

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY													
POST-MONTH-YEAR	DAY												
19	DEC 19												
PULSE (O)	TEMP. F (°)	4	5	6	9	10	11	12					
180	105°	80	80	80	80	80	80	80					
170	104°												
160	103°												
150	102°												
140	101°												
130	100°												
120	99°												
110	98.6°												
100	98°												
90	97°												
80	96°												
70	95°												

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

Record special data only when so ordered	BLOOD PRESSURE		99/45	107/51	116/53	112/62	118/67	106/61	114/61
	HEIGHT:		67	75	78	77	81		
	WEIGHT →		99	97.5	98.5	96.8	98		
			99%	98% RA	99%	99% RA	99%	99%	99%

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

REGISTER NO. _____ WARD NO. _____



(5)(6)4

VITAL SIGNS RECORDS

Medical Record

STANDARD FORM 311 (REV. 7-95)
 Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY																						
POST-	DAY	28			29			30			31			1			2			3		
MONTH-YEAR	HOUR																					
19																						
PULSE (O)	TEMP. F (°)													TEMP. C								
	105°													40.6°								
180	104°													40.0°								
170	103°													39.4°								
160	102°													38.9°								
150	101°													38.3°								
140	100°													37.8°								
130	99°													37.2°								
120	98.6°													37.0°								
110	98°													36.7°								
100	97°													36.1°								
90	96°													35.6°								
80	95°													35.0°								

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

Record special data only when so ordered	BLOOD PRESSURE													
	HEIGHT:	WEIGHT →												

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

REGISTER NO.

WARD NO. *1W2*

STANDARD FORM 511 (REV. 7-95) BACK

EW # [redacted]
(b)(6)-(7)

MEDCOM - 22842

28TH COMBAT SUPPORT HOSPITAL VENTILATOR FLOW SHEET

PT# 1198
ICU2 Bed 5
8 Shiley

A16 24 / CP 22-4

DATE	TIME	MODE	RATE	VOLUME	FI02	PEEP	PIP	PT RATE	HR	SO2	BP	Ph	Pco2	Po2	BE	HCO3	SAO2	REMARKS
23/10/03	1350	SIMV	12	750	50%	5	24	10	137	100%	115/57							Sx 11
	1509	Simv	12	750	50%	5	24	0	144	100%	115/62							TR
	1745	Simv	12	750	50%	5	24	0	112	100%	102/69							TR
	1941	Simv	12	750	50%	5	18	0	110	100%	103/64							(6/6)-2
	2145	Simv	12	750	50%	5	24	0	104	100%	103/67							TR
	2330	Simv	12	750	50%	5	22	0	105	100%	103/61							TR, Suctioned
	0100	Simv	12	750	44%	5	24	0	124	100%	104/58							TR, Suctioned
	0330	Simv	12	750	44%	5	24	0	117	100%	102/53							TR, Suctioned
	0500	Simv	12	750	44%	5	18	0	111	100%	104/67							TR, Suctioned
	1000	Simv	12	750	46%	5	22	20	107	100%	104/54							TR, Suctioned
	1200	Simv	12	750	40%	5	24	18	138	100%	104/54							TR, Suctioned
	1400	Simv	12	750	40%	5	25	15	138	100%	104/54							TR, Suctioned
	1533	Simv	12	750	40%	5	24	0	123	100%	104/55							TR, Suctioned
	1630	Simv	12	750	40%	5	24	0	123	100%	104/55							TR, Suctioned
24/10/03	0800	Simv	12	750	40%	5	24	0	123	100%	104/55							TR, Suctioned

MEDCOM - 22843

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/01/03 12:15

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/02/03 04:34

Patient ID: [REDACTED] (S)(b)-4
Test Name :PT
Test Result:= 16.4 sec.
Ratio = 1.3
Calculated INR = 1.61
Sample Type:citrated wh. blood
Test Date :11/01/03
Test Time :12:13
Card Lot :080201
Operator [REDACTED]

Patient ID: [REDACTED]
Test Name :PT
Test Result:= 15.6 sec.
Ratio = 1.3
Calculated INR = 1.49
Sample Type:citrated wh. blood
Test Date :11/02/03
Test Time :04:32
Card Lot :080201
Operator [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/01/03 12:18

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/02/03 04:51

Patient ID: [REDACTED] (S)(b)-4
Test Name :APTT
Test Result:= 37.5 sec.
Sample Type:citrated wh. blood
Test Date :11/01/03
Test Time :12:18
Card Lot :030201
Operator [REDACTED]

Patient ID: [REDACTED]
Test Name :APTT
Test Result:= 35.4 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated plasma
Test Date :11/02/03
Test Time :04:49
Card Lot :030201
Operator [REDACTED]

(S)(b)-2

(S)(b)-4

Lab	Value	Units	Normal Range
WBC	17.2	H $\times 10^3/\mu\text{L}$	4.5 - 10.5
RBC	4.20	$\times 10^6/\mu\text{L}$	4.00 - 6.00
Hgb	12.0	g/dL	11.0 - 18.0
Hct	37.6	%	35.0 - 60.0
MCV	89.5	fL	80.0 - 99.9
MCH	28.6	pg	27.0 - 31.0
MCHC	32.0	L g/dL	33.0 - 37.0
Plt	235	$\times 10^3/\mu\text{L}$	150 - 450
LY%	7.7	%	20.5 - 51.1
LY#	1.3	$\times 10^3/\mu\text{L}$	1.2 - 3.4

Lab	Value	Units	Normal Range
WBC	9.4	$\times 10^3/\mu\text{L}$	4.5 - 10.5
RBC	3.93	$\times 10^6/\mu\text{L}$	4.00 - 6.00
Hgb	11.5	g/dL	11.0 - 18.0
Hct	34.0	%	35.0 - 60.0
MCV	88.5	fL	80.0 - 99.9
MCH	29.1	pg	27.0 - 31.0
MCHC	32.9	L g/dL	33.0 - 37.0
Plt	135	$\times 10^3/\mu\text{L}$	150 - 450
LY%	11.0	%	20.5 - 51.1
LY#	1.0	$\times 10^3/\mu\text{L}$	1.2 - 3.4

02-11-03 04:24

Lab	Value	Units	Normal Range
WBC	12.9	H $\times 10^3/\mu\text{L}$	4.5 - 10.5
RBC	3.74	$\times 10^6/\mu\text{L}$	4.00 - 6.00
Hgb	10.9	g/dL	11.0 - 18.0
Hct	33.4	%	35.0 - 60.0
MCV	89.3	fL	80.0 - 99.9
MCH	29.0	pg	27.0 - 31.0
MCHC	32.5	L g/dL	33.0 - 37.0
Plt	151	$\times 10^3/\mu\text{L}$	150 - 450
LY%	12.3	%	20.5 - 51.1
LY#	1.6	$\times 10^3/\mu\text{L}$	1.2 - 3.4

1 cur

MEDCOM - 22844

Ward/Section: ICU2		REQUISITION # [REDACTED]		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI. # [REDACTED]		DATE: 23/11/03		SSN/PSEUDO SSN: [REDACTED]			
(i-STAT)		(Piccolo) Chemistry 12		(Piccolo) Metabolic Panel			
TEST	RESULT	REF. RANGE		TEST	RESULT	REF. RANGE	
Na		138-146 mmol/L	<p>===== PICCOLO ===== 23/11/03 18:46 REFERENCE RANGE: MALE PATIENT #: [REDACTED] METLYTE 8 (b)(4)-4 DISC LOT #: 3152AA4 OPER #: 702 DR #: 000 SERIAL #: 0000100494</p> <p>..... GLU 119* 73-118 MG/DL BUN 13 7-22 MG/DL CRE 1.2 0.6-1.2 MG/DL CK 139 39-380 U/L NA+ *** 128-145 MMOL/L K+ 4.1 3.3-4.7 MMOL/L CL- 95* 98-108 MMOL/L tCO2 19 18-33 MMOL/L</p> <p>INST QC: OK CHEM QC: OK HEM 0, LIP 0, ICT 0</p> <p>Na-134</p>	GLU		73-118 mg/dl	
K		3.5-4.9 mmol/L		BUN			7-22 mg/dl
Cl		98-109 mmol/L		CRE			8.0-10.3 mg/dl
pH		7.31-7.45		CK			0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)		NA+			128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)		K+			3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)		CL-			98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)		tCO2			18-33 mmol/l
sO2		95-98%					
BEecf		(-2) - (+3) mmol/L					
AnGap		10-20 mmol/L					
Ca		1.12-1.32 mmol/L					
BUN		8-26 mg/dl					
GLU		70-105 mg/dl					
Creat		0.7-1.5 mg/dl					
Hct		38-51% PCV					
Hgb		12-17 g/dl					
Misc. Chemistry							
TEST	RESULT	REF. RANGE					
Troponin-I							
Drug of Abuse							
REMARKS:							
REPORTED BY:		DATE:	LAB ID NO.:				

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

===== PICCOLO =====
 23/11/03 18:46
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED]
 METLYTE 8 (b)(4)-4
 DISC LOT #: 3152AA4
 OPER #: 702 DR #: 000
 SERIAL #: 0000100494

.....
 GLU 119* 73-118 MG/DL
 BUN 13 7-22 MG/DL
 CRE 1.2 0.6-1.2 MG/DL
 CK 139 39-380 U/L
 NA+ *** 128-145 MMOL/L
 K+ 4.1 3.3-4.7 MMOL/L
 CL- 95* 98-108 MMOL/L
 tCO2 19 18-33 MMOL/L

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

Na-134

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA ⁺⁺		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA ⁺		128-145 mmol/l
K ⁺		3.3-4.7 mmol/l
CL ⁻		98-108 mmol/l
CO ₂		18-33 mmol/l

(Piccolo) Liver Panel Plus		
TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
ST		11-38 u/l
BIL		0.2-1.6 mg/dl
GT		5-65 u/l
?		6.4-8.1 g/dl

(Piccolo) Electrolyte		
TEST	RESULT	REF. RANGE
Na ⁺		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
Cl ⁻		18-33 mmol/l

12/11/03
 12/11/03
 12/11/03
 12/11/03
 12/11/03

LAST, FIRST, MI. # [REDACTED] DATE: 23 Nov 03 TIME: 1438 SSN/PSEUDO SSN: [REDACTED]

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

(Piccolo) Chemistry 12

===== PICCOLO =====
 23/11/03 14:32
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED]
 METLYTE 8 (5)6-4
 DISC LOT #: 3152AA4
 OPER #: 702 DR #: 000
 SERIAL #: 0000100494

TEST	RESULT	REF.
GLU	114	73-118 MG/DL
BUN	15	7-22 MG/DL
CRE	1.1	0.6-1.2 MG/DL
CK	158	39-380 U/L
NA+	128	128-145 MMOL/L
K+	4.0	3.3-4.7 MMOL/L
CL-	96*	98-108 MMOL/L
tCO2	19	18-33 MMOL/L

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA ⁺⁺		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA ⁺		128-145 mmol/l
K ⁺		3.3-4.7 mmol/l
CL ⁻		98-108 mmol/l
tCO ₂		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
GGT		5-65 u/l
TP		6.4-8.3 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA ⁺		128-145 mmol/l
K ⁺		3.3-4.7 mmol/l
CL ⁻		98-108 mmol/l
tCO ₂		18-33 mmol/l

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

Na - 133
 tCO₂ - 36

REMARKS:

REPORTED BY: DATE: LAB ID NO.:

Ward/Section:			REQUESTING PHYSICIAN:			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		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
pH	7.325	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2	44.7	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA ⁺		128-145 mmol/l
PO2	107	80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
TCO2	25	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL ⁻		98-108 mmol/l
HCO3	23	22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
sO2	98%	95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEecf	-3	(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.52 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	(Piccolo) Metlyte 8			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AST		11-38 u/l
Hct		38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/l	(Piccolo) Electrolyte		
Troponin-I			K ⁺		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL ⁻		98-108 mmol/l	NA ⁺		128-145 mmol/l
			tCO2		18-33 mmol/l	K ⁺		3.3-4.7 mmol/l
						CL ⁻		98-108 mmol/l
						tCO2		18-33 mmol/l
REMARKS:								
REPORTED BY:			DATE:			LAB ID NO.:		

MEDCOM - 22847

Ward/Section:			REQUESTING PHYSICIAN:			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI.			DATE	TIME	SSN/PSEUDO SSN:			
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ⁹	Color	amber	N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App	clear	N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu	neg	Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili	neg	Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket	neg	Negative	Gram Stain		
Plt		130-500 x 10 ³ verified	SG	1.025	N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld	neg	Negative	H. pylori		Negative
(Hematology) Manual Differential			pH	5.0	N/A	Micro Parasites		
Segs		Mono	Prot	neg	Negative	Malaria		
Bands		Eos	Urob	norm	0.2-1.0	O & P		
Lymph		Baso	Nit	neg	Negative	Other		
Atyp		Imm	Leuk	neg	Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS: (5) 16-2								
REPORTED BY:			DATE:	LAB ID NO.:				
			7/1/02					

MEDCOM - 22848

(5)16-2

Ward/Section: ICU2		REQUESTING: [REDACTED]		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI. please be		DATE: 2 NOV 03		TIME: 0420		SSN/PSEUDO SSN:		
(STAT)		(Piccolo) Chemistry 12		(Piccolo) Metabolic Panel				
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	AT R		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L				BUN		7-22 mg/dl
Cl		98-109 mmol/L				CA ⁺⁺		8.0-10.3 mg/dl
pH		7.31-7.45				CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)				NA ⁺		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)				K ⁺		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)				CL ⁻		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)				tCO2		18-33 mmol/l
sO2		95-98%				(Piccolo) Liver Panel Plus		
BEect		(-2) - (+3) mmol/L	GLU	132*	73-118 MG/DL	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	BUN	10	7-22 MG/DL	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	CRE	ICT	0.6-1.2 MG/DL	ALP		26-84 u/l
BUN		8-26 mg/dl	CK	2149*	39-380 U/L	ALT		10-47 u/l
GLU		70-105 mg/dl	NA+	126*	128-145 MMOL	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	K+	3.6	3.3-4.7 MMOL	AST		11-38 u/l
Hct		38-51% PCV	CL-	106	98-108 MMOL	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	tCO2	18	18-33 MMOL	GGT		5-65 u/l
Misc. Chemistry			INST QC: OK CHEM QC: OK			TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	HEM 0, LIP 0, ICT 2+			(Piccolo) Electrolyte		
Troponin-I			Cre 0.9			TEST	RESULT	REF. RANGE
Drug of Abuse						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: [REDACTED] (5)16-2		DATE: 2 NOV 03		LAB ID NO.:				

MEDCOM - 22849

LAST, FIRST (5)(6)-4			DATE	TIME	SSN/PSEUDO SSN			
			3/22/03	2:00	1198			
(STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		133-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-113 mg/dl
K		3.5-4.9 mmol/L	ALP		25-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.8-10.3 mg/dl
pH		7.37-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO ₂		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-33 u/l	NA ⁺		123-145 mmol/L
PO ₂		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/L
TCO ₂		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL ⁻		98-108 mmol/L
HCO ₃		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺		8.8-10.3 mg/dl	tCO ₂		13-33 mmol/L
sO ₂		95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
B/Eef		(-2) - (+3) numb/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-113 mg/dl	ALB		3.5-5.5 g/dl
Co		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		25-84 u/l
BUN		3-26 mg/dl	(Piccolo) Metlyte 8			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-113 mg/dl	AST		11-33 u/l
Hct		33-37% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-55 u/l
Misc. Chemistry			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA ⁺		123-145 mmol/L	(Piccolo) Electrolyte		
Reponal			K ⁺		3.3-4.7 mmol/L	TEST	RESULT	REF. RANGE
Drug of Abuse			CL ⁻		98-108 mmol/L	NA ⁺		123-145 mmol/L
			tCO ₂		13-33 mmol/L	K ⁺		3.3-4.7 mmol/L
						CL ⁻		98-108 mmol/L
						tCO ₂		13-33 mmol/L
REMARKS: APR 12 - OF. ABS.								
REPORTED BY:			DATE: 3/22/03		LAB ID NO.:			

(5)(6)-2

i-STAT EG6+

TESS

Name: [redacted]

i-STAT EG6+

Pt: [redacted]
Pt Name: [redacted]

Na 138 mmol/L
K 3.2 mmol/L
TCO2 25 mmol/L
Hct 22 %PCV
Hb* 7 g/dL
*via Hct

Na 136 mmol/L
K 3.5 mmol/L
TCO2 26 mmol/L
Hct 21 %PCV
Hb* 7 g/dL
*via Hct

pH 7.460
PCO2 34.1 mmHg
PO2 229 mmHg
HCO3 24 mmol/L
BEecf 0 mmol/L
sO2* 100 %
*calculated

pH 7.414
PCO2 38.5 mmHg
PO2 228 mmHg
HCO3 25 mmol/L
BEecf 0 mmol/L
sO2* 100 %
*calculated

Patient Temp

pH 7.431
PCO2 37.0 mmHg
PO2 238 mmHg

Patient Temp
pH 7.403
PCO2 39.9 mmHg
PO2 226 mmHg

Patient Temp: 102.0F
Sample Type: ART

Patient Temp: 100.0F
Sample Type:

04NOV03 20:16

04NOV03 03:03

Oper: [redacted] (4/16/2)

Oper: [redacted]

Physician: [redacted]

Physician: [redacted]

Ser# 42015

Ser# 42011

Ver: JAMS046A
CLEW A93

Ver: JAMS046A
CLEW A93

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/04/03 03:37

Patient ID: [redacted]
Test Name :PI
Test Result:= 13.5 sec.
Ratio = 1.1
Calculated INR = 1.18
Sample Type:citrated wh. blood
Test Date :11/04/03
Test Time :03:36
Card Lot :060206
Operator [redacted]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/04/03 03:40

Patient ID: 1198
Test Name :APTT
Test Result:= 38.0 sec.
Sample Type:citrated wh. blood
Test Date :11/04/03
Test Time :03:38
Card Lot :100208
Operator [redacted]

IB: 001198	04-11-03
ME	03:34
Patient	
Limits	
WBC 8.6	$\times 10^3/\mu\text{L}$ 4.5-10.0
RBC 2.76	$\times 10^6/\mu\text{L}$ 4.00-6.00
Hgb 8.5	g/dL 11.0-18.0
Hct 26.1	% 35.0-60.0
MCV 95.2	fL 80.0-99.9
MCH 28.6	pg 27.0-31.0
MCHC 30.5	g/dL 33.0-37.0
PLT 141	$\times 10^3/\mu\text{L}$ 150-450
LY% 24.9	% 20.5-51.1
LY# 2.2	$\times 10^3/\mu\text{L}$ 1.2-3.4

MEDCOM - 22851

LAST, FIRST, MI. [REDACTED] (b)(6) (b)(7)(C)			DATE 04/11/03	TIME 03:39	SSN/PSEC/DU/SSN: 1198
(STAT) (Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		133-146 mmol/L	ALB ^W		73-118 mg/dl
K		3.3-4.9 mmol/L	ALP ^T		7-22 mg/dl
Cl		98-109 mmol/L	ALT		8-10.5 mg/dl
pH		7.31-7.43	AMY ^T		0.5-1.2 mg/dl
PCO ₂		35-45 mmHg (art) 41-51 mmHg (ven)	AST		123-145 mmol/L
PO ₂		80-105 mmHg (art) N/A (ven)	TBL		3.3-4.7 mmol/L
TCO ₂		23-27 mmol/L (art) 24-28 mmol/L (ven)	BUN		93-105 mmol/L
HCO ₃		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺		18-33 mmol/L
sO ₂		95-98%	CHOL		
B/E _{ref}		(-2) - (+3) mmol/L	CRE		
ArCap		19-20 mmol/L	GLU		
Ca		1.12-1.32 mmol/L	TP		
BUN		3-26 mg/dl	(Piccolo)		
GLU		70-105 mg/dl	TEST	RI	
Creat		0.7-1.3 mg/dl	GLU		
Hct		33-51% PCV	BUN		
Hgb		12-17 g/dl	CRE		
Misc. Chemistry			CK		
TEST	RESULT	REF. RANGE	NA ⁺		
Troponin-I			K ⁺		
Drug of Abuse			CL ⁻		
			tCO ₂		
<p>REMARKS: (CBC - pt) WBC (ist) - Chem 7 or (methyle 8) ABG. 100% I</p>					
REPORTED BY:		DATE:		LAB ID NO.:	

===== PICCOLO =====
04/11/03 03:39
REFERENCE RANGE: MALE
PATIENT #: [REDACTED]
METLYTE 8 (b)(6) (b)(7)(C)
DISC LOT #: 3151AA4
OPER #: 269 DR #: 000
SERIAL #: 0000100494

GLU 109 73-118 MG/DL
BUN 7 7-22 MG/DL
CRE 1.5* 0.6-1.2 MG/DL
CK 2291* 39-380 U/L
NA+ 126* 128-145 MMOL/L
K+ 4.0 3.3-4.7 MMOL/L
CL- 105 98-108 MMOL/L
tCO2 19 18-33 MMOL/L

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

TEST	REF. RANGE
Liver Panel Plus	
ALT	8-10.5 mg/dl
AST	123-145 mmol/L
TBL	3.3-4.7 mmol/L
BUN	93-105 mmol/L
CA ⁺⁺	18-33 mmol/L
Cholesterol	
CRE	
GLU	
TP	
Na ⁺	128-145 mmol/L
K ⁺	3.3-4.7 mmol/L
CL ⁻	98-108 mmol/L
tCO ₂	18-33 mmol/L
Creat	0.7-1.3 mg/dl
BUN	3-26 mg/dl
CRE	
CK	
Na ⁺	
K ⁺	
CL ⁻	
tCO ₂	

(Subject to the Privacy Act of 1974)

LAST, FIRST, MI. [REDACTED] (b)(6)-(7) | DATE 2 NOV 03 | TIME 0310 | SSN/PSEUDO SSN: [REDACTED] (b)(6)-(7)

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.3-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁶	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt		130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Ségs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Ima	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH			
PT		9.8-13.6 secs						
APTT		21-34 secs						
D Dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS: CBC - pt / pH								
REPORTED BY:			DATE:			LAB ID NO.:		

↑
MEDCOM - 22853

(5)161-2

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

Ward/Section: CU2 REQUESTING PHYSICIAN: [REDACTED] SSN/PSEUDO: [REDACTED]

LAST, FIRST, MI: [REDACTED] DATE: 9 NOV 03 TIME: [REDACTED]

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC		4.7-5.1 x 10 ⁶	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative			
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Neg	(5)161-4 ===== PICCOLO ===== 09/11/03 07:36 AM REFERENCE RANGE: MALE PATIENT #: <u>[REDACTED]</u> BASIC METABOLIC DISC LOT #: 3325AA4 OPER #: 013 DR #: 000 SERIAL #: 0000100684 GLU 134* 73-118 MG/DL BUN 11 7-22 MG/DL CA++ 9.0 8.0-10.3 MG/DL CRE 0.7 0.6-1.2 MG/DL NA+ 138 128-145 MMOL K+ 4.3 3.3-4.7 MMOL CL- 103 98-108 MMOL tCO2 22 18-33 MMOL INST QC: OK CHEM QC: OK HEM 0 , LIP 0 , ICT 0		
Plt		150-500 x 10 ³ verified	SG		N/A			
Lymph %		20.5-51.1%	Bld		Neg			
(Hematology) Manual Differential			pH		N/A			
Segs		Mono	Prot		Neg			
Bands		Eos	Urob.		0.2			
Lymph		Baso	Nit		Neg			
Atyp		Imm	Leuk		Neg			
RBC Morph			HCG		Neg			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF					
Sed Rate			Cell Count					
Other			Directigen					
(Coagulation Studies) (MUST SUBMIT)								
			TEST			RESULT		
PT						9.8-13.6 sec		
APTT						21-34 sec		
D dimer						<10 ug/ml		
FDP						<10 ug/ml		
REMARKS: <u>CBC PTT CHEM 7</u>								
REPORTED BY:			DATE:			LAB ID NO.:		

RAPIDPOINT COAG ANALYZER V4.54
 SERIAL #005485 11/09/03 05:43

RAPIDPOINT COAG ANALYZER V4.54
 SERIAL #005485 11/10/03 04:30

Patient ID: [REDACTED] (S)(b)-7
 Test Name :PT
 Test Result:= 14.0 sec.
 Ratio = 1.1
 Calculated INR = 1.25
 Sample Type: citrated wh. blood
 Test Date : 11/09/03
 Test Time : 05:41
 Card Lot : 080201
 Operator : [REDACTED] (S)(b)-2

Patient ID: [REDACTED]
 Test Name :PT
 Test Result:= 15.6 sec.
 Ratio = 1.3
 Calculated INR = 1.49
 Sample Type: citrated wh. blood
 Test Date : 11/10/03
 Test Time : 04:29
 Card Lot : 080201
 Operator : [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
 SERIAL #005485 11/09/03 05:45

RAPIDPOINT COAG ANALYZER V4.54
 SERIAL #005485 11/10/03 04:32

Patient ID: [REDACTED] (S)(b)-4
 Test Name :APTT
 Test Result:= 17.9 sec.
 RESULT OUT OF RANGE
 Sample Type: citrated wh. blood
 Test Date : 11/09/03
 Test Time : 05:43
 Card Lot : 100212
 Operator : [REDACTED] (S)(b)-2

Patient ID: [REDACTED]
 Test Name :APTT
 Test Result:= 26.8 sec.
 RESULT OUT OF RANGE
 Sample Type: citrated wh. blood
 Test Date : 11/10/03
 Test Time : 04:30
 Card Lot : 100212
 Operator : [REDACTED]

[REDACTED] (S)(b)-4
 09-11-03 05:40
 Patient Limits
 WBC 13.0 H x10³/uL 4.5 10.5
 RBC 3.58 L x10⁶/uL 4.00 6.00
 Hgb 10.1 g/dL 11.0 18.0
 Hct 31.8 % 35.0 60.0
 MCV 88.8 fL 80.0 99.9
 MCH 28.1 pg 27.0 31.0
 MCHC 31.6 g/dL 33.0 37.0
 Plt 708 H x10³/uL 150. 450.
 LYZ 17.6 *L % 20.5 51.1
 LY# 2.3 * x10³/uL 1.2 3.4

[REDACTED] 10-11-03 04:24
 Patient Limits
 WBC 24.6 H x10³/uL 4.5 10.5
 RBC 3.52 L x10⁶/uL 4.00 6.00
 Hgb 9.8 L g/dL 11.0 18.0
 Hct 31.8 L % 35.0 60.0
 MCV 90.4 fL 80.0 99.9
 MCH 28.0 pg 27.0 31.0
 MCHC 30.9 L g/dL 33.0 37.0
 Plt 964 H x10³/uL 150. 450.
 LYZ 9.7 *L % 20.5 51.1
 LY# 2.4 * x10³/uL 1.2 3.4

LAST, FIRST NAME			DATE	TIME	SSNO/SSCDO/SSN
[REDACTED]			11/10/03	0945	
(Piccolo) Chemistry			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		135-145 mmol/L	ALB		3.5-5.5 g/dl
K		3.5-5.0 mmol/L	ALP		35-100 U/L
Cl		98-109 mmol/L	ALT		10-47 U/L
pH		7.35-7.45	AMY		14-97 U/L
PCO2		35-45 mmHg (art) 40-51 mmHg (ven)	AST		11-33 U/L
PO2		75-100 mmHg (art) NA (ven)	TBIL		0.2-1.5 mg/dl
TCO2		23-31 mmol/L (art) 24-27 mmol/L (ven)	BUN		7-22 mg/dl
HCO3		22-28 mmol/L (art) 23-29 mmol/L (ven)	CA ⁺⁺		8.8-10.3 mg/dl
sO2		95-98%	CHOL		100-170 mg/dl
BEref		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl
ArGap		10-20 mmol/L	GLU		70-113 mg/dl
Ca		1.02-1.32 mmol/L	TP		6.4-8.1 g/dl
BUN		8-26 mg/dl	(Piccolo) Metabolic Panel		
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE
Creat		0.7-1.3 mg/dl	GLU		70-113 mg/dl
Hct		33-37% PCV	BUN		7-22 mg/dl
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl
Misc. Chemistry			CK		39-350 U/L (M) 32-190 U/L (F)
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/L
Troponin-I			K ⁺		3.3-4.7 mmol/L
Drug of Abuse			CL ⁻		98-104 mmol/L
			CO ₂		12-35 mmol/L
REMARKS:					
REPORTED BY: [REDACTED]			DATE:	LAB ID NO.:	
			10/11/03		

(b)(6)-4

01/11/03 10:08 AM
 REFERENCE RANGE: M/M/F
 PATIENT #: [REDACTED]
 BASIC METABOLIC
 DISC LOT #: [REDACTED]
 OPER #: 777 Dir #: 000
 SERIAL #: 0000100684

 GLU 133 73-118 MD/DL
 BUN 16 7-22 MD/DL
 CA++ 9.9 8.0-10.3 MD/DL
 CRE 0.3 0.6-1.2 MD/DL
 NA+ 131 128-145 MD/DL
 K+ 4.3 3.3-4.7 MD/DL
 CL- 105 98-108 MD/DL
 TCO2 22 13-33 MD/DL

INST QC: OK QLEM QC: OK
 HEM 0, LIP 0, ICI 1+

(b)(6)-2

(5)61-2

Ward/Section: 1C02			REQUESTING PHYSICIAN Dr. [REDACTED]			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. 1198				DATE 11/10/03	TIME 1630	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	Dark Amber	N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App	Cloudy	N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu	neg	Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili	Large	Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket	neg	Negative	Gram Stain		
Plt		130-500 x 10 ³ verified	SG	1.020	N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld	Large	Negative	H. pylori		Negative
(Hematology) Manual Differential			pH	8.0	N/A	Micro Parasites		
Segs		Mono	Prot	2+	Negative	Malaria		
Bands		Eos	Urob	1.0	0.2-1.0	O & P		
Lymph		Baso	Nit	neg	Negative	Other		
Atyp		Imm	Leuk	neg	Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative	Ict test - pos Sba - 3+ 20-25 WBC TNTL - RBC		
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE		CROSSMATCH	
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS: (5)61-2								
REPORTED BY: [REDACTED]			DATE: 10/20/03			LAB ID NO.:		

LAST, FIRST, MI			DATE	TIME	SSN/PSEUDO SSN
H [REDACTED]			10/11/03	04:36	
(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	137	135-145 mmol/L	GLU		73-118 mg/dL
K		3.5-4.9 mmol/L	BUN		7-22 mg/dL
Cl		98-109 mmol/L	CA ⁺⁺		8.8-10.3 mg/dL
pH		7.37-7.45	CRS		0.6-1.2 mg/dL
PCO2		35-45 mmHg (ar)	NA ⁺		128-145 mmol/L
PO2		75-100 mmHg (ar)	K ⁺		3.3-4.7 mmol/L
TCO2		23-31 mmol/L (ar)	CL ⁻		98-108 mmol/L
HCO3		22-28 mmol/L (ar)	tCO2		18-33 mmol/L
sO2		95-98%			
BEact		(-2) - (+3) mmol/L	(5) (6) 4 ===== PICCOLO ===== 10/11/03 04:36 REFERENCE RANGE: MALE PATIENT #: [REDACTED] METLYTE 8 DISC LOT #: 3151AA4 OPER #: 013 DR #: 000 SERIAL #: 0000100494		
AnGap		10-20 mmol/L	GLU	125*	73-118 MG/DL
Ca		1.10-1.30 mmol/L	BUN	13	7-22 MG/DL
BUN		8-26 mg/dL	CRE	1.0	0.6-1.2 MG/DL
GLU		70-105 mg/dL	CK	644*	39-380 U/L
Creat		0.7-1.3 mg/dL	NA ⁺	+++	128-145 MMOL/L
Hct		35-51% PCV	K ⁺	4.0	3.3-4.7 MMOL/L
Hgb		12-17 g/dL	CL ⁻	102	98-108 MMOL/L
			tCO2	20	18-33 MMOL/L
			INST QC: OK CHEM QC: OK HEM 0, LIP 0, ICT 1+		
Misc. Chemistry			(Piccolo) Liver Panel Plus		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Alb		3.8-5.5 g/dL	ALB		3.8-5.5 g/dL
ALP		35-100 U/L	ALP		35-100 U/L
ALT		10-47 U/L	ALT		10-47 U/L
AMY		14-97 U/L	AMY		14-97 U/L
AST		11-37 U/L	AST		11-37 U/L
TBL		0.2-1.6 mg/dL	TBL		0.2-1.6 mg/dL
GGT		5-55 U/L	GGT		5-55 U/L
TP		6.4-8.1 g/dL	TP		6.4-8.1 g/dL
(Piccolo) Electrolyte			(Piccolo) Electrolyte		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
NA ⁺		128-145 mmol/L	NA ⁺		128-145 mmol/L
K ⁺		3.3-4.7 mmol/L	K ⁺		3.3-4.7 mmol/L
CL ⁻		98-108 mmol/L	CL ⁻		98-108 mmol/L
tCO2		18-33 mmol/L	tCO2		18-33 mmol/L
REMARKS:					
REPORTED BY:					

MEDCOM - 22858

(5)161-2

WALW SECTION: 1002 REQUESTING PHYSICIAN: [REDACTED]

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

LAST, FIRST, MI. [REDACTED] DATE: (5)14-7 11/16/03 TIME: 1530 SSN/PSEUDO SSN: # [REDACTED]

(STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-94 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA ⁺		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL ⁻		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺		8.0-10.3 mg/dl	tCO ₂		18-33 mmol/l
sO2		95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEecf		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	(Piccolo) Mellyte 8			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AST		11-38 u/l
Hct		38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/l	(Piccolo) Electrolyte		
Troponin-I			K ⁺		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL ⁻		98-108 mmol/l	NA ⁺		128-145 mmol/l
			tCO ₂		18-33 mmol/l	K ⁺		3.3-4.7 mmol/l
						CL ⁻		98-108 mmol/l
						tCO ₂		18-33 mmol/l

REMARKS: Temp 107.3 FIO₂ 40%

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

MEDCOM - 22859

i-STAT EG6+

Pt: [REDACTED]

Pt Name: [REDACTED]

Na 139 mmol/L
K 3.7 mmol/L
TCO2 25 mmol/L
Hct 24 %PCV
Hb* 8 g/dL
*via Hct

At 37C

PH 7.428
PCO2 36.3 mmHg
PO2 86 mmHg
HCO3 24 mmol/L
BEecf 0 mmol/L
sO2* 97 %
*calculated

At Patient Temp

PH 7.356
PCO2 44.9 mmHg
PO2 117 mmHg

Patient Temp: 107.3F

FI02 : 40

Sample Type_:

11NOV03 15:54

i-STAT CREA

Pt: [REDACTED]

Pt Name: [REDACTED]

Crea 0.9 mg/dL

Sample Type_:

11NOV03 15:56

11-11-03 04:24
Patient Limits
WBC 21.6 H x10³/uL 4.5 10.5
RBC 3.13 L x10⁶/uL 4.00 6.00
Hgb 8.8 L g/dL 11.0 18.0
Hct 28.2 L % 35.0 60.0
MCV 90.0 fL 80.0 99.9
MCH 28.0 pg 27.0 31.0
MCHC 31.1 L g/dL 33.0 37.0
Plt 925. H x10³/uL 150. 450.
LY% 15.8 #L % 20.5 51.1
LY# 3.4 #H x10³/uL 1.2 3.4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/11/03 04:27

Patient ID: [REDACTED]

Test Name :PI
Test Result:= 15.8 sec.
Ratio = 1.3
Calculated INR = 1.52
Sample Type:citrated wh. blood
Test Date :11/11/03
Test Time :04:26
Card Lot :080201
Operator [REDACTED] (5)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/11/03 04:30

Patient ID: [REDACTED]

Test Name :APTT
Test Result:= 28.6 sec.
RESULT OUT OF RANGE
Sample Type:citrated wh. blood
Test Date :11/11/03
Test Time :04:28
Card Lot :100208
Operator [REDACTED] (5)(6)-2

** PRINT CANCELLED **

(5)(6)-7

i-STAT EC8+

Pt: [REDACTED]

Pt Name: [REDACTED]

Glu 101 mg/dL
BUN 24 mg/dL
Na 140 mmol/L
K 3.7 mmol/L
Cl 110 mmol/L
TCO2 24 mmol/L
AnGap 11 mmol/L
Hct 23 %PCV
Hb* 8 g/dL
*via Hct

PH 7.488

PCO2 36.6 mmHg
HCO3 23 mmol/L
BEecf -2 mmol/L

Sample Type_:

MEDCOM - 22860

i-STAT EG6+

Pt: [REDACTED]

Pt Name: [REDACTED]

Na 140 mmol/L
K 3.7 mmol/L
TCO2 24 mmol/L
Hct 30 %PCV
Hb* 10 g/dL
*via Hct

At 37C

PH 7.507
PCO2 29.8 mmHg
PO2 105 mmHg
HCO3 24 mmol/L
BEecf 1 mmol/L
sO2* 99 %
*calculated

At Patient Temp

PH 7.461
PCO2 33.9 mmHg
PO2 125 mmHg

Patient Temp: 103.9F

FI02 : 50

Sample Type_:

11NOV03 04:22

Oper: [REDACTED]

Physician: [REDACTED]

Ser# 42011

Ver: JAMS046A
CLEW A93

11-11-03 15:53
Patient Limits
WBC 16.7 H x10³/uL 4.5 10.5
RBC 2.70 L x10⁶/uL 4.00 6.00
Hgb 7.6 L g/dL 11.0 18.0
Hct 24.4 L % 35.0 60.0
MCV 90.6 fL 80.0 99.9
MCH 28.3 pg 27.0 31.0
MCHC 31.2 L g/dL 33.0 37.0
Plt 741. H x10³/uL 150. 450.
LY% 20.9 # % 20.5 51.1
LY# 3.5 #H x10³/uL 1.2 3.4

(5)161-7

Ward/Section: 10M2		REQUEST # [REDACTED]		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. # [REDACTED]		DATE: 11/06/03	TIME: 12:00	SSN/PSEL/DOB/SSN: [REDACTED]	
(i-STAT)		(Piccolo) Chemistry 12		(Piccolo) Metabolic Panel	
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	142	138-146 mmol/L	GLU		73-118 mg/dl
K	4.3	3.5-4.9 mmol/L	BUN		7-22 mg/dl
Cl		98-109 mmol/L	CA ⁺⁺		8.0-10.3 mg/dl
pH	7.318	7.31-7.45	CRE		0.6-1.2 mg/dl
PCO2	40.4	35-45 mmHg (art) 41-51 mmHg (vea)	NA ⁺		128-145 mmol/l
PO2	238	80-105 mmHg (art) N/A (vea)	K ⁺		3.3-4.7 mmol/l
TCO2	22	23-27 mmol/L (art) 24-29 mmol/L (vea)	CL ⁻		98-108 mmol/l
HCO3	21	22-26 mmol/L (art) 23-28 mmol/L (ven)	tCO2		18-33 mmol/l
sO2	100	95-98%	(Piccolo) Liver Panel Plus		
BEecf.	-5	(-2) - (+3) mmol/L	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	ALP		26-84 u/l
BUN		8-26 mg/dl	ALT		10-41 u/l
GLU		70-105 mg/dl	AMY		14-97 u/l
Creat.		0.7-1.5 mg/dl	AST		11-38 u/l
Hct	36	38-51% PCV	TBIL		0.2-1.6 mg/dl
Hgb	12	12-17 g/dl	GGT		5-65 u/l
Misc. Chemistry			CP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	(Piccolo) Electrolyte		
Troponin-I			TEST	RESULT	REF. RANGE
Drug of Abuse			NA ⁺		128-145 mmol/l
					3.3-4.7 mmol/l
			CL ⁻		98-108 mmol/l
			tCO2		18-33 mmol/l
REMARKS: NAF 8 ABG Temp 95.5 Flu 1007.5					
REPORTED BY: [REDACTED]		DATE: 1 Nov 03	LAB ID NO.:		

(5)161-7

(5)161-7
 ===== PICCOLO =====
 01/11/03 12:10
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED]
 METLYTE 8
 DISC LOT #: 3151AA4
 OPER #: 777 DR #: 000
 SERIAL #: 0000100494
 GLU 173* 73-118 MG/DL
 BUN 12 7-22 MG/DL
 CRE 1.1 0.6-1.2 MG/DL
 CK 1131* 39-380 U/L
 NA+ 127* 128-145 MMOL
 K+ 4.7 3.3-4.7 MMOL
 CL- 105 98-108 MMOL
 tCO2 18 18-33 MMOL

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

LAST, FIRST, MI.			DATE	TIME	SSN/PSEUDO
(U-STAT)			(Piccolo) Chemistry		(Piccolo) Metabolic Panel
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		136-146 mmol/L	ALB		3.5-5.5 g/dl
K		3.6-5.3 mmol/L	ALP		28-64 U/L
Cl		98-109 mmol/L	ALT		10-47 U/L
pH		7.35-7.45	AMY		14-97 U/L
PCO2		35-45 mmHg (art) 23-29 mmHg (ven)	AST		11-33 U/L
PO2		80-100 mmHg (art) NA (ven)	TBIL		0.2-1.6 mg/dl
tCO2		23-29 mmol/L (art) 23-28 mmol/L (ven)	BUN		7-22 mg/dl
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺		8.0-10.3 mg/dl
sO2		95-98%	CHOL		100-200 mg/dl
BEeef		(-3) - (+3) mmol/L	CRE		0.6-1.2 mg/dl
AnGap		10-20 mmol/L	GLU		73-118 mg/dl
Ca		1.12-1.32 mmol/L	TP		5.4-8.1 g/dl
BUN		8-26 mg/dl	(Piccolo) Metabolic Panel		
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE
Creat		0.7-1.3 mg/dl	GLU		73-118 mg/dl
Hct		35-51% PCV	BUN		7-22 mg/dl
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl
Misc. Chemistry			CK		39-300 U/L (M) 30-190 U/L (F)
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/L
Troponin-I			K ⁺		3.3-4.7 mmol/L
Drug of Abuse			CL ⁻		98-108 mmol/L
			tCO2		18-33 mmol/L
REMARKS: ABG FIO2 50% T 103.9°					
REPORTED BY:			DATE:		LAB ID NO.:

(5)(6)-4

===== PICCOLO =====
 11/11/03 04:27
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED]
 BASIC METABOLIC
 DISC LOT #: 3325AA4
 OPER #: 013 DR #: 000
 SERIAL #: 0000100494

 GLU 124* 73-118 MG/DL
 BUN 23* 7-22 MG/DL
 CA++ 8.3 8.0-10.3 MG/DL
 CRE 0.9 0.6-1.2 MG/DL
 NA+ ~~128-145~~ 128-145 MMOL/L
 K+ 4.2 3.3-4.7 MMOL/L
 CL- 107 98-108 MMOL/L
 tCO2 21 18-33 MMOL/L

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

(b)(6)-2

Ward/Section: <u>ICU</u>		REQUESTING PHYSICIAN: <u>[REDACTED]</u>		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI. <u>[REDACTED]</u>		DATE: <u>12/11/04</u>		TIME: <u>0350</u>		SSN/PSEUDO SSN:		
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt		130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS: <u>ABG → P_iO₂ = 409, T = 103.4</u>								
REPORTED BY:			DATE:			LAB ID NO.:		

MEDCOM - 22863

Ward/Section: REQUESTING PHYSICIAN: CHEMISTRY RESULT FORM
 (Subject to the Privacy Act of 1974)
 LAST, FIRST, MI. DATE TIME SSN/PSEUDO SSN:

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

===== PICCOLO =====
 12/11/03 04:05
 REFERENCE RANGE: MALE
 PATIENT #:
 BASIC METABOLIC (S) (L1-4)
 DISC LOT #: 3325AAA
 OPER #: 013 DR #: 000
 SERIAL #: 0000100494

 GLU 129* 73-118 MG/DL
 BUN 16 7-22 MG/DL
 CA++ 8.8 8.0-10.3 MG/DL
 CRE ~~1.0~~ 0.6-1.2 MG/DL
 NA+ ~~133~~ 128-145 MMOL
 K+ 4.3 3.3-4.7 MMOL
 CL- 103 98-108 MMOL
 tCO2 20 18-33 MMOL

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

(Piccolo) Liver Panel Plus		
TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
GGT		5-65 u/l
TP		6.4-8.1 g/dl

INST QC: OK CHEM QC: OK
 HEM 2+, LIP 0, ICT 2+

cre 0.8

Misc. Chemistry		
TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(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: DATE: LAB ID NO.:

STAT EG6+

██████████

Name: _____

a _____ 135 mmol/L
_____ 4.2 mmol/L
CO2 _____ 28 mmol/L
lct _____ 32 %PCV
lb* _____ 11 g/dL
*via Hct

At 37C

PH _____ 7.538
PCO2 _____ 31.3 mmHg
PO2 _____ 207 mmHg
HCO3 _____ 27 mmol/L
BEecf _____ 4 mmol/L
SO2* _____ 100 %
*calculated

At Patient Temp

PH _____ 7.497
PCO2 _____ 35.1 mmHg
PO2 _____ 221 mmHg

Patient Temp: 103.4F

FI02 _____ : 40

Sample Type: _____

12NOV03 04:03

Oper: 0

Physician: _____

Ser# 42011

Ver: JAMS046A
CLEW A93

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/13/03 05:57

Patient ID: ██████████

Test Name :PT
Test Result:= 15.4 sec.
Ratio = 1.3
Calculated INR = 1.76
Sample Type:citrated wh. blood
Test Date :11/13/03
Test Time :05:56
Card Lot :080201
Operator ██████████ (5)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/13/03 06:00

Patient ID: ██████████ (5)(6)-4

Test Name :APTT
Test Result:= 29.5 sec.
RESULT OUT OF RANGE
Sample Type:citrated wh. blood
Test Date :11/13/03
Test Time :05:58
Card Lot :100212
Operator ██████████ (5)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/12/03 04:06

Patient ID: ██████████ (5)(6)-4

Test Name :PT
Test Result:= 17.3 sec.
Ratio = 1.4
Calculated INR = 1.76
Sample Type:citrated wh. blood
Test Date :11/12/03
Test Time :04:04
Card Lot :080201
Operator ██████████ (5)(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/12/03 04:08

Patient ID: ██████████ (5)(6)-4

Test Name :APTT
Test Result:= 24.8 sec.
RESULT OUT OF RANGE
Sample Type:citrated wh. blood
Test Date :11/12/03
Test Time :04:06
Card Lot :100212
Operator ██████████ (5)(6)-2

STAT EG7+

Pt: ██████████

Pt Name: _____

Na _____ 129 mmol/L
K _____ 3.7 mmol/L
TCO2 _____ 27 mmol/L
ica _____ 1.10 mmol/L
Hct _____ 28 %PCV
Hb* _____ 10 g/dL
*via Hct

At 37C

PH _____ 7.460
PCO2 _____ 35.8 mmHg
PO2 _____ 64 mmHg
HCO3 _____ 26 mmol/L
BEecf _____ 2 mmol/L
SO2* _____ 93 %
*calculated

Sample Type: _____

13NOV03 05:55

Oper: ██████████

Physician: _____

Ser# 42015

Ver: JAMS046A
CLEW A93

ID:	12-11-03	
MC	02:38	
	Patient	Limits
WBC	21.1 H x10 ³ /uL	4.5 10.5
RBC	3.41 L x10 ⁶ /uL	4.00 6.00
Hgb	9.9 L g/dL	11.0 18.0
Hct	31.0 L %	35.0 60.0
MCV	90.9 fL	80.0 99.9
MCH	29.0 pg	27.0 31.0
MCHC	31.9 L g/dL	33.0 37.0
PLT	708. H x10 ³ /uL	150. 450.
LY%	11.4 % L	20.5 51.1
LY#	2.4 * x10 ³ /uL	1.2 3.4

			12-11-03	05:54
WBC	12.6 H x10 ³ /uL	4.5 10.5		
RBC	3.41 L x10 ⁶ /uL	4.00 6.00		
Hgb	9.9 L g/dL	11.0 18.0		
Hct	30.2 L %	35.0 60.0		
MCV	90.7 fL	80.0 99.9		
MCH	28.1 pg	27.0 31.0		
MCHC	31.7 L g/dL	33.0 37.0		
PLT	672. H x10 ³ /uL	150. 450.		
LY%	22.5 % L	20.5 51.1		
LY#	2.8 * x10 ³ /uL	1.2 3.4		

MEDCOM - 22865

Ward/Section: ICJ2 REQUESTING PHYSICIAN: (b)(6)-7 CHEMISTRY RESULT FORM
 (Subject to the Privacy Act of 1974)
 LAST, FIRST, MI. [REDACTED] DATE: 13/11/03 TIME: 06:15 SSN/PSEUDO SSN: [REDACTED]

(I-STAT)			(Piccolo) Chemistry 12		
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 (art) 23-28 mmol/L (ven)	CA ⁺⁺		8.0-10.3 mg/dl
sO2		95-98%	CHOL		100-200 mg/dl
BEecf		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl
AnGap		10-20 mmol/L	GLU		73-118 mg/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl

===== PICCOLO =====
 13/11/03 06:15
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED]
 METLYTE 8 (b)(6)-4
 DISC LOT #: 3152MM
 OPER #: 013 DR #: 000
 SERIAL #: 0000100697

.....
 GLU 132* 73-118 MG/DL
 BUN ~~***~~ 7-22 MG/DL
 CRE 0.8 0.6-1.2 MG/DL
 CK 441* 39-380 U/L
 NA⁺ ~~***~~ 128-145 MMOL/L
 K⁺ 4.3 3.3-4.7 MMOL/L
 CL⁻ 100 98-108 MMOL/L
 tCO2 20 18-33 MMOL/L

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

Bun if

(Piccolo) Metlyte 8			TEST	RESULT	REF. RANGE
GLU		70-105 mg/dl	GLU		73-118 mg/dl
Creat		0.7-1.5 mg/dl	BUN		7-22 mg/dl
Hct		38-51% PCV	CRE		0.6-1.2 mg/dl
Hgb		12-17 g/dl	CK		39-380 u/l (M) 30-190 u/l (F)

Misc. Chemistry			TEST	RESULT	REF. RANGE
			NA ⁺		128-145 mmol/l
			K ⁺		3.3-4.7 mmol/l
			CL ⁻		98-108 mmol/l
			tCO ₂		18-33 mmol/l
					3.3-4.7 mmol/l
					98-108 mmol/l
					18-33 mmol/l

REMARKS: CBC, CHEM 7, ABG, PT, PTT

REPORTED BY: [REDACTED] DATE: 13/11/03 LAB ID NO.: [REDACTED]

(b)(6)-2

Ward/Section: 102		REQUESTING PHYSICIAN: (b)(6) (b)(7)(C)		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI. [REDACTED]		DATE: 1/10/00		TIME		SSN/PSEUDO SSN: [REDACTED]		
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁶	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt		130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE		CROSSMATCH	
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
NOTE: - Coag results may be inaccurate due to short sample								
REPORTED BY:			DATE:			LAB ID NO.:		

MEDCOM - 22867

Ward/Section: 1002		REQUESTING PHYSICIAN:			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI. [REDACTED]		DATE 14 Nov	TIME	SSN/PSEUDO SSN: [REDACTED]				
(I-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	129	138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K	3.8	3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l			
pH	7.453	7.31-7.45	AMY		14-97 u/l			
PCO2	38.5	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l			
PO2	84	80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl			
TCO2	28	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl			
HCO3	27	22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺		8.0-10.3 mg/dl			
sO2	97	95-98%	CHOL		100-200 mg/dl			
BEecf	3	(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl			
AnGap		10-20 mmol/L	GLU		73-118 mg/dl			
Ca	116	1.12-1.32 mmol/L	TP		6.4-8.1 g/dl			
BUN		8-26 mg/dl	(Piccolo) Metlyte 8					
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE			
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl			
Hct	28	38-51% PCV	BUN		7-22 mg/dl			
Hgb	10	12-17 g/dl	CRE		0.6-1.2 mg/dl			
Misc. Chemistry			CK		39-380 u/l (C) 30-190 u/l (F)			
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mEq			
Troponin-I			K ⁺		3.3-4.7 mmol/L			
Drug of Abuse			CL ⁻		98-108 mmol/L			
			tCO2		18-33 mmol/L			
REMARKS: CBC PT/PTT CHEM 7								
REPORTED BY:			DATE:			LAB ID NO.:		

(5) (C) - 4

===== PICCOLO =====
 14/11/03 04:44
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED]
 BASIC METABOLIC
 DISC LOT #: 3325AA4
 OPER #: 013 DR #: 000
 SERIAL #: 0000100494

.....
 GLU 129* 73-118 MG/DL
 BUN 6* 7-22 MG/DL
 CA++ 8.3 8.0-10.3 MG/DL
 CRE 0.5* 0.6-1.2 MG/DL
 NA+ 115* 128-145 MMOL
 K+ 4.3 3.3-4.7 MMOL
 CL- 98 98-108 MMOL
 tCO2 26 18-33 MMOL

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

MEDCOM - 22868

(5)(6)-7

Ward/Section: ICU 2		REQUESTING PHYSICIAN: [REDACTED]		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)			
LAST, FIRST, MI. EDW [REDACTED]		DATE 15 NOV	TIME 1400	SSN/PSEUDO: [REDACTED]			
(I-STAT)			(Piccolo) Chemistry 12		(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE			TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	===== PICCOLO =====		GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	15/11/03	13:57	BUN		7-22 mg/dl
Cl		98-109 mmol/L	REFERENCE RANGE:	MALE	CA ⁺⁺		8.0-10.3 mg/dl
pH		7.31-7.45	PATIENT #:	[REDACTED]	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	LIVER PANEL PLUS		NA ⁺		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	DISC LOT #:	3154AA7	K ⁺		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	OPER #:	777	CL ⁻		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	SERIAL #:	0000100494	tCO2		18-33 mmol/l
sO2		95-98%	ALB	2.1* 3.3-5.5 G/DL	(Piccolo) Liver Panel Plus		
BEecf		(-2) - (+3) mmol/L	ALP	150* 26-84 U/L	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	ALT	151* 10-47 U/L	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	AMY	79 14-97 U/L	ALP		26-84 u/l
BUN		8-26 mg/dl	AST	96* 11-38 U/L	ALT		10-47 u/l
GLU		70-105 mg/dl	TBIL	2.2* 0.2-1.6 MG/DL	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GGT	421* 5-65 U/L	AST		11-38 u/l
Hct		38-51% PCV	TP	6.5 6.4-8.1 G/DL	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	INST QC: OK CHEM QC: OK HEM 1+, LIP 0, ICT 0		GGT		5-65 u/l
Misc. Chemistry							
TEST	RESULT	REF. RANGE					
Troponin-I							
Drug of Abuse							
REMARKS:							
LFT							
REPORTED BY:			DATE:		LAB ID NO.:		
[REDACTED]			[REDACTED]		[REDACTED]		

MEDCOM - 22869

i-STAT EG6+

Pt: [REDACTED]
Pt Name: _____

Na _____ 129 mmol/L
K _____ 3.6 mmol/L
TCO2 _____ 33 mmol/L
Hct _____ 29 %PCV
Hb# _____ 10 g/dL
*via Hct

At 37C
PH _____ 7.576
PCO2 _____ 33 mmHg
PO2 _____ 145 mmHg
HCO3 _____ 32 mmol/L
BEecf _____ 10 mmol/L
sO2* _____ 100 %
*calculated

Sample Type: _____

15NOV03 05:40

Oper: 13

Physician: _____

Ser# 42015

Ver: JAMS046A
CLEW A93

(15)(6)-7

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/15/03 05:00

Patient ID [REDACTED]
Test Name :PT
Test Result:= 13.9 sec.
Ratio = 1.1
Calculated INR = 1.24
Sample Type:citrated wh. blood
Test Date :11/15/03
Test Time :04:55
Card Lot :080201
Operator [REDACTED]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/15/03 05:03

Patient ID [REDACTED]
Test Name :APTT
Test Result:= 27.7 sec.
RESULT OUT OF RANGE
Sample Type:citrated wh. blood
Test Date :11/15/03
Test Time :05:00
Card Lot :100208
Operator [REDACTED]

(15)(6)-7

(15)(6)-7

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 11/14/03 04:47

Patient ID [REDACTED]
Test Name :PT
Test Result:= 18.6 sec.
Ratio = 1.5
Calculated INR = 1.00
Sample Type:citrated wh. blood
Test Date :11/14/03
Test Time :04:45
Card Lot :080201
Operator [REDACTED]

RAPIDPOINT MEDCOM - 22870

11-11-03 04:52
Patient Limits
WBC 10.5 x10³/dL 4.5 10.5
RBC 3.50 L x10⁶/dL 4.00 6.00
Hgb 9.9 L g/dL 11.0 18.0
Hct 31.5 L % 35.0 60.0
TCV 90.2 fL 80.0 99.9
PCV 29.3 # 27.0 31.0
MCV 31.4 L g/dL 33.0 37.0
PLT 521. H x10³/dL 150 450
LYZ 21.0 * % 20.5 51.1
LYW 2.2 * x10³/dL 1.2 3.4

Ward/Section: <u>TU2</u>		REQUESTING PHYSICIAN:		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI.		DATE <u>18 Nov</u>	TIME <u>0545</u>	SSN/PSEUDO SSN:				
(STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	<u>130</u>	138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L				BUN		7-22 mg/dl
Cl		98-109 mmol/L				CA ⁺⁺		8.0-10.3 mg/dl
pH		7.31-7.45	===== PICCOLO =====			CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (ar) 41-51 mmHg (ven)	15/11/03	05:00	AM	NA ⁺		128-145 mmol/l
PO2		80-105 mmHg (ar) N/A (ven)	REFERENCE RANGE:		MALE	K ⁺		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (ar)	PATIENT #	[REDACTED]		CL ⁻		98-108 mmol/l
HCO3		24-29 mmol/L (ven)	BASIC METABOLIC	<u>(5)(6)-4</u>		tCO2		18-33 mmol/l
sO2		23-28 mmol/L (ven)	DISC LOT #:	3325AA4		(Piccolo) Liver Panel Plus		
BEecf		95-98%	OPER #: 013	DR #: 000		TEST	RESULT	REF. RANGE
AnGap		23-28 mmol/L (ven)	SERIAL #:	0000100684		ALB		3.3-5.5 g/dl
Ca		(-2) - (+3) mmol/L			ALP		26-84 u/l
BUN		10-20 mmol/L	GLU	136*	73-118 MG/DL	ALT		10-47 u/l
GLU	<u>11</u>	8-26 mg/dl	BUN	116*	7-22 MG/DL	AMY		14-97 u/l
Creat		1.12-1.32 mmol/L	CA ⁺⁺	8.7	8.0-10.3 MG/DL	AST		11-38 u/l
Hct		8-26 mg/dl	CRE	0.6	0.6-1.2 MG/DL	FBIL		0.2-1.6 mg/dl
Hgb		70-105 mg/dl	NA ⁺	116*	128-145 MMOL	GGT		5-65 u/l
		0.7-1.5 mg/dl	K ⁺	4.0	3.3-4.7 MMOL	TP		6.4-8.1 g/dl
		58-51% PCV	CL ⁻	97*	98-108 MMOL	(Piccolo) Electrolyte		
		12-17 g/dl	tCO2	26	18-33 MMOL	TEST	RESULT	REF. RANGE
Misc. Chemistry			INST QC: OK CHEM QC: OK			CA ⁺⁺		128-145 mmol/l
TEST	RESULT	REF. RANGE	HEM 0, LIP 0, ICT 1+			K ⁺		3.3-4.7 mmol/l
Troponin-I						CL ⁻		98-108 mmol/l
Drug of Abuse						tCO2		18-33 mmol/l
REMARKS:								
REPORTED BY:								

MEDCOM - 22871

(5)(c)-2

Ward/Section: <u>ICU</u>		REQUEST: [REDACTED]		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI: [REDACTED]		DATE/TIME: <u>10/10/05 0925</u>		SSN/PSEUDO SSN: [REDACTED]				
(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³	Color	<u>yellow</u>	N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁶	App	<u>Many</u>	N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu	<u>None</u>	Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili	<u>None</u>	Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket	<u>None</u>	Negative	Gram Stain		
Plt		130-500 x 10 ³ verified	SG	<u>1.025</u>	N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld	<u>3+</u>	Negative	H. pylori		Negative
(Hematology) Manual Differential			pH	<u>6.0</u>	N/A	Micro Parasites		
Segs		Mono	Prot	<u>None</u>	Negative	Malaria		
Bands		Eos	Urob	<u>0.2</u>	0.2-1.0	O & P		
Lymph		Baso	Nit	<u>None</u>	Negative	Other		
Atyp		Imm	Leuk	<u>mod</u>	Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative	-3 RBC 0-1 WBC 0-1 EPZ CELL		
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT		TYPE	CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY: [REDACTED]			DATE:		LAB ID NO.:			

(5)(c)-4

Ward/Section: ICU2		REQUESTING PHYSICIAN: (5)(6)-2 Dr. [REDACTED]		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)				
LAST, FIRST, MI. [REDACTED]		DATE: 17/11/03	TIME:	SSN/PSEUDO SSN: [REDACTED]				
(STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	132	138-146 mmol/L				LU		72-119 mg/dl
K		3.5-4.9 mmol/L				UN		7-22 mg/dl
Cl		98-109 mmol/L	===== PICCOLO =====			A ⁺⁺		8.0-10.3 mg/dl
pH		7.31-7.45	17/11/03		04:29 AM	RE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	REFERENCE RANGE:		MALE	A ⁺		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	PATIENT #:	[REDACTED]				3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	METLYTE 8			L ⁻		98-108 mmol/l
HCO3		23-26 mmol/L (art) 23-28 mmol/L (ven)	DISC LOT #:		3152AA4	CO ₂		18-33 mmol/l
sO2		95-98%	OPER #:	013	DR #: 000	(Piccolo) Liver Panel Plus		
BEecf		(-2) - (+3) mmol/L	SERIAL #:		0000100684	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU 140*	73-118	MG/DL	LB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	BUN 9	7-22	MG/DL	LP		26-84 u/l
BUN		8-26 mg/dl	CRE 1.0	0.6-1.2	MG/DL	LT		10-47 u/l
GLU		70-105 mg/dl	CK 101	39-380	U/L	MY		14-97 u/l
Creat		0.7-1.5 mg/dl	NA⁺ 144	128-145	MMOL	ST		11-38 u/l
Hct		38-51% PCV	K ⁺ 4.1	3.3-4.7	MMOL	BIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CL ⁻ 99	98-108	MMOL	GT		5-65 u/l
Misc. Chemistry			tCO2 19	18-33	MMOL	P		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	INST QC: OK CHEM QC: OK			(Piccolo) Electrolyte		
Troponin-I			HEM 0, LIP 0, ICT 0			TEST	RESULT	REF. RANGE
Drug of Abuse						A ⁺		128-145 mmol/l
								3.3-4.7 mmol/l
						L ⁻		98-108 mmol/l
						CO ₂		18-33 mmol/l
REMARKS: CBC, CHEM 7								
REPORTED BY:			DATE:			LAB ID NO.:		

MEDCOM - 22873

TC 2870

WBC	10.2	x10 ³ /uL	4.5	10.5
RBC	3.22	x10 ⁶ /uL	4.00	6.00
Hgb	10.4	g/dL	11.0	18.0
Hct	32.4	%	35.0	60.0
MCV	87.8	fL	80.0	99.9
MCH	28.3	pg	27.0	31.0
MCHC	32.6	g/dL	33.0	37.0
Plt	234	x10 ³ /uL	150	450
LYZ	21.5	* %	20.5	51.1
LY#	1.1	x10 ³ /uL	1.2	3.4

i-STAT EG7+

Pt: [REDACTED]

Pt Name: [REDACTED]

Na _____ 133 mmol/L

K _____ 3.3 mmol/L

TCO2 _____ 29 mmol/L

iCa _____ 1.19 mmol/L

Hct _____ 22 %PCV

Hb# _____ 7 g/dL

*via Hct

28-11-03 15:11

Patient Limits

WBC	15.6	H x10 ³ /uL	4.5	10.5
RBC	3.66	L x10 ⁶ /uL	4.00	6.00
Hgb	10.4	g/dL	11.0	18.0
Hct	32.5	%	35.0	60.0
MCV	88.9	fL	80.0	99.9
MCH	28.4	pg	27.0	31.0
MCHC	31.9	g/dL	33.0	37.0
Plt	430	x10 ³ /uL	150	450
LYZ	11.5	* %	20.5	51.1
LY#	1.8	* x10 ³ /uL	1.2	3.4

(b)(6)-4

Pt 370

pH _____ 7.520

PCO2 _____ 34.0 mmHg

PO2 _____ 155 mmHg

HCO3 _____ 28 mmol/L

SEecf _____ 5 mmol/L

SO2* _____ 100 %

*calculated

i-STAT EG7+

Pt: [REDACTED]

Pt Name: [REDACTED]

Na _____ 135 mmol/L

K _____ 2.7 mmol/L

TCO2 _____ 31 mmol/L

iCa _____ 1.08 mmol/L

Hct _____ 22 %PCV

Hb# _____ 7 g/dL

*via Hct

Sample Type: 24NOV03 04:54

Oper: [REDACTED]

Physician: [REDACTED]

Ser# 42015

Ver: JAMS046A CLEW R93

Pt 370

pH _____ 7.465

PCO2 _____ 41.8 mmHg

PO2 _____ 91 mmHg

HCO3 _____ 30 mmol/L

SEecf _____ 6 mmol/L

SO2* _____ 97 %

*calculated

Bun 7 Cl 102

ID: [REDACTED] 25-11-03 04:40

Patient Limits

WBC	6.2	x10 ³ /uL	4.5	10.5
RBC	2.89	L x10 ⁶ /uL	4.00	6.00
Hgb	8.0	L g/dL	11.0	18.0
Hct	25.4	%	35.0	60.0
MCV	87.8	fL	80.0	99.9
MCH	27.7	pg	27.0	31.0
MCHC	31.6	g/dL	33.0	37.0
Plt	256	x10 ³ /uL	150	450
LYZ	31.8	%	20.5	51.1
LY#	2.0	x10 ³ /uL	1.2	3.4

Sample Type: 25NOV03 04:34

Oper: [REDACTED]

Physician: [REDACTED]

Ser# 42011

Ver: JAMS046A CLEW R93

ID: [REDACTED] 24-11-03 03:33

Patient Limits

WBC	5.1	x10 ³ /uL	4.5	10.5
RBC	2.71	L x10 ⁶ /uL	4.00	6.00
Hgb	7.7	L g/dL	11.0	18.0
Hct	23.6	%	35.0	60.0
MCV	86.8	fL	80.0	99.9
MCH	28.3	pg	27.0	31.0
MCHC	32.6	g/dL	33.0	37.0
Plt	234	x10 ³ /uL	150	450
LYZ	21.5	* %	20.5	51.1
LY#	1.1	* x10 ³ /uL	1.2	3.4

MEDCOM - 22874

(5)6-2

Ward/Section: 10U2			REQUESTING PHYSICIAN: [REDACTED]			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI: [REDACTED]			DATE: (5)6-7			TIME: 0400		
SSN/PSEUDO SSN: [REDACTED]								
(STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	136	138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA ⁺		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL ⁻		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺		8.0-10.3 mg/dl			
sO2		95-98%	CHOL		100-200 mg/dl			
BEecf		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl			
AnGap		10-20 mmol/L	GLU		73-118 mg/dl			
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl			
BUN		8-26 mg/dl	(Piccolo) Mellyte 8					
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE			
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl			
Hct		38-51% PCV	BUN		7-22 mg/dl			
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl			
Mis. Chemistry			CK		39-380 u/l (M) 30-190 u/l (F)			
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/l			
Troponin-I			K ⁺		3.3-4.7 mmol/l			
Drug of Abuse			CL ⁻		98-108 mmol/l			
			tCO ₂		18-33 mmol/l			
REMARKS:								
REPORTED BY:			DATE:			LAB ID NO.:		

===== PICCOLO =====
 18/11/03 05:17 AM
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED] (5)6-7
 BASIC METABOLIC
 DISC LOT #: 3325AA4
 OPER #: 013 DR #: 000
 SERIAL #: 0000100684

GLU	135*	73-118	MG/DL
BUN	12	7-22	MG/DL
CA ⁺⁺	9.0	8.0-10.3	MG/DL
CRE	0.8	0.6-1.2	MG/DL
NA ⁺	128	128-145	MMOL/L
K ⁺	4.4	3.3-4.7	MMOL/L
CL ⁻	99	98-108	MMOL/L
tCO ₂	23	18-33	MMOL/L

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

na!

(5)6-2

ward/Section: ICU² REQUESTING PHYSICIAN: Dr [REDACTED] CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. [REDACTED] DATE: 20/11/08 TIME: 0700 SSN/PSEUDO SSN:

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

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
a		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		
		3.5-4.9 mmol/L	ALP	(5)6-4	26-84 u/l			
l		98-109 mmol/L	ALT		10-47 u/l			
H		7.31-7.45	AMY		14-97 u/l			
CO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l			
O2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl			
CO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl			
CO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺		8.0-10.3 mg/dl			
O2		95-98%	CHOL		100-200 mg/dl			
Eecf		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl			
nGap		10-20 mmol/L	GLU		73-118 mg/dl			
a		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl			
IUN		8-26 mg/dl	(Piccolo) Metalyte 8					
ILU		70-105 mg/dl	TEST	RESULT	REF. RANGE			
reat		0.7-1.5 mg/dl	GLU		73-118 mg/dl			
ict		38-51% PCV	BUN		7-22 mg/dl			
igb		12-17 g/dl	CRE		0.6-1.2 mg/dl			
Misc. Chemistry			CK		39-380 u/l (M) 30-190 u/l (F)			
TEST	RESULT	REF. RANGE	NA ⁺		128-145 mmol/l			
Troponin-I			K ⁺		3.3-4.7 mmol/l			
Drug of Abuse			CL ⁻		98-108 mmol/l			
			tCO ₂		18-33 mmol/l			

===== PICCOLO =====
 20/11/08 07:23
 REFERENCE RANGE: MALE
 PATIENT #: [REDACTED]
 LIVER PANEL PLUS
 DISC LOT #: 3154AA7
 OPER #: 678 DR #: 000
 SERIAL #: 0000100494

ALB	2.4*	3.3-5.5	G/DL
ALP	226*	26-84	U/L
ALT	90*	10-47	U/L
AMY	81	14-97	U/L
AST	77*	11-38	U/L
TBIL	1.4	0.2-1.6	MG/DL
GGT	490*	5-65	U/L
TP	6.8	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 2+, LIP 0, ICT 0

REMARKS:

REPORTED BY: DATE: LAB ID NO.:

(5)161-2

Ward/Section: IUWH REQUESTING PHYSICIAN: [REDACTED] CHEMISTRY RESULT FORM
(to the Privacy Act of 1974)
LAST, FIRST, MI. [REDACTED] DATE: 24 NOV TIME: 0330 SN/PSEUDO SSN:

TEST	RESULT	REF. RANGE
Na	131	138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf		(-2) - (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

(Piccolo) Chemistry 12
 (5)161-4
 ===== PICCOLO =====
 24/11/03 03:34
 REFERENCE RANGE: MALE
 PATIENT # [REDACTED]
 METLYTE 8
 DISC LOT #: 3152AA4
 OPER #: 013 DR #: 000
 SERIAL #: 0000100494

TEST	RESULT	REF. RANGE
GLU	134*	73-118 MG/DL
BUN	9	7-22 MG/DL
CRE	1.2	0.6-1.2 MG/DL
CK	126	39-380 U/L
NA+	128	128-145 MMOL
K+	3.7	3.3-4.7 MMOL
CL-	98	98-108 MMOL
tCO2	21	18-33 MMOL

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

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA ⁺⁺		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA ⁺		128-145 mmol/l
K ⁺		3.3-4.7 mmol/l
CL ⁻		98-108 mmol/l
tCO ₂		18-33 mmol/l

(Piccolo) Liver Panel Plus

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

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA ⁺		128-145 mmol/l
K ⁺		3.3-4.7 mmol/l
CL ⁻		98-108 mmol/l
CO ₂		18-33 mmol/l

REMARKS:

REPORTED BY: DATE: LAB ID NO.:

Ward/Section: **ICU2** REQUESTING PHYSICIAN: _____ **CHEMISTRY RESULT FORM**
 (Subject to the Privacy Act of 1974)

LAST, FIRST, MIDDLE INITIAL: _____ DATE: **25/11/03** TIME: **03:34** SSN/PSEUDO SSN: _____

(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	GLU		73-118 mg/dl
pH		7.31-7.45	BUN		7-22 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	CA ⁺⁺		8.0-10.3 mg/dl
PO2		80-105 mmHg (art) N/A (ven)	CRE		0.6-1.2 mg/dl
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	UA*		128-145 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)			
sO2		95-98%			
BEecf		(-2) - (+3) mmol/L			
AnGap		10-20 mmol/L			
Ca		1.12-1.32 mmol/L			
BUN		8-26 mg/dl			
GLU		70-105 mg/dl			
Creat		0.7-1.5 mg/dl			
Hct		38-51% PCV			
Hgb		12-17 g/dl			

===== PICCOLO =====
 25/11/03 03:34 AM
 REFERENCE RANGE: MALE
 PATIENT #: _____
 GENERAL CHEMISTRY 12
 DISC LOT #: 3204AA4
 OPER #: 013 DR #: 000
 SERIAL #: 0000100684

===== PICCOLO =====
 25/11/03 04:34
 REFERENCE RANGE: MALE
 PATIENT #: _____
 METLYTE 8
 DISC LOT #: 3152AA4
 OPER #: 013 DR #: 000
 SERIAL #: 0000100494

TEST	RESULT	REF. RANGE	UNIT
ALB	2.0*	3.3-5.5	G/DL
ALP	61	26-84	U/L
ALT	44	10-47	U/L
AMY	34	14-97	U/L
AST	61*	11-38	U/L
TBIL	0.6	0.2-1.6	MG/DL
BUN	7	7-22	MG/DL
CA ⁺⁺	7.8*	8.0-10.3	MG/DL
CHOL	131	100-200	MG/DL
CRE	1.1	0.6-1.2	MG/DL
GLU	122*	73-118	MG/DL
TP	5.7*	6.4-8.1	G/DL

TEST	RESULT	REF. RANGE	UNIT
GLU	132*	73-118	MG/DL
BUN	7	7-22	MG/DL
CRE	0.8	0.6-1.2	MG/DL
CK	157	39-380	U/L
UA*	128	128-145	MMOL
K+	3.5	3.3-4.7	MMOL
CL	108	98-108	MMOL
tCO2	20	18-33	MMOL

INST QC: OK CHEM QC: OK
 HEM 2+, LIP 0, ICT 0

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

Misc. Chemistry		
TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

REMARKS:

 REPORTED BY: **DA**

Ward/Section:			REQUESTING PHYSICIAN: (5)14-4			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. EPW [REDACTED]			DATE: 26 Dec 03		TIME: 1140	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		NA	RPR		Negative
RBC		4.7-6.1 x 10 ⁶	App		NA	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		NA	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		NA	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Irrm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> #2 CSF Cell Count #2 CSF Gram Stain / C+S Blood Bank </div>		
Span Hematocrit		42-52% (M) 37-47% (F)	WBC - 2 total cells RBC - 2 total cells Cell Count Directigen			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED ABO/Rh		
Red Rate			#1 Protein N/A					
Other			NEG					
Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)					
TEST	RESULT	REF. RANGE	UNIT	TYPE		CROSSMATCH		
PT		9.8-13.0 secs						
APTT		27-34 secs						
D dimer		<20 ng/ml						
FDP		<10 ug/ml						
*REMARKS:								
REPORTED BY: lo			DATE: 26 Dec 03		LAB ID NO.:			

* Please do not write in result blocks!
Put all comments in the Remarks section.

MEDCOM - 22879

HOSPITAL: [REDACTED]
Baghdad, Iraq (6)1012

Microbiology Request Form

Last Name: [REDACTED] (5)1614 Ward: ICU₁

First Name: _____ Room: _____

Patient # or SSN: _____ Bed: _____

Collected by: Dr. [REDACTED] (6)1612 Physician: [REDACTED]

Date: 11 NOV 03 Source: Wound

Time: 12 45 Site: (R) Smoulder

[REDACTED]

Received by: [REDACTED] Specimen #: (6)121

Date: 11 NOV 03

Time: 1330

Laboratory Results

Aerobacter baumannii / haemolyticus

Reported

Date: 13 NOV 03

Time: 1000

Tech: ID

Reviewer: [REDACTED] Number of attached sheets: _____

(5) (6) 2

HOSPITAL Laboratory
Specimen: W121
Source: Wound/Sterile site
Ward of Iso:

Status: Final
Collected:
Attd. Phys:

Name:
Patient ID:
Ward/Rm. U2/

(5) (6) 4

1 Acinetobacter baumannii/haemolyticus Status: Final

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

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

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

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

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

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

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

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

Name:
Patient ID:
Ward/Rm. U2/

(5) (6) 7

Specimen: W121
Source: Wound/Sterile site
Ward of Iso:

Status: Final
Collected:
Req. Phys:
Tech: ID NO

Printed 11/13/2003 10:34:05 AM

Page 1 of 1

MEDCOM - 22881

Baghdad, Iraq

HOSPITAL
Hospital

Microbiology Request Form

Last Name: LP, V # [redacted] (G) (6) - 4 Ward: ICU - 1

First Name: _____ Room: 9

Patient # or SSN: _____ Bed: B

Physician: [redacted]

Collected by: [redacted]

Date: 26 Dec 03 Site: LP

Time: 1130

[redacted]

Received by: [redacted] Specimen #: F025

Date: 26 Dec 03

Time: 12 30 (G) (6) - 2

Laboratory Results

No Growth

Reported

Date: 31 Dec 03

Time: 1000

Tech: TL

Reviewer: [redacted]

Number of attached sheets: _____

Gram Stain: Pick one

Same Day With Result

GPC

Specimen type: Pick one

Wound

Body Fluid/CSF

Urine

Urine foiey

Blood

Throat

Sputum

Stool

GC/Chlamydia

Other: _____

Microbiology Request Form

Last Name: EPV (5)(6)-1 Ward: ICW-1

First Name: Room: 9

Patient # or SSN: Bed: B

Physician (5)(6)-2

Collected by (5)(6)-1

Date: 26 DEC 03 Site: LP

Time: 1130 (5)(6)-2

Received by (5)(6)-1 Specimen #: F025

Date: 26 DEC 03

Time: 1230

Laboratory Results

GRAM POSITIVE COCCI

Reported

Date: 26 DEC 03

Time: 1350

Tech: IO

Reviewer:

Number of attached sheets:

J. D. Smith
20 DEC 03

Gram Stain: Pick one

Same Day/ With Result

Specimen type: Pick one

- Wound
- Body Fluid/CSF
- Urine
- Urine foley
- Blood
- Throat
- Sputum
- Stool
- GC/Chlamydia
- Other:

HOSPITAL (2) 2
Hospital
Baghdad, Iraq

SECRET

Microbiology Request Form

Last Name: 1198 Ward: 1C02

First Name: Room:

Patient # or SSN: Bed: 5

Physician: [Redacted]

Collected by: [Redacted]

Date: 11 Nov 03 Source: Sputum

Time: 0825 Site: ET Tube

[Redacted]

Received by: [Redacted] Specimen #: R049

Date: 11 Nov 03

Time: 0857

Laboratory Results

Acinetobacter baumannii / hemolyticus

Reported

Date: 13 Nov 03

Time: 1000

Tech: [Redacted]

Reviewer: [Redacted] Number of attached sheets:

275
70
345
195
540

(5)(2)-2

Name:
Patient ID:
Ward/Rm: U2/

Specimen: R049
Source: Sputum
Ward of Iso:

Status: Final
Collected:
Attd. Phys:

1 Acinetobacter baumannii/haemolyticus Status: Final

1 Ac baumann/haem

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

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

NrR = Not Reported
... = Not Tested
TFG = Thymidine-dependent strain

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

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

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

- (a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections
- (b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 3-16=I, >16=R). Footnote (c) applies to this drug
- (c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation
- (d) For non beta-lactamase-producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug

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

Name:
Patient ID:
Ward/Rm: U2/

Specimen: R049
Source: Sputum
Ward of Iso:

Status: Final
Collected:
Req. Phys:

Printed 11/13/2003 10:33:59 AM

Page 1 of 1

Tech: IO

(5)(4)-2

MEDCOM - 22885

HOSPITAL

Baghdad, Iraq

(S)(G)-2

Microbiology Request Form

Last Name:

Ward: (S)(G)-1

First Name:

Room: 5

Patient # or SSN: # [redacted]

(S)(G)-4

Bed: 4

Physician: [redacted]

Collected by: [redacted]

Date: 11-21-03

Source: S. L. EX 147

Time: 1350

Site: (S)(G)-1

Received by: [redacted]

(S)(G) Specimen #: B165

Date: 11-21-03

Time: 1300

Laboratory Results

No Growth

Reported

Date: 26 NOV 03

Time: 1420

Tech: FJ

Reviewer: [redacted]

Number of attached sheets:

Baghdad, Iraq

HOSPITAL

Microbiology Request Form

Last Name

[Redacted]

(916)-4

Ward:

ICU²

First Name:

Room:

Patient # or SSN:

Bed:

Physician:

Dr [Redacted]

Collected by:

Date:

11/16/03

Source:

A-line

Time:

0901

Site:

Received by:

[Redacted]

(916)-2

Specimen #:

B155

Date: 16 Nov 03

Time: 1000

Laboratory Results

No Growth

Reported

Date: 21 Nov 03

Time: 1000

Tech: T0

Reviewer: [Redacted]

Number of attached sheets:

HOSPITAL
Hospital
Baghdad, Iraq (516)-2

Microbiology Request Form

MR ETS

Last Name: [Redacted] (516)-1 Ward: 1002

First Name: [Redacted] Room: [Redacted]

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

Collected by: [Redacted] Physician: [Redacted]

Date: 1 Nov 03 Source: Foley sterile technique

Time: 1924 Site: [Redacted]

[Redacted]

Received by: [Redacted] Specimen #: 1078

Date: 1 Nov 03

Time: 1934

Laboratory Results

No Growth

Reported

Date: 8 Nov 03

Time: 1800

Tech: E0

Reviewer: [Redacted] Number of attached sheets:

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]			25 NOV 1000	1000 HOURS	[REDACTED]
[REDACTED]			Calorie count		
[REDACTED]			[REDACTED]		
[REDACTED]			[REDACTED]		
[REDACTED]			[REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.			
(5)16-4			240 V CPT [REDACTED] 603 28MN		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			24/11/03	0800 HOURS	
[REDACTED]			① Die vent raised w/ becomes ty chypne may use another type of antagitahon red.		
[REDACTED]			V/O [REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.			
			[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			12/20/03	0807 HOURS	
[REDACTED]			① TD to ICU. Dx: SIP ② Frontal Crani For IED		
[REDACTED]			② stable		
[REDACTED]			③ Humidified Air to tracheostomy		
[REDACTED]			④ MEDS: Vanomycin 1gm IV PB q 12° x 5 days Primacin 1gm IV PR q 6° x 5 days Tobramycin 100mg IV PB q 8° x 5 days Zentax 150mg po BID		
NURSING UNIT	ROOM NO.	BED NO.			
			[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]					
[REDACTED]			⑤ Reg Diet		
[REDACTED]			⑥ SOB to Chain TED		
[REDACTED]			⑦ Dressing 4's. TID wet dry.		
[REDACTED]			⑧ Policy to granty.		
NURSING UNIT	ROOM NO.	BED NO.			
240 V done			[REDACTED]		

2-19/15

noted

(5)16-2

DA FORM 4256 1 APR 79

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
EPW# [REDACTED] (5)61-4			12/2/03	1100 HOURS	
[REDACTED] [REDACTED]			V.O. Dr. [REDACTED] / LT [REDACTED] (12) DIC [REDACTED]		

NURSING UNIT	ROOM NO.	BED NO.
24° V done	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
[REDACTED] [REDACTED]			12/3/03	0834 HOURS
Noted 0440 3 Dec 03			(1) OOR → chain TED (2) PT w/ ↑ arm / (3) leg movements	

NURSING UNIT	ROOM NO.	BED NO.
24° V done	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
(5)61-7 [REDACTED] [REDACTED]			12/4/03	0955 HOURS
[REDACTED] [REDACTED]			V.O. Dr. [REDACTED] / LT [REDACTED] (1) Dulcolax supp. PR x1 now (2) Tylenol 325mg tab 1-1/2 PO PRN pain	

NURSING UNIT	ROOM NO.	BED NO.
24° chart V	[REDACTED]	[REDACTED]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
[REDACTED] [REDACTED]			8 DEC 03	0855 HOURS
Noted 0855 8 Dec 03			V.O. Dr. [REDACTED]	
[REDACTED] [REDACTED]			Dakins 0.25% for Dressing changes @ shoulder	

NURSING UNIT	ROOM NO.	BED NO.
9 Dec 03	0080	[REDACTED]

FORM 4256 1 APR 79

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

(5)61-2

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			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
EPW # [REDACTED] (5/6-7)			9 Dec 68	1845	
(Water) [REDACTED]			① Dic Elixir Tylenol #3 Tylenol #3 tabs 1-2 po Q4-6 ^o Dem V.O. DR [REDACTED]		
NURSING UNIT	ROOM NO.	BED NO.			
1W2					
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[REDACTED]			(5/6)-2		
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
NURSING UNIT	ROOM NO.	BED NO.			

1A FORM 4256 1 APR 79

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

MEDCOM - 22891

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]			20 DEC 03	1055 HOURS	
[REDACTED]			① M.O.M. 30		
[REDACTED]			V.O. DR		
[REDACTED]					
[REDACTED]					
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
16W1 24	212	2355	[REDACTED]		
[REDACTED]			25 DEC 03 @ 2230		
[REDACTED]			UO-D		
[REDACTED]			T/1 end		tabs x1 now
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			26 DEC 03	0947 HOURS	
[REDACTED]			① CT brain without contrast.		
[REDACTED]			② LT3 to Percocet 1-2 po		
[REDACTED]			5-4 pm.		
[REDACTED]			③ PT to use cane for		
[REDACTED]			stability.		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
[REDACTED]			26 DEC 03	1150 HOURS	
[REDACTED]			① CF for protein / glucose		Tube 1
[REDACTED]			Cell Count		Tube 2
[REDACTED]			Gram Stain / Cx		Tube 3
[REDACTED]			② Red 101 x 6 hrs.		
NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
240V	26 Dec	2355	[REDACTED]		

(5)16)4

(5)16)2

(5)16)2

DA FORM 4256 1 APR 79

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

(5)16)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	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	12/27/03	1730 HOURS	

NURSING UNIT	ROOM NO.	BED NO.
ICW-1		

24V 2808 [REDACTED] LT, AN

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER
4V 29 DEC 03 0220 [REDACTED] LT, AN	12/29/03	1650 HOURS

NURSING UNIT	ROOM NO.	BED NO.
ICW-1		

24V 29 DEC 03 2345 [REDACTED] LT, AN

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER
4V 29 DEC 03 2345 [REDACTED] LT, AN	31 DEC 03	1604 HOURS

NURSING UNIT	ROOM NO.	BED NO.
ICW-1		

24V 31 DEC 03 2335 [REDACTED] LT, AN

PATIENT IDENTIFICATION	DATE	TIME OF ORDER
4V 31 DEC 03 2335 [REDACTED] LT, AN	25 JAN 04	

NURSING UNIT	ROOM NO.	BED NO.
ICW-1		

24V 03 JAN 04 0330 [REDACTED] LT, AN

↓

Ambien 5-10mg po PRN
6HS

10 [REDACTED]

24V 2808 [REDACTED] LT, AN

12/29/03 1650 HOURS

① Colace 100mg BID po
② Bisacodyl Suppositories PRN for Constipation

24V 29 DEC 03 2345 [REDACTED] LT, AN

31 DEC 03 1604 HOURS

① Neurontin 300mg po TID

25 JAN 04

① Milk of Magnesia 30 mL po BID pm Constipation.
② Mg Citrate 1/2 - 1 bottle po BID pm severe Constipation.

(5)(6)-4

(5)(6)-2

(5)(6)-2

(5)(6)-2

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 1978

MEDCOM - 22893

CLINICAL RECORD - DOCTOR'S ORDERS

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

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]			JAN 04	1998 HOURS	

↓
 (1) Dilantin 1000 mg po x 1,
 then 100 mg po TID.

NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
	(5) (6) - 2		240	OB SANDY E.	TAN

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
[REDACTED]			1/19/04	1240 HOURS

0 D/c to Prussia 20 Am.

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

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

NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
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PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER
[REDACTED]				HOURS

NURSING UNIT	ROOM NO.	BED NO.	[REDACTED]		
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DA FORM 4256 APR 79

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

MEDCOM - 22894

1 UNIT 1 TEN

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				No. 1000r. 2003											
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION															
ORDER DATE	CLERK/NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED													
				1	2	3	4	5	6	7	8	9	10	11	12	13	
11/01/03	[REDACTED]	15 @ 15 - neuro checks	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
		1000 - 1000 monitor call	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
		1000 - 1000	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
11/01/03	[REDACTED]	HR 30'	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
		Foley; to gravity	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
		1000's @ 1'	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
		NPO	07	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
			11	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
			17	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
11/01/03	[REDACTED]	Ventilation APRIC, TV 750, FIO2 40%	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
		ABC, PT/PTT, Chem 7, ABG	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
		new sig And Keep IIR 42	05	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
11/01/03	[REDACTED]	the gard	05	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
11/01/03	[REDACTED]	ventricular catheter in subdural space drain 5cm above EAC	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
		Keep MAP < 110 > 70, SBP < 160	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
		Titrate RR to keep PaCO2 30-35	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
2/11/01	[REDACTED]	Keep IIR < 112	05	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
4/11/01	[REDACTED]	level of subdural drain to 12cm	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
			18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

(5)1615

Re-writer (5)161-2

Re-writer

ALLERGIES: YES NO PRIMARY DIAGNOSIS: [REDACTED] / Traumatic Aneurysm (5)161-2

ADDITIONAL PAGES IN USE: YES NO PAGE NO: _____

PATIENT IDENTIFICATION: [REDACTED] (5)161-4

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

2-1915

(576)2

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo	Nov	Yr	2003		
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials					
1 Nov	[redacted]	Admit to ICU	1 Nov		1230	[redacted]					
1 Nov	[redacted]	Conduct - USI	1 Nov		1230	[redacted]					
1 Nov	[redacted]	CBC, PT/PTT, Chem 7, ABG now	1 Nov		1245	[redacted]					
1 Nov	[redacted]	Repeat CK now	1 Nov		1300	[redacted]					
1 Nov	[redacted]	Δ vent mode to SIMV	1 Nov		done	[redacted]					
1 Nov	[redacted]	CBC & diff, UA Cr+S, Bld Cr x2	1 Nov		done	[redacted]					
4 Nov	[redacted]	advance ET tube 3cm	4 Nov		1200	[redacted]					
4 Nov	[redacted]	Repeat CXR & ET advancement	4 Nov		1400	[redacted]					
7 Nov	[redacted]	check ABG	7 Nov	1700	1700	[redacted]					
7 Nov	[redacted]	CT of Head	7 Nov	1700	1700	[redacted]					
8 Nov	[redacted]	DK A line	8 Nov	1800	1800	[redacted]					
9 Nov	[redacted]	VABG	9 Nov	0900	0900	[redacted]					
9 Nov	[redacted]	place Dopplax	9 Nov	1500	1500	[redacted]					
9 Nov	[redacted]	X-ray for Dopplax placement	9 Nov	1600	1600	[redacted]					
10 Nov	[redacted]	Re-intubate	10 Nov		done	[redacted]					
Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION								
			TIME/DATE COMPLETED								
10 Nov	[redacted]	Ice packs prn for elevated temp 1015	[redacted]								

Grid Sheet

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)						NOV yr. 03									
VERIFY BY INITIALING		For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.						INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION									
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED													
				7	8	9	10	11	12	13	14	15	16	17	18	19	20
7 Nov	[redacted]	Clamp subclud drawn call of JCP 725	06														
8 Nov	[redacted]	cleans ad 60 adhesive	12														
8 Nov	[redacted]	Moist Saline dress @ neck @ back @ calf and @ shoulder	06														
9 Nov	[redacted]	OOB → chair	06														
9 Nov	[redacted]	UG → LWS	06														
11 Nov	[redacted]	NPO	06														
12 Nov	[redacted]	Begin @ 12h NS soaked dressing Δ to all wounds	10														
13 Nov	[redacted]	TRIO₂ to 40%															
15 Nov	[redacted]	Check labs Q3d CBC, Chem 7, next draw 17 NOV 03	04														
15 Nov	[redacted]	Residual per NGT. NOT DOPTOFF	12														

(5)(6)-2

(5)(6)-2

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:
G2W/anxiety

ADDITIONAL PAGES IN USE:
 YES NO

PATIENT IDENTIFICATION:
[redacted]

(5)(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

Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
11Nov	[REDACTED]	NCD consult to start feeds	11Nov			
13Nov	[REDACTED]	A FIO2 to 40%	13Nov	Now	1845 Now	[REDACTED]
13Nov	[REDACTED]	PT consult for ROM + strength exercises	13Nov	in AM		
15Nov	[REDACTED]	LFT sent 1400 JAP	15/11	ASAP	14:10	[REDACTED]
16Nov	[REDACTED]	PT consult	17/11	ASAP		
16Nov	[REDACTED]	O2 Coller Trach	16/11	Now	Now	[REDACTED]
(5)(6)-2						

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION											
			TIME/DATE DISPENSED											

USAPA V1.00

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.																									
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION																									
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED																							
				11	12	13	14	15	16	17	18	19	20	21	22	23	24										
11 NOV	[REDACTED]	Trach Care	06	[REDACTED]																							
			18	[REDACTED]																							
11 NOV	[REDACTED]	Begin Joint feeding per dophoff 10cc/hr	06	[REDACTED]																							
			18	[REDACTED]																							
11 NOV	[REDACTED]	✓ Residuals in NBT 6° if >30cc then hold 1° restart if >1/2 volume in 3° then hold.		[REDACTED]																							
1 NOV	[REDACTED]	HOB 30°	06	[REDACTED]																							
			18	[REDACTED]																							
1 NOV	[REDACTED]	Foley to gravity	06	[REDACTED]																							
			18	[REDACTED]																							
1 NOV	[REDACTED]	BTU q 1°	06	[REDACTED]																							
			18	[REDACTED]																							
1 NOV	[REDACTED]	Keep MAP 210 >70 SBP <160	06	[REDACTED]																							
			18	[REDACTED]																							
18 NOV 03	[REDACTED]	Clew liquid diet	06	[REDACTED]																							
			18	[REDACTED]																							
19 NOV	[REDACTED]	↑ TF to 75cc/hr	06	[REDACTED]																							
			18	[REDACTED]																							
20 NOV	[REDACTED]	Advance diet as tolerated	06	[REDACTED]																							
			18	[REDACTED]																							
20 NOV	[REDACTED]	Δ vs to 24°	06	[REDACTED]																							
			18	[REDACTED]																							

2-19XG

15XG-2

4/29/03

ALLERGIES: YES NO PRIMARY DIAGNOSIS: GSW Head

ADDITIONAL PAGES IN USE: YES NO

PAGE NO: _____

PATIENT IDENTIFICATION: [REDACTED]

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

D 8 9 10 11 12 13 14 15

E 16 17 18 19 20 21 22 23

N 24 01 02 03 04 05 06 07

DA FORM 4677, 1 OCT 78

EDITION OF 1 DEC 77 MAY BE USED.

USAPA V1.00

MEDCOM - 22899

Date	Nurse		be Given	be Given				
11 Nov	[Redacted]	Leave Drgs in place till am			[Redacted]			
12 Nov	[Redacted]	↑ TF to 20 cc/hr, if \emptyset prob \in residuals over next 8 hr \uparrow to 40cc/hr	12 Nov	1000	[Redacted]			
14 Nov	[Redacted]	LFT in A.M.						

(5)(6)-2

VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION																				
ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED																		
				22	23	24	25	26	27	28	29	30	31									
		HOB - 30°	06 18																			
		DESNA Δ BID WET TO DRY	10 22																			
		TURN PT Q 2 hr from side to side - keep pt off sacral area	24 22 04 06 08 10 12 14 16 18 20																			
23 Nov 03		Clear liquid diet & gelatin	06 12 18																			
23 Nov 03		Sedation for feeds	06 12 18																			

(5) 10-12
 (5) 10-12

ALLERGIES: YES NO UNKNOWN
 PRIMARY DIAGNOSIS: s/p Ventriculostomy Failure Sepsis
 ADDITIONAL PAGES IN USE: YES NO
 PAGE NO: _____

PATIENT IDENTIFICATION: # [redacted] EPW (5) 10-7

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

— NONMEDS —
 MEDCOM - 22901

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															
				21	22														
11/21	[REDACTED]	Advance Diet to clear x 24 ^o	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11/21	[REDACTED]	Drug As BID wet dry shoulder, calf & back	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11/21	[REDACTED]	AOB 30 ^o	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11/21	[REDACTED]	RDM exercises qid for LUE/LE	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11/21	[REDACTED]	Tracheostomy Care q shift Suction q 2 ^o	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11/21	[REDACTED]	Humidified air	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11/21	[REDACTED]	Dobhoff feeds q 4 ^o 75cc ^o	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11/21	[REDACTED]	Foley to gravity	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

6161-2

6161-2

ALLERGIES: YES NO

PRIMARY DIAGNOSIS: S/P Penetrating Brain Injury, Traumatic Intracranial Anoxia

ADDITIONAL PAGES IN USE: YES NO

PATIENT IDENTIFICATION:

[REDACTED]

Traumatic Soft Tissue Injury (2) Scapula Shoulder, Calf

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

6161-4

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

Mo. // Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED														
				21	22	23	24	25	26	27	28	29	30	1	2	3		
1/21	[REDACTED]	Chem 4, CBC Monday, Wednesday 04 Friday		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
2/10/03	[REDACTED]	NSAID (5) (6) - 2	06 13 18															

ALLERGIES: YES NO

PRIMARY DIAGNOSIS: *Pneumatic Intracranial Aneurysm; Traumatic Soft tissue Injury @ Scapula, Shoulder, @ Calf.*

ADDITIONAL PAGES IN USE: YES NO
PAGE NO: 2

PATIENT IDENTIFICATION: *S/P Penetrating Brain Injury*

[REDACTED] (5) (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. Mo. 11 Yr. 03

VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION													
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	20	21	22	23	24	25	26	27	28	29	30	31
22/11	[REDACTED]	COND: VSI	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
22/11	[REDACTED]	NPO & tube feeds @ 75 cc HR	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
22/11	[REDACTED]	Foley to gravity	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
22/11	[REDACTED]	H/O - VS Q1hr	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
22/11	[REDACTED]	Chest PT/suction Q2-4°	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
22/11	[REDACTED]	CBE, Chem 7, ABG in AM x 3	04	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		CXR/KUB 11/23	04	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		Vent: SIMV R12, TV 750, FIO2 50%, P5	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

2-19X59

(5)(6)-2

ALLERGIES: YES NO UNKNOWN
 PRIMARY DIAGNOSIS: 2/1 P Ventricular Failure R/O Sepsis
 ADDITIONAL PAGES IN USE: YES NO
 PAGE NO: _____

PATIENT IDENTIFICATION: # [REDACTED] ERW (5)(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

NON-MEDICATION MEDCOM - 22905

SINGLE ORDER, PRE-OPERATIVES

Date	Nurse		Date to be Given	Time to be Given	Time Given	Initials
		Admit ICU2	22/11	ASAP	1426	[REDACTED]
		KUB/CXR upon ICU2 arrival	22/11	ASAP	1445	[REDACTED]
		DE: Ventriculostomy Failure No Sepsis	22/11	ASWA	1426	[REDACTED]
		PW1. DOPHOFF (due to A in position during transfer	22/11	ASAP	1600	[REDACTED]
23/Nov	[REDACTED]	CXR 11/23				[REDACTED]
23/Nov	[REDACTED]	✓ Glucose 100	23/Nov	1430	1430	[REDACTED]
23/Nov	[REDACTED]	✓ Glucose in 4°	23/Nov	1830	1846	[REDACTED]
23/Nov	[REDACTED]	✓ Glucose in AM (24 Nov 03)	24/Nov	0500		[REDACTED]

(5)(6)-2

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION					
			TIME/DATE DISPENSED					
22Nov	[REDACTED]	Tylenol $\dot{I}-\dot{II}$ PR q 4-6 prn fever > 101.5	22Nov PR 1445	23Nov T 6:10pm	23Nov T 7:30pm	23Nov T 7:30pm	23Nov T 6:00pm	Kewntler 21 Nov 03

USAPA V1.00

CLINICAL RECORD THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) Mo. 10/17/89
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													
				23	24	25	26	27	28	29							
23/Nov	[REDACTED]	on track collar if it falls put back on vent.	06/15	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
24/Nov	[REDACTED]	first advance antol.	07/12	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
25/Nov	[REDACTED]	Blasio Count	07/12/18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		(5) 16-2															

ALLERGIES: YES NO PRIMARY DIAGNOSIS: Ventriculatory Failure / R/D septum ADDITIONAL PAGES IN USE: YES NO
 PAGE NO: _____

PATIENT IDENTIFICATION: EPW # [REDACTED] (5) 16-4

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 (MEDICATIONS)													
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION													
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED											
				1	2	3	4	5	6	7	8	9	10	11	12
1 Nov 03	[REDACTED]	Silentin 100mg IVPB Q8 ^h	06	[REDACTED]											
			14	[REDACTED]											
			22	[REDACTED]											
1 Nov 03	[REDACTED]	Zantac 50mg IVPB Q8 ^h	08	[REDACTED]											
			16	[REDACTED]											
			24	[REDACTED]											
1 Nov 03	[REDACTED]	Propofol 10mg IVPB Q8 ^h	06	[REDACTED]											
			14	[REDACTED]											
			22	[REDACTED]											
1 Nov 03	[REDACTED]	Fentanyl qth titrate to sedation	06	[REDACTED]											
			14	[REDACTED]											
			22	[REDACTED]											
1 Nov 03	[REDACTED]	DI. DS NS = 20KCL @ 125cc/hr	06	[REDACTED]											
			14	[REDACTED]											
			22	[REDACTED]											
1 Nov 03	[REDACTED]	Zosyn 3.375gm Q6 IVPB Q8 ^h	06	[REDACTED]											
			14	[REDACTED]											
			22	[REDACTED]											
1 Nov 03	[REDACTED]	Propofol qth Intrate to effect	06	[REDACTED]											
			14	[REDACTED]											
			22	[REDACTED]											
8 Nov 03	[REDACTED]	Bacitracin do open areas @ @ Stender	06	[REDACTED]											
			14	[REDACTED]											
			22	[REDACTED]											
10 Nov	[REDACTED]	Cipro 500mg IVPB Q8 ^h	08	[REDACTED]											
			16	[REDACTED]											
			24	[REDACTED]											

Newly written 2/16/04

ALLERGIES: YES NO

PRIMARY DIAGNOSIS: GSW/SBH/Traumatic Aneurysm

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[REDACTED]

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

Verify by Initialing **THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)** Mo. _____ Yr. _____

Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
7 Nov	[Redacted]	Sedation when do calculatio	7 Nov	1750	1750	[Redacted]
8 Nov	[Redacted]	Begin IV De Cordis	8 Nov	1200	1200	[Redacted]
8 Nov	[Redacted]	500 u NS bolus x 1 new	8 Nov	1645	1645	[Redacted]
8 Nov	[Redacted]	Therapy 10mg IM IM for 2 doses 1 st dose now	8 Nov	1600	1600	[Redacted]
9 Nov	[Redacted]	D/diazepam	9 Nov	0900	0900	[Redacted]
9 Nov	[Redacted]	IL NS bolus x 1 new	9 Nov	1630	1630	[Redacted]
11 Nov	[Redacted]	De peripheral IV's use (L) Subcl. line P CXR				DOM
11 Nov	[Redacted]	CXR for (L) SCL placement				[Redacted]

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION																						
			TIME/DATE DISPENSED																						
11 Nov	[Redacted]	Tylenol supp. Q4 ^h for T T > 101.5	11 Nov	1200	1200	1300	1300	1400	1400	1500	1500	1600	1600	1700	1700	1800	1800	1900	1900	2000	2000	2100	2100	2200	2200
11 Nov	[Redacted]	Cellulose NaB unit dose q4 ^h prn when T > 101.5	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
11 Nov	[Redacted]	Tylenol supp Q4 ^h for Temp > 101.5	11 Nov	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

6161-2

6161-2

(5) 61-2

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. NOV 03						
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION										
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED								
				15	16	17	18	19	20	21	22	23
1 NOV	[REDACTED]	Dilantin 100mg IVPB q 8 ^h	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			14	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			22	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1 NOV	[REDACTED]	Zantac 50mg IVPB q 8 ^h	08	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			16	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1 NOV	[REDACTED]	IV DSNS & 20KCL @ 125 cclh	16	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
8 NOV	[REDACTED]	Bacitracin to open creat @ R shoulder	08	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
12 NOV	[REDACTED]	Vancomycin 1gm IVPB q 12 hrs	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			22	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
12 NOV	[REDACTED]	Tobramycin 100mg IV q 8 ^h	08	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			16	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
12 NOV	[REDACTED]	Primarin 1gm IVPB q 6h	08	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			12	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
12 NOV	[REDACTED]	Fentanyl qtt - titrat to effect	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
12 NOV	[REDACTED]	Versed qtt - titrat to effect	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Handwritten notes: (S) 6/2, (S) 6/2, (S) 6/4, Die 15 NOV 03 0800 CP [REDACTED]

ALLERGIES: YES NO
 UNKNOWN

PRIMARY DIAGNOSIS:
 GSW/Traumatic Amputation

ADDITIONAL PAGES IN USE:
 YES NO
 PAGE NO. _____

PATIENT IDENTIFICATION:
 # [REDACTED] (S) 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

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)					Mo. ___ Yr. ___			
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION								
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	10	11	12	13	14	15	16
10 Nov	[REDACTED]	Cipro 400mg IVPB	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		BID	22	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
10 Nov	[REDACTED]	Fentanyl citrate 40 effect	08	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		Versed 40 effect	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
10 Nov	[REDACTED]	Versed 40 effect	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		Fentanyl 40 effect	18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
12 Nov	[REDACTED]	Vancomycin 1gm IVPB	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		q 12h	22	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
12 Nov	[REDACTED]	Tabramycin 100mg IV q8	08	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			16	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
12 Nov	[REDACTED]	Amoxicillin 1gm IVPB q6	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			12	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	Went off Versed / fentanyl	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

2-19-79

(5) 6-2

Levinstein
15 Nov 79

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:
GSW/SDH/Traumatic Aneurysm

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[REDACTED] EPW
(5) 6-9

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 (SOP (MEDICATIONS))				Mo.	Yr.
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials	
11/11/11	[Redacted]	Resume preop order				[Redacted]	
11/11/11	[Redacted]	Transfuse 2u PRBC			QUNE	[Redacted]	

MEDCOM - 22913

USAPA V1.00

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

Mo. 11 Yr. 03

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

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	DATE DISPENSED	
			HR	
11/20	[REDACTED]	Tobramycin 100mg q 8 ^o IV	06	14
11/21	[REDACTED]	Primoxin 1gm q 6 ^o IV	06	14
11/21	[REDACTED]	Dilantin 100mg IVPB q 8 ^o	06	14
11/21	[REDACTED]	Zantac 50mg IVPB q 8 ^o	06	14
12/21	[REDACTED]	Vancomycin 1gm IVPB IVPB q 12 ^o	08	20
12/21	[REDACTED]	Nebulizer Albuterol 0.5/3cc NB q 4 ^o (R.I.T.)	02	06
			10	14
			18	22
			22	

(5)(6)-7

(5)(6)-7

ALLERGIES: YES NO PRIMARY DIAGNOSIS: s/p Penetrating Brain Injury

Traumatic Intracranial Aneurysm

PATIENT IDENTIFICATION

Traumatic Soft tissue Injury
Right Scapula Shoulder, R Collar

[REDACTED]

(5)(6)-7

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

DA FORM 1 FEB 79 4678

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 22914

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)						Ma. 1/6/79 r. 05		
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION								
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	22	23	24	25	26	27	28
11/22	[REDACTED]	Versed brip titrate/ Fentanyl drip titrate sedation	06 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11/22	[REDACTED]	Nobs - Albuterol 0.3/3cc NS q 4hr	06 06 10 14 18 22	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11/22	[REDACTED]	DS 0.9 NS @ 20KCL @ 125cc/hr	06 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11/12	[REDACTED]	A IV Fluid to NSC 20K at 125cc/hr	06 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
23/10/79	[REDACTED]	DS NS @ 20KCL @ 125 cc/hr.	06 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

2-15/79

11/22

11/12

23/10/79

ALLERGIES: YES NO

PRIMARY DIAGNOSIS: Ventriculotomy Failure / R/O sepsis

ADDITIONAL PAGES IN USE: YES NO

PAGE NO. _____

PATIENT IDENTIFICATION: EPW # [REDACTED] (9) (6) - 7

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES


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

DA FORM 4678, 1 FEB 79

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

USAPA V1.00

MEDCOM - 22916

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. _____ Yr. _____															
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES		Date to be Given	Time to be Given	Time Given	Initials														
	-----	D/C Fert Y/Versed. If he becomes		24/11	0800	0800															
	-----	agitated (tychypnic) will use another					(S) 4-2														
	-----	med to ↓ tychyprna pigratave																			

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION																		
			TIME/DATE DISPENSED																		

MEDCOM - 22917

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo. 11 yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED												
				22	23	24	25	26	27	28	29	30	31			
11/22	[REDACTED]	Zantac 50mg IVPB Q 8 ^o	06 14 22	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11/22	[REDACTED]	DILANTIN 100mg IVPB Q 8 ^o	06 14 22	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11/22	[REDACTED]	Tobramycin 100mg IVPB Q 8 ^o	06 14 22	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11/22	[REDACTED]	Vancomycin 1gm IVPB Q 12hr	08 20	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11/22	[REDACTED]	Primaxin 1gm IVPB Q 4hr	06 12 18 24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11/22	[REDACTED]	Nebis - Albuterol 0.3/3cc NS Q 4hr	02 06 10 14 18 22	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

2-19/6-2

(5)161-2

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:
Ventriculostomy Failure / R/O Sepsis

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO. _____

PATIENT IDENTIFICATION:

EPW
[REDACTED] (5)161-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)					Mo. _____	Yr. _____
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials		

Order/Expir Date	Clerk/Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION																		
			TIME/DATE DISPENSED																		
12/20/84	[Redacted]	Tylenol 650mg PRN Temp 701.5 (5) 61-2	PHAN [Redacted] 7320 [Redacted] 1100's																		

MEDCOM - 22919

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. 12 Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED										
				25	26	27	28	29	30	31				
28 NOV	[REDACTED]	Zantac 150mg PO BID	08	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
29 DEC	[REDACTED]	Colace 100mg PO BID	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
31	[REDACTED]	Neurontin 300mg po TID	6	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			14											
			22											

(S)(6)-2
 (S)(6)-4
 (S)(6)-5
 (S)(6)-6
 (S)(6)-7
 (S)(6)-8
 (S)(6)-9
 (S)(6)-10
 (S)(6)-11
 (S)(6)-12
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 (S)(6)-14
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 (S)(6)-19
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 (S)(6)-21
 (S)(6)-22
 (S)(6)-23
 (S)(6)-24
 (S)(6)-25
 (S)(6)-26
 (S)(6)-27
 (S)(6)-28
 (S)(6)-29
 (S)(6)-30
 (S)(6)-31

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:

S/P @ FRONTAL CRANI. FROM IED

ADDITIONAL PAGES: YES NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[REDACTED] (S)(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 - 22920

THERAPEUTIC DOCUMENTATION CARE PLAN

(MEDICATIONS)

Mo. 12 Year 83

SINGLE ORDER, PRE-OPERATIVES

Verify by Initialing	Order Date	Clerk/ Nurse	Date to be Given	Time to be Given	Time Given	Initials
	28		28 Dec			
	Tylenol #3 2 tabs x 1 raw					
(b)(6)-2						

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION																			
			TIME/DATE DISPENSED																			
27 DEC		Tylenol 325mg tabs 2 po q 4 to prn pain	28 Dec	15:00																		
29 DEC		Tylenol #3 1-2 tabs po q 4 to prn	29 Dec	26:00																		
28		Percocet 1-4 po q 4 to prn	28 Dec	22:00	29 Dec	1:00	29 Dec	14:00	29 Dec	19:00	29 Dec	07:30	29 Dec	11:00	29 Dec	21:00	29 Dec	01:30	29 Dec	08:30	29 Dec	22:00
12/27		Ambien 5-10mg PO prn q 4 to																				
12/29		BISACODYL SUPPOSITORY PRN FOR CONSTIPATION																				
28		Percocet 1-4 po q 4 to prn																				

MEDCOM - 22921

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

VERIFY BY INITIALING		RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION																	
ORDER DATE	CLERK/NURSE			DATE DISPENSED																	
11-28		Zantac 150mg PO BID	08	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

(S) 1A-2

ALLERGIES: YES NO PRIMARY DIAGNOSIS: SRP @ frontal crani from JED ADDITIONAL PAGES IN USE: YES NO

PAGE NO. _____

PATIENT IDENTIFICATION:

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

(S) 1A-4

DA FORM 4678 FEB 79

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 22922

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)					Mo. _____	Yr. _____																
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES			Date to be Given	Time to be Given	Time Given	Initials																
20 Dec 53	[REDACTED]	M.O.M 30cc POX1			20 Dec 53	—	—	[REDACTED]																
(b)(6)-2																								
		INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION																						
Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	TIME/DATE DISPENSED																					
12-4	[REDACTED]	Tylenol 325mg tabs 1-11 PO Q4-6 PRN Pain	D/I	10/10	11/10	12/10	13/10	14/10	15/10	16/10	17/10	18/10	19/10	20/10	21/10	22/10	23/10	24/10	25/10	26/10	27/10	28/10	29/10	31/10
	[REDACTED]	Tylenol #3 1-2 tabs PO Q4-6 PRN	D/I	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
12 Dec	[REDACTED]	Tylenol #3 1-2 tabs PO Q4-6 PRN	D/I	12/10	13/10	14/10	15/10	16/10	17/10	18/10	19/10	20/10	21/10	22/10	23/10	24/10	25/10	26/10	27/10	28/10	29/10	31/10		
	[REDACTED]	Tylenol #3 1-2 tabs PO Q4-6 PRN	D/I	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
12 Dec	[REDACTED]	Tylenol #3 1-2 tabs PO Q4-6 PRN	D/I	12/10	13/10	14/10	15/10	16/10	17/10	18/10	19/10	20/10	21/10	22/10	23/10	24/10	25/10	26/10	27/10	28/10	29/10	31/10		
	[REDACTED]	Tylenol #3 1-2 tabs PO Q4-6 PRN	D/I	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

MEDCOM - 22923

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

CONTROLLED SUBSTANCE INVENTORY					To be used with DA Form 3849-1				
DATE /	ITEM								
YEAR	03								
MONTH	Nov								
Day	Hour	Patient's Name: First and Last	Ordered By: 1st Initial, Last Name	Administered By: Legal Signature	Amount Admin.	Amount Wasted	Witness: Legal Signature	Receipts	Balance
Balance Brought Forward									
Nov	1250	Pharmacy #1198	3522-7011 VASA	[Redacted]	50			50	50
Nov	2045	#1198	Armonda	[Redacted]	20	30	[Redacted]		0
				(S) (6) 2					

WAMC Form 40-3c, 1 June 01 (MCXC-DN)

[Redacted] (S) (6) 7

MEDCOM - 22924

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Ma. 11 Yr. 2003												
		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 ACTION, FREQUENCY, TIME	HR	DATE COMPLETED														
				28	29	30	1	2	3	4	5	6	7	8	9	10		
11-28	[REDACTED]	Humidified air to tracheostomy	D N	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11-28	[REDACTED]	Reg Diet ^{SPICE} Mechanical Soft	B L D	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11-28	[REDACTED]	COB 7 chair TID	06 14 22	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11-28	[REDACTED]	Dressing Δ'S TID Wet to dry \bar{c} , 025 Dakin's solution Upper BACK	08 16 24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11-28	[REDACTED]	Foley to gravity	D N	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
30 Nov 02	[REDACTED]	4 point restraints per protocol	D E N	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1 Dec 03	[REDACTED]	Calore cast	01 11 17	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
3 Dec	[REDACTED]	Braden Scale q 7d	01-01 01-01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
3 Dec	[REDACTED]	PT w/ (Darm) Dley maements	N	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

(5)(6)-2

(5)(6)-2

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:
s/p ® frontal Crani from JED.

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO: _____

PATIENT IDENTIFICATION:

EPW # [REDACTED] (5)(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

1
29
33
62

VERIFY BY INITIALING

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

Mo _____ Yr **2003**

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
11-28	[REDACTED]	TX to ICU#2	11-28	1000		
11-28	[REDACTED]	Cond: Stable				
1 DEC	[REDACTED]	Transfer to Camp 2 DEC	2 DEC			
Dec	[REDACTED]	D/c Foley DTV 1700	12/2		1100	[REDACTED]
Dec	[REDACTED]	DTV 1700	12/2	1700		[REDACTED]
		(5) (61-2)				

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

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

Mo. 01/yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED										
				19	20									
28 NOV	[REDACTED]	Regward diet	6	[REDACTED]										
			14											
			22											
28 NOV	[REDACTED]	OOB -> CHAIR TID	6	[REDACTED]										
			14											
			22											
28 NOV	[REDACTED]	Drsg A TID, WTDC	8	[REDACTED]										
		Dakin's Soln to	16											
		Upper back	2											
28 NOV	[REDACTED]	2pt restraints per protocol	6	[REDACTED]										
			14											
			22											
28 NOV	[REDACTED]	Braden scale QTD	D	/	/	/	/	/	/	/	/	/	/	/
4 JAN	[REDACTED]	NID: Falls Risk assessment QTD: pen	10	[REDACTED]										

(b)(7)(g)

1976

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:

SIP FRONTAL CRAINY (UED)

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO:

PATIENT IDENTIFICATION:

[REDACTED] (b)(4)-9

ACTION TIMES USE PENCIL. CIRCLE ACTION TIMES

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

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

Mo 01 Yr 04
2003

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
19 JAN		Plc to prison in AM	20			
		(b)(6)-2				

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

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

Mo. 01 Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED													
				6	7	8	9	10	11	12	13	14	15	16	17	18	
28 Nov	[REDACTED]	Regular Diet	06	[REDACTED]													
			14	[REDACTED]													
			22	[REDACTED]													
28 Nov	[REDACTED]	DOB → Chair TID	06	[REDACTED]													
			14	[REDACTED]													
			22	[REDACTED]													
28 Nov	[REDACTED]	Dsg Δs TID WTD ̄ .025%	06	[REDACTED]													
		Dakin's Soln Upper Back	16	[REDACTED]													
		10 Jan 03	24	[REDACTED]													
28 Nov	[REDACTED]	4 point restraints per Protocol	06	[REDACTED]													
			14	[REDACTED]													
			22	[REDACTED]													
28 Nov	[REDACTED]	Braden Scale Q7 days	06	[REDACTED]													
4 Jan 04	[REDACTED]	W/O Falls Risk assessment Q7D & PRN	10	[REDACTED]													
(5)(6)-2																	

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:

S/P frontal Crani. From IED

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[REDACTED] (5)(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.

Mo. 12 Yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED														
				24	25	26	27	28	29	30	31	1	2	3	4	5		
28 Nov	[REDACTED]	Regular diet	08 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
28	[REDACTED]	OB → chair TID	08 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
28	[REDACTED]	50 AS TID WTD 2:00-2:25 Darwin's soln upper back	08 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
28	[REDACTED]	4-point restraints per protocol	08 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
28	[REDACTED]	Madon scale q 7 days	08 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
4/11/03	[REDACTED]	NO: Full physical exam q 7D & PRN	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

(5)(6)-2

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:
S/P @ FRONTAL CRANI. FROM IED

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[REDACTED] (5)(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.

Mo. 12 yr. 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED														
				11	12	13	14	15	16	17	18	19	20	21	22	23		
11-28	[REDACTED]	Regular Diet	06															
11-28	[REDACTED]	008 -> Chair TID	06															
11-28	[REDACTED]	DSE Δ'S TID WTD	08															
		2% C .025 Dakins solution upper back	04															
11-30	[REDACTED]	4 print restraints per protocol	06															
30 Dec	[REDACTED]	Boden Scale Today	06															
30 Dec	[REDACTED]	PT w/ (L) arm (L) leg mvmt	06															

(5) 11-2

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:

SIP (R) Frontal Crani from IED

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO:

PATIENT IDENTIFICATION:

Re-written

[REDACTED] (5) 11-4

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 (MEDICATIONS)

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

Mo. 1 Yr. 04

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED																
				2	3	4	5	6	7	8	9	10	11	12	13	14	15			
28 NOV	[REDACTED]	ZANTAC 150mg	08	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		PO BID	20	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
29 DEC	[REDACTED]	COLEACE 100mg	10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		PO BID	20	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
31 DEC	[REDACTED]	NEURONTIN 300mg	08	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		PO TID	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			14	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			22	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
7 Jan	[REDACTED]	Dilantin 100mg PO	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		TID	14	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			22	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

(5)(6)-2

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:

S/P (R) frontal lobe from JED

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO. _____

PATIENT IDENTIFICATION:

EPW # [REDACTED] (5)(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

D 7 8 9 10 11 12 13 14

E 15 16 17 18 19 20 21 22

N 23 24 01 02 03 04 05 06

DA FORM 1 FEB 79 4678

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 22933

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. _____	Yr. _____	
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES			Date to be Given	Time to be Given	Time-Given	Initials
7 Jan 82	[Redacted]	Dolanen 1000mg po x1			7 Jan	Now	8:10	[Redacted]
(5)(6)2								

Order/Expir Date	Clerk/Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION															
			TIME/DATE DISPENSED															
4 Dec	[Redacted]	Tylenol 325mg tabs 1-2 po q4-6 prn pain	Jan 2350	Jan 2355	Jan 1750	Jan 1740	Jan 0650											
26 Dec	[Redacted]	Percocet +-+ po Q4 PRN	Jan 1100	Jan 1956	Jan 0000	Jan 2250	Jan 1420	Jan 0115	Jan 0100	Jan 2045	Jan 1640	Jan 1645	Jan 1330	Jan 2015	Jan 0805			
17 Jan	[Redacted]	Ambien 5-10mg po pm qHS	Jan 0120	Jan 0100														
17 Jan	[Redacted]	Bisacodyl Suppositories PRN for constipation	Jan 73M															
2 Jan	[Redacted]	milk of magnesia 30ml po BID PRN constipation	Jan 0025	Jan 1950	Jan 1950													
2 Jan	[Redacted]	mg citrate 1/2-1 bottle po BID PRN constipation	Jan 1000															
26 Dec	[Redacted]	Percocet I-II po Q4 prn	Jan 0140	Jan 0150	Jan 2310	Jan 2000	Jan 0010	Jan 1910	Jan 0020	Jan 1430	Jan 0145	Jan 1440	Jan 1100	Jan 0900	Jan 1130	Jan 1500	Jan 1030	Jan 1030

(5)(6)2

(5)(6)2

Use
write
+

VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION																	
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	
11-28	[REDACTED]	Vancomycin 1gm ----- IVPB Q12° X 5days	10 26	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11-28	[REDACTED]	Primaxin 1gm ----- IVPB Q6° X 5days	06 12 18 24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11-28	[REDACTED]	Tobramycin 100mg ----- IVPB Q8° X 5days	08 16 24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11-28	[REDACTED]	Zantac 150mg PO BID	06 18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		(b)(6)-2																	

ALLERGIES: YES NO PRIMARY DIAGNOSIS: s/p (b)(6)-2 frontal contusion IED

ADDITIONAL PAGES IN USE: YES NO PAGE NO. _____

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

DISPENSING TIMES
USE PENCIL, CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 22935

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. _____	Yr. _____
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials	
12-4	[Redacted]	Dulcolax Supp. PR x i now	12-4	0930	0930	[Redacted]	
(5) (6) - 2							
Order/Expire Date	Clerk/Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED				
11-30	[Redacted]	Tylenol #3 15-300 P.O. @ 4-6 PRN pain	11-30 12-1 12-1	12-1 12-1 12-1	12-1 12-1 12-1	12-1 12-1 12-1	D/C/D 9 DEC
(5) (6) - 2							
12-4	[Redacted]	Tylenol 325mg tab 5 i - ii P.O. @ 4-6 PRN pain	12-4 12-4 12-4	12-4 12-4 12-4	12-4 12-4 12-4	12-4 12-4 12-4	[Redacted]
12-4	[Redacted]	Tylenol #3 1-2 tabs po QA-6 PRN	12-4 12-4 12-4	12-4 12-4 12-4	12-4 12-4 12-4	12-4 12-4 12-4	[Redacted]

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

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

Mo 01 Yr. 04

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED																		
				16	17	18	19	20														
31 Dec	[REDACTED]	Neurontin 300mg PO TID	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]		14	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]		27	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
7 Jan 04	[REDACTED]	Dilantin 100mg PO TID	06	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]		14	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]		27	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
28 Nov 03	[REDACTED]	Zantac 150mg PO BID	08	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]		27	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
29 Nov	[REDACTED]	Colace 100mg PO BID	08	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]		27	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

(S)(6)-2

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:

S/P (R) frontal Crani from IED

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO. _____

PATIENT IDENTIFICATION:

(S)(6)-4
[REDACTED]

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

D 7 8 9 10 11 12 13 14

E 15 16 17 18 19 20 21 22

N 23 24 01 02 03 04 05 06

DA FORM 1 FEB 79 4678

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

MEDCOM - 22937

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. _____	Yr. _____											
Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials												
19 Jan	[Redacted]	DIC to Prison in AM	19 Jan			[Redacted]												
(5)(6)-2																		
Order/Expt Date	Clerk/Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION															
			TIME/DATE DISPENSED															
4 Dec	[Redacted]	Tylenol 325mg tabs 1-2 PO Q4-6 PRN Air	D/T	16 Jan 0030	17 Jan 2230													
			D/I	11	11													
26 Dec	[Redacted]	Percocet 1-11 PO Q4 PRN	D/T	16 Jan 1100	17 Jan 1515	17 Jan 1415	17 Jan 1045	18 Jan 1350	18 Jan 1600	18 Jan 2155	18 Jan 2135							
			D/I	11	11	11	11	11	11	11	11							
27 Dec	[Redacted]	Ambien 5-10mg PO PRN QHS	D/T															
			D/I															
29 Dec	[Redacted]	Bisacodyl Suppository PRN for constipation	D/T															
			D/I															
2 Jan	[Redacted]	Milk of Magnesia 30 ml PO BID PRN constipation	D/T															
			D/I															
2 Jan	[Redacted]	mg Citrate 1/2-1 bottle PO BID PRN Severe Constipat	D/T															
			D/I															

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE: **TRAUMA FLOWSHEET**
The proponent is Dept of Surgery

OTSG APPROVED (Date): **Q1 Apr 11 Jun 97**

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

PRIMARY SURVEY

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

SECONDARY SURVEY

DISABILITY	HEAD	HEART	ABDOMEN
GCS: E <u>1</u> V <u>2</u> M <u>4</u>	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	RHYTHM: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Soft <input type="checkbox"/> Rigid <input type="checkbox"/> Non-Tender
	TM: <input type="checkbox"/> Clear <input type="checkbox"/> Blood <input type="checkbox"/> L <input type="checkbox"/> R	PULSES: <input type="checkbox"/> Central <input checked="" type="checkbox"/> Peripheral	Tender: <input type="checkbox"/> + <input type="checkbox"/> -
	NECK	LUNGS	PELVIS:
SPHINCTER TONE: <input type="checkbox"/> WNL <input checked="" type="checkbox"/> None	C-Spine Tenderness: <i>stop off / w/only</i> <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	BREATH SOUNDS: <input checked="" type="checkbox"/> Bilat <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Clear <input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> _____	Blood at meatus/vagina: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N
	JVD: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Decreased <input type="checkbox"/> L <input type="checkbox"/> R Absent <input type="checkbox"/> L <input type="checkbox"/> R	Heme +/- Prostate: <input type="checkbox"/> WNL <input type="checkbox"/> Abn
		Wheezes <input type="checkbox"/> L <input type="checkbox"/> R Crackles <input type="checkbox"/> L <input type="checkbox"/> R	

USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

VASCULAR ASSESSMENT

(A)bscission
 (A)mplutiation
 (A)vuulsion
 Battle's Signs
 (B)leeding
 (B)urn
 (D)eformity
 (E)cchymosis
 (F)oreign Body
 (H)ematoma
 (L)aceration
 (P)uncture (W)ound
 (P)ain
 (S)eatbelt (S)ign
 (S)tab (W)ound
 (GSW) Gun Shot Wound

++ Strong
 + Palpable
 D Dopler

RN: **LT**

PHYSICIAN: _____

DEPARTMENT/SERVICE/CLINIC: **EMT**

DATE: **01 Nov 05**

(Continue on reverse)

PATIENT'S IDENTIFICATION: _____ Name--last, first.

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

teeth

TIME	PROCEDURE	SIZE	SITE	BY	RESULTS
0849	ET Intubation	8.5	<input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal Teeth	[REDACTED]	<input type="checkbox"/> ETCO ₂ Change <input type="checkbox"/> BBS Post Int <input type="checkbox"/> Post CXR
0800	Gastric Tube	18	<input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal	[REDACTED]	<input type="checkbox"/> Air <input type="checkbox"/> Contents <input checked="" type="checkbox"/> Verified Suction: (Y) N
0800	Urinary		<input type="checkbox"/> Meatus <input type="checkbox"/> Supra-Pubic	[REDACTED]	<input type="checkbox"/> Return _____ cc <input type="checkbox"/> Heme Dip: + - <input checked="" type="checkbox"/> Secured
	DPL		<input type="checkbox"/> Opened <input type="checkbox"/> Closed		<input type="checkbox"/> Grossly: + - Call count Sant@
	Chest Tube #1		L R		<input type="checkbox"/> Air <input type="checkbox"/> Blood <input type="checkbox"/> Pleuravac _____ cm <input type="checkbox"/> Autotransfuser
	Chest Tube #2		L R		<input type="checkbox"/> Air <input type="checkbox"/> Blood <input type="checkbox"/> Pleuravac _____ cm <input type="checkbox"/> Autotransfuser
	12 Lead		Rhythm: _____	Comments	

TIME	PROCEDURE	ACCOMPANIED BY	RETURN
0807	CT Scan: <input type="checkbox"/> Contrast <input checked="" type="checkbox"/> Head <input type="checkbox"/> Abd <input type="checkbox"/> Pelvis <input type="checkbox"/> C-Spine <input type="checkbox"/> T/L Spine <input type="checkbox"/> Chest <input type="checkbox"/>		
A-Gram Site:			

IV ACCESS & FLUIDS							
TIME	#	GA	LAW SOP	SITE	IVF TYPE	AMT UP	AMT IN
0844	1	18	Y N	DAC	NS	1L	
0853	2	(center line)	Y N	EM	NS	1L	
			Y N				
			Y N				

MEDICATIONS									
MEDICATION	TIME	DOSE	RTE	TIME	DOSE	RTE	TIME	DOSE	RTE
atomidate	0847	20	IV						
lidocaine	0846	100	IV						
fentanyl	0842	50	IV	0800	100	IV			
VIC	0848	1	IV	0815	1	IV			
SUCS	0848	100	IV						

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

LABS	
TIME	LABS
	<input type="checkbox"/> D-stick <input type="checkbox"/> SHct
	<input type="checkbox"/> D-stick <input type="checkbox"/> SHct
0815	<input checked="" type="checkbox"/> CBC <input checked="" type="checkbox"/> Chem <input checked="" type="checkbox"/> PT/PTT <input checked="" type="checkbox"/> ETOH <input checked="" type="checkbox"/> T&S <input checked="" type="checkbox"/> BT&C x 4 units
	<input type="checkbox"/> Tox Screen
	<input type="checkbox"/> UA <input type="checkbox"/> HCG
	<input type="checkbox"/> OTHER
	<input type="checkbox"/> OTHER

X-RAYS	
TIME	LABS
0853	<input checked="" type="checkbox"/> Chest Initial
	<input type="checkbox"/> Chest Post ET
	<input type="checkbox"/> Chest Post CT
	<input type="checkbox"/> C-Spine
	<input type="checkbox"/> Pelvis
0853	<input checked="" type="checkbox"/> @ 4lb/1b
	<input type="checkbox"/>
	<input type="checkbox"/>

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

LAB RESULTS			
CBC:	Chem:		
27.4	13.3	125	14
43.1	454	3.2	1.4
		CR 717	

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

TRAUMA TEAM ARRIVAL				
TITLE	NAME (Print)	PAGED	RESPONDED	ARRIVED
ED Phys	[REDACTED]			
Surgeon				
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

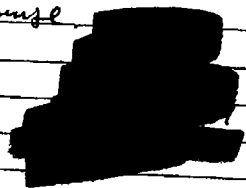
DISPOSITION	
<input type="checkbox"/> Home	<input type="checkbox"/>
Admitted to	
Report Called to	
Time Transferred	
Accompanied By	
teacher	<input type="checkbox"/> Wheelchair

(b) 61-2

VITAL SIGNS											GLASGOW COMA SCALE			
Rectal Temp: 94.4 - ear						GCS: 7					EYE OPENING	VERBABLE RESPONSE	MOTOR RESPONSE	
TIME	BP	HR	RHY	RR	SAC ₂	FIO ₂	MODE	E	V	M	T			
0840	102/59	102		35	96%	RA						4 - Spontaneous	5 - Oriented	6 - Obeys Commands
0846	108/56	123		29	100%	BVM						3 - To Voice	4 - Confused	5 - Localizes Pain
0750	116/82	117		21	100%	intubated						2 - To Pain	3 - Inapp Words	4 - Withdraws to Pain
0755	147/85	102		31	100%	intubated						1 - None	2 - Incomp Speech	3 - Flexion to Pain
	/	/		/	/	/							1 - None	2 - Extension to Pain
	/	/		/	/	/								1 - None
											TIME	PROCEDURE	PERFORMED BY:	
											<input type="checkbox"/>	Backboard Removed	BY:	
											<input type="checkbox"/>	Downgraded	BY:	
NOTES														

Staff note

GCS 7 E @ arrival prior to arrival. @ seizures. Intubated
 @ 9.5 E PSE, POx 100% under epoxide. Head @ GCS stability
 @ transient scalp wound. EID CT @ Subdural @ mass effect.
 → OR CXR CT in place abn commo
 Hemodynamically stable active CR response



(b)(6) 2

(b)(6)-4

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)

QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT					
	TIME	INITIALS	INITIALS	INITIALS	INITIALS
N E U R O	PUPILS				
	SENSORIUM				
R E S P I R A T O R Y	RESPIRATORY PATTERN				
	BREATH SOUNDS				
	SECRETIONS				
S K I N	COLOR				
	INTEGRITY				
I V S I T E	LOCATION				
	CONDITION				
G A S T R O	ABDOMEN				
	BOWEL SOUNDS				
G U	URINE:				
	COLOR/CLARITY				
C A R D I O V A S C U L A R	CARDIAC RHYTHM				
		LEGEND	Cr - Creatinine F _i O ₂ - Fraction of Inspired O ₂ HCO ₃ - Bicarbonate	ICP - Intracranial Pressure PCO ₂ - Pressure of Arterial CO ₂ PEEP - Positive End Expiratory Pressure	S/A - Fractional SA1 - Saturation TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE

ICU 2

1 Nov 03

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

EPW # [redacted] (b)(6)-7

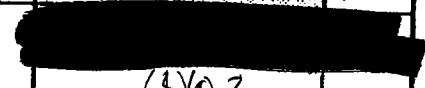
- HISTORY/PHYSICAL
- OTHER EXAMINATION OR EVALUATION
- DIAGNOSTIC STUDIES
- TREATMENT
- FLOW CHART
- OTHER (Specify)

DA FORM 4700 1 MAY 78 Proponent: Dept of Nurs

MEDCOM - 22942

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

DATE		DR												HOSPITAL DAY							
1 NOV 03		G SW → head												1							
V I T A L S G N S	TIME	1230	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05		
	BP Arterial Line		55/80	170/40	120/80	128/80	131/70	117/70	124/70	124/70	119/63	120/67	135/65	130/68	132/69	132/68	131/68	133/74	134/72	152/74	
BP Cuff																					
Temperature		96.6	98.0	101.9	102.5	102.3	102.4	103.2	102.7		102.2	101.8	101.2	100.9	100.4		100.4		100.2		
Pulse		86	131	116	116	104	101	107	98	96	98	91	91	88	86	86	85	83	94		
Respiratory Rate		12	26	16	18/18	18/18	18/18	18/18	18	18	18	18	18	18	18	18	18	18	18		
MAP		106	112	72	78	87	90	83	81	80	83	81	83	85	84	84	87	98	99		
FIO2		100%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%		
SpO2		100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
DO2		4	1.5	10	8	7	8	11	7	7	6	7	7	6	6	6	5	6	5		
TIME																					
Main		20	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125		
IVPB		-	-	-	-	-	-	50	-	-	-	-	-	-	-	-	-	-	-		
VOLUME		3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
FENbrp		20	-	-	-	-	10	10	10	10	10	10	10	10	10	10	10	10	10		
propofol			24	24	14.7	14.4	14.4	14.4	14.4	12	12	12	9.6	9.6	9.6	9.6	9.6	9.6	9.6		
TOTALS																					
O U T P U T	URINE	HOUR TOTAL	500/500	200/200	400/100	300/400	150/150	90/160	95/135	65/100	110/110	180/200									
	NG	OUTPUT																			
EMESIS																					
STOOL																					
U T	DRAINS	Ventric		0		15								45	50	45					
		S.P. drain		70		20		20					20								
TOTALS																					

POST-OP DAY				ACUTY LEVEL CLASSIFICATION																						
V I T A L S I G N S	06			R E S P I R A T O R Y	TIME	2145	2330	0130	0300	0400																
	124				MODE	Simu	Simu	Simu	Simu	Simu																
	67				F ₁ O ₂	40	40	40	40	40																
	101				TV	750	750	750	750	750																
	18/20				RATE	18	18	18	18	18																
	83				PEEP	5	5	5	5	5																
	40				A	pH	7.42	7.41	7.41	7.42	7.43															
	100					PCO ₂	31.7	32.7	30.6	31.3	30.4															
	7					PO ₂	136	148	168	176	127															
	I N T A K E O U T P U T					L A B O R A T O R Y	G	BASE	-4	-4	-5	-4	-4													
				TIME	2145			2330	0130	0300	0400															
				GLUCOSE																						
				Na/K	141/3.5			141/3.5	141/3.5	143/3.4																
				Cl/CO ₂																						
				BUN/Cr																						
				WBC/PLATELET																						
				Hct/Hgb	31/11			31/11	31/11	30/10																
					A C T I V I T Y			T U R N	TIME																	
			MOUTH CARE																							
			BATH																							
			SKIN CARE																							
			FOLEY CARE																							
			TRACH CARE																							
				S U C T I O N	T I M E	ROM EXERCISES																				
				24*180 TOTALS						NURSE'S SIGNATURE		INITIALS														
				wt Yesterday		wt Today		 (S/A)-2																		
				INTAKE		OUTPUT																				
			IV	4081		Urine:	2520																			
			PO																							
			TOTAL			TOTAL																				
				BALANCE																						

MEDCOM - 22944

NEUROLOGICAL ASSESSMENT

		HOURS	19	20	21	22	23	24	01	02	03	04	05	06	LEGEND		
C O M M O N	EYES OPEN	SPONTANEOUSLY	4													C Closed by swelling	
		TO SPEECH	3														
		TO PAIN	2								2						
		NO EYE OPENING	1														
A S S	BEST VERBAL RESPONSE	ORIENTED	5													(T) Trach/Endo S Slurring D Dysphasia R Receptive E Expressive	
		CONFUSED	4														
		VERBALIZES	3														
		VOCALIZES	2														
		NO VOCALIZATION	1														
C A T E	BEST MOTOR RESPONSE	OBEYS COMMANDS	6														
		LOCALIZES PAIN	5					5	5	5	5	5	5	5			
		FLEXION WITHDRAWAL	4														
		ABNORMAL FLEXION	3														
		EXTENSION TO PAIN	2														
		NO MOTOR RESPONSE	1														
L I M B M O V E M E N T	ARMS	NORMAL POWER														R Right L Left Record separately if there is a difference between the two sides.	
		MILD WEAKNESS						R	R	R	R	R	R	R			
		SEVERE WEAKNESS															
		ABNORMAL FLEXION															
		ABNORMAL EXTENSION															
L I M B M O V E M E N T	LEGS	NORMAL POWER														R Right L Left Record separately if there is a difference between the two sides.	
		MILD WEAKNESS															
		SEVERE WEAKNESS															
		ABNORMAL FLEXION															
		ABNORMAL EXTENSION															
P U P I L S	RIGHT	SIZE REACTION													++ Brisk + Slow - No Response		
	LEFT	SIZE REACTION															
PUPIL SCALE			● 2	● 3	● 4	● 5	● 6	● 7 mm									
ICP			7	7	6	7	7	6	6	5	5	5				+ Intact	
CEREBRAL PERFUSION PRESSURE			74	73	77	74	76	79	78	78	82	89	89				- Abnormal

VASCULAR ASSESSMENT

		HOURS	19	20	21	22	23	24	01	02	03	04	05	06	LEGEND	
	R		/	/	/	/	/	/	/	/	/	/	/	/	++ Normal	
	L		/	/	/	/	/	/	/	/	/	/	/	/		
	R		/	/	/	/	/	/	/	/	/	/	/	/	+ Weak	
	L		/	/	/	/	/	/	/	/	/	/	/	/		
	R		/	/	/	/	/	/	/	/	/	/	/	/	- Absent	
	L		/	/	/	/	/	/	/	/	/	/	/	/		
	R		/	/	/	/	/	/	/	/	/	/	/	/	D Doppler	
	L		/	/	/	/	/	/	/	/	/	/	/	/		
	R		/	/	/	/	/	/	/	/	/	/	/	/	R Right	
	L		/	/	/	/	/	/	/	/	/	/	/	/		
	R		/	/	/	/	/	/	/	/	/	/	/	/	L Left	
	L		/	/	/	/	/	/	/	/	/	/	/	/		

MEDCOM - 22945

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

REPORT TITLE INTENSIVE CARE NURSING FLOW SHEET (5)6-2 OTSG APPROVED (Date) 0A Apr 8 Mar 89

Table with columns for TIME (1300), INITIALS, and INITIALS (1900). Rows include PUPILS, SENSORIUM, RESPIRATORY PATTERN, BREATH SOUNDS, SECRECTIONS, COLOR, INTEGRITY, LOCATION, CONDITION, ABDOMEN, BOWEL SOUNDS, URINE, COLOR/CLARITY, CARDIAC RHYTHM, and LEGEND.

(Continue on reverse)

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

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) # (5)6-4

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

DA FORM 1 MAY 78 4700 Proponent: Dept of Nurs

MEDCOM - 22946

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

DATE		DX		HOSPITAL DAY																	
TIME																					
V	BP Arterial Line	145/71	109/73	116/78	127/100	141/104	121/147	124/83	134/64	122/53	144/51	120/50	144/50	144/50	144/50	144/50	144/50	144/50	144/50		
J	BP Cuff																				
T	Temperature		100 ⁸	102	100 ⁷	101	100 ⁷	100 ⁵	100 ⁴	99 ⁷	98 ⁸	99 ⁸	101 ⁷	99 ⁸	99 ⁸						
A	Pulse	88	123	102	88	98	91	92	85	83	84	103	105	111	85	93	86	85			
A	Respiratory Rate	18/18	19/18	19/18	15/18	27/16	18/18	18	18	14	14	12	12	12	12	12	12	12			
E	MAP	91	97	73	49	82	74	91	98	83	76	89	75	63	62	75	74	73			
S	F.O ₂	40%	40%	40%	40%	40%	40%	40%	40	40	40	40	40	40	40	40	40	40			
S	SpO ₂	100%	100%	100%	100%	100%	100%	100	100	100	100	100	100	100	100	100	100	100			
I	ICP	5	11	4	7	8	8	0	0	12	12	11	11	12	12	8	10	10			
G																					
N																					
S																					
I																					
N																					
T																					
A																					
K																					
E																					
O	TOTALS																				
U	URINE	HOUR	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60			
T	URINE	TOTAL	60	140	200	270	330	390	450	510	570	630	690	750	810	870	930	990			
P	URINE	SP GR																			
U	URINE	S/A																			
T	NG	OUTPUT					100	50	0	0	0	0	0	0	0	0	0	0			
P	NG	pH																			
U	NG	GUAC																			
T	EMESIS																				
P	STOOL																				
U	DRAINS	Subdural	40	60	50	15	40	45	50	80	70	10	50	35	10	5	30	10			
T	DRAINS	IP drain																			
T	TOTALS																				

POST-OP DAY

ACUTY LEVEL CLASSIFICATION

V	27	01	02	03	04	05	06
I	114	124	107	119	133	125	114
T	99	103	102	102	102	103	102
A	89	86	86	88	100	100	100
L	12	12	12	12	12	12	12
S	80	81	74	74	86	74	74
J	40	40	40	40	40	40	40
G	100	100	100	100	100	100	100
S	11	12	12	12	13	13	10
A							
K							
E							
O							
U							
T							
P							
U							
T							

R	TIME	1440
E	MODE	
S	F ₁ O ₂	
P	TV	
D	RATE	
J	PEEP	
A	pH	7.48
A	PCO ₂	25.5
T	PO ₂	170
O	HCO ₃	19
R	SAT	100
Y	BASE	

L	TIME	
A	GLUCOSE	
B	Na/K	
O	Cl/CO ₂	
D	BUN/Cr	
R	WBC/PLATELET	
A	Hct/Hgb	
T		
A		
D		
B		
Y		

A	TIME	
C	MOUTH CARE	
T	BATH	
A	SKIN CARE	
I	FOLEY CARE	
V	TRACH CARE	
L	ROM EXERCISES	
I		
E		
S		
V		
I		
N		
D		
O		
N		
I		
G		

24 HOURS TOTALS	
wt Yesterday	wt Today
INTAKE	OUTPUT
IV	Urine:
po	
TOTAL	TOTAL
BALANCE	400

NURSE'S SIGNATURE: [redacted]
 INITIALS: (S)(G)-2

NEUROLOGICAL ASSESSMENT																		
C O M M U N I C A T I O N	HOURS		08	12	18	19	20	21	22	23	24	01	02	03	04	05	06	LEGEND
	EYES OPEN	SPONTANEOUSLY	4															
	TO SPEECH	3																
	TO PAIN	2																
	NO EYE OPENING	1	1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
S E N S I T I V E	BEST VERBAL RESPONSE	ORIENTED	5															T Trach/Endo
		CONFUSED	4															S Slurring
		VERBALIZES	3															D Dysphasia
		VOCALIZES	2															R Receptive
		NO VOCALIZATION	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
M O T O R	BEST MOTOR RESPONSE	OBEYS COMMANDS	6															
		LOCALIZES PAIN	5															
		FLEXION WITHDRAWAL	4	1	1													
		ABNORMAL FLEXION	3															
		EXTENSION TO PAIN	2															
		NO MOTOR RESPONSE	1															
L I M B	ARMS	NORMAL POWER																
		MILD WEAKNESS																
		SEVERE WEAKNESS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
		ABNORMAL FLEXION																
		ABNORMAL EXTENSION																
N O V E R T	LEGS	NORMAL POWER																
		MILD WEAKNESS																
		SEVERE WEAKNESS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
		ABNORMAL FLEXION																
		ABNORMAL EXTENSION																
P U P I L S	RIGHT	SIZE REACTION	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	++ Brisk
	LEFT	SIZE REACTION	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	+ Slow
PUPIL SCALE			● 2	● 3	● 4	● 5	● 6	● 7 mm										
ICP			11	8	10	12	13										+ Intact	
CEREBRAL PERFUSION PRESSURE			90	66														- Abnormal
VASCULAR ASSESSMENT																		
HOURS																		LEGEND
R	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	++ Normal
	R	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	+ Weak
R	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	- Absent
	R	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	D Doppler
R	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	R Right
	R	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	L Left

MEDCOM - 22949

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET (5)6-2

OTSG APPROVED (Date)
QA Apr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	INITIALS	INITIALS
N U R S E	PUPILS:	0630	[Redacted]	1800	[Redacted]
	SENSORIUM:	2 mm sluggish O/R, jawed	[Redacted]	2 mm sluggish	[Redacted]
		sedated - Propofol - 40 mg/14 min Fentanyl - 20 ug/1W Ventri-maloxony	[Redacted]	sedation Propofol 40mg/14 min Fent - 20 ug/1W	[Redacted]
R E S P I R A T O R Y	RESPIRATORY PATTERN	Equal Rise & Fall at chest	[Redacted]	SIMV 15 @ 1900 16	[Redacted]
	BREATH SOUNDS	#9.5 ET, 21 cm e-lip	[Redacted]	260 TV PEEP 5 FIO2 40%	[Redacted]
	SECRETIONS	Wet, SIMV 14, 1605, TV 760 FIO2 40%, PEEP 5 BS D lung insp & exp wheezes White yellow secretions from ET	[Redacted]	b secretions Even regular vent support change on (L)	[Redacted]
S K I N	COLOR	Normal for race	[Redacted]	Normal for race	[Redacted]
	INTEGRITY	Intact	[Redacted]	Intact	[Redacted]
I N T E R V E N T O R Y	LOCATION	AGE 13 w/ors on (R) feet, medial	[Redacted]	(R) fem. catheter prep.	[Redacted]
	CONDITION	(D) Femoral - Propofol @ 9/14, CBS (D) Femoral 18g - saline lock (D) Forearm 18g - fentanyl & 05 NS etc, 6/18	[Redacted]	(L) Forearm 18g 20 KCL	[Redacted]
			[Redacted]		[Redacted]
G A S T R O	ABDOMEN	NO, flat, V BS & Y	[Redacted]	Soft - nondistended	[Redacted]
	BOWEL SOUNDS	NO BS	[Redacted]	0 BS	[Redacted]
U R I N E	URINE:	Color to gravity	[Redacted]	P/C 16 E	[Redacted]
	COLOR/CLARITY	Clear Amber urine > 50% W	[Redacted]	clear	[Redacted]
C A R D I O V A S C U L A R	CARDIAC RHYTHM	NSR & early late 80-100 S, S2 present late blue probe + 2	[Redacted]	NSR S, 2	[Redacted]
			[Redacted]		[Redacted]
			[Redacted]		[Redacted]

LEGEND

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

(Continue on reverse)

PREPARED BY (Signature) (5)6-2 DEPARTMENT/SERVICE/CLINIC ICM-2 DATE 3-20-03

PATIENT'S IDENTIFICATION (Signature) (5)6-4

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

DA FORM 1 MAY 78 4700
Proponent: Dept of Nurs

MEDCOM - 22950

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

DATE		DX																HOSPITAL DAY							
V I T A L S I N S	TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22								
		BP Arterial Line	107/65	127/56	110/42	115/57	105/50	127/58	110/63	113/59	113/61	123/66	124/65	131/80	154/67	100/58	110/59	100/57							
	BP Cuff																								
	Temperature	101.4	101.8	101.9	102.1	101.9	102.9	102.2	101.1	100.9	100.9	101	102.1	102	101.8	101.2	101.6								
	Pulse	92	112	96	104	92	119	101	98	94	117	115	109	118	95	92	97								
	Respiratory Rate	14	14	16	16	15	16	16	15	15	15	15	15	15	16	16	16								
	SpO2	100%	100	100	98%	100%	100%	99%	100	100	100	100	100	100	100	100	100								
	MAP $\approx 70 < 110$	70	77	70	75	64	75	76	73	73	84	82	80	91	71	75	70								
	FIO2	40%	40%	40%	40	40	40	40	40	40	40	40	40	40	40	40	40								
	ICU	9	10	12	12	12	9	9	9	16	15	15	15	14	14	14	14								
	TIME																	8° T							
	MANT	125	124	124	124	125	125	125	125	125	125	125	125	125	125	125	125								
	IVBIO	100	200			0/100	100				100		100												
	FENTANYL	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20								
	Propofol	19.2	19.2	19.2	19.2	19.2	19.2	19.2	19.2	19.2	19.2	19.2	19.2	19.2	19.2	19.2	19.2								
	TIME																	8° T							
	Santa Fe																	164	164	164	264				
	TOTALS																	102	133	169	166				
	URINE	HOUR	90	90	90	55	90	70	60	80	80	70	70	50	75	100	100								
	URINE	TOTAL	90	90	90	55	90	70	60	80	80	70	70	50	75	100	100								
	URINE	SPW																							
	URINE	S/A																							
	NG	OUTPUT																							
	NG	PH																							
	NG	GUIAC																							
	EMESIS																								
	STOOL																								
	DRAINS	Subtotal	40	30	35	35	30	30	35	30	35	40	30	15	25	25	20	15							
	DRAINS	Total in mg																							
	DRAINS	SP Drain																							
	TOTALS																								
	TOTALS																								

2219
↓
R02

POST-OP DAY								
V	13	14	15	16	17	18	19	20
I	100	110	115	118	120	122	125	128
T	100	100	100	100		100	100	
A	87	86	88	89	90	90	111	89
L	18	17	17	17	17	17	27	17
S	100	100	100	100	97	100	98	98
I	70	71	72	80	75	76	83	72
S	40	40	40	40	40	40	40	40
I	10	11	13	12	13	16	27	17
G								
N								
S								
I	125	125	125	125	125	125	125	125
N	→	100	→					
T	20	20	20	20	20	20	20	20
A	19.5	19.5	19.5	19.5	19.5	19.5	19.5	19.5
K	1	2	2	2	2	2	2	2
E	164	164	264	164	164	164	164	164
O	625	389	4055	4212				
U	40	40	50	60	150	565	487	44
T	1	1	1	1	1	1	1	1
P	20	25	25	25	10	15	10	15
U	60	65	80	25	20	65	10	15
T	1865	1930	2010					

ACUTY LEVEL CLASSIFICATION							
TIME	0500	0600	0800	0900	1300	1900	
MODE	STAN	STAN	STAN	STAN	STAN	STAN	STAN
F _I O ₂	40	40	40	40	40	40	40
TV	760	760	760	760	760	760	760
RATE	12	14	14	16	16	16	17
PEEP	5	5	5	5	5	5	5
A	PH	7.299	7.374	7.336	7.378	7.463	7.410
	PCO ₂	41.7	36.1	38.8	31.1	29.7	34.1
	PO ₂	133	125	114	88	93	229
B	HCO ₃	21	21	21	20	21	24
	SAT	99	99	98	97	98%	100
G	BASE	-6	-7	-5	-5	-3	
L							
GLUCOSE							
Na/K							
Cl/CO ₂							
BUN/Cr							
WBC/PLATELET							
Hct/Hgb							
A							
MOUTH CARE							
BATH							
SKIN CARE							
FOLEY CARE							
TRACH CARE							
ROM EXERCISES							

24 HOURS TOTALS		NURSE'S SIGNATURE	INITIALS
wt Yesterday	wt Today		
80kg	estimated wt.		
INTAKE	OUTPUT		
IV	Urine:		
po			
4874.4	235		
TOTAL	TOTAL		
	BALANCE		
	2639.4		

		NEUROLOGICAL ASSESSMENT																								LEGEND			
		HOURS		07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05			
C O M M U N I C A T I O N	EYES OPEN	SPONTANEOUSLY	4																									C Closed by swelling	
		TO SPEECH	3																										
		TO PAIN	2																										
		NO EYE OPENING	1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
B E S T V E R B A L R E S P O N S E	BEST VERBAL RESPONSE	ORIENTED	5																									T Trach/Endo S Slurring D Dysphasia R Receptive E Expressive	
		CONFUSED	4																										
		VERBALIZES	3																										
		VOCALIZES	2																										
		NO VOCALIZATION	1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
M O T O R R E S P O N S E	BEST MOTOR RESPONSE	OBLYS COMMANDS	6																									R Right L Left Record separately if there is a difference between the two sides.	
		LOCALIZES PAIN	5																										
		FLEXION WITHDRAWAL	4																										
		ABNORMAL FLEXION	3																										
		EXTENSION TO PAIN	2																										
		NO MOTOR RESPONSE	1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
L I M B S	ARMS	NORMAL POWER																										Record separately if there is a difference between the two sides.	
		MILD WEAKNESS																											
		SEVERE WEAKNESS																											
		ABNORMAL FLEXION																											
		ABNORMAL EXTENSION																											
M O V E M E N T	LEGS	NORMAL POWER																										Record separately if there is a difference between the two sides.	
		MILD WEAKNESS																											
		SEVERE WEAKNESS																											
		ABNORMAL FLEXION																											
		ABNORMAL EXTENSION																											
P U P I L S	RIGHT	SIZE REACTION		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	++ Brisk + Slow - No Response	
		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
	LEFT	SIZE REACTION		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2		2
		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		+
PUPIL SCALE																													
ICP		9 10 12 12 12 9 9 9 16 15 15 15																											
CEREBRAL PERFUSION PRESSURE																													
VASCULAR ASSESSMENT																													
HOURS																										LEGEND			
R	L	/																								++	Normal		
	L																									+	Weak		
R	L	/																								-	Absent		
	L																									D	Doppler		
R	L	/																								R	Right		
	L																									L	Left		

MEDCOM - 22953

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET (5)(6)-2

OTSG APPROVED (Date)
QA Appr 8 Mar 89

		INITIAL SHEET ASSESSMENT			
		TIME	INITIAL	1800	INITIAL
N E U R O	PUPILS	074	[Redacted]	2mm Reactive	[Redacted]
	SENSORIUM			pt. sedated on few + deep cough + clear reflexes + normal stimuli	pt. sedated & propofol 50mg/K/min; Fert + 100mg/hr.
R E S P I R A T O R Y	RESPIRATORY PATTERN			Vent: SIMV 12; PEEP 5	
	BREATH SOUNDS			Crackles in (L)C Rhonchi in (R)	Crackles in (L)C ETT 8.5; 25cm @ 1.0.
	SECRECTIONS			ETT 8.5; 25cm @ 1.0.	
S K I N	COLOR			normal to (L)HR shoulder	
	INTEGRITY			(R) calf, (L) thigh, staples to (R) side of head	
L I M B	LOCATION			(L) forearm etc.	
	CONDITION			no signs of infection	
G A S T R O	ABDOMEN			(L) BS x 4	
	BOWEL SOUNDS			abd soft nondistended	
G U	URINE:			Color: turbid	
	COLOR/CLARITY			clear + yellow	
C A R D I O V A S C U L A R	CARDIAC RHYTHM			NSR 60 bpm	
				NSR 60 bpm S ₁ , S ₂ present Edema to hands x 2.	
LEGEND		Cr - Creatinine	F _I O ₂ - Fraction of Inspired O ₂	ICP - Intracranial Pressure	SA - Fractional
		HCO ₃ - Bicarbonate	PCO ₂ - Pressure of Arterial CO ₂	PEEP - Positive End Expiratory Pressure	SAT - Saturation
					TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY: [Redacted]

(6)(6)-2

DEPARTMENT/SERVICE/CLINIC

ICU-2

DATE

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

~~F 38~~

[Redacted]

(6)(6)-4

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

DA FORM 1 MAY 78 4700

Proponent: Dept of Nurs

MEDCOM - 22954

DDAC Fbg OP 375, 1 Apr 90 (HSXC-NU)

DATE		DX														HOSPITAL DAY			
TIME		07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
V I T A L S	BP Arterial Line	100/80	106/60	115/70	114/62	124/65	129/62	158/50	109/55	107/55	118/60	129/67	109/80	115/58	115/59	101/35	117/59	116/59	
	BP Cuff																		
	Temperature		100.9	100.9		102.3		101.9		101.3	1	102.5	101.6	100.5	100.4	99.8	99.2	99.6	
	Pulse	89	88	90	89	40	101	107	86	88	83	101	92	89	92	83	89	94	
	Respiratory Rate	18	18	18	18		18	17	17	17	17	14	14	12	12	12	12	12	
	SpO2	100%	100%	100%	100%	96%	99%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	F.O2	40%	40%	40%	40%	40%	50%	50%	50%	50%	50%	50%	40%	40%	40%	40%	40%	40%	
	MAP	71	75	77	77	78	81	76	77	71	75	70	72	76	73	70	74	74	
	ICP	10	12	15	14	17	15	19	18	17	20	16	14	19	16	14	14	19	
	TIME										8° T								8° T
I N T A K E	NSC 20x	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	
	LVPB	50	100	50	50		30		100		100		50				50		
	Fen	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	
	propofol	14"	14"	9"	9"	25"	14"	35"	24"	24"	24"	24"	14"	14"	14"	14"	14"	14"	
TOTALS																			
O U T P U T	URINE	HOUR TOTAL	130/150	110/200	120/250	100/400	150/100	100/300	100/500	100/500	120/100	100/100	110/160	120/180	150/150	190/200	160/100	200/200	
	NG	OUTPUT																	
		PH																	
		GUAIAC	NEG					30						100	100				
EMESIS																			
STOOL																			
U D R A I N S	DRAINS	Sullivan	25	25	40	25	20	25	15	35	20	20	15	10	14	10	15		
	TOTALS																		

MEDCOM - 22955

NEUROLOGICAL ASSESSMENT

		HOURS	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07	08				
C O M M O N	EYES OPEN	SPONTANEOUSLY	4																										LEGEND C Closed by swelling		
		TO SPEECH	3																												
		TO PAIN	2																												
		NO EYE OPENING	1	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		/	
A S S E S	BEST VERBAL RESPONSE	ORIENTED	5																										T Trach/Endo S Slurring D Dysphasia R Receptive E Expressive		
		CONFUSED	4																												
		VERBALIZES	3																												
		VOCALIZES	2																												
		NO VOCALIZATION	1	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		/	
C A T E R I A L	BEST MOTOR RESPONSE	OBLYS COMMANDS	6																										R Right L Left Record separately if there is a difference between the two sides.		
		LOCALIZES PAIN	5																												
		FLEXION WITHDRAWAL	4	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		/	
		ABNORMAL FLEXION	3																												
		EXTENSION TO PAIN	2																												
		NO MOTOR RESPONSE	1																												
L I M B S	ARMS	NORMAL POWER																												R Right L Left Record separately if there is a difference between the two sides.	
		MILD WEAKNESS																													
		SEVERE WEAKNESS																													
		ABNORMAL FLEXION																													
		ABNORMAL EXTENSION																													
L E G S	LEGS	NORMAL POWER																													
		MILD WEAKNESS																													
		SEVERE WEAKNESS																													
		ABNORMAL FLEXION																													
		ABNORMAL EXTENSION																													
P U P I L S	RIGHT	SIZE REACTION	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	+ + Brisk + Slow - No Response		
	LEFT	SIZE REACTION	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2			
PUPIL SCALE																															
ICP		12																													
CEREBRAL PERFUSION PRESSURE																															

VASCULAR ASSESSMENT

		HOURS	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07	08		
R L	R		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	LEGEND + + Normal + Weak - Absent D Doppler R Right L Left
	L		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	R		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	L		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	R		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

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

DTSG APPROVED (Date)

QA Apr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	TIME	INITIALS
N E U R O	PUPILS	0600	[Redacted]	1845	[Redacted]
	SENSORIUM	2mm Reactive to light. Pt sedated & pupils 4mm x 4mm, Fair @ 100mcg/hr.	[Redacted]	2mm Reactive to light. Pt. sedated & pupils 4mm x 4mm, Fair @ 100mcg/hr.	[Redacted]
R E S P I R A T O R Y	RESPIRATORY PATTERN	Vert: SIMV 14, 750	[Redacted]	Vert: SIMV 14, TV=750	[Redacted]
	BREATH SOUNDS	P 5, 40% Lary sounds	[Redacted]	Pcp=5; FIO2 60%	[Redacted]
	SECRETIONS	no clear, bilobed, spur 100% ETT 8.5 25cm @ Lip. clear colored secretions from mouth.	[Redacted]	Breath sounds clear ETT 8.5, 25cm @ lip. clear colored secretions from mouth.	[Redacted]
	COLOR	Color is norm for vasc.	[Redacted]	Wounds to (L) shoulder	[Redacted]
S K I N	INTEGRITY	Wounds to (L) & (R) shoulder @ calf, (L) high. npr to (L) head (R) thigh. sutured.	[Redacted]	(R) shoulder (R) calf (R) thigh. sutured.	[Redacted]
	LOCATION	(L) fem line & (L) s/s of	[Redacted]	(R) fem line, (L) radial	[Redacted]
I V	CONDITION	interna. (L) radial A-Lip & (L) s/s of interna. (L) fem line & (L) s/s of interna.	[Redacted]	A-line, IV (L) and (R) fem line, all 3 signs of infection.	[Redacted]
	ABDOMEN	(L) BS x4. Abdomen is	[Redacted]	NO BS x4 quad.	[Redacted]
G A S T R O	BOWEL SOUNDS	soft non-distended.	[Redacted]	soft + non-distended.	[Redacted]
	URINE:	Feely to primary	[Redacted]	Feely to primary	[Redacted]
G U	COLOR/CLARITY	drawing clear colored urine. 200cc/hr.	[Redacted]	C. clear + yellow urine	[Redacted]
	CARDIAC RHYTHM	NSR @ ectopy S, S, +1 filter to limbs A. labial.	[Redacted]	NSR @ ectopy S, S, present, edema to hands	[Redacted]

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

PREPARED BY (Signature & Title) (b)(6)2 DEPARTMENT/SERVICE/CLINIC ICU DATE 11/5/03 (Continue on reverse)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)
 # [Redacted] (b)(6)4

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

DA FORM 1 MAY 78 4700 Proponent: Dept of Nurs

MEDCOM - 22958

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

DATE		DX														HOSPITAL DAY			
TIME		07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
V	BP Arterial Line	124/66	124/62	127/70	141/61	121/63	132/65	134/73	137/70	137/78	141/71	137/73	141/70	148/79	135/75	133/71	135/74	110/71	
J	BP Cuff																		
T	Temperature	99.8	99.8	98.8	98.9		100.7	100.3	100.8	101.0	100.3	101.0		100.2	100.2	100.2	99.4	99.4	
A	Pulse	79	78	93	80	83	89	92	87	85	91	94	97	103	89	84	80	89	
E	Respiratory Rate	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	
S	SPO ₂	100	100	100	100	100	100	100	100	100	100	99	99	100	100	100	100	100	
I	FIO ₂	40	40	40	40	40	40	40	35	35	35	35	35	35	35	35	35	35	
G	MAP	81	83	87	78	80	83	84	81	81	84	86	89	94	92	91	94	104	
N	ICP	14	15	23	14	19	23	15	15	17	19	20	20	16	16	13	18	20	
A																			
K																			
F																			
TIME																			
I	D5 1/2 NS CLOK	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	
N	URIB	50	100											50			50	50	
T	Fer	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	
A	propofol	19 ²	19 ²	19 ²	19 ²	19 ²	24 ⁰	24 ⁰	24 ⁰	24 ⁰	24 ⁰	24 ⁰	24 ⁰	24 ⁰	24 ⁰	24 ⁰	24 ⁰	24 ⁰	
K																			
F																			
TOTALS																			
O	URINE	hour	200	200	300	200	200	200	200	200	200	200	200	200	200	200	200	200	
		TOTAL	200	400	700	900	1100	1300	1500	1700	1900	2100	2300	2500	2700	2900	3100	3300	3500
U	NG	SP GR																	
		S/A																	
T	EMESIS	OUTPUT	0	0	100	50	0	0	0	0	0	0	0	0	0	0	0	0	
		PH																	
		GUIAC																	
P	STOOL																		
U	DRAINS	subcut	10	15	10	5	10		10	15	15	15	15	15	15	15	10	5	
TOTALS																			

POST-OP DAY

ACUITY LEVEL CLASSIFICATION

V	24	01	02	03	04	05	06
I	144	141	132	144	125	131	142
T	94	94	105	112	100	105	94
A	40	41	81	92	83	84	84
E	14	14	14	14	14	14	14
L	100	100	110	100	100	100	100
S	35	35	35	35	35	35	35
I	96	64	90	92	82	85	88
G	20	20	25	10	14	14	14

TIME	0600
MODE	SIM
F _I O ₂	40
TV	750
RATE	14
PEEP	5
A	
pH	7.5
PCO ₂	31.5
PO ₂	252
B	
HCO ₃	28
SAT	5
G	
BASE	

I	125	125	125	125	125	125	125
N	50						50
T	10	10	10	10	10	10	10
A	24	24	24	24	24	24	24

8° T

TIME	
GLUCOSE	
Na/K	
CD	
CU/CO ₂	
BUN/Cr	
WBC/PLATELET	
Hct/Hgb	

O	200	200	180	200	140	200	200
U	350	350	350	380	400	350	350

TIME		TIME
MOUTH CARE		
BATH		
SKIN CARE		
FOLEY CARE		
TRACH CARE		
ROM EXERCISES		

24 H&O TOTALS		NURSE'S SIGNATURE	INITIALS
wt Yesterday	wt Today	[Signature]	[Initials]
INTAKE	OUTPUT		
IV	Urine:		
PO			
TOTAL	TOTAL		
BALANCE			

U	5	5	5	5	10	10	5
---	---	---	---	---	----	----	---

		NEUROLOGICAL ASSESSMENT																				LEGEND							
		HOURS	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	01	02	03	04	05	06				
C O M M A N D S	EYES OPEN	SPONTANEOUSLY	4																								C Closed by swelling		
		TO SPEECH	3																										
		TO PAIN	2																										
		NO EYE OPENING	1																										
A S S E S S	BEST VERBAL RESPONSE	ORIENTED	5																								T Trach/Endo S Sturring D Dysphasia R Receptive E Expressive		
		CONFUSED	4																										
		VERBALIZES	3																										
		VOCALIZES	2																										
		NO VOCALIZATION	1																										
C A L L E R E	BEST MOTOR RESPONSE	OBLYS COMMANDS	6																										
		LOCALIZES PAIN	5																										
		FLEXION WITHDRAWAL	4																										
		ABNORMAL FLEXION	3																										
		EXTENSION TO PAIN	2																										
		NO MOTOR RESPONSE	1																										
L I M B M O V E M E N T	ARMS	NORMAL POWER																									R Right L Left Record separately if there is a difference between the two sides.		
		MILD WEAKNESS																											
		SEVERE WEAKNESS		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
		ABNORMAL FLEXION																											
		ABNORMAL EXTENSION																											
L E G S	LEGS	NORMAL POWER																											
		MILD WEAKNESS																											
		SEVERE WEAKNESS		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
		ABNORMAL FLEXION																											
		ABNORMAL EXTENSION																											
P U P I L S	RIGHT	SIZE REACTION	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	++ Brisk + Slow - No Response		
	LEFT	SIZE REACTION	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2			
PUPIL SCALE			● 2	● 3	● 4	● 5	● 6	● 7 mm																					
ICP			12	14	12	14	19	23	15	15	17	19	20												+ Intact - Abnormal				
CEREBRAL PERFUSION PRESSURE																													
VASCULAR ASSESSMENT																													
HOURS																												LEGEND	
R	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	++ Normal	
	R	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	+ Weak
R	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	- Absent
	R	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	D Doppler
R	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	R Right
	R	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	L Left

MEDCOM - 22961

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

REPORT TITLE

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

OTSG APPROVED (Date)
 QA Appr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	TIME	INITIALS
N E U R O	PUPILS	0630	[Redacted]	0830	[Redacted]
	SENSORIUM	2mm fixed sluggish reacted to light	[Redacted]	2mm sluggish reacted to light	[Redacted]
		150mg Entenyl IV	[Redacted]	624cc/hr. Fent 150mg hr	[Redacted]
R E S P I R A T O R Y	RESPIRATORY PATTERN	Vent #8.5 ETT, 25cm @ lip	[Redacted]	Vent: TV=750; SIMV=16	[Redacted]
	BREATH SOUNDS	SEM V-15, AEP 5, F _I O ₂ 10%	[Redacted]	F _I O ₂ =40%, CO ₂ 32	[Redacted]
	SECRETIONS	TV 750, Lungs - Coarse sounds throughout L > R	[Redacted]	ling sounds B. lat. creaking from mouth.	[Redacted]
		⊕ clear secretions from ETT ⊕ clear/bloody secretions from mouth	[Redacted]		[Redacted]
S K I N	COLOR	normal for race	[Redacted]	wounds to @ shoulder,	[Redacted]
	INTEGRITY	staples @ Temporal Area	[Redacted]	(R) shoulder, (R) calf,	[Redacted]
		Site @ shoulder @ buttock & calf	[Redacted]	posterior (R) thigh.	[Redacted]
		⊕ forearm - 1st, 5th digits	[Redacted]	(L) forearm, (R)	[Redacted]
I N J U N C T I O N	LOCATION	⊕ forearm - 1st, 5th digits	[Redacted]	(L) forearm, (R)	[Redacted]
	CONDITION	⊕ forearm - 1st side digit	[Redacted]	fem line.	[Redacted]
		⊕ femoral - side digit	[Redacted]		[Redacted]
G A S T R O I N T E R O	ABDOMEN	NU BS x 4 quadrants	[Redacted]	NU BS x 4 quadr.	[Redacted]
	BOWEL SOUNDS	NO BS	[Redacted]	OG tube to LIS	[Redacted]
		OG Tube to LIS	[Redacted]	⊕ Brownish drainage	[Redacted]
		NO BM	[Redacted]		[Redacted]
G U I N A	URINE:	Foley Clear/straw wine	[Redacted]	Foley to gravity	[Redacted]
	COLOR/CLARITY		[Redacted]	⊕ yellow urine.	[Redacted]
C A R D I O V A S C U L A R	CARDIAC RHYTHM	NSR 5 edg, Rate 80 ² /10 ³	[Redacted]	NSR & (edg) (4)	[Redacted]
		S ₁ , S ₂ present, r2 pulses throughout	[Redacted]	S ₁ , S ₂ present	[Redacted]
		⊕ radial A-line	[Redacted]	edem. to hands	[Redacted]
		⊕ + edem @ NE	[Redacted]	B, lat.	[Redacted]

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

PREPARED BY: [Redacted] (b)(6)-2 Title) DEPARTMENT/SERVICE/CLINIC: IICU-2 DATE: 6/20/89

PATIENT INFORMATION (For typed or written entries give: Name—last, first, middle, initial; date; hospital or medical facility)
 FF [Redacted] (b)(6)-4

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

DA FORM 1 MAY 78 4700
 Proponent: Dept of Nurs

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

MEDCOM - 22962

DATE		DX														HOSPITAL DAY			
TIME		07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22		
V I T A L S	BP Arterial Line	171/116	172/105	170/162	127/162	137/100	154/74	123/100	123/160	224/16	132/162	144/69	137/88	115/64	137/65	111/102	132/16		
	BP Cuff		144/64																
	Temperature	100 ²	100 ³	100 ⁸	100 ²	100 ²	100	100 ¹	100 ⁵	100 ³	100 ²	100 ²	101 ¹	101 ¹	101 ¹	100 ⁵	100 ⁴		
	Pulse	120	80	84	87	88	90	80	86	89	103	94	84	90	87	91	85		
	Respiratory Rate	14	16	18	18	15	19	15	15	16	17	15	15	16	16	14	18		
	SpO2	100	95	99	100	99	100	99	99	100	100	100	99	99	99	110	100		
	MAP	75	74	84	86	83	90	77	83	79	82	80	79	75	82	83	83		
	Fio2	35	35	35	35	35	35	35	40	40	40	40	40	40	40	40	40		
	ICP	18	12	21	21	23	19	21	28	22	20	24	20	21	16	21	28		
	TURB			L	B	R	L	/	B	R	L	B							
TIME									8° T								8° T		
M T A K E	OBVS = 20/60	175	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125		
	Propofol	24	24	25	25	25	25	25	25	24	24	24	24	24	24	24	24		
	Fentanyl		20	25	25	25	25	25	25	15	15	15	15	15	15	15	15		
	IVPB		100				100		50	100	50	100					50		
	TOTALS		270	175	175	175	275	175	225	265	215	265	159	154	154	154	204		
O U T P U T	URINE	HOUR TOTAL	200	200	200	180	190	140	140	130	100	200	140	160	160	160	180		
		10 9F	900	400	600	780	900	1100	1100	1400	1500	1700	1900	2080	2140	2250	2300	2710	
	NG	OUTPUT	-	50	-	-	50	-	-	-	120	150	100	100	-	-	100		
		PH																	
EMESIS																			
STOOL																			
D R A I N S	Subtotal	15	0	0	0	0	3	1	-	1	1	0	0	1	1	0	1		
	TOTALS	215	465	665	845	1075	1118	1259	1439	1669	2011	2381	2622	2869	3109	3289	3726		

MEDCOM - 22963

2623 2624 2625

0129
0129

1000

48
60 (24E)
240.1g/hr

POST-OP DAY

ACUTY LEVEL CLASSIFICATION

V	25	10	07	09	03	04	05	09
I	134/62	134/62	134/62	128/74	131/51	140/60	155/64	141/62
T	101/14	101/14	101/14	100/14	100/14	100/14	100/14	101/14
A	84	84	84	87	85	85	104	102
L	18	18	18	19	14	20	20	20
S	84	84	81	77	78	84	91	89
J	40	40	40	40	40	40	40	40
G	24	24	18	15	21	10	8	25

R	TIME	07	11	13	17	21
E	MODE	25ML	25ML	25ML	25ML	25ML
S	F _{IO2}	35	35	40	40	40
P	TV	750	750	750	750	750
D	RATE	15	15	15	15	15
T	PEEP	5	5	5	5	5
A	PH	7.495			7.45	
A	PCO ₂	33.7			35.8	
	PO ₂	281			182	
B	HCO ₃	26			25	
	SAT	100			100	
G	BASE	3			0	

I	125	125	125	125	125	125	125	125
N	24	24	24	24	24	24	24	24
S	15	15	15	15	15	15	15	15
	50	50						50

L	TIME					
A	GLUCOSE	145				
B	Na/K	136/31.7				
O	CVCO ₂	10.8/16				
R	BUN/Cr	5/0.6				
A	WBC/PLATELET	6.8/211				
T	Hct/Hgb	27.2/8.7				

E	154	204	204	154	154	154	204	204
	154	358	562	716	870	1024	1178	1332
O	200	200	200	200	100	150	200	200
U								
T				100				100

A	TIME	10	13
D	MOUTH CARE	✓	-
A	BATH	✓	
I	SKIN CARE		
V	FOLEY CARE	✓	-
I	TRACH CARE		
T	ROM EXERCISES		

P	1	1	1	1	1	1	2	101
U	1	1	1	101	1			
T	1	2	3	104	105	106	106	209 (105)

24 H ₂ O TOTALS		NURSE'S SIGNATURE	INITIALS
wt Yesterday	wt Today	[Redacted Signature]	(S)(6)-2
INTAKE	OUTPUT		
IV	Urine: 1341		
po	208		
TOTAL	TOTAL		
1382	1448		
BALANCE	66 (11L)		

NEUROLOGICAL ASSESSMENT

		HOURS	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	LEGEND		
C O M M U N I C A T I O N	EYES OPEN	SPONTANEOUSLY	4																								C Closed by swelling		
		TO SPEECH	3																										
		TO PAIN	2																										
		NO EYE OPENING	1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
A S S E S S M E N T	BEST VERBAL RESPONSE	ORIENTED	5																								T Trachi/Endo S Slurring D Dysphasia R Receptive E Expressive		
		CONFUSED	4																										
		VERBALIZES	3																										
		VOCALIZES	2																										
		NO VOCALIZATION	1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
C A L I B R A T I O N	BEST MOTOR RESPONSE	OBEYS COMMANDS	6																								Record separately if there is a difference between the two sides.		
		LOCALIZES PAIN	5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
		FLEXION WITHDRAWAL	4																										
		ABNORMAL FLEXION	3																										
		EXTENSION TO PAIN	2																										
		NO MOTOR RESPONSE	1																										
L I M B M O V E M E N T	ARMS	NORMAL POWER																									R Right L Left		
		MILD WEAKNESS																											
		SEVERE WEAKNESS																											
		ABNORMAL FLEXION																											
		ABNORMAL EXTENSION																											
L E G S	LEGS	NORMAL POWER																									Record separately if there is a difference between the two sides.		
		MILD WEAKNESS																											
		SEVERE WEAKNESS																											
		ABNORMAL FLEXION																											
		ABNORMAL EXTENSION																											
P U P I L S	RIGHT	SIZE REACTION	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	++ Brisk + Slow - No Response			
	LEFT	SIZE REACTION	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2				
PUPIL SCALE			● 2	● 3	● 4	● 5	● 6	● 7 mm																					
ICP			18	18	21	21	23	19	21	21	28	20																	+ Intact - Abnormal
CEREBRAL PERFUSION PRESSURE																													

VASCULAR ASSESSMENT

		HOURS																									LEGEND
R I G H T L E F T	R L R L R L R L		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	++ Normal + Weak - Absent D Doppler R Right L Left	
			/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		
			/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		/
			/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		/
			/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		/

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET (5)(b)-2

OTSG APPROVED (Date)
QA Appr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	TIME	INITIALS
N U R S E	PUPILS	0640	[redacted]	1820	[redacted]
	SENSORIUM				
R E S P I R A T O R Y	RESPIRATORY PATTERN				
	BREATH SOUNDS				
	SECRETIONS				
S K I N	COLOR				
	INTEGRITY				
	LOCATION				
I N V A S I V E	CONDITION				
G A S T R O	ABDOMEN				
	BOWEL SOUNDS				
U R I N E	COLOR/CLARITY				
C A R D I O V A S C U L A R	CARDIAC RHYTHM				
LEGEND		Cr - Creatinine	Icp - Intracranial Pressure	S/A - Fractional	
		F _I O ₂ - Fraction of Inspired O ₂	PCO ₂ - Pressure of Arterial CO ₂	SA ₁ - Saturation	
		HCO ₃ - Bicarbonate	PEEP - Positive End Expiratory Pressure	TRACH - Tracheostomy	

(5)(b)-2

(Continue on reverse)

[redacted] (Signature & Title) J/W

DEPARTMENT/SERVICE/CLINIC

ICU-2

DATE

7/1/89

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

[redacted] (5)(b)-4

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

DA FORM 4700
1 MAY 78
Proponent: Dept of Nurs

MEDCOM - 22966

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

DATE		DX														HOSPITAL DAY			
TIME		07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
V	BP Arterial Line	130/85	135/85	144/66	142/66	140/66	146/66	154/71	174/89	152/78	154/71	151/71	144/66	140/66	127/66	143/66	138/66	138/66	
I	BP Cuff																		
T	Temperature	101.2	100.1	101	101		101		99.2			99.7			99.3	99.2	99.8		
A	Pulse	95	99	92	99	100	99	100	123	111	101	115	115	110	115	106	112	115	
L	Respiratory Rate	20	20	20	20	20	20	20	26	24	20	26	29	28	28	20	31	35	
S	SpO2	100%	100%	100%	100%	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	
I	F _{IO2}	40%	40%	40%	40%	40%	40%	40%	40%	NR	NR	NR	NR	NR	NR	NR	NR	NR	
G	MAP	79	88	90	88	91	89	92	113	90	95	104	100	100	84	89	93	84	
N	ICP	19	12	10	20	24	20	17	20	10	17	15	13	15	15	15	15	16	
S																			
TIME																			
I	Maint	125	125	125	125	125	125	126	125	125	75	125	125	125	125	125	125	125	
N	IVPB	50	50	50			50					100					50	50	
T	propofol	24	34	24	24	144	120	48	48								50	50	
A	remifentanyl	150	150	150	150	125	100	50	6	1									
K																			
E																			
TOTALS																			
O	URINE	HOUR TOTAL	200	210	180	160	140	110	20	150	100	60	60	70	60	60	90	110	
	sp-gr		1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	
U	NG	OUTPUT																	
	pH																		
T	EMESIS																		
	STOOL																		
U	DRAINS	Suction	1	3	-	1	1	-	-	15	10	-	5	-					
TOTALS																			

POST-OP DAY								ACUITY LEVEL CLASSIFICATION										
VITALS	024	04	07	03	04	05	06	RESPIRATORY	TIME	07	130	130						
	144	149	146	151	152	148	151		MODE		SIM							
	66	68	68	68	68		94		FI _{O2}		40%							
	104	111	113	109	115	10	105		TV		750							
	20	32	32	29	20	32	24		RATE		70							
	98	94	94	94	100	100	70		PEEP		5							
	22	22	20	44	44	44	44		A	pH	7.5	7.48	7.48					
	94	100	96	96	98	91	96			PCO ₂	33	34	33.5					
	19	13	14	9	9	16	13			PO ₂	273	145	126					
										B	HCO ₃	27	26	23				
							G	SAT		100%	99%	99%						
								BASE	4	2	-1							
LABS								LABS	TIME	04								
									GLUCOSE	127								
									Na/K	15/4								
									CU/CO ₂	0/0								
									BUN/Cr	0/0								
									WBC/PLATELET	7/96								
									Hc/Hgb	6/21								
									INR	.99								
														8° T				
														+ 501				
NUTRITION	125	125	125	125	125	125	125	NUTRITION	TIME	1200	1600							
									MOUTH CARE	✓	✓							
									BATH	✓	✓							
									SKIN CARE									
									FOLEY CARE	✓								
									TRACH CARE									
									ROM EXERCISES									
														24 H ₂ O TOTALS				
														NURSE'S SIGNATURE				
														INITIALS				

wt Yesterday _____ wt Today _____

INTAKE OUTPUT

IV _____ Urine: _____

po _____

TOTAL _____ TOTAL _____

BALANCE _____

MEDCOM - 22968

		NEUROLOGICAL ASSESSMENT																
		HOURS	07	18	14	20	21	22	23	24	01	02	03	04	05	06	LEGEND	
C O M	EYES OPEN	SPONTANEOUSLY	4															C Closed by swelling
		TO SPEECH	3															
		TO PAIN	2															
		NO EYE OPENING	1															
A S	BEST VERBAL RESPONSE	ORIENTED	5															T Trach/Endo S Slurring D Dysphasia R Receptive E Expressive
		CONFUSED	4															
		VERBALIZES	3															
		VOCALIZES	2															
		NO VOCALIZATION	1															
C A L F	BEST MOTOR RESPONSE	OBEYS COMMANDS	6															R Right L Left Record separately if there is a difference between the two sides.
		LOCALIZES PAIN	5															
		FLEXION WITHDRAWAL	4															
		ABNORMAL FLEXION	3															
		EXTENSION TO PAIN	2															
		NO MOTOR RESPONSE	1															
L M B	ARMS	NORMAL POWER		R	R	R	R	R	R	R	R	R	R	R	R	R	R Right L Left Record separately if there is a difference between the two sides.	
		MILD WEAKNESS		R	R	R	R	R	R	R	R	R	R	R	R	R		
		SEVERE WEAKNESS		L	L	L	L	L	L	L	L	L	L	L	L	L		
		ABNORMAL FLEXION																
		ABNORMAL EXTENSION																
M O V E M E N T	LEGS	NORMAL POWER		R	R	R	R	R	R	R	R	R	R	R	R	R Right L Left Record separately if there is a difference between the two sides.		
		MILD WEAKNESS		R	R	R	R	R	R	R	R	R	R	R	R			
		SEVERE WEAKNESS		L	L	L	L	L	L	L	L	L	L	L	L			
		ABNORMAL FLEXION																
		ABNORMAL EXTENSION																
P U P I L S	RIGHT	SIZE REACTION	3	3	3	3	3	3	3	3	3	3	3	3	3	++ Brisk + Slow - No Response		
	LEFT	SIZE REACTION	3	3	3	3	3	3	3	3	3	3	3	3	3			
PUPIL SCALE		● 2 ● 3 ● 4 ● 5 ● 6 ● 7 mm																
ICP																+ Intact		
CEREBRAL PERFUSION PRESSURE																- Abnormal		
VASCULAR ASSESSMENT																		
HOURS																	LEGEND	
	R	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	++ Normal	
	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		
	R	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	+ Weak	
	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		
	R	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	- Absent	
	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		
	R	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	D Doppler	
	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		
	R	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	R Right	
	L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		

MEDCOM - 22969

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET (6/6-2)

OTSG APPROVED (Date)
 QA Appr 8Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIAL	TIME	INITIAL
NEURO	PUPILS	1820	4mm reactive	2000	4mm reactive
	SENSORIUM		opens eyes incompulsively		MAT R > L
			nausea - no indigestion		follows commands
			obeys simple commands		diaphoresis
RESPIRATORY	RESPIRATION PATTERN		Rhonorchi, malle		cough reflex
	BREATH SOUNDS		throughout lung		RR 30's
	SECRETIONS		fields - mild		Sats 100% RA
			Secretions RL O ₂		25 Rhonorchi
SKIN	COLOR		mildly pale		will not cough when asked
	INTEGRITY		no (B) Scapula		
			high (C) calf (D) scalp		
			(E) arm (F) leg		
I.V. SITE	LOCATION		(G) arm (H) leg		
	CONDITION				
GASTRO	ABDOMEN		hypocystic		
	BOWEL SOUNDS		bowel sounds		
GU	URINE		all yellow		
	COLOR/CLARITY		normal output		
CARDIOVASCULAR	CARDIAC RHYTHM		sinus tachy		
			2 pulses		

LEGEND
 Cr - Creatinine
 F_IO₂ - Fraction of inspired O₂
 F_IO₂ - Bicarbonate
 ICP - Intracranial Pressure
 PCO₂ - PRESSURE OF ARTERIAL CO₂
 PEEP - Positive end Expiratory Pressure
 S/A - Fractional
 SAI - Saturation
 TRACH - Tracheostomy

PR [redacted] (6/6-2)

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

[redacted] (6/6-4)

DEPARTMENT/SERVICE/CINC [redacted]

DATE [signature]

HISTORY/PHYSICAL FLOW CHART

OTHER EXAMINATION OR EVALUATION OTHER (Specify)

DIAGNOSTIC STUDIES

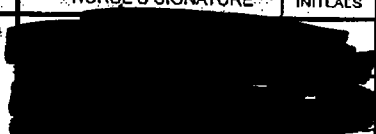
TREATMENT

DA FORM 4700
 1 MAY 78
 Proponent Dept of Nurs

WAMC OP 375 (Redesignated)
 1 APR 90 (HSXC - NU)
 MEDCOM - 22970

DATE		DX																	HOSPITAL DAY																																																																								
TIME		07	08	09	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	20	21	22	23																																																																			
V	BP Arterial line	117/86	126/70	126/71	125/75	127/79	116/77	118/75	122/75	128/75	140/70										159/101	157/97	165/66	152/69																																																																			
	BP Cuff							114	115	128	140		146/101	154/101																																																																													
T	Temperature	100'			99.7		99.8			100'																																																																																	
A	Pulse	111	113	87	85	106	106	111	106	101	104	114	110	110	126	138	134	128																																																																									
L	Respiratory Rate	24	29	21	21	22	24	27	21	24	26	20	18	36	38	32	26	27																																																																									
S	MAP	99	105	110	108	108	105	107	100	111	88	118	97		94	95	104	97																																																																									
	F.O ₂	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	1L	1L	1	1	1																																																																									
I	Source	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC																																																																				
	O ₂ Sat	100%	100%	100%	100%	101%	100%	100%	100%	99%	99%	100%	100%	100%	100%	100%	98	97	97																																																																								
G	ICP	13	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																																																																				
N																																																																																											
S																																																																																											
TIME		07	08	09	00	01	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T																																																																								
I	Maint	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125																																																																								
	I.V.P.B	50	50	50	50	50	50	50	100	50	50	50	50	50	50	50	50	50	50																																																																								
N	propofol	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																																																																								
	Levobup	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																																																																								
T	codeine																																																																																										
A	oral																																																																																										
K																																																																																											
E	TOTALS																																																																																										
O	URINE	<table border="1"> <tr> <th>HOUR</th><th>07</th><th>08</th><th>09</th><th>00</th><th>01</th><th>05</th><th>06</th><th>07</th><th>08</th><th>09</th><th>10</th><th>11</th><th>12</th><th>13</th><th>14</th><th>15</th> </tr> <tr> <td>TOTAL</td><td>90</td><td>80</td><td>90</td><td>80</td><td>90</td><td>80</td><td>90</td><td>80</td><td>90</td><td>80</td><td>90</td><td>80</td><td>90</td><td>80</td><td>90</td><td>80</td> </tr> <tr> <td>SP gr</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>S/A</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																						HOUR	07	08	09	00	01	05	06	07	08	09	10	11	12	13	14	15	TOTAL	90	80	90	80	90	80	90	80	90	80	90	80	90	80	90	80	SP gr																	S/A																
	HOUR	07	08	09	00	01	05	06	07	08	09	10	11	12	13	14	15																																																																										
TOTAL	90	80	90	80	90	80	90	80	90	80	90	80	90	80	90	80																																																																											
SP gr																																																																																											
S/A																																																																																											
NG	OUTPUT																																																																																										
P	EMESIS																																																																																										
	STOOL																																																																																										
U	DRAINS																																																																																										
	TOTALS																																																																																										

MEDCOM - 22971

POST-OP DAY								ACUITY LEVEL CLASSIFICATION																
V I T A L S	24	25	26	27	28	29	30	R E S P I R A T O R Y	TIME	05														
	159 /14	169 /16	158 /25	177 /16	163 /66	184 /71	163 /18			MODE														
	125	125	120	120	119	128	119			F _I O ₂	42													
	22	24	29	26	28	30	29			TV														
	99	102	100	104	103	107	106			RATE														
	/	/	/							PEEP														
	/	/	/							A	pH	7.5												
	98	99	100	95	96	96	96			PCO ₂	33.4													
										pO ₂	225													
										HCO ₃	27													
								SAT	100%															
								BASE	4															
I N T A K E	16	17	18	19	20	21	22	23	8°T	L	TIME	0500												
	125	125	125	125	125	125	125			CLUCOSE	132													
	300									Na/K	134 /3.9													
										Ca/CO ₂	10 /22													
										BUN/Cr	12 /1.6													
										WBC/PLATELET	11.5 /522													
										Hct/Hgb	41 /16.8													
O U T P U T	120	110	120	100	120	100	200	200		A C T I V I T Y	TIME													
	167	135	140	200	120	100	200			MOUTH CARE														
										BATCH														
										SKIN CARE														
										FOLEY CARE														
										TRACH CARE														
										ROM EXERCISES														
24°180 TOTALS										NURSE'S SIGNATURE		INITIALS												
WT Yesterday					wt Today					 (S) (S)-Z														
INTAKE					OUTPUT																			
IV 3217					Urine 2670																			
Po																								
TOTAL					TOTAL																			
BALANCE (S) 547a																								

MEDCOM - 22972

NEUROLOGICAL ASSESSMENT

		HOURS	[Grid]																									
C O M	EYES OPEN	SPONTANEOUSLY	4	1	[Grid]																							
		TO SPEECH	3		[Grid]																							
		TO PAIN	2		[Grid]																							
		NO EYE OPENING	1		[Grid]																							
A S	BEST VERBAL RESPONSE	ORIENTED	5		[Grid]																							
		CONFUSED	4	1	[Grid]																							
		VERBALIZES	3		[Grid]																							
		VOCALIZES	2		[Grid]																							
		NO VOCALIZATION	1		[Grid]																							
C A L	BEST MOTOR RESPONSE	OBEYS COMMANDS	6	1	[Grid]																							
		LOCALIZES PAIN	5		[Grid]																							
		FLEXION WITHDRAWAL	4		[Grid]																							
		ABNORMAL FLEXION	3		[Grid]																							
		EXTENSION TO PAIN	2		[Grid]																							
		NO RESPONSE	1		[Grid]																							
L I M B	ARMS	NORMAL POWER		R	[Grid]																							
		MILD WEAKNESS			[Grid]																							
		SEVERE WEAKNESS			[Grid]																							
		ABNORMAL FLEXION		L	[Grid]																							
		ABNORMAL EXTENSION			[Grid]																							
M O Y E M E N T	LEGS	NORMAL POWER		R	[Grid]																							
		MILD WEAKNESS			[Grid]																							
		SEVERE WEAKNESS			[Grid]																							
		ABNORMAL FLEXION			[Grid]																							
		ABNORMAL EXTENSION			[Grid]																							
P U P I L S	RIGHT	SIZE REACTION		4	[Grid]																							
	LEFT	SIZE		4	[Grid]																							
		REACTION		+	[Grid]																							
	PUPIL SCALE																											
ICP			14	[Grid]																								
CEREBRAL PERFUSION PRESSURE				[Grid]																								

LEGEND
C Closed by swelling
T Trach/Endo
S Sluring
D Dysphasia
R Receptive
E Expressive

R Right
L Left
Record Separately if there is a Difference between the tow sides

++ Brisk
+ Slow
No Response

+ Intact
- Abnormal

VASCULAR ASSESSMENT

		HOURS	[Grid]																							
	R		[Grid]																							
	L		[Grid]																							
	R		[Grid]																							
	L		[Grid]																							
	R		[Grid]																							
	L		[Grid]																							

++ Normal
+ Weak
- Absent
D Doppler
R Right
L Left

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET (5/6-2)

OTSG APPROVED (Date)
 QA Appr 8Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INTL	INTL	INTILAS
N E U R O	PUPILS	0700	4mm reactive	4mm reactive	
	SENSORIUM		Awake to Right	Open eyes spontaneously	
			Open eyes - Gilled Speech Frequent (L) > R D diaphoresis		
R E S P I R A T O R Y	RESPIRATION PATTERN		Pharyngeal / throat	Pharyngeal / coarse	
	BREATH SOUNDS		normal	breath sounds	
	SECRETIONS		thick & yellow Weak cough	thick & yellow	
S K I N	COLOR		(B) Shallow (B) dry	moist to (B) & (B) shrunken	
	INTEGRITY		open wound Open wound cracked	(B) calf, (B) posterior thigh	
I V S I T E	LOCATION		(B) wrist	(B) wrist	
	CONDITION			no signs of infection	
G A S T R O	ABDOMEN		(B) BS all soft	+ BS x 4 qid	
	BOWEL SOUNDS		non distended	soft + non distended NGT to L15, Rohoff not in use, presently	
G U	URINE		OK yellow urine	Foley to gravity amber urine	
	COLOR/CLARITY		Foley care		
C A R D I O V A S C U L A R	CARDIAC RHYTHM		Sinus tachycardia	Sinus tach	
			(B) pulses throughout pedal	pulses palpable edema	
LEGEND		Cr - Creatinine F _I O ₂ - Fraction of inspired O ₂ F _I O ₂ - Bicarbonate	ICP - Intracranial Pressure PCO ₂ - PRESSURE OF ARTRIAL CO ₂ PEEP - Positive end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - Tracheostomy	

(Continue on reverse)

PARENT'S INDICATIONS (if of typed or written entries give: Name Last, First, middle; grade; date; hospital or medical facility)

DEPARTMENT/SERVICE/CINC

DATE

[redacted]
 (6/6-4)

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

DA FORM 1 MAY 78 4700
 Proponent Dept of Nurs

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

MEDCOM - 22974

DATE		DX															HOSPITAL DAY				
V	TIME	07	08	09	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	
	BP Arterial line																				
I	BP Cuff	153/72	142/71	152/71	142/68	131/73	131/73	131/73	131/73	131/73	131/73	131/73	131/73	131/73	131/73	131/73	131/73	131/73	131/73	131/73	
T	Temperature	100.9	101.3		101.7	102.8	102		101.7				101.4				102	101.5	101	101.5	
A	Pulse	119	115	99	123	131	128	131	130	121	128	122	128	124		132	130	139	139		
L	Respiratory Rate	27	22	21	32	-	30	24	20	23	29	27	28	28	32	32	32	32	32		
	MAP	98	96	97	92	97	95	96	99	100	97	87	102	92	95	109	109	109	109		
S	O ₂ Sat	97%	97%	97%	98%	98%	100%	100%	100%	100%	99%	98%	99%	99%	96	96	99	99	99		
I	O ₂ Source	RA	RA	RA	RL	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L		
G																					
N																					
S																					
TIME		24	01	02	03	04	05	06	07	8 ^{°T}	08	09	10	11	12	13	14	15	8 ^{°T}		
I	Wtant	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125		
N	I/VPB	50	50	50			50			100	100			50					50		
T	O ₂ BAL																				
A	Bleed																				
K																					
E	TOTALS														175	125	125	125	175		
O	URINE	00	90	70	100	100	50	80	60	80	70	60	60	280	295	310	325	335	50	575	
U	SP gr	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
T	OUTPUT																				
P	PH																				
U	GUIAC																				
T	EMESIS																				
P	STOOL				X1																
U	DRAINS																				
T	TOTALS																				

1000
+12800
120

NEUROLOGICAL ASSESSMENT

		HOURS	08	12	16 +		
C O M	EYES OPEN	SPONTANEOUSLY 4	1	1	1		LEGEND C Closed by swelling
		TO SPEECH 3					
		TO PAIN 2					
		NO EYE OPENING 1					
A S	BEST VERBAL RESPONSE	ORIENTED 5					T Trach/Endo S Sturring D Dysphasia R Receptive E Expressive
		CONFUSED 4	1	1	1		
		VERBALIZES 3					
		VOCALIZES 2					
		NO VOCALIZATION 1					
C A L E	BEST MOTOR RESPONSE	OBEYS COMMANDS 6					
		LOCALIZES PAIN 5	1	1	1	1	
		FLEXION WITHDRAWAL 4					
		ABNORMAL FLEXION 3					
		EXTENSION TO PAIN 2					
		NO RESPONSE 1					
L I M B	ARMS	NORMAL POWER 1	R	R	R		R Right L Left Record Separately if there is a Difference between the tow sides
		MILD WEAKNESS 2					
		SEVERE WEAKNESS 3	L	L	L		
		ABNORMAL FLEXION 4					
		ABNORMAL EXTENSION 5					
M O Y E M E N T	LEGS	NORMAL POWER 1	R	R	R		
		MILD WEAKNESS 2					
		SEVERE WEAKNESS 3	L	L	L		
		ABNORMAL FLEXION 4					
		ABNORMAL EXTENSION 5					
P U P I L S	RIGHT	SIZE REACTION	4 +				++ Brisk + Slow No - Response
	LEFT	SIZE REACTION	4 +				
PUPIL SCALE							
ICP							+ Intact - Abnormal
CEREBRAL PERFUSION PRESSURE							
VASCULAR ASSESSMENT							
HOURS							
	R	/ / / / /					++ Normal
	R	/ / / / /					+ Weak
	R	/ / / / /					- Absent
	R	/ / / / /					o Doppler
	R	/ / / / /					R Right L Left

MEDCOM - 22977

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET 15/12/2

OTSG APPROVED (Date)
 QA Apr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	TIME	INITIALS
N E U R O	PUPILS	0615	[redacted]	1845	[redacted]
	SENSORIUM	4mm brisk reactive to light; opens eyes spontaneously. RT response to painful stimuli.			
		3mm Brisk Perla Pt. - versed 3ml/hr + Fentanyl 100µl/hr.			
R E S P I R A T O R Y	RESPIRATION PATTERN	Breech. / canne Vented SIMV 14 course			
	BREATH SOUNDS	Throughout. PT cut throughout & diminished bases, P-5-TU 75%, 50%.			
	SECRETIONS	to drool - some thick secretions upon reposition			
S K I N	COLOR	unwell to (L) & (R) milder Normal for race			
	INTEGRITY	(L) calf + anterior thigh wound to (E) + shoulder, (R) calf + incision to (E) side of head & s/s of lfx			
I V	LOCATION	(L) & (R) ant IV (L) + R forearm 20cc @ 100cc			
	CONDITION	infusing well @ s/s of veins. Patent veins of lfx			
G A S T R O	ABDOMEN	85x4 hypo active Soft NT/NO			
	BOWEL SOUNDS	0 abdominal distention. 0 BSx4 quad Hypo NG to suction + Dophoff in ure. Clamped off.			
G U	URINE	Foley to gravity drain Foley to gravity & amber colored urine.			
	COLOR/CLARITY	amber colored urine.			
C A R D I O V A S C U L A R	CARDIAC RHYTHM	sinus tach 120-130's ST 130's ectopy p/grade pulses present 0 S's 2 HS 0 murmur B. Intensity. Pedal + peripheral pulses x4+2 & edema			
	LEGEND	Cr - Creatinine F ₁ O ₂ - Fraction of inspired O ₂ F ₁ O ₂ - Bicarbonate ICP - Intracranial Pressure PCO ₂ - PRESSURE OF ARTRIAL CO ₂ PEEP - Positive end Expiratory Pressure S/A - Fractional SAI - Saturation TRACH - tracheostomy			

PREPARED BY (Signature & Title)

(Continue on reverse)

DEPARTMENT/SERVICE/CINC

DATE

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

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

DA FORM 4700
 1 MAY 78
 Proponent Dept of Nurs

MEDCOM - 22978

W/AMC OP 375 (Redesignated)
 1 APR 90 (HSXC - NU)

DATE		DX														HOSPITAL DAY			
TIME		07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
V	BP Arterial line																		
I	BP Cuff	126/62	136/62	154/60	144/60	147/61	147/61	154/50	162/60	155/65	172/68	167/59	140/60	135/52	123/55	115/55	111/53		
T	Temperature	101.7		102.1	102.4	102.0	101.5		103.0		103.2	102.2	102.3				104.5		
A	Pulse	128	127	131	132	133	120	129	134	140	141	142	144	127	129	132	144		
L	Respiratory Rate	32	40	37	38	39	38	35	46	42	40	52	39	14	14	16	30		
	MABP	109	96	94	91	97	97	98	102	111	105	105	98	88	85	80	74		
S	O ₂ SAT	98	97	95	94	96	96	96	95	96	96	96	97	98	97	98	96		
	O ₂ conc.	4L	4L	6L	6L	6L	6L	6L	6L	8L	8L	8L	8L						
I	Rate	/	/	/	/	/	/	/	/	/	/	/	/	14	14	14	14		
G	Peep	/	/	/	/	/	/	/	/	/	/	/	/	5	5	5	5		
N	TV	/	/	/	/	/	/	/	/	/	/	/	/	750	750	750	750		
S	FIO ₂	/	/	/	/	/	/	/	/	/	/	/	/	61%	50%	50%	50%		
	Vent	/	/	/	/	/	/	/	/	/	/	/	/						
	TIME	24	01	02	03	04	05	06	07	8 ^{OT}	08	09	10	11	12	13	14	15	8 ^{OT}
I	MABP	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
N	WPIB	100	100				50		50									100	
	Beplas																		
	Versed	/	/	/	/	/	/	/	/	/	/	/	/	/	3	3	3	3	
T	Fentanyl	/	/	/	/	/	/	/	/	/	/	/	/	/	10	10	10	10	
A																			
K																			
E	TOTALS																		
O	URINE	HOUR TOTAL	100	60	100	100	100	80	80	70	50	60	80	50	60	70	70	40	40
		SP gr	100	140	200	360	460	30	62	69	740	200	200	920	780	1050	1120	1160	1200
		S/A																	
U	NG	OUTPUT	300	100	100	100	100	100	200	0	0	150	0	0	200	0	150	300	300
		PH													5.0	0	5.0	5.0	5.0
		GUIAC																	
T	EMESIS																		
P	STOOL																		
U	DRAINS																		
T	TOTALS																		

MEDCOM - 22979

POST-OP DAY								ACUITY LEVEL CLASSIFICATION											
V I T A L S I G N S I N T A K E O U T	24	25	26	27	28	29	30	23	R	TIME									
									E	MODE									
	114/54	115/55	115/55	114/51	116/58	109/59	112/59		S	F _i O ₂									
			103.9				103.3		P	TV									
	131	138	136	127	128	126	135		I	RATE									
	30	33	17	16	17	28	24		B	PEEP									
	79	79	88	81	76	73	84		A	A pH									
	99	99	98	97	99	99	100		A	PCO ₂									
	12	12	12	12	12	12	12		T	pO ₂									
	5	5	5	5	5	5	5		O	HCO ₃									
750	750	750	750	750	750	750		R	SAT										
50	50	50	50	40	40	40		Y	BASE										
Simu	Simu	Simu	Simu	Simu	Simu	Simu		L	TIME										
16	17	18	19	20	21	22	23 8°T	A	GLUCOSE										
125	125	125	125	125	125	125		B	Na/K										
150						100		O	Cl/CO ₂										
3	4	4	4	4	4	4		R	BUN/Cr										
10	10	10	10	10	10	10		A	WBC/PLATELET										
								T	Hct/Hgb										
								O											
								B											
								Y											
								A	TIME										
								C	MOUTH CARE										
								D	BATCH										
								T	SKIN CARE										
								A	FOLEY CARE										
								I	TRACH CARE										
								L	ROM EXERCISES										
								E											
								S											
								V											
								N											
								D											
								G											
								F											
								24°180. TOTALS											
								NURSE'S SIGNATURE											
								INITIA											
								WT Yesterday					wt Today						
								INTAKE					OUTPUT						
								IV					Urine:						
								Po											
								TOTAL					TOTAL						
								BALANCE											

MEDCOM - 22980

NEUROLOGICAL ASSESSMENT

		HOURS										
		6	8	10	12	2	4	6				
C O M	EYES OPEN	SPONTANEOUSLY	4	1	1	1	1	1	1			
		TO SPEECH	3									
		TO PAIN	2									
		NO EYE OPENING	1									
A S	BEST VERBAL RESPONSE	ORIENTED	5									
		CONFUSED	4	1	1	1	1	1	1			
		VERBALIZES	3									
		VOCALIZES	2									
		NO VOCALIZATION	1									
C A L E	BEST MOTOR RESPONSE	OBEYS COMMANDS	6									
		LOCALIZES PAIN	5	1	1	1	1	1	1			
		FLEXION WITHDRAWAL	4									
		ABNORMAL FLEXION	3									
		EXTENSION TO PAIN	2									
		NO RESPONSE	1									
L I M B M O Y E M E N T	ARMS	NORMAL POWER		R	R	R	R	R	R			
		MILD WEAKNESS										
		SEVERE WEAKNESS		L	L	L	L	L	L			
		ABNORMAL FLEXION										
		ABNORMAL EXTENSION										
LEGS	NORMAL POWER		R	R	R	R	R	R				
	MILD WEAKNESS											
	SEVERE WEAKNESS		L	L	L	L	L	L				
	ABNORMAL FLEXION											
	ABNORMAL EXTENSION											
P U P I L S	RIGHT	SIZE REACTION	4	4	4	4	4	4	4			
	LEFT	SIZE REACTION	4	4	4	4	4	4	4			
PUPIL SCALE												
ICP												
CEREBRAL PERFUSION PRESSURE												
VASCULAR ASSESSMENT												
HOURS												
	R	/										
	L											
	R											
	L											
	R											
	L											
	R											
	L											
	R											
	L											

LEGEND
C Closed by swelling

T Trach/Endo
S Sturring
D Dysphasia
R Receptive
E Expressive

R Right
L Left
Record Separately if there is a Difference between the low sides

++ Brisk
+ Slow
No Response

+ Inlact
- Abnormal

++ Normal
+ Weak
- Absent
D Doppler
R Right
L Left

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET (5)6-2

OTSG APPROVED (Date)
QA Apr 8 Mar 89

INITIAL SHIFT-ASSESSMENT

NEURO	TIME	0630	0840
	PUPILS	Pupils 2-3mm + sluggish	Pupils 3mm +
SENSORIUM		pt. responds to painful stimuli	Sluggish. Pt. responds to painful stimuli.
		Stimuli: Vascular access @ 150mg/hr + Meds @ 4mg/hr	Stimuli: Vascular access @ 4mg/hr
RESPIRATORY	RESPIRATION PATTERN	#7.5 ETT 23cm @ 20 breath	Size 8 - trach + Vent.
	BREATH SOUNDS	81 MV 12, TV 150, PEEP 5	Settings at SIMV 12, TV 150, PEEP 5
	SECRETIONS	FI _{o2} 40%. E O ₂ sat 97.9%	FI _{o2} 40%. Lungs @ TA diminished
SKIN	COLOR	Slit normal for race	slap to @ side of head
	INTEGRITY	staples noted on @ nape of head	+ sutures. Wounds to @ (L) shoulder @ (R) cuff
IV SITE	LOCATION	1 ga in @ forearm, @ in @ forearm.	1 ga @ @ radial
	CONDITION	radial @ line. lines patent + edema + erythema	A-line. T-@ line cath. @ @ sign of infection.
GASTRO	ABDOMEN	Abdomen round + soft. @ bowel sounds x4 quadr.	Abd. round and nondistended. Hypoactive.
	BOWEL SOUNDS	NGT to LS, + dohoff in @	NS x4. NGT to LIS.
GU	URINE	Foley to gravity draining dark amber urine	Foley to gravity + amber urine.
	COLOR/CLARITY		
CARDIOVASCULAR	CARDIAC RHYTHM	Sinus tachycardia @ HR in 120's. T max currently 103. @ palpable pulses in all ext	Sinus tach, HR in the 120's. @ edema noted.
	LEGEND	Cr - Creatinine F _i O ₂ - Fraction of inspired O ₂ F _i O ₂ - Bicarbonate	ICP - Intracranial Pressure PCO ₂ - PRESSURE OF ARTRIAL CO ₂ PEEP - Positive end Expiratory Pressure

(Continue on reverse)

PREPARED BY: (Signature & Title) [Redacted] (5)6-2

PATIENT'S INDICATIONS (If other than those give: Name - Last, First, middle; grade; date; hospital or medical facility)

DEPARTMENT/SERVICE/CINC: ICU

DATE: 7/1/83

[Redacted] (5)6-4

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

DA FORM 1 MAY 78 4700
Proponent Dept of Nurs

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

MEDCOM - 22982

DATE		dx																HOSPITAL DAY	
TIME		07	08	09	10	04	08	08	04	05	06	17	18	19	20	21	22		
V	BP Arterial line	129/60	130/60	117/53	123/61	115/62			102/72	109/52	107/61	107/60	121/60	114/60	104/59	112/61	121/61		
	BP Cuff	116/61	136/68	128/53	118/57	109/48			110/56	110/56	109/59	110/61	106/57	104/59	105/57	110/58	111/59	113/60	
T	Temperature				103.9				101.3					102.2	102.1				
A	Pulse	133	142	136	121	127			115	115	117	117	118	121	136	118	111	106	
L	Respiratory Rate	36	32	34	33	40			12	17	12	12	12	17	12	12	12	12	
S	Source	vent	vent	vent	vent	vent			vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	
	FiO2	40%	40%	40%	40%	40%			40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	
	MAP	82	80	87	84	72			76	76	79	78	77	80	70	70	74	74	
	SAs	97.6	98.2	99.7	99.7	99.7			98.0	98.0	98.2	98.0	98.2	100.0	100.0	98	99	99	
I	TIME	07	08	09	00	04	08	08	04	8°T	05	06	17	18	19	20	21	22	8°T
	MAP	125	125	125	125	125			125	125	125	125	125	125	125	125	125	125	
	MAPB		100		100	100			100		100		50					50	
	Unfed	4	4	4	4	4			4	4	4	4	4	5	5	5	5	5	
	Fed	15	15	15	20	20			20	20	20	20	20	20	20	20	20	20	
	Presidential																		
A	OR								1000										
K																			
E	TOTALS																		
O	URINE	HOUR TOTAL	70	80	75	65	70		70	70	70	70	70	70	70	70	70	70	70
	SP gr				OR				150										
	S/A																		
	OUTPUT																		
U	NG	PH																	
	GUIAC																		
	EMESIS																		
P	STOOL																		
U	DRAINS																		
T	TOTALS																		

MEDCOM - 22983

1, 310 150. 520 346 11 11

POST-OP DAY									ACUITY LEVEL CLASSIFICATION														
V I T A L S	23	24	08	02	03	04	05	06	R	TIME	1530												
	120/60	110/50	110/50	110/50	110/50	110/50	110/50	110/50	E	MODE	SIMV												
	115/60	110/50	110/50	110/50	110/50	110/50	110/50	110/50	S	F _I O ₂	40%												
	18	18	102	102	102	102	102	102	P	TV	750												
	126	131	127	131	138	130	131	137	I	RATE	12												
	12	20	20	20	20	20	20	20	A	PEEP	5												
	Ver	Ver	Ver	Ver	Ver	Ver	Ver	Ver	A	pH	7.562												
	40	40	40	40	40	40	40	40	B	PCO ₂	36.3												
	80	89	90	86	84				B	PO ₂	80												
	100	98	100	100	100				G	HCO ₃	24												
									SAT	97%													
									BASE	0													
I N T A K E	23	24	08	02	03	04	05	06	L	TIME	1530												
	125	125	125	125	125		125	125	B	GLUCOSE	101												
	200	180						50	O	Na/K	135/3.7												
	5	5	5	5	5		5	5	R	Cl/CO ₂	110/24												
	20	20	20	20	20		20	20	A	BUN/Cr	29/1.9												
									A	WBC/PLATELET	16.2/7.11												
									T	Hct/Hgb	34.5/11.4												
									O														
									B														
									Y														
O U T P U T									A	TIME													
									C	MOUTH CARE													
									D	BATCH													
									A	SKIN CARE													
									I	FOLEY CARE													
									L	TRACH CARE													
									I	ROM EXERCISES													
									T														
									I														
									L														
									24*180 TOTALS														
									WT Yesterday					wt Today					NURSE'S SIGNATURE				
									INTAKE					OUTPUT					INITIALS				
									IV					Urine:					[Redacted Signature]				
									Po														
									TOTAL					TOTAL									
									BALANCE														

MEDCOM - 22984

NEUROLOGICAL ASSESSMENT

		HOURS															
		14	20	21	22	23	24	25	26	27	28	29	30				
C O M	EYES OPEN	SPONTANEOUSLY	4	/	/	/	/	/	/	/	/	/	/	/		LEGEND C Closed by swelling	
		TO SPEECH	3														
		TO PAIN	2														
		NO EYE OPENING	1														
M A S	BEST VERBAL RESPONSE	ORIENTED	5													T Trach/Endo S Slurring D Dysphasia R Receptive E Expressive	
		CONFUSED	4														
		VERBALIZES	3														
		VOCALIZES	2														
		NO VOCALIZATION	1	T	T	+	T	T	T	+	+	T	T				
C A L E	BEST MOTOR RESPONSE	OBEYS COMMANDS	6													R Right L Left Record Separately if there is a Difference between the tow sides	
		LOCALIZES PAIN	5														
		FLEXION WITHDRAWAL	4														
		ABNORMAL FLEXION	3														
		EXTENSION TO PAIN	2	/	/	/	/	/	/	/	/	/	/	/	/		
		NO RESPONSE	1														
L I M B M O Y E M E N T	ARMS	NORMAL POWER														R Right L Left Record Separately if there is a Difference between the tow sides	
		MILD WEAKNESS															
		SEVERE WEAKNESS		R/L	R/L	R/L	R/L	R/L	R/L	R/L	R/L	R/L	R/L	R/L	R/L		
		ABNORMAL FLEXION															
		ABNORMAL EXTENSION															
L I M B M O Y E M E N T	LEGS	NORMAL POWER														R Right L Left Record Separately if there is a Difference between the tow sides	
		MILD WEAKNESS															
		SEVERE WEAKNESS															
		ABNORMAL FLEXION															
		ABNORMAL EXTENSION															
P U P I L S	RIGHT	SIZE REACTION		L	L	L	L	L	L	L	L	L	L	L		++ Brisk + Slow No Response	
	LEFT	SIZE REACTION		2	2	2	2	2	2	2	2	2	2	2			
PUPIL SCALE			● 2	● 3	● 4	● 5	● 6	● 7 mm									
ICP																	
CEREBRAL PERFUSION PRESSURE																+ Intact - Abnormal	
VASCULAR ASSESSMENT																	
HOURS																	
	R		/	/	/	/	/	/	/	/	/	/	/	/	/	++ Normal + Weak - Absent D Doppler R Right L Left	
	L		/	/	/	/	/	/	/	/	/	/	/	/	/		
	R		/	/	/	/	/	/	/	/	/	/	/	/	/		
	L		/	/	/	/	/	/	/	/	/	/	/	/	/		
	R		/	/	/	/	/	/	/	/	/	/	/	/	/		

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET (5)(6-2)

OTSG APPROVED (Date)
 QA Apr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	TIME	INITIALS
NEURO	PUPILS	0630	[Redacted]	1845	[Redacted]
	SENSORIUM	4mm Reactive PERRLA		4mm PERRLA	
		Alert no verbal tracks c. eyes follows simple instructions		Alert responds to painful stimuli	
RESPIRATORY	RESPIRATION PATTERN	#8 Shiley trach tube		#8 Shiley Trach E	
	BREATH SOUNDS	35% FiO2 humidified		24% FiO2 Humidified	
	SECRETIONS	③ equal in & full of dist. ② coarse breath sounds		Equal in & full, long c/a Bilat coarse throughout	
SKIN	COLOR	⑤ shoulder w/c ① calf w/c		②③ scapula wounds	
	INTEGRITY	color normal for race		② shoulder wound ① calf wound skin normal for race	
IV SITE	LOCATION	② triple lumen subclavian		③ subclavian 3 lumen	
	CONDITION	patent site cl/ff		Patent c/p/E & S/S of lnx	
GASTRO	ABDOMEN	④ BS & L, hard, soft		soft NT/ND	
	BOWEL SOUNDS	NBT LL, d/bbott & south		DRSx4/Quad, Dophoff E	
GU	URINE	Foley to gravity drain;		Foley to gravity E	
	COLOR/CLARITY	clear yellow urine		clear yellow urine	
CARDIOVASCULAR	CARDIAC RHYTHM	ST Rate 100-114's		ST Rate 120's Octag	
		9, 52 present		⑤ S ² H ⁵ ④ murmur ④ peripheral pulses x4 + 2, ④ edema	
LEGEND		Cr - Creatinine	ICP - Intracranial Pressure	S/A - Fractional	
		F _I O ₂ - Fraction of inspired O ₂	PCO ₂ - PRESSURE OF ARTRIAL CO ₂	SAI - Saturation	
		F _O - Bicarbonate	PEEP - Positive end Expiratory Pressure	TRACH - tracheostomy	

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CINC

DATE

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

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

DA FORM 1 MAY 78 4700
 Proponent Dept of Nurs

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

MEDCOM - 22986

DATE		DX																HOSPITAL DAY				
TIME		07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22					
V I T A L S	BP Arterial line																					
	BP Cuff	170/73	174/74	171/64	174/70	178/65	174/64	175/66	171/67	176/67	171/66	170/70	171/69	174/69	175/74	172/73	179/67					
	Temperature	98.0	98.1	99.0	99.5	99.1	98.0	98.0	97.9	97.9	97.9	97.8	97.8	98.0	98.0	96.1	96.0					
	Pulse	118	123	120	121	124	127	126	125	124	119	121	123	123	119	121	121					
	Respiratory Rate	29	30	25	26	25	26	20	20	28	30	24	30	36	33	37	35					
	SPO ₂	100	100	100	100	100	100	100	100	100	99	99	100	100	100	100	100					
	F.O ₂	35	35	35	35	35	35	35	35	35	35	35	35	24%	24%	21%	21%					
	MAP													97	98	96	102					
	Residual		R	L	Char	B	Char	R			L	B										
	TIME	07	08	09	10	11	12	13	14	8 ^{PT}	15	16	17	18	19	20	21	22	8 ^{PT}			
	OS NS - KCL	125/100	125/100	125/100	125/100	125/100	125/100	125/100	125/100	125/100	125/100	125/100	125/100	125/100	125/100	125/100	125/100	125/100				
	I.V.P.B.		150				100				150		100									
	Dobhoff	50/50	50/50	50/50	50/50	50/50	50/50	50/50	50/50	50/50	50/50	50/50	50/50	50/50	50/50	50/50	50/50	50/50				
TOTALS	175	500	675	850	1025	1300	1475	1650	1825	2000	2175	2450	2625	2800	2975	3150	3325					
URINE	HOUR TOTAL	120	160	170	160	150	140	170	170	140	160	90	120	150	130	120	110					
	SP gr	1.020	1.030	1.040	1.050	1.060	1.070	1.080	1.090	1.100	1.110	1.120	1.130	1.140	1.150	1.160	1.170					
NG	OUTPUT	50/50	100/150	150/200	200/250	250/300	300/350	350/400	400/450	450/500	500/550	550/600	600/650	650/700	700/750	750/800	800/850					
	PH																					
	GUIAC																					
EMESIS																						
STOOL																						
DRAINS																						
TOTALS	170	430	700	980	1330	1520	1790	2010	2250	2485	2680	2850	3000	3150	3300	3450	3600					

MEDCOM - 22987

POST-OP DAY									ACUITY LEVEL CLASSIFICATION																
V I T A L S S I G N S	23	24	08	02	09	04	05	06	R E S P I R A T O R Y	TIME															
	123	115	122	123	124	116	121	126		MODE															
	37	32	34	32	37	18	37	32		F _{IO} 2															
	100%	100%	100%	100%	100%	100%	100%	100%		TV															
	24%	24%	24%	24%	24%	24%	24%	24%		RATE															
	106	104	106	106	109	107	101	106		PEEP															
										A pH															
										B PCO ₂															
										G PO ₂															
										B HCO ₃															
								SAT																	
								BASE																	
I N T A K E	23	24	01	02	09	04	05	06	L A B O R A T O R Y	TIME															
	125	125	125	125	125	125	125	125		GLUCOSE															
	2990	2125	2250	2325	1500	1625	1750	1875		Na/K	/	/	/	/	/	/	/	/	/	/	/	/	/		
										CVCO ₂	/	/	/	/	/	/	/	/	/	/	/	/	/		
										BUN/Cr	/	/	/	/	/	/	/	/	/	/	/	/	/		
										WBC/PLATELET	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
										Hct/Hgb	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
O U T P U T	80	100	80	120	50	100	100	100	A C T I V I T Y	TIME															
	2420	2530	2260	2930	2800	2910	3000	3100		MOUTH CARE															
										BATCH															
										SKIN CARE															
										FOLEY CARE															
										TRACH CARE															
										ROM EXERCISES															
									24 HRS TOTALS				NURSES SIGNATURE				INITIALS								
									WT Yesterday				wt Today												
									INTAKE				OUTPUT												
									IV				Urine:												
									Po																
									TOTAL				TOTAL												
									BALANCE																

MEDCOM - 22988

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

REPORT TITLE

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

OTSG APPROVED (Date)
 QA Appr 8Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIAL	INT	INTILAS
N E U R O	PUPILS	0630	[REDACTED]	1830	[REDACTED]
	SENSORIUM	3mm sluggish equal reactive to painful stimuli. Vented @ 5mg/hr fent @ 200 mg/hr.	[REDACTED]	3mm sluggish OD. Responds to painful stimuli. Vented @ 5mg/hr + Fent @ 200mg/hr	[REDACTED]
R E S P I R A T O R Y	RESPIRATION PATTERN	Coarse Rhogant. B. labial	[REDACTED]	Vented SIMU 10 PS TV 750	[REDACTED]
	BREATH SOUNDS	cr + roll of chest. VENT	[REDACTED]	300% #8 Shiley Trach	[REDACTED]
	SECRETIONS	not. SIMU 10, PS, TV 750 FiO2 30% Pi SpO2 97%.	[REDACTED]	Coarse throughout equal rise + fall @ secretions from trach	[REDACTED]
		Moist turgid secretions from CRT.	[REDACTED]		[REDACTED]
S K I N	COLOR	Normal for race. Wound	[REDACTED]	WNL, Wound @ @ Shoulder	[REDACTED]
	INTEGRITY	(R) + L Infection + (R) CRT CRT.	[REDACTED]	+ CRT, DRSG C/O/E skin assessment on notes.	[REDACTED]
I V	LOCATION	(R) GWT + L/W ports	[REDACTED]	(R) wrist A-line (L) sub-	[REDACTED]
	CONDITION	CRT. (L) subcutaneous 3 lower ports. Both (L) S/S of infection.	[REDACTED]	clavicle - 3 lower both patient C/O/E status of Infy	[REDACTED]
G A S T R O	ABDOMEN	Soft non-distend nont.	[REDACTED]	Soft NT/ND	[REDACTED]
	BOWEL SOUNDS	Bx4. Tumor fob. @ D/C/L. Not turgid.	[REDACTED]	Bx4 @ quad Jejuny @ 40cc/hr NGT to LIS.	[REDACTED]
G U	URINE	Foley to Gravity	[REDACTED]	Foley to gravity	[REDACTED]
	COLOR/CLARITY	drains amber color urine.	[REDACTED]	clear amber urine	[REDACTED]
C A R D I O V A S C U L A R	CARDIAC RHYTHM	SINUS. 74-120 (2) (101) Ectopy. Pericardial effusion X4. + 3 sec. exp. res.	[REDACTED]	SI 100's Ectopy @ S2 @ murmur @ peripheral pulses X4-12 @ edema Cap refill < 3 sec	[REDACTED]
	LEGEND	Cr - Creatinine FiO - Fraction of inspired O2 Fio2 - Bicarbonate	[REDACTED]	ICP - Intracranial Pressure PCO2 - PRESSURE OF ARTRIAL CO2 PEEP - Positive end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - Tracheostomy

PREPARED BY (Signature & Title) (b)(6)-2

(Continue on reverse)

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

DEPARTMENT/SERVICE/CINC
 ICU

DATE
 13/Nov/03

(b)(6)-4

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

DA FORM 4700
 1 MAY 78
 Proponent Dept of Nurs

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

MEDCOM - 22989

DATE		DX																		HOSPITAL DAY																	
TIME		27	08	09	08	04	02	09	02	15	08	10	18	19	20	21	22	23	24	24	01	02	03	04	05	06	07	8 ^{PT}	08	09	10	11	12	13	14	15	8 ^{PT}
V	BP Arterial line	10/60	110/53	84/72	102/68	102/70	104/75	102/60	122/68	130/60	115/61	124/62	124/61	105/55	99/79	100/97	92/85	96/89																			
I	BP Cuff																																				
T	Temperature	103.0			100.9	101.0	101.0	101.2	101.2	101.4	101.5	101.2	101.8	100.4																							
A	Pulse	128	128	120	117	123	128	128	131	135	112	115	110	109	126	128	125	120																			
L	Respiratory Rate	19	19	12	21	14	24	26	21	19	20	18	19	16	17	21	23	25																			
	same	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V																			
S	MAP	75	75	79	79	94	81	88	89	87	95	95	85	91	85	92	90	92																			
I	Fio ²	0.21	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30																			
G	SPO ²	97	97	94	98	99	98	98	97	98	96	98	98	97	97	97	99	100																			
N	P	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5																			
S	TV	750	750	750	750	750	750	750	750	750	750	750	750	750	750	750	750	750																			
	MAWT	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125																			
	IVPB		100		250	100		100		100	100		100																								
	versed	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5																			
	Feet	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20																			
	rended	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10																			
	stewy	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40																			
	TOTALS																																				
O	URINE	HOUR TOTAL	75	100	100	75	110	100	100	150	100	150	100	150	220	190	200	200	170																		
U	NG	OUTPUT	9				50		50	100	100	50	50	50	50	100	50																				
T	EMESIS																																				
P	STOOL																																				
U	DRAINS																																				
T	TOTALS																																				

MEDCOM - 22990

POST-OP DAY								ACUITY LEVEL CLASSIFICATION																	
V I T A L S I G N S	24	25	26	27	28	29	30	23	R E S P I R A T O R Y	TIME															
	94	83	100	124	130	132	128			MODE															
										F _i O ₂															
	102°	100.3		99.7		101.1	101.5			TV															
	127	105	105	117	119	121	124			RATE															
	27	13	13	16	15	14	13			PEEP															
	✓	✓	✓	✓	✓	✓	✓			A	pH														
	90	86	96	103	87	91	89			PCO ₂															
40	40	40	40	40	40	40		pO ₂																	
100	99	99	99	100	100	98		B	HCO ₃																
5	5	5	5	5	5	5		SAT																	
750	750	750	750	750	750	750		G	BASE																
I N T A K E	24	17	18	19	20	21	22	23	8°	L	TIME														
	125	125	125	125	125	125	125		A	GLUCOSE															
	150								B	Na/K	/	/	/	/	/	/	/	/	/	/	/	/	/		
	5	5	5	5	5	5	5		R	BUN/Cr	/	/	/	/	/	/	/	/	/	/	/	/	/		
	20	20	20	20	20	20	20		A	WBC/PLATELET	/	/	/	/	/	/	/	/	/	/	/	/	/		
	5	5	0	0	0	0			O	Hct/Hgb	/	/	/	/	/	/	/	/	/	/	/	/	/		
	40	40	40	40	40	40	40		Y																
									A	CD															
O U T P U T	235	140	140	200	180	140	140	3465	A	TIME															
	250	265	285	300	315	325	315		I	MOUTH CARE															
									I	BATCH															
									I	SKIN CARE															
									I	FOLEY CARE															
									I	TRACH CARE															
									I	ROM EXERCISES															
	150	50	50	0	100	50			I	TIME															
								24°180 TOTALS				NURSE'S SIGNATURE				INITIALS									
								WT Yesterday				wt Today													
								INTAKE				OUTPUT													
								IV				Urine:													
								Po																	
								TOTAL				TOTAL													

MEDCOM - 22991

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET (5/6)-2

OTSG APPROVED (Date)
 QA Appr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INTILAS	TIME	INTILAS
NEURO	PUPILS	0615	[redacted]	1830	[redacted]
	SENSORIUM	3 cm slits, React to painful stimuli.		4 mm - brisk; React to sharp of verted	
		Secretion voided @ 5/ha + 100mg of fenta + fent @ 200 mcg/ha.		+ 100mg of fenta open eyes spontaneously	
RESPIRATORY	RESPIRATION PATTERN	Coursed in upper Ameg		Equal rise + fall of chest	
	BREATH SOUNDS	2 ves 750, SIMV 10, P5		[A] Very clear [B] trace	
	SECRETIONS	40% SpO ₂ 100% FiO ₂ #8 Sh. lay back, b. lateral rise + fall of chest.		coarse breath sounds vent: SIMV 10, P-5; -VE 750; PFI ₂ = 40%	
SKIN	COLOR	WNL for race. iad		wounds to [A] [B] shoulder	
	INTEGRITY	to [A] [B] shoulder + [C] calf Dist. C.D.		wound to [B] shoulder leg; D+I.	
I.V. SITE	LOCATION	[A] subclav triple		[B] subclav triple	
	CONDITION	Lumen intact @ Sp of wheezing, present.		Lumen @ of signs of infection.	
GASTRO	ABDOMEN	SOFT @ Abdominal		SOFT + nondistended	
	BOWEL SOUNDS	diminished, 20 x 4 gurgly @ 40 x 4 w to L.I.S.		T hypogast. P. 5. Gurgly present at NGT to L.I.S.	
GU	URINE	Delay to primary drain		Foley to scanty & clear and yellow	
	COLOR/CLARITY	yellow colored urine.		urine.	
CARDIOVASCULAR	CARDIAC RHYTHM	ST 120's - 130's [A] ECG - peripheral pulse x 4 [B] Edema @ ref + 3 records.		Sinus tach to ectomy, HR present in the 120's. Pulses x 4 extremities palpable. cap refill 2-3 sec. x 4.	
	LEGEND	Cr - Creatinine FiO ₂ - Fraction of inspired O ₂ F _i O ₂ - Bicarbonate		ICP - Intracranial Pressure PCO ₂ - PRESSURE OF ARTERIAL CO ₂ PEEP - Positive end Expiratory Pressure	
				S/A - Fractional SAI - Saturation TRACH - tracheostomy	

PREPARED BY (Signature)

(Continue on reverse)

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

DEPARTMENT/SERVICE/CINC

DATE

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

DA FORM 1 MAY 78 4700
 Proponent Dept of Nurs

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

MEDCOM - 22992

DATE		DX														HOSPITAL DAY				
V	TIME	07	08	09	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
	I	BP Arterial line																		
I	BP Cuff	117/88	114/85	117/60	109/60	114/88	117/72	137/100	124/74	134/100	134/67	127/67	125/65	134/60	123/69	118/69	118/69	118/69	118/69	118/69
T	Temperature	101.4	101.9	101.8	101.9	101.9	101.9	101.7	101.9	102.3	102.0	102.3	102.4	101.5	101.5	101.5	101.5	101.5	101.5	101.5
A	Pulse	127	129	128	138	136	140	133	137	129	127	115	111	118	118	118	118	118	118	118
L	Respiratory Rate	14	12	10	15	19	18	16	14	18	20	19	14	20	20	20	18	18	18	18
S	Source	V	V	V	V	V	V	V	V	V	V	V	V	Vent	Vent	Vent	V	V	V	V
S	MAP	83	87	89	87	84	83	85	93	91	87	83	91	91	91	91	91	91	91	91
I	FIO ₂	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40
I	SpO ₂	99	100	98	97	97	97	98	98	99	99	95	100	100	98	99	100	100	100	100
G	P	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
N	TV	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
S																				
TIME		24	01	02	03	04	05	06	07	8 ^{PT}	08	09	10	11	12	13	14	15	8 ^{PT}	
I	MAWT	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
N	IVPB		100	50	100	100		100				100								
N	versed	5	5	5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	5	5	5	5	5	5	5	5	5
T	far	20	20	20	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
T	residual	10	15	20	15	20	15													
A	Tenry	40	40	40	50	50	50													
K																				
E	TOTALS																			
O	URINE	HOUR TOTAL	120	100	100	125	50	100	75	50	75	100	50	60	200	200	200	200	200	200
U	NG	OUTPUT	50	-	100	50	50	100	100											
T	PH																			
P	GUIAC																			450
U	EMESIS																			
T	STOOL																			
T	DRAINS																			
T	TOTALS																			

MEDCOM - 22993

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET (b)61-2

OTSG APPROVED (Date)
QA Apr 8 Mar 89

		INITIAL SUB ASSESSMENT			
		TIME	INITIALS	TIME	INITIALS
NEURO	PUPILS	0800	[Redacted]	1830	[Redacted]
	SENSORIUM	4-5mm Reactive Ant Nersd off sine last pm		4-5mm Reactive upset eyes spont nearly. vers At Feet is off.	
		casely awakened - awake & spmt. follows parhal commands - shales hand "no"			
RESPIRATORY	RESPIRATORY PATTERN	SIMV R10/750/40/5/100		Tach/size R, SIMV 100	
	BREATH SOUNDS	Clear bilat & dim @ base		TV=150 P-SI FIO2=40%	
	SECRETIONS	Pneumo 10-20 RPM above vent Clear - shallow breaths.		Clear BS diminished at bases; shallow	
SKIN	COLOR	yellow secretions from trach + hemolytic cultures of trach sputum - Acidobacter		Secretions at this time.	
	INTEGRITY	Brown. moist - vesicles @ 2hr wetting of sheets & diaphoresis.		Normal. (R) & (L) shal	
	LOCATION	Shoulder & scale - drags & pmo. w/d		dry open dist & dry to	
SYSTEMS	CONDITION	Dsub II - all ports working & flushing well. Placed; 14 Nov 87		control line triple lumen cath. to (L)	
		No other access		Subclavian port but unable to draw blood for catheter	
GASTRO	ABDOMEN	Soft, Nontender to best judgement. PT		SAB & red nontender. Hyperactive	
	BOWEL SOUNDS	unable to speak but grimacing. BS hyperactive - @ pm @ this time or		BS. NGT to L.I.S. fully vic distally @ 35cm.	
	URINE:	lost night. NGT - LWS 100ml - Sevy Trac - opal w/ sed			
GU	COLOR/CLARITY	pale to gray and 100-100cc. cyan pale color / PT bathed this am shit smells.		pale to gravity & color work.	
	CARDIAC RHYTHM	Sinus tach - RRR - HR 108-120 ST S12 2+ pulses throughout C/3 sec's Jernales daily		presently in sinus tach. HR in the 120's. R ectopy. pulses & 4 ectophs. S1, S2, present - No 2ndary notes	
		10.9 34.0			
CARDIOVASCULAR		97 4.0 26 0.0			
	LEGEND	Cr - Creatinine FiO2 - Fraction of Inspired O2 HCO3 - Bicarbonate		ICP - Intracranial Pressure PCO2 - Pressure of Arterial CO2 PEEP - Positive End Expiratory Pressure	
				SA - Fractional SAT - Saturation TRACH - Tracheostomy	

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

(Continue on reverse)

DATE
15 MAR 89

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

[Redacted] (b)61-4

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

DA FORM 1 MAY 78 4700

MEDCOM - 22996

AMC. OP 375 (Redesignated)

DATE: 15 NOV 03		DX														HOSPITAL DAY			
TIME		07	08	09	10	11	12	13	14	-	15	16	17	18	19	20	21	22	
V	BP Arterial Line																		
I	BP Cuff	127/66	157/61		125/70	123/63	127/60	123/61	119/60		119/73	115/60	115/57	115/54	120/60	122/60	113/59	122/60	
T	Temperature	97.9	98.4			99.1			99.1				99.4		98			98.3	
A	Pulse	108	131	133	128	131	130	131	123		119	123	121	125	122	121	124	116	
L	Respiratory Rate	25	40	34	44	24	33	30	21		21	25	21	26	24	23	28	25	
S	SpO2	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	
I	FIO2	40	40	40	40	40	40	40	40		40	40	40	40	40	40	40	40	
G	Source	V	V	V	V	V	V	V	V		V	V	V	V	V	V	V	V	
N	MAP	89	89		91	86	82	84	81		87	78	80	79	80	83	85		
S																			
TIME		07	08	09	10	11	12	13	14	8T	15	16	17	18	19	20	21	22	
I	MIVE	125	125	125	125	125	125	125	125		125	125	125	125	125	125	125	125	
M	IVPB	-	150	-	350		100		100			150		160			150	150	
A	Dopflow	70	70	85	75	75	75	75	held	held	35	35	35	35	35	40	40		
K	Residual		3																
E	Subtotal	195	345	200	550	200	340	200	325	125	210	160	200	160	160	165	119		
O	TOTALS	195	540	740	1290	1490	1590	1790	2015	125	210	160	200	160	165	119			
U	URINE	HOUR TOTAL		300	50	100	100	180	300	140	100	100	50	200	100	100	100		
U	NG	SP GR		380	450	600	850	1020	1120	1100	50	80	100	150	160	170	180		
T	EMESIS	S/A																	
P	STOOL	PH																	
U	DRAINS	AVET		50	100	150	150	150	150	150	100	100	100	100	100	100	100		
T	TOTALS			1290	2015	2015	40	2400	2500	2800	2000	2000	2000	2000	2000	2000	2000		

1770
225
2015

1120
150
1270

2015
1270
745

POST-OP DAY								ACUTY LEVEL CLASSIFICATION																				
V I T A L S I E N S	23	24	01	02	03	04	05	06	R E S P I R A T O R Y	TIME																		
	120	116	101	100	100	100	117	112		MODE																		
			478				902			107	F _I O ₂																	
	114	118	114	121	120	119	106	105		TV																		
	24	26	30	17	20	21	22	20		RATE																		
	100	100	100	100	100	100	100	100		PEEP																		
	40	40	40	40	40	40	40	40		A A T O R Y	pH																	
	✓	✓	✓	✓	✓	✓	✓	✓			PCO ₂																	
											pO ₂																	
											HCO ₃																	
								SAT																				
								BASE																				
N E U R O L O G Y	91		93	84	91	93	81	L A B O R A T O R Y	TIME																			
										GLUCOSE																		
										Na/K																		
										CaCO ₂																		
										BUN/Cr																		
										WBC/PLATELET																		
										Hct/Hgb																		
E N D O C R I N O L O G Y	125	125	125	125	125	125	125	A C T I V I T Y	TIME																			
	50	100					50		MOUTH CARE																			
										BATH																		
										SKIN CARE																		
										FOLEY CARE																		
										TRACH CARE																		
										ROM EXERCISES																		
T P U T	150							24 H&O TOTALS								NURSE'S SIGNATURE				INITIALS								
								wt Yesterday																				
								wt Today																				
								INTAKE																				
								IV																				
								PO																				
								TOTAL																				
								TOTAL																				

MEDCOM - 22998

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Apr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	INITIALS	TIME
N E U R O	PUPILS	0615	(b)612	(b)612	1930
	SENSORIUM	PEPRL @ 3mm Pt has eyes open can move (R) Arm & leg. (L) Arm can move some but weak.		Perrla @ 3m Pt in bed eyes open moves arms + legs.	
	RESPIRATORY PATTERN	= Nice full of chest Trach #3 bil. P/vent SWN intact. W/		Equal Rise + Fall	
R E S P I R A T O R Y	BREATH SOUNDS	F10, TV 750, 35% FIO2 P5 SPO2 @ 100% when noted to bil lung sounds.		Lungs CIA Bilat	
	SECRETIONS			#88iley Trach & Trach Collar @ 35% O2 @ secretions from Trach	
	COLOR	DSC to (L) shoulder area CD I		Thick yellow mucous	
S K I N	INTEGRITY	(L) post. coll. CD I, head protectors on bil heads		Normal for face	
	LOCATION	Central line @ trach lumen (L) subclavian area 3-45 of infection on in left arm noted. D5NS @ 20% via CL patient.		Wounds x4 (R) shoulder (L) (L) shoulder (R) (L) DSC 1/10	
V I S I T E	CONDITION			Scapula 3 lumen 40% patent @ S&S of L&X	
	ABDOMEN	Soft nondistended Dobb Hest @ sewing noted. BS hypoaactive 50cc/hr. NG L15 in all 4 quadrants noted		S&S NT/PO	
G A S T R O	BOWEL SOUNDS			@ BS x4 quad Hypoaactive severity via doppler @ 50cc/hr	
	URINE:	Foley to gravitate		Foley to gravit	
G U	COLOR/CLARITY	Clear amber fluid noted. Slightly cloudy sediment			
	CARDIAC RHYTHM	ST HR 112 @ R radial & pedal pulses noted. Cap. Hill 23 sec @ subnormal & toenail bleed bil.			
C A R D I O V A S C U L A R	LEGEND	Cr - Creatinine FIO2 - Fraction of Inspired O2 HCO3 - Bicarbonate ICP - Intracranial Pressure PCO2 - Pressure of Arterial CO2 PEEP - Positive End Expiratory Pressure SA - Fractional SAT - Saturation TRACH - Tracheostomy			

PREPARED BY (Signature) (b)612

DEPARTMENT/SERVICE/CLINIC ICD

DATE 10/10/89

PATIENT'S ID# (b)614 (Name—last, first, middle; grade; department or medical facility)

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

DA FORM 1 MAY 78 4700

MEDCOM - 22999

WAMC OP 375 (Redesignated) 1 Apr 88 (HCYC-N11)

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET (5/4-2)

OTSG APPROVED (Date)
 QA Apr 8 Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0615	INTILAS	1930	INTILAS
	PUPILS		Pop. 1.5 2 mm + sluggish		Small Sluggish Equal
SENSORIUM		As response to painful stimuli. sedated & versed 4mg/hr @ 200 mcg/hr		Responds to painful stimuli. Versed 4mg/hr Fentanyl 200mcg/hr	
RESPIRATORY	RESPIRATION PATTERN	Size 8 breath @ 6/hr		Ventilator #85/lay SIMV 10	
	BREATH SOUNDS	Clear + Call of chest, clear		PS TV 75% 30%. Equal rise	
	SECRECTIONS	SMV 12, TV 750, Pao2: 75% 75% can't read throat. Thick secretions out of CRT.		+ full course throughout thick secretions from Trach blood tinged.	
SKIN	COLOR	Stable to @ side of head. Drest to @ @ hand. @ calf @.		Normal for race. No wound	
	INTEGRITY			@ @ Shoulder + @ calf.	
IV SITE	LOCATION	@ radial A-line wrist		@ wrist A-line Patent C/D/E	
	CONDITION	@ occlusion to pop when wrist @ 5/5 of ulnar.		@ Subclavian 3 lumen patent C/D/E Both @ of infx.	
GASTRO	ABDOMEN	Bx x4 hyperactive		Soft NT/ND	
	BOWEL SOUNDS	@ distention noted 365 to LIS. @ bowel for sound		@ BS x4 @ quad. Hypo. Dophoff @ level @ 30cm/hr NGT to LIS.	
GU	URINE	Foley to gravity		Foley to gravity @ amber	
	COLOR/CLARITY	drawn amber urine		urine > 30cc/hr	
CARDIOVASCULAR	CARDIAC RHYTHM	Sinus tachy, HR @ 130-140. @ @ noted palpable pulse throughout.		ST HR 110's @ ectopy @ 55's @ 45 @ murmur @ peripheral pulses x4 + 2 edema	
	LEGEND	Cr - Creatinine FiO2 - Fraction of inspired O2 HCO3- Bicarbonate		ICP - Intracranial Pressure PCO2 - PRESSURE OF ARTERIAL CO2 PEEP - Positive end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - tracheostomy

PREPARED BY (Signature & Title)

(Continue on reverse)

DEPARTMENT/SERVICE/CINC

DATE

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

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

DA FORM 1 MAY 78 4700
 Proponent Dept of Nurs

MEDCOM - 23002

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

DATE		DX																	HOSPITAL DAY			
TIME		07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23				
V	BP Arterial line	107/70	109/100	110/70	110/65	111/50	115/60	115/60	114/50	114/60	120/60	120/60	115/57	124/69	134/68	96/46	120/57	127/68				
I	BP Cuff																					
T	Temperature	102.3			101.6		101.9	102.0	102.1	102	102.1	102.5	102.0									
A	Pulse	139	123	118	112	112	115	117	115	119	120	129	131	123	119	118	117	112				
L	Respiratory Rate	35	48	24	20	11	15	17	20	16	17	15	20	20	24	18	14	15				
	SpO2	var	V	V	V	U	V	V	V	V	V	V	V	V	V	V	V	V				
S	MAP	26	77	81	85	75	79	82	81	91	81	92	96	91	82	82	76	80				
I	SATS	97	97	98	99	99	99	99	99	99	98	97	96	94	97	97	98	98				
G	P	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5				
N	PO2			30																		
S																						
TIME		24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T			
I	MANV	115	115	115	125	115	115	115	115	125	125	125	125	125	125	125	125	125				
N	LVFB					100																
	vented	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5				
	fast	20	20	30	20	20	20	20	20	20	20	20	20	20	20	20	20	20				
T	residual	-	0	/	/		10	0	20	10	15	20	10	10	10	30	30	30				
A	Density	10	10	10	20	20	20	20	20	20	20	20	30	30	30	30	30	30				
K																						
E	TOTALS																					
O	URINE	HOUR TOTAL	150	100	100	100	80	100	90	100	100	100	200	140	120	70	60	120				
	SP gr		1.025	1.035	1.040	1.050	1.050	1.060	1.070	1.080	1.090	1.100	1.110	1.120	1.130	1.140	1.150	1.160				
	S/A																					
U	NG	OUTPUT	400	/	/	/	50	100	100													
	PH																					
	GUIAC																					
T	EMESIS																					
P	STOOL																					
U	DRAINS																					
T	TOTALS																					

MEDCOM - 23003

POST-OP DAY									ACUITY LEVEL CLASSIFICATION														
V I T P L U S G N S M A K E U P U T	24	07	08	08	09	05	06	07	R	TIME													
	121 54	120 54	117 56	117 59	125 30	129 63	110 61		E	MODE													
									S	F ₁ O ₂													
	102.3								P	TV													
	104	104	105	125	125	125	125		I	RATE													
	16	12	16	16	12	12	13		A	PEEP													
	V	V	V	V	V	V	V		B	A	pH												
	30	30	30	30	30	30	30		A	B	PCO ₂												
	76	76	75	79	87	82	97		T	B	pO ₂												
	98	99	100	99	94	97	97		O	G	HCO ₃												
								R		SAT													
								Y		BASE													
								L	TIME														
16	17	18	19	20	21	22	23	8°T	A	GLUCOSE													
125	125	125	125	125	125	125			B	Na/K													
150							100		O	Cl/CO ₂													
5	5	5	5	5	5	5			R	BUN/Cr													
20	20	20	20	20	20	20			A	WBC/PLATELET													
30	30	40	40	40	40	40			T	Hct/Hgb													
									A														
									B														
									Y														
									A	TIME													
									C	MOUTH CARE													
									T	BATCH													
									I	SKIN CARE													
									L	FOLEY CARE													
									T	TRACH CARE													
									I	ROM EXERCISES													
									E														
									S														
									I														
									N														
									D														
									G														
									F														
										24°180: TOTALS													
										WT Yesterday													
										WT Today													
										INTAKE													
										IV 2740													
										Po													
										TOTAL 2840													
										OUTPUT													
										Urine: 2460													
										TOTAL 2460													
										±3800													
										NURSE'S SIGNATURE													
										INITIALS													

MEDCOM - 23004

NEUROLOGICAL ASSESSMENT

		HOURS	6	7	8	9	10	11	12	13	14	15	16	17	18	LEGEND		
C O M	EYES OPEN	SPONTANEOUSLY	4	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	C Closed by swelling	
		TO SPEECH	3															
		TO PAIN	2															
		NO EYE OPENING	1															
A S	BEST VERBAL RESPONSE	ORIENTED	5														T Trach/Endo S Sturring D Dysphasia R Receptive E Expressive	
		CONFUSED	4															
		VERBALIZES	3															
		VOCALIZES	2															
		NO VOCALIZATION	1		+	+	+	+	+	+	+	+	+	+	+	+		
C A L E	BEST MOTOR RESPONSE	OBEYS COMMANDS	6														R Right L Left Record Separately if there is a Difference between the tow sides	
		LOCALIZES PAIN	5															
		FLEXION WITHDRAWAL	4															
		ABNORMAL FLEXION	3															
		EXTENSION TO PAIN	2		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
NO RESPONSE	1																	
L I M B M O Y E M E N T	ARMS	NORMAL POWER															R Right L Left Record Separately if there is a Difference between the tow sides	
		MILD WEAKNESS																
		SEVERE WEAKNESS		R	L	L	L	L	L	L	L	L	L	L	L	L		
		ABNORMAL FLEXION																
		ABNORMAL EXTENSION																
L I M B M O Y E M E N T	LEGS	NORMAL POWER															R Right L Left Record Separately if there is a Difference between the tow sides	
		MILD WEAKNESS																
		SEVERE WEAKNESS																
		ABNORMAL FLEXION																
		ABNORMAL EXTENSION																
P U P I L S	RIGHT	SIZE		2	2	2	2	2	2	2	2	2	2	2	2	++ Brisk + Slow No Response		
		REACTION		+	+	+	+	+	+	+	+	+	+	+	+			
	LEFT	SIZE		2	2	2	2	2	2	2	2	2	2	2	2			
		REACTION		+	+	+	+	+	+	+	+	+	+	+	+			
PUPIL SCALE			● 2	● 3	● 4	● 5	● 6	● 7 mm										
ICP																	+ Intact - Abnormal	
CÉREBRAL PERFUSION PRESSURE																		

VASCULAR ASSESSMENT

		HOURS	6	7	8	9	10	11	12	13	14	15	16	17	18	LEGEND		
R L R L R L	R L																++ Normal + Weak - Absent D Doppler R Right L Left	

MEDCOM - 23005

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET (5/6)2

OTSG APPROVED (Date)
QA Appr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	TIME	INITIALS
NEURO	PUPILS	0630	[Redacted]	1900	[Redacted]
	SENSORIUM	Eyes closed, responds to voice, Pupils 4mm PERRL		4mm reactive to light opens eyes spontaneously follows simple commands	
RESPIRATORY	RESPIRATION PATTERN	even-normal lobes		even; equal rise & fall of chest	
	BREATH SOUNDS	lungs CIA (3)		chest lungs CIA Bilat.	
	SECRETIONS	productive cough when stimulated to sneeze thick yellow secretions		productive cough on expiration. Thick yellow secretions.	
SKIN	COLOR	normal for race		normal	
	INTEGRITY	RA (2) temporal area (3) shoulder (4) calf		ulcers (4) R shoulder, (3) calf, (2) Dsg, all appear dry.	
I.V. SITE	LOCATION	(2) subclavian triple line		(4) subclavian triple line	
	CONDITION	Ports patent, site C/12		Signs of infection	
GASTRO	ABDOMEN	flat, soft, ND		Hypo active BS x4; NGT not to suction;	
	BOWEL SOUNDS	4 BS x4, NGT L/S		on clear liquid diet. Pt. had BM during 1st shift, Brown + pasty small amt. (plus) infusing at 50cc/hr	
GU	URINE	Foley to Gravity		Foley to Gravity & clear + yellow urine.	
	COLOR/CLARITY	drinking clear yellow urine			
CARDIOVASCULAR	CARDIAC RHYTHM	ST, rate 100-120's		Sinus tach & 100's. Ectopy, S1 S2 present. Edema, + 3 plates Bilat. Cap refill < 3 sec x 4 extremities.	
		2/3 present			
		edema			
		+3 pulses throughout			
LEGEND		Cr - Creatinine	ICP - Intracranial Pressure		S/A - Fractional
		F _I O ₂ - Fraction of inspired O ₂	PCO ₂ - PRESSURE OF ARTRIAL CO ₂		SAI - Saturation
		F _I O ₂ - Bicarbonate	PEEP - Positive end Expiratory Pressure		TRACH - Tracheostomy

(5/6)2

(Continue on reverse)

PREPARED BY (Signature)

DEPARTMENT/SERVICE/CINC

DATE

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

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

FF [Redacted] (5/6)4

DA FORM 1 MAY 78 4700
Proponent Dept of Nurs

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

MEDCOM - 23006

DATE		DX																HOSPITAL DAY			
TIME		07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
V I T A L	BP Arterial line																				
	BP Cuff	141/74	140/75	145/78	130/74	132/78	135/75	130/77	134/76	134/75	134/77			132/81	133/79	128/77	128/76				
	Temperature	97.8	98.1	98.1	99.3		97.6	98.0	98	97.6	98.3	97			98.2						
	Pulse	108	138	132	131	126	129	128	130	129	116	117			97	115	114	112	107		
	Respiratory Rate	22	25	27	28	29	30	30	33	26	30	33			20	28	30	30	28		
S I G N S	SpO2	100	99	97	99	100	100	100	100	100	100	100			110	100	110	99	110		
N T A K E	Residual	15	10	5	5	0															
	TIME	07	08	09	10	11	12	13	14	8°T	15	16	17	18	19	20	21	22	8°T		
	DS NS 20cc	125/100	125/100	125/100	125/100	125/100	125/100	125/100	125/100		125/100	125/100	125/100	125/100	125/100	125/100	125/100	125/100	125/100		
	IVPB						100	50			150								50		
E	TOTALS																				
O U T P U T	URINE																				
	HOUR TOTAL	120	120	140	100	160	100	100	120	90	110	120		120	200	160	130	360			
	SP gr																				
N G	NG																				
	OUTPUT	100/100	100/100	100/100																	
	PH																				
P U T	EMESIS	Presidential																			
	STOOL																				
D R A I N S	DRAINS																				
TOTALS		220	440	680	780	940	1040	1140	1260	1350	1460	1580		1700	1900	2060	2190				

MEDCOM - 23007

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET (b)(6)(b)(7)

OTSG APPROVED (Date)
 QA Appr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIAL	INTI	INTILAS
NEURO	PUPILS	0600	[REDACTED]	1815	[REDACTED]
	SENSORIUM	4mm React to Light, opens eye spontaneously. PT is able to follow simple commands.	4mm React to Light, opens eyes spontaneously. Eyes appear slightly jaundiced.		
RESPIRATORY	RESPIRATION PATTERN	Bilateral rise & fall of chest. Lungs clear bil.	Respiratory distress, equal rise & fall of chest. Lungs CTA		
	BREATH SOUNDS	PT produces thick mucus upon insertion of ETT	PT occasionally coughs & thick white secretions		
	SECRETIONS				
SKIN	COLOR	N/A	Normal		
	INTEGRITY	Wound to (L) & (R) calf CO ₂ ETT 1/5 of ulceration.	Wound to (L) & (R) shoulder, (R) calf, with wet to dry dress, all upper part.		
IV SITE	LOCATION	(L) subclavian TTT	(L) subclavian triple		
	CONDITION	Lumen, ETT 1/5 of ulceration. All lines are currently patent.	of infection.		
GASTRO	ABDOMEN	Abdomen soft & non-tender.	soft and non-tender.		
	BOWEL SOUNDS	hyperactive x4 & 5. No bowel sounds.	Hyperactive BS x4		
GU	URINE	Edema to gravity down.	Edema to gravity down.		
	COLOR/CLARITY	yellow colored urine.	urine clear & yellow.		
CARDIOVASCULAR	CARDIAC RHYTHM	ST 100's & 120's	sinus tach. ECG normal		
		Peripheral edema throughout calf of both. ETT lines moved.	x4 extremities; palpable pulses x4. HR in the low 120's		
LEGEND		Cr - Creatinine F _I O ₂ - Fraction of inspired O ₂ F _I O ₂ - Bicarbonate	ICP - Intracranial Pressure PCO ₂ - PRESSURE OF ARTRIAL CO ₂ PEEP - Positive end Expiratory Pressure	S/A - Fractional SAI - Saturation TRACH - Iracheostomy	

PREPARED BY (Signature & Title)

(Continue on reverse)

DEPARTMENT/SERVICE/CINC
 1CC

DATE 11/19/07

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

(b)(6)(b)(7)

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

DA FORM 4700
 1 MAY 78
 Proponent Dept of Nurs

MEDCOM - 23009

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

DATE		OX														HOSPITAL DAY					
TIME		07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
V	BP Arterial line																				
	BP Cuff	137/11	127/100	138/100	140/100	141/100	132/100	127/100	127/100	119/91	137/100	130/100	124/100	113/100	130/100	128/100	124/100	135/100			
T	Temperature	98.0	98.4	98.8	99.0	99.2	99.4	99.2	99.2	99.6	99.5	99.5			99.3						
A	Pulse	101	109	114	123	115	101	108	111	118	115	117	119	123	116	105	114	112			
L	Respiratory Rate	22	23	27	30	29	17	15	20	18	18	20	29	30	32	28	27	28			
S	SpO2	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	94	96			
residuals		0	5	10	10	5	0	5	10	0	10	15	15								
TIME		24	01	02	03	04	05	06	07	8 ^{PT}	08	09	10	11	12	13	14	15	8 ^{PT}		
I	DS NT 201C	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125			
N	IUPB																			150	
N	PO			50	50	/				50											
T	neuro	60	60	60	60	60	60	60	60	60	60	60	60	75	75	75	75	75			
A																					
K	Residuals																				
E	TOTALS																				
O	URINE	HOUR TOTAL	700	100	50	150	200	200	200	150	100	100	150	200	200	150	100	140	140	260	
		SP gr	20	30	20	60	80	100	120	140	150	160	170	190	200	180	150	140	140	260	
		S/A																			
U	NG	OUTPUT	0	0	-D/C																
		PH																			
		GUAC																			
P	EMESIS																				
P	STOOL																				
U	DRAINS																				
T	TOTALS																				

MEDCOM - 23010

POST-OP DAY								ACUTY LEVEL CLASSIFICATION											
24 01 02 03 04 05 06																			
V	16	17	18	19	20	21	22	23	R	TIME									
I T A L	131/67	136/67	131/70	128/71	125/81	125/72	131/71		E	MODE									
	48						47		S	F _I O ₂									
	116	114	109	117	111	123	104		P	TV									
	78	25	26	30	30	30	24		I	RATE									
S I G N S	98	94	100	100	100	100	100		B	PEEP									
									A	pH									
									A	PCO ₂									
									B	pO ₂									
I N T A K E	16	17	18	19	20	21	22	23	8°T	O	CLUCOSE								
	125	128	128	125	128	125	128			B	Na/K								
	160					150				O	Cl/CO ₂								
	75	75	75	75	75	75	75			R	BUN/Cr								
O U T P U T										A	WBC/PLATELET								
										T	Hct/Hgb								
										O									
										B									
T U R N										A									
										C	TIME								
										D	MOUTH CARE								
										T	BATCH								
S U C T I O N										I	SKIN CARE								
										L	FOLEY CARE								
										E	TRACH CARE								
										V	ROM EXERCISES								
24°180 TOTALS								NURSE'S SIGNATURE											
WT Yesterday				wt Today				INITIALS											
INTAKE				OUTPUT				[Signature]											
IV				Urine:															
Po																			
TOTAL				TOTAL															

MEDCOM - 23011

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET (5)(6)-2

OTSG APPROVED (Date)
 QA Apr 8 Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0630	INTILAS	1830	INTILAS
	PUPILS		4mm reactive to light		4mm Perla
SENSORIUM		opens eyes spontaneously pupils react to release of eyes. ⊖ redness		responds to external stimuli	
RESPIRATORY	RESPIRATION PATTERN			RRL Equal rise + fall	
	BREATH SOUNDS			Lungs CIA Bilat	
	SECRETIONS			Slight secretions Spoon Trach. #8 shiley trache trach collar specimen trays RTT etc.	
SKIN	COLOR			HR	
	INTEGRITY			Normal for race.	
IV SITE	LOCATION			Wounds to ⊖ R shoulder + ⊖ left ARS's C/D/E	
	CONDITION			⊖ Subclavian triple lumen ⊖ S/S of infection.	⊖ Subclavian 3 lumen patent C/D/E ⊖ S/S of infx
GASTRO	ABDOMEN			VS X4 hypotense	soft NT/NO
	BOWEL SOUNDS			⊖ Abdominal distention sensed on rebound tenderness stomach 75 cc/hr	⊖ BS X4 Quad, velocity in depth off ⊖
GU	URINE			Foley to gravity	Foley to gravity
	COLOR/CLARITY			yellow colored urine.	⊖ clear yellow urine 73 cc/hr.
CARDIOVASCULAR	CARDIAC RHYTHM			ST 100's ⊖ ECG sensed. Peripheral pulse femoral - exposed + 7 sec.	ST 120's ⊖ ectopy ⊖ S's HS ⊖ murmur, ⊖ peripheral pulses X4+2, ⊖ edema
				⊖ Edema noted @ prox. tibia.	
	LEGEND			Cr - Creatinine F _I O ₂ - Fraction of inspired O ₂ F _I O ₂ - Bicarbonate	ICP - Intracranial Pressure PCO ₂ - PRESSURE OF ARTRIAL CO ₂ PEEP - Positive end Expiratory Pressure
				S/A - Fractional SAI - Saturation TRACH - tracheostomy	

PREPARED BY (Signature & Title)

(Continue on reverse)

DEPARTMENT/SERVICE/CING
 ICU

DATE
 1/20/83

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

(5)(6)-2

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

DA FORM 4700
 1 MAY 78
 Proponent Dept of Nurs

MEDCOM - 23012

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

DATE		DX															HOSPITAL DAY			
TIME		07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23		
V I T A L	BP Arterial line																			
	BP Cuff	129/60	124/65	124/65	124/65	124/65	135/70	124/70	124/70	124/70		124/64	128/73				128/73			
	Temperature	47.9	48.2	48.4	48.5	48.8	48.6	48.8	48.9	48.9										
	Pulse	111	96	119	120	128	132	115	106	125			98							
	Respiratory Rate	22	24	30	30	34	30	26	22	32			120	147				117		
	SpO2	100	100	100	100	100	100	100	100	100			100	100				100		
I N T A K E	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T	
	D5 NS 20C	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	
	IV P/B	/	100	/	/	/	100		100	/	/	50								
	PO	/	/	50	/	50	/		50		50							100		
	Osmolality	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	
	TOTALS																			
O U T P U T	URINE	HOUR TOTAL	200	200	200	200	150	200	200	200	200	200	200	200	200	200	200	170		
		SP gr					1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	
		S/A																		
	NG	OUTPUT																		
		PH																		
		GUIAC																		
	EMESIS																			
	STOOL																			
	DRAINS																			
TOTALS																				

MEDCOM - 23013

POST-OP DAY								ACUITY LEVEL CLASSIFICATION																	
V I T A L S I G N S	29	01	02	03	04	05	06	23	R E S P I R A T O R Y	TIME															
			121 /69				123 /67			MODE															
			110				128			F _I O ₂															
			17				27			TV															
			100				100			RATE															
			H12A				H12A			PEEP															
										A	pH														
											PCO ₂														
											pO ₂														
											HCO ₃														
								B	SAT																
									BASE																
I N T A K E	16	17	18	19	20	21	22	23	8°T	L A B O R A T O R Y	TIME														
	125	125	125	125	125	125	125		CLUCOSE																
	250								Na/K																
									Cl/CO ₂																
	75	75	75	75	75	75	75		BUN/Cr																
	7								WBC/PLATELET																
									Hct/Hgb																
O U T P U T	2000	1500	1300	1700	1500	2000	2400		A C T I V I T I E S	TIME															
	3420	3570	3700	3850	4000	4200	4400			MOUTH CARE															
										BATCH															
										SKIN CARE															
										FOLEY CARE															
										TRACH CARE															
										ROM EXERCISES															
24°180 TOTALS										NURSE'S SIGNATURE		INITIALS													
WT Yesterday					wt Today																				
INTAKE					OUTPUT																				
IV					Urine:																				
Po																									
TOTAL										TOTAL															
MEDCOM - 23014																									

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

PAGE 1 OF 2

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Appr 8 Mar 89

		INITIAL ASSESSMENT	
	TIME	INITIALS	INITIALS
N E U R O	PUPILS	1825	(b)(6)-2
	SENSORIUM	2 pupils sluggish, sedated a. Smg of versed and turning of feet/hour.	
R E S P I R A T O R Y	RESPIRATORY PATTERN	Equal rise and fall of	
	BREATH SOUNDS	clear, slight wheezes & rhonchi	
	SECRETIONS	Yellowish from trach.	
S K I N	COLOR	Normal	
	INTEGRITY	wounds to (L) & (R) calf & wet to dry dsg. All appear to be D.I. (L) & (R) show ulcers	
I V S I T E	LOCATION	(R) AC / (L) forearm	
	CONDITION	no signs of infection	
G A S T R O	ABDOMEN	Soft & nondistended	
	BOWEL SOUNDS	hyperactive x 4 areas	
G U	URINE:	Foley to gravity & amber to urine.	
	COLOR/CLARITY		
C A R D I O V A S C U L A R	CARDIAC RHYTHM	S1, S2 present, sinus tach, HR in the 120's, no edema noted	

LEGEND: Cr - Creatinine, ICP - Intracranial Pressure, VA - Fractional, F_iO₂ - Fraction of Inspired O₂, PCO₂ - Pressure of Arterial CO₂, SAT - Saturation, HCO₃ - Bicarbonate, PEEP - Positive End Expiratory Pressure, TRACH - Tracheostomy

PREPARED BY (S) (b)(6)-2 DEPARTMENT/SERVICE/CLINIC IUM2 DATE 22 MAR 89

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

EDW (b)(6)-4

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

DA FORM 1 MAY 78 4700 Proponent: Dept of Nurs

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

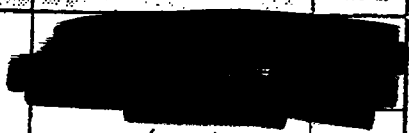
MEDCOM - 23015

Re-admin

DATE		HOSPITAL DAY																		
22 NOV 03																				
	TIME	14	15	16	17	18	19	20	21	/	22	23	24	01	02	03	04	05	/	
V	BP Arterial Line																			
I	BP Cuff	115/57	98/62	105/61	110/69	105/60	105/58	105/56	105/54	105/61	105/61	105/61	105/61	105/61	99/59	106/58	106/60	104/62		
T	Temperature	1	101'		101'															
A	Pulse	131	118	110	117	123	122	111	125	125	114	105	120	123	118	116	114			
L	Respiratory Rate	20	16	16		12	12	12	12	12	12	12	12	12	12	12	12	12		
S	SPO2	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100		
I	% Vent	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	45	40	
N	MAP	81	77	80	81	78	76	74	74	75	75	77	78	74	78	78	84			
S																				
	TIME	14	15	16	17	18	19	20	21	8T	22	23	24	01	02	03	04	05	8T	
I	MIVE				125	125	125	125	125		125	125	125	125	125	125	125	125		
N	Fent	10	10	10	10	10	10	10	10		10	10	5	5	5	5	5			
E	Versed	4	4	4	5	5	5	5	5		5	4	4	4	4	4	4			
A	I.V.P.B.							250			150	100	100	100				150		
K	Podus																			
E	Subtotal	22	14	14	140	140	140	390	140		240	139	234	234	134	134	134	284	(1583)	
O	TOTALS	22	36	50	190	330	470	860	1000	(1000)	240	429	663	897	1031	1165	1299	1583	(1583)	
U	URINE		70	50			120	34	32	(316)	36	32	52	40	50	50	40	60	(340)	
I	NG																			
P	EMESIS																			
U	STOOL																			
T	DRAINS																			
	TOTALS																			

MEDCOM - 23016

1433
152
1583

POST-OP DAY				ACUTY LEVEL CLASSIFICATION			
V	06			R	TIME	1328	
I	112			E	MODE	STRA	
T	1115			S	F _{O2}	TRACH	
A	130			P	TV	collor	
L	12			I	RATE		
S	NO			B	PEEP		
I	NO			A	PH	7.58	
G				A	PCO ₂	27	
N				B	PO ₂	68	
S				B	HCO ₃	24	
					SAT	96%	
				G	BASE	4	
					TIME		
				A	GLUCOSE		
			8° T	B	Na/K		
				O	Cl/CO ₂		
				R	BUN/Cr		
				A	WBC/PLATELET		
				T	Hct/Hgb		
				O			
				B			
				Y			
				A	TIME		
				C	MOUTH CARE		
				D	BATH		
				T	SKIN CARE		
				A	FOLEY CARE		
				I	TRACH CARE		
				V	ROM EXERCISES		
				L			
				E			
				S			
				V			
				I			
				B			
				N			
				F			
				G			
				24*180 TOTALS			
				NURSE'S SIGNATURE		INITIALS	
				wt Yesterday	wt Today	 (5/6)-2	
				INTAKE	OUTPUT		
				IV	Urine:		
				PO			
				TOTAL	TOTAL		
				BALANCE			

DATE		23/Nov/03																		DX		HOSPITAL DAY			
TIME		07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23							
V	BP Arterial Line	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/							
I	BP Cuff	107/53	104/51	111/53	108/51	112/50	109/51	108/55	112/55	105/56	106/54	114/52	112/55	111/53	109/51	114/53	115/54	106/52							
T	Temperature	100.5					102	102		100.5	100	100.7	100.5	99.8	98.5	99	99.2	100							
A	Pulse	111	107	109	123	125	15	25	12	11	13	17	19	19	18	15	16	14							
A	Respiratory Rate	12	12	12	13	23	25	12	11	13	17	19	19	18	15	16	14	16							
E	SpO2	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100							
E	FIO2	40	40	40	40	40	40	40	40	40	35	35	35	35	35	35	35	35							
S	MAP	75	75	77	73	72	71	75	81	79	83	83	79	82	77	84	79	79							
I	FEU2										TC	TC	TC	TC	TC	TC	TC	TC							
G																									
N																									
S																									
TIME										8T									8T						
I	MIUF	125	115	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125							
H	FERT	5	5	5	5	5	5	5	5	3	3	3	3	2	2	2	2	2							
M	versed	4	4	4	4	4	4	4	2	2	2	2	2	2	2	2	2	2							
T	LUFB	/	100				100	150								250		150							
A																									
K																									
E	TOTALS	134	234	134	134	134	234	134	280	130	130	130	130	129	124	124	124	279							
O	URINE	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50							
U	NG	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50							
T	EMESIS																								
P	STOOL																								
U	DRAINS																								
T	TOTALS																								

MEDCOM - 23019

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

REPORT TITLE

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

OTSG APPROVED (Date)
QA Appr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	TIME	INITIALS
NEURO	PUPILS	0600	[redacted]	1900	[redacted]
	SENSORIUM	Pupils 4mm & reactive Alert & some purposeful movements does not follow commands			
		pupils 4mm, reactive isolated & tentorial 50mg/hr, versed 2mg/hr, spontaneous eye movement & body movement, has good grip @ R hand			
RESPIRATORY	RESPIRATORY PATTERN	large CTA bilaterally			
	BREATH SOUNDS	diminished bases			
	SECRETIONS	blood tinged secretion noted via trach #9 Shiley in place on trach collar @ 27%			
SKIN	COLOR	color normal for race			
	INTEGRITY	skin intact. Wound healed			
	LOCATION	wound to @ side of head healing			
VISCER	CONDITION	1kg noted in @ R			
		20g noted on @ forearm - Both patient & BSNS & Zolac infusing @ 126cc/hr			
		tonight, turning @ to & break down 20g PIV to @ PA patent 5 s/sx infiltration running BSNS @ 20mg KCl @ 125 ml/hr			
GASTRO	ABDOMEN	Abdomen round			
	BOWEL SOUNDS	soft & hypoactive			
		bowel sounds Tol tolerates well			
GU	URINE:	Foley to gravity			
	COLOR/CLARITY	draining clear yellow urine			
		adequate output			
CARDIOVASCULAR	CARDIAC RHYTHM	sinus tachycardia			
		Ectopy & HR in DM			
		purely palpable pulses in all ext			
LEGEND		Cr - Creatinine F ₀ 2 - Fraction of Inspired O ₂ HCO ₃ - Bicarbonate ICP - Intracranial Pressure PCO ₂ - Pressure of Arterial CO ₂ PEEP - Positive End Expiratory Pressure SA - Fractional SAT - Saturation TRACH - Tracheostomy			

Misc: ROM to @ UE & @ LE - stiffness noted

PREPARED BY /S/ [redacted] DEPARTMENT/SERVICE/CLINIC ICU2 DATE 24 Nov 03

PATIENT IDENTIFICATION: middle; grade; date; hospital; Name - last, first.

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

DA FORM 1 MAY 78 4700
Proponent: Dept of Nurs

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

MEDCOM - 23021

DATE		DI 4/26/03																	HOSPITAL DAY	
		SP Craniotomy / Sp Trach / Spdebrideent of skull fx																	24	
TIME		07	08	09	10	11	12	13	14	8T	15	16	17	18	19	20	21	22	8T	
V	BP Arterial Line														111	113	121	121	8T	
	BP Cuff	139/61	137/62	145/60	143/53	122/65	115/58	112/59	107/43		122/67	125/66	120/60	117/61	62	65	64	67		
T	Temperature			99.7				101.8			98.6				99.6					
	Pulse	119	125	132	136	108	119	127	117		121	116	119	116	131	128	117			
A	Respiratory Rate	19	20	11	22	22	16	20	19		19	22	30	17	27	30	25			
	Sats	100	100	100	100	99	100	100	100		100	100	100	100	100	100	100			
E	FiO2	RA	RA	RA	LA	RA	RA	RA	RA		RA	RA	RA	RA	RA	RA	RA			
	SOURCE	IR																		
S	MAP	88	90	94	87	88	80	80	67		89	89	88	83	84	94	88			
I																				
G																				
N																				
S	TURN														(R)	(L)				
	TIME	07	08	09	10	11	12	13	14	8T	15	16	17	18	19	20	21	22	8T	
I	AWUF	125	125	125	125	125	125	125	125		125	125	125	125	125	125	125	125		
	FOOT	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5		2.5	2.5	2.5	2.5	2.5	OFF	OFF	OFF		
N	USED	2	2	2	2	2	2	2	2		2	2	2	2	2	OFF	OFF	OFF		
	IVAB	150	250				100		150						100	250		150		
E																				
A	PO	150						200							440					
K																				
P																				
E	Subtotal	429.5	379.5	129.5	129.5	129.5	229.5	229.5	279.5		209.5	129.5	109.5	129.5	279.5	389.5	379.5	129.5	379.5	
	TOTALS	429.5	809	938.5	1068	1197.5	1427	156.5	2036		129.5	259.5	388.5	618	808.5	379.5	1068.5	1444.5		
O	URINE	150	50	200	134	140	220	370	320	40	170	370	330	26	50	200	20	220		
	10 gr	500	88	134	168	200	270	350	430	270	170	370	600	620	250	450	60	870		
U	NG																			
	OUTPUT																			
T	EMESIS																			
	STOOL																			
P																				
U	DRAINS																			
T	TOTALS																			

POST-OP DAY 23/13								ACTIVITY LEVEL CLASSIFICATION <u>II</u>									
V	13	14	01	02	03	04	05	06	E S P I R A T O R Y	TIME							
I	104	140	130	102	107	100	111	112		MODE							
T	63	51	45	43	51	54	54	54		F _I O ₂							
A	104			102			980			TV							
L	123	115	107	117	111	102	115	101		RATE							
S	24	24	21	20	20	26	18	19		PEEP							
I	100	100	100	100	100	100	100	100		pH							
G	RA	RA	RA	RA	RA	RA	RA	RA		PCO ₂							
N	78	81	83	65	67	74	77	76		PO ₂							
S										HCO ₃							
I									SAT								
A									BASE								
K									TIME								
E									GLUCOSE								
O									Na/K								
U									CaCO ₂								
T									BUN/Cr								
P									WBC/PLATELET								
U									Hct/Hgb								
T									TIME								
I									MOUTH CARE								
A									BATH								
K									SKIN CARE								
E									FOLEY CARE								
O									TRACH CARE								
U									ROM EXERCISES								
T									24 HOURS TOTALS								
P									wt Yesterday								
U									wt Today								
T									INTAKE								
									IV								
									DO								
									OUTPUT								
									Urine:								
									TOTAL								
									BALANCE								

BOLEAD 38.5

242 291.5

2708.5

NURSE'S 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
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Apr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	INITIALS	INITIALS
N E U R O	PUPILS	0645	(b) (6)	(b) (6)	
	SENSORIUM	Pupils fixed + reactive normal to light. Pt. is Alert and active. Does not move @ leg. severe weakness to (L) arm. normalment of (L) arm. continue ROM			
	RESPIRATORY PATTERN	Wunds OTK bilaterally to diminished trachea productive cough noted via #8 white secretions shiley #8 trach. a small amt of thick secretions noted			
S K I N	COLOR	Color normal for race	normal.	normal.	(L) & (R) shoulder and
	INTEGRITY	Wound healing on (R) side of head	(R) calf.	all appear	OK.
	LOCATION	Wound on (R) forearm	IL to (R) forearm	patient's elbow	to (L) arm. Hard due to infiltration from IV.
A B D O M E N	ABDOMEN	Abdomen round & soft	Abd soft and non distended.	Hypoactive	BS x 4 qd.
	BOWEL SOUNDS	soft & bowel sounds noted x 4 qd. no bowel movement noted			
	URINE:	Foley to gravity draining large amt of clear yellow urine	Foley to gravity	clear & yellow	urine.
C A R D I A C	CARDIAC RHYTHM	Sinus tachycardia 5-60 bpm & palpable. subcl in all extremities. edema noted on (L) hand and foot.	S ₁ , S ₂ present. normal to (L) arm and (L) hand. Cap refill less than 3 sec x 4 extremities. Palpable pulses x 4.		
	LEGEND		Cr - Creatinine I ₂ O ₂ - Fraction of Inspired O ₂ HCO ₃ - Bicarbonate	ICP - Intracranial Pressure PCO ₂ - Pressure of Arterial CO ₂ PEEP - Positive End Expiratory Pressure	SA ₁ - Fractional Saturation TRACH - Tracheostomy
	(Continue on reverse)				

PREPARED BY (Signature & Title) [Redacted] DEPARTMENT/SERVICE/CLINIC [Redacted] DATE 25 NOV 83

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

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

DA FORM 1 MAY 78 4700
Proponent Dept of Nurs

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

MEDCOM - 23024

DATE		DR														HOSPITAL DAY			
25 NOV 03		S/P Craniotomy / S/P trach														25			
TIME		07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
V	BP Arterial Line																		
J	BP Cuff	124/65	124/63	122/62	123/60	125/72	134/65	140/65	143/64	139/66	126/65	124/70	112/60	114/63	124/67	117/67	118/64	132/68	
T	Temperature	99.1		98.5					98.1				98.7	98.3		98.5			
A	Pulse	123	118	114	121	114	105	99	97	105	117	117	120	125	125	114	120		
A	Respiratory Rate	17	26	22	24	24	20		16	18	20	18	22	20	25	20	24	21	
E	SPO2	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	
E	FiO2	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	
S	SO2 MAP	86	84	85	95	93	93	91	91	93	90	97	83	85	88	87	84	95	
TURN																			
TIME		07	08	09	10	11	12	13	14	8T	15	16	17	18	19	20	21	22	8T
I	MIVF	125	125	125	125	125	125	125	125		125	125	125	125	125	125	125	125	
N	Fentanyl	2.5	2.5	-	2.2	2.5	2.5	2.5	2.5		2.5	2.5	2.5	2.5	2.5				
N	Versed	2	2	-	2	1	1	1	1		1	1	1	1	1				
T	IVPB	100	250				100		150										
T	PO	200		120									100		100	150			
A														120					
K																			
E	Subtotal	479.5	377.5	245	176.5	128.5	229.5	128.5	278.5	128.5	128.5	128.5	278.5	246.5	225	215	125		
E	TOTALS	479.5	809	1054	1193.5	1312	1540.5	1669	1947.5	1947.5	128.5	257	385.5	617	865.5	1085	1360	1485	
O	URINE	300	300	340	150	120	320	520	100	100	200	200	130	170	170	100	200	150	170
U	NG																		
T	EMESIS																		
P	STOOL																		
U	DRAINS																		
T	TOTALS																		

POST-OP DAY										ACTIVITY LEVEL CLASSIFICATION										
V	23	24	03	04	05	06	05	06		B	TIME	0400								
I										E	MODE									
T	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	S	F _{O2}	RA								
A	110	120	120	105	116	104	111	121		P	TV									
L	21	116	24	24	19	22	16	17		T	RATE									
E	110	110	110	110	110	110	110	110		A	PEEP	1								
S	RA	RA	RA	RA	RA	RA	RA	RA		A	pH	7.465								
I	85	84	90	85						A	PCO ₂	41.8								
G										B	PO ₂	91								
N										B	HCO ₃	30								
S										G	SAT	97								
										G	BASE	6								
										L	TIME	0400								
	23	24	01	02	03	04	05	06	8° T	A	GLUCOSE	132								
	125	125	125	125	125	125	125	125		B	Na/K	135/3.5								
		2.5	2.5	2.5	2.5	2.5	2.5	2.5		O	Cl/CO ₂	102/20								
		2.5	2.5	2.5	2.5	2.5	2.5	2.5		R	BUN/Cr	7/0.8								
	100	94	94	94	94	94	94	100		A	WBC/PLATELET	6.2/66								
										T	Hct/Hgb	25.4/8.0								
										A										
										C	TIME	0800								
										A	MOUTH CARE	✓								
										T	BATH									
										E	SKIN CARE									
										L	FOLEY CARE	✓								
										E	TRACH CARE	✓								
										S	ROM EXERCISES	✓								
										D										
										F										
											24 HOURS TOTALS									
											wt Yesterday		wt Today							
											INTAKE		OUTPUT							
											IV	2415	Urine:	5615						
											PO									
											TOTAL		TOTAL							
											MEDCOM - 23026									

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
 QA Apr 8 Mar 89

		INITIAL ASSESSMENT			
		TIME	INITIALS	INITIALS	INITIALS
N E U R O	PUPILS	0825	(b)(6)	(b)(7)(C)	
	SENSORIUM	3mm reactive to light. Pt is Alert.			
R E S P I R A T O R Y	RESPIRATORY PATTERN	equal rise + fall			
	BREATH SOUNDS	of chest. Lung			
	SECRETIONS	Secretions clear. Pt. cough on occasion & white secretions			
S K I N	COLOR	NORMAL			
	INTEGRITY	unremarkable to (L) & (R) shoulder & (R) arm			
	LOCATION	(R) Forearm.			
I N J E C T I O N	CONDITION	(L) Signs of infection			
G A S T R O	ABDOMEN	Soft & nondistended			
	BOWEL SOUNDS	Hyperactive BS x4			
G U	URINE:	Foley clear & yellow			
	COLOR/CLARITY	normal			
C A R D I O V A S C U L A R	CARDIAC RHYTHM	S1 S2 present. e decr. to (L) arm. CAD ref. 12 3 sec x 4. palpable pulse x 4.			

LEGEND: Cr - Creatinine, ICP - Intracranial Pressure, SA - Fractional, F_IO₂ - Fraction of inspired O₂, PCO₂ - Pressure of Arterial CO₂, SA₁ - Saturation, HCO₃ - Bicarbonate, PEEP - Positive End Expiratory Pressure, TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE
26

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

(b)(6) EPW
(b)(6) 4

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

DA FORM 1 MAY 78 4700
 Proponent Dept of Nurs

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

MEDCOM - 23027

DATE		20 NOV 03														DX	HOSPITAL DAY				
TIME		07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22				
V	BP Arterial Line	149/	124/	141/	145/	138/	147/	152/	119/	132/	128/	130/	117/	121/	114/	114/					
I	BP Cuff	174/	111/	184/	174/	191/	199/	101/	100/	172/	170/	170/	105/	114/	114/	114/					
T	Temperature		99.1			99.1				98.9		98.9		98.2		98.4					
A	Pulse	135	135	126	124	132	119	114	103	118	110	123	116	120		114					
L	Respiratory Rate	52	18	22	22	15	22	57	24	20	23	24	26	28		20					
S	SpO2	99	100	99	100	100	99	99	100	100	100	100	100	98		97					
I	Sum	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA		RA					
N	MAD	101	90	105	113	109	116	117	82	93	91	98	85	89		84					
TIME		07	08	09	10	11	12	13	14	8T	15	16	17	18	19	20	21	22	8T		
I	MIVE	135	25	125	125	125	125	125	125	1000	125	125	125	125	125	125	125	125	8T		
N	IVPB	100	250				100		150	100			100		250	50	150				
E	PO	240		240			240		100	780	10	1			240						
A	FOOD	20%					20%														
TOTALS										1380				1911	2036						
O	URINE	HOURLY TOTAL	500	200	1100	180	200	200	150	200	1200	190	100	180	200	200	200	200			
		100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100		
U	NG	OUTPUT																			
		PH																			
T	GUAC																				
EMESIS																					
STOOL																					
DRAINS																					
TOTALS										1380				1911	2036						

1380
1500
20

2120
MEDCOM - 23028

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET (5)(Q)-2

OTSG APPROVED (Date)
 QA Appr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
		TIME	INITIALS	TIME	INITIALS
N E U R O	PUPILS	0700	[REDACTED]	1400	[REDACTED]
	SENSORIUM	PEERL 3+	[REDACTED]	3-4MM EQUAL BRISK	[REDACTED]
	Sedation/Pain meds	A40 x 2 ① Simple movement ② Sedation of pain meds	[REDACTED]	ALERT MOVES BONE EXTREMITIES STRENGTH R > L; BLE R > L	[REDACTED]
R E S P I R A T O R Y	RESPIRATORY PATTERN	RR-16	SPO2-100%	BPM 24	SAO2 99%
	BREATH SOUNDS	Lung sounds-CTA (B)	[REDACTED]	BBS CTA	[REDACTED]
	SECRETIONS	① Cough via trach Humidified RA via trach collar	[REDACTED]	TRACH R SHLEZY ② COUGH TRA ON ROOM AIR VIA TRACH COLLOL	[REDACTED]
	COLOR	Normal for Race	[REDACTED]	[REDACTED]	[REDACTED]
S K I N	INTEGRITY	Wound to (R) Shoulder & (L) (L) Shoulder Headwound	[REDACTED]	[REDACTED]	[REDACTED]
	LOCATION	IV in (R) wrist infusing	[REDACTED]	20G (R) WRIST T DS	[REDACTED]
	CONDITION	DS 1/2 NS & 20 KCL @ 125cc/hr ① No S/S of infection or infiltration	[REDACTED]	1/2 NS & 20 K INFUSING @ 125cc/hr. SITE S INFECTION AND PATENT. @ S/S OF INFILTRATION.	[REDACTED]
G A S T R O	ABDOMEN	Soft flat non tender	[REDACTED]	SNTND	[REDACTED]
	BOWEL SOUNDS	Bowel sound - Normal- active ① BM @ present	[REDACTED]	BS (+)	[REDACTED]
G U	URINE:	① voiding via Foley to gravity clear yellow urine Q.S.	[REDACTED]	TRG T CLEAR YELLOW URINE > 100 cc/hr	[REDACTED]
	CARDIAC RHYTHM	HR-95 BP 130/66 capillary Refill - < 3sec x4 peripheral pulses - strong x4 Skin temp warm	[REDACTED]	ST & ECTOPY PULSES (4) x4 TMAX 98.0	[REDACTED]

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

(5)(Q)-2 (Continue on reverse)

PREPARED BY (Signature & Title) [REDACTED] PC 9/11/86 DEPARTMENT/SERVICE/CLINIC DATE 27 NOV 05

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

[REDACTED] EPW
 (5)(Q)-4

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

DA FORM 1 MAY 78 4700
 Proponent: Dept of Nurs

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

DATE		DX																HOSPITAL DAY			
27 NOV 03		IED to (R) Shoulder (L) Calf (L) Shoulder																			
V I T A L S	TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22				
	BP Arterial Line	-						*													
BP Cuff	138/60	127/62	128/62	126/65	157/89	161/100	119/71	117/63		122/66	110/61	116/63	113/57	107/62	125/68	113/67	117/64				
Temperature	97.1	-	98.6	-	99.3	-	97.7	-		98.1	-	97.6	-	98.6	-	-	-				
Pulse	95	125	125	101	132	131	127	144		130	132	122	117	119	121	99	99				
Respiratory Rate	16	25	21	20	22	18	23	20		24	36	20	26	28	20	14	18				
SPO2	100%	98%	99%	100%	100%	100%	100%	94%		98%	100%	100%	99%	99%	100	100	100				
Mode	MRA	HRA	HRA	HRA	HRA	HRA	HRA	TC		HRA	HRA	HRA	HRA	HRA	HRA	HRA	HRA				
Map	93	92	88	87	115	120	90	82		88	80	87	79	79	93	84	85				
TIME		07	08	09	10	11	12	13	14	8 ^T	15	16	17	18	19	20	21	22	8 ^T		
MIVE		125	125	125	125	125	125	125	125		125	125	125	125	125	125	125	125			
IVPB		150	250	-			100		150					100		250		100			
PO		-	250	100			250														
Food - ^{see} caloric count														240							
TOTALS		275	900	1185	1250	1475	1700	1825	2100	2100	2225	2350	2475	2700	3005	3410	3565	3790	3790		
O U R I N E	HOURLY TOTAL	300	305	480	490	310	200	225	140		300	200	220	150	120	200	200	120			
	TOTAL	300	605	1085	1575	1885	2085	2310	2450		2750	2950	3170	3320	3540	3740	3940	4060			
N G	OUTPUT																				
	DI GUAC																				
EMESIS																					
STOOL																					
D R A I N S																					
TOTALS										2450											

MEDCOM - 23031

POST-OP DAY									ACUTY LEVEL CLASSIFICATION												
V I T A L S I G N S	23	24	01	02	03	04	05	06	R	TIME											
	117/100	118/101	115/105	106/101	116/101	104/103	109/101	110/101	E	MODE											
	-	98	-	-	-	97	-	-	S	F _{O2}											
	97	97	117	114	100	88	114	100	P	TV											
	18	19	25	21	23	18	29	12	I	RATE											
	100	100	100	100	100	100	100	100	B	PEEP											
	HHA	HHA	HHA	HHA	HHA	HHA	HHA	HHA	A	PH											
	82	84	85	79	72	79	79	79	A	PCO ₂											
									T	PO ₂											
									O	HCO ₃											
								R	SAT												
								Y	BASE												
I N T A K E	23	24	01	02	03	04	05	06	8°T	L	TIME										
	125	125	125	125	125	125	125	125		A	GLUCOSE										
	50	100					100			B	Na/K										
										O	ClCO ₂										
										R	BUN/Cr										
										A	WBC/PLATELET										
										T	Hct/Hgb										
										O											
										B											
										Y											
E V E N T S	175	125	125	125	125	125	275	125	A	TIME										T U R N S U C T I O N	
	3965	4180	4305	4430	4555	4670	4945	5060	5200	C	MOUTH CARE										
	160	120	140	150	125	130	140	160		D	BATH										
	4220	4290	4480	4630	4790	4885	5225	5385	5185	A	SKIN CARE										
										V	FOLEY CARE										
										I	TRACH CARE										
										E	ROM EXERCISES										
										S											
										I											
										V											
									D												
									N												
									F												
									G												
										24 HOURS TOTALS										NURSE'S SIGNATURE	INITIALS
										wt Yesterday										wt Today	
										INTAKE										OUTPUT	
										IV										Urine:	
										DO											
										TOTAL										TOTAL	
										BALANCE											

NEUROLOGICAL ASSESSMENT

HOURS		07													LEGEND		
C O M A	EYES OPEN	SPONTANEOUSLY	4	✓													C Closed by swelling T Trach/Endo S Sturring D Dysphasia R Receptive E Expressive
		TO SPEECH	3														
		TO PAIN	2														
		NO EYE OPENING	1														
	S E N S E	BEST VERBAL RESPONSE	ORIENTED	5													
CONFUSED			4														
VERBALIZES			3														
VOCALIZES			2														
NO VOCALIZATION			1	T													
C A T E	BEST MOTOR RESPONSE	OBEYS COMMANDS	6	✓													
		LOCALIZES PAIN	5														
		FLEXION WITHDRAWAL	4														
		ABNORMAL FLEXION	3														
		EXTENSION TO PAIN	2														
L E F T	ARMS	NORMAL POWER															R Right L Left Record separately if there is a difference between the two sides.
		MILD WEAKNESS		✓													
		SEVERE WEAKNESS															
		ABNORMAL FLEXION															
		ABNORMAL EXTENSION															
M I D V E N E N T	LEGS	NORMAL POWER															
		MILD WEAKNESS		R													
		SEVERE WEAKNESS		L													
		ABNORMAL FLEXION															
		ABNORMAL EXTENSION															
P U P I L S	RIGHT	SIZE REACTION	3+														++ Brisk + Slow - No Response
	LEFT	SIZE REACTION	3														
PUPIL SCALE																	
ICP														+ Intact - Abnormal			
CEREBRAL PERFUSION PRESSURE																	
HOURS		07													LEGEND		
↑ EXT	R	++	/	/	/	/	/	/	/	/	/	/	/	/	/	/	++ Normal + Weak - Absent D Doppler R Right L Left
	L	++	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
↓ EXT	R	++	/	/	/	/	/	/	/	/	/	/	/	/	/		
	L	++	/	/	/	/	/	/	/	/	/	/	/	/	/		
	R		/	/	/	/	/	/	/	/	/	/	/	/	/		
	L		/	/	/	/	/	/	/	/	/	/	/	/	/		
	R		/	/	/	/	/	/	/	/	/	/	/	/	/		
	L		/	/	/	/	/	/	/	/	/	/	/	/	/		

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)

QA Appr 8 Mar 89

		INITIAL SHIFT ASSESSMENT			
N E U R O	TIME	0700	INITIALS	INITIALS	INITIALS
	PUPILS		Pupils functioned		
S E N S O R I U M	SENSORIUM	Alert and alert			
		moves @ side &			
		little movement			
R E S P I R A T O R Y	RESPIRATORY PATTERN	Wheeze CRT bilaterally			
	BREATH SOUNDS	#8 trachea & small			
	SECRETIONS	amount of copious			
		spit out solid pt			
		& productive cough			
S K I N	COLOR	Color normal for			
	INTEGRITY	race. Stage II rolled on			
		back & peritubal applied			
M O U T H	LOCATION	20mm Orad. Patient			
	CONDITION	& edema or erythema			
G A S T R O	ABDOMEN	Abdomen round &			
	BOWEL SOUNDS	soft @ bowel			
		sounds x4 quadrants			
G U	URINE:	soft stool diet			
	COLOR/CLARITY	color to gravity			
C A R D I O V A S C U L A R	CARDIAC RHYTHM	draining moderate			
		amt of clear yellow			
		urine			
		sinus tachycardia			
		noted & HR in 170's			
		@ palpable pulses in			
		all extremities			

LEGEND

Cr - Creatinine
F₁O₂ - Fraction of Inspired O₂
HCO₃ - Bicarbonate

ICP - Intracranial Pressure
PCO₂ - Pressure of Arterial CO₂
PEEP - Positive End Expiratory Pressure

SA - Fractional
SA_i - Saturation
TRACH - Tracheostomy

PREPARED BY (Signature)

(b)(6)-2

(Continue on reverse)

PATIENT'S IDENTIFICATION (if of middle; grade; date; hosp)

(b)(6)-4

DEPARTMENT/SERVICE/CLINIC

ICU 2

DATE

2/26/03

Name—last, first.

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

DA FORM 1 MAY 78 4700
Proponent: Dept of Nurs

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

DATE		DI																		HOSPITAL DAY	
28 NOV 03		SIP CRANIECEREBRAL TRACH/ISD/DEPRESSOR SKULL R																		28	
V	TIME	07	08	09	10	11	12	13	14	15	15	16	17	18	19	20	21	22	23		
	BP Arterial Line																				
BP Cuff	120/60	110/60																			
Temperature		98.8																			
Pulse	89	112																			
Respiratory Rate	17	33																			
SPO2		99	100																		
	MOXIC	TC	TC																		
	MULTI	99	79																		
I	TIME	07	08	09	10	11	12	13	14	8T	15	16	17	18	19	20	21	22	8T		
	MLWF	105	105	105																	
	NPB	100	250																		
	W/O	340																			
	Subtotal																				
TOTALS																					
O	URINE	HOURLY TOTAL	390	210	310																
		SP GR	290	550	780																
U	NG	OUTPUT																			
		PH																			
		GLUC																			
EMESIS																					
STOOL																					
U	DRAINS																				
TOTALS																					

POST-OP DAY								ACUITY LEVEL CLASSIFICATION									
27/17								V									
V	23	24	01	02	03	04	05	06	R	TIME							
I									E	MODE							
T									S	F _{O₂}							
A									P	TV							
L									I	RATE							
S									B	PEEP							
I									A	pH							
G									A	PCO ₂							
N									O	pO ₂							
S									B	HCO ₃							
									R	SAT							
									Y	BASE							
									L	TIME							
									A	GLUCOSE							
	23	24	01	02	03	04	05	06	B	Na/K							
									O	Cl/CO ₂							
									R	BUN/Cr							
									A	WBC/PLATELET							
									T	Hct/Hgb							
									D								
									B								
									Y								
									A	TIME	0700						
									C	MOUTH CARE							
									D	BATH	✓						
									T	SKIN CARE	✓						
									A	FOLEY CARE	✓						
									I	TRACH CARE							
									V	ROM EXERCISES	✓						
									D								
									F								
									G								
									24 H&O TOTALS			NURSE'S SIGNATURE					
									wt Yesterday		wt Today						
									INTAKE		OUTPUT						
									IV		Urine:						
									PO								
									TOTAL		TOTAL						
									BALANCE								

1. Reporting MTF [REDACTED]		2. MTF Local 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] NoFirstNameGiven		4. Pay Grade FGN	5. Sex M
6. DoB (YYYYMMDD)	7. Age at Admission (5)(6)-4	8. Race X	9. Ethnicity 9	9. Ethnicity Religion	
10. Length of Service	ETS	11. FMP 99	12. Social Security Number [REDACTED]		
Organization (Active Duty Only)		13. Marital Status	Hour of Admission 07:30	Branch / Corps:	
14. Flying Status N/A	15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES		16. Zip Code of Residence:		
17. Unit Location	18. MOS		19. Trauma DIS	Prev. Admission NO	
20. Source of Admission Direct from ER		Ward: ICU2	Name / Relationship of Emergency Addressee		
			Address of Emergency Addressee		
(5)(b)2 Name and Location of Medical Treatment Facility: [REDACTED] Install Provided			Telephone Number of Emergency Addressee		
21. Type of Disposition TRF C-ACF	22. MTF Transferred To 0607	23. Date of Disposition (YYYYMMDD) 2003-12-09			
24. Clinic Svc - Admitting AAJ - NEUROLOGY	25. MTF Transferred From	26. Date this Admission (YYYYMMDD) 2003-11-01			
27. Location of Occurrence	28. MTF of Initial Admission	29. Date of Initial Admission 2003-11-01			
FOR LOCAL USE					
Type Patient (Inpatient / Outpatient): Inpatient					
Admission Diagnosis Narrative: HEAD TRAMA					
Procedure Narrative(s):	T: 1 Inj: 449 Dx: 85236 9009 78039 48283 99859 03843 85196 8760 88001 8794 3313 E993 PR: 0131 3951 9604 0331				
Cause of Injury Narrative:					
Admitting Officer (Signature Required) [REDACTED] (5)(b)2			Signature of Admitting Clerk [REDACTED]		

Automated Facsimile 985, MAR 2000

MEDCOM - 23037

3. Register Number [REDACTED]	Name (Last, First, MI) [REDACTED] NoFirstNameGiven		4. Pay Grade FGN	5. Sex M
6. DoB (YYYYMMDD)	7. Age at Admission (5)6-4	8. Race X	9. Ethnicity 9	Religion
10. Length of Service	ETS	11. FMP 99	12. Social Security Number [REDACTED]	
Organization (Active Duty Only)		13. Marital Status	Hour of Admission 07:30	Branch / Corps:
14. Flying Status N/A	15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES		16. Zip Code of Residence:	
17. Unit Location	18. MOS	19. Trauma DIS	Prev. Admission NO	
20. Source of Admission Direct from ER		Ward: ICU2	Name / Relationship of Emergency Addressee	
			Address of Emergency Addressee	
Name and Location of Medical Treatment Facility: [REDACTED] Provided		Telephone Number of Emergency Addressee		
21. Type of Disposition TRF C-ACF	22. MTF Transferred To 0607	23. Date of Disposition (YYYYMMDD) 2003-12-09		
24. Clinic Svc - Admitting AAJ - NEUROLOGY	25. MTF Transferred From	26. Date this Admission (YYYYMMDD) 2003-11-01		
27. Location of Occurrence	28. MTF of Initial Admission	29. Date of Initial Admission 2003-11-01		
FOR LOCAL USE				
Type Patient (Inpatient / Outpatient): Inpatient				
Admission Diagnosis Narrative: HEAD TRAMA				
Procedure Narrative(s):				
Cause of Injury Narrative:				
Admitting Officer (Signature) [REDACTED]		Signature of Admitting Clerk [REDACTED]		

Automated Facsimile - DATE: [REDACTED] MAR 2000

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PATIENT TREATMENT RECORD COVER SHEET

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

1. Register Nbr [REDACTED]		2. Name [REDACTED]				3. Grade FGN		Admission Remarks
4. Sex M	5. Age (5)10-4	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 N/A		17. Dept / Ben [REDACTED] R OF WAR/INTER		18. BranchCorps	19. UIC / ZIP	20. Type Case BC		
21. Source of Admission Direct from ER				22. Hour Of Adm: 17:24	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: 2003-11-01	Admitting Officer: DAVIS		
29. Reporting MTF [REDACTED] (5)10-2				30. Date Init Adm 2003-11-01	32. Units Blood Components			
31. Selected Administrative Data Marital Status: DoB: In/Out Patient: Inpatient MOS:								
33. Cause Of Injury:								
34. Diagnosis / Operations and Special Procedures: SOFT TISSUE WOUND 877.0 890.0 891.0 E991.2 86.28 86.59 <u>DX 8910 Proc. FE INJ</u> 8770 8628 2 458 E9912 8659								
35. Total Days This Facility								
Absent Sick Days 0	Other Days 0	ConLv / Coop Care Days 0		Supplemental Care 0	Bed Days 9	Total Sick Days 9		
35. Total Days This Facility								
Absent Sick Days 0	Other Days 0	/ Coop Care Days 0		Supplemental Care 0	Bed Days 9	Total Sick Days 9		
Signature [REDACTED] (5)10-2				Signature of PAD or Medical Records Officer [REDACTED]				

SI # 1200

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

Offense against Civilian(s) [check one] If "Other" then describe:

<input type="checkbox"/> Arson (I.P.C. 342)	<input type="checkbox"/> Burglary or Housebreaking (I.P.C. 426)
<input type="checkbox"/> Substitution of Feminity/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. 430)
<input type="checkbox"/> Murder (I.P.C. 405)	<input type="checkbox"/> Construction 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. 457)
<input type="checkbox"/> Maiming (I.P.C. 412)	<input type="checkbox"/> Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 455)
<input type="checkbox"/> Simple Assault (I.P.C. 415)	<input type="checkbox"/> Riot or Breach of Peace (I.P.C. 485(3))
<input type="checkbox"/> Kidnapping (I.P.C. 421)	<input type="checkbox"/> Other

Offense against Coalition Forces [check one] If "Other" then describe: SI

<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 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

(b)(2)-2

Apprehending Unit: [Redacted] Location: Grid: A1-Pa11u Sach

Date of Incident: (D/M/Y) 1/1/10 to 1/1/10 Time of Incident: 0900 hrs to 1724 hrs
 Date of Report: (D/M/Y) 1/1/10 Time of Report: 1724 hrs

Detainee # [Redacted]		Key Connected Person: <input type="checkbox"/> Victim <input type="checkbox"/> Witness	
Last Name: [Redacted]		Last Name:	
First Name: [Redacted]		First Name:	
Hair Color: <u>BN</u>	Scars/Tattoos/Deformities:	Hair Color:	Scars/Tattoos/Deformities:
Eye-Color: <u>BN</u>	Weight: lb Height: in	Eye-Color:	Weight: lb Height: in
Address:		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	
		<u>Juan 83</u>	
<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")

Vehicle Information

Vehicle Number: of Vehicle(s) Owner:

Make: Color: VIN:

Model: Type: Plate No.: Number of People in Vehicle:

Year: Names of People in Vehicle:

Contraband/Weapons in Vehicle:

Property/Contraband Weapon Photo Taken of Suspect with Weapon/Contraband: Yes/ No

Type: Model: Color/Caliber

Serial No: Quantity: Make: Receipt Provided to Owner: Yes/ No

Other Details: Where Found: Owner:

Name of Assisting Interpreter: Email, Phone, or Contact Info:

Detaining Soldier's Name (Print): <u>SFC [Redacted]</u>	Supervising Officer's Name (Print):
Signature: <u>S82 [Redacted] (b)(6)-2</u>	Signature:
Email:	Email:
Unit Phone:	Unit Phone:
Date:	Date:

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