / Ankle motion by hand

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
DIAGNOSIS			PROVIDER SIGNATURE AND STAMP
(L) Ankle sprain			 <i>Held</i>
			CODES

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

# b(6)-4

**EMERGENCY CARE AND TREATMENT (Doctor)**  
Medical Record

STANDARD FORM 558 (REV. 9-98)  
 Prescribed by GSA/ICMR  
 FPMR (41 CFR) 101-11.203(b)(10)  
 USAPA V1.00

b(2)-2

NSN 7540-01-075-3786

<b>MEDICAL RECORD</b>		<b>EMERGENCY CARE AND TREATMENT (Patient)</b>				LOG NUMBER	TREATMENT
PATIENT'S HOME ADDRESS OR DUTY STATION		STREET ADDRESS				RECORDS MAINTAINED AT	
CITY		STATE	ZIP CODE		ARRIVAL DATE (Day, Month, Year)		TIME
SEX		DUTY/LOCAL PHONE		MILITARY STATUS		TRANSPORTATION TO FACILITY	
AGE		AREA CODE	NUMBER	ITEM	YES	NO	N/A
CURRENT MEDICATIONS		HOME PHONE		FLYING STATUS		THIRD PARTY INSURANCE	
ALLERGIES		MEDICAL HISTORY OBTAINED FROM		ADDITIONAL INSURANCE		DD 2568 IN CHART	
INJURY OR OCCUPATIONAL ILLNESS		EMERGENCY ROOM VISIT		DATE LAST VISIT		24 HOUR RETURN	
IS THIS AN INJURY?		YES	NO	WHEN (Date)	TETANUS		DATE LAST SHOT
INJURY/SAFETY FORMS		WHERE		COMPLETED INITIAL SERIES		YES NO	
HOW		DATE LAST VISIT		COMPLETED INITIAL SERIES		YES NO	
CHIEF COMPLAINT		CATEGORY OF TREATMENT		VITAL SIGNS			
① ANKLE FX		② ASTHMA		TIME			
① ANKLE FX		② ASTHMA		BP			
① ANKLE FX		② ASTHMA		PULSE			
① ANKLE FX		② ASTHMA		RESP			
① ANKLE FX		② ASTHMA		TEMP			
① ANKLE FX		② ASTHMA		WT			
LAB ORDERS		CBC/DIFF		BHC/URINE/BLOOD/QUANT		X-RAY ORDERS	
URINE C&S		UA MSCC/CATH		CHEM:		ACUTE ABDOMEN	
BLOOD C&S X						SINUS	
						ANKLE P/L	
ORDERS		PULSE OX		MONITOR		ECG	
TIME		ORDERS		BY		COMPLETED BY	
DISPOSITION		DISPOSITION QUARTERS /OFF DUTY		PATIENT/DISCHARGE INSTRUCTIONS			
HOME FULL DUTY		24 HRS. 48 HRS. 78 HRS.		I have received and understand these instructions.			
MODIFIED DUTY UNTIL		RETURN TO DUTY		PATIENT'S SIGNATURE			
CONDITION UPON RELEASE		ADMIT TO UNIT/SERVICE		REFERRED		TO	
IMPROVED UNCHANGED		TIME OF RELEASE		WHEN			
DETERIORATED							
PATIENT'S IDENTIFICATION		(For typed or written entries, give: Name -- last, first, middle; ID no. (ISSN or other); hospital or medical facility)					

# [redacted] b(6)-4

**EMERGENCY CARE AND TREATMENT (Patient)**  
 Medical Record  
 STANDARD FORM 558 (REV. 9-96)  
 Prescribed by GSA/ICMR  
 FPMR (41 CFR) 101-11.203(b)(10)  
 USAPA V1.00

MEDICAL RECORD		VITAL SIGNS RECORD													
HOSPITAL DAY		1		2		3									
POST-	DAY	16		17		18									
MONTH-YEAR	DAY														
10	2003														
PULSE (O)	TEMP. F (°)														
	105°														
180	104°														
170	103°														
160	102°														
150	101°														
140	100°														
130	99°														
120	98.6°														
110	98°														
100	97°														
90	96°														
80	95°														
70															
60															
50															
40															
RESPIRATION RECORD		8		8		8		8		8					
BLOOD PRESSURE		122/60		124/59		122/55		123/57		111/59					
HEIGHT:      WEIGHT →		5802		97.64		98.22		98.22		99					
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)		[REDACTED]													
REGISTER NO.										WARD NO.					

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)

[REDACTED] 10(6)-4

**VITAL SIGNS RECORDS**  
Medical Record

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



CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] b(6)-4			16 Oct 03	2135 HOURS	
			Admit to ICD - EPW		
			Dx: E. Acute sprain		
			Condition: stable		
			Vitals: per Routine		
			All: NKDA		
			Med: 650mg Tylenol po, Q:1D		
			800mg Motrin po, T:1D		
NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER	HOURS
[REDACTED]	[REDACTED]	[REDACTED]			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS
[REDACTED] b(6)-2					
			Diet: Regular		
			Activity: Accelerated		
			PLAN: return to EPW camp ASAP.		
			Med: Tylenol & Motrin alternating as above. b(6)-2		
NURSING UNIT	ROOM NO.	BED NO.			
[REDACTED]	[REDACTED]	[REDACTED]			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS
[REDACTED] b(6)-2			10-19-03	1830	
			D/C pt to EPW camp.		
			[REDACTED] b(6)-2		
NURSING UNIT	ROOM NO.	BED NO.			
[REDACTED]	[REDACTED]	[REDACTED]			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	HOURS
NURSING UNIT	ROOM NO.	BED NO.			
[REDACTED]	[REDACTED]	[REDACTED]			

DA FORM 4256  
1 APR 79

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

MEDCOM - 21637

b(6)-2

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo. 1 <sup>st</sup> Yr. 2003	
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION					
ORDER DATE	CLERK/NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	16	17	18	19
16	[REDACTED]	VS: routine	6	[REDACTED]			
16	[REDACTED]	Regular Diet	6	[REDACTED]			
16	[REDACTED]	ACT. as tolerated.	6	[REDACTED]			
			18				
			18				

ALLERGIES:  YES  NO  
 NKDA

PRIMARY DIAGNOSIS:  
 (L) ankle sprain

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

b(6)-2

b(6)-2

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)			Mo 10	Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
10	[REDACTED]	Admit ICWL, stable.	10 OCT 03			[REDACTED]
10	[REDACTED]	Return to EDW ASAP DC to EDW/camp				
10	[REDACTED]	MEDS: motrin / tylenol given to P.T.	10 OCT 03			[REDACTED]

INITIAL PROPER COLUMN FOLLOWING COMPLETION

TIME/DATE COMPLETED

USAPA V1.00

MEDCOM - 21639

b(6)-2

b(6)-2

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

VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION									
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	17	18	19					
16oct03	[REDACTED]	650mg tylenol po QID	06	[REDACTED]	[REDACTED]	[REDACTED]					
	----		12								
	----		18								
	----		24								
16oct03	[REDACTED]	800mg Motrin PO TID (NID: give 2 meals)	06	[REDACTED]	[REDACTED]	[REDACTED]					
	----		14								
	----		22								

ALLERGIES:  YES  NO      PRIMARY DIAGNOSIS: (L) ankle sprain

*W/LDA*      W/LDA

ADDITIONAL PAGES IN USE:  YES  NO      PAGE NO. \_\_\_\_\_

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

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D 7 8 9 10 11 12 13 14

E 15 16 17 18 19 20 21 22

N 23 24 01 02 03 04 05 06

DA FORM 1 FEB 79 4678

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 21640