

1. Reporting MTF 0580 - [REDACTED]		2. MTF Loc. IZ		Admission and Pending Information For use of this form, see AR 40-400; the proponent agency is OTSG	
3. Register Number [REDACTED] b(6)-4		Name (Last, First, MI) [REDACTED]		4. Pay Grade FGN	5. Sex M
6. DoB (YYYYMMDD)	7. Age at Admission	8. Race Z	9. Ethnicity 9	Religion	
10. Length of Service ETS	11. FMP 99	12. Social Security Number [REDACTED] b(6)-4			
Organization (Active Duty Only)		13. Marital Status Z	Hour of Admission 20:23	Branch / Corps:	
14. Flying Status	15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES		16. Zip Code of Residence:		
17. Unit Location	18. MOS	19. Trauma DIS	Prev. Admission NO		
20. Source of Admission Direct from ER		Ward: ICW1	Name / Relationship of Emergency Addressee		
			Address of Emergency Addressee		
Name and Location of Medical Treatment Facility: 0580 - 28th CSH - Iraq; No Install Provided		Telephone Number of Emergency Addressee			
21. Type of Disposition TRF-OTH	22. MTF Transferred To	23. Date of Disposition (YYYYMMDD) 2003-10-19			
24. Clinic Svc - Admitting AEA - ORTHOPEDICS	25. MTF Transferred From	26. Date this Admission (YYYYMMDD) 2003-10-16			
27. Location of Occurrence	28. MTF of Initial Admission:	29. Date of Initial Admission 2003-10-16			
<p>FOR LOCAL USE</p> <p>Type Patient (Inpatient / Outpatient): Inpatient</p> <p>Admission Diagnosis Narrative: RIGHT ANKLE SPRAIN</p> <p>Procedure Narrative(s):</p> <p>Cause of Injury Narrative:</p>					
Admitting Officer (Signature, as required) [REDACTED]		[REDACTED] of Admitting Clerk			

Dx 84500
 E9289
 Trauma 9
 Inj 999

MEDCOM - 21641

INPATIENT TREATMENT RECORD COVER SHEET

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

1. Register Nbr [REDACTED]		2. Name [REDACTED]				3. Grade FGN	Admission Remarks
4. Sex M	5. Age 15Y	6. Race X	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: 20:36	23. Clinic Service AEA - ORTHOPEDICS			
24. Name/Relation of Emergency Addressee			25. Type Disp TRF-OTH	26. Date of Disp 2003-11-02			
27a. Address of Emergency Addressee			27b. Telephone No	28. Date This Adm: 2003-10-19	Admitting Officer: [REDACTED]		
29. Reporting MTF Q580 [REDACTED] b(2)-2				30. Date Init Adm 2003-10-19	32. Units Blood Components		
31. Selected Administrative Data Marital Status: DoB: 1988-03-01 In/Out Patient: Inpatient MOS:							
33. Cause Of Injury:							
34. Diagnosis / Operations and Special Procedures: S/P L FEMUR X-FIX 820.31 792.1 E991.2 1900123 { 78.15 79.65 48.23 2281.13 86.28 86.59 b(6)-4							
35. Total Days This Facility							
Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days		
0	0	0	0	16	16		
35. Total Days This Facility							
Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days		
0	[REDACTED]	0	0	16	16		
Signature of Admitting Officer [REDACTED]			Signature of PAD or Medical Records Officer [REDACTED] .MAJ [REDACTED]				

MEDICAL RECORD

ABBREVIATED MEDICAL RECORD

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

16yo Iraqi male POW of US in captivity, exit @ hip. Occurred 2/13/00
hadn. BSB FCA 2030 for cam. Pt to @ hip pain.
Down Med pain

Primary of OSMA & Med of camp

PHYSICAL EXAMINATION

LY 2:10 RR 12 T = 100.0
NAD. Capitation
Heart w/elles
Clear CRT costovertebrae
And rgt N/LW. 4/4
S Af = @ hip detern. @ AT/PT c r. Neuroth.
Peds = good, held by rgt, but only gnd @ ven.

PROGRESS (Enter date of discharge and final diagnosis)

M GW @ hip for Penmark Rx

Pl Analysis by Ptx
Photo

b(6)-4

SI	DATE	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION <small>(For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)</small>		REGISTER NO.	WARD NO.

b(6)-2

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRM (41 CFR) 201-45.505
OCTOBER 1975
USAPPC V1.00

MEDCOM - 21643

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

PROGRESS NOTES

DATE

NOTES

19 OCT 03
2356

Intro Op Note

Pre-Op Dx - ① GSW with open ② femur fr
② ? Rectal injury
Post-Op Dx - ① GSW with open ② femur subtrochanteric fracture

Procedure - ① Proctoscopy

② I+D ③ femur

③ Application of spanning x-FIX ④ femur
Lungs - clear / Metastatic ORX - Positive
Findings - EBL - 50. Spleen 2000 cc LN, 1000 cc USK

Proctoscopy WNL. No evidence of
rectal injury. Comminuted sub-
trochanteric - intertrochanteric fracture.
I+D done, 6 liters. Spanning x-fixed
from iliac crest to femur.

Good relation under fluoroscopy
Plan: Repeat I+D in 48-72 hours.
LTX ORX

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

LAST

FIRST

SPONSOR'S ID NUMBER
(SN or Other)

DEPT./SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

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

REGISTER NO.

WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1988)

Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1)(i)

USAPA V1.00

MEDCOM - 21645

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
DATE	NOTES		
1800 20 OCT 03 2200	<p>Pt. clo pain. 5mg MSO₄ given [REDACTED]</p> <p>PT received @ 0600 hours VSS LS & TA @ S₁, S₂ present @ BS x 4 quads. Pt FTG Draining (XU) @ LE c̄ Ex Fix and bulk gauze Drsg. Drsg was Sero Sang Shadowing. No increase since start of shift. Pt clo pain controlled c̄ percent p msot. Will continue to monitor. ————— b(6)-2 [REDACTED] 91N/16</p>		
21 OCT 03	<p>(535) Assumed care of pt w/ drsg p report from night shift. Pt alert, speaking Arabic, VSS. @ clo pain. Pt OOB to chair - td. well. Drsg to UE Ad. Penrose drain intact draining mod amount sero sang drainage. Pin care done. & fix in place. Pt able to move UE. Skin warm to touch. Cap refill < 3 secs. @ pedal pulse equal bilat. SL in @ forearm flushes well s̄ s̄x infection/infiltration. Td. reg diet well. Foley draining quantity sufficient clear yellow urine. 2 point restraints in place s̄ s̄x infection [REDACTED] complications. Will continue to monitor. ————— b(6)-2 [REDACTED] WAW</p>		
21 OCT 03 @ 2053	<p>Pt laying in bed. Clo @ leg pain. Medicated c̄ 5mg MSO₄. Pt @ com clo pain. Pt temp @ 1840 102'. Med c̄ @ 650mg Tylenol. Rechecked temp @ 2050 101². DSS to @ leg CDI. @ foley draining clear yellow urine. Lung sounds clear. through all lobes @ bowel sounds. ————— b(6)-2 [REDACTED]</p>		

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
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DATE	NOTES
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22 Oct 68
DDI

Other Op Note

Pres' Op Div - Open (L) from file
 Prod' Op Div - same
 Procedure - I + J (L) from file, DPL record
 Layer [REDACTED]
 [REDACTED] - [REDACTED]
 Fishy - original to Libro. Would
 closed in Layer over period
 Plan: 10 8132, open [REDACTED]

[REDACTED]

CDL 112

b(6)-2

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
22 OCT 03 @ 0900	Pt. sitting up in bed, A&Ox3. DRNG to @ thigh CDI. Pin care done. Temp: 100.9° F, HR: 120 BPS. Other V.S.S. Pt. has no C/O pain at this time. All other assessments WNL. Will continue to monitor temp & pain. Pt. is to go to OR this AM. EPW protocol in use for restraints. Signs of skin breakdown: b(6)-2 [REDACTED] 2LT, AN
22 OCT 09 @ 1000	Pt. to OR via stretcher. [REDACTED] 2LT, AN
22 OCT 03 @ 1800	Assumed care of pt. Pt. A&Ox3. C/O pain persists & tabs P-O given. @ FA IV intact and patent infusing LR @ 100cc/hr. Will deplug P dinner. Temp clear bilaterally. BSF x4 qual. Abd soft non-distended. @ LE ↑ on folded blankets heel pulses +2. = capillary refill < 3 sec to toes. @ LE Ex fit per sites without crustation or drainage. Will continue care as planned. b(6)-2 [REDACTED] 2LT, AN
23 OCT 07 @ 1500	Pt. OOB in chair = @ leg elevated. Pin care done. V.S.S. @ C/O pain at this time, DRNG to @ thigh CDI. All other assessments WNL. Foley draining clear yellow, good output. EPW restraint protocol in use, @ signs of skin breakdown. P.T. consult tomorrow. b(6)-2 [REDACTED] 2LT, AN

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. CWAF

[REDACTED] b(6)-4

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV. 6/1989)
Prescribed by GSA/CMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
DATE			
NOTES			
(2000) 23 OCT 03	Pt lying in bed, VSS, Ø c/o pain, ⊕ thigh ex-fix int-act, pin care done. Pt able to move extr. ⊕ pedal pulses, cap refill < 3 sec. Skin: warm & pink. Foley draining a.u. Q5. 2 pt restraints on S compromise to skin or circulation. Will cont to monitor ^{v(6)-2} [REDACTED] 91WMB.		
24 OCT 03 1600	Pt. OOB → chair, legs elevated, Pt. taught to do own pin care. DRNG to ⊕ thigh CDI, Pain controlled c Percocet. Foley D/C'd, clear amber urine. New IV SL to ⊕ AC. V.S.S. Ø c/o pain @ this time. All other assessments WNC. Will continue to monitor. ^{v(6)-2} [REDACTED] 91WMB.		
(2100)	Pt awake, speaking arabic, pain controlled c Percocet. ⊕ thigh ex-fix intact, pin care done drng. Reinforced due to saturation. OOB to chair x1. ⊕ pedal pulses ⊕ movement to digits, brisk cap refill. IV HL'd to ⊕ AC. Ances cont per MD orders. 2 pt restraints on S compromise to skin or circulation. monitoring- [REDACTED] 91WMB.		
25 OCT 03	(155) Assumed care of pt w/ 6000 p report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled c Percs. Ex fix in place on UE. Pin care done. Pt OOB to chair - td. well. SL in ⊕ AC flushes well S slx infection/infiltration. Drng to ⊕ thigh ad-sutures intact. 2-point restraints in place S slx complication will cont. to monitor. ^{v(6)-2} [REDACTED] 91WMB.		

[REDACTED] b(6)-4

b(6)-2

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
25 OCT 03 0130	Assumed pt care @ 1800 hrs. A&O VSS Penicils Pain @ this time. Pt refuses to eat. LLE Ex Fix in place. Pin care Done. SL in R AC flushes and patent. [redacted] continue to monitor. [redacted] Spc 91WMB
26 OCT 03 (1455)	Assumed care of pt w/ [redacted] p report from night shift. Pt alert, speaking Arabic. VSS. @ clo pain. Pt OOB to chair c min. assist. from staff. Tol well. Pin care done to ex. fix on UE. Pt able to move toes on UE. @ pedal pulse equal bilat. IV in @ ac d/dt infiltration. 20g IV started in @ forearm flushes well s dx infiltration. Drag to UE Ad - sutures to wound intact c scant amount of sero-sang drainage. 2 point restraints in place s dx complications. Will cont. to monitor [redacted]
0000035	Pt laying bed. Pin care to ex-fix completed. @ 5/5 of infe. sutures to wound well approximated & intact. Med c 2 perc @ clo pain. Will continue to monitor. Tol reg diet voiding s difficulty, Pt able to move toes, @ pedal pulse @ [redacted] Refit H. [redacted]

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
		b(6)-2		
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT		

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)	REGISTER NO.	WARD NO. ICW#1
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[redacted] b(6)-4

b(6)-4

LAST NAME EPW # [REDACTED] TIME M AL ID # 'BER

DATE ~~27 OCT 03~~ [REDACTED] b(6)-2 NOTES

27 OCT @ 1600 Pt. resting quietly in bed, A&O x3, V.S.S. Pt. C/O pain to stomach, ⊕BS all 4 quads, abdomen soft, non-distended. ⊕C/O pain to ⊕LE. DRSNG to ⊕Humer ex. fix. CDI. Pt. performed own pin care. All other assessments WNL. Pt. in 2 point restraints, ⊕ signs of skin breakdown. [REDACTED] 2LT, AM

28 OCT 03 [REDACTED] Assumed care of Pt @ 1800 hrs. A&O speaking Arab-ic. VSS LLE Ex fix in place & Kerlix Dsg on pins and under Ex fix. Dsg CDI. Pt completed pin care. Pain controlled & percut will cont. to monitor. [REDACTED] Spc 91W/M/6

28 OCT 03 (1615) Assumed care of [REDACTED]. Pt alert, speaking Arabic VSS. ⊕ C/O pain. Pt amb to BK & walker well. OOB to chair. Tol. well. Sutures intact to loc. on UE. Pin care done to ex fix. 2. point restraints in place & s/sx complications. SL in @ forearm flushes well & s/sx infection/infiltration. Will cont. to monitor. [REDACTED] 2LT, AM

28 OCT 03 @ 2240 Assumed care @ 1800; All VSS, pt A&O speaking arabic, ⊕CMS, brisk amp ref, +2PP, NV intact to ⊕LE; pt OOBTC for 2 hours, Tol well; pin care provided & Kerlix wrapped to pins, pain controlled & percut; Restraints in place, ⊕ circ, ⊕ skin break & cont to monitor [REDACTED]

29 OCT 03 @ 1600 Assumed care of pt. @ 0600. Pt. performed own pin care in AM. V.S.S, A&O. ⊕ C/O pain this shift. Pt. ambulated & crutches during P.T, consult for first time since admission. DRSNG to ⊕ thigh CDI, Pt. in 2-point restraints, ⊕ signs of skin breakdown, All other assessments WNL. Now IVSL to ⊕AC, flushes well. [REDACTED] 2LT, AM

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

MEDCOM - 21652

b(6)-2

b(6)-2

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

29 OCT 03 Assumed care of Pt @ 1800. Pain controlled & pers. 2200 Ancef ran @ 2000. Pt completed self pin care @ 2200hr. VSS HL on @ FA Flushed & Patent. Will continue to monitor. [Redacted] 911MB

30 OCT 03 @ 1800 Assumed care of pt. @ 0600. V.S.S. A 30. @ C/O pain. DRUG TO @ thigh CDI, pt. performed own pin site care. Pt. ambulated & crutches into hallway @ PH45. THER. Pt. in 2-point restraints @ signs of local skin to skin. All other assessments WNL. Will cont. to monitor. [Redacted] 911MB b(6)-2

30 OCT 03 Assumed care of Pt @ 1800. AEO. Pt Denies pain. Pt needing qs C/O @ difficulty W/E Ex/E in place @ pulse skin warm & Dry to palpation. Drug CDI. Pt completed self pin care. Will continue to monitor. [Redacted] 911MB

31 Oct 03 Assume care of Pt @ 0600. A/O X3, V/S @ C/O pain. 1630 Add drug to @ leg. pin care done as well. Ambulated up and down hall. Drug CDI In 2 pt restraint @ Skin irritation. Will cont. to monitor. [Redacted]

b(6)-2

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

EPW # [Redacted] b(6)-4

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

DATE _____ NOTES _____

1 NOV @ 0800 VSS. A/O. C/O pain. Med c 2 perc. Will continue to monitor. Pin care completed. Pins from proximal to torso has sm amount of yellow purulent drainage. Cleaned site + covered wrapped pins c gauze, sutures @ 5/8 of infection well-approximated. Pt cont IV Abx. ^{b(6)-2} Urinating is difficulty. _____ 4/11/11

1 NOV 03 @ 1750 Assumed care @ 0600, All VSS, pt A/c speaking arabic; @ % pain or discomfort @ this time; pin care completed by pt c assistance from staff; pt verbalized understanding on how to perform & the importance of pin care; @ drainage noted; pins wrapped c sterile 4x4; sutures cdf, well approximated, @ 5/8 infection; s/t patent, easily flushes, pt tol Reg diet well; cont c IV abx; Restraints in place @ site, @ skin break, cont to monitor ^{b(6)-2} _____

1 NOV 03 Assumed care of pt @ 1800. A/O. (R) FA IV 1900 Valerie back patient cont intact. Consumed Regular diet for dinner. Pins sites to (L) LE without drainage or crustate. Sutures to (L) LE intact with incision edges well approximated. Wound clear yellow urine. Will continue care as planned. ^{b(6)-2} _____

2 NOV Rt A/O, VSS, medicated c percocet for pain. (L) thigh ex-fix intact, pin care done. @ drainage noted. Sutures to (L) LE intact & well approximated. (R) FA IV patient. cont IV Abx cont. @ pulses, equal bil. awaiting TX to 21st CSH. 2 pt restraints on while in bed c compromise to skin / circulation. Will monitor. _____ 11/11/11

_____ MEDCOM - 21654 ^{b(6)-2}

MEDICAL RECORD		EMERGENCY CARE AND TREATMENT (Patient)				LOG NUMBER	TREATMENT FACILITY	
						RECORDS MAINTAINED AT		ARRIVAL
PATIENT'S HOME ADDRESS OR DUTY STATION						DATE (Day, Month, Year)	TIME	
STREET ADDRESS						TRANSPORTATION TO FACILITY		
CITY		STATE	ZIP CODE		THIRD PARTY INSURANCE			
SEX	DUTY/LOCAL PHONE		MILITARY STATUS			ADDITIONAL INSURANCE		
A	AREA CODE	NUMBER	ITEM	YES	NO	YES	NO	
			PRP			DD 2568 IN CHART		
AGE	HOME PHONE		FLYING STATUS			NAME OF INSURANCE COMPANY		
15	AREA CODE	NUMBER	MEDICAL HISTORY OBTAINED FROM					
CURRENT MEDICATIONS <i>AB Dones</i>			INJURY OR OCCUPATIONAL ILLNESS			EMERGENCY ROOM VISIT		
			ITEM	YES	NO	WHEN (Date)	DATE LAST VISIT	24 HOUR RETURN <input type="checkbox"/> YES <input type="checkbox"/> NO
ALLERGIES <i>AB Dones</i>			IS THIS AN INJURY?			TETANUS		
			INJURY/SAFETY FORMS			WHERE	DATE LAST SHOT	COMPLETED INITIAL SERIES <input type="checkbox"/> YES <input type="checkbox"/> NO
HOW								
CHIEF COMPLAINT <i>Pin to Lt Hip</i>						VITAL SIGNS		
CATEGORY OF TREATMENT		TIME	TIME					
<input type="checkbox"/> EMERGENT		2041	BP 105/42	200				
<input checked="" type="checkbox"/> URGENT			PULSE 78	112/42				
<input type="checkbox"/> NON-URGENT			RESP 14	14				
		INITIALS	TEMP 100.3	100.3				
		CG7	WT					
LAB ORDERS	<input checked="" type="checkbox"/> CBC/DIFF	ABG	PT/PTT	BHCg/URINE/BLOOD/QUANT		CXR PA & LAT/PORTABLE		
	<input checked="" type="checkbox"/> URINE C&S	UA MSCC/CATH		CHEM:		ACUTE ABDOMEN		
	<input type="checkbox"/> BLOOD C&S X					SINUS		
						ANKLE R/L		
						C-SPINE		
						LS SPINE		
						HEAD CT		
ORDERS								
<input checked="" type="checkbox"/> PULSE OX		<input type="checkbox"/> MONITOR		<input type="checkbox"/> ECG				
TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE			
11:06	JA		[REDACTED]		b(6)-2			
2:40	CBC, clon D, PTT							
DISPOSITION		DISPOSITION QUARTERS /OFF DUTY		PATIENT/DISCHARGE INSTRUCTIONS				
<input type="checkbox"/> HOME	<input type="checkbox"/> FULL DUTY	<input type="checkbox"/> 24 HRS.	<input type="checkbox"/> 48 HRS.	<input type="checkbox"/> 78 HRS.				
MODIFIED DUTY UNTIL		RETURN TO DUTY						
CONDITION UPON RELEASE		ADMIT TO UNIT/SERVICE		REFERRED	TO	WHEN		
<input type="checkbox"/> IMPROVED	<input type="checkbox"/> UNCHANGED	TIME OF RELEASE		I have received and understand these instructions.				
<input type="checkbox"/> DETERIORATED					PATIENT'S SIGNATURE			
PATIENT'S IDENTIFICATION (For typed or written entries, give: Name -- last, first, middle; ID no. (ISSN or other); hospital or medical facility)								

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

PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

FOR Use this form. See AR 40-407: the Proponent agency is The Office of the Surgeon General.

1. AGE 15
 HEIGHT:
 WEIGHT: 115

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

3. PREVIOUS SURGERY NO YES (type):

4. PROPOSED SURGICAL PROCEDURE: T+S
Proctoscopy
I & D Lt. Femur Application of Ex Fix Guac +

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition _____
 Tobacco 0 ppd X ___ vrs Body Piercing _____ Diabetes (Y) (N) ROM _____ ASA/Motrin W 72hrs (Y) (N)
 ETOH 0 Implants _____ Respiratory Disease (Asthma COPD) (Y) (N) Anticoagulants (Y) (N)
 Glasses/Contact (Y) (N) Dentures _____ Hypertension (Y) (N) Herbal Medicines (Y) (N) MEDS:

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL <input checked="" type="checkbox"/> potential for anxiety related to: <input checked="" type="checkbox"/> 1) <u>Surgical Procedure & Operating Room Environment</u> <input checked="" type="checkbox"/> 2) <u>Separation Anxiety (Child)</u> <input checked="" type="checkbox"/> 3) <u>Surgical Outcomes</u>	<input type="checkbox"/> Pt. verbalizes any specific anxiety. <input type="checkbox"/> Pt. Exhibits relaxed body posture.	<input type="checkbox"/> Allow pt. to verbalize freely. <input type="checkbox"/> Explain Or environment and answer questions regarding surgery. <input type="checkbox"/> Offer comfort measures. (e.g. warm blanket. touch). <input type="checkbox"/> Explain all nursing procedures before they are done. <input type="checkbox"/> Remain with pt. Whenever possible. <input type="checkbox"/> Maintain family interface. Parents to stay with pt.
B. AERATION <input checked="" type="checkbox"/> Potential for respiratory dysfunction due to: <input checked="" type="checkbox"/> 1) <u>Positioning</u> <input checked="" type="checkbox"/> 2) <u>Effects of Anesthesia</u> <input type="checkbox"/> 3) <u>Medical/Smoking History</u>	<input type="checkbox"/> Pt. will be able to breath without difficulty during immediate intraoperative phase.	<input type="checkbox"/> Offer to elevate head of litter or offer pillow. <input type="checkbox"/> Observe pt. While awaiting surgery for signs of distress. <input type="checkbox"/> Assist anesthesia during intubation and extubation.
C. INTEGUMENT <input checked="" type="checkbox"/> Potential Impairment of Skin Integrity due to: <input checked="" type="checkbox"/> 1) <u>Intraoperative Immobility</u> <input checked="" type="checkbox"/> 2) <u>ESU Pad Placement</u> <input checked="" type="checkbox"/> 3) <u>Positional Aids</u> <input type="checkbox"/> 4) <u>Prosthesis</u> <input checked="" type="checkbox"/> 5) <u>Pooling of Prep Solutions</u>	<input type="checkbox"/> Pt. will exhibit signs of impairment of skin integrity (e.g., reddened areas).	<input type="checkbox"/> Utilize pressure preventing devices on OR table and accessories. <input type="checkbox"/> Check for proper positioning and support to maintain good body alignment. <input type="checkbox"/> Pad pressure points. <input type="checkbox"/> Place ESU ground pad on non compromised skin surface area. <input type="checkbox"/> Keep prep fluids form pooling.

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

[REDACTED] 15-yr ♂ 6(6)-y

[REDACTED]

GSW to @ thigh

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

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

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

[REDACTED] CPT/AN 19 Oct 03 DATE

11. POSTOPERATIVE EVALUATION : SKIN INTEGRITY: Bovie Pad Site: Clean and Dry Red N/A DRESSING DRY & INTACT.
LEVEL OF CONSCIOUSNESS: A&O Drowsy Sleepy Intubated (Y)(N)
LEVEL OF ACTIVITY: MOVES ALL EXTREMITIES Moves Upper Extremities BREATHING EASY: (Y)(N)
 Transferred to Litter With roller sheet to spinal

12. PREOPERATIVE EVALUATION PREPARED BY [REDACTED] CPT/AN
DATE: 19 OCT 03 TIME: 2115
13. PREOPERATIVE EVALUATION PREPARED BY [REDACTED] CPT/AN
DATE: 19 OCT 03 TIME: 0010

13. PROSTHESIS, IMPLANTS YES NO IF YES NAME: ID NUMB MANUFACTURER
 #50186180 pms X6
 Hoffman II Load #0629201

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION YES NO; TYPE(S):

0.9% NS

OTHER ORDERS TIME CARRIED OUT BY

None

PHYSICIAN'S SIGNATURE

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

C-Arm Lt. Hip

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
	3/8 Penrose		
SITE	Lt. Femur		

18. DRESSING/IMMOBILIZATION (Specify)

Fluffs
Kerlix
Abd

19. ADDITIONAL INFORMATION

Surg: [Redacted] Anesth: Stas. CENA Anesth. Type: General

Observer [Redacted] (MP)

b(6)-2

Foley in place RTA

20. OPERATION(S) PERFORMED

1. Proctoscopy
2. I & D Lt. Femur
3. Application of Ex Fix

21. PATIENT TRANSFERRED TO PACU b(6)-2 TIME 0007 METHOD Litter

22. REGISTERED NURSE SIGNATURE [Redacted] CPT/AN MEDCOM - 21660

MEDICAL RECORD		INTRAOPERATIVE DOCUMENT	
For use of this form, see AR 40-407, the proponent		the office of The Surgeon General.	
1. PATIENT TRANSPORTED TO OPERATING VIA <u>Litter</u>		2. PATIENT IDENTIFIED BY <u>Anesthesia</u>	
3. DATE <u>22 OCT 03</u>		4. PATIENT IN ROOM <u>[REDACTED]</u>	
TIME PATIENT ARRIVED IN SUITE		TIME: <u>10:15</u> NUMBER <u>1-4</u> # <u>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>Concerns voiced</u> <u>b(6)-2</u>			
6. NURSING PERSONNEL			
ASSIGNED SCRUB	<u>Sgt [REDACTED]</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>CPT [REDACTED]</u>	RELIEF CIRCULATOR	
7. POSITION AND POSITIONAL AIDS (Specify)			
<input checked="" type="checkbox"/> SUPINE <input type="checkbox"/> LITHOTOMY <input type="checkbox"/> PRONE <input type="checkbox"/> KRASKE LATERAL: <input type="checkbox"/> LEFT SIDE UP <input type="checkbox"/> RIGHT SIDE UP			
COMMENTS: <u>correct body alignment maintained, arms on padded armboards</u> <u>at less than 90, position approved by anesthesiologist + surgeon</u>			
8. SKIN PREPARATION			
HAIR REMOVAL		PREP SOLUTION (Specify) <u>Betadine / Betadine</u>	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DONE BY: <input type="checkbox"/> OR <input type="checkbox"/> NURSING UNIT METHOD: <input type="checkbox"/> DEPILOYATORY <input type="checkbox"/> RAZOR <input type="checkbox"/> CLIP		SITE: <u>Leg (high, hip)</u> BY WHOM: <u>Thompson</u> SITE: BY WHOM:	
COMMENTS:		COMMENTS: <u>no pooling or skin d's noted</u>	
9. LOCATION OF EXTERNAL DEVICES			
LEGEND X Ground Pad [REDACTED] Safety Strap === Tourniquet [REDACTED] prep area			
INITIAL <u>[REDACTED]</u> C = Correct I = Incorrect			
10. COUNTS			
	Other**	First Closing Count	Final Closing Count
Sponge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		C
Needle Sharp	<input checked="" type="checkbox"/> Yes <input 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]</u> <u>b(6)-4</u>		<input type="checkbox"/> ESU NO: <u>Valleylab Force 40</u>	
<u>[REDACTED]</u> <u>b(2)-2</u>		GROUND PAD: BRAND <u>68245-2005-02</u>	
<u>22 OCT 03</u>		LOT NO: <u>VL Rem Bioshield II</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 - Q.S.

OTHER ORDERS	TIME	CARRIED OUT BY
None		

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	NAME
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
NAME	NAME	NAME
NAME	NAME	NAME

17. TUBES, DRAINS/PACKING				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
TYPE/SIZE	1. 1.38 in Penrose	2.	3.		
SITE	1. (L) Femur	2.	3.		

18. DRESSING/IMMOBILIZATION (Specify)
 Fluffs
 Kerlix
 Tape

19. ADDITIONAL INFORMATION
 Surgeon: [Redacted] b(6)-2
 Anesthesia: [Redacted]
 -5179 on chart, & A's noted
 -NA 5179 in chart ✓

20. OPERATION(S) PERFORMED
 I+D (L) Femur b(6)-2

21. PATIENT TRANSFERRED TO PACU TIME See NA 7389 METHOD Litter

22. REGISTERED NURSE SIGNATURE [Redacted] CPT/WW MEDCOM - 21662

MEDICAL RECORD		VITAL SIGNS RECORD													
HOSPITAL DAY															
POST-MONTH-YEAR	DAY	26		27		28		29		30		31		1/2 NOV	
19	HOUR	8	11	8	11	8	11	8	11	8	11	8	11	8	11
PULSE (O)	TEMP. F (°)	80	80	80	80	80	80	80	80	80	80	80	80	80	80
180	105°														
170	104°														
160	103°														
150	102°														
140	101°														
130	100°														
120	99°														
110	98.6°														
100	98°														
90	97°														
80	96°														
70	95°														
60															
50															
40															
RESPIRATION RECORD		8	20	8	8	8	2	16	8	8	8	8	8	8	8
Record special data only when so ordered	BLOOD PRESSURE	127/74	134/62	135/62	113/71			114/52		102/66	114/63	112/74	116/70		
	HEIGHT:		97	99			103		98.7	97	97	97	97		
	WEIGHT →		98.9	97.9			99.9		97	92	92	92	97.6		
		225	111 (RA)	99% RA	98% RA	99 (RA)	99% RA	99% RA	99% RA	98% RA	92% RA	93% RA	97% (RA)		

(Centigrade Equivalents, for Reference only)

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

REGISTER NO.

WARD NO.

 6(6)-4

STANDARD FORM 511 (REV. 7-95) BACK

MEDCOM - 21664

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

EMT Dr. [REDACTED] LABORATORY RESULT FORM
 (Subject to the Privacy Act of 1974)

DATE: 10/19/03 TIME: 3:09

(Hematology) CBC Urinalysis Misc. Serology

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³	Color	Straw	N/A	RPR		Negative
RBC		4.5-10.5	Asp	clear	N/A	Mono		Negative
Hgb		12.1-16.0	Glu	Neg	Negative	Microbiology		
Hct		37.0-47.6	Bili	Neg	Negative			
MCV		84.0-104.0	Ket	Trace	Negative	Gram Stain		
MCH		29.2-34.4	SG	1.010	N/A	Occ Bld		Negative
MCHC		31.1-36.8	Bld	Trace	Negative	H. pylori		Negative
Plt		150-400	pH	6.5	N/A	Micro Parasites		
LY%		20.5-40.0	Prot	Neg	Negative	Malaria		
LY#		1.2-3.4	Urob	0.2	0.2-1.0	O & P		
Atyp			Nit	Neg	Negative	Other		
RBC Morpl	RAPIDPOINT COAG ANALYZER V4.54 SERIAL [REDACTED] 10/19/03 21:41		Leuk		Negative	Microscopic Urinalysis		
Spun Hemat	Patient ID: [REDACTED] b(6)-4 Test Name: PT Test Result: = 13.4 sec Ratio = 1.1 Calculated INR = 1.16				Negative	Blood Bank		
Sed Ra	Sample Type: citrated wh. blood Test Date: 10/19/03 Test Time: 21:39					MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other	Card Lot: [REDACTED] b(6)-2 Operator: [REDACTED]				Negative	ABO/Rh		
PT	RAPIDPOINT COAG ANALYZER V4.54 SERIAL [REDACTED] 10/19/03 21:45					Blood Bank Unit Crossmatch		
APTT	Patient ID: [REDACTED] b(6)-2 Test Name: APTT Test Result: = 29.9 sec. Sample Type: citrated wh. blood Test Date: 10/19/03 Test Time: 21:43					UBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)		
D dim	Card Lot: [REDACTED] b(6)-2 Operator: [REDACTED]					TYPE	CROSSMATCH	
FDP								
REM								
REPC								
LAB ID NO.:								

Ward/Section:			REQUESTING PHYSICIAN:			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI.			DATE	TIME	SSN/PSEUDO SSN:			
(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF.	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L				GLU		73-118 mg/dl
K		3.5-4.9 mmol/L				BUN		7-22 mg/dl
Cl		98-109 mmol/L	19/10/03	21:16		CA ⁺⁺		8.0-10.3 mg/dl
pH		7.31-7.45	REFERENCE RANGE:		MALE	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	PATIENT #:		b(6)-4	NA ⁺		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (veu)	GENERAL CHEMISTRY:		12	K ⁺		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	DISC LOT #:			CL ⁻		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	OPER #:		DR #: 000	tCO ₂		18-33 mmol/l
sO2		95-98%	SERIAL #:	b(6)-2		(Piccolo) Liver Panel Plus		
BEecf		(-2) - (+3) mmol/L	ALB	3.8	3.3-5.5 G/DL	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	ALP	195*	26-84 U/L	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/l	ALT	22	10-47 U/L	ALP		26-84 u/l
BUN		8-26 mg/dl	AMY	29	14-97 U/L	ALT		10-47 u/l
GLU		70-105 mg/dl	AST	39*	11-38 U/L	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	TBIL	0.6	0.2-1.6 MG/DL	AST		11-38 u/l
Hct		38-51% PCV	BUN	5*	7-22 MG/DL	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CA ⁺⁺	8.8	8.0-10.3 MG/DL	GGT		5-65 u/l
Misc. Chemistry			CHOL	78*	100-200 MG/DL	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	CRE	0.7	0.6-1.2 MG/DL	(Piccolo) Electrolyte		
Troponin-I			GLU	123*	73-118 MG/DL	TEST	RESULT	REF. RANGE
Drug of Abuse			TP	6.7	6.4-8.1 G/DL	NA ⁺	137	128-145 mmol/l
			INST QC: OK	CHEM QC: OK		K ⁺	4.4	3.3-4.7 mmol/l
			HEM 1+, LIP 0, ICT 0			CL ⁻	103	98-108 mmol/l
						tCO ₂	23	18-33 mmol/l
REMARKS:								
REPORTED BY:			DATE:			LAB ID NO.:		

MEDCOM - 21666

MEDICAL RECORD - ANESTHESIA

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

ANESTHETIC AGENTS AND DRUGS CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML "1" = CONSTANT INFUSION		DRUG (Units)								TOTALS	TOTAL EBL
		Fentanyl (mcg) 100, 100, 50, 60, 25, 50, 25, 25, 50 MSO4 (mg) 10 Propofol (mg) 160 SUX (mg) 100 Volat Agent: SEVO % del 3.0 2.5 3.0 2.0 2.0 2.0 1.0 AIR L/Min N2O L/Min O2 L/Min 8/2 2 2 2 2 2 2 7/8		500	450						
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS											TOTAL URINE 1000
FLUIDS		LINE site: LRA(L) Warmed, LRA(R) Warmed EST BLOOD LOSS: 1000-FC, 500-FC, 1500, 1700, 1000, 1300								FLUIDS - SUMMARY CRYSTALLOID-2000 COLLOID-0 BLOOD-0	
LOSSES		URINE -								REMARKS Code drugs with numbers, events with letters	
PHYS STATUS		TIME: 2200 - 30, 2300 - 30, 2400 - 30, 0100									
BODY WEIGHT: 60 KG		SYMBOLS: BP by cuff (V), Heart rate (•), Resp rate (V), BR (transduced) (+), TOURNIQUET (T-X), ANES-PROC (X-X)									
HEMATOCRIT:		Graph showing vital signs over time. BP (circles) starts at 140/80 and drops to 100/60. HR (dots) starts at 80 and rises to 120. RR (triangles) starts at 12 and rises to 18.									
INITIAL DATA: BP 149/80, HR 86											
EQUIP CHECK OK? (Y) N											
PATIENT RECHECK OK for PROCEDURE? (Y) N											
TIME: 2005											
VENTIL		VT - ml: 160, 250, 370, 380, 570, 690, 520 f - breaths/min: 16, 14, 12, 9, 7, 6, 7, 10 Peak inf pres / PEEP: 5TA, 5, 5, 5, 5, 5, 5, 5								RECOVERY AT 0010	
MONITORS/ACCESSORIES		BP/Auto Cuff: 61, 59, 61, 61, 59, 54, 51 BP/oth: .74, .74, .75, .77, .77, .78, .78, .79 ART line: 100, 100, 100, 100, 100, 100, 100, 100 Steth- PC/ES: 5R, 5R, 5R, 5R, 5R, 6R, 5R, 5R Gas analyzer: TEMP-site AVAILABLE, N-M Block (T/4) 4/4, 4/4, 4/4, 2 Aural, 2 Jete								PACU ICU (Specify) OTHER CONDITION: RESP- BP- SpO2- HR- ANESTHESIA / PROCEDURE TIMES ANES: Start 2145, Room 220, End 0020 PLOC: Ready 2210, Begin 2130, End 2408	
EVENTS		Mark with letters & symbols, explain under REMARKS. Position: 0-1									
PROCEDURES and CPT Codes: (L) Fw w/ Fx		ANESTHETIC TECHNIQUES: Describe block technique under Remarks S-ATA									
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility # [redacted] b(6)-4		AIRWAY MANAGEMENT: Intubation route, blade, technique, comments PRIE OR - 6mm 14% E2; RET 2 pressure, PLXT 4MCL Grades i v, 7.0 KIT, 7.2cm @ lip (4) 2.5 (5) 1.5 (6) 1.5 (7) 1.5 (8) 1.5 (9) 1.5 (10) 1.5 (11) 1.5 (12) 1.5 (13) 1.5 (14) 1.5 (15) 1.5 (16) 1.5 (17) 1.5 (18) 1.5 (19) 1.5 (20) 1.5 (21) 1.5 (22) 1.5 (23) 1.5 (24) 1.5 (25) 1.5 (26) 1.5 (27) 1.5 (28) 1.5 (29) 1.5 (30) 1.5 (31) 1.5 (32) 1.5 (33) 1.5 (34) 1.5 (35) 1.5 (36) 1.5 (37) 1.5 (38) 1.5 (39) 1.5 (40) 1.5 (41) 1.5 (42) 1.5 (43) 1.5 (44) 1.5 (45) 1.5 (46) 1.5 (47) 1.5 (48) 1.5 (49) 1.5 (50) 1.5 (51) 1.5 (52) 1.5 (53) 1.5 (54) 1.5 (55) 1.5 (56) 1.5 (57) 1.5 (58) 1.5 (59) 1.5 (60) 1.5 (61) 1.5 (62) 1.5 (63) 1.5 (64) 1.5 (65) 1.5 (66) 1.5 (67) 1.5 (68) 1.5 (69) 1.5 (70) 1.5 (71) 1.5 (72) 1.5 (73) 1.5 (74) 1.5 (75) 1.5 (76) 1.5 (77) 1.5 (78) 1.5 (79) 1.5 (80) 1.5 (81) 1.5 (82) 1.5 (83) 1.5 (84) 1.5 (85) 1.5 (86) 1.5 (87) 1.5 (88) 1.5 (89) 1.5 (90) 1.5 (91) 1.5 (92) 1.5 (93) 1.5 (94) 1.5 (95) 1.5 (96) 1.5 (97) 1.5 (98) 1.5 (99) 1.5 (100) 1.5 (101) 1.5 (102) 1.5 (103) 1.5 (104) 1.5 (105) 1.5 (106) 1.5 (107) 1.5 (108) 1.5 (109) 1.5 (110) 1.5 (111) 1.5 (112) 1.5 (113) 1.5 (114) 1.5 (115) 1.5 (116) 1.5 (117) 1.5 (118) 1.5 (119) 1.5 (120) 1.5 (121) 1.5 (122) 1.5 (123) 1.5 (124) 1.5 (125) 1.5 (126) 1.5 (127) 1.5 (128) 1.5 (129) 1.5 (130) 1.5 (131) 1.5 (132) 1.5 (133) 1.5 (134) 1.5 (135) 1.5 (136) 1.5 (137) 1.5 (138) 1.5 (139) 1.5 (140) 1.5 (141) 1.5 (142) 1.5 (143) 1.5 (144) 1.5 (145) 1.5 (146) 1.5 (147) 1.5 (148) 1.5 (149) 1.5 (150) 1.5 (151) 1.5 (152) 1.5 (153) 1.5 (154) 1.5 (155) 1.5 (156) 1.5 (157) 1.5 (158) 1.5 (159) 1.5 (160) 1.5 (161) 1.5 (162) 1.5 (163) 1.5 (164) 1.5 (165) 1.5 (166) 1.5 (167) 1.5 (168) 1.5 (169) 1.5 (170) 1.5 (171) 1.5 (172) 1.5 (173) 1.5 (174) 1.5 (175) 1.5 (176) 1.5 (177) 1.5 (178) 1.5 (179) 1.5 (180) 1.5 (181) 1.5 (182) 1.5 (183) 1.5 (184) 1.5 (185) 1.5 (186) 1.5 (187) 1.5 (188) 1.5 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ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 15 DAYS MOS (1) YRS

Sex MALE FEMALE

Physical State 1 2 3 4 5 (E)

WT: 60 KG/LB HT: 5 IN.

ALLERGIES: NKA

PROPOSED PROCEDURE: _____

SURGICAL SERVICE: _____

NPO SINCE: _____

HABITS:
TOBACCO:
ETOH:
DRUGS:

CURRENT MEDICATIONS:

() = ordered as premed

() _____
() _____
() _____
() _____
() _____
() _____

PREMEDICATIONS:

None Yes (@ _____ Hrs) / CC
1 gm A-102 mg IV IM PO
10 mg Valium mg IV IM PO
_____ mg IV IM PO

LABORATORY STUDIES:

HB/HCT: _____

U/A: plndig

OTHER: _____

12/23/31

T&S (+)
Quinac (+)

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/A
Familial HX
 N Y

Living as RPO @ US forces

ASSESSMENT
PAST SURGICAL/ANESTHETIC

PHYSICAL EXAMINATION

BP 130/80 RR 17 R 99 T 99.2
Pain Scale 0-10 _____
HEENT - Teeth intact
Trachea midline
TMJ/Neck flex
Oropharynx MPZ
Nares _____
CHEST: CTA (+)
CARDIAC: R R R O R
EXTREMITIES: _____
IV Access: 18G RIA
Ulnar Filling: _____
BACK: _____
OTHER: _____

NPO Since _____

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/legal guardian seems to understand and agrees. Questions answered.

Signed: _____ Date: 190103 Time: 2126 Hrs

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

Signed: _____ Date: _____ Time: _____ Hrs

Patient Identification: (Ward) _____

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

SEDATION KEY:

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

MEDICAL RECORD - ANESTHESIA

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

NPO
NKDA

ANESTHETIC AGENTS AND DRUGS CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "1" = CONSTANT INFUSION	DRUG (Units)	TOTALS	TOTAL EBL
	Fentanyl (mcg) 150	150	MENESCO
	NSD (mg) 2-2-2 1	7	TOTAL URINE
	Lidocaine (mg) 70	70	50
Propofol (mg) 200	200		
Suly (mg) 0			
VOLAT AGENT	ISO % del 1.0 1.8 1.3 0.2 X % e.t.		
AIR L/Min			
N2O L/Min			
O2 L/Min	10-2-2 2 2 10		

FLUIDS	LINE site 18G @ A <input type="checkbox"/> Warmed <input checked="" type="checkbox"/> CR#1	REMARKS
LOSSES	EST BLOOD LOSS 50 URINE 50	Code drugs with numbers, events with letters

PHYS STATUS	TIME	SYMBOLS:
1 2 3 4 5 E	1015 45 1100 30 1200	
BODY WEIGHT: 60 KG		
HEMATOCRIT: 29.9		
INITIAL DATA: BP 113/47		
HR 136		
EQUIP CHECK		
OK? (Y) N		
PATIENT RECHECK		
OK for PROCEDURE? J		
TIME: 1030		

VENTIL	MONITORS/ACCESSORIES	RECOVERY AT
VT - ml ± 510 440 350	BP/Auto Cuff	1105
f - breaths/min ± 8 14 10	BP/oth	PACU ICU (Specify)
Peak inf pres / PEEP 16	ART line	OTHER T-99.4
MODE - S(pon), A(ssist), C(on)	Steth- PC/ES	CONDITION: Stable
ET CO2 (torr) 39 47 51	Gas analyzer	RESP- 20 SpO2 98
FIO2 (Frac or %) 0.56 0.56 0.56 0.56	TEMP-site	BP- 137/88 HR- 138
SpO2 (%) 100 100 100 100	N-M Block (T/4)	ANESTHESIA / PROCEDURE TIMES
ECG ST ST ST ST		Start Room End
		1000 1015 1115
		Ready Begin End
		1025 1030 1100

PROCEDURES and CPT Codes: F+0 @ femur	ANESTHETIC TECHNIQUES: Describe block technique under Remarks G-LMA
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility # [REDACTED] b(6)-4	AIRWAY MANAGEMENT: Intubation route, blade, technique, comments #4 LMA seated FPO sust EtCO2 + BBS
	PROCEDURE LOCATION: I
	DATE: 22 Oct 03
	PAGE 1 OF 1

REMARKS
 1 Pre-op assessment
 2 LMA placed
 3 SpO2 induced eyelids taped closed
 4 SpO2 > 8 + C 30 BPn
 Tu > 4 ml/kg
 LMA removed 5
 complications
 4 TO PACU Report to nurse
 18G @ AC placed

LUCIA 29.9 / 817

MEDICAL RECORD - DOCTOR'S ORDERS

For use of this form, see MEDCOM Circular 405

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

ORDER NUMBER	DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS	ORDER NOTED TIME & INITIALS	COMPLETED TIME & INITIALS
POST ANESTHESIA ORDERS (circled Items)			
1	VS q 5 min X 15 min, then q 15 min until discharge.		
2	Supplemental oxygen.		
3	Morphine / Meperidine 2 mg IV now and 2 mg q 3-5 min prn pain for a max dose of 10 mg.		
4	Zofran 4 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 [redacted] @ 150 cc/hr.		
10	[redacted] from recovery status when PACU discharge criteria met.		

[redacted] b(6)-2

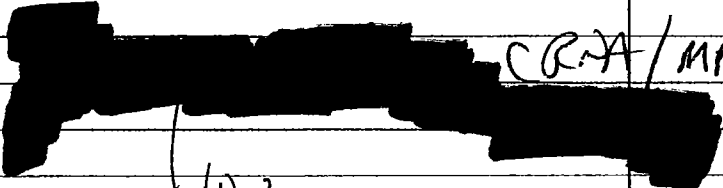
PATIENT IDENTIFICATION # [redacted] b(6)-7		Complete the following information on page 1 only. Note any changes on subsequent pages.			
Diagnosis: _____		Height: _____ Weight: _____ Diet: _____			
Allergies: _____		Nursing Unit: [redacted]			
		Room No.	Bed No.	Page No.	
				1 of 1	

b(2)-2

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
	Oct 22, 2003 1042 POST ANESTHESIA ORDERS (circled Items)		
1	VS q 5 min X 15 min, then q 15 min until discharge.		
2	Supplemental oxygen. PRN SaO ₂ < 95%		
3	Morphine / Meperidine 2 mg IV now and 2 mg q 3-5 min prn pain for a max dose of 10 mg.		
4	Zofran 4 mg IV prn N/V q 15 min, may repeat x _____.		
5	Metoclopramide 10 mg IV prn N/V x 1.		
6	Droperidol _____ mg IV prn N/V x 1.		
7	Phenergan 25 mg IV prn N/V x 1.		
8	Benadryl 25-50mg IVP q1 hr prn, itching while in PACU.		
9	IVF: LR @ TKO cc/hr.		
10	Discharge from recovery status when PACU discharge criteria met.		
 CRNA/MAJ			
b(6)-2			

PATIENT IDENTIFICATION

[Redacted] b(6)-4

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

Diagnosis: _____

Height: _____ Weight: _____ Diet: _____

Allergies: _____

Nursing Unit	Room No.	Bed No.	Page No.
[Redacted]			1 of 1

b(2)-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 [REDACTED] <i>Initial</i> [REDACTED] <i>22 Oct 03</i> [REDACTED] <i>b(6)-4</i> [REDACTED] <i>b(6)-2</i>	↓ DATE OF ORDER 22 OCT 03	TIME OF ORDER 1110 HOURS	LIST TIME ORDER NOTED AND SIGN
--	---------------------------------	-----------------------------	--------------------------------

- ① Resume previous orders
- ② LR of 100 cc/wk. HSP LBCW
with 1/4 tsp P.O. W/BL
- ③ Regular diet

NURSING UNIT <i>ICU 7</i>	ROOM NO. <i>241</i>	BED NO. [REDACTED]	DATE OF ORDER 24 OCT 03	TIME OF ORDER [REDACTED] 130
------------------------------	------------------------	-----------------------	----------------------------	---------------------------------

PATIENT IDENTIFICATION [REDACTED] <i>b(6)-4</i> [REDACTED] <i>b(6)-2</i>	DATE OF ORDER 1 NOV 03	TIME OF ORDER 2250 HOURS	
--	---------------------------	-----------------------------	--

TRANSFER TO [REDACTED]

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

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER [REDACTED] <i>b(6)-2</i> HOURS	
------------------------	---------------	---	--

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

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER _____ HOURS	
------------------------	---------------	------------------------------	--

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

DA FORM 4256
1 APR 79

REPLACI

MEDCOM - 21673

ICH MAY BE USED.

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

Mo. 11 Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED															
				02	03	04	05	06	07	08	09	10	11	12	13	14			
19 OCT 03	[REDACTED]	NS q shift	08 18 08 18																
19	[REDACTED]	3L, 003 to chair TID	08 18 08 18																
19	[REDACTED]	regular diet	08 18 08 18																
19	[REDACTED]	in site care BID (begin 2100 03)	08 18 08 18																

b(6)-2

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:

S/p @ Femur X-Fix

ADDITIONAL PAGES IN USE:

YES NO
PAGE NO: 2

PATIENT IDENTIFICATION:

[REDACTED] b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

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. | **MOCTYr. 2003**

VERIFY BY INITIALING		RECURRING ACTIONS, FREQUENCY, TIME	HR	INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION											
ORDER DATE	CLERK/ NURSE			19	20	21	22	23	24	25	26	27	28	29	30
19 OCT	[REDACTED]	VS Qshift	08 18	X											
19 OCT	[REDACTED]	Bedrest, OOB to Chair TID	08 18	X											
19 OCT	[REDACTED]	Regular Diet	08 18	X											
19 OCT	[REDACTED]	Pin site care BID	08 18	X	X										
		Begin 21 Oct 03	08	X	X										
		b(6)-2													

ALLERGIES: YES NO | PRIMARY DIAGNOSIS: **S/P (L) Femur X-FIX** | ADDITIONAL PAGES IN USE: YES 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

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date)

Date: 12 OCT 03 Anesthesia Type (Circle): General Spinal Epidural
 Time In: 0010 IV Sedation Nerve Block
 Allergies: NADA OR Intake: Crystalloid 2000 Colloid 0
 Pre-op V/S: 149/86 86 OR Output: UOP 1000 EBL 0
 Procedures: Bx FUC Meds/Times: MSO4, fentanyl
Remuc

Drains Hemovac NG <u>JP</u> 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>20 22 27 19</u>	
T	<u>25 3</u>	

Pacu Intake					
Time	Solution	Amount	Site	By	Infused
	<u>LR</u>	<u>325</u>			<u>→</u>

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

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 (Signature & Title) <u>SGT [Redacted] LPN</u>	DEPARTMENT/SERVICE/CLINIC <u>PACU</u>	DATE <u>12 OCT 03</u>
PATIENT'S IDENTIFICATION (written entries give: first, middle, grade; date; hospital or medical facility) <u># [Redacted] EPW 6(6)-2</u>	Name - last <u>6(6)-4</u>	<input type="checkbox"/> HISTORY/PHYSICAL <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION <input type="checkbox"/> DIAGNOSTIC STUDIES <input type="checkbox"/> TREATMENT
		<input type="checkbox"/> FLOW CHART <input type="checkbox"/> OTHER (Specify)

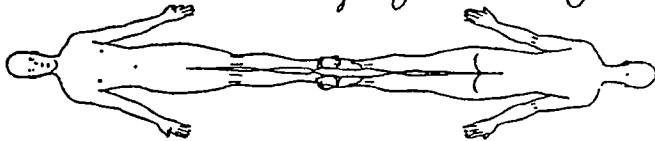
MEDICATIONS						
Allergies:						
Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By

NEUROVASCULAR							
Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm	(L) femur	limited	+	P	B	W	PK
15'	(L) femur	limited	+	P	B	W	PK
30'	(L) femur	limited	+	P	B	W	PK
45'							
60'							
90'							
D/C	(L) femur	limited	+	P	B	W	PK

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

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

DRESSINGS			
Time	Location	Type	Drainage
Adm	(L) femur	Gauze	Serosanguinous
30'	(L) femur	Gauze	Serosanguinous
60'			
D/C	(L) femur	Gauze	Serosanguinous



PACU OUTPUT			
Time	Source	Color/Appearance	Amount
0045	FTG	(clear/yellow)	100cc

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?
0035	TSR	NO	NO

NURSING NOTES

2010 20 OCT 03 Recvd pt via litter from OR. Pt fully awake and able to move ext x4. Gauze to (L) femur weeping serosanguinous fluid. Pt maintaining DOW secondary. SGT [redacted] 0020 pt helped to sitting position. SGT [redacted] 0150 Report given to ICW1. Dressing [redacted] reinforced on (L) femur & knee. [redacted] LTR

W(6)-2

Discharge Criteria:
 Date: 20 OCT 03 Time: 0100 PARS: 10
 BP: 114/99 T: 95.3 HR: 102 RR: 17 SaO2: 98
 Pain Level at D/C (0-10):
 Intake: 325 Output: 100
 Additional Data:
 Transferred To: ICW1
 Report Given To: SGT [redacted]
 Transferred Via: W/C (Litter) Gurney Ambul [redacted]
 Transferred By: SGT [redacted]
 Cleared IAW Recovery Room SOP B-3
 Charge Nurse Signature: [redacted]

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date)

Date: 22 Oct 03 Anesthesia Type (Circle): General Spinal Epidural
 Time In: 1114 IV Sedation Nerve Block
 Allergies: 113/47 Bk S OR Intake: Crystalloid 200 Colloid _____
 Pre-op V/S: NKSA OR Output: UOP 50 EBL MIN
 Procedures: ITD L thigh Meds/Times: 150mg fent 7mg MSO4

Drains	Airway
Hemovac	Nasal
NG	Oral
JP	ETT
Tube	Trach
Foley	Other
TLS	

Pre Op Meds History

Time	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
SaO2	98	99	98	99	98	99				
FiO2										
Methods	1	2	3	4	5	6				
240										
220										
200										
180										
160										
140										
120										
100										
80										
60										
40										
20										
RR	21	10	10	13						
T	94									

Pacu Intake					
Time	Solution	Amount	Site	By	Infused
X-rays:			Labs:		
Post-Anesthesia Recovery score					
Criteria	ADM	30'	D/C	Codes	
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	2	2	2	AIRWAY A = Ambu BB = Blow-by M = Mask FT = Face Tent RA = Room Air NC = Nasal Cannula	
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	2	2	2	V/S X = A-line BP = Cuff BP = Pulse	
Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op	1	2	2	TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal	
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	1	2	2	LOS C = Cervical T = Thoracic L = Lumbar S = Sacral	
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	0		
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	1	1	1		
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	8	10	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] DEPARTMENT/SERVICE/CLINIC: **PACU** DATE: **22 Oct 03**

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

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

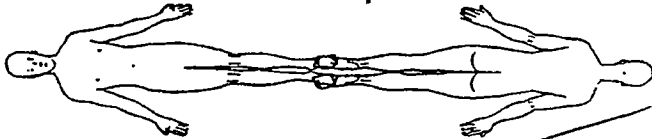
MEDICATIONS						
Allergies:						
Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By
1144		2mg MSO4	IV			[REDACTED]
1148		2mg MSO4	IV			[REDACTED]
1154		2mg MSO4	IV			[REDACTED]

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

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

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

DRESSINGS			
Time	Location	Type	Drainage
Adm 1114	L leg	exflor, Kerlex	0
30' 1144	L leg	exflor, Kerlex	0
60'			
D/C 1155	L leg	exflor, Kerlex	0



PACU OUTPUT			
Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?
1114	TSR	0	0

NURSING NOTES

Pt received from OR s/p I+D of femur. Pt SpO₂ 99%. RA. No c/o pain. Arousal to verbal. Pt awake c/o pain 2mg MSO4 given. Pt still c/o pain 2mg MSO4 given. Will continue to monitor. 2mg MSO4 given Report given to Pt Berahmey. Sjt [REDACTED]

b(6)-2

Discharge Criteria:
 Date: 220503 Time: 1155 PARS: 10
 BP: 133/81 T: 99.4 HR: 128 RR: 17 SaO₂: 99
 Pain Level at D/C (0-10):
 Intake: _____ Output: _____
 Additional Data:
 Transferred To: ICW [REDACTED]
 Report Given To: [REDACTED]
 Transferred Via: W/C [REDACTED] Ambulance
 Transferred By: Sjt [REDACTED]
 Cleared IAW Recovery Room SOP B-3
 Charge Nurse Signature: _____

1. LAST NAME, FIRST NAME AND REGION		2. UNIT / UNITÉ		3. RANK / GRADE		4. GENDER / SEXE		5. RELIGION / RELIGION	
SSN / NUMÉRO		SPECIALLY CODE / GCM		NATIONALITY / NATIONALITÉ		M/F		RELIGION / RELIGION	
FORCE / ÉLÉMENT		A/C		M/M		M/M		DISEASE / MALADIE	
BC / RC		M/M		M/M		M/M		PSYCH / PSYCH	
3. INJURY / BLESSURE		FRONT / DEVANT		BACK / ARRIÈRE		HEAD / TÊTE		WOUND / BLESSURE	
FRONT / DEVANT		BACK / ARRIÈRE		HEAD / TÊTE		WOUND / BLESSURE		NECK/BACK INJURY / BLESSURE AU COU/AU DOS	
ARM/AY / BRAS		HAND / MAIN		FOOT / PIED		BURN / BRÛLURE		AMPUTATION / AMPUTATION	
STRESS / TENSION		OTHER (Specify) / AUTRE (Spécifier)		STRESS / TENSION		OTHER (Specify) / AUTRE (Spécifier)		STRESS / TENSION	
4. LEVEL OF CONSCIOUSNESS / NIVEAU DE CONSCIENCE		ALERT / ALERTE		PAIN RESPONSE / RÉPONSE À LA DOULEUR		UNRESPONSIVE / SANS RÉPONSE		TIME / HEURE	
VERBAL RESPONSE / RÉPONSE VERBALE		PAIN RESPONSE / RÉPONSE À LA DOULEUR		UNRESPONSIVE / SANS RÉPONSE		TIME / HEURE		TIME / HEURE	
5. PULSE / POULS		TIME / HEURE		E. TOURNINGUET / GARROT		NO / NON		TIME / HEURE	
7. MORPHINE / MORPHINE		NO / NON		DOSE / DOSE		YES / OUI		TIME / HEURE	
9. TREATMENT / OBSERVATIONS / CURRENT MEDICATION / ALLERGIES / IHC / ANTIDOTES		TREATMENT / OBSERVATIONS / PRESENTE MEDICATION / ALLERGIES / ANTIDOTES		1480 BP		200mg CR		1480 BP	
10. DISPOSITION / DISPOSITION		RETURNED TO DUTY / RETOUR À L'UNITÉ		TIME / HEURE		EVALUATED / ÉVALUÉ		DATE / DATE	
11. PROVIDER / UNIT / OFFICER MÉDICAL / UNITÉ		DATE / DATE		TIME / HEURE		EVALUATED / ÉVALUÉ		DATE / DATE	

1480 BP
 200mg CR
 AUCP 1 gram via I.V. 1480
 Possible socket fx of CH
 Patient coming in of Total 1545

U.S. FIELD MEDICAL CARD
 FICHE MÉDICALE DE L'AVANT ÉTATS-UNIS
 DD Form 1380, This form replaces previous editions of DD Form 1380 and DD Form 1380 (TEST), which are obsolete.

MEDCOM - 21685

12. REASSESSMENT / REASSESSMENT		TIME OF ARRIVAL / HEURE D'ARRIVEE	
DATE / DATE	(YYMMDD)	TIME / HEURE	
		1545	1605
		142/02	144/04
		100SR	110
		16 PR	21
13. CLINICAL COMMENTS / DIAGNOSES INFORMATION MEDICALE / DIAGNOSTIQUES			
14. ORDERS / INSTRUCTIONS (Prescription / STATUTUS / IV FLUIDES DIRECTIVES MEDICALES / ARRANGEMENTS (Doses) / etc. etc.) / IN FLUIDE			
15. PROVIDER / OFFICER MEDICAL		DATE / DATE (YYMMDD)	
16. DISPOSITION / EVACUATED / EVACUE		TIME / HEURE	
17. RELIGIOUS SERVICES / SERVICES R		DISCHARGE / BLESSURE	
COMPLAINT / OL		COMMUNION / COMMUNION	
		OTHER / AUTRE	

1. Reporting MTF 0580 [REDACTED]		2. MTF Location (b)(2)-2 IZ		Admission Coding Information For use of this form, see AR 40-400; the proponent agency is OTSG			
3. Register Number [REDACTED]		Name (Last, First, MI) [REDACTED]		4. Pay Grade FGN		5. Sex M	
6. DoB (YYYYMMDD) 1988-03-01		7. Age at Admission (b)(6)-4 15Y		8. Race X		9. Ethnicity 9	
10. Length of Service ETS		11. FMP 99		12. Social Security Number [REDACTED]			
Organization (Active Duty Only)				13. Marital Status		Hour of Admission 20:36	
14. Flying Status		15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES				16. Zip Code of Residence:	
17. Unit Location		18. MOS		19. Trauma DIS		Prev. Admission NO	
20. Source of Admission Direct from ER (b)(2)-2		Ward: ICW1		Name / Relationship of Emergency Addressee			
				Address of Emergency Addressee			
Name and Location of Medical Treatment Facility: 0580 [REDACTED]; No Install Provided				Telephone Number of Emergency Addressee			
21. Type of Disposition TRF-OTH		22. MTF Transferred To		23. Date of Disposition (YYYYMMDD) 2003-11-02			
24. Clinic Svc - Admitting AEA - ORTHOPEDICS		25. MTF Transferred From		26. Date this Admission (YYYYMMDD) 2003-10-19			
27. Location of Occurrence		28. MTF of Initial Admission		29. Date of Initial Admission 2003-10-19			
<p>FOR LOCAL USE</p> <p>Type Patient (Inpatient / Outpatient): Inpatient</p> <p>Admission Diagnosis Narrative: S/P L FEMUR X-FIX</p> <p>Procedure Narrative(s):</p> <p>Cause of Injury Narrative:</p> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 10px auto;"> <p>Dx 82110 Trauma 8770 Inj 569</p> <p>Proc 7815 8604 x2 4823 B9K</p> </div>							
Admitting Office (Required) [REDACTED] (b)(6)-2				Signature of Admitting Clerk [REDACTED]			

PATIENT TREATMENT RECORD - COVER SHEET

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

b(6)-4

1. Register Nbr [REDACTED]		2. Name [REDACTED]				3. Grade FGN	Admission Remarks	
4. Sex M	5. Age 22Y	6. Race X	7. Religion		8. LnthOfSvc	9. ETS		10. PrevAdm NO
11. FMP 99	12. SSN [REDACTED]	13. Organization				14. Ward		
15. FlyStatus		17. Dept / Ben K78-PRISONER OF WAR/INTER		18. BranchCorps	19. UIC / ZIP	20. Type Case DIS		
21. Source of Admission Direct from ER				22. Hour Of Adm: 20:36	23. Clinic Service ABA - GENERAL SURGERY			
24. Name/Relation of Emergency Addressee				25. Type Disp TRF-OTH	26. Date of Disp 2003-11-09			
27a. Address of Emergency Addressee				27b. Telephone No	28. Date This Adm: 2003-10-19	Admitting Officer: [REDACTED]		
29. Reporting MTF 0580 [REDACTED]		b(2)-2		30. Date Init Adm 2003-10-19		32. Units Blood Components		
31. Selected Administrative Data								
Marital Status:		DoB [REDACTED]		b(6)-2				
In/Out Patient: Inpatient		MOS:						
33. Cause Of Injury:								
34. Diagnosis / Operations and Special Procedures:								
SOFT TISSUE WND								
823.92 458.3 E 991.2 77.16 77.17								
35. Total Days This Facility								
Absent Sick Days	Other Days	ComLv / Coop Care Days		Supplemental Care	Bed Days	Total Sick Days		
0	0	0		0	21	21		
35. Total Days This Facility								
Absent Sick Days	Other Days	ComLv / Coop Care Days		Supplemental Care	Bed Days	Total Sick Days		
0	0	0		0	21	21		
Signature: [REDACTED]		Medical Officer: DAVIS		Records Officer: [REDACTED]				
				MEDCOM - 21688				

190605

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

(R) LEG PAIN S/P ESW TO (R) TIBIA, BOTH STARTED
RPG, OCCURRING ~ 1330 TODAY.

WIKEDS PMA - HAD CHWIDNEY FOR MEMORABLE S/P FALL

3. PHYSICAL EXAMINATION (Including pertinent positives and negatives)

WIKEDS
HEENT - NT/NC
O2 - 21%
EXT - SMALL GASTRIC WOUND, NO EXT.
PULSES 2+ @

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

X-RTS - (R) TIB-PIB FX
PLAN: FOR 1 TO TODAY

b(6)-2

5. ADMITTING OFFICER

a. SIGNATURE

b. DATE SIGNED (YYYYMMDD)

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

7. DISCHARGE DATE (YYYYMMDD)

8. DISCHARGING OFFICER

a. NAME (Last, First, Middle Initial)

b. GRADE

c. TITLE

d. SIGNATURE

b(6)-4

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

10. OUTPATIENT/HEALTH RECORD MAINTAINED AT:

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

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

19 Oct 03 Received from EMT about 8:00 AM
 2200 VS 97-71-18 126/72 O₂ SAT 98% on RA.
 L FA 18 gauge IV placed & started infusion
 LR @ 125 cc/hr. Lung clear. Bilateral. Abdom
 soft - non-distended. BS @ x4 quad. Foley
 to gravity draining clear yellow urine
 NPO → OR tonight. Pt informed per
 interpreter @ LE with splint/dry intact
 & dry. Will continue to monitor [redacted] 267A2

20 Oct 03 On the way to [redacted] b(6)-2
 0530

Pres Op Dist Oper Grade I IF @ 11:30-1:15
 fracture of P, OSW
 Pres Op Dist - dent
 Procedure: I + 10 @ 11:30-1:15 with ORF
 FLW 55-2000 UR UOP 300
 Findings: Anatomic reduction of comminuted
 tibia fx fixed with 3 lag screws.
 Fibula fx, not struck by rod,
 fixed with 2 tabs OR plates with [redacted]

RELATIONSHIP TO SPONSOR SPONSOR'S NAME SPONSOR'S NUMBER
 (SSN or Other) [redacted]

DEPART./SERVICE HOSPITAL OR MEDICAL FACILITY RECORDS MAINTAINED AT b(6)-2

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

[redacted] b(6)-4

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

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
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DATE	NOTES
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Ext wound closed primarily. Ext wound had pressure placed. Splint applied

b(6)-2

[REDACTED]

20 Oct 03
1422 Assume care of PT @ 0600 USS, slept most of the day due to surgery, Has splint on (R) leg. C/O of pain Foley to gravity, clear yellow urine. Given fluids while in OR. No skin breakdown at apt. restraint sites. Will cont. to monitor

20 Oct 03 @ 0330 Assumed care @ 1800; temp: 101.5; accompanied to pain to (R) LE; 11 percS given good relief; temp retaken, 99.5; cont to monitor; pt A/D speaking arabic; PCMS, +2PP, brisk cap ref, IV intact; slight edema to (BLE, splint in place; FTG draining QS, clear yellow urine; Restraints in place, Device, skin break; cont to monitor

b(6)-2

20 Oct 03 @ 0530 Foley D/C'd per MD; pt DTU NLT 1330

20 Oct 03 0700 - Assumed care of pt. A/D x3. USS. Lungs clear HR RR Active BSx4 tolerated 15% of breakfast. Foley dc'd this AM due to void by 1330 Urinal @ bedside PFIU to (R) PA patient CR @ 150 IV abc to. Afebrile RLE soft splint cast no pain or discomfort @ this time Will monitor

21 Oct 1120 - Void 250 cc per urinal dark yellow urine. 6 hrs post Foley removal

DATE	(Continued)	NOTES
------	-------------	-------

22 OCT 03 2000
 Abd soft non distended. Verdigr amber clear urine. (R) FA Jaline lock patent and intact. Will continue care as planned -
 b(6)-2 [REDACTED] 207R

23 OCT 03 (1330) Assumed care of pt w/ (1300) p report from night shift. Pt alert, speaking Arabic. VSS. 4/6 pain w/ this time. Pt OOB to chair this am - tol. well. Spint/drgg to RLE CDI - elevated. SL in @ forearm flushes well 5 5sx infection/infiltration. Tol. reg diet well. Voiding 5 difficulty. 2 point restraints in place 5 5sx complications. Will cont. to monitor.
 b(6)-2 [REDACTED] 207R

23 OCT 03 2000
 VSS Alert 5 oriented. (R) FA IU Jaline lock patent & intact. (R) LE 1 on folded blankets. Peripheral pulses palpable T2. Bilateral Toes 2 capillary refill < 3sec. Jungs clear. B5(B) x4 quad Abd soft non-distended Verdigr clear amber urine. Will continue care as planned.
 b(6)-2 [REDACTED] 207R

21 OCT 03 0500
 VSS. AG. OORTC @ 0825. Ambulated to BR 5 moderate assistance. (R) probe to RLE 5 CR 5 2 seconds. Mild c/o pain to RLE and provided 2 percent. Dialysis performed and 1st bubble. No 5/s skin breakdown or integrit, complications. Voiding light amber, QS 5 difficulty.
 b(6)-2 [REDACTED] 207R

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
21 Oct 03 1900	VSS. Alert & Orient. Temp clear Bilaterally. Abd soft non-distended. (R) Lower Extremities ↑ on the folded blankets. Voiding clear amber urine. (L) FA Saline lock patent & entered B50 x4gued. 0% pain voiced as noted @ this time. Resting with eyes closed. Will continue to monitor b(6)-2
22 Oct 03 0820	(1240) Assumed care of pt w/ dead p report from night shift. Pt alert, speaking Arabic. VSS. 0% pain. Drgg/splint to RLE CDI. Pt able to move toes. Skin warm/dry to touch. SL in @ forearm flushes well \bar{s} S/Sx infection/infiltration. Personal hygiene done by pt this am \bar{c} min. assist from staff. Tol. reg diet well. voiding \bar{s} difficulty. 2-pant restraints in place \bar{s} S/Sx complications. will cont. to monitor. b(6)-2
22 Oct 03 2000	VSS alert. 0% pain voiced as noted. (R) LE ↑ on folded blankets. pedal pulses palpable +2. Capillary refill to toes < 3sec. Temp clear B50 x4gued. b(6)-2

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME		
DEPART./SERVICE	LAST	FIRST	MI NUMBER
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.
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PROGRESS NOTES
 Medical Record
STANDARD FORM 509 (REV. 5/1999)
 Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
 USAPA V1.00

b(6)-2

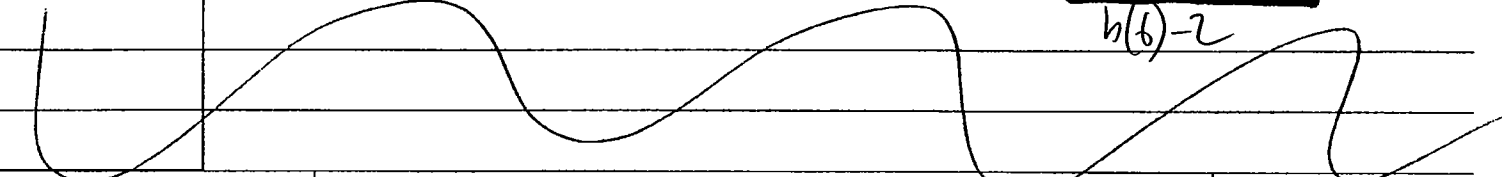
LAST NAME	NAME	L ID NUMBER
DATE	NOTES	
27 OCT @ 0655	Pt has @ ft elevated, Pt able to move toes (+) cap refill. Pt ambulated @ walker to BR. Med 2 perc for pain. VSS. Urinates @ difficulty. All assessments @ WNL. Tol. Reg diet. Pt 2pt restraints @ SFOA of infection.	
27 OCT @ 1400	Pt. resting quietly in bed @ (R) LE elevated, V.S.S. A&O. Pt. requested to ambulate to BR @ walk. Pt. ambulated @ walker into hallway then began C/O severe pain to (R) LE. Pt. assisted back to bed and given @ Percocet. No C/O pain at this time. Cap, refill to (R) LE 2 sec. All other assessments WNL. IVSC to (R) AC, flushes well. Pt. in 2 point. restraints, @ signs of skin breakdown. Will continue to monitor. ————— b(6)-2 [redacted] 2 LE, AM.	
27 OCT @ 2200	Pt crying 2° pain. Med @ 2 perc. Will continue to monitor. Pt able to move toes, (+) cap refill, (+) pedal pulse. Uses walk Amb @ walker. Tol diet, urinates in urinal @ difficulty. Cent IV ABX. ————— b(6)-2 [redacted] 2 AC	
28 OCT 03 0700	Assumed care of pt. A to x3. VSS @ C/O pain or discomfort @ this time. @ C/O pain or disco (R) LE cast CDI on call for surgery today. Lungs clear HRRR Active BS Tolerates PO. PIV (R) AC HL IV ABX treatment out Will cont to monitor ————— b(6)-2 [redacted] 2 AC	

b(6)-4

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
24 OCT @ 2100	Pt. lying in bed. ⊖ C/O pain. Lung sounds clear. ⊕ bowel sounds. Urinating w/ difficulty. ⊕ leg drag CDI. Pt able to wiggle toes. ⊕ pedal pulse to ⊕ foot. ⊕ foot warm & ⊕ cap refill [redacted]
25 OCT 1200	VSS. A.O. OOB ambulate for 15 min and then placed in chair for 15 min. Returned to bed for IV placement. Performed safe care in BR. IV placed in RVE. ⊕ pulse & CNS intact to RVE. Split and O/S intact. (b)(7) - 2
25 OCT @ 1900	Pt. lying in bed & ⊕ ft elevated. ⊖ C/O pain. Medicated w/ 1" percocet. Will continue to monitor. VSS. Lung sounds clear through lobes. S.S. audible. ⊕ bowel sounds. ⊕ at foot. Has ⊕ capillary refill. Pt able to wiggle toes. Toes warm to touch [redacted]
26 OCT 03 @ 0915	Pt. resting in bed. A & O. V.S.S. Ate 25% of breakfast. NSR, lungs clear bilat., ⊕ bowel sounds, ⊕ pedal pulse 1-2 sec. cap. refill. ⊖ C/O pain. IVSC Δ'd from ⊕ AC to ⊕ AC. DRNG to ⊕ LE CDI. Pt. in 2 point restraints, ⊖ signs of skin breakdown. (b)(7) - 2
26 OCT 07 @ 1400	Pt. OOB to chair & BR. Ambulates w/ walker [redacted]



RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (ISSN 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.

PT [redacted] (b)(7)-4

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

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
28 OCT 03 1900	VSS. PT alert & Oriented. Received report from previous shift of U/S to R/E results and that previous shift informed Dr [REDACTED]. Informed pt of Bedrest status until further notice. (R)LE in soft cast. Pt moves toes freely to (R) foot (R) Toes = brisk capillary refill. (R) FA Saline lock patent & intact. Tabrately Regular diet. No pain voiced or noted. Will continue care as planned. b(6)-2 [REDACTED] 267A
28 OCT 03 0050	Dr [REDACTED] ordered Zerenon 60mg SQ BID. first doses given now. Will continue to monitor b(6)-2 [REDACTED] 267A
29 OCT 03 0700	Assumed care of pt sleeps yet easily arousable. Lungs clear HRRR Active BS x 4 quads. Voiding QS per urinal & ct pain @ this time (R)LE soft cast intact remaining accessible IV ABx Tx cont. Bedrest positive (R)DVT NWR to (R)LE will cont to monitor b(6)-2 [REDACTED] 267A
29 OCT 03 2000	VSS alert & Oriented. (R)LE = +2 palpable pulse (R) Toes = brisk capillary refill. Moves (R) toes freely. Saline lock & to (R)FA as previous shift. Saline lock to (R)FA patent & intact [REDACTED]

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
LAST	FIRST	MI	b(6)-2	

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT
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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)	REGISTER NO.	WARD NO.
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[REDACTED] b(6)-4

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

b(6)-2

DATE	NOTES
30 OCT 03 0700	Assumed care of pt. A+O x3. Denies having pain (R) LE soft cast applied CDI - positive DVT to (R) Leg NMB bedrest Lungs clear HRR Active BS Urinates per urinal as Will cont to monitor _____
30 OCT 03 2000	Pt A+O x3, VSS, no c/o pain @ this time, dsq (R) LE CDT, LS CTA (R), (L) BS x4, voiding = diff c/o to urinal, periph- eral pulses +2 equal (R), 2 point restrai- nt in place = s/sx of complications. I concn with above assessment _____
31 OCT 03 1235	VSS. A+O. C/OB to BR for BMX1 and returned to bed = difficult. Central = BRest. (R) pulse to RLE & CR = HRR. Voiding byt under wire, BS. C/o pain @ _____
31 OCT 03 1900 1905	Pt A+O x3, VSS, dsq RLE CDI, OOB -> BR = walker, voiding = difficulties, LS CTA (R), (L) BS x4, IV intact, no s/sx of infex, 2 point restraint = complications. Pedal pulses equal (R), cap re _____
1 NOV 03 @ 1600	Pt. resting quietly in bed, O/C/O pain, V. S.S., A+O x3, (R) LE elevated, IVSL to (L) AC flushes well. Urinal @ bedside, clear yellow urine, Pt. on Coumadin therapy, PT = 14.9s, INR = 1.38. Pt. ambulated to BR = elbow crutches x 2, (L) DM x 2. Pt. slightly unsteady on crutches. Pt in 2 point restraints, no signs of skin breakdown, All other assessments WNL. _____

b(6)-4
 MEDCOM - 21697

MEDICAL RECORD PROGRESS NOTES

DATE	NOTES
1 NOV. 03 1900	Pt resting in bed, A+Ox3, v.s.s, RLE elevated, dsq CDI, LS CTA (B), (A) BSx4, (A) c/o pain, SL IV (A) AC flushes well, (A) s/sx of infex, d/c LovenoX tomorrow, voiding (A) complications cyu per urinal, pt on 2 point restraint (A) s/sx of complications. b(6)-2
2 NOV 03 @ 1500	Pt. resting quietly in bed, v.s.s, A+Ox3, (A) c/o pain. (A) LE elevated, DRNG CDI, New IV (A) to (A) FA, flushes well. Pt. on coumadin therapy, PT this AM = 18.4 sec, Pt. ambulate to BR (A) elbow crutches, some assistance given for balance. Pt. took shower, (A) LE wrapped (A) plastic bag. Pt. performed oral care. (A) BM. Pt. in 2-point restraints (A) signs of skin breakdown. All other assessments WNL. gww
2 NOV. 03 1930	Pt A+Ox3, vss, OOB (A) BR (A) crutches, (A) assistance needed, IV SL (A) FA intact, (A) s/sx of infex, dsq + ace wrap to (A) LE CDI, peripheral pulses equal (A), 2 point restraint, (A) complications, voiding (A) diff. gww I can't see with above assessment gww

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.

E # [redacted] b(6)-4

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

b(6)-2

LAST NAME	NAME	MIC	ID NUMBER
DATE	NOTES		
3 NOV 03 1330	VSS, #0. @ pulse to RLE. Cast on computer to up at the end ambulated to RR and ward for 15 min. Performed self care & difficulty, cast & AB Tx. Resting comfortably in bed. Able to walk to RLE, but returned to patient. [REDACTED]		
3 NOV 03 2000	Pt A+OX3, VSS, cast to RLE CDT, ambulates in elbow crutches x1, no c/o pain, LS CTAB, @ BSx4, cap ref < 3 sec, peripheral pulses +2 equal (B), ate most of diet, voiding & difficulties, 2 point restraint & any complications. IV SL (B) FA intact, no s/sx of infx. [REDACTED] 9m		
4 NOV 03 1620	VSS, #0. Ambulated for 30 min cast this AM & afternoon. @ pulse & C/B to RLE. BS @ x4 voiding light under urine BS & difficulty. Cast & AB IP and skin intact, remains intact. [REDACTED] Also performed self care & oral care [REDACTED]		
4 NOV 03 2200	VSS Alert & Oriented. (B) FA same look patient & intact. (B) RLE in cast. (B) Palpal pulse palpable (B) Toes with capillary refill brisk. Denies pain, numbness or tingling to (B) RLE per interpreter. (B) in crutches to BR. Consumed 80% of regular diet for dinner. No c/o pain, voiding or inlet. Will continue plan of care [REDACTED]		

F# [REDACTED] b(6)-14

STANDARD FORM 100 (7/99) BACK
USAPA V1.00

MEDCOM - 21699

MEDICAL RECORD	PROGRESS NOTES
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DATE	NOTES
5 NOV 03 1145	VSS, AO. Ambulated x1 with AM & crutches to sponsor to perform ref care. Tolbutalid med. @ pulse & CMS intact to RLE. @ c/o pain @ this time. Voiding light color urine, BS & use of BA. Tolbutalid PO med with AM. Unit @ AD to [REDACTED]
5 NOV 03	PT/PTT = 3.2 b(6)-2 2 correction of 2nd d.d @ 10:15 will write until Saturday [REDACTED]
5 NOV 03	VSS alert & oriented. Consumed 60% of regular dinner. OOB = crutches to BR (R) pedal pulses palpable +2. (R) toes & brief capillary refill. Moves toe on (R) foot freely @ c/o pain numbness or tingling vice IV site to (R) FA with int active pt clearly noted. Denies bleed from groin or arm. Will continue care as planned. [REDACTED]
6 NOV 03	(101) Assumed care @ 0600. Pt alert, speaking Arabic VSS. @ c/o pain. Amb to BR for personal hygiene @ crutches @ difficulty. Cast to RLE CDI. Pt able to

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

b(6)-4

E# [REDACTED]

MEDCOM - 21700

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.0C

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
DATE	NOTES		
06NOV03	(cont) move toes on RLE. skin warm/dry to touch. Elevated while in bed. Pt OOB in chair @ this time. @ forearm d/c'd d/t infiltration - catheter intact. 18g IV started in @ forearm - @ s/sx infiltration. @ unusual s/sx bleeding noted. Tol. reg. diet well. Voiding @ difficulty. @ point restraints in place while in bed @ s/sx complications will cont. to monitor. (b)(6)-2 [REDACTED] 2470		
06NOV03 2030	USS Albert & Oranied. OOB @ BR @ catheters + NWB to @ RLE. peripheral pulses palpable +2. Move toes to @ foot freely. Denies pain, numbness or tingling to @ LE per intrep @ FA saline lock patent & intact. @ active bleeding noted from IV sites. @ noted bleeding from gums. Voiding clear yellow urine. Will continue care as planned. (b)(6)-2 [REDACTED] 2470		
7NOV03 1125	USS AO. OOB to admit to BR @ catheters @ difficulty. @ @ pain to RLE. @ pulses to all extremities. CNS intact to RLE @ CR @ 2 seconds. BS @ X4. 25CHAB. PERRHA. Voiding clear yellow urine @ difficulty, @. (b)(6)-2 [REDACTED] 2470		
7NOV03 2300	USS A&O OOB to BR @ catheters Denies pain @ RLE CNS intact. Will continue to monitor. (b)(6)-2 [REDACTED] 911/M		
8NOV03 1005	USS AO. OOB to admit to BR. @ @ pain @ this time. @ planned to @ AC. region. Performed oral care this AM. @ to RLE @ CR @ CNS, pulses. (b)(6)-2 [REDACTED] 911/M		

MEDICAL RECORD

PROGRESS NOTES

DATE

NOTES

6/27-2

On the Transfer Note: [REDACTED]

PL3W 03

1245

DXs - (1) (2) open tib-fib fracture s/p GSW
(2) (2) deep lacerations femoral and popliteal, DVTs

22-yr-old Iraqi male shot by US forces after he shot RPT at us. Admitted 19 October with grade I open tibia + fibula fractures. Fixed with lag screws in tibia and plate on fibula.

Did well post-op, then developed increased pain. Ultrasound showed DVTs as above began course on 28 Oct 03. Placed in short leg cast.

PL3W: (1) Cast x 6-8 weeks, weight bearing as tolerated
(2) Coumestrol 2 mg P.O. Q 12H
(3) Follow-up in 3-4 weeks.

b(6)-2

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

LAST

FIRST

SPONSOR'S ID NUMBER (SSN or Other)

DEPART./SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

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

REGISTER NO.

WARD NO.

E# [REDACTED] b(6)-4

PROGRESS NOTES
Medical Record

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

USAPA V1.00

MEDICAL RECORD		EMERGENCY CARE AND TREATMENT (Patient)				LOG NUMBER	TREATMENT FACILITY
PATIENT'S HOME ADDRESS OR DUTY STATION						ARRIVAL	
STREET ADDRESS EPW						DATE (Day, Month, Year) 19 06 03	TIME 2037
CITY				STATE	ZIP CODE	TRANSPORTATION TO FACILITY	
SEX	DUTY/LOCAL PHONE		MILITARY STATUS			THIRD PARTY INSURANCE	
	AREA CODE	NUMBER	ITEM	YES	NO	ITEM	YES
			PRP			ADDITIONAL INSURANCE	NO
AGE	HOME PHONE		FLYING STATUS			DD 2568 IN CHART	
	AREA CODE	NUMBER	MEDICAL HISTORY OBTAINED FROM			NAME OF INSURANCE COMPANY	
CURRENT MEDICATIONS			INJURY OR OCCUPATIONAL ILLNESS			EMERGENCY ROOM VISIT	
			ITEM	YES	NO	DATE LAST VISIT	24 HOUR RETURN
							<input type="checkbox"/> YES <input type="checkbox"/> NO
ALLERGIES			IS THIS AN INJURY?		WHERE	TETANUS	
			INJURY/SAFETY FORMS			DATE LAST SHOT	COMPLETED INITIAL SERIES
			HOW				<input type="checkbox"/> YES <input type="checkbox"/> NO
CHIEF COMPLAINT GSLW R. Lowrey ESUete. EPH							
CATEGORY OF TREATMENT				VITAL SIGNS			
<input type="checkbox"/> EMERGENT	TIME	TIME					
<input checked="" type="checkbox"/> URGENT	2037	2037	BP 137/59				
<input type="checkbox"/> NON-URGENT	INITIALS	RESP	PULSE 89				
	[REDACTED] b(6)-2	TEMP	21				
		WT	99.9				
LAB ORDERS	CBC/DIFF	ABG	PT/PTT	BHCG/URINE/BLOOD/QUANT	X-RAY ORDERS	CXR PA & LAT/PORTABLE	C-SPINE
	URINE C&S	UA MSCC/CATH		CHEM:		ACUTE ABDOMEN	LS SPINE
	BLOOD C&S X					SINUS	HEAD CT
						ANKLE R/L	
ORDERS							
<input checked="" type="checkbox"/> PULSE OX 97%				<input type="checkbox"/> MONITOR b(6)-2	<input type="checkbox"/> ECG		
TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE		
2037	Penicillin 100mg IV	[REDACTED]	[REDACTED]	2037	[REDACTED]		
2100	16 mg Ancef IV	[REDACTED]	[REDACTED]	2100	[REDACTED]		
2100	5 mg Heparin IV	[REDACTED]	[REDACTED]	2100	[REDACTED]		
2120	Penicillin 500mg IV	[REDACTED]	[REDACTED]	2120	[REDACTED]		
DISPOSITION		DISPOSITION QUARTERS/OFF DUTY		PATIENT/DISCHARGE INSTRUCTIONS			
<input type="checkbox"/> HOME	<input type="checkbox"/> FULL DUTY	<input type="checkbox"/> 24 HRS.	<input type="checkbox"/> 48 HRS.	<input type="checkbox"/> 78 HRS.			
MODIFIED DUTY UNTIL		RETURN TO DUTY					
CONDITION UPON RELEASE		ADMIT TO UNIT/SERVICE		REFERRED	TO	WHEN	
<input type="checkbox"/> IMPROVED	<input type="checkbox"/> UNCHANGED						
<input type="checkbox"/> DETERIORATED		TIME OF RELEASE		I have received and understand these instructions.			
PATIENT'S IDENTIFICATION				PATIENT'S SIGNATURE			
(For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other); hospital or medical facility)				[REDACTED] b(6)-4			

EMERGENCY CARE AND TREATMENT (Patient)
 Medical Record
 STANDARD FORM 558 (REV. 9-96)
 Prescribed by GSA/ICMR
 FPMR (41 CFR) 101-11.203(b)(10)
 USAPA V1.00

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

TEST RESULTS

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

PROVIDER HISTORY/PHYSICAL
 22 yr old male brought in by ground ambulance, GSW to R. lower leg, PPP fully in place before arrival, pt alert & oriented, no other injuries noted at this time. [REDACTED] 2012
 Last Meal 0800 b(6)-2

PMH/PSH
 ICHS/pafall-1997
 spl Caaniomy.

22yo spl GSW to (R) ankle/ Distal fibia. Pt c gain @ lower leg o/w no complaints.

Meds
 ∅
All
 NKDA
 non-smoker.

PE: USS, gen NAD
 CO: RRR 4/1 Sem USB
 Lys: CTA (B)

abd: soft, NO, (B)BS, NTP
 ext: (R) ankle 2 GSW
 ~ Distal fib/tib c obvious deformity, vascular intact, neuro-stab ∅ sensation, ∅ moving toes.

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
			b(6)-2
			PROVIDER SIGNATURE AND STAMP

DIAGNOSIS
 (R) distal leg c GSW c tio/fib fx, shattered wmd. Bullet inattly.

[REDACTED]

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

MEDICAL RECORD

PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

FOR Use this form. See AR 40-407: the Proponent agency is The Office of the Surgeon General.

1. AGE 22

HEIGHT:

WEIGHT: 135

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

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

4. PROPOSED SURGICAL PROCEDURE:

ORIF Rt. Tib/Fib

ICH 1997

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition _____
 Tobacco 0 ppd X ___ vrs Body Piercing 0 Diabetes (Y) (N) ROM _____ ASA/Motrin W 72hrs (Y) (N)
 ETOH 0 Implants _____ Respiratory Disease (Asthma COPD) (Y) (N) Anticoagulants (Y) (N)
 Glasses/Contact (Y) (N) Dentures 0 Hypertension (Y) (N) Herbal Medicines (Y) (N) MEDS: _____

6. PATIENT PROBLEMS AND NEEDS

7. PATIENT GOALS AND EXPECTED OUTCOMES

8. OR NURSING INTERVENTIONS

A. PSYCHOSOCIAL

potential for anxiety related to:
 1) Surgical Procedure & Operating Room Environment
 2) Separation Anxiety (Child)
 3) Surgical Outcomes

Pt. verbalizes any specific anxiety.
 Pt. Exhibits relaxed body posture.

Allow pt. to verbalize freely.
 Explain OR environment and answer questions regarding surgery.
 Offer comfort measures. (e.g. warm blanket, touch).
 Explain all nursing procedures before they are done.
 Remain with pt. Whenever possible.
 Maintain family interface. Parents to stay with pt.

B. AERATION

Potential for respiratory dysfunction due to:
 1) Positioning
 2) Effects of Anesthesia
 3) Medical/Smoking History

Pt. will be able to breath without difficulty during immediate intraoperative phase.

Offer to elevate head of litter or offer pillow.
 Observe pt. While awaiting surgery for signs of distress.
 Assist anesthesia during intubation and extubation.

C. INTEGUMENT

Potential Impairment of Skin Integrity due to:
 1) Intraoperative Immobility
 2) ESU Pad Placement
 3) Positional Aids
 4) Prosthesis
 5) Pooling of Prep Solutions

Pt. will exhibit signs of impairment of skin integrity (e.g., reddened areas).

Utilize pressure preventing devices on OR table and accessories.
 Check for proper positioning and support to maintain good body alignment.
 Pad pressure points.
 Place ESU ground pad on non compromised skin surface area.
 Keep prep fluids form pooling.

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

[REDACTED] [REDACTED] [REDACTED] b(6)-4
22 yo ♂

VERIFICATIONS AT HOLDING AREA:

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

GSw Rt. Ankle


DA FORM 5179, JUN 91

MEDCOM - 21707
 Previous editions are obsolete.

USAPA VI.0

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

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

 CPT/AN 19 Oct 03 DATE


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

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

LEVEL OF ACTIVITY: MOVES ALL EXTREMITIES Moves Upper Extremities

Transferred to Litter With roller due to spinal

12. PREOPERATIVE EVALUATION PREPARED BY 13. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title)

 CPT/AN DATE: 19 Oct 03 TIME: 2130 DATE: 19 Oct 03 TIME: 0535

b(6)-2

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>Litter</u>	BY <u>anesthesia</u>	2. PATIENT IDENTIFIED VERIFIED BY <u>[REDACTED]</u>	RECORD REVIEWED AND PROCEDURE <u>CPT/AN</u>
3. DATE <u>20 Oct 03</u>	TIME PATIENT ARRIVED IN SUITE <u>0238</u>	4. PATIENT IN ROOM TIME	NUMBER

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS:

unable to speak or understand English

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>SPC [REDACTED] b(6)-2</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>CPT [REDACTED]</u>	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS:

Proper body alignment maintained Lg bump under Rt. hip

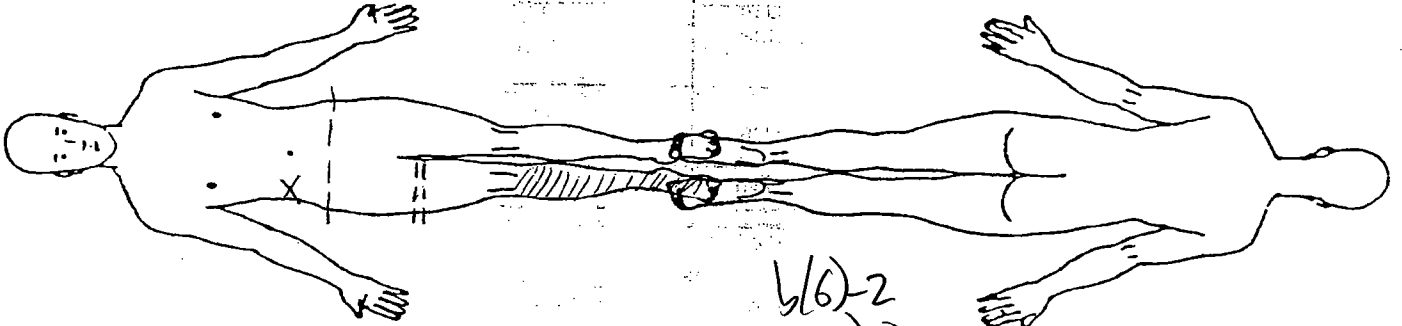
8. SKIN PREPARATION

HAIR REMOVAL DONE BY: METHOD:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OR <input type="checkbox"/> DEPILATORY <input type="checkbox"/> CLIP	<input type="checkbox"/> NURSING UNIT <input checked="" type="checkbox"/> RAZOR	PREP SOLUTION (Specify) SITE: <u>Rt. lower leg</u> BY WHOM: <u>[REDACTED]</u> BY WHOM: <u>[REDACTED]</u>
-------------------------------------	--	--	---

COMMENTS: skin intact

COMMENTS: No pooling of fluids

9. LOCATION OF EXTERNAL DEVICES



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

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

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

[REDACTED] b(6)-4
22400

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

ESU NO: Force 40 R8E10530S 30/30
GROUND PAD: BRAND Valleylab REM
LOT NO: 68245

ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____

BIPOLAR NO: _____

13. PROSTHESIS, IMPLANTS YES NO IF YES NAME: ID NUMBER
 4.5 cortical 214.028 X 3
 ASIF Screw Load # 0520602
 5 Fully Threaded Cortical
 16mm X 3
 14mm X 3
 Small Frag Load # 0529201
 hole plate 241.07

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
 None
 TIME CARRIED OUT BY
 b(6)-2

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES NO IF YES, SITE
 C-Arm Rt. Lower Leg

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

18. DRESSING/IMMOBILIZATION (Specify)

17. TUBES, DRAINS/PACKING YES NO

TYPE/SIZE	1.	2.	3.
	1/3 Penrose		
SITE	1. Rt. lower leg	2.	3.

Fluffs
 Kerlix
 Webriol
 Plaster splint Ace

19. ADDITIONAL INFORMATION

Surg: [Redacted] Anesth: [Redacted] CRNA Anesth Type: General
 Observer: SGT [Redacted] b(6)-2
 Foley in place PTA
 Touriquet # 3Q96
 275mmHg
 ↑ 0318 ↓ 0510
 Total time 114min

20. OPERATION(S) PERFORMED

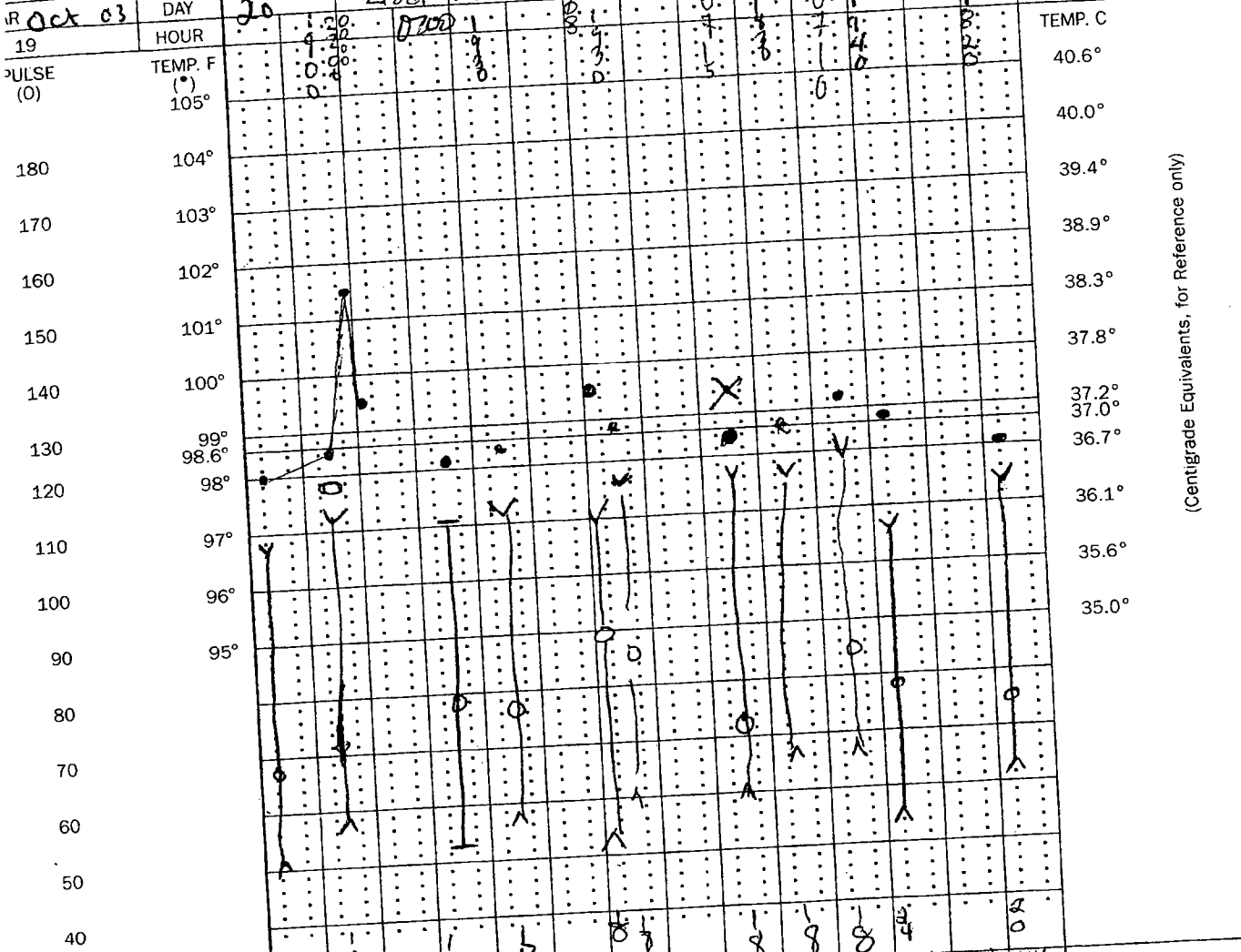
1. ORIF Rt. Tib/Fib
 2. I & D Rt. Lower Leg
 b(6)-2

21. PATIENT TRANSFERRED TO PACU TIME 0535 METHOD Litter

22. REGISTERED NURSE SIGNATURE [Redacted] CPT/AN

VITAL SIGNS RECORD

CAL RECORD



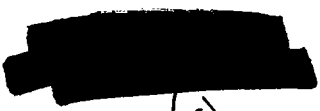
(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD		BLOOD PRESSURE	
HEIGHT:	WEIGHT →	107/52	111/53
		98/0 112/58	117/56
		112	117/56
		96.6	96.6
		2A	2A
		96.1 (0)	97.9
		97.9	98
		98.0	98.6
		98.1	98.1
		98.1	98.1

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

REGISTER NO. WARD NO.

STANDARD FORM 511 (REV. 7-95) BACK



b(6)-4

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY		VITAL SIGNS RECORD							
POST-MONTH-YEAR	DAY	DAY	DAY	DAY	DAY	DAY	DAY	DAY	DAY
19	19	20	27	28	29	29 OCT	30	31 OCT	
	HOUR	11:15	19:00	07:00	1:00	07:00	2:00	20	20
PULSE (O)	TEMP. F (°)								
	105°								
180	104°								
170	103°								
160	102°								
150	101°								
140	100°								
130	99°								
120	98.6°								
110	98°								
100	97°								
90	96°								
80	95°								

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

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

RESPIRATION RECORD		BLOOD PRESSURE		HEIGHT		WEIGHT	
103	1	80	103/53	57	122/14	114/52	107/03
77	6	98.7	97	97	110	117	114/10
	8	97.0	98.4	84	78	97	120/07
	8				98.6	94.6	116/67
	8				98.2	97.3	113/57
	8				98.2	99.6	114/67
	8				98.2	97.1	
	8				98.2	98.6	

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

6(6)-4

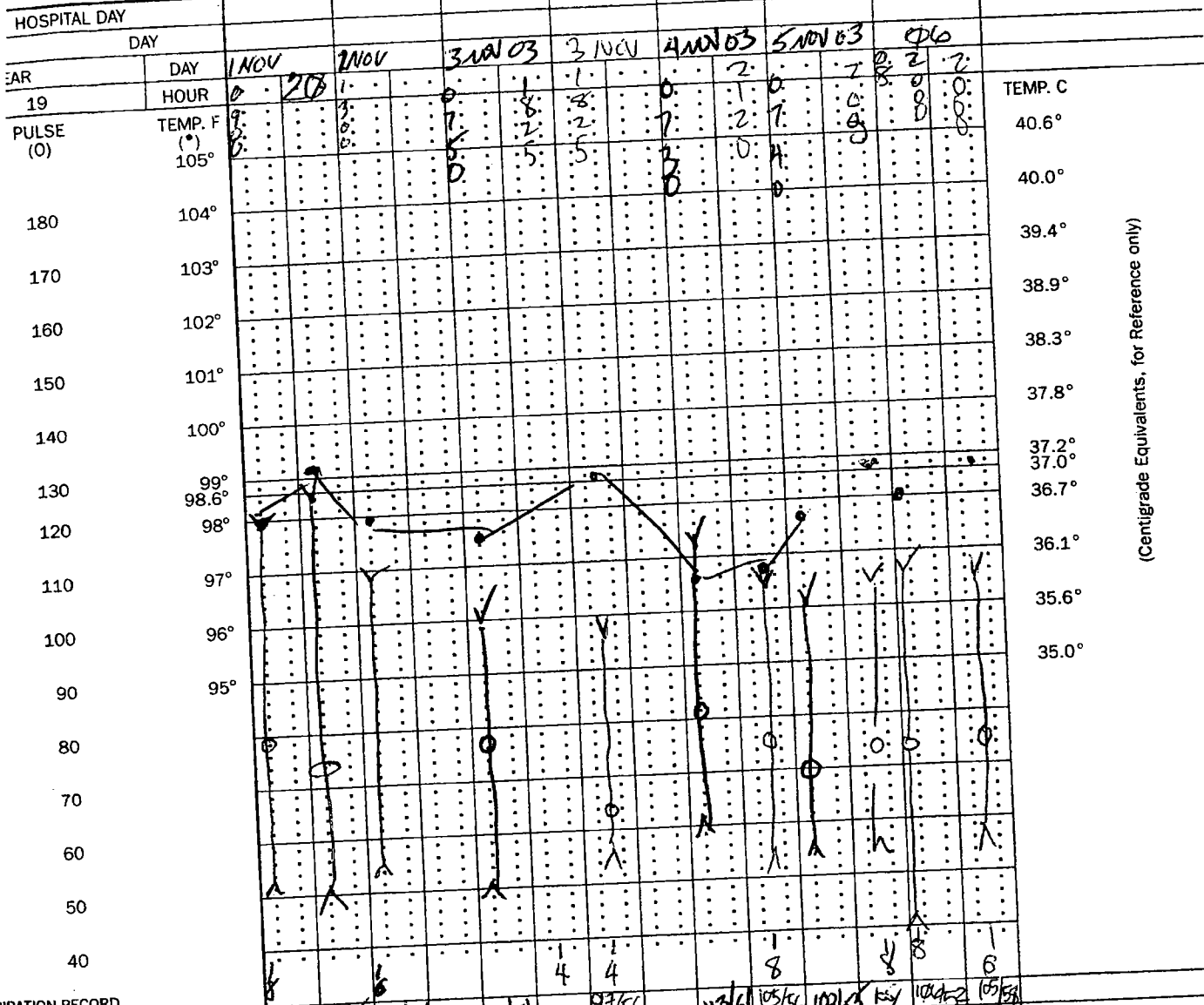
REGISTER NO. WARD NO.

VITAL SIGNS RECORDS
Medical Record

MEDCOM - 21712

MEDICAL RECORD

VITAL SIGNS RECORD



(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD		DAY													
BLOOD PRESSURE		1 NOV		2 NOV		3 NOV 03		3 NOV		4 NOV 03		5 NOV 03		06	
		124/81	104/51	104/51	97/56	113/61	105/56	102/54	104/52	104/52	105/53				
		74	74	76	63	51	74	76	64	76	76				
		99%	97%	97%	98.7%	96%	96.8%	97%	97%	97%	97%				
HEIGHT:	WEIGHT →	96%	98%	98%	98%	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA

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

EPW [REDACTED] 6(6)-4

VITAL SIGNS RECORDS
Medical Record

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

MEDCOM - 21713

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY		VITAL SIGNS RECORD											
POST-MONTH-YEAR	DAY	DAY	DAY	DAY	DAY	DAY	DAY	DAY	DAY	DAY	DAY	DAY	DAY
19		7 Jun 03	8 Jun 03	9 Jun 03									
		0	1	0									
		10	4	0									
		105°	105°	105°									
		180	180	180									
		170	170	170									
		160	160	160									
		150	150	150									
		140	140	140									
		130	130	130									
		120	120	120									
		110	110	110									
		100	100	100									
		90	90	90									
		80	80	80									
		70	70	70									
		60	60	60									
		50	50	50									
		40	40	40									

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

(Centigrade Equivalents, for Reference only)

ESPIRATION RECORD

BLOOD PRESSURE	112/76	115/70	101/57	100/48
HEIGHT:	5'6"	5'6"	5'7"	5'7"
WEIGHT →	171	187	187	187
Temp.	98.6	98.6	98.6	98.6

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

EA [Redacted] 6(6)-4

REGISTER NO. _____ WARD NO. _____

STANDARD FORM 511 (REV. 7-95) BACK

rw, b(6)-4 [redacted] (Subject to the Privacy Act of 1974)
 LAST, FIRST, MI. [redacted] b(6)-2 DATE 11/01/03 TIME 06:00 SSN/PSEUDO SSN:

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

Spun Hematocrit		42-52% (M) 37-47% (F)
Sed Rate		
Other		

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

REMARKS:
 REPORTED BY:

RAPIDPOINT COAG ANALYZER V4.54
 SERIAL #005485 11/01/03 06:08

Patient ID: [redacted] b(6)-4
 Test Name :PT
 Test Result:= 14.9 sec.
 Ratio = 1.2
 Calculated INR = 1.38
 Sample Type:citrated wh. blood
 Test Date :11/01/03
 Test Time :06:04
 Card Lot [redacted]
 Operator : [redacted] b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
 SERIAL #005485 11/01/03 06:08

Patient ID: [redacted] b(6)-4
 Test Name :APTT
 Test Result:= 31.5 sec.
 Sample Type:citrated wh. blood
 Test Date :11/01/03
 Test Time :06:06
 Card Lot [redacted]
 Operator : [redacted]

rod Bank
IT SF 518 WITH REQUESTED
IT OF BLOOD
CROSSMATCH

Ward/Section: ICU REQUESTING: [REDACTED] LAB: [REDACTED] **LABORATORY RESULT FORM**
 (Subject to the Privacy Act of 1974)
 LAST, FIRST MI: [REDACTED] DATE: 2 NOV TIME: 0445 SSN/REG ID/SSN: [REDACTED]

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ⁹	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV		80-100 fL	Ket		Negative	Gram Stain		

RAPIDPOINT: [REDACTED]
 SERIAL #00: [REDACTED]

Patient ID: [REDACTED] b(6)-4
 Test Name: P1
 Test Result: 18.4 sec.
 Ratio = 1.5
 Calculated INR = 1.05
 Sample Type: citrated wh. blood
 Test Date: 11/02/03
 Test Time: 05:10
 Card Lot: [REDACTED]
 Operator: [REDACTED] b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
 SERIAL [REDACTED] 11/02/03 05:17

Patient ID: [REDACTED] b(6)-4
 Test Name: APTT
 Test Result: 34.1 sec.
 Sample Type: citrated wh. blood
 Test Date: 11/02/03
 Test Time: [REDACTED] b(6)-4
 Card Lot: [REDACTED]
 Operator: [REDACTED]

SG		N/A	Gram Stain			Occ Bld		Negative
Bld		Negative	H. pylori					Negative
pH		N/A	Micro Parasites					
Prot		Negative	Malaria					
Jrob		0.2-1.0	O & P					
Nit		Negative	Other					
Leuk		Negative	Microscopic Urinalysis					
ICG		Negative						

CSF			Blood Bank		
Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Directigen		Negative	ABO/Rh		

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

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

REMARKS:

REPORTED BY: [REDACTED] DATE: [REDACTED] LAB ID NO.: [REDACTED]

2 NOV 03

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

Ward/Section: ICW		REQUESTING PHYSICIAN: [REDACTED]			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST FIRST MI: [REDACTED]		DATE 03 NOV		TIME 0400		SSN/PSEUDO SSN: [REDACTED]		
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ⁹	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative			
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
RAPIDPOINT [REDACTED] ANALYZER V4.54 SERIAL [REDACTED] 11/03/03 03:54					N/A	Occ Bld		Negative
Patient ID: [REDACTED] b(6)-4 Test Name: [REDACTED] Test Result: 26.1 sec. ***RESULT OUT OF RANGE*** Ratio = 2.3 Calculated INR = 3.86 Sample Type: citrated wh. blood Test Date: 11/03/03 Test Time: 03:54 Card Lot: [REDACTED] b(6)-4 Operator: [REDACTED] b(6)-2					Negative	H. pylori		Negative
					N/A	Micro Parasites		
					Negative	Malaria		
					0.2-1.0	O & P		
					Negative	Other		
					Negative	Microscopic Urinalysis		
					Negative			
			CSF			Blood Bank		
						MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
			gen		Negative	ABO/Rh		
			Blood Bank Unit Crossmatch			MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED		
TEST	RESULT	REF. RANGE	UNIT		TYPE		CROSSMATCH	
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY:			DATE:			LAB ID NO.:		

MEDCOM - 21717

Ward/Section: ICW 1 REQUESTING PHYSICIAN: b(6)-2 LABORATORY RESULT FORM
 (Subject to the Privacy Act of 1974)

P.A.S.T., FIRST, MI. EPW [REDACTED] DATE 7/11/03 TIME 0920 SSN/PSEUDO SSN:

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ⁹	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative

RAPIDPOINT [REDACTED]
 SERIAL [REDACTED]

Patient ID: [REDACTED] b(6)-4
 Test Name :PT
 Test Result:= 42.0 sec.
 RESULT OUT OF RANGE
 Ratio = 3.4
 Calculated INR = 7.41
 Sample Type:citrated wh. blood
 Test Date :11/07/03
 Test Time :05:06 b(6)-4
 Card Lot [REDACTED]
 Operator [REDACTED] b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
 SERIAL [REDACTED] 11/07/03 05:12

Patient ID: [REDACTED] b(6)-4
 Test Name :APTT
 Test Result:= 81.3 sec.
 RESULT OUT OF RANGE
 Sample Type:citrated wh. blood
 Test Date :11/07/03
 Test Time :05:08 b(6)-4
 Card Lot [REDACTED]
 Operator [REDACTED] b(6)-2

Microbiology		
TEST	RESULT	REF. RANGE
Source		
Gram Stain		
Occ Bld		Negative
H. pylori		Negative
Micro Parasites		
Malaria		
O & P		0.2-1.0
Other		Negative

CSF Blood Bank

Cell Count		MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED
Directigen	Negative	ABO/Rh

Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)		
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
PT		9.8-13.6 secs			
APIT		21-34 secs			
D dimer		<20 ug/ml			
FDP		<10 ug/ml			

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

Ward/Section: JCW 1 REQUESTING PHYSICIAN: (b) - 4 LABORATORY RESULT FORM
(Subject to the Privacy Act of 1974)

LAST, FIRST, MI: [REDACTED] DATE: 11/5 TIME: 0430 SSN/PSEUDO SSN:

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁶	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M)	Glu		Negative	Microbiology		

RAPIDPOINT COAG ANALYZER V4.54
SERIAL [REDACTED] 11/05/03 05:39
Patient ID: [REDACTED] b(6) - 4
Test Name: PT
Test Result: = 38.8 sec.
RESULT OUT OF RANGE
Ratio: 3.2
Calculated INR = 6.52
Sample Type: citrated wh. blood
Test Date: 11/05/03
Test Time: 05:36 b(6) - 4
Card Lot: [REDACTED] b(6) - 2
Operator: [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL [REDACTED] 11/05/03 05:42
Patient ID: [REDACTED] b(6) - 4
Test Name: APTT
Test Result: = 55.2 sec.
RESULT OUT OF RANGE
Sample Type: citrated wh. blood
Test Date: 11/05/03
Test Time: 05:39 b(6) - 4
Card Lot: [REDACTED] b(6) - 2
Operator: [REDACTED]

		Negative	Source	
		Negative	Gram Stain	
		N/A	Occ Bld	Negative
		Negative	H. pylori	Negative
		N/A	Micro Parasites	
		Negative	Malaria	
b		0.2-1.0	O & P	
		Negative	Other	
k		Negative	Microscopic Urinalysis	
G		Negative		

CSF		Blood Bank	
all unit		MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED	
rectigen	Negative	ABO/Rh	

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

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

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

b(6)-7

Ward/Section: ICW 1	REQUESTING PHYSICIAN: [REDACTED]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: EPW [REDACTED]	DATE: 6/20/03	TIME: 0440
SSN/PSEUDO SSN:		

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ⁹	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative

RAPIDPOINT (COAG) ANALYZER V4.54
SERIAL [REDACTED] 11/06/03 05:34

Patient ID: [REDACTED] **b(6)-7**
 Test Name :PT
 Test Result:= 41.3 sec.
 RESULT OUT OF RANGE
 Ratio = 3.4
 Calculated INR = 7.21
 Sample Type:citrated wh. blood
 Test Date :11/06/03
 Test Time :05:29
 Card Lot [REDACTED]
 Operator : [REDACTED] **b(6)-2**

RAPIDPOINT COAG ANALYZER V4.54
SERIAL [REDACTED] 11/06/03 05:37

Patient ID: [REDACTED] **b(6)-7**
 Test Name :APTT
 Test Result:= 67.7 sec.
 RESULT OUT OF RANGE
 Sample Type:citrated wh. blood
 Test Date :11/06/03
 Test Time :05:34
 Card Lot [REDACTED]
 Operator : [REDACTED] **b(6)-2**

TEST	RESULT	REF. RANGE	Microbiology		
Plu		Negative	Source		
Bili		Negative	Gram Stain		
Ket		Negative	Occ Bld		Negative
G		N/A	H. pylori		Negative
ld		Negative	Micro Parasites		
H		N/A	Malaria		
ot		Negative	O & P		
rob		0.2-1.0	Other		
t		Negative			
uk		Negative	Microscopic Urinalysis		
CG		Negative			

CSF			Blood Bank		
nt			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
ctigen		Negative	ABO/Rh		

Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)		
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
PT		9.8-13.6 secs			
APTT		21-34 secs			
D dimer		<20 ug/ml			
FDP		<10 ug/ml			

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:
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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, "I" = CONSTANT INFUSION	DRUG	(Units)											TOTALS	TOTAL EBL	
		FENTANYL (mcg)	100, 100, 50, 100												500
	MVSOL (mg)	6, 4												20	mm ³
	PROP OFOL (mg)	200													TOTAL URINE
	SUX (mg)	100													300
	N ₂ O (mg)	100													
	VOLAT AGENT	5-10% del % e.t.	3.0	1.5	2.0	3.0	3.0	3.0	3.0	3.0	2.0	1.0	0	FLUIDS - SUMMARY	
	AIR	L/Min												CRYSTALLOID - 2000	
	N ₂ O	L/Min												COLLOID -	
	O ₂	L/Min	2 1/2	2	2	2	2	2	2	2	2	2	2	BLOOD -	

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

FLUIDS	LINE site	Warmed	EST BLOOD LOSS	URINE
LR 18 (L)	<input type="checkbox"/>	300 (4)		
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

PHYS STATUS: 1 2 3 4 5 (E)
 BODY WEIGHT: 60 KG
 HEMATOCRIT:
 INITIAL DATA:
 BP: 98, 134
 HR: 100
 EQUIP CHECK
 OK? (Y) N
 PATIENT RECHECK
 OK for PROCEDURE
 TIME:

TIME	SYMBOLS:	VT - ml	f - breaths/min	Peak inf pres / PEEP	MODE - S(pn), A(assist), C(on)	BP/Auto Cuff	ET CO ₂ (torr)	BP/oth	FIO ₂ (Frac or %)	ART line	SpO ₂ (%)	Steth- PC/ES	ECG	Gas analyzer	TEMP-site	N-M Block (T/4)
02:45		250	11		S/A/S	98	58	80	.80	97	97	SR	502	AV/ECG		
03:00		300	10		S	87	57	80	.80	97	96	SR	502			
03:30		400	15		S	84	54	80	.77	97	96	SR	502			
04:00		380	15		S	84	54	80	.77	97	96	SR	502			
04:30		360	15		S	84	54	80	.76	97	96	SR	502			
05:00		300	15		S	84	52	80	.76	97	96	SR	502			
05:30		300	14		S	84	52	80	.76	97	96	SR	502			
06:00		390	8		S	84	52	80	.77	97	96	SR	502			
06:30		490	10		S	84	52	80	.77	97	96	SR	502			

RECOVERY AT 0538
 PACU ICU (Specify)
 OTHER
 CONDITION:
 RESP- 10 SpO₂
 BP- HR- 78
 ANESTHESIA / PROCEDURE TIMES:
 Start Room End
 0230 0240 0245
 Ready Begin End
 0228 0310 0330

PROCEDURES and CPT Codes: (1) ANESTHESIA ORAL
 PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility
 ANESTHETIC TECHNIQUES: Describe block technique under Remarks
 GATA
 AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
 RRA- or 5 min 100% F_{IO2} 2 RSI, P₁ x₂ MAC 4, Grade I
 VENT, 8.5 BIT PLAND, 25 cu w lip (SBS) (S) STOR
 PROCEDURE LOCATION: 0821
 DATE: 20 OCT 03
 PAGE 1 OF 7

RADIOLOGIC CONSULTATION REQUEST/REPORT
(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED U/S RLE	AGE/SEX	SSN #	WARD/CLINIC	REGISTER NO.
	M	[REDACTED]	ICW#1	
	FILM NO.	b(6)-2		PREGNANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	REQUESTED BY (Print)	[REDACTED]		TELEPHONE/PAGE NO.
SIGNATURE OF REQUESTOR				DATE REQUESTED
[REDACTED]				28 OCT 03

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

28 OCT 03 R/O DVT
1748

DATE OF EXAMINATION (Month, day, year) DATE OF REPORT (Month, day, year) INSCRIPTION (Month, day, year)
1748 Please notify Dr. [REDACTED] or Surgeon on-call ASAP.

1) (+) (R) DVT involving

entire Superficial Femoral Vein and Popliteal Vein
Based on Color Doppler and Compressibility US.

2) (R) CFV and (R) CFV/DFV bifurcation normal.

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

[REDACTED] Rm 2
Bed A
b(6)-4

LOCATION	[REDACTED]
LOCATION OF RADIOLOGIC FACILITY	[REDACTED]
SIGNATURE	[REDACTED]

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]	19 JUL 03	2115 HOURS	
NURSING UNIT			DATE OF ORDER		
ICW1			20 OCT 03		
ROOM NO.			TIME OF ORDER		
240			0230 HOURS		
BED NO.			DATE OF ORDER		
0223			20 OCT 03		
PATIENT IDENTIFICATION			TIME OF ORDER		
[REDACTED]			0230 HOURS		
NURSING UNIT			DATE OF ORDER		
ICW1			20 OCT 03		
ROOM NO.			TIME OF ORDER		
240			0230 HOURS		
BED NO.			DATE OF ORDER		
0223			20 OCT 03		
PATIENT IDENTIFICATION			TIME OF ORDER		
[REDACTED]			0230 HOURS		

b(6)-4
 19 Oct 03
 2200

b(6)-2

DA FORM 4256 1 APR 79

REPLACES FORM OF 1 JUL 77, WHICH MAY BE USED

MEDCOM - 21724

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 5 APR 03	TIME OF ORDER 1620 HOURS	LIST TIME ORDER NOTED AND SIGN [REDACTED]
			① 2 COMBIDOL TO 2 MG Q DAY.		[REDACTED]
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
PATIENT IDENTIFICATION # b(6)-4 [REDACTED]			DATE OF ORDER 6 APR 03	TIME OF ORDER 1600 HOURS	b(6)-2
			① 4000 COMBIDOL VARY 16 Q MW 03,		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
PATIENT IDENTIFICATION # b(6)-2 [REDACTED]			DATE OF ORDER	TIME OF ORDER	b(6)-2
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
PATIENT IDENTIFICATION # b(6)-2 [REDACTED]			DATE OF ORDER	TIME OF ORDER	
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77 WHICH MAY BE USED. MEDCOM - 21726

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. 10th Yr. 2003

VERIFY BY INITIALING		RECURRING ACTIONS, FREQUENCY, TIME	HR	INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION													
ORDER DATE	CLERK/NURSE			19	20	21	22	23	24	25	26	27	28	29	30	31	1
19 Oct	[REDACTED]	VS Routine	06 18 06	/													
19 Oct	[REDACTED]	NPO	06 18 06	/													
20 Oct	[REDACTED]	VS ROUTINE	06 18 06	/													
20 Oct	[REDACTED]	Regular diet	06 18 06	/													
20 Oct	[REDACTED]	Updd lib, crutches	06 18 06	/													
20 Oct	[REDACTED]	NWB on (R)	06 18 06	/													
20 Oct	[REDACTED]	OOBTC TID	06 18 06	/													
20 Oct	[REDACTED]	Elevate RLE	06 18 06	/													
31 Oct	[REDACTED]	PT, PTI QDAY x 7 days to begin AM 1/NOV/03	06 18 06	/													

ALLERGIES: YES NO PRIMARY DIAGNOSIS: **Open @ Tib/Rib s/p GSW** 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

Revised 2/2003

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

Mo. 11 Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED																
				2	3	4	5	6	7	8	9	10								
2001	[REDACTED]	VS routine	6	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
2001	[REDACTED]	Regular Diet	6	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
2001	[REDACTED]	up ad lib crutches	6	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		NWB on R	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
2001	[REDACTED]	Elevate RUE	6	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
31 Oct	[REDACTED]	PT/PTT QD x 7 days (start INOV)	04	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			X	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

b(6)-2

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:

open R tib/fib (SPONSW)

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

REWRITTEN 2/20/03

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. <u>11</u> Yr. <u>03</u>								
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION												
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED										
				2	3	4	5	6	7	8	9	10	11	12
30 OCT	[REDACTED]	LR @ 150cc / d	6	[REDACTED]										
	[REDACTED]	HL when tol po.	18	[REDACTED]										
30 OCT	[REDACTED]	Ancet + gm IVPB q8h	8	[REDACTED]										
	[REDACTED]		16	[REDACTED]										
	[REDACTED]		24	[REDACTED]										
30 OCT	[REDACTED]	Gentamicin 90mg IVPB qd	10	[REDACTED]										
	[REDACTED]		X	[REDACTED]										
31 OCT	[REDACTED]	Coumadin 5mg po qd	10	[REDACTED]										
5 NOV	[REDACTED]	change to 2mg po qd	10	[REDACTED]										
8 NOV	[REDACTED]	Coumadin 2mg po qd	10	[REDACTED]										
		x 30 days		[REDACTED]										
		b(6)-2		[REDACTED]										

ALLERGIES: YES NO

PRIMARY DIAGNOSIS: open @ tib/fib (S/P a/b/w)

ADDITIONAL PAGES IN USE: YES 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 - 21734

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

DTSG APPROVED (Date)

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

Date: 20 Oct 03
 Time In: 0535
 Allergies: NKDA
 Pre-op V/S: 95/34 100
 Procedures: 2 ankle ORIF
 Anesthesia Type (Circle): General Spinal Epidural
 IV Sedation Nerve Block
 OR Intake: Crystalloid 2000 Colloid 0
 OR Output: UOP 300 EBL mm
 Meds/Times: Fentanyl, MSO4

Baseline

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	7 7 8 8 8	
T	96 9	

Pacu Intake					
Time	Solution	Amount	Site	By	Infused
	LR				
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	0	0	2	AIRWAY A = Ambu BB = Blow-by M = Mask FT = Face Tent	
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	1	1	2	RA = Room Air NC = Nasal Cannula	
Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op	2	2	2	V/S X = A-line BP = Cuff BP = Pulse	
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	1	1	1	TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal	
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	2	LOS C = Cervical T = Thoracic L = Lumbar S = Sacral	
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	/				
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	6	6	9		

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

(Continue on reverse)

PREPARED BY (Sign) [Signature] LPN

DEPARTMENT/SERVICE/CLINIC PACU

DATE 20 Oct 03

PATIENT'S IDENTIFICATION (written entries give: first, middle, grade, date; hospital or medical facility)
 # [Redacted] b(6)-2
 # [Redacted] b(6)-4

Name - last.

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

NURSING NOTES

0535 Received pt per letter from OR. Pt has oral airway. pt connected to monitor. SpO2 88%, pt put on 8L O2 via Fm. SpO2 now 100%. Settled. Pt continues to be very sleepy. VS remain stable. O2/O2. - [Redacted]

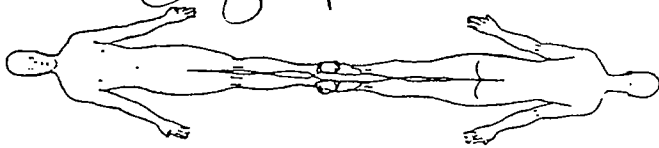
b(1)-2

NEUROVASCULAR							
Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm	Rankle	UTA	UTA	P	B	C	PK
15'	Rankle	UTA	UTA	P	B	C	PK
30'	Rankle	UTA	UTA	P	B	C	PK
45'							
60'							
90'							
D/C	ankle	+	+	P	B	C	PK

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

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

DRESSINGS			
Time	Location	Type	Drainage
Adm	Rankle	Soft cast	
30'	Rankle	Soft cast	
60'			
D/C	log	soft cast	



b(1)-2

PACU OUTPUT			
Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?
11:00	NSR	NO	NO

Discharge Criteria:
 Date: 2007-03-03 Time: 06:10 PARS: 9
 BP: 109/53 HR: 96 RR: 12 SaO2: 94
 Pain Level at D/C (0-10):
 Intake: 600 Output: 400
 Additional Data:
 Transferred To: [Redacted]
 Report Given To: [Redacted]
 Transferred Via: [Redacted] Ambulance
 Transferred By: [Redacted]
 Cleared IAW Recovery [Redacted]
 Charge Nurse Signature: [Redacted]

b(6)-4

Hold

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

<input type="checkbox"/> Offense against Civilian(s) [check one] If "Other" then describe: _____	
<input type="checkbox"/> Arson (I.P.C. 342)	<input type="checkbox"/> Burglary or Housebreaking (I.P.C. 428)
<input type="checkbox"/> Solicitation of Fornication/Prostitution (I.P.C. 399)	<input type="checkbox"/> Extortion/Communicating Threats (I.P.C. 430)
<input type="checkbox"/> Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 402)	<input type="checkbox"/> Theft (I.P.C. 439)
<input type="checkbox"/> Murder (I.P.C. 405)	<input type="checkbox"/> Destruction of Property (I.P.C. 477)
<input type="checkbox"/> Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)	<input type="checkbox"/> Obstructing a Public Highway/Place (I.P.C. 487)
<input type="checkbox"/> Maiming (I.P.C. 412)	<input type="checkbox"/> Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 495)
<input type="checkbox"/> Simple Assault (I.P.C. 415)	<input type="checkbox"/> Riot or Breach of Peace (I.P.C. 495(3))
<input type="checkbox"/> Kidnapping (I.P.C. 421)	<input type="checkbox"/> Other

<input type="checkbox"/> Offense against Coalition Forces [check one] If "Other" then describe: <u>RPG-7 Attack</u>	
<input type="checkbox"/> Violation of Curfew	<input type="checkbox"/> Trespass on Military Installation or Facility
<input type="checkbox"/> Illegal Possession of Weapon	<input type="checkbox"/> Photographing/Surveillance Military Installation or Facility
<input checked="" type="checkbox"/> Assault/Attack on Coalition Forces	<input type="checkbox"/> Obstructing Performance of Military Mission
<input type="checkbox"/> Theft of Coalition Force Property	<input type="checkbox"/> Other

Apprehending Unit: <u>2-3 FA</u>	Location Grid: <u>MB 401 914</u>
Date of Incident: (D/M/Y) <u>19 10 03</u> to <u>1 1</u>	Time of Incident: <u>1100Z</u> hrs to _____ hrs
Date of Report: (D/M/Y) <u>1 1</u>	Time of Report: _____ hrs

Detainee # _____		Key Connected Person: <input type="checkbox"/> Victim <input type="checkbox"/> Witness	
Last Name: <u>[REDACTED]</u> <u>22 yrs old</u>		Last Name: _____	
First Name: <u>[REDACTED]</u> Given Name: _____		First Name: _____ Given Name: _____	
Hair Color: <u>B</u>	Scars/Tattoos/Deformities: _____	Hair Color: _____	Scars/Tattoos/Deformities: _____
Eye-Color: _____	Weight: _____ lb	Height: _____ in	Eye-Color: _____
Address: <u>60th Street #314 box 162</u>		Address: _____	
Place of Birth: _____		Place of Birth: _____	
Ethn/Tribe/ Sect: _____	Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Phone#: _____	DOB D/M/Y: _____
		<input type="checkbox"/> Mobile	<input type="checkbox"/> Regular
<input type="checkbox"/> Passport	<input type="checkbox"/> Dr. license	<input type="checkbox"/> Other (specify)	Document #: _____

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

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

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

Name of Assisting Interpreter: b(6)-2 b(6)-2 Email, Phone, or Contact Info: _____

Detaining Soldier's Name (Print): <u>[REDACTED]</u>	Supervising Officer's Name (Print): <u>[REDACTED]</u>
Signature: <u>[REDACTED]</u>	Signature: <u>[REDACTED]</u>
Email: <u>[REDACTED]</u>	Email: <u>[REDACTED]</u>
Unit Phone: <u>[REDACTED]</u>	Unit Phone: <u>[REDACTED]</u>
Date: <u>19 10 03</u>	Date: <u>1 1</u>

MEDCOM - 21738

[REDACTED] b(6)-4

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

Why was this person detained? was the person responsible
for firing a RPG-7 at the 7-3 FA
Palace Complex. He was ~~admitted~~ implicated
as the shooter and was trained local to
do this

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

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

Who was with this person? _____

What weapons was this person carrying? _____

What contraband was this person carrying? _____

What other weapons were seized? _____

What other information did you get from this person? _____

Additional Helpful Information: _____

[REDACTED] b(6)-2

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

LOCATION 2-3 FA, BAGHDAD, IRAQ	DATE 19 OCT 03	TIME 1741	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED] b(6)-2	SOCIAL SECURITY NUMBER		GRADE/STATUS SFC/AD
ORGANIZATION OR ADDRESS FOB 51, BAGHDAD, IRAQ			

I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

191100Z OCT 03 TWO (2) INDIVIDUALS FIRED AN RPG-7 AP ROUND FROM 38S MB 401914 AND IMPACTED AT GRID 38S MB 405916, ZONE 18. THE ROUND FLEW OVER OUR POSITION AND IMPACTED IN THE 2-3 FA MOTOR POOL. THE LAUNCH WAS 150 M FROM OUR POSITION. WE SHOT AND WOUNDED THE TWO (2) IRAQI'S IN THE LEGS AT THE LAUNCH SITE. [REDACTED] (THE ACCOMPLICE), AGE 16, FROM AL AZHAMIYA AND [REDACTED] (THE SHOOTER) AGE 22, FROM AL AZAMIYA. THE TWO (2) IRAQI'S WERE THEN TAKEN TO 2-3 FA HOSPITAL FOR MEDICAL TREATMENT WHERE THEY WERE STABILIZED AND QUESTIONED. [REDACTED] CONFESSED THAT [REDACTED] HAD FIRED THE RPG AT THE 2-3 FA FOB. THEY GOT THE RPG FROM [REDACTED], ALSO OF AL AZAMIYA, THEN TOOK A TAXI WITH THE RPG IN A BOX. [REDACTED] (THE SHOOTER) FIRED THE RPG FROM UNDERNEITH THE AL AZAMIYA BRIDGE NEXT TO THE RIVER. AFTER LOOKING AT THE SPENT WAREHEAD IT WAS DETERMINED THAT IT WAS AN RPG AP ROUND. THE ROUND LANDED UNDER THE FRONT AXLE OF A PLS AND CAUSED ONLY SLIGHT DAMAGE. [REDACTED] WALKED FREELY, GIVING US THE INFORMATION CONCERNING THIS INCIDENT. HE SAID THAT [REDACTED] (THE SHOOTER) WOULD EVENTUALLY TALK AND ADMITT HIS GUILT. [REDACTED] (THE SHOOTER) DENIED ANY KNOWLEDGE OF THE INCIDENT AND INSISTED THAT HE DIDN'T SEE ANYTHING. SWORN STATEMENTS WERE GIVEN TO 2-3 FA TO ACCOMPANY THE DETAINEES TO 1 BCT, 1AD. -----NOTHING FOLLOWS-----

b(6)-4

b(6)-2

EXHIBIT	INITIALS OF REPORTER [REDACTED]	DATE 19 Oct 03	PAGE 1 OF _____ PAGES
---------	------------------------------------	-------------------	-----------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED."
 THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE _____ OF _____ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

STATEMENT (Continued)

b(6)-2

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE [REDACTED]. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL [REDACTED] OR UNLAWFUL INDUCEMENT.

[REDACTED SIGNATURE]
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____, 19 _____ at _____

[REDACTED SIGNATURE]
(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

MEDCOM - 21741

b(6)-2

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

LOCATION 2-3 FA, BAGHDAD, IRAQ	DATE 19 OCT 03	TIME 1745	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	SOCIAL SECURITY NUMBER		GRADE/STATUS SFC/AD
ORGANIZATION OR ADDRESS FOB 51, BAGHDAD, IRAQ			

I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

191100Z OCT 03 TWO (2) INDIVIDUALS FIRED AN RPG-7 AP ROUND FROM 38S MB 401914 AND IMPACTED AT GRID 38S MB 405916, ZONE 18. THE ROUND FLEW OVER OUR POSITION AND IMPACTED IN THE 2-3 FA MOTOR POOL. THE LAUNCH WAS 150 M FROM OUR POSITION. WE SHOT AND WOUNDED THE TWO (2) IRAQI'S IN THE LEGS AT THE LAUNCH SITE [REDACTED] (THE ACCOMPLICE), AGE 16, FROM AL AZHAMIYA AND [REDACTED] (THE SHOOTER) AGE 22, FROM AL AZAMIYA. THE TWO (2) IRAQI'S WERE THEN TAKEN TO 2-3 FA MED STATION FOR MEDICAL TREATMENT WHERE THEY WERE STABILIZED AND QUESTIONED. [REDACTED] CONFESSED THAT [REDACTED] HAD FIRED THE RPG AT THE 2-3 FA FOB. THEY GOT THE RPG FROM [REDACTED], ALSO OF AL AZAMIYA, THEN TOOK A TAXI WITH THE RPG IN A BOX. [REDACTED] AND [REDACTED] (THE SHOOTER) FIRED THE RPG FROM UNDERNEITH THE AL AZAMIYA BRIDGE NEXT TO THE RIVER. AFTER LOOKING AT THE SPENT WAREHEAD IT WAS DETERMINED THAT IT WAS AN RPG AP ROUND. THE ROUND LANDED UNDER THE FRONT AXLE OF A PLS AND CAUSED ONLY SLIGHT DAMAGE. [REDACTED] TALKED FREELY, GIVING US THE INFORMATION CONCERNING THIS INCIDENT. HE SAID THAT [REDACTED] (THE SHOOTER) WOULD EVENTUALLY TALK AND ADMITT HIS GUILT. [REDACTED] (THE SHOOTER) DENIED ANY KNOWLEDGE OF THE INCIDENT AND INSISTED THAT HE DIDN'T SEE ANYTHING. SWORN STATEMENTS WERE GIVEN TO 2-3 FA TO ACCOMPANY THE DETAINEES TO 1 BCT, 1AD.

b(6)-4

b(6)-2

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 1 PAGES
<p>ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED] CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE [REDACTED] OF [REDACTED] PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.</p>		

STATEMENT (Continued)

b(6)-2

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE [REDACTED]. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[REDACTED]
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____, 19 _____ at _____

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

[REDACTED]

PAGE / OF / PAGES

MEDCOM 21743

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

LOCATION 2-3 FA, BAGHDAD, IRAQ	DATE 19 OCT 03	TIME 1741	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED] b(6)-2	SOCIAL SECURITY NUMBER		GRADE/STATUS CW1/AD
ORGANIZATION OR ADDRESS FOB 51, BAGHDAD, IRAQ			

I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

191100Z OCT 03 TWO (2) INDIVIDUALS FIRED AN RPG-7 AP ROUND FROM 38S MB 401914 AND IMPACTED AT GRID 38S MB 405916, ZONE 18. THE ROUND FLEW OVER OUR POSITION AND IMPACTED IN THE 2-3 FA MOTOR POOL. THE LAUNCH WAS 150 M FROM OUR POSITION. WE SHOT AND WOUNDED THE TWO (2) IRAQI'S IN THE LEGS AT THE LAUNCH SITE. [REDACTED] (THE ACCOMPLICE), AGE 16, FROM AL AZHAMIYA AND [REDACTED] (THE SHOOTER) AGE 22, FROM AL AZAMIYA. THE TWO (2) IRAQI'S WERE THEN TAKEN TO 2-3 FA MEDICATION FOR MEDICAL TREATMENT WHERE THEY WERE STABILIZED AND QUESTIONED. [REDACTED] CONFESSED THAT [REDACTED] HAD FIRED THE RPG AT THE 2-3 FA FOB. THEY GOT THE RPG FROM [REDACTED], ALSO OF AL AZAMIYA, THEN TOOK A TAXI WITH THE RPG IN A BOX. [REDACTED] AND [REDACTED] (THE SHOOTER) FIRED THE RPG FROM UNDERNEITH THE AL AZAMIYA BRIDGE NEXT TO THE RIVER. AFTER LOOKING AT THE SPENT WAREHEAD IT WAS DETERMINED THAT IT WAS AN RPG AP ROUND. THE ROUND LANDED UNDER THE FRONT AXLE OF A PLS AND CAUSED ONLY SLIGHT DAMAGE. [REDACTED] WALKED FREELY, GIVING US THE INFORMATION CONCERNING THIS INCIDENT. HE SAID THAT [REDACTED] (THE SHOOTER) WOULD EVENTUALLY TALK AND ADMITT HIS GUILT. [REDACTED] (THE SHOOTER) DENIED ANY KNOWLEDGE OF THE INCIDENT AND INSISTED THAT HE DIDN'T SEE ANYTHING. SWORN STATEMENTS WERE GIVEN TO 2-3 FA TO ACCOMPANY THE DETAINEES TO 1 BCT, 1AD. -----NOTHING FOLLOWS-----

b(6)-4

Nothing Follows

b(6)-2

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE _____ OF _____ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.		

STATEMENT (Continued)

[Large area of the page is crossed out with a large handwritten 'X' and contains a handwritten note 'b(5)-2' pointing to a redacted area.]

AFFIDAVIT

I, [REDACTED] HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this [REDACTED] day of [REDACTED], 19 [REDACTED] at [REDACTED]

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

USAPPC V2.00

MEDCOM - 21745

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOP/S

LOCATION 2-3 FA, BAGHDAD, IRAQ	DATE 19 OCT 03	TIME 1741	FILE NUMBER
LAST NAME FIRST NAME MIDDLE NAME [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]		GRADE/STATUS SSG/AD
ORGANIZATION OR ADDRESS FOB 51, BAGHDAD, IRAQ			

b(6)-2

I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

191100Z OCT 03 TWO (2) INDIVIDUALS FIRED AN RPG-7 AP ROUND FROM 38S MB 401914 AND IMPACTED AT GRID 38S MB 405916, ZONE 18. THE ROUND FLEW OVER OUR POSITION AND IMPACTED IN THE 2-3 FA MOTOR POOL. THE LAUNCH WAS 150 M FROM OUR POSITION. WE SHOT AND WOUNDED THE TWO (2) IRAQI'S IN THE LEGS, AT THE LAUNCH SITE. [REDACTED] (THE ACCOMPLICE), AGE 16, FROM AL AZHAMIYA AND [REDACTED] (THE SHOOTER) AGE 22, FROM AL AZAMIYA. THE TWO (2) IRAQI'S WERE THEN TAKEN TO 2-3 FA MEDSTATION FOR MEDICAL TREATMENT WHERE THEY WERE STABILIZED AND QUESTIONED. [REDACTED] CONFESSED THAT [REDACTED] HAD FIRED THE RPG AT THE 2-3 FA FOB. THEY GOT THE RPG FROM [REDACTED] ALSO OF AL AZAMIYA, THEN TOOK A TAXI WITH THE RPG IN A BOX. [REDACTED] AND [REDACTED] (THE SHOOTER) FIRED THE RPG FROM UNDERNEITH THE AL AZAMIYA BRIDGE NEXT TO THE RIVER. AFTER LOOKING AT THE SPENT WAREHEAD IT WAS DETERMINED THAT IT WAS AN RPG AP ROUND. THE ROUND LANDED UNDER THE FRONT AXLE OF A PLS AND CAUSED ONLY SLIGHT DAMAGE. [REDACTED] TALKED FREELY, GIVING US THE INFORMATION CONCERNING THIS INCIDENT. HE SAID THAT [REDACTED] (THE SHOOTER) WOULD EVENTUALLY TALK AND ADMITT HIS GUILT. [REDACTED] (THE SHOOTER) DENIED ANY KNOWLEDGE OF THE INCIDENT AND INSISTED THAT HE DIDN'T SEE ANYTHING. SWORN STATEMENTS WERE GIVEN TO 2-3 FA TO ACCOMPANY THE DETAINEES TO 1 BCT, 1AD. -----NOTHING FOLLOWS-----

b(6)-4

b(6)-4

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED."
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STATEMENT (Continued)

[Large handwritten X across the page]

b(6)-2

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[REDACTED]
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____, 19 _____ at _____

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

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1. Reporting MTF 0580 [REDACTED]		2. MTF L: [REDACTED]		Admission and Coding Information For use of this form, see AR 40-400; the proponent agency is OTSG	
3. Register Number [REDACTED]		Name (Last, First, MI) [REDACTED]			
5. Sex M		6. DoB (YYYYMMDD) [REDACTED]		7. Age at Admission 22Y	
8. Race X		9. Ethnicity 9		10. Length of Service ETS	
11. FMP 99		12. Social Security Number [REDACTED]		13. Marital Status	
14. Flying Status		15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES		16. Zip Code of Residence:	
17. Unit Location		18. MOS		19. Trauma DIS	
20. Source of Admission Direct from ER		Ward:		Prev. Admission NO	
21. Type of Disposition TRF-OTH		22. MTF Transferred To		23. Date of Disposition (YYYYMMDD) 2003-11-09	
24. Clinic Svc - Admitting ABA - GENERAL SURGERY		25. MTF Transferred From		26. Date this Admission (YYYYMMDD) 2003-10-19	
27. Location of Occurrence		28. MTF of Initial Admission		29. Date of Initial Admission 2003-10-19	
FOR LOCAL USE					
Type Patient (Inpatient / Outpatient): Inpatient					
Admission Diagnosis Narrative: SOFT TISSUE WND					
Procedure Narrative(s):					
Cause of Injury Narrative:					
<p style="text-align: right;"> Dx 82392 9972 E9912 4538 PROC 7936 7966 7817 Trauma 9 Inj 569 [REDACTED] </p>					
Admitting Officer (Signature, as required)		Signature of Admitting Clerk			

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b(6)-4

INPATIENT TREATMENT RECORD COVER SHEET

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

1. Register Nbr [REDACTED]		2. Name [REDACTED]				3. Grade FGN		Admission Remarks
4. Sex M	5. Age 17Y	6. Race X	7. Religion	8. LnthOfSvc	9. ETS	10. PrevAdm NO		
11. FMP 99	12. SSN [REDACTED]	13. Organization				14. Ward ICW1		
15. FlyStatus		17. Dept / Ben K78-PRISONER OF WAR/INTER		18. BranchCorps	19. UIC / ZIP	20. Type Case DIS		
21. Source of Admission Direct from ER				22. Hour Of Adm: 01:15	23. Clinic Service AEA - ORTHOPEDICS			
24. Name/Relation of Emergency Addressee				25. Type Disp TRF-OTH	26. Date of Disp 2003-10-27			
27a. Address of Emergency Addressee				27b. Telephone No	28. Date This Adm: 2003-10-21	Admitting Officer: [REDACTED]		
29. Reporting MTF 0580 [REDACTED]				30. Date Init Adm 2003-10-21		32. Units Blood Components		
31. Selected Administrative Data								
Marital Status:		DoB: [REDACTED]		b(6)-4				
In/Out Patient: Inpatient		MOS:		b(6)-4				
33. Cause Of Injury:								
34. Diagnosis / Operations and Special Procedures: GSW R UE								
35. Total Days This Facility								
Absent Sick Days 0	Other Days 0	ConLv / Coop Care Days 0	Supplemental Care 0	Bed Days 7	Total Sick Days 7			
35. Total Days This Facility								
Absent Sick Days 0	Other Days 0	ConLv / Coop Care Days 0	Supplemental Care 0	Bed Days 7	Total Sick Days 7			
Signature of Attending Medical Officer [REDACTED]				Signature of PAD or Medical Records Officer [REDACTED]				

b(2)-2

b(6)-4

b(6)-4

b(6)-2

MEDCOM - 21749

MEDICAL RECORD

ABBREVIATED MEDICAL RECORD

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

~ 30 yo Iraqi detainee GSW (R) ARM / Forearm

pt healthy by report.

PHYSICAL EXAMINATION

RUE. palp radial pulse.
open fx humerus / radius (GSW)
Radial nr appears out.

XRAYS - (R) humerus, (R) radius fx.

PROGRESS (Enter date of discharge and final diagnosis)

- OR for I/D + ORIF
- Key 3-1
- b(6)-2

SIGNATURE	DATE	IDENTIFICATION NO.	ORGANIZATION
[REDACTED]	21 OCT 2003		
PATIENT IDENTIFICATION	(For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.
			WARD NO.

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRM (41 CFR) 201.45.505
OCTOBER 1975
USAPPC V1.00

MEDCOM - 21750

MEDICAL RECORD PROGRESS NOTES

DATE	NOTES
21 Oct 03 0800	- Assumed care of pt transfer from AACU USS transported per litter, self transferred from litter to bed's difficulty. lungs clear HRRR tachy 105-115 range - PIV X 2 @ Upper Arm and @ FA patent, Foley to gravity clear yellow urine. Active BS X 4 qads AM care given. sleep yet easily arousable & no pain or discomfort. Do @ UE BSW IV ABX TK arm in a sling - Will cont to monitor [redacted]
21 Oct 2003	<p>ORVVO</p> <p>Open cl's sleep</p> <p>WVWS</p> <p>Ratrol in at (same as prev)</p> <p>Stab</p> <p>✓ KWAY</p> <p>✓ work in couch days</p> <p>[redacted]</p> <p>[redacted]</p>

b(6)-2

[redacted]

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

[redacted] b(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 6/1989)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(h)(10)
USAPA V1.00

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
			b(6)-2

DATE	NOTES
210403 1930	VSS alert & oriented. Lungs clear Bilateral. AB soft non-distended. BS @ x4 quad. Peripheral pulses +2. AOB → BP ambulated. _____ R arm in sling. Voids clear yellow urine per foley. HOB ↑ 30°. Resting eye closed. No pain voiced or noted. Will continue to monitor _____ 2470

220003 (1830)	Ass med care of pt & good p report from night shift. Pt alert, speaking Arabic. VSS. No clo pain. Dsg to RUE intact. R hand swollen. Pt able to move fingers. Skin warm to touch. Personal hygiene done this am & assist of staff. Tol. reg diet well. Foley draining quantity sufficient. clear yellow urine. SL in R forearm flushes well & s/sx infection/infiltration. A point restraints in place & s/sx complications will continue to monitor. _____ b(6)-2 _____ (u)A (1245) Pt AOB to chair & difficulty. Amb in hallway & steady gait. Will cont. to monitor. _____ (u)A
------------------	---

220403 1530	VSS alert Lungs clear Bilateral. ABV soft non- distended. BS @ x4 quad. Dsg to RUE dsg & intact B radial pulse +2. R toes capillary refill < 3sec. R hand & swell non-pitting. Moves fingers to R hand freely. L FA saline lock patent & intact. Foley to gravity draining clear yellow urine Will continue care as planned _____ 2470
----------------	---

MEDICAL RECORD

PROGRESS N

DATE

NOTES

23 OCT 03 (1440) Assumed care of pt a) drop to report from night shift. Pt alert, speaking Arabic vss. Pain controlled c Percs drug to RUC Ad - staples intact c sm amount sero sang drainage. wet to dry drug applied to upper 60N entrance. Amb in hallway s difficulty. sl in @ forearm flushes well s slx infection/infiltration. Tol. reg diet well. Foley draining quantity sufficient clear yellow urine. 2 point restraints in place s slx complications. will continue to monitor. [redacted]

(155) Foley d/c'd. Pt aware he is DTV by 2215, into unhal. monitoring. [redacted] IV in @ forearm d/c'd alt infiltration. 18g IV started in @ forearm flushes well s slx infiltration. monitoring [redacted]

23 OCT 03 2200 Alert & oriented Temp @ beginning of shift 101.2. Tylenol 650mg PO given. Temp rechecked @ 2200 99. Lung clear. BS E x 9 quadrants. Abd soft nrc distended. Peripher pulses palpable +2. @ RUC c staples intact to incision. Posterior @ RUC entrance wound c pink moist tissue. Old dir soiled c orange drainage. @ RUC @ Grand swollen but non pitting. @ RUC ↑

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

[redacted] b(6)-4

b(6)-2

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

LAST NAME

NAME

MIDDLE

ID NUMBER

DATE

NOTES

23 OCT 03 (Continued)
 on pillow. (L) FA In line lock patient &
 intact. Vitals clear yellow urine -
 Will continue care as planned. [REDACTED] 207A

24 OCT 03 135. A.O. @ 2 pulse to RVE. Placed on alfalfa & chux
 and elevated at cervical. @ pain to RVE and proximal
 2 proximal. @ 3 ready to bark. @ 3 TC = some
 assistance. DSG to wound & staple. @ 4. Noisy light
 yellow urine, @ 5. [REDACTED]

24 OCT 03 @ 2100 135. Pt has temp of 101. Medicated @ 650mg Tylenol. Will
 continue to monitor. @ arm elevated to 2 blankets.
 @ hand swollen. @ pulse + @ capillary refill. Pt able to
 move fingers. DSG to @ arm @ 21. [REDACTED] 70A

24 OCT 03

DDTTO STAFF

Increase cleanliness of [REDACTED]

- Cont down exercise.

Slc to ERW [REDACTED] soon.

b(6)-2

25 OCT 03 135. A.O. @ 2 pulse to RVE and CNS intact. @ 207. E. @ 2100
 1200 - @ time. Ambulated for 10 on ward & difficult. To bed
 @ 1000. DSG A'd to RVE. changed [REDACTED].

25 OCT @ 1900 Pt lying via U9. @ arm elevated. DSG has ^{small amount of} ~~had~~ ^{clear} ~~clear~~ ^{orange} drainage.
 @ hand swollen. @ pulse, @ capillary ~~refill~~ ^{refill}. Pt able to
 move fingers. Lung sounds clear through all lobes. S1, S2 audible.
 @ vowel sounds. [REDACTED]

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDCOM - 21754

MEDICAL RECORD

PROGRESS NOTES

26 OCT 03 0910 Pt. sitting up in bed, A&O. (R) UE elevated on two blankets + 3 pillow edema to (R) hand. DRNG to (R) arm Δ'd e day Herber sponges & wrap. Moderate amount of serous fluid draining to old dressing. Staples to (R) UE intact, edges well approximated. D/C to pain at this time. All other assessments WNL. Pt. ambulated to BR and walked in hallway for 5 min. Difficulty Pt. in 2-point restraints, D signs of breakdown.

27 OCT 03 0050 Pt. has (R) arm elevated. (R) 2 edema. Staples open to air. Staples (S/Sx of infection). Wound well approximated. Tolerating regular diet. (R) pulse in (R) arm. Pt able to move fingers. (R) capillary refill.

27 OCT 03 1330 Pt. A&O x 3. V.S.S. (R) arm DRNG Δ'd, CDT, Staples intact. (R) arm above on two blankets while in bed. 1-2+ edema to (R) FA & hand. Pt. now in MP custody. D/C to EPW wrap, ambulatory (R) UE in sling. All other assessments WNL.

b(6)-2

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	

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

b(6)-4

PROGRESS NOTES
Medical Record

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

LAST NAME

FIRST NAME

MIDDLE INITIAL

ID NUMBER

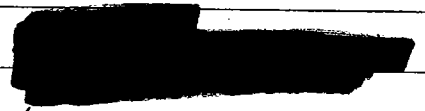
DATE

NOTES

10/27/03

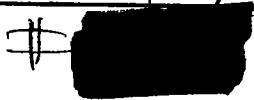
D/C Summary

30 yo Iraqi male post ORIF
 of humerus and proximal radius fracture.
 Patient has permanent radial nerve palsy.
 Remove staples from Right arm in one
 week. Slung for immobilization for comfort.
 Range of motion by patient as tolerated.
 Follow up in 6 weeks for repeat
 x-rays



b(6)-2

b(6)-4



MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Litter BY CPT [REDACTED] 2. PATIENT IDENTIFIED BY [REDACTED] RECORD REVIEWED AND PROCEDURE VERIFIED BY [REDACTED]

3. DATE 31 Oct 2003 TIME PATIENT ARRIVED IN SUITE 0840 4. PATIENT IN ROOM TIME 0940 NUMBER 1

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS: b(6)-2

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>SPC [REDACTED]</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>CPT [REDACTED]</u>	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

Pt in proper body alignment @ Arm on Arm board @ 290° Right Arm on two arm boards serving as an arm table.

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

COMMENTS: Dr Wugate placed a lots w-drape pre-prep to isolate the prep field.

8. SKIN PREPARATION

HAIR REMOVAL YES NO

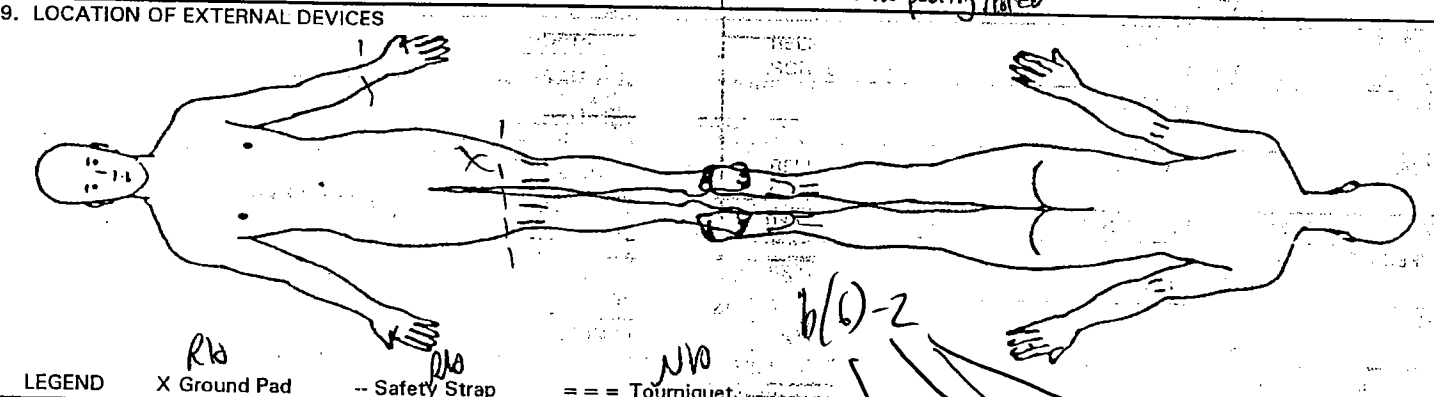
DONE BY: OR NURSING UNIT

METHOD: DEPILETORY RAZOR CLIP

PREP SOLUTION (Specify) Betadine scrub/paint BY WHOM: [REDACTED]

SITE: Right Arm, Axilla, distal part of shoulder BY WHOM: [REDACTED]

COMMENTS: no pasting noted



10. COUNTS

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

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

[REDACTED] b(6)-4

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

ESU NO: RSE 105365

GROUND PAD: BRAND valleylab LOT NO: 7001

ESU NO: _____

GROUND PAD: BRAND _____ LOT NO: _____

BIPOLAR NO: _____

13. PROSTHESIS, IMPLANTS
 Synthes Ocp plates Locid # 0528603
 8 hole plate 226.08 x 1

NO IF YES NAME: ID NUMBER
 Synthes ASIF screws Locid # 0629201
 cortical 4.5 screws
 214.034 x 1 214.028 x 2 214.036 x 1
 214.026 x 1 214.030 x 2

STURER
 Synthes Frig set Locid # 0529361
 3.5 cortical screws
 204.120 x 4 204.16 x 1
 204.18 x 4 8 hole plate 248.08 x 1

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

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

OTHER ORDERS

	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES NO IF YES, SITE: C-Arm Right Arm

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES NO

TYPE/SIZE	1.	2.	3.
	3/8" Penrose		
SITE	C-arm		

18. DRESSING/IMMOBILIZATION (Specify)
 Kerofom, ABD, 4x4, Kerley PCE

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

20. OPERATION(S) PERFORMED
 JDD E ORIF Right Radius + Right Ulna
 b(6)-2

21. PATIENT TRANSFERRED TO [Redacted] (ICU) TIME 06:35 METHOD Litter

22. REGISTERED NURSE SIGNATURE [Redacted] CPT [Redacted]

MEDICAL RECORD	PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT <small>For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General.</small>
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1. AGE: <u>17yo EPW</u> HEIGHT: <u>?</u> WEIGHT: <u>?</u>	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): <u>unknown</u>
	3. PREVIOUS SURGERY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (type):

4. PROPOSED SURGICAL PROCEDURE:
ORIF + I/D Rgt R Radius / Humerus

5. ADDITIONAL INFORMATION: Last PO: _____ Medical Hx: None Implants: Medications: _____
 Jewelry removed: yes/no: _____ Family waiting: yes/no: _____
Unable to assess due to emergency nature of situation

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

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

[REDACTED] EPW
 b(6)-4

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

10. OR NURSING INTERVENTIONS COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.
 _____ *COPIA* _____ *21 Oct 03* _____ DATE

11. POSTOPERATIVE EVALUATION:
Goals met *b(6)-2* *b(6)-2*

12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title) _____ *COPIA*
 DATE: *21 Oct 03* TIME: *0240* *b(6)-2*

13. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title) _____ *COPIA*
 DATE: *21 Oct 03* TIME: *0620*

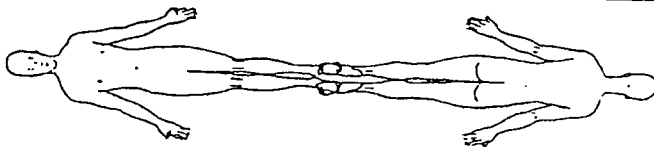
MEDICATIONS						
Allergies:						
Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By
0630		12.5mg Demerol	IV			mm

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

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

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

DRESSINGS			
Time	Location	Type	Drainage
Adm	R Arm	Ice wrap	o/d/1
30'	R Arm	ice wrap	o/d/1
60'			
D/C			



PACU OUTPUT			
Time	Source	Color/Appearance	Amount
0657	Poley	clear, yellow	140

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?
0620	152	φ	φ

NURSING NOTES

Received from OR s/p DRIF of R humerus + radius. Pt SpO2 98% Pt moving around a lot. Pt got 12.5 Demerol for shivering. No c/o pain report given to Spc [redacted]. MP's notified that [redacted] is coming down. Pt USS No c/o pain [redacted]

b(6)-2

b(6)-2

Discharge Criteria:
 Date: 2/10/08 Time: 0653 PARS: 9
 BP: 138/62 T: 97.4 HR: 118 RR: 16 SaO2: 98%
 Pain Level at D/C (0-10):
 Intake: φ Output: 160cc urine
 Additional Data: None
 Transferred To: ICW
 Report Given To: Spc [redacted]
 Transferred Via: W/C [redacted] Gurney Ambulance
 Transferred By: Sgt [redacted]
 Cleared IAW Recovery Room [redacted] R 2
 Charge Nurse Signature: [redacted]

MEDICAL RECORD		VITAL SIGNS RECORD														
HOSPITAL DAY																
POST-	DAY	1			2			3			4			5		
MONTH-YEAR	DAY	21 Oct			22			23			24			25 Oct		
2003	HOUR	0800	1000	1800	0800	1000	1800	0800	1000	1800	0800	1000	1800	0800	1000	
PULSE (O)	TEMP. F (°)	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	
	105°															
	180															
	170															
	160															
	150															
	140															
	130															
	120															
	110															
	100															
	90															
80																
70																
60																
50																
40																
RESPIRATION RECORD		20	18	18	20	16	12	1	100/80			100/80				
BLOOD PRESSURE		114/65	112/51	105/60	110/62	110/57	101/59	97	98.1 F			98.0				
HEIGHT:		5' 9"	5' 8"	5' 8"	5' 8"	5' 8"	5' 8"	5' 8"	5' 8"			5' 8"				
WEIGHT →		170	168	169	168	166	164	161	161			161				

(Centigrade Equivalents, for Reference only)

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

REGISTER NO. _____ WARD NO. _____

[REDACTED] b(6)-4

VITAL SIGNS RECORDS
 Medical Record

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

b(6)-4

b(6)-4

b(6)-2

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

LAST, FIRST, MI: **H RW** DATE: **10/21/03** TIME: **110** SSN: [REDACTED]

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³	Color	Yel	N/A	RPR		Negative
			Asp	clr	N/A	Mono		Negative
			Glu	neg	Negative	Microbiology		
			Bili	neu	Negative	Source		
			Ket	SM	Negative	Gram Stain		
			SG	1.025	N/A	Occ Bld		Negative
			Bld	neg	Negative	H. pylori		Negative
			pH	6.0	N/A	Micro Parasites		
			Prot	n	Negative	Malaria		
			Urob	n	0.2-1.0	O & P		
			Nit	n	Negative	Other		
			Leuk	n	Negative	Microscopic Urinalysis		
			HCG		Negative	acetest-small		

Patient ID: [REDACTED] 21-10-03 01:22
 Patient Limits
 WBC 18.8 H x10³/uL 4.5 10.5
 RBC 5.11 x10⁶/uL 4.00 6.00
 Hgb 14.2 g/dL 11.0 18.0
 Hct 44.8 % 35.0 60.0
 HCV 87.6 fL 80.0 99.9
 MCV 27.7 pg 27.0 31.0
 MCHC 31.6 g/dL 33.0 37.0
 PLT 317 x10³/uL 150 450
 LY% 17.4 % 20.5 51.1
 LY# 3.3 x10³/uL 1.2 3.4

Spun Hematocrit		42-52 37-47
Sed Rate		
Other		
Coagulation Stud		
TEST	RESULT	REF.
PT		9.8-13
APTT		21-34
D dimer		<20 uE
FDP		<10 uE

RAPIDPOINT COAG ANALYZER V4.54
 SERIAL [REDACTED] 10/21/03 01:37
 Patient ID: [REDACTED] b(6)-4
 Test Name :PT
 Test Result:= 13.7 sec.
 Ratio = 1.1
 Calculated INR = 1.21
 Sample Type:citrated wh. blood
 Test Date :10/21/03
 Test Time :01:36
 Card Lot [REDACTED]
 Operator [REDACTED] b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
 SERIAL [REDACTED] 10/21/03 01:39
 Patient ID: [REDACTED] b(6)-4
 Test Name :APTT
 Test Result:= 35.4 sec.
 Sample Type:citrated wh. blood
 Test Date :10/21/03
 Test Time :01:37
 Card Lot [REDACTED]
 Operator [REDACTED] b(6)-2

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh

Direct Crossmatch EVERY UNIT OF BLOOD TESTED

CROSSMATCH

REMARKS:
 REPORTED BY:

MEDCOM - 21763

P1 TREND

10/21/03

TIME	HR/PR	SpO2	SYS	/ DIA	- MEAN	RR
HH:MM	BPM	%		mmHg		RPM
02:04	183	56	OFF	OFF	OFF	88
02:02	208	83	OFF	OFF	OFF	59
02:00	109	97	OFF	OFF	OFF	20
01:58	109	99	OFF	OFF	OFF	17
01:56	108	100	OFF	OFF	OFF	15
01:54	116	100	OFF	OFF	OFF	19
01:52	209	95	OFF	OFF	OFF	65
01:50	191	74	OFF	OFF	OFF	68
01:48	111	99	OFF	OFF	OFF	29
01:46	133	SRCH	OFF	OFF	OFF	98
01:44	127	SRCH	OFF	OFF	OFF	36
01:42	248	SRCH	OFF	OFF	OFF	60
01:40	97	SRCH	OFF	OFF	OFF	41
01:38	97	79	OFF	OFF	OFF	92
01:36	95	100	OFF	OFF	OFF	63
01:34	100	99	OFF	OFF	OFF	0
01:32	101	63	OFF	OFF	OFF	11
01:30	102	65	OFF	OFF	OFF	30
01:28	107	44	OFF	OFF	OFF	33
01:26	123	55	OFF	OFF	OFF	42
01:24	106	91	OFF	OFF	OFF	23
01:22	115	56	OFF	OFF	OFF	36
01:20	109	91	OFF	OFF	OFF	51
01:18	110	95	OFF	OFF	OFF	37
01:16	114	79	OFF	OFF	OFF	67
01:14	104	96	OFF	OFF	OFF	24
01:12	110	SRCH	OFF	OFF	OFF	46
01:10	114	100	OFF	OFF	OFF	30
01:08	107	SRCH	OFF	OFF	OFF	24
01:06	110	SRCH	OFF	OFF	OFF	28
01:04	107	SRCH	OFF	OFF	OFF	22
01:02	OFF	STBY	OFF	OFF	OFF	OFF

ADULT

PROTOCOL
SYSTEMS, INC.

NIBP TREND

10/21/03

TIME	HR/PR	SpO2	SYS	/ DIA	- MEAN	RR
HH:MM	BPM	%		mmHg		RPM
02:01	110	SRCH	153	/ 47	87	27
01:56	107	100	128	/ 50	86	17
01:52	122	93	ERR#	15		19
01:48	110	98	136	/ 63	111	27
01:46	131	SRCH	ERR#	15		108
01:41	200	SRCH	92	/ 79	84	40
01:36	95	100	143	/ 48	83	61
01:31	106	55	133	/ 52	89	23
01:25	171	62	ERR#	15		30
01:20	97	100	ERR#	15		45
01:15	117	89	114	/ 67	87	44
01:11	102	SRCH	ERR#	15		26
01:04	107	SRCH	125	/ 75	96	22

ADULT

PROTOCOL
SYSTEMS, INC.

MEDCOM - 21766

P1 TREND

10/21/03

TIME	HR/PR	SpO2	SYS / DIA - MEAN	RR
HH:MM	BPM	%	mmHg	RPM
01:54	116	100	OFF OFF OFF	19
01:52	209	95	OFF OFF OFF	65
01:50	191	74	OFF OFF OFF	68
01:48	111	99	OFF OFF OFF	29
01:46	133	SRCH	OFF OFF OFF	98
01:44	127	SRCH	OFF OFF OFF	36
01:42	248	SRCH	OFF OFF OFF	60
01:40	97	SRCH	OFF OFF OFF	41
01:38	97	79	OFF OFF OFF	92
01:36	95	100	OFF OFF OFF	63
01:34	100	99	OFF OFF OFF	0
01:32	101	63	OFF OFF OFF	11
01:30	102	65	OFF OFF OFF	30
01:28	107	44	OFF OFF OFF	33
01:26	123	55	OFF OFF OFF	42
01:24	106	91	OFF OFF OFF	23
01:22	115	56	OFF OFF OFF	36
01:20	109	91	OFF OFF OFF	51
01:18	110	95	OFF OFF OFF	37
01:16	114	79	OFF OFF OFF	67
01:14	104	96	OFF OFF OFF	24
01:12	110	SRCH	OFF OFF OFF	46
01:10	114	100	OFF OFF OFF	30
01:08	107	SRCH	OFF OFF OFF	24
01:06	110	SRCH	OFF OFF OFF	28
01:04	107	SRCH	OFF OFF OFF	22
01:02	OFF	STBY	OFF OFF OFF	OFF

ADULT

PROTOCOL
SYSTEMS, INC.

NIBP TREND

10/21/03

TIME	HR/PR	SpO2	SYS / DIA - MEAN	RR
HH:MM	BPM	%	mmHg	RPM
01:52	122	93	ERR# 15	19
01:48	110	98	136 / 63	111 27
01:46	131	SRCH	ERR# 15	108
01:41	200	SRCH	92 / 79	84 40
01:36	95	100	143 / 48	83 61
01:31	106	55	133 / 52	89 23
01:25	171	62	ERR# 15	30
01:20	97	100	ERR# 15	45
01:15	117	89	114 / 67	87 44
01:11	102	SRCH	ERR# 15	26
01:04	107	SRCH	125 / 75	96 28

ADULT

PROTOCOL
SYSTEMS, INC.

APNEA TICKET (RR) 10/21/03

TIME	HR/PR	SpO2
H:MIN:S	BPM	%

LAST BREATH:
01:33:36 181 94

RESUMED BREATHING:
01:34:09 98 97

ELAPSED TIME:
00:00:33

ADULT

PROTOCOL
SYSTEMS, INC.

APNEA TICKET (RR) 10/21/03

TIME	HR/PR	SpO2
H:MIN:S	BPM	%

LAST BREATH:
01:31:45 103 57

RESUMED BREATHING:
01:32:07 102 68

ELAPSED TIME:
00:00:22

ADULT

PROTOCOL
SYSTEMS, INC.

MEDCOM - 21767

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)		100													
	Vecuronium (mg)		150													600
	SUX / VEC (mg)		100 / 10													TOTAL URINE
Nitroglycerin (mg)		100 / 100													1000	
VOLAT AGENT		ISO % del	6.0	.8	1.5	2.0	1.5	1.5	1.4	1.0	1.0	1.0	1.0	FLUIDS - SUMMARY		
		% e.t.												CRYSTALLOID-		
AIR		L/Min												3200		
N2O		L/Min												COLLOID-		
O2		L/Min	8 1/2	2	1	1	1	1	1	1	1	1	1	BLOOD-		
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS																

FLUIDS	LINE site	Warmed	500	800	1000	600	2000	1000
	13 1/2	<input type="checkbox"/>						
	18 1/2	<input type="checkbox"/>	200	400				
		<input type="checkbox"/>						
LOSSES		EST BLOOD LOSS		200 + 100	100	100	100	100
		URINE	120	100/220	200/400	100/200	100/600	100/400

PHYS STATUS	TIME
1 2 3 4 5 E	0245 65° 30 0400 30 0100 30
BODY WEIGHT: 60 KG	
HEMATOCRIT:	
INITIAL DATA:	
BP- 122/156	
HR- 117	
EQUIP CHECK	
OK? (Y) N	
PATIENT RECHECK	
OK for PROCEDURE?	
TIME- 0245	

MONITORS/ACCESSORIES	VT - ml	770	800	540	620	600	570	560	590	560	610	580	590
	f - breaths/min	16	10	12	10	9	9	9	9	9	8	8	8
	Peak inf pres / PEEP	26	26	20	21	22	21	22	23	24	24	24	24
	MODE - S(pon), A(ssist), C(on)	S/C	C	C	C	C	C	C	C	C	C	C	C
	BP/Auto Cuff	41	36	35	35	33	35	36	34	35	33	35	35
	BP/oth	.87	.87	.86	.86	.85	.87	.88	.89	.85	.89	.89	.89
	ART line	SpO2 (%)	100	99	100	100	100	100	100	100	100	100	100
	Steth- PC/ES	ECG	S/R	S/R	S/R	S/R	S/R	S/R	S/R	S/R	S/R	S/R	S/R
	Gas analyzer	TEMP-site	AVAL	USL	USL	USL	USL	USL	USL	USL	USL	USL	USL
		N-M Block (T/A)	1/1	0/4	0/4	0/4	0/4	1/4	0/4	0/4	0/4	0/4	0/4

PROCEDURES and CPT Codes: ORIF (R) Humerus / Radius		ANESTHETIC TECHNIQUES: Describe block technique under Remarks GAIA	
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility # [REDACTED] 6(0)-4		AIRWAY MANAGEMENT: Intubation route, blade, technique, comments PRB-ox Smn 70% FIO2, RSI cricoal, DLXT MAC3 Grade T view, 7.0 int Road 23mm @ lip (E) 155 @ 67 CO2 @ 10	
SURGEONS: [REDACTED] 6(6)-2		PROCEDURE LOCATION: OR 1 DATE: 21 OCT 03	
ANESTHETISTS: STAC [REDACTED]		ANESTHESIA PROVIDER: [REDACTED]	

MEDICAL RECORD - ANESTHESIA

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

CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION	DRUG (Units)		TOTALS	TOTAL EBL
	Fentanyl (mcg)	100 50		
Neostigmine (mg)	5			
Collysergamine (mg)				
VOLAT AGENT		150 % del 1.0		
AIR		L/Min		
N2O		L/Min		
O2		L/Min 2		
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS				
FLUIDS	LINE site	<input type="checkbox"/> Warmed		
	M&O (1000)	<input type="checkbox"/> Warmed	1000	
	M&O (1000)	<input type="checkbox"/> Warmed	1000	
		<input type="checkbox"/> Warmed		
LOSSES	EST BLOOD LOSS	1000		
	URINE -	1000		

PHYS STATUS	TIME	06:00 - 30 - 07:00 - 30 - 08:00 - 30				
1 2 3 4 5 E	SYMBOLS:					
BODY WEIGHT:	KG					
	LB					
HEMATOCRIT:	BP by cuff					
	Heart rate					
INITIAL DATA:	Resp rate					
BP-	BR (transduced)					
HR-	TOURNIQUET					
EQUIP CHECK	ANES- X-X					
OK?- Y N	PROC- O O					
PATIENT RECHECK						
OK for PROCEDURE?						
TIME-						

VENTIL	VT - ml	400 400
	f - breaths/min	8 8
Peak inf pres / PEEP		
MODE - S(pon), A(assist), C(on)	S S	
BP/Auto Cuff	ET CO2 (torr)	48 10
BP/oth	FIO2 (Frac or %)	100 100
ART line	SpO2 (%)	100 100
Steth- PC/ES	ECG	52 50
Gas analyzer	TEMP-site	4/10 2 humeral artery
	N-M Block (T/4)	
Warming blkt		
Conv warmer		

TOTALS

TOTAL EBL

TOTAL URINE

FLUIDS SUMMARY

CRYSTALLOID-

COLLOID-

BLOOD-

REMARKS

Code drugs with numbers, events with letters

RECOVERY AT

PACU ICU (Specify)

OTHER

CONDITION:

RESP- SpO2

BP- HR

ANESTHESIA / PROCEDURE TIMES

PROC ANES	Start	Room	End
	Ready	Begin	End

Mark with letters & symbols, explain under REMARKS

EVENTS Position → O J

PROCEDURES and CPT Codes:
ORIF (R) Humerus/Radius.

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

[redacted] 6(6)-7

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments

P6 II 1

SURGEONS: [redacted] 6(6)-2

ANESTHETISTS: [redacted]

PROCEDURE LOCATION: 001

DATE: 21 OCT 03

PAGE 2 OF 2

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 12.5 mg IV now and ___ mg q 3-5 min prn pain for a max dose of ___ mg.		
4	Zofran ___ mg IV prn N/V q 15 min, may repeat x ___.		
5	Metoclopramide ___ mg IV prn N/V x 1.		
6	Droperidol ___ mg IV prn N/V x 1.		
7	Phenergan ___ mg IV prn N/V x 1.		
8	Benadryl 25-50mg IVP q1 hr prn, itching while in PACU.		
9	_____ @ _____ cc/hr.		
10	Discharge from recovery status when PACU discharge criteria met.		

PATIENT IDENTIFICATION

[REDACTED] b(6)-4

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

Diagnosis: _____

Height: _____ Weight: _____ Diet: _____

Allergies: _____

Nursing Unit PACU, [REDACTED]	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
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
[Redacted]	[Redacted]	[Redacted]	21 OCT 2003 0619		
					ICW / Hgats GSLW (R) UE Stall vitals q shift x 2 days, Hcm q day. I/O's x 2 days, NKDA NWB (R) UE
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
[Redacted]	[Redacted]	[Redacted]			
					NPO Reg diet LR @ 100 cc/° Hepwell when tol po. MSO4 1-3mg iv q 30 min pr. Puracel 100 mg po q 4 hr Tylenol 650mg po / pr q 6 hr Colace i po bid
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
[Redacted]	[Redacted]	[Redacted]			
					Kyral 1cc iv q 8 - next in RR. HCT in RR please.
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
[Redacted]	[Redacted]	[Redacted]	10-23-07	1600	
					DD/c Foley
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.		HOURS	
[Redacted]	[Redacted]	[Redacted]			
					AP/LAT (R) hexas AP/LAT (R) Forom

DA FORM 4256 1 APR 79

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

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																				
				21	22	23	24	25	26	27	28	29	30	31										
01 OCT 03	[REDACTED]	LR 2) 1000cc / ° (Heplock when tol po)	18 06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
2	[REDACTED]	codeine i po bid	18 06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
2	[REDACTED]	Keftol 1gm IV q 8° (next in RR)	16 24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		b(6)-2																						

ALLERGIES: YES NO

NKA

PRIMARY DIAGNOSIS:

GSW @ UE

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[REDACTED] b(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

D 7 8 9 10 11 12 13 14

E 15 16 17 18 19 20 21 22

N 23 24 01 02 03 04 05 06

DA FORM 4678 FEB 79

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.
MEDCOM - 21775

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-86; the proponent agency is the Office of The Surgeon General.

REPORT TITLE: **TRAUMA FLOWSHEET** OTSG APPROVED (Date)
Q1 Apr 11 Jun 97
The proponent is Dept of Surgery

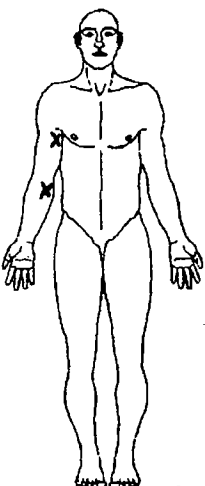
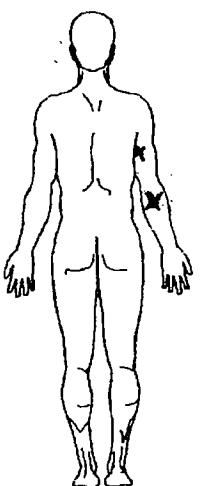
EMS REPORT	ARRIVAL STATUS
TIME: _____ ETA: _____ UNIT: _____ MED COM: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N Myo EPW GSW	TIME: 105 IV x 1 <input type="checkbox"/> O ₂ 1/min <input type="checkbox"/> C-Spine Immob Meds: <input type="checkbox"/> UKN <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes: _____ Allergies: <input type="checkbox"/> UKN <input type="checkbox"/> None <input type="checkbox"/> Yes: _____ Tetanus: <input checked="" type="checkbox"/> UKN <input type="checkbox"/> Current Last Meal/Fluid Intake _____ hrs LMP: <input type="checkbox"/> NS LAC 1-PRN 1-PSHX

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

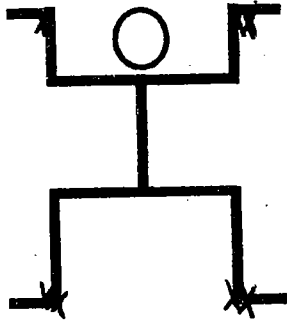
SECONDARY SURVEY			
DISABILITY	HEAD	HEART	ABDOMEN
GCS: E _____ V _____ M _____ SPHINCTER TONE: <input type="checkbox"/> WNL <input type="checkbox"/> None	PUPILS: <input type="checkbox"/> Equal <input type="checkbox"/> Fixed <input type="checkbox"/> React <input type="checkbox"/> Dilated <input type="checkbox"/> L <input type="checkbox"/> R TM: <input type="checkbox"/> Clear <input type="checkbox"/> Blood <input type="checkbox"/> L <input type="checkbox"/> R C-Spine Tenderness: <input type="checkbox"/> Y <input type="checkbox"/> N Pain @ _____ JVD: <input type="checkbox"/> Y <input type="checkbox"/> N	RHYTHM: <input type="checkbox"/> Regular <input type="checkbox"/> _____ PULSES: <input type="checkbox"/> Central <input type="checkbox"/> Peripheral BREATH SOUNDS: <input type="checkbox"/> Bilat <input type="checkbox"/> Equal <input type="checkbox"/> Clear Decreased <input type="checkbox"/> L <input type="checkbox"/> R Absent <input type="checkbox"/> L <input type="checkbox"/> R Wheezes <input type="checkbox"/> L <input type="checkbox"/> R Crackles <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Soft <input type="checkbox"/> Rigid <input type="checkbox"/> Non-Tender <input type="checkbox"/> Tender: _____ <input type="checkbox"/> Stable <input type="checkbox"/> Unstable Blood at meatus/vagina: <input type="checkbox"/> Y <input type="checkbox"/> N Heme +/- Prostate: <input type="checkbox"/> WNL <input type="checkbox"/> Abnl

USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

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

VASCULAR ASSESSMENT



++ Strong	+ Palpable	D Dopler
-----------	------------	----------

RN: Lt [Redacted] 6(6)-2 (Continue on reverse)

DEPARTMENT/SERVICE/CLINIC: ER DATE: 210803

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

[Redacted] 6(6)-4

HISTORY/PHYSICAL FLOW CHART

OTHER EXAMINATION OR EVALUATION OTHER (Specify)

DIAGNOSTIC STUDIES

TREATMENT

TIME	PROCEDURE	SIZE	SITE	BY	RESULTS	TIME	PROCEDURE	ACCOMPANIED BY	RETURN				
	ET Intubation		<input type="checkbox"/> Oral <input type="checkbox"/> Nasal Teeth		<input type="checkbox"/> ETCO ₂ Change <input type="checkbox"/> BBS Post Int <input type="checkbox"/> Post CXR		CT Scan: <input type="checkbox"/> Contrast <input type="checkbox"/> Head <input type="checkbox"/> Abd <input type="checkbox"/> Pelvis						
	Gastric Tube		<input type="checkbox"/> Oral <input type="checkbox"/> Nasal		<input type="checkbox"/> Air <input type="checkbox"/> Contents <input type="checkbox"/> Verified Suction: Y N		<input type="checkbox"/> C-Spine <input type="checkbox"/> T/L Spine <input type="checkbox"/> Chest <input type="checkbox"/>						
0128	Urinary	16	<input checked="" type="checkbox"/> Meatus <input type="checkbox"/> Supra-Pubic		<input type="checkbox"/> Return _____ cc <input type="checkbox"/> Heme Dip: + - <input type="checkbox"/> Secured		A-Gram Site:						
	DPL		<input type="checkbox"/> Opened <input type="checkbox"/> Closed	(16)-2	<input type="checkbox"/> Grossly: + - Cell count Sent@	IV ACCESS & FLUIDS							
	Chest Tube #1		L R		<input type="checkbox"/> Air <input type="checkbox"/> Blood <input type="checkbox"/> Pleuravac _____ cm <input type="checkbox"/> Autotransfuser	TIME	#	GA	LAW SOP	SITE	IVF TYPE	AMT UP	AMT IN
	Chest Tube #2		L R		<input type="checkbox"/> Air <input type="checkbox"/> Blood <input type="checkbox"/> Pleuravac _____ cm <input type="checkbox"/> Autotransfuser	110		18	(Y) N	LFA	NS		
	12 Lead	Rhythm: _____		Comments _____									

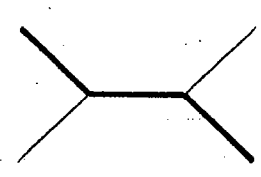
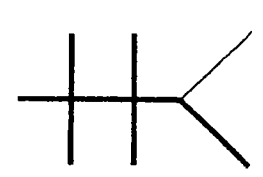
ABG SITE	TIME	%O ₂	pH	BE	pCO ₂	PO ₂	O ₂ Sat	HCO ₃
1)								
2)								

TIME	#	GA	LAW SOP	SITE	IVF TYPE	AMT UP	AMT IN
			Y N				
			Y N				
			Y N				

MEDICATIONS												
MEDICATION	TIME	DOSE	RTE	TIME	DOSE	RTE	TIME	DOSE	RTE	TIME	DOSE	RTE
Ancol	112	1gr	IV									
Tet. Ribar	111	5	IM									
Morph	112	5	IV									
Morph	109	5	IV									

LABS				X-RAYS			
TIME	LABS	TIME	LABS				
	<input type="checkbox"/> D-stick <input type="checkbox"/> SHct		<input checked="" type="checkbox"/> Chest Initial				
	<input type="checkbox"/> D-stick <input type="checkbox"/> SHct		<input type="checkbox"/> Chest Post ET				
	<input checked="" type="checkbox"/> CBC <input checked="" type="checkbox"/> Chem <input checked="" type="checkbox"/> PT/PTT		<input type="checkbox"/> Chest Post CT				
	<input type="checkbox"/> ETOH <input checked="" type="checkbox"/> T&S <input type="checkbox"/> T&C x		<input type="checkbox"/> C-Spine				
	<input type="checkbox"/> Tox Screen		<input type="checkbox"/> Pelvis				
	<input checked="" type="checkbox"/> UA <input type="checkbox"/> HCG		<input checked="" type="checkbox"/> Humerus				
	<input type="checkbox"/> OTHER not 8, elect.		<input checked="" type="checkbox"/> forearm				
	<input type="checkbox"/> OTHER		<input type="checkbox"/>				

BLOOD PRODUCTS							
START	#	TYPE	UNIT#	AMT UP	AMT IN	END	INT

LAB RESULTS	
CBC:	Chem:
	

INTAKE & OUTPUT			
INTAKE	AMOUNT	OUTPUT	AMOUNT
IVF		Urine	
NGT		NGT	
Blood		EBL	
Other		Other	
TOTAL		TOTAL	

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

VALUABLES & CLOTHING	
V	STATUS
	None Found
	Given to Patient
	Given to Family
	Inventoried and Released to Patient Trust Fund/NCOD See DA Form 3696
	Other: See Nursing Notes

DISPOSITION	
<input type="checkbox"/> Home	<input type="checkbox"/>
Admitted to	_____
Report Called to	_____
Time Transferred	_____
Accompanied By	_____
Via: <input type="checkbox"/> Stretcher <input type="checkbox"/> Wheelchair	
As per ACLS Precautions: <input type="checkbox"/> Yes <input type="checkbox"/> No	

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

DTSG APPROVED (Date)

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

Date: 21 Oct 03 Anesthesia Type (Circle): General Spinal Epidural
 Time In: 6:00 IV Sedation Nerve Block
 Allergies: NKA OR Intake: Crystallloid 3000 Colloid
 Pre-op V/S: 122/56 117 OR Output: UOP 1000 EBL 600
 Procedures: open reduction internal Meds/Times: 250mcg Fent
fix / Numerous Pradial

Drains
 Hemovac
 NG
 JP
 T-tube
 Foley
 TLS

Airway
 Nasal
 Oral
 ETT
 Trach
 Other

Pre Op Meds		History	
Time			
SaO2	100 97 97 98		
FIO2			
Methods	RA RA RA RA		
240			
220			
200			
180			
160			
140	✓ . ✓ ✓		
120	• • •		
100			
80			
60	^		
40	^ ^ ^		
20			
RR	15 17 19 14		
T	97		

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	2	AIRWAY A = Ambu BB = Blow-by M = Mask FT = Face Tent RA = Room Air NC = Nasal Cannula
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	2	2	2	
Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op	1	2	2	
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	1	1	1	V/S X = A-line BP = Cuff BP = Pulse
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	0	TEMP S = Skin O = Oral A = Axillary T = Tympanic R = Rectal
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	1	1	1	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.	8	9	9	

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

Signature & Title: [Redacted] b(6)-2 DEPARTMENT/SERVICE/CLINIC: PACU DATE: 21 Oct 03

Name - last: [Redacted] b(6)-4
 HISTORY/PHYSICAL FLOW CHART
 OTHER EXAMINATION OR EVALUATION OTHER (Specify)
 DIAGNOSTIC STUDIES
 TREATMENT

P7
b(6)-4

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

<input type="checkbox"/> Offense against Civilian(s) [check one] If "Other" then describe:	
<input type="checkbox"/> Arson (I.P.C. 342)	<input type="checkbox"/> Burglary or Housebreaking (I.P.C. 428)
<input type="checkbox"/> Solicitation of Fornication/Prostitution (I.P.C. 399)	<input type="checkbox"/> Extortion/Communicating Threats (I.P.C. 430)
<input type="checkbox"/> Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 402)	<input type="checkbox"/> Theft (I.P.C. 439)
<input type="checkbox"/> Murder (I.P.C. 405)	<input type="checkbox"/> Destruction of Property (I.P.C. 477)
<input type="checkbox"/> Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)	<input type="checkbox"/> Obstructing a Public Highway/Place (I.P.C. 487)
<input type="checkbox"/> Maiming (I.P.C. 412)	<input type="checkbox"/> Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 495)
<input type="checkbox"/> Simple Assault (I.P.C. 415)	<input type="checkbox"/> Riot or Breach of Peace (I.P.C. 495(3))
<input type="checkbox"/> Kidnapping (I.P.C. 421)	<input type="checkbox"/> Other

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

Apprehending Unit: <u>4/27 FA</u>	Location Grid:		
Date of Incident: (D/M/Y) <u>21/10/03</u>	Time of Incident: hrs to hrs	Date of Report: (D/M/Y) <u> / / </u>	Time of Report: hrs

Detainee #		Key Connected Person: <input type="checkbox"/> Victim <input type="checkbox"/> Witness	
Last Name: <u>b(6)-2</u>		Last Name:	
First Name: <u> </u> Given Name: <u> </u>		First Name: <u> </u> Given Name: <u> </u>	
Hair Color: <u> </u>	Scars/Tattoos/Deformities: <u> </u>	Hair Color: <u> </u>	Scars/Tattoos/Deformities: <u> </u>
Eye-Color: <u> </u>	Weight: lb	Height: in	Eye-Color: <u> </u> Weight: lb Height: in
Address: <u> </u>		Address: <u> </u>	
Place of Birth: <u> </u>		Place of Birth: <u> </u>	
Ethn/Tribe/ Sect: <u> </u>	Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Phone#: <u> </u>	DOB D/M/Y: <u> </u> <input type="checkbox"/> Mobile <input type="checkbox"/> Regular
<input type="checkbox"/> Passport <input type="checkbox"/> Dr. license <input type="checkbox"/> Other (specify) <u> </u>	<input type="checkbox"/> Passport <input type="checkbox"/> Dr. license <input type="checkbox"/> Other (specify) <u> </u>		
Document #:			

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

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

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

Name of Assisting Interpreter: b(6)-2 Email, Phone, or Contact Info:

Detaining Soldier's Name (Print): <u> </u>	Supervising Officer's Name (Print): <u> </u>
Signature: <u> </u>	Signature: <u> </u>
Email: <u> </u>	Email: <u> </u>
Unit Phone: <u>551-0162</u> Date: <u> / / </u>	Unit Phone: <u> </u> Date: <u> / / </u>

2230
2231

MEDCOM - 21781



COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM



Why was this person detained? _____

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

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

Who was with this person? _____

What weapons was this person carrying? _____

What contraband was this person carrying? _____

What other weapons were seized? _____

What other information did you get from this person? _____

Additional Helpful Information: _____

b(2)-2

1. Reporting MTF 0580 - [REDACTED]		2. MTF IZ		Admission and Coding Information For use of this form, see AR 40-400; the proponent agency is OTSG	
3. Register Number [REDACTED]		Name (Last, First, MI) [REDACTED]		4. Pay Grade FGN	
5. Sex M		6. DoB (YYYYMMDD) 1986-01-01		7. Age at Admission 17Y	
8. Race X		9. Ethnicity 9		10. Length of Service ETS	
11. FMP 99		12. Social Security Number [REDACTED]		13. Marital Status	
14. Flying Status		15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES		16. Zip Code of Residence:	
17. Unit Location		18. MOS		19. Trauma DIS	
20. Source of Admission Direct from ER		Ward: ICW1		Prev. Admission NO	
21. Type of Disposition TRF-OTH		22. MTF Transferred To		23. Date of Disposition (YYYYMMDD) 2003-10-27	
24. Clinic Svc - Admitting AEA - ORTHOPEDICS		25. MTF Transferred From		26. Date this Admission (YYYYMMDD) 2003-10-21	
27. Location of Occurrence		28. MTF of Initial Admission		29. Date of Initial Admission 2003-10-21	
FOR LOCAL USE					
Type Patient (Inpatient / Outpatient): Inpatient					
Admission Diagnosis Narrative: GSW R UE					
Procedure Narrative(s):					
Cause of Injury Narrative:					
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <p>OK: 81230 81315 3543 E9854</p> <p>PR: 7931 7932</p> <p>Trauma 9 Inj 569</p> </div>					
Admitting Officer (Signature, as required) [REDACTED]			Signature of Admitting Clerk [REDACTED]		

b(6)-2

MEDCOM - 21783

17

INPATIENT TREATMENT RECORD COVER SHEET

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

1. Register Nbr [REDACTED]		2. Name [REDACTED]				3. Grade FGN	Admission Remarks
4. Sex M	5. Age 27Y	6. Race X	7. Religion	8. LnthOfSvc	9. ETS	10. PrevAdm NO	
11. FMP 99	12. SSN [REDACTED]	13. Organization			14. Ward		
15. FlyStatus		17. Dept / Ben K78-PRISONER OF WAR/INTER		18. BranchCorps	19. UIC / ZIP	20. Type Case BC	
21. Source of Admission Direct from ER			22. Hour Of Adm: 01:15		23. Clinic Service ABA - GENERAL SURGERY		
24. Name/Relation of Emergency Addressee			25. Type Disp TRF-OTH		26. Date of Disp 2003-11-04		
27a. Address of Emergency Addressee			27b. Telephone No		28. Date This Adm: 2003-10-21	Admitting Officer: [REDACTED]	
29. Reporting MTF 0580 [REDACTED]		b(2)-2			30. Date Init Adm 2003-10-21	32. Units Blood Components	
31. Selected Administrative Data							
Marital Status:		DoB: [REDACTED]		b(6)-4		b(6)-2	
In/Out Patient: Inpatient		MOS:					
33. Cause Of Injury: GSW							
34. Diagnosis / Operations and Special Procedures:							
BRACHIAL ARTERY INJURY							
Dx:		903.1		Px:		3950	
		884.0				86.28	
		840.0				86.89	
		E991.2				86.69	
						Trauma Injury	
						a 549	
35. Total Days This Facility							
Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	15	15		
35. Total Days This Facility							
Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	15	15		
Signature of Attending Me [REDACTED]				Signature of PAD or Medical Records Officer [REDACTED]			
				MAJ [REDACTED]			

MEDCOM - 21784

MEDICAL RECORD

ABBREVIATED MEDICAL RECORD

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

2640 IM shot while driving a drive
by shooting

PMH ⊖
PSH ⊖

meds ⊖
allergies ⊖

PHYSICAL EXAMINATION

VSS

Lungs clear
Heart - RR
Abd ⊖

Ext - L arm - ⊖ pulse
in + out upper arm
R arm - 1/2 rotator cuff inj
nlv ok
L leg ⊖
R leg thigh wound

PROGRESS (Enter date of discharge and final diagnosis)

Imp - 1) multiple GSW
2) ⊖ brachial artery injury

Plan - OR
b/s - 2

SIGNATURE	DATE	IDENTIFICATION NO.	ORGANIZATION
	27 Oct 03		
PATIENT INFORMATION (For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)	REGISTER NO.	WARD NO.	

ABBREVIATED MEDICAL RECORD
Standard Form 838

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL
RECORDS
FIRMP (41 CFR) 201-45.505
OCTOBER 1975

539-106

117

MEDCOM - 21785

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
21 Oct 03 0600	Received report + assumed care of Pt. VSS, 130/40, 93, 19, 100% on GL via simple mask, 97.1°. Dressing to (R) Arm saturated w blood + blood on back. Pad under arm. +1 pulse to radial sites bilat. Able to move BLE w sensation to all fingers. Blood to (R) Leg dressing w blood on sheet under leg. +1 pulses to bilat dorsal sites. Able to move BLE w sensation to all toes. Brisk cap refill to all extremities. Will continue to monitor. — [REDACTED] 9/16/06
0700	N/V check performed w Ø Ntd A's. — [REDACTED] 9/16/06
0725	Pt complaining of (L) Arm pain, medicated w 4mg MSO4 per PRN order. Will monitor. — [REDACTED] 9/16/06
0800	N/V check performed w Ø Ntd A's. — [REDACTED] 9/16/06
0810	Pt vomited large amount of clear liquid shortly after consumption of 700cc of water. — [REDACTED] 9/16/06
0830	Pt complaining of (L) arm pain, medicated w 6mg MSO4 per PRN order. Will monitor. — [REDACTED] 9/16/06
0900	N/V check performed w Ø Ntd A's. Will continue to monitor. — [REDACTED] 9/16/06
1000	N/V check performed w Ø Ntd A's. LR started @ 125cc/hr via cordis + sling applied to (L) Arm. VSS, Will continue to monitor. — [REDACTED] 9/16/06

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	

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

[REDACTED] b(6)-4

b(6)-2

PROGRESS NOTES
Medical Record

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

b(6)-2

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

DATE	NOTES
1100	N/V check performed \bar{c} \emptyset Ntd Δ^{15} . VSS, Pt lying in bed \bar{c} \emptyset Ntd signs of distress. Will monitor. [redacted]
1120	Pt's Abd + (R) arm cleaned \bar{c} Peroxide + Normal Saline. [redacted]
1200	A-Line d/c'd \bar{c} (R) [redacted]. Direct Pressure \bar{c} held for 5 min + then dressing secured \bar{c} tape. N/V check performed @ this time \bar{c} \emptyset Ntd changes. Will continue to monitor. [redacted]
1300	N/V check done @ this time \bar{c} \emptyset Ntd changes. (R) Arm dressing changed. W/T/D \bar{c} Ketlex FLUFFS + Abd pad. Pt tolerated well \bar{c} \emptyset complications. VSS, will continue to monitor. [redacted]
1400	N/V check done \bar{c} \emptyset Ntd Δ^{15} . [redacted]
1415	Pt complaining of (R) Leg. Pain, medicated \bar{c} 2mg MSO4 per PRN order. VSS, \emptyset Ntd signs of distress. Will monitor. [redacted]
1500	N/V checks done \bar{c} \emptyset Ntd Δ^{15} , Will continue to monitor. [redacted]
1600	N/V check done \bar{c} \emptyset Ntd Δ^{15} , will continue to monitor. [redacted]
1700	N/V check done \bar{c} \emptyset Ntd Δ^{15} , will continue to monitor. [redacted]
1800	N/V check done \bar{c} \emptyset Ntd Δ^{15} . [redacted]
1805	Report given to night shift to [redacted]
2p1800 Oct 03	Assumed pt care. [redacted]
2p1900 Oct 03	Neurovascular status unchanged from 1830 assessment. OLE cleared slightly (due to [redacted])
2p2000 Oct 03	Neurovascularly intact. Rom limited to OLE \bar{c} slightly, per (due to OLE ROM limited to [redacted])
2p2100 Oct 03	Neurovascularly intact. Pulse 74 to all extremities. Rom delays. [redacted]

MEDICAL RECORD

PROGRESS NOTES

b(6)-2
↓

DATE	NOTES
212200 Oct 03	Neurovascularly intact. Pulses 2+ to all extremities. Mod swelling continues. MD informed re: persistent eye drainage. Ordered Enzyon TID. Drug completed to (R) elbow. (R) punctured drug noted to wound or old drug. NS soaked - gauze reapplied to body red wound & two smaller body red wounds. Drug completed to (R) thigh; body red wound bed & (R) punctured drug to wound bed or gauze. NS soaked gauze applied to wound & small wound to superior large thigh wound. Pt rolled to (R) side.
212300 Oct 03	Neurovascularly intact. Changes in pulses or swelling. Urine output 100 cc over last hour. Will monitor x 1 hr. If persists, will contact MD.
212400 Oct 03	Neurovascularly intact. Changes in pulses or swelling. Urine output increased. MD notification needed.
220100 Oct 03	Neurovascularly intact. Changes in pulses or swelling.
220200 Oct 03	Pt sleeping through night & c/o pain. Neurovascular changes noted.
220300 Oct 03	Pt sleeping & c/o pain. Neurovascular changes.
220400 Oct 03	Pt awake, c/o moderate pain. 4mg MSOx given IV. Good relief. Neurovascularly intact, all extremities. Pt returned from (R) side to back.
220500 Oct 03	Pt resting & c/o pain. Neurovascularly intact. IVF continued @ 125 c/hr.
220600 Oct 03	LATE ENTRY: Urine has become amber color tea-colored.
220600 Oct 03	Pt resting & c/o pain. Tr. UOP is again a light yellow. Neurovascularly intact. Slight improvement. Drug to (R) elbow has moderate sludging to drug. (R) thigh wound has no apparent sludging.
220605 Oct 03	Report given to day shift. Pt tolerated 15% Regular Diet.

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			ISSN 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.

E [redacted] b(6)-4

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV. 5/1998)
Prescribed by GSA/CMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
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DATE	NOTES
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22 Oct 03 @0625	Pt Report received from Lt [REDACTED] VSS No C/O N/V @ present pt resting in bed eyes closed. pt has no S/S of acute distress @ this time will continue to monitor [REDACTED] PFC 91W006
--------------------	--

22 Oct 03 0830	Surgery wounds clean + p-lie to floor [REDACTED] b(6)-2
-------------------	---

22 Oct 03 @0845	pt dressing change complete tolerated well no S/S of infection dressing CDI to (R) ARM & LEG (L) ARM & chest VSS Assessment complete see flow-sheet for details pt received 4mg MSO4 for dressing Δ pt resting in bed @ this time will continue to monitor for S/S of acute distress - [REDACTED] PFC 91W006
--------------------	--

22 Oct 03 @0945	pt neck lines DIC'd peripheral IV in (R) hand patent CDI Fluses well will give report to ICW 1 and transfer when ready [REDACTED] PFC 91W006
--------------------	--

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
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DATE	NOTES
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22 OCT 03 1130 - Assumed care of pt transfer from ICU #1 USS
 DX GSWs bilateral upper extremities @LE. Wet → dry
 dsg change per MD. Wound to @ axillary 2in 2x2
 wet → dry gauze. @UE sling off. Excision 12in staples
 in place CDI 4x4 Kerlix wrapped. @R thigh GSW wet →
 dry muscle exposed Kerlix wrapped minimal active
 bleeding. Ⓢ evidence of skin breakdown.
 Decreased mobility at risk will cont to
 monitor [redacted] ^{garment}

22 OCT 03 @ 2200 Pt. laying in bed. Demes any pain. @Arm DSG CDI,
 @ARM DSG CDI. @ Leg DSG CDI. Pt @2 @m nail bed
 blood return. Lung sounds clear through all lobes
 @ Foley draining clear, yellow urine. [redacted]

23 OCT 03 5-1, 27
 + 2112 [redacted] b(6)-2

23 OCT 03 @ 1300 Pt. sitting up in bed, eating lunch. Ⓢ C/O pain @ this time.
 W → D dressings to chest, @ FA, & @ leg. Dry DRSG to
 @ upper arm. Mild amount of purulent drainage to @ DRSG's.
 Abrasion to @ knee scabbing over. Fluids D/C'd, IVSL. Pt.
 instructed to Δ body position to prevent skin breakdown on
 sacrum. Pt. verbalized understanding. All other assessments WNL.
 EPW restraint protocol in use. Ⓢ signs of skin breakdown.
 [redacted] PCT, AM

[redacted] b(6)-4

STANDARD FORM 509 (REV. 5/1999) BACK
 USAPA V1.00
 MEDCOM - 21791

b(6)-2

DATE

NOTES

24 Oct 03

0700

- Assumed care of pt. A+0 x3. VSS PBP lungs clear
 HRRR Active BS x4 quads Urinating per Foley to gravity QS
 dark amber color urine. No pain when moves arms bilat
 GSW upper extremities Q1° neuro checks intact AER
 Warm to touch, palpable radial pulse, pt able to wiggle
 fingers and painful stimuli. (R) lateral thigh GSW
 wet & dry intact will cont to monitor

(2030)

Rt awake, speaking arabic, vs: see EFS11. pre-
 medicated c 5mg morph for drug Δ's. Drug to
 (R) arm, (R) thigh & (R) chest wall CDE. Rt care
 wiggle fingers & move arms slightly. Q1°
 nv vs. ⊕ pulses equal bil, brsk cap refill.
 ice packs applied for elevated temp. will recheck.
 Ancef cont per MD orders. 2 pt restraints on 5
 compromise to when or circulation. will mon-
 itor

UOP)*

UOP this shift 1400cc div. input 1000cc.
 via foley

25 Oct 03

0700

- Assumed care of pt. A+0 x3. VSS Lungs CTA HRRR Active
 BS x4 quads Remains NPO q/c for surgery this am. foley
 to gravity QS dark amber urine. Neuro check intact Wound assess-
 ment: (L) UE surgical incision staples intact. (R) chest wall axillary
 area BSW 2x2 wet to dry. (R) UE GSW wet to dry dry CDE open wound
 (R) LE thigh GSW wet to dry dry change CDE. IV ABX cont remains
 Afebrile will cont to monitor

MEDICAL RECORD | PROGRESS NOTES

DATE	NOTES
2100 23 OCT 03	Rt lying in bed, vss, clo mild pain to (B) arms & (B) leg. (B) arm & (B) leg contact to (DUE). (B) arm drug A'd, (B) thigh drug A'd. small amt yellow drainage to (B) drags. Rt pre-medicated c long medt. Abrasion to (B) side of forehead & (B) knee scabbing over. Rt can wiggle fingers, brsk cap refill to (B) hands, limited ROM due to pain. Skin: warm & dry. (B) leg warm & dry, (+) pedal pulses, brsk cap refill. pt able to wiggle toes & lift (B) leg slightly. neuro/v's Q1 cont. 2 pt restraints on 5 compromise
24 OCT 03 (0300)	to skin or circulation. Will monitor [REDACTED] pt voiding 05 amber urine c blood noted? [REDACTED]
24 Oct 03	Surgey day well OR 10/25 [REDACTED] b(6)-2

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

[REDACTED] b(6)-4

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

MEDICAL RECORD

PROGRESS NOTES

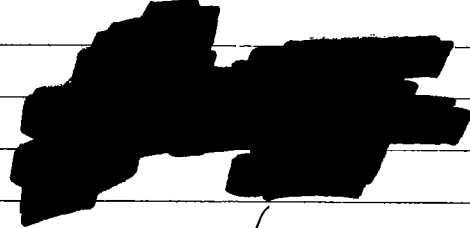
DATE

NOTES

25 Dec 03

Op Note

closure of leg wound
Debridement of arm wound



b(6)-2

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

SPONSOR'S ID NUMBER
(SSN or Other)

LAST

FIRST

MI

DEPART./SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

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

REGISTER NO.

WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V.1.00

EPW



b(6)-4

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

26 OCT 03 0236 ~~7~~ Assumed care of Pt @ 1800. Pt A&O VSS. Drgg To @UE CDI. Drgg to @LE CDI. Drgg to @UE Ad. Pain controlled @ percent. @ SL R Wrist flushed + Patient will cont. to monitor. ~~_____~~ Spc 9/11/04

26 Oct 03 Surgery
+ pain wounds clean - b(6)-2
STSA next week
~~_____~~

26 Oct 03 0700 - Assumed care of pt. Sleep yet easily arousable A&O x 3 VSS @ elo pain or discomfort @ this time. Lungs clear HRRR Active BS x4 guards. @ Evidence of skin breakdown noted. Wound assessment: @UE 6SW surgical incision closed staples. @maxilla region 6SW heather wet & dry 2x2 dsg applied. @UE 6SW open wound wet & dry 4x4 dsg kerlix wrapped. @UE 6SW to thigh wound closed @ sutures penrose drains 4x4 dry dressings kerlix wrapped @ s/s of infection Will cont to monitor ~~_____~~ 9/11/04

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

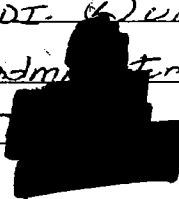
DEPART./SERVICE HOSPITAL OR MEDICAL FACILITY RECORDS MAINTAINED AT

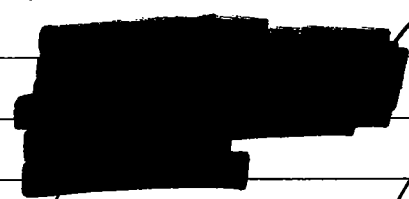
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) REGISTER NO. WARD NO.

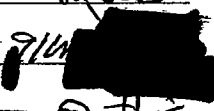
~~_____~~ b(6)-4


PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV. 5/15)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.2031
USAP

DATE _____ NOTES _____

27 OCT 03 Assumed care of PT @ 1800 hrs. A&O VSS unknown if
 0200 B/P is accurate due to B/P cuff size too large for thigh. Unable
 to use B/P on brachial artery due to bUE wounds. RUE Dsg
 CDI. LVE Dsg CDI. RLE Dsg CDI. bUE Dsg Ad. PT
 Denied Pain. Last dose of analg administered. Will continue
 to monitor.  Spc 91WMI

27 Oct 03 Sutures
 Wounds clean  b(6)-2

27 Oct 03
 1450 Assume care of PT @ 0600. AOX3, VSS @ do pain. In 2pt
 restraints without any skin irritation. Ad dress on @
 arm w/d, @ leg, @ Arm, and chest dry dress's. Minimal drainage,
 @ infection. Foley to gravity, clear yellow urine. Will continue
 to monitor.  91WMI

~~27 Oct 03 Assumed care of PT @ 1800. Denies pain @ this
 2200 time. Dress to abd Ad applied Silastic cream
 Dress to chest and RUE present @ Ws. Colostom has
 minimal output @ stool. J tube flushed and patient
 Jevity inf @ 75cc/h via J tube. @ LVE Dsg
 CDI. Will continue to mon  Spc 91WMI~~

28 Oct
 Ok 10/29 

 b(6)-4

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
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DATE	NOTES
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29 Oct @ 0445 Assumed care @ 1800; All VSS, pt 4:0 speaking arabic; drsg to R UE & W → D 3 slx infection; drsg to (R) LE & (R) UE CDT 3 drainage noted; FTC draining @s, cyu, 3 complications; cont c PO abx; Restraints in place, @ circ, @ skin break, cont to monitor

29 Oct 03 1200 VSS. AO. Sent to OR for STSG to RUE. DSG's to LUE and RUE CDT and to be changed appropriately. Looking light yellow urine @s. @ pain to all extremities @ c/o pain. cont to monitor.

29 Oct 03 2300 Assumed care of pt @ 1800. Pt do of pain, controlled c percocet. Drsg to RUE, LUE, RUE CDT. Drsg to Abdomen Draining copious amounts of Seco. Sang. Fluid. Drsg re-inforced @ 1930 hrs. RUE Drsg moistened c NS @ 2200 Will continue to monitor.

30 Oct 2004 STSG Surgery day here

30 Oct 03 (145) Assumed care @ 0600. Pt alert, speaking Arabic. VSS. @ c/o pain. Drsg to @ arm moistened c NS. Staples to WE CDT, wrapped c Kerlex. Drsg to abd. reinforced c 4x4s. Vaseline gauze intact c mod. amount sero. sang drainage. Drsg to @ flank Ad WTD. Sutures to RUE CDT. WTD drsg placed on wound on RUE. All wound sites 3 slx infection. Pt OOB to chair. Amb in hallway 3 difficulty. Tol. well. @ in @ arm flushes well 3 slx infiltration/

[Redacted] b(6)-4

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

MEDCOM - 21797

LAST NAME 1007 FIRST NAME MIDDLE INITIAL ID NUMBER

DATE NOTES

30 OCT 03 (cont) infection. 2 point restraints in place s/sx complications. Will continue to monitor. [REDACTED] b(6)-2

30 OCT 03 2200 Assumed care of PT @ 1500. A&O. Drg to @ Arm, @ Arm @ Leg & Abdomen CDI. Keeping continue to keep @ Arm Drg moist. Tol PO well. Amb s/sx. 2 point restrain. [REDACTED] Soc 91WMB

30 Oct 03 @ 1550 Assumed Care @ 0600; All VSS, pt A&O speaking arabic; @ CMS throughout, pain controlled 2 perc; staples to @ UE CDI, @ drainage, @ s/sx infection, well approximated; @ UE moistened 2 NS, wrapped 2 ace bandage; @ LE Ad w @, minimal drainage on old dressing, sutures intact, well approximated; abd dsg Ad, vaseline gauze intact, reinforced 2 combine dsg 4x4 gauze; dsg to @ Flank Ad w @, all dsg, @ s/sx infection; SL patent, easily flushes 2 s/sx infection/infiltration, pt 003 to amb in hall, Tol PO well, Restraints in place, @ circ, @ s/sx break down, cont to monitor. [REDACTED]

NOV @ 0400 VSS. Cont to keep @ arm damp 2 0.9 NS as per order. Sutures to @ arm @ s/sx of infection & well-approximate Dsg to @ leg CDI. Plc/O pain. Med 2 perc. Will continue to monitor. @ foley, draining clear yellow urine. [REDACTED] b(6)-2

11/13 2200 3 Super No well + p-lye [REDACTED] b(6)-2

[REDACTED] b(6)-4

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
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DATE	NOTES
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01 NOV 03 (1745) Assumed care of pt w/ blood p report. Pt alert, speaking Arabic. VSS. ϕ clo pain. Amb well. Drsgs d/cd. NS applied to moisten skin graft drsg. Staples to LUE and sutures to RUE CDI. ϕ s/sx infection in wounds. SL in @ arm d/cd - catheter intact. 2 point restraints in place \bar{s} s/sx complications. Will cont. to monitor. —

01 NOV 03 USS alert & Oriented. (R) UE dry/Intact. + moist wrap \bar{e} ace wrapping. OOB Amb. to Bar Down intact & dry to mult. wounds on arms leg & chest. Consumed 100% of Regular diet for dinner. Foley cath draining clear yellow urine. Will continue plan of care. —

11/2 S-n-e-y
100% take

b(6)-2

02 NOV 03 (1220) Assumed care w/ blood. Pt alert, speaking Arabic. Drsg to @ arm skin graft d/cd per MD. Staples to LUE d/cd - steri strips applied. Incision CDI. WTD drsgs to RUE and @ side of chest Ad, sutures to RUE CDI. ϕ s/sx infection @ wound sites. Amb well. ϕ clo pain. Foley d/cd. Pt aware he is DTV by 1500. Tol. Reg

b(6)-4

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
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DATE	NOTES
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3 NOV 03 (CONT) dressings, pain control. 2pt restraints on 3 sites of skin or circulation compromise. Will monitor. [REDACTED]

3 NOV 03 Surgery
wounds, OK
d/c 11/4

[REDACTED]

b(6)-2

04 NOV 03 (1135) Assume care of [REDACTED] report from night shift. Pt alert, speaking Arabic, vss. No clo pain. Drsg to [REDACTED] skin graft d/c. Vaseline gauze applied to wound with drsgs on [REDACTED] side of chest and RUE abd. Sutures to RUE abd. No s/sx infection at wound sites. Pt amb well. Tol. reg diet well. Voiding is difficulty. Steri strips to RUE abd. 2 point restraints in place. No s/sx complications. Will cont. to monitor.

[REDACTED]

(1415) Pt d/c to ERW camp amb - escorted by MPs. [REDACTED]

b(6)-2

MEDICAL RECORD PROGRESS NOTES

DATE	NOTES
02NOV03 (1220)	(cont) diet well. 2 point restraints in place & skin complications. Will cont. to monitor. [REDACTED] (1745) Pt voiding clear yellow urine via urinal & difficulty. monitoring. [REDACTED]
02NOV03 2000	VSS alert & oriented. Ambulate to BR independently. Urine clear yellow urine. Consumed 50% of Regular diet for dinner. Drug intact to RCE & @ side of chest and flank. Pedal pulses palpable +2. Radial pulses +2. Will continue care as planned. [REDACTED]
3NOV03 1406	Pt. sitting up in bed, V.S.S. A+O, @ C10 pain. Vaseline gauze to ABD skin graft donor site, DRY DRSG is to @ arm, chest, & @ thigh Ad, small amount serosangu, draining. Pt. OOB to BR & difficulty. Thirst @ bedside, clear yellow urine, All the assessments WNL. [REDACTED]
3NOV03 2030	assumed care of pt @ 1800. VSS. @ pain in @ hand from wrist to fingertips of 5th digit, controlled & percept. LS CTA @ BS void per usual, tol reg diet well. abd & leg drsg CDI. @ FA drsg Ad & vaseline gauze applied; tissue healing well. Pt up amb & difficulty. Plan: cont amb, monitor (CONT)

b(6)-2

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME		
LAST	FIRST	MI [REDACTED]	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)	REGISTER NO.	WARD NO. 1CW1
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[REDACTED] b(6)-4

PROGRESS NOTES
Medical Record

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

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
4 Nov 03	DC Sum
	adm. to 10/21/13
	d/c 11/4/13
	dc dx - asw arms + R leg
	+ brachial artery
	injury (C)
	Operations
	10/21 - repair brachial artery
	10/25 - closure of leg wound
	10/29 - STSA R arm
	hx - I male shot multiple
	sites
	hosp course - uncomplicated
	above operations
	d/c meds - ASA i po q day x 30 days
	Tylenol prn
	Tylenol #3 prn →

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

[Redacted] b(6)-4

b(6)-2 [Redacted]

PROGRESS NOTES
 Medical Record
STANDARD FORM 509 (REV. 5/1995)
 Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1)
 USAPA V1.01

MEDCOM - 21803

MEDICAL RECORD PROGRESS NOTES

DATE	NOTES
4 Nov 03	DC Sum (cont)
	Plan 1) Vas Gauze to STSA site q day x 1 more week
	2) remove leg sutures in 1 week + steristrip
	3) ASA x 1 month
	4) no activity restrictions
	5) may shower
	b(6)-2 [REDACTED] MD LTC, MC
	Gen Surg

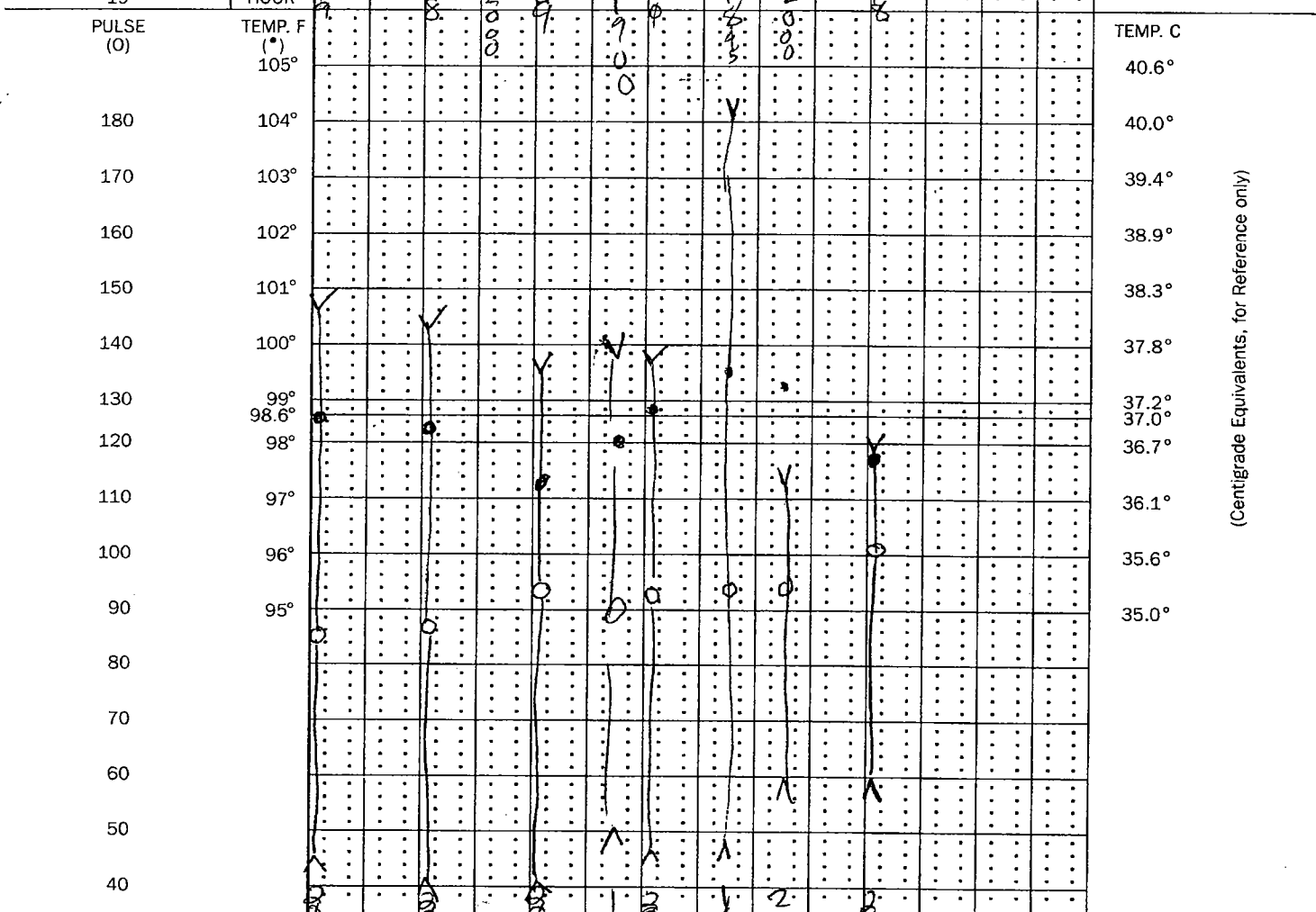
RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT		
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)		REGISTER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

PROGRESS NOTES
 Medical Record
STANDARD FORM 509 (REV. 5/1995)
 Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(1)
 USAPA V1.0

MEDCOM - 21804

MEDICAL RECORD VITAL SIGNS RECORD

HOSPITAL DAY
 POST- DAY
 MONTH-YEAR DAY
 19 30 31 01 NOV 02 03 04



(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE	HEIGHT	WEIGHT
150/45	97(100)	97(100)
134/131/61	97(100)	98(100)
135/110	98(100)	98(100)
137/116	98(100)	98(100)
138/116	97(100)	97(100)
111/59	97(100)	97(100)
111/59	97(100)	97(100)

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

[REDACTED] 6(6)-4

REGISTER NO. WARD NO.

MEDICAL RECORD		VITAL SIGNS RECORD										
HOSPITAL DAY												
POST-MONTH-YEAR	DAY											
OCT	22	23rd	24/25	26	27	28	29	30	31	11/1	2	
1900B												
PULSE (O)	TEMP. F (°)											TEMP. C
	105°	120	133	120	110	90	90	90	90	90	90	
180	104°	100	100	100	100	100	100	100	100	100	100	
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	8	8	8	8	8	
BLOOD PRESSURE		137/65	134/60	130/70	130/70	149/48	142/45	150/65	145/72	145/72	137/46	137/43
HEIGHT:		5'8"	5'8"	5'8"	5'8"	5'8"	5'8"	5'8"	5'8"	5'8"	5'8"	5'8"
WEIGHT →		110lb	105	105	105	97	90	100	100	100	97	97
		98%	95%	96%	96%	99%	99%	95%	95%	95%	98%	98%
		KA	95% (RA)	96% (RA)	96% (RA)	95% (RA)	95% (RA)	95% (RA)	95% (RA)	95% (RA)	98% (RA)	98% (RA)
			134/77 (RA)	96% (RA)								
			96% (RA)									
PATIENT'S IDENTIFICATION		[REDACTED]										
REGISTER NO.		6(6)-4										
WARD NO.												

(Centigrade Equivalents, for Reference only)

VITAL SIGNS RECORDS

Medical Record

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

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

4. PROPOSED SURGICAL PROCEDURE:

5. ADDITIONAL INFORMATION: Last PO: _____ Medical Hx: _____ Implants: _____ Medications: _____
 Jewelry removed: yes/no _____ Family waiting: yes/no _____

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

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

b(6)-4
EPW

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

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

[Redacted] b(6)-2 21 Oct 03 DATE

11. POSTOPERATIVE EVALUATION:

Bovie site:

Dsg:

Lot:

Resp:

b(6)-2

<p>12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title)</p> <p><u>[Redacted]</u> <u>CPT/AN</u></p> <p>DATE: <u>21 Oct 03</u> TIME: <u>0330</u></p>	<p>13. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title)</p> <p>DATE: _____ TIME: _____</p>
---	---

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA litter BY Anesthesia
3. DATE 21 Oct 03 TIME PATIENT ARRIVED IN SUITE 0223

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY
4. PATIENT IN ROOM TIME 0223 NUMBER

5. PREOPERATIVE EMOTIONAL STATUS

- CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS:

No English

b(6)-2

6. NURSING PERSONNEL

Table with columns for Assigned Scrub, Relief Scrub, Assigned Circulator, and Relief Circulator. Includes handwritten names and initials.

7. POSITION AND POSITIONAL

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

COMMENTS:

Proper body alignment maintained. Bump under knee

8. SKIN PREPARATION

- HAIR REMOVAL: YES NO, DONE BY, METHOD: DEPILATORY RAZOR CLIP

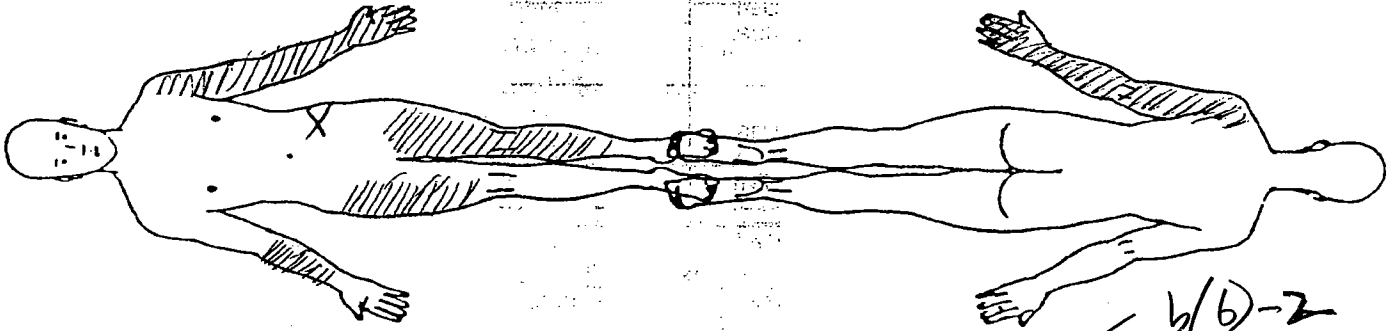
- PREP SOLUTION (Specify) Betadine scrub/sol'n, SITE: Lt. arm, Lt leg, Rt leg, Rt arm

COMMENTS:

No nicks

COMMENTS: No pooling of fluids

9. LOCATION OF EXTERNAL DEVICES



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

Table for 10. COUNTS with columns for Other, First Closing Count, Final Closing Count, SCRUB, and CIRCULATOR. Includes handwritten counts and initials.

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

b(6)-2 EPW

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

- ESU NO: Force 40 RBB10239S 30/30, GROUND PAD: BRAND Yellowish Rem, LOT NO: [redacted]

13. PROSTHESIS, IMPLANTS YES NO IF YES NAME: ID NUMBER, MANUFACTURER
 b(6)-2

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA)				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
Hep. Saline Surgeice	1ul/cc	intraop intraop	inj topical	[REDACTED]	[REDACTED]

WOUND IRRIGATION YES NO, TYPE(S):

D.9% NS

OTHER ORDERS	TIME	CARRIED OUT BY
None		

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING			YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
TYPE/SIZE	1. 3/8 Penrose	2. 3/8 Penrose	3.	
SITE	1. Lt. Upper arm	2. Rt. Leg	3.	

18. DRESSING/IMMOBILIZATION (Specify)
 Fluffs } Arms
 Kerlix } Legs
 ABD
 4x4

19. ADDITIONAL INFORMATION
 Surg: [REDACTED] Anesth: [REDACTED] CEVA Anesth. Type: General
 b(6)-2
 Foley in place PTA

20. OPERATION(S) PERFORMED
 1. Repair of Lt. Brachial Artery
 2. Debride Rt. Arm Wound
 3. Debride Rt. Leg Wound

21. PATIENT TRANSFERRED TO ICU1 b(6)-2 TIME 0540 METHOD Litter

22. REGISTERED NURSE SIGNATURE [REDACTED] CPT/AN

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Letter BY anesthesia

2. PATIENT IDENTIFIED RECORD REVIEWED AND PROCEDURE VERIFIED BY [REDACTED] CPT/AN

3. DATE 25 OCT 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME 0850 NUMBER 2-2 (3)

5. PREOPERATIVE EMOTIONAL STATUS

CALM ANXIOUS EXCITED CRYING ANGRY WITHDRAWN OTHER (Specify)

COMMENTS: pt not english speaker. b(6)-2

6. NURSING PERSONNEL

ASSIGNED SCRUB	<u>PFC [REDACTED] 91D</u>	RELIEF SCRUB	
ASSIGNED CIRCULATOR	<u>CPT [REDACTED] 66E</u>	RELIEF CIRCULATOR	<u>MAJ [REDACTED] (Prep)</u>

7. POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS: b(6)-2

8. SKIN PREPARATION

HAIR REMOVAL YES NO

DONE BY: OR NURSE

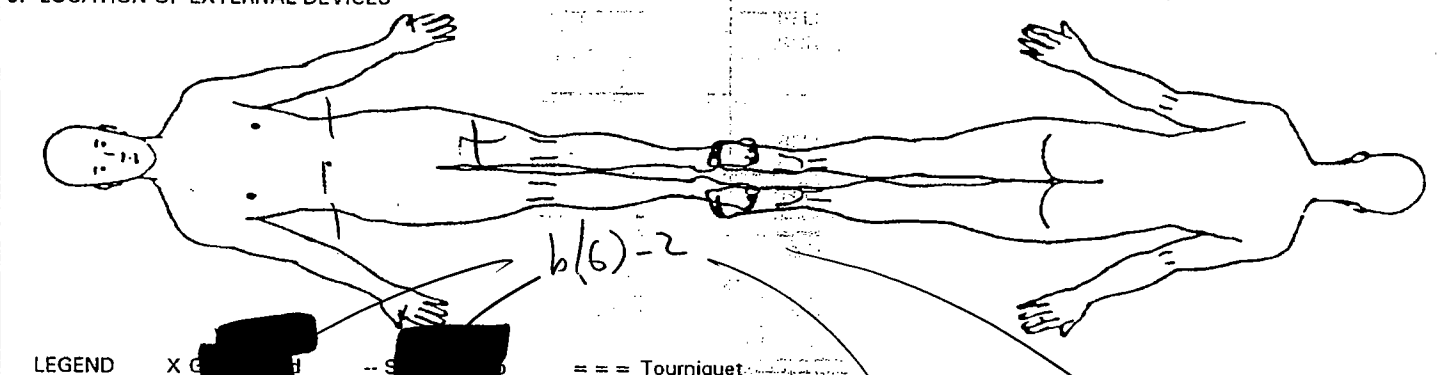
METHOD: DEPLATORY RAZOR CLIP

PREP SOLUTION (Specify) Beta/Beta

SITE Perian BY WHOM: CPT [REDACTED]

SITE R leg BY WHOM: MAJ [REDACTED]

COMMENTS: no nicks or cuts noted no pooling of prep noted



10. COUNTS

	C = Correct I = Incorrect		initial	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	C		C	<u>PFC [REDACTED]</u>	<u>CPT [REDACTED]</u>
Needle Sharp	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	C		C	<u>PFC [REDACTED]</u>	<u>CPT [REDACTED]</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

[REDACTED] b(2)-2

25 OCT 03

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

CUT 30-40 COAG 30-40

ESU NO: Valleylab 2-2

GROUND PAD: BRAND Valleylab #7507

LOT NO: 70011 2005-04

ESU NO: _____

GROUND PAD: BRAND _____

LOT NO: _____

BIPOLAR NO: _____

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

14. MEDICATIONS/ORDERS

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

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

OTHER ORDERS	TIME	CARRIED OUT BY

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 <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	18. DRESSING/IMMOBILIZATION (Specify) <i>fluff</i> <i>- Kerlix</i> <i>- 4x8</i>
TYPE/SIZE	1. <i>3/8 Penrose</i>	2.	3.	
SITE	<i>(R) leg</i>	2.	3.	

19. ADDITIONAL INFORMATION

20. OPERATION(S) PERFORMED
I & Right arm, Right leg c DPC of wounds.

21. PATIENT TRANSFERRED TO *ICU3* TIME *1015* METHOD *litter*

22. REGISTERED NURSE SIGNATURE *[Redacted]* *CPT/AN*

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA <u>Litter</u>	BY <u>MAJ [REDACTED]</u>	2. PATIENT IDENTIFIED VERIFIED BY <u>MAJ [REDACTED]</u>	RECORD REVIEWED AND PROCEDURE
3. DATE <u>29 Oct 03</u>	TIME PATIENT IN SUITE <u>1023</u>	4. PATIENT IN ROOM TIME: <u>1023</u>	NUMBER <u>2-1</u>

5. PREOPERATIVE EMOTIONAL STATUS

CALM
 ANXIOUS
 EXCITED
 CRYING
 ANGRY
 WITHDRAWN
 OTHER (Specify)

COMMENTS: b(6)-2

6. NURSING PERSONNEL

ASSIGNED SCRUB <u>SGT [REDACTED] 91D</u> <u>b(6)-2</u>	RELIEF SCRUB
ASSIGNED CIRCULATOR <u>MAJ [REDACTED] 66E</u> <u>b(6)-2</u>	RELIEF CIRCULATOR <u>CPT [REDACTED] (1030-end)</u> <u>b(6)-2</u>

7. POSITION AND POSITIONAL AIDS (Specify)

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

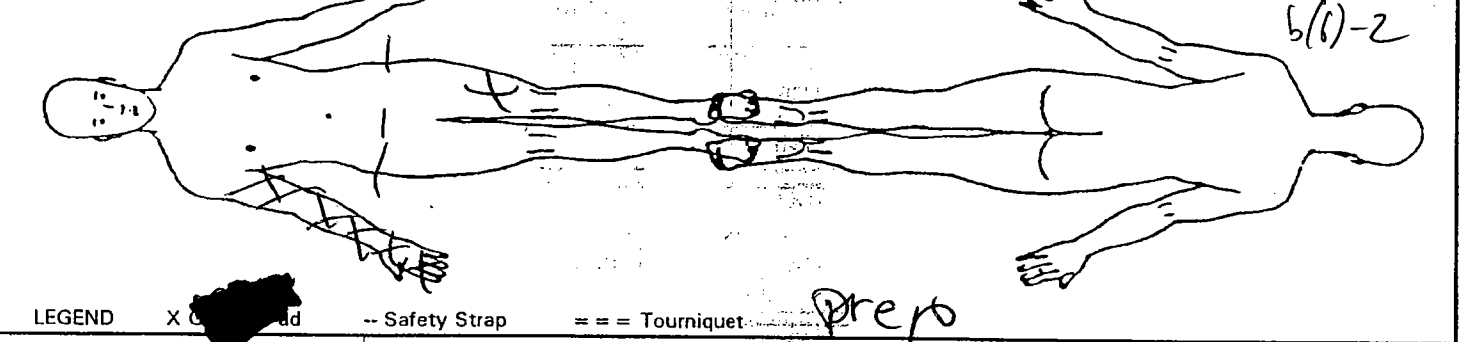
COMMENTS: b(6)-2

8. SKIN PREPARATION

HAIR REMOVAL DONE BY: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OR METHOD: <input type="checkbox"/> DEPILATORY <input checked="" type="checkbox"/> RAZOR <input type="checkbox"/> CLIP	PREP SOLUTION (Specify) SITE: <u>ABD</u> <u>Beta/Beta</u> BY WHOM: <u>CPT [REDACTED]</u>	SITE: <u>(R) arm</u> <u>b(6)-2</u> BY WHOM: <u>MAJ [REDACTED]</u>
--	---	--	--

COMMENTS: no nicks or cuts noted. no pooling of prep noted.

9. LOCATION OF EXTERNAL DEVICES



10. COUNTS

	C = Correct I = Incorrect		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
	Yes	No					
Sponge	<input type="checkbox"/>	<input checked="" type="checkbox"/>				/	/
Needle Sharp	<input type="checkbox"/>	<input checked="" type="checkbox"/>				/	/
Instrument	<input type="checkbox"/>	<input checked="" type="checkbox"/>				/	/
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>				/	/

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

CUT 30 COAG 30
 ESU NO: RFS 102395
 GROUND PAD: BRAND Valkey Lab
 LOT NO: 7001 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 <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY	

WOUND IRRIGATION YES NO, TYPE(S):
NaCl 10cc EPI 1:1000 mixed in 1 Liter NS. SOAK.

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
TYPE/SIZE	1.	2.	3.		
SITE	1.	2.	3.		

18. DRESSING/IMMOBILIZATION (Specify)
- fluffs
- 4x8

19. ADDITIONAL INFORMATION

20. OPERATION(S) PERFORMED
STSG (R) arm

21. PATIENT TRANSFERRED TO *ICU3* TIME *1130* METHOD *litter*

22. REGISTERED NURSE SIGNATURE *[Redacted]* *CPTIAN*

Ward/Section: EMT		REQUESTING PHYSICIAN: # [REDACTED]			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI. # [REDACTED]		DATE	TIME	SSN/PSEUDO SSN:				
(i-STAT)		(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel			
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	142	138-146 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					10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
pH	7.194				14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2	50.6				11-38 u/l	NA ⁺		128-145 mmol/l
PO2	152				0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
TCO2	21				7-22 mg/dl	CL ⁻		98-108 mmol/l
HCO3	20				8.0-10.3 mg/dl			
sO2	99				100-200 mg/dl			
BEecf	-9				0.6-1.2 mg/dl			
AnGap					73-118 mg/dl			
Ca	1.02				6.4-8.1 g/dl			
BUN					Metlyte 8			
GLU					REF. RANGE			
Creat					73-118 mg/dl			
Hct	29				7-22 mg/dl			
Hgb	10				0.6-1.2 mg/dl			
Misc. Chem					39-380 u/l (M)			
TEST	RESULT				30-190 u/l (F)			
Troponin-I					128-145 mm			
Drug of Abuse					3.3-4.7 mmol/L			
					98-108 mm			
					18-33 mm			
REMARKS:								
REPORTED BY:	DATE:	LAB						

===== PICCOLO =====
 21/10/03 01:41
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED] b(6)-4
 GENERAL CHEMISTRY 12
 DISC LOT #: [REDACTED]
 OPER #: [REDACTED] DR #: 000
 SERIAL #: [REDACTED]

ALB	3.5	3.3-5.5	G/DL
ALP	67	26-84	U/L
ALT	30	10-47	U/L
AMY	53	14-97	U/L
AST	51*	11-38	U/L
TBIL	0.6	0.2-1.6	MG/DL
BUN	17	7-22	MG/DL
CA ⁺⁺	8.4	8.0-10.3	MG/DL
CHOL	157	100-200	MG/DL
CRE	1.0	0.6-1.2	MG/DL
GLU	126*	73-118	MG/DL
TP	7.4	6.4-8.1	G/DL

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

b(6)-2

===== PICCOLO =====
 21/10/03 01:40
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED] b(6)-4
 METLYTE 8
 DISC LOT #: b(6)-4
 OPER #: [REDACTED] DR #: 000
 SERIAL #: [REDACTED]

GLU	124*	73-118	MG/DL
BUN	15	7-22	MG/DL
CRE	1.3*	0.6-1.2	MG/DL
CK	586*	39-380	U/L
NA ⁺	129	128-145	MMO/L
K ⁺	3.7	3.3-4.7	MMO/L
CL ⁻	102	98-108	MMO/L
tCO2	20	18-33	MMO/L

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

b(6)-4

Ward/Section: AMI REQUESTING PHYSICIAN

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

LAST, [REDACTED]
FIRST, [REDACTED]
MIDDLE, [REDACTED]
TESTS
WBC
RBC
Hgb
Hct
MCV
Plt

DATE: 10/21/03 TIME: 01:42
PATIENT ID: [REDACTED]
TEST NAME: PT
TEST RESULT: = 12.8 sec.
RATIO: = 1.0
CALCULATED INR: = 1.08
SAMPLE TYPE: citrated wh. blood
TEST DATE: :10/21/03
TEST TIME: :01:41
WARD LOT: [REDACTED]
OPERATOR: [REDACTED]

b(6)-4

b(6)-2

DPOINT COAG ANALYZER V4.54
AL [REDACTED] 10/21/03 01:45

Lymph %
(Hem
Segs
Bands
Lymph
Atyp
RBC
Morph

PATIENT ID: [REDACTED]
TEST NAME: APTT
TEST RESULT: = 21.8 sec.
RATIO: RESULT OUT OF RANGE***
SAMPLE TYPE: citrated wh. blood
TEST DATE: :10/21/03
TEST TIME: :01:42

b(6)-2

DATE	TIME	SSN/PSEU	TEST	RESULT	REF. RANGE
			REF. RANGE	TEST	RESULT
			N/A	RPR	Negative
			N/A	Mono	Negative
			Negative		
			Negative	Source	
			Negative	Gram Stain	
			N/A	Occ Bld	Negative
			Negative	H. pylori	Negative
			N/A		
			Negati		
			0.2-1.0		
			Negati		
			Negati		
			Negati		
			Negati		

b(6)-4

-44

Spun Hematocrit: 42-52% (M)
37-47% (F)

Sed Rate: [REDACTED] Cell Count: [REDACTED]

Other: [REDACTED] Directigen: [REDACTED] Negative: [REDACTED] ABO/Rh: [REDACTED]

518 WITH EVERY UNIT REQUESTED

Coag [REDACTED] b(6)-4

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

TEST	RES	Patient	Units
PT	12.1 sec	4.5	10.5
APTT	3.57 L	4.0	8.0
D dimer	10.2 L	11.0	11.0
FDP	31.8 L	25.0	25.0
	29.1 L	20.0	20.0
	29.5 L	20.0	20.0
	31.9 L	20.0	20.0
	35.0 L	150	450
	14.5 mL	20.5	51.1
	1.8 x 10 ³ /L	1.2	3.4

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:

LAB ID NO.:

5
37
1.8
47

66.6
32

MEDCOM - 21816

Ward/Section: 1001		RE: [REDACTED]		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. [REDACTED]		DATE: 21 OCT 03	TIME: 0858	SSN/PSEUDO SSN:	
(i-STAT)		(Piccolo) Chemistry 12		(Piccolo) Metabolic Panel	
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l
Cl		98-109 mmol/L	ALT		10-47 u/l
pH		7.31-7.45	AMY		14-97 u/l
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl
HCO3		22-26 mmol/l 23-28 mmol/l			
sO2		95-98%			
BEecf		(-2) - (+3) mmol/L	PICCOLO 21/10/03 06:10 REFERENCE RANGE: MALE PATIENT #: [REDACTED] METLYT 8 DISC LOT #: [REDACTED] OPER #: [REDACTED] DR: 000 SERIAL #: [REDACTED]		
AnGap		10-20 mmol/l			
Ca		1.12-1.32 mmol/l			
BUN		8-26 mg/dl			
GLU		70-105 mg/dl			
Creat		0.7-1.5 mg/dl			
Hct		38-51% PCV			
Hgb		12-17 g/dl			
Misc. Chemistry			(Piccolo) Liver Panel Plus		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Troponin-I			ALB		3.3-5.5 g/dl
Drug of Abuse			ALP		26-84 u/l
			ALT		10-47 u/l
			AMY		14-97 u/l
			AST		11-38 u/l
			TBIL		0.2-1.6 mg/dl
			GGT		5-65 u/l
			TP		6.4-8.1 g/dl
			(Piccolo) Electrolyte		
			TEST	RESULT	REF. RANGE
			NA+		128-145 mmol/l
			K+		3.3-4.7 mmol/l
			CL-		98-108 mmol/l
			tCO2		18-33 mmol/l
REMARKS:					
REPORTED BY:					

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

b(6)-4
 b(6)-2
 INST QC: OK CHEM QC: OK
 HEM 0, LIP 0, ICT 0

Ward/Section: ICU		REQUESTING PHYSICIAN: [REDACTED]		LABORATORY RESULT FO (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. [REDACTED]		DATE: 2/10/03	TIME: 0838	SSN/PSEUDO SSN:	
(Hematology) CBC			Urinalysis		Misc. Serology
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³	Color		N/A
RB			App		N/A
Hgt			Glu		Negative
Hct		31-40	Bili		Negative
MC		Patient Units	Ket		Negative
Plt		4.0-10.0	SG		N/A
Lyn		35.0-60.0	Bld		Negative
(I)		27.0-31.0	pH		N/A
Segs		150-450	Prot		Negative
Ban		3.0-5.0	Urob		0.2-1.0
Lym			Nit		Negative
Atyp		Imm	Leuk		Negative
RBC Morph			HCG		Negative
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF		Blood Bank
Sed Rate			Cell Count		MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED.
Other			Directigen		Negative
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)		
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATC
PT		9.8-13.6 secs			
APTT		21-34 secs			
D dimer		<20 ug/ml			
FDP		<10 ug/ml			
REMARKS:					
REPORTED BY:		DATE:	LAB ID NO.:		

MEDCOM - 21818

ICU 1

NKDA of med H. of surg 1

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/MCG/ML, "I" = CONSTANT INFUSION	Propofol (mg)	100													
	Fentanyl (mcg)	150	100	100								300	200		
	Sufentanil (mcg)	120										100	50		
	Vecuron (mg)		5	5	5							5	2		
VOLAT AGENT		ISO % del										FLUIDS - SUMMARY			
		1.5 - 1.3 - 1.5 1.0 - 0.8 - 1.0 - 1.5 - 0.8 - 1.0 - 1.5 - 1.0 X										CRYSTALLOID			
AIR L/Min												2800			
N2O L/Min												COLLOID			
O2 L/Min		10 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3										BLOOD			
SINGLE DOSE DRUGS MARK ON GRID WITH NUMBERS & ENTER IN REMARKS												REMARKS			
FLUIDS	LINE site	18 (UE)	XLR										Code drugs with numbers, events with letters		
		20 (UE)	XLR										Prone on OR table		
		RIS cath	2500										For PEEP/artery cath		
			2500										magnesium, EV		
LOSSES		EST BLOOD LOSS										RECOVERY AT			
		URINE - Foley										PACU (ICU) (Specify)			
PHYS STATUS		TIME										OTHER CONDITION			
1 (2) 4 (5) (E)		0230 x 0300 z 0330 x 0400 y 0430 x 0500 z 0530										Stable/Anxious			
BODY WEIGHT: 90 KG LB		SYMBOLS:										RESP. SpO2			
HEMATOCRIT: 12/38		BP by cuff										BP- HR-			
INITIAL DATA: BP- 143/72		Heart rate										ANESTHESIA / PROCEDURE TIMES			
EQUIP CHECK		Resp rate										Start Room End			
OK? (Y) N		BR (transduced)										0215 0230 0550			
PATIENT RECHECK		TOURNIQUET										Ready Begin End			
OK for PROCEDURE		ANES- X-X										0240 0300 0535			
TIME: 0215		PROC- O-O													
VENTIL		VT - ml													
		f - breaths/min													
		Peak inf pres / PEEP													
		MODE - S(pon), A(ssist), C(on)													
		BP/Auto Cuff													
		ET CO2 (torr)													
		BP/oth													
		FiO2 (Frac or %)													
		ART line													
		SpO2 (%)													
		Steth- PC/ES													
		ECG													
		Gas analyzer													
		TEMP-site W/wh													
		N-M Block (T/4)													
		Warming blkt													
		Conv warmer													
EVENTS		Position													
Mark with letters & symbols, explain under REMARKS		SURINE TUBE ~ SUPINE													
PROCEDURES and CPT Codes:		ANESTHETIC TECHNIQUES: Describe block technique under Remarks													
Pain Brachial Plexus (L); Delirium (R) leg & Arm		GSTA													
PAIN MANAGEMENT: Intubation route, blood technique, comments		KAL @ critical pressure, W/Lx Tatt et c fac y, # 7.5ETT													
PAIN MANAGEMENT: Intubation route, blood technique, comments		Gvndr view. Ombis @ ETCG, Scarle @ 23 in teeth, soft palate													
SURGEONS:		PROCEDURE LOCATION: OR 2													
		DATE: 21 Oct 03													
		PAGE 1 OF 2													

MEDICAL RECORD - ANESTHESIA

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

ANESTHETIC AGENTS AND DRUGS	DRUG (Units)											TOTALS	TOTAL EBL				
	CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "1" = CONSTANT INFUSION	()															
	()																
	()																
	()																
	()																
	()																
	VOLAT AGENT	<i>Isco</i> % del															
	AIR	L/Min															
	N2O	L/Min															
O2	L/Min	<i>10</i>															
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS													FLUIDS - SUMMARY				
FLUIDS	LINE site	<input type="checkbox"/> Warmed												CRYSTALLOID			
		<input type="checkbox"/> Warmed												COLLOID			
		<input type="checkbox"/> Warmed												BLOOD			
		<input type="checkbox"/> Warmed												REMARKS			
LOSSES		EST BLOOD LOSS											<div style="border: 1px solid black; border-radius: 50%; padding: 20px; display: inline-block; transform: rotate(-90deg); transform-origin: center;"> STEP 1 </div>				
		URINE															
PHYS STATUS		TIME <i>3:30</i> <i>45</i>															
1 2 3 4 5 E		SYMBOLS:															
BODY WEIGHT:		220														Code drugs with numbers, events with letters	
KG		BP by cuff	200														
LB		∇	180														
HEMATOCRIT:		∧	160														
INITIAL DATA:		Heart rate	140														
BP		Resp rate	120														
HR		BR (transduced)	100														
EQUIP CHECK		⊕	80														
OK? - Y N		TOURNIQUET	60														
PATIENT RECHECK		T-X	40														
OK for PROCEDURE?		ANES- X-X	20														
TIME-		PROC- ⊙ ⊙															
MONITORS/ACCESSORIES	VENTIL												RECOVERY AT				
	VT - ml <i>600</i>												PACU ICU _____ (Specify)				
	f - breaths/min <i>16</i>												OTHER _____				
	Peak inf pres / PEEP <i>5</i>												CONDITION:				
	MODE - S(pon), A(ssist), C(on)												RESP- SpO2				
	BP/Auto Cuff												BP- HR				
	BP/oth												ANESTHESIA / PROCEDURE TIMES				
	ART line												Start Room End				
	Steth- PC/ES												Ready Begin End				
	Gas analyzer																
Warming bkt																	
Conv warmer																	
Mark with letters & symbols, explain under REMARKS EVENTS Position <i>→ a</i>																	
PROCEDURES and CPT Codes:						ANESTHETIC TECHNIQUES: Describe block technique under Remarks											
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility						AIRWAY MANAGEMENT: Intubation route, blade, technique, comments											
# [REDACTED] <i>b(6)-4</i> [REDACTED] <i>b(6)-2</i>						SURGEON [REDACTED]			PROCEDURE LOCATION: <i>OR 2</i>								
						ANESTHESIA PROVIDER <i>CHW</i>			DATE: <i>21 Oct 03</i>								
									PAGE <i>2</i> OF <i>2</i>								

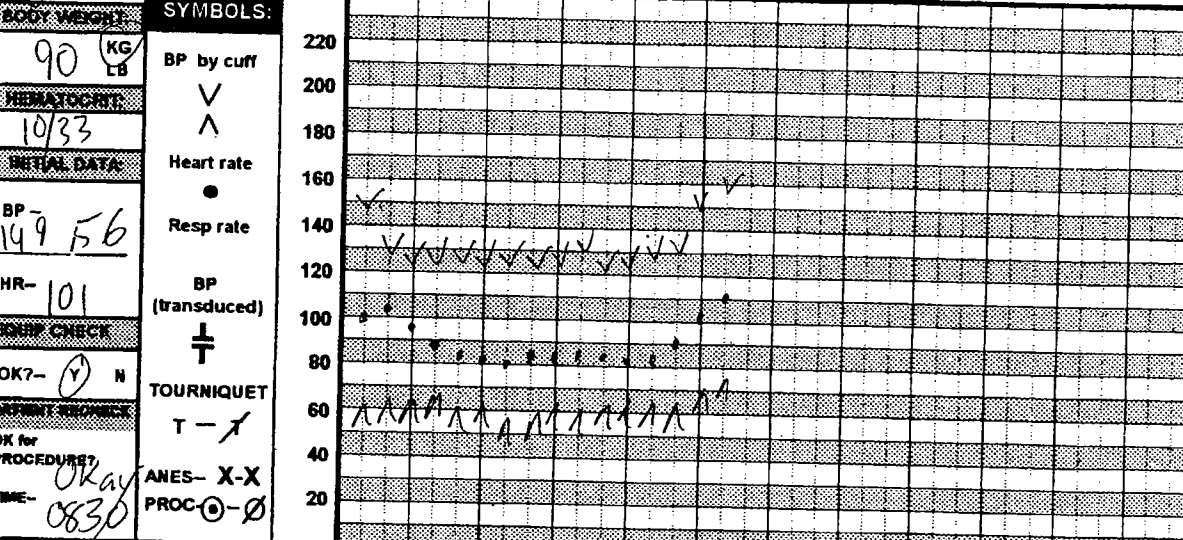
Chart v- in 1 pre-qu
 No Δ since last anesthesia 14.6 / 10.6 / 33.9 / 347

WKA/A

CONTINUOUS / REPEATED DRUGS SPECIFY UNITS - MG / MCG / ML, "1" = CONSTANT INFUSION		DRUGS	DOSE	TIME	TOTALS	TOTAL TIME	
		Fentanyl	(-2)	150	100		
		Propofol	(-2)	750			
		SO2	(-2)	100			
		Vcc	(-2)	4	3		
		mscy	(-2)		3		
			(-2)		2		
		ISU	% del	1.7 - 1.5 - 1.5 = 0.6X			
			% e.t.				
		AIR	L/Min				
		N2O	L/Min				
		O2	L/Min	10 - 2 - 2 - 2 - 2 - 10			
		SINGLE DOSE DRUGS - MARK ON GRID WITH NUMBERS & ENTER IN REMARKS					

LINE	Site	Warmed
18	Arm	<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/>

EST BLOOD LOSS	
URINE - Foley	100



VT - ml	16	12	10	12	10	12
r-breaths/min	16	12	10	12	10	12
Peak inf pres / PEEP	20	25	26	26	26	26
MODE - Spon, A/assist, C(on)	S	C	C	C	C	S
BP/Auto Cuff	76	76	76	75	75	76
ET CO2 (torr)	36	35	37	35	38	
BP / oth	100	100	100	100	100	100
ART line	ST	SR	SR	SR	SR	ST
Steth- PC/ES	ST	SR	SR	SR	SR	ST
Gas analyzer	ST	SR	SR	SR	SR	ST
TEMP- site	4/4					
N-M Block (T/4)	4/4					

REMARKS
 Code drugs with numbers, events with letters
 0815 Pt in OR - @
 units / @ O2, sweat
 IV inducth eyes
 faced, pt paddled
 0907 procedure started
 0957 lowered i sng
 v-castone @ 0.5y Rblu
 100c Pt awake, PO SW
 X2. Extubated F
 @HL > 5sec. To MACC
 stable, kept to
 RW

RECOVERY AT	1005
PACU / ICU	(Specify)
OTHER	
CONDITION:	stable ok
RESP- 16	SpO2- 96 HA
BP- 150/69	HR- 110

ANES	Start	Room	End
	0835	0845	1010
PROC	Ready	Begin	End
	0835	0907	0953

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

PROCEDURES and CPT Codes
 Debride (R) Arm wound; (R) leg wound

PATIENT IDENTIFICATION - Typed or written entries: Name, Grade/Rate, Medical facility
 # [redacted] b(6)-4 b(6)-2

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
 GETA
 AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
 DVLx i attach to MAC Y, #8ETT, Grade 1 view @ DVBSS
 @RETCG secured @ 2' on tooth, soft bite block placed
 SURGEONS: [redacted]
 ANESTHETIST: [redacted] CPT CRWA

PROCEDURE LOCATION OR 2
 DATE 25 Oct 03
 WAMC OP 376 REVISED
 MEDCOM - 21821 1 Jan 99

MEDICAL RECORD - ANESTHESIA

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

CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION	DRUG (Units)										TOTALS	TOTAL EBL	
	Fentanyl (mcg)		250									250	min
	propofol (mg)		150	20									
	SUX (mg)		140										
	ROC (mg)		30										
ANESTHETIC AGENTS AND DRUGS	VOLAT AGENT		550	% del	2.0	2.0	2.0	X					FLUIDS SUMMARY
	AIR			L/Min									CRYSTALLOID
	N2O			L/Min									600
	O2		6-2	L/Min	2	2	2	6					COLLOID
FLUIDS	SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS		① ② ③ ④ ⑤								BLOOD-		
	LINE site										REMARKS		
	20g LW		LR - 200 - 600								Code drugs with numbers, events with letters		
											① To OR via		
											lithor, SOC		
											monitors, prod		
											② RSI 3I-CP		
											③ Zantac 50mg		
											& Reglan 10mg		
											④ Enlon 20mg		
										& Robinul 0.9mg			
										⑤ Suctioned			
										& extubated			
										to PACU stable			
LOSSES		EST BLOOD LOSS		X - 250									
		URINE		K - 250									
PHYS STATUS		TIME		X 30 X 11 X 30 X 12 X 30 X 13									
BODY WEIGHT		SYMBOLS:											
90 (KG)		BP by cuff											
90 (LB)		V											
HEMATOCRIT		^											
INITIAL DATA		Heart rate											
BP		•											
105/75		Resp rate											
HR		BR											
110		(transduced)											
EQUIP CHECK		+											
OK? (Y) N		TOURNIQUET											
PATIENT CHECK		T-X											
OK for PROCEDURE		ANES. X-X											
TIME		PROC. 0-0											
		1010											
VENTIL	VT - ml		860	850	860	216							
	f - breaths/min		12	12	12	17							
	Peak inf pres / PEEP		30	30	30								
	MODE - S(pn), A(ssist), C(on)		C	C	C	S							
	BP/Auto Cuff		34	34	33	40							
	BP/oth		0.9	0.9	0.9	0.9							
	ART line		100	100	100	100							
	Steth. PC/ES		SR	JR	JR	SR							
	Gas analyzer		TEMP-site		4/4c								
			N-M Block (T/4)		just tetany								
MONITORS/ACCESSORIES	Warming blkt												
	Conv warmer												
	RECOVERY AT												
	PACU ICU (Specify)												
	OTHER												
	CONDITION:												
	RESP. 16 SpO2 98												
	BP 129/70 HR 102												
	ANESTHESIA / PROCEDURE TIMES												
	PROC ANES		Start	Room	End								
		1010	1020	1020									
PROC ANES		Ready	Begin	End									
		1025	1046	1010									
PROCEDURES and CPT Codes:		STSG -> Abdomen to RUE											
ANESTHETIC TECHNIQUES: Describe block technique under Remarks		GETA 8.5ETT, 4 MAC											
PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility		# [redacted] b(6)-4 26yo EPW											
AIRWAY MANAGEMENT: Intubation route, blade, technique, comments		Eyes taped, DL15 trauma, DET10, BJB. Secured 21cm @ teeth.											
PROCEDURE LOCATION:		2-2											
DATE:		10/29/03											
PAGE		1 OF 1											

CLINICAL RECORD - DOCTOR'S ORDER

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 53		
			1) admit to ICU		✓
			2) dx - brachial art injury		✓
			3) Anest 2, m IN 9		✓
NURSING UNIT	ROOM NO.	BED NO.	4) MSOy 2-6mg IV q1 ^h		✓
			5) Lovex 30mg SQ		✓
			9/20 start at 8 PM today		
			6) ASA ipa 9 AM		✓
			start 8:10/22		
NURSING UNIT	ROOM NO.	BED NO.	7) W → D to R arm L leg		✓
			8) start bright clean lig diet		✓
			9) reg diet 10/22		✓
			10) Nilv ✓ 7/10		✓
			11) (L) arm sling		✓
b(6)-2			[REDACTED]		
			12) CBC B Chem 6		✓
			call re any abnormals		
			do on arrival to ICU		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		

DA FORM 4256 1 APR 79

REPLACES EDI... JUL 77, WHICH M... USED.

[REDACTED] 24 Oct 53

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
E [REDACTED] b(6)-4			2 Oct	2120 HOURS	
			Emergency contact on TID.		NOTED
			V.O. D. [REDACTED]		
			X		
			b(6)-2		

NURSING UNIT	ROOM NO.	BED NO.
2C1		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			21 Oct	0930 HOURS	
			LR @ 125 cc/hr ✓		b(6)-2
			D/C A-line ✓		
			V.O. per DR. [REDACTED]		
			240/12315 Oct 21		21 Oct @ 0930

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			22 Oct 03	HOURS	
			1) d/c neck lines		NOTED
			2) peripheral IV		
			3) w → D bid on R arm, leg, + L chest		
			4) dry dressing on (L) arm q day		
			5) to floor p # 1+2		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				HOURS	
NOTED 22 OCT 03 1342 [REDACTED] 2LT, AN			6) Reg Diet		NOTED
b(6)-2			7) DRUGS 20mg/kg		
			8) vs 94° b(6)-2		

NURSING UNIT	ROOM NO.	BED NO.
	240	[REDACTED]

DA FORM 1 APR 79 4256

REPLA MEDCOM - 21824

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION [redacted] DATE OF ORDER 22 OCT 03 TIME OF ORDER _____ HOURS LIST TIME ORDER NOTED AND SIGN

b(6)-4
 NOTED
 22 OCT 03
 1343
 [redacted] 22 OCT 03

- 1) Lovex 30mg SQ q12h
- 2) ASA T PO qd
- 3) T#3 1-2, 20 q4 prn

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

24 ✓ [redacted] 23 OCT 03
 [redacted]

PATIENT IDENTIFICATION [redacted] DATE OF ORDER _____ TIME OF ORDER _____ HOURS

[redacted]

- 1) hep lock IV

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

[redacted] 10 FEB 03
 (102)

PATIENT IDENTIFICATION [redacted] DATE OF ORDER _____ TIME OF ORDER _____ HOURS

[redacted] noted
 [redacted]

- 1) NPO 3 MN

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

[redacted]

PATIENT IDENTIFICATION [redacted] DATE OF ORDER _____ TIME OF ORDER _____ HOURS

b(6)-2

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

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				25 Oct-03	10A HOURS	
				1) RR → floor		
				2) Reg Diet		
				3) Hep lock		
				4) Aniel- 2jm IV 98° x 48° then		
NURSING UNIT	ROOM NO.	BED NO.		Keflex 500mg po qid		

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] b(6)-2					HOURS	
				5) Lovenox 40mg SQ 9 AM start 10/26		
				6) ASA i po q AM		
				7) Tylenol #3 1-2 po q 4° prn		
NURSING UNIT	ROOM NO.	BED NO.				

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED] b(6)-2					HOURS	
				8) Dry dressing bid q day to L arm + chest + R leg		
				9) w → D bid Ram		
NURSING UNIT	ROOM NO.	BED NO.				

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]				28 Oct	HOURS	
				1) NPO for MR		
				2) OR 10/29		
NURSING UNIT	ROOM NO.	BED NO.				

DA FORM 1 APR 79 4256

REPLACES EDITION OF 1 JUL 77. WH MEDCOM - 21826

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]			29 Oct 03	_____ HOURS	[REDACTED]
			1) K ₂ → floor ✓		
			2) S/P STSG ✓		
			3) VS q route ✓		
			4) hep lock ✓		
NURSING UNIT	ROOM NO.	BED NO.	5) Ke hex 500mg po qid x 7 days ✓		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				_____ HOURS	
			6) Percocet-5 1-2 ✓		
			po q4 ^o prn		
			7) Ro, Diel ✓		
			8) ASA i po q day ✓		
			9) Lovex 4 [REDACTED] 50 q 24 ✓		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
b(6)-2 [REDACTED]			10/29/03	1130 HOURS	b(6)-2
			1) MS 2-3 mg IV PRN pain in PACU a Tomine Max dose 10mg [REDACTED] [REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				_____ HOURS	
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 4256
1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.
MEDCOM - 21827

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]		10/29	_____ HOURS	

Keep dressing on arm slightly damp w. 1/2 9NS bid

NURSING UNIT	ROOM NO.	BED NO.
2A	0215	3002

PATIENT IDENTIFICATION		DATE OF ORDER	TIME OF ORDER
b(6)-2 [REDACTED]		10/31	_____ HOURS

d/c hep lock

NURSING UNIT	ROOM NO.	BED NO.
[REDACTED]	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION		DATE OF ORDER	TIME OF ORDER
b(6)-2 [REDACTED]		11/2	_____ HOURS

d/c Foley
d/c arm samples

NURSING UNIT	ROOM NO.	BED NO.
[REDACTED]	0215 0140	03

PATIENT IDENTIFICATION		DATE OF ORDER	TIME OF ORDER
b(6)-4 [REDACTED]		11/3	_____ HOURS

1) D arm dressing on STSA bid - vas gauze do this A/B
2) pt may shower take all dressing off

NURSING UNIT	ROOM NO.	BED NO.
2A	0215	3002


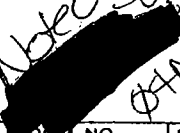
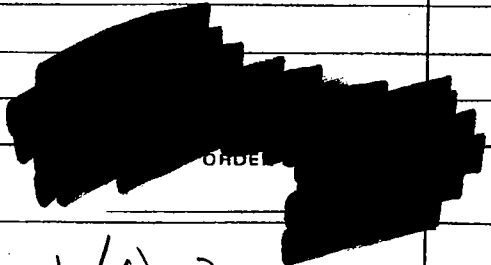
DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MEDCOM - 21828

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 4 Nov 03	TIME OF ORDER _____ HOURS	LIST TIME ORDER NOTED AND SIGN
			1) d/c to EPW ramp		
			2) d/c Lovenox		
			3) sutures out in leg in 7 days		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION b(6)-2 Abbeduto  4 Nov 03			DATE OF ORDER 4 Nov 03	TIME OF ORDER _____ HOURS	
			4) vas gauze change daily x 7 days (send bag of supplies)		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER _____ HOURS	
			5) cont ASA x 1 mo		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER _____ HOURS	
			b(6)-2		
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77 WHICH MAY BE USED. MEDCOM - 21829

Green Sheet

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)										Mo. 10 Yr. 03					
		For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.															
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION															
ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED													
				25	26	27	28	29	30	31	NOV 01	02	03	04	05	06	07
25 OCT	[REDACTED]	Reg diet	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
25	[REDACTED]	Dry dressing q day to @ arm & chest, @ leg	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
25	[REDACTED]	NAD BID @ arm	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
29 OCT	[REDACTED]	VS! @ Routine	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
29 OCT	[REDACTED]	Keep drsg on arm slightly damp with 0.9% NS BID	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
3 NOV	[REDACTED]	Δ arm drsg on STSG BID c vas gauze (Start this Am)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
3 NOV	[REDACTED]	Pt may shower & take all drsgs off.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
		b(6)-2															

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:
BRACHIAL ARTERY INJURY

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[REDACTED] b(6)-24

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

Green Sheet

MEDCOM - 21830

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo 10	Yr 03
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials	
25 Oct 03	[Redacted]	RR → floor	25			[Redacted]	
28 Oct	[Redacted]	NPO PRN	28	2400		[Redacted]	
28 Oct	[Redacted]	OR	10/29	O/C		[Redacted]	
29 Oct	[Redacted]	RR → floor s/p STSS	29			[Redacted]	
02 NOV	[Redacted]	D/C Foley	02 NOV 03	0900	0900	[Redacted]	
02 NOV	[Redacted]	D/C arm staples	02 NOV	0900	0900	[Redacted]	
04 NOV	[Redacted]	D/C to ERW camp				[Redacted]	
04 NOV	[Redacted]	Sutures out in leg in 7 days	11 Nov			[Redacted]	
04 NOV	[Redacted]	W/S gauze change daily X 7 days (send bag of supplies)	04 NOV			[Redacted]	
b(6)-2							

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

USAPA V1.00

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. 10 Yr. 53

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED					
				20	21	22	23	24	25
21 Oct	[REDACTED]	Amef 2gm IV q 8 ^o	08 16 24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
21 Oct	[REDACTED]	lorenox 50mg SQ q 12 ^o start @ 8pm today	08 20	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
21 Oct	[REDACTED]	ASA 7 90 q PM start 10/22	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
21 Oct	[REDACTED]	LR @ 125 cc/hr	06 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
21	[REDACTED]	Eryngin Ointment on TIA	08 16 24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		(Pharm out of stock)							
29 Oct	[REDACTED]	D5 1/2 NS + 20 Meq KCl @ 60cc/hr	06 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
23rd	[REDACTED]	Heplock IV	06 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		b(6)-2							

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:

Braeial artery injury

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO. _____

PATIENT IDENTIFICATION:

EPW [REDACTED] b(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

DA FORM 4678 FEB 79

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.
MEDCOM - 21836

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)					Mo. <u>10</u>	Yr. <u>03</u>							
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES			Date to be Given	Time to be Given	Time Given	Initials							
10/23	[REDACTED]	Heplack IV			10/23			[REDACTED]							
b(6)-2															
Order/Expir Date		Clerk/Nurse	PRN	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION											
			MEDICATION, DOSE, FREQUENCY	TIME/DATE DISPENSED											
21 OCT	[REDACTED]		MSD4 2-6mg IV q10 PRN	D	21 Oct 03	21 Oct 03	21 Oct 03	21 Oct 1910	21 Oct 1400	21 Oct 1200	21 Oct 2300	22 Oct 0410	22 Oct 03	23 Oct 1945	24 Oct 2000
				T	0725	0830	1415	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
				I	409	609	209	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
22 OCT	[REDACTED]		TYLENOL #3 1-2 PCD Q4 ^h PRN	D	2500	0545	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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	25	26	27	28	29	30	31	1	2	3	4
25 0003	- [REDACTED]	Heplock-flush q shift	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
25	- [REDACTED]	Ancef 2gm IV q8° x 48°	08	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	- [REDACTED]	then	16	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
25	- [REDACTED]	Reflex 500mg po qid x 7 days	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	- [REDACTED]	d/c on 11/4/03 after last dose	12	[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]		24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
25	- [REDACTED]	OROX 400mg SQ q AM (start 11/26)	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
25	- [REDACTED]	ASA T po q AM	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	- [REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

b(6)-2

ALLERGIES: YES NO PRIMARY DIAGNOSIS: BRACHIAL ARTERY INJURY ADDITIONAL PAGES IN USE: YES 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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. <u>10</u>	Yr. <u>03</u>
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials	
<u>04 NOV</u>	[REDACTED]	<u>DIC LOVENOX</u>	<u>04</u>	_____	_____	[REDACTED]	
<u>04</u>	[REDACTED]	<u>CONT ASA X T MO</u>	<u>04</u>	_____	_____	[REDACTED]	
<u>b(6)-2</u>							
Order/ Expir Date		Clerk/Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION			
				TIME/DATE DISPENSED			
<u>25 OCT 03</u>	[REDACTED]	<u>Tylenol #3</u>	<u>1-2 po q4o</u>	<u>D/T</u>	<u>0604</u>	<u>1100</u>	
		<u>PRN</u>		<u>1300</u>	<u>2200</u>		
<u>29 OCT</u>	[REDACTED]	<u>Percocet</u>	<u>1-2 tabs</u>	<u>D/T</u>	<u>029</u>	<u>0100</u>	<u>1100</u>
		<u>po</u>	<u>q 3/0 prn</u>	<u>0415</u>	<u>0100</u>	<u>2200</u>	
				<u>D/I</u>	<u>2</u>	<u>1100</u>	
<u>b(6)-2</u>							



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

TRAUMA FLOWSHEET
The proponent is Dept of Surgery

DATE APPROVED (Date)
01 Apr 11 Jun 97

EMS REPORT

ARRIVAL STATUS

TIME: 0100 ETA: UNIT:
MED COM: Y N EDW ptosis... to ER
multiple lacerations

TIME 0100 IV x O2 Nas 1/min C-Spine Immob
Meds: UKN None Yes:
Allergies: UKN None Yes:
Tetanus: UKN Current Last Meal/Fluid Intake hrs
LMP: O.R./A

PRIMARY SURVEY

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

Enough for
C-SPINE
↓ case report

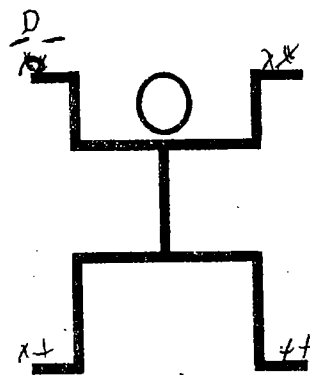
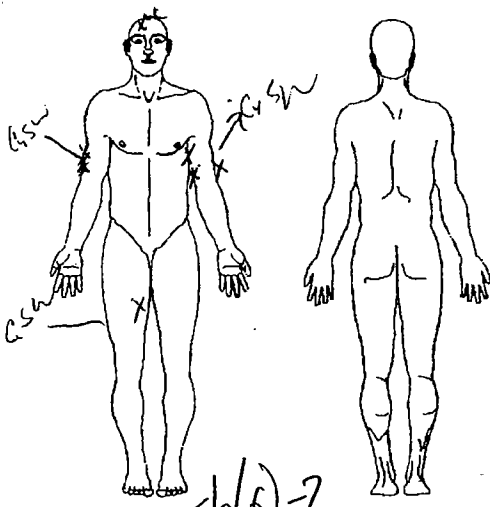
SECONDARY SURVEY

DISABILITY	HEAD	HEART	ABDOMEN
GCS: E 15 V M SPHINCTER TONE: <input type="checkbox"/> WNL <input type="checkbox"/> None	PUPILS: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Fixed <input checked="" type="checkbox"/> React <input type="checkbox"/> Dilated <input type="checkbox"/> L <input type="checkbox"/> R TM: <input type="checkbox"/> Clear <input type="checkbox"/> Blood <input type="checkbox"/> L <input type="checkbox"/> R C-Spine Tenderness: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Pain @ _____ JVD: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	RHYTHM: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> PULSES: <input checked="" type="checkbox"/> Central <input checked="" type="checkbox"/> Peripheral	<input type="checkbox"/> Soft <input checked="" type="checkbox"/> Rigid <input checked="" type="checkbox"/> Non-Tender <input type="checkbox"/> Tender: + Blood at meatus/vagina: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Hema+ : <input type="checkbox"/> 0 <input checked="" type="checkbox"/> Prostate: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnl
NECK	LUNGS	PELVIS	
	BREATH SOUNDS: <input checked="" type="checkbox"/> Bilat <input type="checkbox"/> Equal <input type="checkbox"/> Clear Decreased <input type="checkbox"/> L <input type="checkbox"/> R Absent <input type="checkbox"/> L <input type="checkbox"/> R Wheezes <input type="checkbox"/> L <input type="checkbox"/> R Crackles <input type="checkbox"/> L <input type="checkbox"/> R	<input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Hema+ : <input type="checkbox"/> 0 <input checked="" type="checkbox"/> Prostate: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnl	

USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

VASCULAR ASSESSMENT

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



++ Strong + Palpable D Dopler

RN

PHYSICIAN

PREPARED BY (Signature)

DEPARTMENT/DEPT

DATE

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

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

DA FORM 1 MAY 78 4700

REQUIR

MEDCOM - 21840

BY DD FORM 2005. ETE.

EAMC OP 503, 1 Dec 98